



## Service Priorities and Programmes Electronic Presentations

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**Submitting author:** Ms Anita Yuk Ling LI

**Post title:** Ward Manager, North District Hospital

### **Pilot Study on Insulin Preparation Class Using Diabetes Conversation Map Education Tool in GOPC**

*Li A, Chiu SL, Chu CY, Chiu KL, Leung M, Leung SY, Hui E  
Fanling Family Medicine Centre, North District Hospital, NTEC*

#### **Keywords:**

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#### **Introduction**

Type 2 diabetes is increasing in prevalence in Hong Kong. Among those with poor diabetic control referring for nurse education by doctors for insulin treatment, only about one-third of patients agreed to start insulin therapy after attending traditional health education class. A pilot study on insulin preparation class using Diabetes Conversation Map education tool (“Starting Insulin”) was conducted by nurses in Fanling Family Medicine Centre for poor diabetes control patients who refused insulin therapy.

#### **Objectives**

(1) to enhance patients’ understanding of insulin therapy; (2) to empower patients and their significant others with knowledge and skills of insulin therapy for glycaemic control; (3) to assess the efficacy of insulin preparation class using Diabetes Conversation Map education tool.

#### **Methodology**

A 2.5-hour insulin preparation class using Diabetes Conversation Map was organized monthly. Patients who failed to control with oral hypoglycemic agents but refused to receive insulin were grouped in a class of 6-8. A trained nurse guided group discussion to engage participants and encourage interactive learning. Evaluation questionnaires were distributed to participants at the end of each class to invite feedback and comments. Subsequent individual follow-up appointments were arranged for patients who started insulin therapy.

#### **Result**

**Results:**

Twelve insulin preparation classes were held between February 2016 and January 2017. A total of 64 patients (76.2%) attended the classes. Age ranged from 31-88 years (mean = 62.4, SD = 8.8). 54.7% were male. Mean of HbA1c was 8.9% (SD = 1.2). Regarding perceptions of the class, the great majority of participants reported

“very satisfied” or “satisfied” with the content (100%), format (100%), duration (96.9%), teaching materials (100%), and environment (100%). 100% of the participants rated the overall comment of the class as “very satisfied” or “satisfied”. All participants reported that the class enhanced their knowledge of insulin therapy. 73.5% of the patients stated to accept insulin therapy for diabetes control after attending the class. 90.6% indicated that they would participate in other health education classes using Diabetes Conversation Maps in the future.

Conclusion:

Insulin preparation class using Diabetes Conversation Map education tool is effective for facilitating behavioural change in patients with type 2 diabetes to accept insulin therapy. This, in turn, may improve patients’ opportunities of achieving desirable diabetes control.