

ONLINE DIABETES EDUCATION IN PRIMARY CARE IS EFFECTIVE BUT NEEDS TO BE INDIVIDUALISED TO MAXIMISE UPTAKE

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Introduction: Lack of specialist knowledge is well characterised as a major barrier to diabetes management in the community. However, the best form of education to improve knowledge of primary health care professionals (PHCPs), particularly in an Aotearoa New Zealand setting, is unknown. The aim of this study was to determine the most preferred and most effective form of diabetes education in primary care.

Methods: Eighty-one PHCPs (22 GPs, 45 nurses, 9 pharmacists and 5 others – 2 dietitians, 2 health coaches and 1 practice manager) participated in the research component of the free online 2022 Waikato Primary Care Diabetes Education Programme. The programme consisted of 16 weekly 30-minute endocrinologist-led sessions with 8 webinars followed by 8 case discussion sessions on various aspects of diabetes management. Recorded sessions were available for those that could not make the multiple live times each week. Participants completed a standardised 14 x 7-point Likert scale questionnaire (maximum score 98) on self-efficacy of various aspects of diabetes management before and after the programme, and also completed an education preference questionnaire. Continuous data are presented as mean±SD.

Results: Self-efficacy scores improved for all PHCPs with similar increases in all disciplines (GPs 60±11 to 80±11; nurses 58±19 to 81±12; pharmacists 52±12 to 75±10; others 45±14 to 66±16; all P < 0.05). All forms of education were identified as important with the most preferred form of education being live webinars for GPs (36%), nurses and others (both 60%), whilst case discussions were the most preferred form for pharmacists (44%). Recorded webinars were the least preferred option for all groups (59–71%). Ninety-eight percent would strongly recommend this programme to their peers.

Conclusions: Online education on diabetes management can be effective for all PHCPs. To maximise effectiveness, education needs to be individualised and ideally delivered live at times suitable for PHCPs.

P.S. By May we will also have data on the effects of the education on prescribing and outcomes such as HbA1c. This would also be the perfect opportunity to discuss the national rollout of the programme at the ASM.