

The adaptation of face-to-face structured self-management education programmes for people with, and at high risk of, type 2 diabetes for virtual delivery during the COVID19 pandemic and beyond



Leicester Diabetes Centre
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Objective:

To adapt Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) structured education programmes for virtual delivery during COVID-19 (Figure 1).

Figure 1:

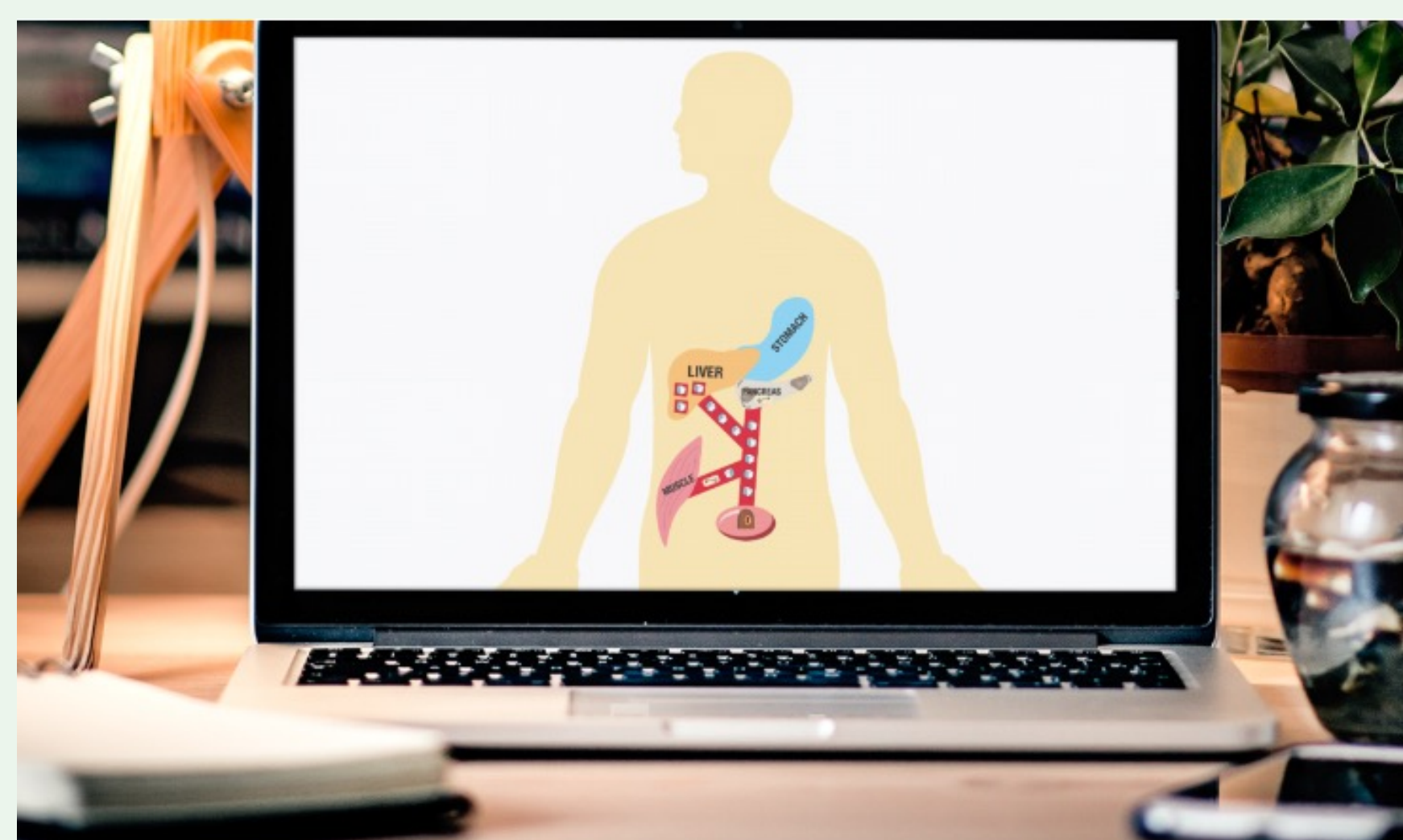


Figure 4: Educator Feedback

- ✓ Low drop out
- ✓ Flexible delivery options (evening and weekend)
- ✓ Easy to use virtual resources

Figure 2: Example of Powerpoint slide from Version 1 virtual resources

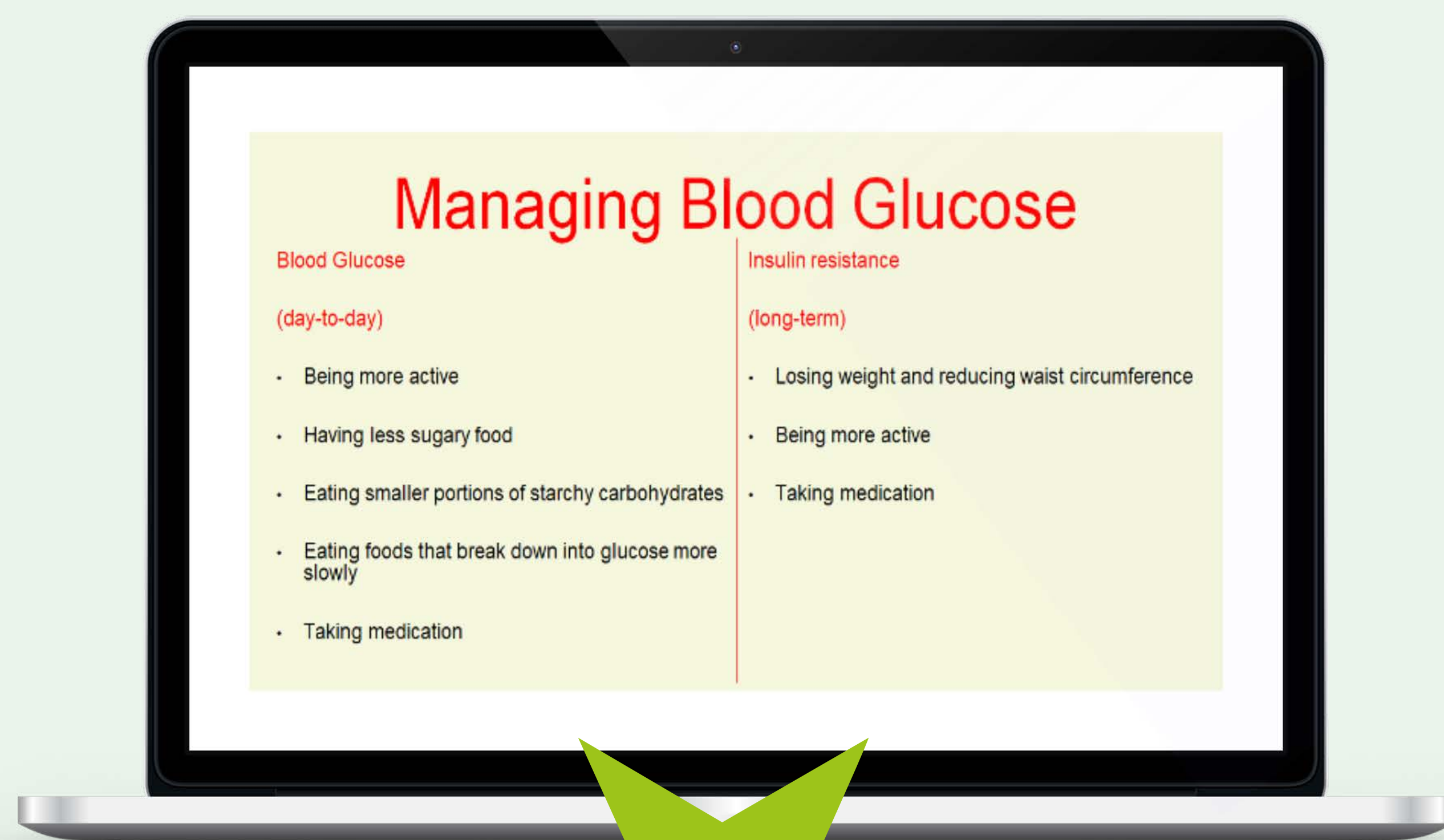
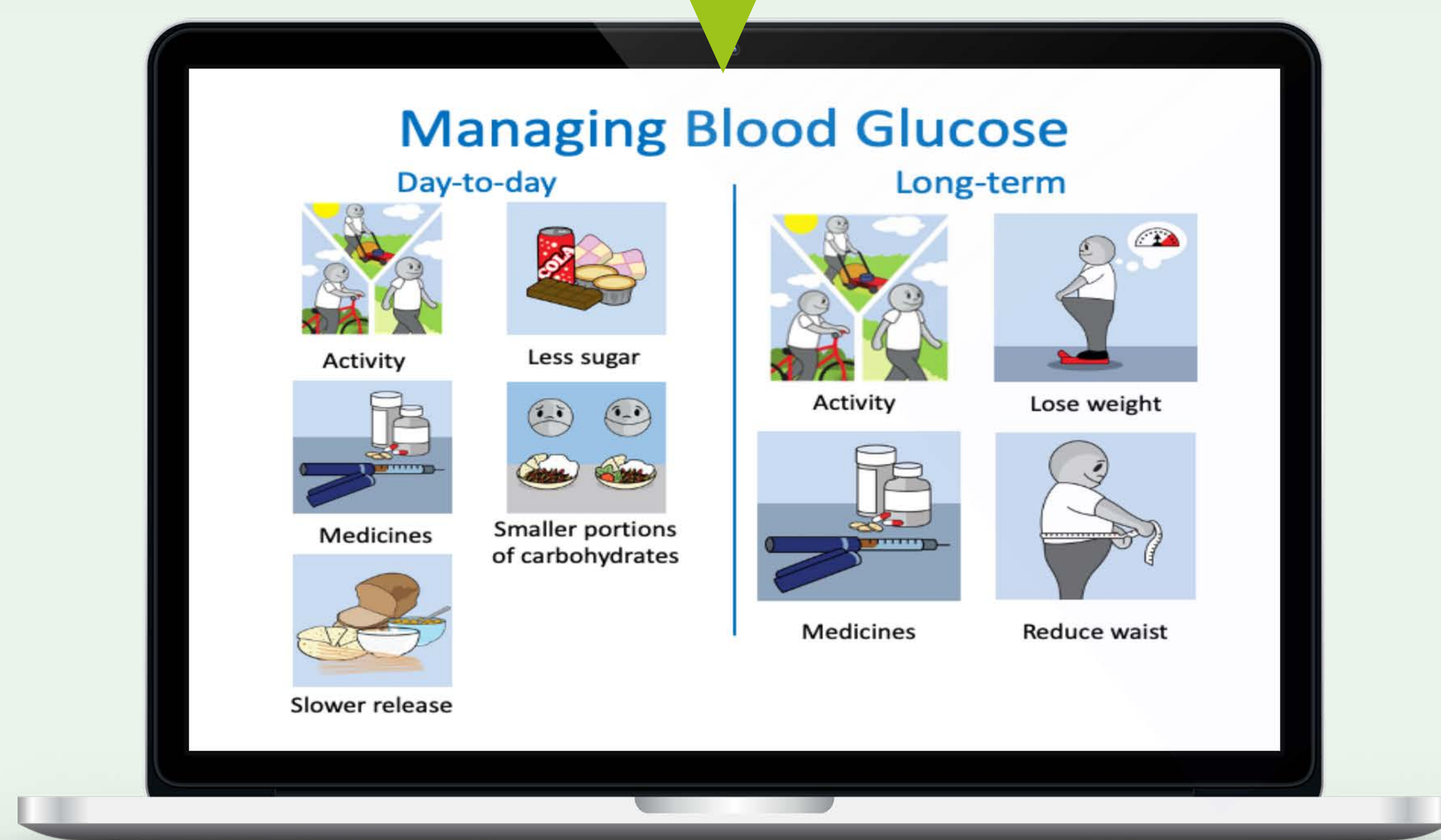


Figure 3: Example of updated slide in Version 3 virtual resource



Methods:

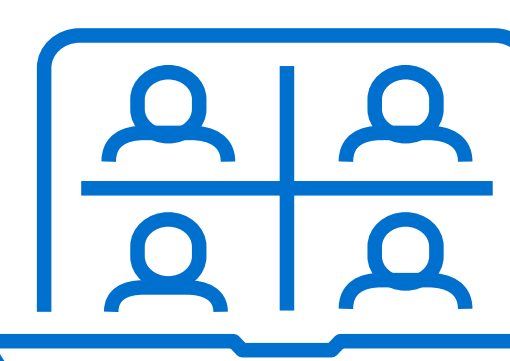
Face-to-face structured education programmes stopped in March 2020 due to COVID-19. A multi-disciplinary stakeholder group adapted the existing evidence-based DESMOND curriculums and resources to support a new model of virtual delivery, while remaining congruent to the theoretical and philosophical underpinnings.

Version 1 was released in May 2020 (Figure 2). Educator training was provided to increase confidence in delivering virtually. An iterative process of stakeholder feedback, and review of resources led to two updated versions of the adapted programmes being released. Version 3 (figure 3) was made available in October 2021.

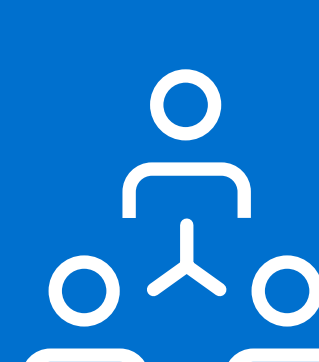
New Educators are now trained virtually. In August 2021 the first Educator completed their pathway of training, mentorship and quality assessment virtually.

Results:

Between May 2020 and August 2021

 **529** attendees rated their DESMOND programme

8.8/10 for how much they felt part of the group and able to engage with others



94% set a goal during their programme

97% recommending the programme to friends and family

95% of attendees rated their overall experience as 4 or 5 stars



Feedback from Educators indicated low drop out rates between sessions and virtual delivery had increased the opportunity for evening and weekend sessions enabling more people to attend. Educators found the virtual resources easy to use (Figure 4).

Conclusions:

The adaptation of face-to-face to virtual delivery is acceptable to participants and Educators. Virtual delivery should continue to be included as an option in the future.

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