The development, implementation, and evaluation of a peer leader training program

Tricia S. Tang, PhD
Associate Professor
University of British Columbia
School of Medicine
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Diabetes Self-Care Continuum

Diabetes Self-Management Education (DSME) → Diabetes Self-Management Support (DSMS)
Portion control

Short-term gains  Long-term
DSME models: Limitations

- Time-limited
- Curriculum-driven
- Resource-intensive
May NOT exceed 10 hours

one-time benefit for beneficiaries

MD must document the specific medical need for follow-up training.

Follow-up training cannot exceed 2 hours per year.
Can diabetes make you go blind?

Sorry, I can’t answer that until we get to Lesson Plan 8 “Long-term complications.”

Can diabetes make you go blind?

During Lesson 1 “Healthy Eating,” Homer asks a reasonable question.
Resource-Intensive

One CDE 1,445 patients
Diabetes Self-Care Continuum

Diabetes Self-Management Education (DSME)
- Time-limited
- curriculum-led
- Resource-intensive

Diabetes Self-Management Support (DSMS)
- Ongoing
- Patient-led
- Low to no-cost
Potential role for peer support...
Peer Support

- Peer support is “the provision of emotional, appraisal, and informational assistance by a created social network member who possesses experiential knowledge of a specific behavior or stressor and similar characteristics as the target population”

- “Peer Leader” - term for person who provides peer support
Diabetes Self-Care Continuum

Diabetes Self-Management Education (DSME)
- Deliver diabetes education
- Build motivation for change
- Teach skills for behavior change
- Provide support

Diabetes Self-Management Support (DSMS)
- Maintain motivation
- Sustain behavioral changes
- Provide ongoing support

Certified Diabetes Educator (CDE)

Peer Leader (PL)
Can we train peer leaders?
Study Aims

- **Aim 1**: To determine the feasibility of developing a program training peer leaders (PLs) to facilitate empowerment-based interventions that support long-term diabetes self-management.

- **Aim 2**: To determine the feasibility of conducting a peer leader training (PLT) program to facilitate empowerment-based interventions.

- **Aim 3**: To determine the feasibility of graduating 4 PLs who fulfill the pre-established competency criteria.
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Figure 1: Timeline for Peer Leader Training (PLT)

PLT Development

CQI-1  CQI-2  CQI-3  CQI-4

PLT Development

PLT-Recruitment

0  1  2  3  4  5  6  7  8
MONTH  MONTH  MONTH  MONTH  MONTH  MONTH  MONTH  MONTH  MONTH  MONTH
Figure 1: Timeline for Peer Leader Training (PLT)

PLT Development

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PLT-Development

PLT-Recruitment

PLT Implementation

Formative Evaluation

Summative Evaluation

MONTH  MONTH  MONTH  MONTH  MONTH  MONTH  MONTH  MONTH  MONTH
Program Components

- **Knowledge acquisition**
  - ADA’s nine core diabetes education topics

- **Skills development**
  - Empowerment-based facilitation
  - Active listening
  - 5-step behavioral goal-setting process
  - Making an action plan

- **Experiential learning**
  - Facilitation simulations
  - Playing the role of “peer leaders”
Diabetes-related knowledge

Criteria for Graduation

Empowerment-based facilitation

Active listening skills

Self-efficacy
Diabetes-related knowledge

- **Diabetes knowledge test (DKT)**
  - 80% correct

- **Diabetes knowledge questionnaire (DKQ)**
  - 80% correct

- **Understanding Management Practice (UMP)**
  - Mean score of ≥ 4 of 5-point Likert scale
### Active Listening Observation Scale (ALOS)

<table>
<thead>
<tr>
<th>Items</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Is not distracted during the conversation</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>b. Is not off-hand, hurried or dismissive</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>c. Listens attentively</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>d. Gives patient time and space to present the problem</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>f. Uses open-ended questions</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>g. Expresses understanding verbally and non-verbally</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>h. Makes an effort to state back understanding of what the other is communicating</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>i. Avoids giving advice or expressing judgments</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
</tbody>
</table>
Empowerment Rating Form

- +2 points = Exploring problem and feelings
- +1 points = Focusing on goal
- 0 points = miscellaneous
- -1 points = Giving advice
- -2 points = Judging the person

Trainees must score a +2 on 3 of 6 vignettes and at least a +1 on the other 3 vignettes.
## Self-Efficacy – Core Skills

<table>
<thead>
<tr>
<th>I feel confident that I can...</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ask open-ended questions</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>2. reflect back what</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>participants tell me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. use the 5-step</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>behavioral goal setting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>model with participants.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. help participants make an</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>I-SMART action plan</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. defer to a health care</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>professional when participants ask clinical questions that I don't know.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. facilitate the weekly</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>support groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>
Figure 1: Timeline for Peer Leader Training (PLT)

- PLT Development
  - CQI-1
  - CQI-2
  - CQI-3
  - CQI-4

- PLT Implementation
  - Summative Evaluation
  - Formative Evaluation

- PLT-Recruitment

- Timeline:
  - Months 0 to 8
  - Months: 0, 1, 2, 3, 4, 5, 6, 7, 8
Recruitment Approaches

- Contact graduates of previous professionally-led DSMS programs
- Referrals from physicians and community leaders
Eligibility Screening

- Have diabetes
- Be a resident of the greater Ypsilanti, MI community
- Be $\geq 40$ years old
- Have transportation to attend training
- Be willing to commit 3-4 months for training
Eligibility Interview

- Individual interview
- Group Interview
(1) Individual interview

- Questions
  - What are your thoughts about the peer support program?
  - Why do you think you would make a good peer leader
  - What has been most helpful to you in taking care of your diabetes?

- Problem resolution
  - respond to the following situation
(2) Group interview

- Group role-play
  - Group facilitator
  - Person with problem
  - Group participants

- Example scenario: “My kids are always on me about my diabetes. They think they know more about it than I do.”
Peer Leaders (n=8)

- Mean age = 63 years
- Mean years since dx = 14.3 (SD=5)
- 75% women; 25% men
- 75% college degree or higher
Results

- Recruited 9 trainees (1 dropout)
- Mean attendance rate 100%
- Retained 8 peer leaders
  - 75% Diabetes-related knowledge
  - 75% Empowerment-based facilitation
  - 63% Active listening
  - 75% Self-efficacy
- 100% future intentions to facilitate peer support intervention
# Program Satisfaction

<table>
<thead>
<tr>
<th>Items</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The length of the training program was just right.</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
<td>4.5 (0.75)</td>
</tr>
<tr>
<td>2. The length of the training sessions was just right.</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
<td>4.6 (0.52)</td>
</tr>
<tr>
<td>3. The balance between diabetes education content &amp; skills development was just right.</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
<td>4.5 (0.75)</td>
</tr>
<tr>
<td>4. I feel prepared to co-facilitate a support group.</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
<td>4.3 (0.70)</td>
</tr>
<tr>
<td>5. I feel prepared to work one-on-one with participants.</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
<td>4.5 (0.53)</td>
</tr>
</tbody>
</table>
# Program Efficacy

<table>
<thead>
<tr>
<th>Teaching Activities</th>
<th>Not effective</th>
<th>Somewhat effective</th>
<th>Moderately effective</th>
<th>Very effective</th>
<th>Extremely effective</th>
<th>Mean (SD)</th>
</tr>
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<tbody>
<tr>
<td>1. Quizzes</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>4.0 (0.53)</td>
</tr>
<tr>
<td>2. Lecturelettes</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>4.4 (0.74)</td>
</tr>
<tr>
<td>3. Peer leader simulations</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>4.1 (0.64)</td>
</tr>
<tr>
<td>4. Group brainstorming</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>4.8 (0.46)</td>
</tr>
<tr>
<td>5. Group sharing</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>4.8 (0.46)</td>
</tr>
<tr>
<td>6. Role-plays</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>4.1 (1.12)</td>
</tr>
<tr>
<td>7. Group facilitation simulations</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>4.4 (0.92)</td>
</tr>
<tr>
<td>8. Reading assignments</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>4.6 (0.52)</td>
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Discussion

- Feasibility of the Peer Leader Training
- Factors contributing to success
  - Recruited well-known trainees
  - Recruited retirees
- Program evaluation
- Dissemination and replication
Future Directions

BUILDING A GLOBAL NETWORK OF PEER SUPPORT

Peers for Progress is pleased to announce and congratulate recipients of grants for peer support in diabetes care.

Peers for Progress is funding 14 research studies across six continents at a total of $7 million to document the contributions of peer support in diabetes management and provide models for peer support programs around the world.
Research Team

- Martha Funnell, RN, CDE
- Michele Heisler, MD, MPA
- Bob Anderson, Ed.D
- Robin Nwankwo, MA, CDE
- Marylou Gillard, RN, CDE