

## SPOTLIGHT

# A TAIWANESE APPROACH TO STRENGTHEN LINKAGES WITH CLINICAL CARE AND USE OF FOUR KEY FUNCTIONS

## 2013 TADE Initiative Overview and Reflections on Training

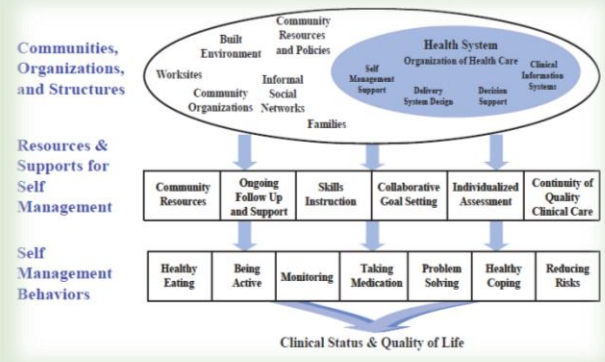
### 2013 TADE's Initiative to Promote Peer Support

With support from the government, as well as diabetes experts and patient communities, patient support groups in Taiwan have grown in number significantly. To date, there are more than 450 patient support groups across the island. These support groups provide opportunities for people with diabetes to connect and learn from each other and one of their main functions is to provide social and emotional support. However, the group support model alone provides a limited range of interactions and inadequately promotes ongoing interaction among participants. With over 1.5 million people currently diagnosed with diabetes, the Taiwanese Association of Diabetes Educators (TADE), headed by Dr. Neng Chun Yu, kicked off an initiative in early 2013 to work with their domestic partners and Peers for Progress (PfP) to promote and enhance peer support.

How can TADE's initiative build on the solid foundation of peer support and break through current limitations of patient support groups? Recognizing the importance of self-management support, the initiative intends to heighten linkages with clinical care and the versatility of peer support based on its four key functions. This initiative has outlined three key strategies to reach its goals:

- **Clearly define roles of a clinical team and peer supporter (here also known as a patient expert)**  
The initiative conceptualizes the linkages between clinical care teams and peer supporters using the "Tri-Level Model of Self-Management Support and Chronic Care" that was first introduced by Dr. Edwin Fisher (Global Director of Peers for Progress) and colleagues in the Diabetes Initiative (Fisher et al., 2007). As illustrated in Figure 1, this model was further elaborated by Dr. Yu of TADE in order to better distinguish and describe the roles of a diabetes care team and a peer supporter based on their contributions to resources and support for self-management.

Figure 1. Trilevel Model of Self-Management and Chronic Care



Fisher et al. (2007). Perspectives on self-management from the Diabetes Initiative of the Robert Wood Johnson Foundation. *Diabetes Educators*, 33, Suppl 6, 216S-225S.

### Roles of a clinical care team versus a peer supporter (patient expert) according to Dr. Neng Chun Yu, President of TADE

Clinical Team	Patient Expert
Provide <ul style="list-style-type: none"> <li>○ Individualized assessment</li> <li>○ Skills instruction</li> <li>○ Collaborative goal setting</li> <li>○ Continuity of clinical care</li> <li>○ Ongoing follow up and support</li> <li>○ (Referrals to) community resources</li> </ul>	Assist patients in <ul style="list-style-type: none"> <li>○ Self-assessment</li> <li>○ Skills learning</li> <li>○ Collaborative goal setting</li> </ul> Encourage <ul style="list-style-type: none"> <li>○ Continuity of follow-up visits</li> </ul> Provide and strengthen <ul style="list-style-type: none"> <li>○ Ongoing follow up and support</li> <li>○ Community involvement /Linkages to community resources</li> </ul>

o **Organize joint efforts to conduct regional workshops to help train patient experts and CDEs**

In collaboration with the Formosan Diabetes Care Foundation and the Taiwanese Association of Persons with Diabetes, TADE and PfP have developed a training curriculum for patient experts. The initiative has also teamed up with a group of domestic and international experts to conduct in-country workshops based on the curriculum and to be attended by both potential peer supporters and CDEs who assist in and/or supervise peer support activities. As part of the workshop, Peers for Progress leads a session for CDEs on the fundamentals of developing a peer support program. A later section will highlight initial reflections and lessons learned.

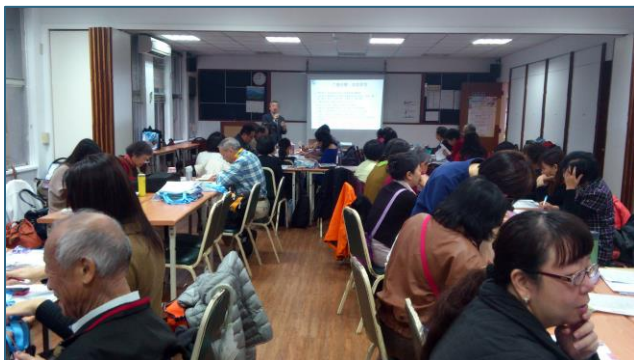
o **Provide resources and ongoing technical support to encourage development and enhancement of CDE-supervised peer support programs**

In order to encourage “action”, TADE raised funds to provide small grants to support workshop attendees in developing and/or enhancing CDE-supervised, volunteer-based peer support programs sponsored by healthcare service organizations. In addition to initial training workshops, the initiative will hold other workshops/consultation services and health camps, making resources available to participating groups.

### What can the world learn from a Taiwanese approach to training peer supporters? An initial reflection from the perspective of Peers for Progress

Peers for Progress participated in the first in-country training workshop of this initiative in late March. Approximately 50 potential patient experts and CDEs from approximately 15 hospitals, clinics, and patient organizations attended this workshop in Taipei.

The workshop was 8 hours long, and consisted of 8 training sessions for peer supporters and one for CDEs. Topics covered how to work with a clinical care team to provide self-management support, critical self-care behaviors, communication and support, interpretation of key indicators related to health, problem-solving techniques, and encouragement of peer supporters to build motivation and engagement. Detailed content of the training curriculum, along with screening criteria for patient experts, will be shared on the Peers for Progress website following revisions.



In terms of training approaches, here are a few reflections that may be helpful for others:

- CDEs/Providers' encouragement and appreciation of the participation of peer supporters during the training can create a collaborative atmosphere among clinical care teams and peer supporters.
- Group training that incorporates role playing can provide insights on peer supporter traits and identify red flags that may be detrimental to peer support activities. This observation confirms what multiple PfP grantees have learned.
- A centralized approach by professional organizations (e.g., Association of Diabetes Educators) is able to provide high quality training for peer supporters. This approach may be effective in reducing “entry barriers” for those who are interested in developing peer support programs but lack the resources and/or expertise in the selection and training of peer supporters.

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“The best solutions for diabetes self-management have always come from patients so we expect patient experts to be excellent resources. We hope that this peer support initiative can make difference in diabetes care in Taiwan.”

Mei Chang, RN., MSN. EdD  
Secretary, TADE

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In recent years, Peers for Progress has been increasingly engaged in providing technical assistance to healthcare provider associations and their members. Experience in both research and practice indicate that good peer support programs require attention to details and process. They also require effective mechanisms for monitoring and quality improvement. What has continuously struck us during this collaborative workshop is that key program staff also need peer support so they can learn from each other and those outside of their own organizations. This reiterates the value of networking among peer support programs regionally and globally, which PfP strives to provide and encourage.

Peers for Progress is optimistic about the impact of TADE's Initiative to promote peer support in Taiwan, and we will share progress updates as the initiative moves forward.

TADE website

<http://www.tade.org.tw/index.asp>

Formosan Diabetes Care Foundation website

<http://www.dmcare.org.tw/>

TAPD website

<http://www.tapd.tw/index.asp>

Peers for Progress website

<http://www.peersforprogress.org>