

Supplementary material

Group-based education for patients with type 2 diabetes: a survey of Australian dietitians

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1. Background

The aim of this survey is to explore the utilisation of group-based education for patients with type 2 diabetes mellitus (T2DM) by Australian Accredited Practising Dietitians (APDs). Additionally, we are interested in the preferences for practice and the training provided to Australian dietitians before the commencement of group-based education programs for the management of T2DM.

Is this you?

This survey is aimed specifically towards APDs who currently consult directly with patients or clients (i.e. acute care, private practice) or previously consulted directly with patients or clients. Therefore, clinicians who are not currently APDs or work in roles that do not meet these criteria are unfortunately ineligible for this survey. Additionally, only APDs who have worked in the field for at least 1 year and are currently living in Australia will be included in this survey.

Please read the following:

To help guide your responses to this survey, please use the following classification when thinking about the term ‘group-based education for the management of type 2 diabetes mellitus’:

- Face-to-face education of patients or clients in a group of two or more.
- Programs that run for a minimum of 1 h and one session.
- Programs that are specific for patients who have been diagnosed with type 2 diabetes mellitus.

For the sake of the study, ‘group-based education for the management of type 2 diabetes mellitus’ DOES NOT include:

- Individual consultations
- Group-education programs that include patients who have not been diagnosed with type 2 diabetes mellitus unless they are support persons attending with a family member, spouse or friends (who has been previously diagnosed with type 2 diabetes mellitus).

Ethics information

The study is voluntary and anonymous. We will collect non-identifiable data only and demographic data will be pooled. We anticipate this survey will take ~7–10 min to complete. It is up to you to decide whether to take part in the survey, and once you have started the survey, you do not have to complete it. Submission of a completed or partially completed survey implies consent to participate, and for data entered, or all data entered up to the exit point, to be included in the study. As participation is anonymous, it will not be possible for us to withdraw your data once you have submitted the completed survey.

This research protocol (RO15456) has been approved by the Bond University Human Research Ethics Committee. Should you have any complaints concerning the manner in which this research is being conducted, please make contact with:

Bond University Human Research Ethics Committee,
c/o Bond University Office of Research Services.
Bond University, Gold Coast, 4229;
Tel: +61 7 5595 4194; Fax: +61 7 5595 1120; Email: buherc@bond.edu.au

Please click the ‘Yes’ button below if you give your consent to participate in this study.

2. *Do you currently reside in Australia?*

- Yes
- No

3. *Are you currently an Accredited Practising Dietitian (APD)?*

- Yes
- No

Answering ‘no’ to either of the above questions will exclude the participant from the study (they will be thanked for their time and told that they unfortunately do not meet the inclusion criteria for the study).

Demographic questions (all participants)

1. *Are you*

- Male
- Female

2. *How old are you?*

- 18–24 years
- 25–34 years
- 35–44 years
- 45–54 years
- 55–64 years
- 65–74 years

3. *In which state do you mostly practice?*

- Qld
- ACT
- NT
- NSW
- WA
- Tas.
- Vic.
- SA

7. *What is your geographical area?*

- Rural or isolated area
- Metro or large urban area (>100 000 people)
- Regional Centre

8. *What is the highest level of education you have completed?*

- Diploma or Advanced Diploma
- Bachelor Degree
- Honours Degree
- Master's Degree
- Doctoral Degree
- Dual qualification (please specify)

9. *Number of years working as a dietitian*

- <1
- 1–3
- 4–6
- 7–9
- 10–12
- >12

10. *Number of years' experience as a group educator?*

- No experience
- <1
- 1–3
- 4–6
- 7–9
- 10–12
- >12

11. *Are you currently registered as a Medicare provider?*

- Yes
- No

12. *Which of the following best describes your current job area (i.e. greatest time spent in your current position)*

- Acute care
- Private practice
- Community
- Industry
- Other... (please specify)

13. *Approximately how much of your workload (%) is spent consulting with patients with type 2 diabetes mellitus?*

- 0–25
- 25–50
- 50–75
- 75–100

14. *Are you aware of any guidelines for group-based education in the area of T2DM?*

- Yes
- No
- If yes, please name the guidelines

15. *Are you aware of any guidelines developed specifically for dietitians for group-based education in the area of T2DM?*

- Yes
- No
- If yes, please name the guidelines

16. *What training have you undertaken in delivering group-based education for the management of type 2 diabetes mellitus? (tick as many as apply)*

- No training
- Training during health professional qualification only
- Informal training from colleagues
- Formal training (face-to-face course or workshop)
- Formal training (web-based course or workshop)
- Other (please specify)

17. *If the following training was available to you, which would you prefer to attend in order to further enhance your skills in the area of group-based education for type 2 diabetes mellitus?*

- Informal training from colleagues
- Formal training (face-to-face workshop or course)
- Formal training (web-based course or workshop)
- Other (please specify)

18. *What time commitment (h) do you feel would be appropriate and necessary for the training offered (as per the above question)*

- ≤2
- 3–6
- 7–10
- 11–20
- ≥20

19. Have you been diagnosed with type 2 diabetes mellitus?

- Yes No

20. Do you facilitate group-based education programs for T2DM as part of your current role?

- Yes No

Survey questions (APDs currently facilitating groups for T2DM)

1. Of all the group education sessions provided in your workplace for T2DM, what proportion do you facilitate yourself (please work out an approximate percentage)?

- 0–20 40–60 80–95
 20–40 60–80 100

Please describe how much you agree or disagree with the following statements regarding group-based education for the management of type 2 diabetes mellitus:

(Strongly disagree; Disagree; Neutral; Agree; Strongly agree)

1. I would consider myself to be an expert in group-based education for T2DM
2. The program that I currently facilitate is effective
3. The program that I currently facilitate is multidisciplinary (two or more disciplines)
4. I feel that patient interactions positively affect patient outcomes
5. I consider it to be very important to provide patients attending groups with paper-based information (worksheets or handouts)
6. I feel that group-based education is more beneficial to patients than individual education
7. I prefer to facilitate group-based programs over individual consultations
8. I understand the theories and rationale behind the group-based education program I am currently facilitating
9. I consider getting through the session content more important than allowing patients to have lengthy discussions
10. I would feel confident to facilitate an unstructured group-based education session where the entire content is directed by the patients on the day.
11. Do you claim Medicare Chronic Disease Management group items (81100 to 81125) for the group you are currently facilitating?

- Yes No

Survey questions (APDs NOT currently facilitating groups for T2DM)

1. Have you previously facilitated group-based education programs for T2DM as part of your current or former roles?

- Yes No

Please describe how much you agree or disagree with the following statements regarding group-based education for the management of type 2 diabetes mellitus:

(Strongly disagree; Disagree; Neutral; Agree; Strongly agree)

1. I would consider myself to be an expert in group-based education for T2DM
2. I consider group-based programs for T2DM to be effective
3. I feel that group-based programs need to be multidisciplinary
4. I feel that patient interactions positively affect patient outcomes
5. I consider it to be very important to provide patients attending groups with paper-based information (worksheets or handouts)
6. I feel that group-based education is more beneficial to patients than individual education
7. I prefer to facilitate group-based programs over individual consultations
8. I feel that the session content is more important than lengthy patient discussions
9. I would feel confident to facilitate an unstructured group-based session where the entire content is directed by the patients on the day
10. Have you ever claimed Medicare Chronic Disease Management group items (81100 to 81125) for group-based T2DM education?
 - Yes
 - No

What are the reasons you have not claimed these items before: (tick as many as apply)

- I was unaware that these items were available
- I was unaware that dietitians were eligible to claim these items
- There is no common national curriculum for T2DM group education programs
- I do not have access to appropriate facilities for group programs
- I do not feel confident in my knowledge and skills to facilitate group programs
- Hiring appropriate facilities is too expensive
- Facilitating group programs is not cost effective
- It is difficult to access multidisciplinary providers
- Patient retention is poor in group programs
- I do not have the time needed to run group programs
- I refer my T2DM to publicly run (community- or hospital-based) groups
- I am not a Medicare provider
- Other... (please specify)

You have completed our survey.

We sincerely thank you for your input!

Please feel free to provide any additional feedback regarding group-based education for T2DM in the comments box below.

The results of this survey will be submitted to a peer-reviewed journal for publication.