

Sample Outline of Diabetes Coach Training

This training serves as a model for how to generate discussions between coaches and patients. Specifically, it makes use of patient's stories to prompt coaches to delve further into barriers to patient self-care. For more details, please contact the project director.

Identifying and Responding to Barriers in Diabetes Management

Schedule:

8:00 to 8:10

Introductions

8:10 to 8:30

What is the Goal of the Coached Care program and your role as a Coach?

- Remind coaches this is not a test, the point of the training is to help coaches develop their skills

Interactive: Ask "What is your job as a Coach"? (Write down answers to this question on the white board. Discuss their responses with stated goals of the program)

- Remember, everyone who starts the Coached Care program has uncontrolled diabetes. Our goal is for patients to recognize why their diabetes is uncontrolled and to work with the doctor to develop a plan to control their diabetes.
- The job of the Coach is to identify decisions that patients might participate in, to teach patients that they have a choice or control over their care, and to develop and practice questions that they might raise with their providers during the office visit.
- The goal of the Coached Care program is **not to answer patient questions**, nor to provide diabetes education.
- Sometimes patients might not understand why their diabetes is uncontrolled or they may not care to control their diabetes. But usually patients know that their diabetes is uncontrolled, but for some reason, they are having difficulty developing a plan with their physician that they can stick with.
 - Many of these problems center around difficulty taking their medications as prescribed. This may be due to cost of the medication, side effects of medications, fear/dislike of taking medication (i.e. insulin).
 - Other problems involve not knowing how to eat healthy or not having enough time to exercise.
 - Patients will also bring other complaints to the doctor (sores that won't heal, chest pain, sexual problems, blurry vision, etc...) that may or may not be related to their diabetes. We need to be sure that the patient also addresses these issues with the physician.

Ask: “What do you do when you meet with a patient for coach care?”

Handout 2 a & b

1. Figure out (using the lab values) what areas are out of control. Ensure that patient understands what these lab values mean. Usually we start the first session with a discussion of A1c, and we make sure the patient understand what A1c measures and why it is important.
2. Identify and address the barriers they face in management their Diabetes (not to be experts in Diabetes). Try and figure out why the patient’s A1c is out of control. Start with medication....
3. Continue to work through the patient’s issues – look at other lab values for cholesterol and blood pressure. Ask about diet and exercise.....

Ask: “What skills do you think you need to be an effective coach?”

Skills that a coach needs to have include:

Handout 3- “What skills do you need to be an effective coach?”

- Basic understanding of the different problems associated with diabetes and barriers they experience in managing their Diabetes.
- Ability to understand how patients express their problems both directly and indirectly.
- Ability to ask the right questions to help the patient state their problem.
- Learn how to prioritize the problems that are most important to address with the doctor that day.
- Direct the patient to the right sections of the Algorithm, in order for them to learn about their problems.
- Formulate good questions for the patient to ask the Dr.

8:30 to 9:00 What is Diabetes? What is Hemoglobin A1c?

Session Goal:

1. Coach will understand what causes diabetes and will be able to dispel any myths that patients might have (e.g. that patient is being punished)
2. Coach will be familiar with the meaning of the A1c test so that they can encourage patients to discuss with their doctor.

Algorithm Support:

- Section 1; Page 3
- Section 2; Page 1

9:00 to 10:00 Patient Stories

Mrs. Gomez is a 39 year old Mexican American mother of two. She visits her doctor complaining of fatigue and frequent urination and also reports blurry vision and tingling in her feet. She has a family history of diabetes, in Mexico she was told she might have Diabetes but didn’t remember when. Her A1c is 9.3.

What are some of the issues going on here?

- Patient is having symptoms of uncontrolled diabetes but does not recognize this. Does she realize that she has diabetes?
- Does she know what is A1c?
- Is she taking any medications? Does she know which ones are for diabetes and which ones aren't?
- Does patient has a plan? Does she understand it? Have you talk about it?

What are the barriers?

- Lack of knowledge about Diabetes and medications.

Plan for doctor visit:

- Discuss with doctor what A1c means. Ask doctor to explain diabetes to patient.
- Discuss with doctor medications she is taking. **{Have patient to write her medications on worksheets log}** Make sure she understands why she is taking each medication and how to take it. If she doesn't have her medications with her or doesn't know them, look in the chart and discuss with her.
- Ask doctor about tingling in feet and what she should do about it. **{Have patient write in tingling feet on the worksheet "My record page 5"}**

Plan for home action:

- Follow-up with patient to ensure that she discussed with doctor meaning of A1c.
- Does patient understand all her medications? Is she going to take them all as prescribed? Make sure that you have written down all of her medications (see if doctor added any). Tell patient you will call her in 2 weeks to if she is taking all her medications.

2 week phone call:

- Have you been taking your medications?
- Have you had any problems?
- When is your next appt?