

T1EN meeting: May 17th 2007: Oxford

Members Present

Moira Edwards	Frimley Park
Joan Hughes	Frimley Park
Shelley Mitchell	Bristol
Claire Hughes	Basingstoke
Sue Gaskill	Swindon
Sharon Rogers	Swindon
Alison Sadler	Peterborough
Gail Nixon	Peterborough
Carole Gelder	Leeds
C Sewell	Leeds
C Bacon	Leeds
Julie Morris	Gwent
Karen Archer	Gwent
Jacky Ryder	Bournemouth
Anna Carling	Bath
Janet Guest	Enfield
Claire Meaning	Enfield
Pauline Favell	Enfield
Jill Lomas	Enfield
Cathy Jenkins	Whittington
Roma Romanomorgan	Whittington
Janice Mavroskoufis	Whittington
Anita Sturgess	Gwent
Gillian Pegler	Neville Hall, Wales
Wilma Ross	Gloucester Royal
Fiona Davies	Gloucester Royal
Lisa Sainsbury	Gloucester Royal
Sarah Sainsbury	Gloucester Royal

Steering group members

Bridget Turner
Joan Everett
David Cavan
Suzanne Lucas

Dr Jonathan Levy welcomed us all to Oxford and paid tribute to the work of T1EN
Each person was asked to write down their expectations of the day

Expectations:

To network and share ideas and views on managing type 1 diabetes
Networking and progress in QA
Networking, what is going on with education in other centres
Networking and understanding of what other centres are doing
Networking

Complete the self assessment tool and show that we meet the core content and to be recognised
Progress with filling in self assessment toolkit
Clarity about quality control
To know we are giving the same standard as everyone
To have a country wide type 1 education tool which is affordable unlike DAFNE
Networking and progress with QA
To network and share ideas and views on managing type 1
What paperwork are other people using? How and how often are people peer reviewing?
Some agreement about quality assurance within centres in the collaboration
To keep up to date with what the network is doing
To learn about current status and network; to contribute to discussion
To give us a push into running groups again ensuring we are doing this appropriately
To take us forward with validating our course; some networking and widening experience
Move forward with structured education in our area
Learn more about quality assurance
To improve upon self-reflection
Self reflection tools
Information on self reflection tools
Self assessment and get course quality assured for consistency of course
Peer review and self assessment
Self assessment for quality assurance
To discuss with other teams how they approach their structured education and how this is audited
Audit questions – DAFNE input; peer review and find external peer reviewer
Develop our philosophy
How to start developing a paediatric programme
How to develop a system for peer review/ quality assurance

Each team shared about their programme and all adult teams were providing education.

Insight – Oxford

Freedom for life - Bath

REACT – Cheltenham and Gloucester

Skills for Life – Bristol

IDAC – Enfield and North Herts

SWIFT – Swindon

Windfall – Whittington Hospital London

New programme in development for children 11+ years – Whittington Hospital

DAFFYD – Gwent, Wales

PIDAC – Peterborough

FACCTS children 12-16 year olds – Leeds

Type 1 programme Frimley Park

FREEDOM – West Dorset

Bertie – Bournemouth

There were 6 people representing 3 paediatric teams (Leeds, Whittington and Peterborough) who are hoping to start structured education. These met as a group in the afternoon, they all had lots of good ideas, enthusiasm and some experience of paediatric group experience. They asked TIEN for help and support. They would be very interested in attending a meeting similar to regional meetings last November but aimed at Paeds.

Self reflection Tool 1

The self reflection tool was distributed and each person asked to use it then discuss in teams or in pairs

Feedback

Liked:- simple, quick, action orientated, it happens already so is realistic, prompt to record, ability to identify consistent themes and need for resources, could be used for different days and sessions

Changes needed:

What do you think went well?

What would you like to improve on?

Question 3 not needed

Need more room for answers

Need description of group e.g. gender, age, size of group

The peer reflection tool was distributed for comments

Similar changes to self reflection tool were suggested and there was discussion who the peer reviewer should be? Most thought it should be the co-educators for this tool but other educators could be used for internal review. The group asked that TIEN provide training, guidelines and a framework for peer reviewing.

Flowchart

The group discussed this and Jonathan Levy said an important step had been missed out – this was whole team review. This was agreed as important and will be incorporated in and recommended every three months. This would be useful for both stable teams and those teams who rotate educators. It was suggested there was a prompt on the peer reflection tool for a course/team review so changes could be documented. Patient evaluation was missing on flowchart and group asked each other how this was done. TIEN to be asked to submit their documents so we could produce a TIEN evaluation. Another issue was raised - is external review necessary if regular self, peer and team review is in place as this would produce quality development? This was debated but the drive from DOH for external review is part of NICE criteria and asked for by PCT's. The question was asked – whose responsibility is it to do external review? Is it those who run the programme or those commissioning it? Carol drew similarities around the role of the External examiner in Higher Education. This role is to provide quality assurance from an outside objective person (usually a peer chosen by the course leader and qualified/ or a specialist to a similar level) that the process is followed and the course does what it says it does etc. This offers objective, relevant feedback (praise and constructive criticism) and quality assurance.

Generally the feeling was we should have all the processes and frameworks in place for external review if requested.

Action plan from this meeting

1. Makes changes to self , peer reflection form and flowchart and take them to Blackburn for use and discussion
2. Work with one or two centres to develop framework for content and process indicators. Oxford volunteered
3. Review patient evaluation forms
4. Teams to start using self and peer reflection forms after Blackburn meeting
5. Plan a meeting for paediatric teams similar to regional meetings last November

Carbohydrate counting book

Jemma Edwards, DUK care advisor introduced the following:

Carbohydrate counting is a current project at Diabetes UK. Many people with diabetes have been requesting information on carbohydrate counting recently.

The book is aimed at those with T1 or T2 on basal bolus or pump therapy. It is meant to act as an introduction to carbohydrate counting or as a refresher for people who have already attended structured education.

The book has been sent out to various members of PAC and DMEG for comments, which have been polarised.

Aim of meeting with T1EN is to get consensus for the actual need for a resource such as this, together with some feedback on content of key messages

Consensus that there should be a resource developed for people with diabetes on carbohydrate counting, although more work needs to be done re: content.