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Video tapes about diabetic education

Video tapes about diabetic education consist of four volumes including

- 1. The first volume describes the general knowledge about diabetes mellitus, symptoms and signs of untreated diabetes, acute complications e.g., hypoglycemia, diabetic ketoacidosis and chronic complications e.g., diabetic retinopathy, diabetic nephropathy, cerebrovascular disease and diabetic foot.
- 2. The second volume touches upon the issues of diabetic control. The contents are the types of complex carbohydrates e.g., steamed rice, cooked sticky rice, noodle, "Kanom-jeen" and slice of bread and the way of exchange portions. It also describes the types of protein, fat and fruits especially high fiber fruits such as guava, apple and Thai-apple.
- 3. The third volume characterizes the various aspects of exercises, including the importance and benefit

of the exercise, types, duration, frequency of exercise and the proper management before and after the exercise.

4. The fourth volume is about foot care, i.e., the ways to look after the feet which include cleaning, looking for & managing the wound or ulcer and the behavior of wearing the new pair of shoes.

The video tapes in this study are the video tapes which were produced for the study of Achananuparp^{(15]}. These video tapes had not been validated properly for the study. Some modifications of the video tape was done with the permission from the original investigator. One volume of video tape about exercise was produced by the investigator. Before using in this study the video tapes were validated by three expertise endocrinologists from Chulalongkorn hospital, Rajvithi hospital and Pramongkutklao hospital.

Questionnaire

Knowledge of diabetic patients of Pramongkutklao hospital

Explanation

This questionnaire is a part of a research project of Dr. Ampha Suthijumroon. The results of this study will be used to improve diabetic care. Please answer this questionnaire faithfully in order to benefit others. Your information will be kept confidential and will be expressed as an overview after analysis of the total study sample.

Thank you for your kindly co-operation.

(Ampha Suthijumroon, M.D.)

Ampha Suthijumroon

Principle investigator

Descriptive data of the patients

Date	(DD/MM/YY)	V1 [][][][]
Number		V2 [] [] []
1. Sex [] male	[] female	V3 []
2. Age years		V4 [] []
3. Marital status		V5 []
[] single	[] married	
[] divorce	[] separated	
4. Occupation		V6 []
[] government	[] housewife	
[] private sector	[] others	
5. Education		V7 []
[] illiterate	[] primary so	chool
[] secondary scho	ol [] high school	ol
[] vocational sch	ool[] bachelor (degree
	[] others	
6. Duration of diabete	s mellitus	years
7. Duration of treatment	nt of DM	years
8. Duration of treatment	nt of DM in Pramo	ongkutklao
hospital		V10[][]
9. Treatment status		V11[]
[] diet control	[] oral hypog	glycemic agent
[] insulin	[] oral hypog	glycemic agent
	plus insul	lin
10. You got knowledge a	about diabetes me	ellitus
from (more than or	ne answer) V	12 [][][][]
[] physician	[] nurse	
[] relatives	[] friend	
[] others		
11. You got knowledge a		
from (more than one	e answer) V13	
[] radio	[] video tape	es
[] television	[] newspaper	
[] pamphlets	[] others	
12. The media which you	=	
education (please		n
1 is the best, 2 is	s the second and	
3 is the least)		
[] television	[] video tape	es
[] radio	[] newspaper	
[] pamphlets	[] others	

Please circle in front of one right answer

1.Di	abetes mellitus is the disease	V14 []
	A. caused by food poisoning	
	B. caused by contaminated infection from	
	neighborhood	
	C. caused by eating large quantity of suga	r
/	D. with high blood sugar	
2. T	he symptoms of prolong untreated diabetes	V15 []
m	ellitus is/are	
	A. drink less water	
	B. polyuria, weight gain	
/	C. polyuria, weight loss	
	D. dizziness	
3. T	he diabetic patients should behave properly	about
		V16 []
	A. diet control, exercise	
	B. taking oral medication or injection fol	lowing
	to physician's prescription	
	C. self-care	
/	D. all of the above	
4. D	iabetes mellitus will cause the complication	ns in V17[]
	A. heart	A T , []
	B. brain	
	C. kidney	
/	D. nearly every organ in the body	
5. Tl	he diabetic complications can be prevented b	ру
		V18[]
	A. prompt treatment of complication whenever	er
,	the symptom occur	- 0.0
/	B. early detection and treatment of diabet mellitus	.es
	C. no preventive way	
	D. nothing to do, it is physician's respons	sibility

6. After you was diagnosed diabetes mellitus, whe you have eye examination by ophthalmologists?		ho	uld
A. immediately after diagnosis of DM B. when blurred vision occurred	V19] (]
C. once in a year / D. all are correct			
7. If you got the physician's prescription of taking oral hypoglycemic drug 1 tablet before meal, you should take A. right before meal B. 5 minutes before meal C. 10 minutes before meal / D. 30 minutes before meal	ng V20) []
<pre>8. The diabetic patient with hypoglycemia will manifest with A. hunger B. palpitation, sweating C. dizziness / D. all of the above</pre>	V21	[]
9. The prompt treatment of hypoglycemia is/are A. taking candy B. drinking sweet syrup C. drinking soft drink / D. all of the above	V22	[]
<pre>10. The diabetic patients with hyperglycemia will v manifest with A. fatigue B. thirsty C. dry mouth / D. all of the above</pre>	V23	[]

11.	The prompt treatment of hyperglycemia at home V24 is/are	[]
/	A. drinking large amount of water B. taking herbal medicine C. taking more tablet of oral hypoglycemic agent D. all are correct		
	The diet control in diabetic patient is/are V25 A. eating one meal per day B. eating adequate amount of food three times per day C. eating anything you like D. quit all meal	[]
	Which kind of food that the diabetic patients V26 can eat unlimited? A. sweet flavor food B. salty flavor food C. food with coconut milk D. vegetables with leaves	[]
	The cooked oil that should be used in the V27 diabetic patients is A. palm oil B. coconut oil C. soybean oil D. pork oil]
15.	How often should you control starch and sugar V28 in your life style? A. no need to control B. seldom control C. scarcely control D. control regularly	[]

	The benefit of exercise in diabetic patient is/are to A. have no benefit B. facilitate good diabetic control C. produce less complication D. B and C	V29	[1
	You should perform the exercise times per A. 1 B. 2 C. 3 D. 4	week V30	[ì
	How long should you exercise each time? A. 5 - 10 minutes B. 15 - 30 minutes C. 60 minutes D. more than 60 minutes	V31]	1
	Which type of exercise should the diabetic patient do? A. walking at least 15 minutes B. jogging C. aerobic exercise D. all are correct	V32]	1
	How often should you examine your feet? A. every day B. every 2-3 days C. every week D. every month	V33	[]
21.	The good foot care include (s) A. examine the foot and foot sockets for wou B. wash the foot and dry with soft towel C. not walk with bare foot D. all of the above	V34 und	[]

22.	How	should you manage with the new pair of shoes?
	Α.	wearing suitable size of shoes, neither small nor big
	В.	wearing new shoes less than one hour per day
	С.	men should wear socks and use one pair per day
/	D.	all of the above
23.	You	should not use the following antiseptics for
	the	wound V36 []
	Α.	alcohol
	В.	merthiolate
	С.	betadine
/	D.	tincture iodine and hydrogen peroxide
24.	How	often should you exercise your feet? V37 []
/	Α.	everyday
	В.	every 2-3 days
	С.	every week
	D.	every month

...

Recall of diabetic practice

	(DD/MM/YY)	umberV2 [. V][][]:
Please ma	ark / in front of o	ne right answe:	r		
1. Diet	control				
A. 24	hour recall of die	t control			
	Yesterday you ate s Yesterday you ate e		[]yes	[]no V4[]
(of sweet fruits yesterday you ate v		[]yes	[]no V5[]
V	vith leaves vesterday you ate p		[]yes	[]no V6[]
(of food at the exac vesterday you cooke	t time	[]yes	[]no V7[]
7	regetable oil resterday you ate h		[]yes	[]no V8[]
Í	fruit e.g., guava,ap or Thai-apple	-	[]yes	[]no V9[]]
	secord of food inta	ke in the past	24 hou		•
breakfast	Type		ount		
					_
snack					-
lunch					_
snack					_
dinner					-
					_

В. 1	Recall in the past week		
	1. you drank soft drink	[]yes	[]no
	2. you drank sweet syrup	[]yes	
2. 1	Exercise		
	2.1. Yesterday you performed		
	the exercise. 2.2. In the past week, you	[]yes	[]no
	performed the exercise.	[]yes	[]no
	If your answer is yes, then answ the following questions	er	
	2.2.1.Please specify type of e	exercise	
	walking	[]yes	
	<pre>jogging aerobic exercise others</pre>	[]yes []yes —	
	2.2.2. How many times of exerci		eek?

3. Foot care

A. 24 hour recall

 Yesterday you examined your feet. Yesterday you washed your feet with 	[]yes	[]no V18[]
soft soap and dry with soft towel. 3. Yesterday you look for the wound at	[]yes	[]no V19[]
	Nes	[]no V20[]
4. Yesterday you exercised your feet.	_	
5. Yesterday you wore proper size of		
shoes.	[]yes	[]no V22[]
6. Yesterday you walked barefoot inside	2	
the house.	_	[]no V23[]
7. Yesterday you walked barefoot outsic	le	
the house.	[]yes	[]no V24[]
B. Practice in special conditions		
1. When you had a wound, you used		
tincture iodine.	[]yes	[]no V25[]
2. When you had a wound, you used		
hydrogen peroxide.	[]yes	[]no V26[]
3. When you had a wound, you used		
betadine.	[]yes	[]no V27[]
4 When you had the new pair of		

shoes, you wore ____hour per day. V28[]

4. When you had the new pair of

Module of diabetic teaching for nurse aid

- 1. The pre-test questionnaire and oral examination about diabetes mellitus were evaluated. The questions included general overview of diabetes mellitus, diet control, exercise and foot care. The questionnaires and questions of oral examination included the objectives of this teaching were shown in Appendix 5.
- 2. The researcher provided the three session teaching for the nurse aid in three days. The time for each session were 60 minutes. The first session started with the first video tape about
 - A) general overview of diabetes mellitus
- B) symptoms and signs of untreated diabetes mellitus
- C) methods of diabetic treatment(diet control, exercise and drug therapy)
- D) complications of diabetes mellitus: acute and chronic type. The researcher specified the goal of this session that covered the knowledge in the video tape and will performed the lecture about the knowledge that covered the goal.

On the second day, the second video tape was used. The contents included

- A) diet control
- B) type of food and fruits
- C) way of exchange the portions of food.

The subsequent lecture that covered the knowledge in this video tape was provided for 30 minutes. The questions and answers about the problem was last for 15-20 minutes. The third day of teaching started with the video tapes about exercise and foot care with the contents of

- A) importance and benefit of the exercise
- B) types of exercise
- C) time and duration of the exercise
- D) proper type of exercise which is suitable for individual diabetic patient.
 - E) methods of taking care of the feet
- F) how to manage whenever the patients have the wound or ulcer
 - G) behavior of wearing the new pair of shoes.

The questions and answers of this session were also subsequently discussed.

3. The post-test questionnaire and oral examination were administered at the end of the third session. The evaluators were two endocrinologists that accepted her knowledge in diabetic teaching. Re-training and re-evaluation were done before starting the educational program for the patients.

Modules of the video tapes about diabetic education plus nurse aid and diabetic nurse educator consultation

The intervention group and the control of diabetic patients were divided into fifteen groups, there were 20 patients in each group. The subjects attended the hospital on the separate special appointment day to prevent contamination.

Program 1 represented the video tapes about
diabetic teaching plus nurse aid consultation.

Program 2 represented the diabetic nurse
educator consultation.

There were three sessions in program 1 and program 2. The first session covered the knowledge about general overview of diabetes mellitus(DM) and complications of DM. The second session contained the knowledge about diet control and the third session covered

the knowledge about exercise and foot care. The details of program 1 and program 2 were shown as follow:

I. First session

	Program 1	Program 2
1. Time (minutes)	30	30
2. Objectives: able to tell		
or explain		
2.1. general knowledge		
of DM	/	/
2.2. complications of		
of DM	/	/
3. Contents		
3.1. general knowledge of DM		
3.1.1. definition of DM	/	/
3.1.2. symptoms and signs		
of untreated patients	/	/
3.1.3. treatment of DM	/	/
3.2. complications of DM		
3.2.1. hypoglycemia	/	/
3.2.2. diabetic retinopathy	/	/

	Program 1	Program 2
3.2.3. diabetic nephropathy	/	/
3.2.4. cerebrovascular disea	ase /	/
4. Methods		
4.1. group education	/	/
4.1.1. introduce each other	/	/
4.1.2. knowing the objective	9	
of the study	/	/
4.2. pre-test questionnaire	/	/
4.3. teaching media	video tapes	slides,flip
		charts,
		pamphlets
4.4. educator	nurse aid	nurse
4.5. discussion and		
answering the questions	/	/
about this session		
5. Evaluation		
- group education monitoring	g <-observe	and record
	participa	tion->

II. Second session

	Program 1	Program 2
1. Time(minutes)	30	30
2. Objective: able to know		
and choose appropriate diet		
2.1. diet control	/	/
3. Contents		
3.1. kinds of complex carbohyd	lrate	
and exchange portions	/	/
3.2. kinds of protein	/	/
3.3. kinds of fat and	/	/
proper cooked oil	/	/
3.4. kinds of fruits	/	/
sweet fruits	/	/
high fiber fruits		
e.g. guava, apple	/	/
4. Methods		
4.1 group education	/	/
- knowing the objective		
of the study	/	/
4.2. Recall of diabetic		
practice	/	/

	Program 1	Program 2
4.3. teaching media	video tapes	slides, flip
		charts,
		pamphlets
4.4. educator	nurse aid	nurse
4.5. discussion and		
answering questions		
about this session	/	/
5. Evaluation		
group education monitoring	<- observe a	nd record
	participatio	n>

III. Third session

	Program 1	Program 2
1. Time (minutes)	30	30
2. Objectives and contents		
2.1. Objectives of exercise		
2.1.1. importance and benefit	:	
of exercise	/	/
2.1.2. types of exercise	/	/
2.1.3. frequency of exercise		
per week	/	/

Program 1 Program 2 2.2. Contents of exercise 2.2.1. exercise causes good glucose control 2.2.2. types of exercise (walking, jogging etc.) 2.2.3. adequate exercise/week (at least 3 times/week) 2.3. Objectives of foot care 2.3.1. methods of taking care of feet 2.3.2.management of wound/ulcer / 2.3.3. behavior of wearing the pair of shoes 2.4. Contents of the foot care 2.4.1. daily examination of feet / 2.4.2. antiseptics can not use for wound and ulcer (hydrogen peroxide) 2.4.3. walking without shoes is prohibited 2.4.4. behavior of wearing the

new pair of shoes

		3			
3. Methods					
3.1 group education	1	/			
- knowing the objective					
of the study	/	1			
3.2. recall of					
diabetic practice	/	/			
3.3. teaching media	video tapes	slides,flip			
		charts,			
		pamphlets			
3.4. educator	nurse aid	nurse			
3.5. discussion and					
answering questions	/	/			
4. Evaluation					
- group education monitorin	g <-observe a	nd record			
	participation->				
- post-test questionnaire	/	/			

Program 1 Program 2

The recall of diabetic practice was recorded at the end of three months after finishing the diabetic teaching.

Form of data entry

1. 0	Code number	V1 [][][]
2. N	Name	V2 [][][][]
3. E	IN	V3 [][][][]
4. [Orug use pattern Type Dose	V4 []
day0		<pre>code 0 = no change 1 = increase</pre>
M1		2 = decrease V5 []
M2		V6 []
M5		V7 []
day0	Name of physician	V8 [] code 1 = Ampha 2 = Yupin 3 = Apussanee
M1	Name of physician	V9 []
M2	Name of physician	V10 []
М5	Name of physician	V11 []

5. Fasting plasma glucose

				_						
day0	5.1.	date	V12] [] []
		collection time	V13							
	5.3.	value	V14							
M2	5.4.	date	V15	[] [] [] [] [] [] ;
	5.5.	collection time	V16	[]					
	5.6.	value	V17	[] [] []			
M5	5.7.	date	V18	[] [] [] [] [] []
		collection time	V19	[]					
	5.9.	value	V20	[] [] []			
6. Hk	oA1c									
day0	6.1.	date	V21	[][] [] [] [1 [1
-	6.2.	collection time	V22							-
		value	V23	[] [] []			
M2	6.4.	date	V24]
	6.5.	collection time	V25							-
		value	V26	[] [] []			
		date	V27] [1
	6.8.	collection time	V28							-
		value	V29]			
7. Kr	nowledg	ge								
day0	7.1.	date	V30	[] [] [] [] [] []
		collection time	V31							
	7.3.	value	V32	[] []				
M2		date	V33] []
	7.5.	collection time	V34					-		-
		value	V35	_						
					, .	•				

8. Body weight

```
day0 8.1.
         date____
                            V36 [ ][ ][ ][ ][ ]
    8.2.
         collection time
                            V37 [ ]
    8.3.
         value _____
                            V38 [ ] [ ] [ ]
         date____
M2
    8.4.
                            V39 [ ][ ][ ][ ][ ]
         collection time
    8.5.
                            V40 [ ]
        value____
    8.6.
                            V41 [ ][ ][ ]
    8.7.
M5
         date
                            V42 [ ][ ][ ][ ][ ]
         collection time____
    8.8.
                            V43 [ ]
    8.9.
        value
                            V44 [ ] [ ] [ ]
9. Recall of practice
         date
                            V45 [ ] [ ] [ ] [ ] [ ]
day0 9.1.
         collection time____
    9.2.
                            V46 [ ]
         value____
    9.3.
                            V47 [ ] [ ]
         date____
    9.4.
                            V48 [ ][ ][ ][ ][ ]
M1
    9.5. collection time
                            V49 [ ]
    9.6. value____
                            V50 [ ] [ ] [ ]
    9.7. date
                            V51 [ ][ ][ ][ ][ ]
M2
    9.8. collection time
                            V52 [ ]
    9.9. value____
                            V53 [ ] [ ] [ ]
   9.10. date
M5
                            V54 [ ][ ][ ][ ][ ]
    9.11. collection time
                            V55 [ ]
                            V56 [ ][ ][ ]
    9.12. value
10. Duration of DM
                            V57 [ ] [ ]
    code 1 = < 10 years
    code 2 = > 10 years
11. Age
                            V58 [ ] [ ]
    code 1 = < 60 years
```

code 2 = > 60 years

INFORMED CONSENT

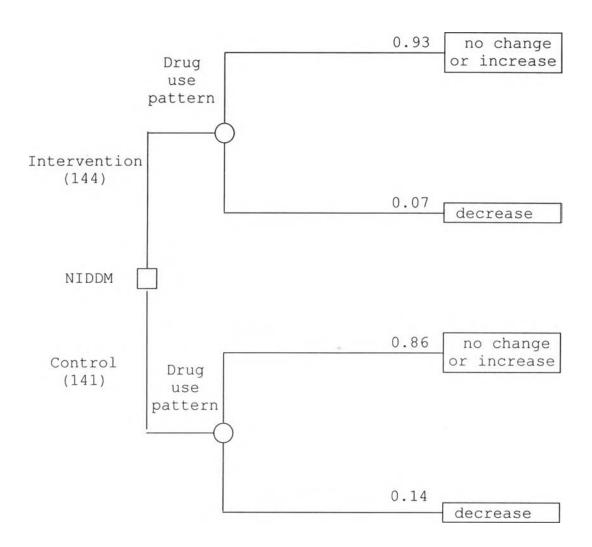
I	am	CO	mplet	cely	inf	orm	ned	about	the	st	cudy
objective,	the	teac	hing	prog	ram	of	dia	abetic	educati	on	and
the benefit	whi	ch I	can	gain	from	n th	nis	study.			

I agree to answer the questions in the questionnaire and participate in the study.

I understand that there will be no harm in the study program and I will receive a lot of knowledge and practice for the care of my diabetes mellitus .

Patient	signature		
	()	
Witness	signature		
	()	
Witness	signature		
Physici	(an name) Tel	. No.2460066
Date of	(participation)	ext.93336

Appendix 8 DECISION TREE





VITAE

Colonel Ampha Suthijumroon was born on May 20, 1951 in Bangkok, Thailand. She graduated from Chiang Mai. University, Chiang Mai in 1975 and earned the degree of Doctor of Medicine (M.D.). She secured the certified Thai Board in Internal Medicine in 1979. She pursued her advanced study in Canada and obtained the Certificate in Endocrinology from the University of Alberta, Edmonton, Canada in 1985. In 1993, the Certified Thai Board in Endocrinology and Metabolism was established and she acquired this Certified Thai Board in Endocrinology and Metabolism in that year. Since June 1995, she has been admitted in the Master Degree Program of Health Development in Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand.

Presently, her duty is the endocrinologist in charge of the Division of Endocrinology and Metabolism, Department of Medicine, Pramongkutklao Medical College, Bangkok, Thailand.