

CHAPTER 2

PROJECT DESCRIPTION

2.1 Rationale

There were as high as 51% of diabetic patients in Phuwiang district who were unable to control blood sugar level and 17% of those were found to develop other secondary diseases. A review of Phuwiang district situation found that relatives or caretakers of diabetic patients were considered to be critically important in controlling the disease as improper knowledge and a lack of patient care skills of the relatives and the caretakers would lead to incorrect practices of diabetic patient care.

Then I conducted an evaluation of the knowledge and skills of family healthcare leaders who were relatives and caretakers of diabetic patients in the family. The evaluation outcome showed that those family healthcare leaders lacked of proper and correct knowledge about diabetes and about diabetic patient care. Therefore, provision of additional knowledge and skills in caring for diabetic patients to those family healthcare leaders were considered to be necessary in Phuwiang district. There were several techniques of knowledge and skill provision to the family healthcare leaders; however, evaluation of those techniques indicated that a training method was the

feasible and suitable method for Phuwiang district. A training program was organised for the healthcare leaders of families with diabetic patients to improve their knowledge, attitudes, and skills in diabetic patient care so that they could correctly and appropriately provide social support to the patients. The training program employed an integrated training technique, which comprised of presentation, group meeting, demonstration, and practice sessions all with the use of various learning media. Figure 2.1 showed the conceptual framework of the training program for family healthcare leaders.

2.2 Objectives

General objectives

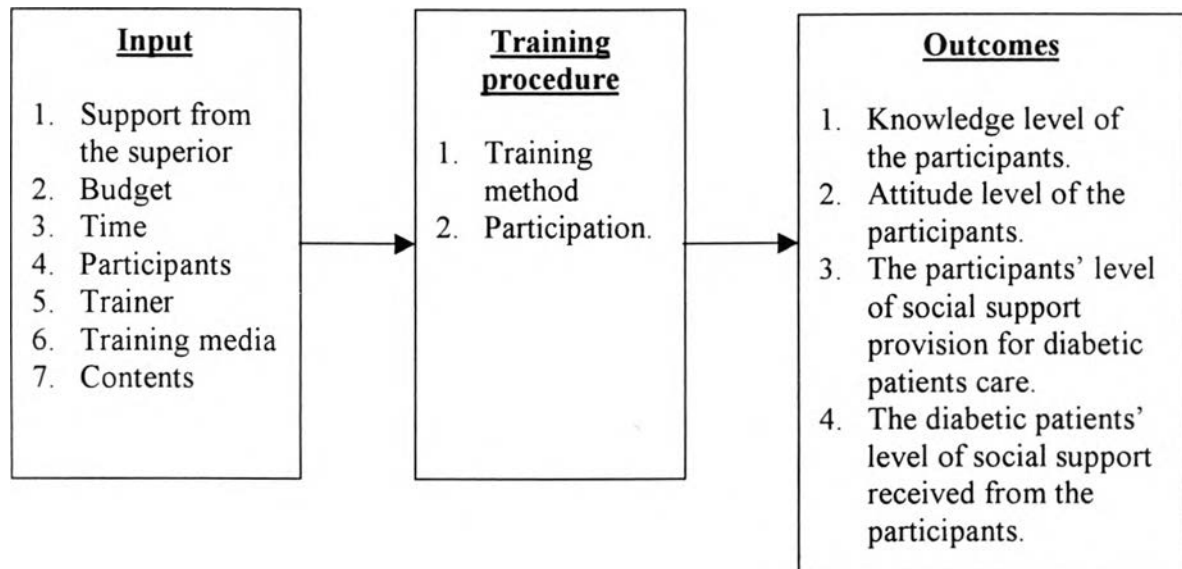
To improve the quality of care at household level of diabetic patients by FHLs

Specific objectives: after the training project the participant family healthcare leaders were aimed:

1. Increase knowledge, skill and attitude on social support provision for NIDDM patients on record form utilization to FHLs of Khaonoi sub-district, Khon Kaen, by using an integrated and continual training program.
2. Increase knowledge about diabetes and diabetic patient care relating to disease control.

3. Increase attitudes towards diabetes and towards being a caretaker of diabetic patients in order to control the disease.
4. Increase proper social support for diabetic patients in order to control the disease.

Figure 2.1 : The conceptual framework of the family healthcare leader-training program.



2.3 Approaches

Operation of this training project was divided into 3 phases as follows:

2.3.1 Preparation phase

1. **Pattern of the training program:** patterns of training activities were set up and scheduled for each time period as detailed in Table 2.1.

Table 2.1 : Pattern of the operational activities of the family healthcare - leaders training project.

Week	1	2	3	4	5	6	7	8	10	.	.	.	15	20	23	24
Activities	O ₁	S ₁	S ₂	S ₃	S ₄	S ₅	S ₆	S ₇	S ₈	.	.	.	S ₁₄	S ₁₉	S ₂₂	O ₂
	X ₁				X ₂				X ₃				X ₄	X ₅		X ₆

Where;

- X₁ = First training of the family healthcare leaders prior to providing social support for diabetic patients.
- S₁₋₂₂ = The family healthcare leaders provided social support for diabetic patients.
- X_{2,3,4,5,6} = Follow up with the family healthcare leaders on a monthly basis through meeting sessions and the family healthcare leaders were required to submit the record forms. They also received continual training during this period.
- X_{2,4,6} = Follow up with the diabetic patients regarding their reception of social support.
- O_{1, O₂} = Pre- Post test.

2. **Populations** were the family healthcare leaders who functioned as the caretakers of non-insulin independent diabetic patients who were treated with the pills from the Diabetic Clinic of Phuwiang Hospital and from the public health centers of Phuwiang district, Khon Kaen province.

3. **The target participants:** the target participants for this training program were 36 family healthcare leaders who functioned as the caretakers of non-insulin independent diabetic patients and whose characteristics met the following criteria.
 1. Functioned as the caretakers of non-insulin independent diabetic patients in the family (NIDDM) and the patients' treatment was through pill intake.
 2. Being in working age group.
 3. Able to read and write Thai language.
 4. No communication problems.
 5. Willing to participate in the project.
 6. Living in the area of Khaonoi sub-district throughout the course of the project.

4. **Instruments employed in the training program:**
 - 4.1 **The training course** that the author prepared for the family healthcare leaders who provided caring and social support to diabetic patients contained details as in the followings.

4.1.1 The training content comprised of:

1. Knowledge about diabetes including diabetes situation, casual factors, symptoms, treatment, and secondary diseases.
2. Knowledge about diabetic patient care for the disease control comprised of 6 topics including dietary control, exercise, medicine, skin and foot care, follow up, prevention and basic care for the complication.
3. Roles of family healthcare leaders as a social support provider for diabetic patients in terms of emotional, informational and instrumental aspects.
4. Form recording practice on behaviors of family healthcare leaders in providing social support for diabetic patients.
5. Demonstration and practice of exercise techniques for diabetic patients.

4.1.2 Media used in the training program

- 1. Slide set which was prepared by the author into 4 parts as follows:**

Part 1 Introduction containing “a story of Yai Ma I” (10 minutes).

Part 2 Roles of family healthcare leaders in providing social support for diabetic patients (20 minutes).

Part 3 Knowledge about diabetes including diabetes situation, casual factors, symptoms, treatment, and secondary diseases (20 minutes).

Part 4 Knowledge about diabetic patient care for the disease control that comprised of 6 topics including dietary control, exercise, medicine, skin and foot care, follow up, prevention and basic care for the complication (45 minutes).

Part 5 Conclusion containing “a story of Yai Ma II” (10 minutes) as detailed in Appendix B.

2. Two sets of pictures for poster display were:

Set 1 Pictures showed examples of diets recommended for diabetic patients.

Set 2 Pictures showed exercise techniques for diabetic patients.

3. Handbook

The handbook was prepared by the Medical Department, Ministry of Public Health (1999) for distribution to family healthcare leaders as a guideline for the diabetic training program for people at risk and those who are already diabetic. It contained 39 pages covering knowledge on diabetes and diabetic patient

care such as dietary control, exercise, skin and foot care, as been covered in the slides. The handbook was intended for the family healthcare leaders to additionally study the materials after the training .

4. Information leaflets

Information leaflets were additional documents prepared by the author covering materials on medicine, follow up, prevention and basic care for the complication, as shown in the slide. Similar to the handbook, they were prepared for distribution to the family healthcare leaders for additional review after the training.

5. Record form for family healthcare leaders' social support provision to diabetic patients

The record form was prepared by the author for distribution to the family healthcare leaders for record trial prior to recording of actual behaviours during the course of social support provision to diabetic patients at home. The form covered all the 6 topics on patient care. The trainer explained the usefulness of the record form and try to encourage for record the real practice of diabetic patients and FHLs. (see Appendix B for detail).

4.1.3 Training methodology comprised of

1. Group discussion
2. Lecture with illustrated media
3. Demonstration
4. Exercise

4.1.4 Trainers comprised of nurses, public health officers, and Thai traditional medicine officers.

2.3.2 Training process

There were a total of 6 steps in the operational procedure of this training program from preparation of the target group from the population to the final evaluation session as detailed in the followings:

Week 1

Step 1 Preparation of the target group, which contained 36 family healthcare leaders in Khaonoi sub-district, Phuwiang district, Khon Kaen province, who possessed characteristics according to the above imposed criteria.

Step 2 Setting up board display containing examples of diet types and exercise techniques recommended for diabetic patients so that the participants could look at during the training session.

Step 3 Proceeding the training program according to the schedule as detailed in the followings:

Session 1

Topic Self introduction activities.

Objective For the participants to know and get acquainted to one another and to be able to participate well with other members and the trainers in the activities.

Activities

1. The trainer welcomed the participants.
2. Introduced the trainers team.
3. Each participant introduces oneself.

Duration approximately 20 minutes.

Media and instruments

1. Overhead projector.
2. 1 set of transparencies and overhead projection markers.
3. Speakers and microphones.

Evaluation

Observing attention and participation of the participants in the activities.

Session 2

Topic “A story of Yai Ma I”

Objective

1. For the participants to realise significance when diabetic patients did not receive proper care from the members in the family.
2. To build the family healthcare leaders' positive attitudes towards providing social support for diabetic patients.

Content see detail in Appendix A.

Activities

1. The trainer introduced into the learning lesson (5 minutes).
2. Slide presentation with vocal narration on "A story of Yai Ma I" (10 minutes).
3. The participants were allowed to express their opinions about the presented story.

Duration approximately 20 minutes.

Media and instruments

1. Slide projector.
2. Slide set for "A story of Yai Ma I".
3. Speakers and microphones.

Evaluation

Observing attention and participation of the participants in giving opinions.

Session 3

Topic Knowledge on diabetes.

General objective For the participants to gain knowledge on diabetes.

Specific objective After the training, the participants were to be able to better indicate the correct casual factors, symptoms, treatment, and complication of diabetes.

Content See detail in Appendix A.

Activities

1. The trainer introduced participants into the situation of diabetes (5 minutes).
2. The trainer lectured and summarised with slide presentation on diabetes knowledge.
3. The participants were allowed to ask questions about diabetes.

Duration approximately 30 minutes

Media and instruments

1. Slide projector.
2. Slide set 2 on “Knowledge about diabetes and the disease control”.
3. Speakers and microphones.
4. Primary self-care handbook on “Diabetes for potentially risky people and for diabetic patients.

Evaluation

1. Pre- and Post-test.
2. Observing attention and participation of the participants in asking questions and expressing opinions.

Session 4

Topic Diabetes control

General objective For the participants to gain better knowledge on diabetes control.

Specific objective After the training;

1. The participants were to gain knowledge on diabetes control.
2. The participants knew the benefits and means for diabetes control in relations to factors of dietary control, exercise, medicine, follow up, skin and foot care including prevention and basic care for the complication.

Content See detail in Appendix A.

Activities

1. The participants were divided into 6 groups with each of 6-7 people.
2. The trainer assigned a topic for each group to study about diabetes control from the handbook, training leaflets, and from the display board.
3. Each group conducted a group meeting to complete the task with assistance and advice from the assigned speaker and then presented the study result to the entire class.
4. The trainer summarised the main points from each presented material and showed slides with lecturing on diabetic patient care for the disease control.

5. The trainer encouraged the participants to ask questions and express their opinions.

Duration approximately 1 hour and 15 minutes

Media and instruments

1. Slide projector.
2. Slide set 2 on “Knowledge about diabetes and the disease control”.
3. Speakers and microphones.
4. Poster displaying pictures and description about diets and exercise techniques for diabetic patients.
5. Primary self-care handbook on “Diabetes for potentially at risk people and for diabetic patients.
6. Training leaflets

Evaluation

1. Pre- and Post-test.
2. Observing attention and participation of the participants in the activities, asking questions, and expressing opinions.

Session 5

Topic Illustration and practice of exercise techniques for diabetic patients.

General objective For the participants to gain knowledge about proper exercise techniques for diabetic patients.

Specific objective After the training;

1. The participants were to have better knowledge about exercise techniques proper for diabetic patients.
2. The participants had better exercise skills.

Content See detail in Appendix A.

Activities

1. The trainer described the poses of the exercise techniques with picture illustration.
2. The trainer demonstrated proper exercise poses for diabetic patients.
3. The participants practiced the exercise poses along with the trainer.
4. The participants practiced the exercise techniques themselves.
5. The participants were allowed to ask questions and express opinions about exercise.

Duration approximately 1 hour

Media and instruments

1. Poster displaying pictures of exercise poses with short description.
2. Music tape cassettes used as an accessory during exercise.
3. Speakers and microphones, including a cassette player.
4. Information leaflets about exercise techniques for diabetic patients.

5. Primary self-care handbook on “Diabetes for potentially at risk people and for diabetic patients.

Evaluation

Observing attention and participation of the participants in the exercise activities including asking questions and expressing opinions about exercise.

Session 6

Topic Roles of family healthcare leaders in providing social support for diabetic patients.

Objectives For the participants;

1. Increase knowledge and understand their roles in providing social support for diabetic patients in terms of emotional, information, and instrumental supports.
2. Increase proper social support for diabetic patients care in terms of emotional, information, and instrumental supports more correctly and more appropriately.

Content See detail in Appendix A.

Activities

1. The trainer explained meanings of social support provision in terms of emotional, information, and instrumental support.
2. The trainer allowed the participants to ask questions and give their opinions about provision of emotional, information, and instrumental supports to diabetic patients.

3. The trainer summarised the main points in relation to family healthcare leaders' social support provided to diabetic patients.

Duration 45 minutes

Media and instruments

1. Speakers and microphones.
2. Information leaflets about "The roles of family healthcare leaders in providing social support to diabetic patients in terms of emotional, information, and instrumental supports".

Evaluation

Observing attention and participation of the participants in the activities including asking questions and expressing opinions about social support provision.

Session 7

Topic Uses of a record form in providing social support for diabetic patients of family healthcare leaders

Objectives For the participant family healthcare leaders;

1. To realise the benefits and importance of form recording.
2. To develop more positive attitudes towards form recording.
3. To develop skills in recording the form.

Content See detail in the Appendix B.

Activities

1. The trainer explained the importance of the form recording to the participants.

2. The trainer handed out a record form for each participant.
3. The participants were allowed to practice recording the form about their social support provided to diabetic patients during the past week.
4. The participants were allowed to ask questions and give their opinions on form recording.
5. The trainer summarised the main points, handed out new copies of the record form to the participants, and arranged follow up meeting to collect the first set of the completed record form.

Duration 1 hour

Media and instruments

1. A record form for social support provision to diabetic patients.
2. Overhead projector.
3. Transparencies and overhead projection markers.

Evaluation

Observing interest and participation of the participants in practicing of the form recording and accuracy in recording.

Session 8

Topic A story of Yai Ma II

Objectives

1. For the participant family healthcare leaders to realise the importance of proper diabetic patient care by family members.

2. To build positive attitudes of the family healthcare leaders towards social support provision given to diabetic patients.

Content See detail in Appendix A.

Activities

1. The trainer introduced participants into the lesson (5 minutes).
2. Presented a slide show with telling about the story of Yai Ma II (10 minutes).
3. The participants were allowed to comment on the story.

Duration approximately 15 minutes

Media and instruments

1. Slide projector
2. Slide set 2 “ A story of Yai Ma II”
3. Speakers and microphones.

Evaluation

Observing interest and participation of the participants in the activities and in expressing opinions.

2.3.3 Follow-up and continual training sessions

On every Friday morning of Week 4, 9, 14, 19, and 24 after the first training, the trainer appointed the participants to meet at the public health center of Khaonoi sub-district to submit the completed social support provision record form. After that the trainers inquired and discussed with the family healthcare leaders about any problems they encountered during actual practice of diabetic patient care at home. The participants were also retrained on a regular basis as follows.

Week 4	Recording of a form in providing social support for diabetic patients.
Week 9	Dietary control and exercise.
Week 14	Prevention and basic care for the complication including exercise practice.
Week 19	Medicine and exercise practice.
Week 24	Skin and foot care and exercise practice.

After every training session, the trainer provided blank record forms to the family healthcare leaders for the next month use and arranged an appointment for the next meeting.

2.4 Action Plan with Timetable

The activity plan and schedule for operation of this project is showed in Table 2.2.

Table 2.2 Activity plan with timetable

Activities	Time
1. Preparation phase	
1.1 Problem Analysis	Sept – Oct 1999
1.2 Literature review	Nov 1999
1.3 Plan the project.	Dec1999 – Jan 2000
1.4 Proposal presentation.	Feb 2000
1.5 Prepare the training course.	Mar – Jun 2000
1.6 Create the instrument.	Mar – Apr 2000
1.7 Consult with experts.	May 2000
1.8 Improve the instrument.	Jun 2000
1.9 Try out the instrument.	Jun 2000
1.10 Revise the instrument.	Jun 2000
1.11 Coordinate with related parties.	Jun 2000
2. Implementation phase	
2.1 Prepare the target group.	Jul 2000
2.2 Train the project assistant team.	Jul 2000
2.3 Pre-test.	Jul 2000
2.4 Training.	Jul – Dec 2000
2.5 The participants give social support for diabetic patients.	Jul – Dec 2000
2.6 Conduct follow up meetings and retrain on monthly basis.	Jul – Dec 2000
2.7 Follow up work of the participants from the completed record forms.	Jul – Dec 2000
2.8 Follow up participants' work through interviewing the diabetic patients.	Jul – Dec 2000
3. Evaluation phase	Dec 2000
3.1 Post-test.	
3.2 Data analysis.	Jan 2001
3.3 Writing report.	Feb2001 – Feb 2002
3.4 Report presentation.	Mar 2002

2.5 Problems, Conflicts, and Possible Means for Resolution

- 2.5.1 Differences in characteristics of the participants in terms of education background and age might cause difficulties in communication and learning process. Therefore, there was criteria limit for characteristics of the family healthcare leaders to participate in the project.
- 2.5.2 The author could not include every sub-district of Phuwiang district as the study site due to limitation in personnel, budget, and time for study. The pilot project was conducted in Khaonoi sub-district for convenience in operation management of the project as the target participants had similar characteristics in terms of geographic, economics, and life styles.