EFFICACY OF VIDEO ASSISTED TEACHING PROGRAM (VATP) ON DIABETIC FOOT CARE: A TRINIDAD PERSPECTIVE.

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| CONFLICT OF INTEREST           | NONE                         |
| EMPLOYERS                      | THE UNIVERSITY of the WEST INDIES  
|                                | ST. AUGUSTINE, &            
|                                | UNIVERSITY of the SOUTHERN CARIBBEAN  
|                                | TRINIDAD & TOBAGO            |
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GOALS AND OBJECTIVES

☑ Session Goal
Explore the efficacy of using a Video Assisted Teaching Program (VATP) for foot care education as a means of public education for diabetic patients.

☑ Sessional Objectives
1. To evaluate the effectiveness of video assisted teaching programme on ‘diabetic foot care’ among the subjects.
2. To find the association between knowledge of diabetic foot care and selected socio demographic variables like age, gender, ethnicity, marital status, educational level, religion, occupation, source of information, number of years being a diabetic.
NEED FOR THE STUDY

- Diabetic complications include “heart disease, stroke, high blood pressure, blindness, kidney disease, nervous system disease, amputation, and dental disease” (WHO, 2016).

- Laghari, Makhdoom, Pahore, Raja, and Bhutto (2011), reported that the “Diabetic foot is among the most feared complication of diabetes mellitus, ultimate end point of diabetic foot disease is amputation associated with high morbidity and mortality”.
NEED FOR THE STUDY

- According to the World Health Organization, ‘EDUCATION’ is the keystone of diabetes treatment. Patient education, in which patients with diabetes are informed about their disease and their awareness is raised, is of vital importance”. Karakurt, and Kasikci (2012).
NEED FOR THE STUDY

- In Trinidad it has been observed at the selected health facility that diabetic foot care education is not carried out using a consistent standardised program.

- There is very little or no structured formal education for diabetic patients’, especially concerning foot care.
Diabetes has become a health challenge around the world especially in middle and lower income nations, where poor management and complications is quite common. De Silva et al. (2016).

Chiwanga et al (2015) study found diabetic foot ulcers were seen in patients of all socioeconomic status. However both Chiwanga et al (2015) and Mehta et al (2014) found patients with higher education, longer duration of diabetes and diabetic foot care information had higher knowledge scores.
Saurabhu, et al, (2014), found that poor practice was a result of poor knowledge resulting in diabetic foot ulcers. However, simple individual health education of about five to six minutes improved foot care practices (toe space examination, foot inspection and footwear inspection) improved 50.0%, 48.3% and 35% respectively, only after two weeks.
Mohapatra, Tripathy, Panda, Mohapatra, and Swain (2016), “369 perimenopausal women, 75% were 51–60 years; 42% revealed no formal education, 36% possessed awareness about osteoporosis from health personnel and an equal number from friends and relatives”. Knowledge score about osteoporosis increased from 48% to 92% after the VATP was administered.
THEORETICAL FRAMEWORK

ROSENSTOCK ET AL INTEGRATED HEALTH BELIEF MODEL
INDIVIDUAL PERCEPTION
- Perception of susceptibility
- Seriousness and threat to Diabetes Mellitus among Diabetic clients

MODIFYING FACTORS

DEMOGRAPHIC VARIABLES OF DIABETIC CLIENTS
- Age
- Sex
- Religion
- Education
- Income
- Residence
- Marital status
- Type of family

LIKELIHOOD OF TAKING ACTION

ASSESSMENT OF PRETEST
- Assessment of demographic variables of diabetic clients such as age, sex, religion, education, income, residence, marital status, type of family, food habits, smoking and alcohol consumption.
- Assessment of pretest knowledge and practice scores on diabetic life style modifications.

ASSESSMENT OF POSTTEST
- Inadequate knowledge & practice on diabetic life style modifications among diabetic clients

CUES TO ACTION
- Mass media, newspapers, magazines, articles, previous knowledge and advice from others, healthcare service availability.

PSYCHOSOCIAL VARIABLES OF DIABETIC CLIENTS
- Food habits
- Smoking, alcohol consumption
- Personality, social class, peer group
- Reference norm group.

Adequate knowledge & practice on diabetic life style modifications among diabetic clients

STRUCTURAL VARIABLES OF DIABETIC CLIENTS
- Type of medication
- Past history of hospitalization
- Testing of haemoglobin; glucometer at home.

Administration of structured Teaching Module [SIM] on life style modifications among diabetic clients.

MODIFIED ROSENSTOCK ET AL INTEGRATED HEALTH BELIEF MODEL

REINFORCEMENT
- Inadequate knowledge & practice on diabetic life style modifications among diabetic clients

ENHANCEMENT
- Moderately adequate knowledge & practice on diabetic life style modifications among diabetic clients

Seriousness and threat to Diabetes Mellitus among Diabetic clients

Inadequate knowledge & practice on diabetic life style modifications among diabetic clients
METHODOLOGY USED

Target population: Diabetic patients diagnosed less than or equal to 10 years

Sampling: Convenient sampling

Study subjects: 46 Diabetic patients

Instrument: Structured Knowledge questionnaire, Video Assisted Teaching Programme

Data analysis: Descriptive and inferential statistics

Research Design
Quantitative Approach

Data collection: pretest/posttest
THE RESULTS
DEMOPGRAPHIC PROFILE

Graph 1: Classification of Respondents according to their age.
DEMOCRAPHIC PROFILE

Graph 3: Classification of Respondents according to their educational background.

Graph 4: Classification of Respondents according to their Source of info on diabetic foot Care.
Graph 5: Classification of Respondents according to their duration of diagnosis with diabetes.
PRE and POST TEST RESULTS

Meaning of Diabetes

<table>
<thead>
<tr>
<th>Knowledge Checklist</th>
<th>Pretest</th>
<th>Posttest</th>
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<tbody>
<tr>
<td>No. Of Respondents</td>
<td>79%</td>
<td>98%</td>
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<tr>
<td>Correct</td>
<td>21%</td>
<td>2%</td>
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<tr>
<td>Incorrect</td>
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Causes of Diabetes

<table>
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<tr>
<th>Knowledge Checklist</th>
<th>Pretest</th>
<th>Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. Of Respondents</td>
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<td>70%</td>
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<tr>
<td>Correct</td>
<td>50%</td>
<td>30%</td>
</tr>
<tr>
<td>Incorrect</td>
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</tbody>
</table>
Graph 20: Classification of Respondents according to their pre-test and post-test knowledge on signs and symptoms of diabetes.
Graph 21: Classification of Respondents according to their pre-test and post-test knowledge on risk factors of diabetes
Graph 7: Classification of Respondents according to their pre-test and post-test knowledge on treatment and prevention of diabetes
Graph 8: Classification of Respondents according to their pre-test and post-test knowledge on foot care practice of diabetes
The study highlights the need for educational measures that will have long lasting and positive behaviour change among our diabetic clients.

The study was able to add to the evidence that diabetics continue to be in need of education about the condition, specific to foot care practices which are crucial for maintenance of healthy feet.
RECOMMENDATIONS

- This research can be used to provide information for policy makers in the out patients’ clinics and health ministry of Trinidad and Tobago.

- The results can be used to influence further and much needed research on this topic in Trinidad and Tobago.
REFERENCES
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QUESTION TIME
Thank you