

# California Diabetes and Pregnancy Program (CDAPP)



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**Babies of moms with diabetes need a lot of tender loving care.  
This care starts before pregnancy begins.**

# Perinatal Complications Associated with Pregnancy and Diabetes

- Complications are significantly reduced for pregnant diabetic women who participate in comprehensive programs and who achieve and maintain near normal blood glucose levels, both prior to and following conception.



# Sweet Success Guidelines for Care

- A standard of care for providing outpatient-based comprehensive patient education, nutrition, psychosocial and medical services to pre-pregnant and pregnant women with diabetes
- Title V allocations distributed through MCH Branch to the regional centers for
  - development and revisions of the guidelines
  - training and education of healthcare practitioners on the guidelines
  - assessing and consulting on the implementation of the guidelines



**10**  
 Kaiser Permanente  
 System/Northern CA

Select your region  
 of interest

**11**  
 Kaiser Permanente  
 System/Southern CA

**6.2**  
 Los Angeles & Ventura  
 Counties

**6.1**  
 Los Angeles, Ventura,  
 Santa Barbara

**9**  
 San Diego/Imperial  
 Counties

# Team Comprised of Various Health Care Workers

- Physicians
  - Physician Assistants
- Nurse Educators
- Nurse Practitioners
- Nurse Midwives
- Health Educators
  - Social Workers
  - Registered Dietitians
  - Medical Assistants

# Sweet Success Trainings

California Diabetes & Pregnancy Program

## Affiliate Training

**Fountain Valley Regional Hospital Medical Center**  
11100 Warner Ave. #112 & 114 - Fountain Valley

**February 3 & 5, 2003**  
7:30 AM - 4:00 PM

**S**  
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**T**

Sweet Success

California Diabetes and Pregnancy Program

**Accreditation:**  
Nurses: 7 contact hours per day  
Dietitians: 6 RD CEU's per day  
MSW & MPCC: 6 contact hours per day

**Register by: December 31, 2002**

**Cost:**

Affiliates:	\$ 70.00	1 day
	\$100.00	2 days
Non-affiliates:	\$ 95.00	1 day
	\$145.00	2 days

After deadline of December 31, 2002  
\$10.00 will be added to above

Includes syllabus, lunch and refreshments

FOR INFORMATION CONTACT:

Vicki Rubio  
(714)456-6706  
vkompars@uci.edu

- All registrations must be accompanied by payment
- All registrations must be confirmed by Rosi or Vicki (714) 456-6706

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Affiliate Training February 2003

All registrations must be accompanied by payment

<b>Please make check payable to:</b>	Name _____	Employer _____
<b>OCPC</b>	Address _____	Position / Title _____
<b>Mail form and payment to:</b>	City & Zip _____	Affiliate Program _____
<b>UCIMC</b>	Day Phone _____	<input type="checkbox"/> MD <input type="checkbox"/> RD <input type="checkbox"/> RN <input type="checkbox"/> MSW <input type="checkbox"/> Other
Dept. OB/GYN	Evening Phone _____	Discipline _____
PO Box 14091	E-mail _____	License # _____
Orange, CA 92863-1491		

- Offered 3-4 times a year in the Los Angeles and Orange County areas
- 8 learning objectives for two days of didactic training
- October 14 & 15, 2003
- February 9 & 10, 2004
- March 3 & 4, 2004

# Research Questions

- Is the two day Sweet Success Affiliate Training **effective** **in increasing the** **participant's** **knowledge** regarding diabetes and pregnancy?
- Has the **participant been** **able to implement** **what they have** **learned** from the training in their clinical setting?



# Methods

- Telephone Surveys
- Training Participants
- Managers or Supervisors



# Steps in Data Collection

- Engage Stakeholders
- Develop Survey Tools
- Field Test Survey Tools
- Conference Call with Stakeholders
- Refine Survey Tools



# Stakeholders

Intended users of this evaluation are the CDAPP Regional Consultants who provide the Sweet Success Trainings in the Los Angeles and Orange County areas.

# Needs of Intended Users

- How did participants hear about the training?
- Why did they attend the training?
- What changes have they made in their health care setting?
- Have they shared what they learned with their colleagues/co-workers?



# Development of Survey Tool

- Adapted a survey tool from Community Health Councils, Inc.
- Revised the tool to make the data easy to quantify and meet the needs of the intended users.

# Field Testing Survey Tools

- November 2003 training held in  
San Bernadino County
- 12 training participants
- 5 managers/supervisors
- Telephone surveys

# Participants Questions (see survey tool)

- Participants were asked whether or not they felt more knowledgeable around each of the training's 8 learning objectives.
- Participants were asked 5 questions to assess their ability to implement a change in practice after attending the training.

# Manager/Supervisor Questions

- Manager/supervisors were asked whether or not they felt their staff were more knowledgeable around each of the training's 8 learning objectives
- Manager/supervisors were asked 5 questions to assess their staff's ability to implement a change in practice after attending the training.

# Results of Field Test and Stakeholder Conference Call

- Added a script for interviewers
- Added choices for answers on several survey questions so the data could be quantified
- Consider email addresses of respondents if they cannot be reached by telephone

# Survey Administration

- 70 participants from October, February and March trainings in Los Angeles and Orange Counties divided among 3 evaluators for telephone surveys
- 8 managers/supervisors of these participants called by one surveyor

# Data Analysis

Responses were recorded using a 4 point  
Likert scale

1 = Uncertain

2 = Not at all

3 = Somewhat

4 = Absolutely

# Data Analysis

- In analysis we dropped the 1 = Uncertain
- Coded data as
  - 1 = Not at all
  - 2 = Somewhat
  - 3 = Absolutely
- Used Excel to calculate the Means

# Summary of Findings

- 5 out of 8 managers/supervisors responded to the survey: one from the October training, three from the February training and one from the March training.
- 20 out of 70 participants responded to the survey: 5 from the October training, 8 from the February training and 7 from the March training.

# How Respondents Heard About the Sweet Success Training

## Table 1.

Methods	Participants	Supervisors/Mgr
Email		1
Flyer	2	3
SS Website		
Regional Staff		1
Mgr/Supervisor	8	
Co-worker	8	1

# Reasons for Sending Staff to the Sweet Success Training

- Liked the Sweet Success program and wanted their nurses to learn the program
- 65% of their caseload consisted of pregnant diabetics
- New staff needed the information for their jobs and experienced staff needed reinforcement of the information
- Knowledge is always good and they are a teaching facility
- In-services are required for their staff

# Participants Reasons for Attending the Training

- 1 - Required by Employer
- 2 - Needed Continuing Education Units
- 10 - Personal Interest
- 12 - Career Advancement

# Interesting Findings on Knowledge Gained

## Discord in responses from Managers or Supervisors and Training Participants

- Participants gave a higher rating for their ability to meet the training learning objectives than did their managers/supervisors (Mean of 2.75 versus 2.25 on Likert scale from 1 to 3)
- Participants gave the highest rating to knowledge gained for assessing diet needs while managers gave the highest rating to knowledge for educating patients on the benefits of exercise

# Interesting Findings on Knowledge Gained

Agreement in responses from Managers or Supervisors and Training Participants

- Both groups gave the lowest rating in ability to conduct psychosocial assessments and provide culturally competent education

# Interesting Findings on Change in Practice

Managers gave a higher rating to their staff's ability to implement the Sweet Success Guidelines in their clinical practice

- Managers gave a Mean response of 2.75
- Participants gave a Mean response of 2.58

(One manager reported a barrier due to limited staff)

# Interesting Findings on Change In Practice

## Discord Between Managers and Participant Responses

- Managers rated a change in assessing dietary needs the highest while Participants rated it the lowest
- Managers rated sharing things learned with co-workers the lowest while Participants rated it the highest.

# Implementations After Training

## Table 2.

New tools	Participants	Managers
Dietary educ	9	2
Insulin admin	4	2
Screening proto	2	2
Postpartum F/U	4	2
Other	1	2

# Observations

Manager surveyed in field test stated that her rating on the staff member who attended this training is reflective of this staff's personal abilities and not reflective on the effectiveness of the Sweet Success Training (Had sent staff to previous trainings with great results in increased knowledge and abilities)

# Observations

Many managers and participants declined taking part in the survey because they worked in labor and delivery units

- Not working with diabetic women on an outpatient basis
- Not enough time and exposure in L&D to assess their abilities in each of the learning objectives or changes in practice
- Too busy to conduct a telephone survey

# Observations

Question 8 – Why did you attend the Sweet Success Training versus why did you send your staff to the Sweet Success Training?

- Participants only responded with the listed choices of answers (i.e., needed CEUs, etc)
- Managers did not respond with any of the listed choices of answers but gave their own response as listed on a previous slide

# Limitations of Survey

- Managers who responded weren't always the manager or supervisor of participants who responded
- Survey questions were subjective because respondents were asked to rate their own abilities or their staff's abilities

# Limitations of Survey

Managers gave a low rating on the their staff's ability to share information they learned with their co-workers. Their perceptions of guideline implementation may be biased due to lack of communication.

# Limitations of Survey

Participant's position may affect their ability to implement information learned (i.e., Labor and Delivery nurses, dietitian, medical assistant, social worker)

Literature cited – “Systems Change Resulting from HIV/AIDS Education and Training: A Cross-Cutting Evaluation of Nine Innovative Projects,” Evaluation & The Health Professions, Vol. 22 No. 4, December 1999

# Recommendations

1. Future evaluations of the Sweet Success Training will require adequate advertisement allowing at least 2 weeks notice to optimize the number of participants ( M.Q. Patton, Utilization-Focused Evaluation )

# Recommendations

2. Participants may gain more ability in clinical skills through a preceptorship training versus a didactic training with more emphasis on diet instruction, insulin instruction, how to conduct psychosocial assessments and how to provide culturally competent education.

# Recommendations

3. Managers could require their staff to present an in-service for co-workers on what they learned from the training.



We learn more from what we do (teaching others) than from what we hear or see.

# Recommendations

4. Further training opportunities are needed for health care workers to conduct psychosocial assessments and provide culturally competent education in their practice

Literature cited on how training provides results  
(Evaluation & The Health Professions, 22(4),  
December 1999)

# Recommendations

5. The Sweet Success Training evaluation should include a pre-test and a 6 month post-test to measure retention of knowledge gained and implementation of Sweet Success Guidelines
6. Managers to implement quality improvement measures for improving clinical performance and standards of care