A qualitative study to explore how podiatrists engage with patients about diabetes and self management using motivational interviewing techniques

Methods

This is an exploratory multiple case study which uses an applied qualitative, inductive approach rooted in a social constructivist paradigm. This epistemological stance maintains that behaviour is affected and shaped by social interaction and context, as well as issues of power and knowledge.

Two podiatry teams in different NHS health boards are participating; one team so far has been trained in motivational interviewing techniques and are currently embedding them into routine consultations (figure 1). Data will be generated from 1-1 interviews (40) with patients (n=11), podiatrists (n=11) and audio-recordings of the consultations (n=21) (table 1). This will be triangulated with data captured from patient records and podiatrists log books for data analysis.

The use of two sites enables an exploration of the similarities/differences of contexts and the organisational factors that affect the intervention. A manual using supporting materials will be developed after the first team complete the study and implemented with the second teams’ training sessions. This ensures that the training and the supporting materials are fully evaluated and helps to optimise the intervention.

Patient journey through research study (0-6 months)

Podiatrists journey through research study (0-11 months)

Analysis

The data will be analysed for emergent themes, using a constant, iterative approach of rigorous thematic coding. Consensus of meaning will be developed by two of the team members, and to reduce bias two independent qualitative experts will also review the data to achieve consensus. The findings will be represented in themes to illustrate a deep understanding of both participants’ experiences and perceptions of the intervention within different primary care contexts. The final training manual will be published on the NHS Scotland Knowledge Portal for the benefit of all NHS staff.

Aims

To develop an in-depth understanding of patients experiences and perceptions of podiatrists using motivational interviewing during routine consultations

To develop an in-depth understanding of podiatrists experiences and perceptions of being trained in and using motivational interviewing techniques with people living with diabetes

To develop the intervention within the MRC complex intervention framework

Background

Type 2 diabetes has reached epidemic levels in the UK. It is the principle reason for lower limb amputation, renal failure and blindness as well as a major cause of fatal heart disease. Effective management of the condition inevitably means good self management by people living with diabetes on a daily basis. The construct of self management embraces a holistic approach to patient education; however it is in danger of becoming a panacea for long-term conditions in health care policy, both nationally and globally. The reality of adopting self management policy into practice presents significant challenges for health care professionals and patients – many of whom may be conditioned into a medical model of care and practising with limited resources.

Podiatrists are one of the most likely allied health professions to have regular consultations with people who have diabetes, particularly once complications have developed. Patient education that incorporates a psychological model is more effective than didactic advice (Scottish Government, 2009). Podiatrists are well placed to explore the reality of implementing long-term support for self management strategies.

This research is grounded within the Medical Research Council (MRC) Complex Intervention Framework (2000) which guides the development and evaluation of complex interventions in complex settings. Phase 0 & 1 (theoretical and modelling phases) of the MRC framework will be completed to establish how the intervention is received and whether it is feasible; explore how it works by identifying its ‘active ingredients’ and develop an understanding of the context of the intervention.

Table 1: data collection summary

Participants & data collected

<table>
<thead>
<tr>
<th></th>
<th>Lanarkshire site</th>
<th>Fife site</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of podiatrists:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of interviews (40 min-1 hr)</td>
<td>4 (12 hrs)</td>
<td>7 (21 hrs)</td>
</tr>
<tr>
<td>No of patients:</td>
<td></td>
<td></td>
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<tr>
<td>No of consultations audio recorded (30 mins)</td>
<td>4 patients (12 hrs)</td>
<td>7 patients (21.5 hrs)</td>
</tr>
<tr>
<td>No of interviews (1 hr)</td>
<td>12 (6 hrs)</td>
<td>7 (7 hrs)</td>
</tr>
</tbody>
</table>

Figure 1: participants journeys

Table 2: data collection summary

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