Title of Intervention: The Diabetes Education Study for internal medicine residents

Intervention Strategies: Provider Education, Environments and Policies

Purpose of the Intervention: To improve knowledge of medical residents for improvement of diabetes management practices

Population: Internal medicine residents and patients with diabetes

Setting: General medicine clinic at a university-affiliated hospital; worksite-based, health care facility-based

Partners: University diabetes research and training center, medical clinic

Intervention Description:
- Provider Education: Health care providers received an intensive education intervention on diabetes management. The intervention involved six components: problem-oriented protocol handbook, a six-hour diabetes education course, 24-hour access to a diabetologist, weekly consultation conferences, chart audits and computer-generated reminders of key recommendations.
- Environments and Policies: Examination rooms were stocked with appropriate materials to allow for comprehensive examinations to detect diabetic complications.

Theory: Not mentioned

Resources Required:
- Staff/Volunteers: Residents, nurse practitioners, registered nurses, senior staff physicians
- Training: Intensive diabetes program
- Technology: Computer tracking system
- Space: Clinical examination rooms, conference space
- Budget: Not mentioned
- Intervention: Protocol handbook, supplies for diabetic complication examinations, computer-generated reminders
- Evaluation: Patient charts

Evaluation:
- Design: Randomized controlled trial
- Methods and Measures:
  - Chart audits and patient interviews measured adherence to program recommendations.
  - Patients’ blood glucose levels were monitored.

Outcomes:
- Short Term Impact: Providers in the intervention group monitored diabetic complications more and monitored blood glucose significantly more. They also made significantly more diet and weight management recommendations.
- Long Term Impact: Not measured

Maintenance: Not mentioned

Lessons Learned: The relative success of the intervention was attributed to the following factors: 1) care recommendations were made through consultation with faculty internists, 2) recommendations were delivered in a concise format, 3) the clinical care environment was altered in ways to facilitate the adoption of program recommendations and 4) ample time was devoted to practice and feedback for essential clinical skills.

Citation(s):