

X-PERT EDUCATOR GUIDANCE FOR REMOTE DELIVERY — MAY 2022

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NICE key criteria for structured education

- It is evidence-based, and suits the needs of the person.
- It has specific aims and learning objectives, and supports the person and their family members and carers in developing attitudes, beliefs, knowledge and skills to self-manage diabetes.
- It has a structured curriculum that is theory-driven, evidence-based and resource-effective, has supporting materials, and is written down.
- It is delivered by trained educators who have an understanding of educational theory appropriate to the age and needs of the person, and who are trained and competent to deliver the principles and content of the programme.
- It is quality assured, and reviewed by trained, competent, independent assessors who measure it against criteria that ensure consistency.
- The outcomes are audited regularly.

Does remote delivery meet the NICE key criteria?

Yes, the NICE key criteria can be fully met with X-PERT Programmes delivered remotely. Educators just need to ensure that they comply with all the requirements listed above. X-PERT Health provide all the necessary resources to ensure that this is possible. Therefore remote delivery can still be classed as NICE-compliant structured education.

Strengths, weaknesses, opportunities and threats from remote delivery

Strengths

- Prevents Covid-19 transmission
- No venue hire
- No travel for educators
- No travel for participants
- No car parking requirements
- No set-up or pack away time required
- Better view of the digital boards for all
- Increases patient choice by adding another delivery method to the menu of options

Weaknesses

- Engagement may be more challenging than face-to-face, initially
- Refreshment break cannot be used for peer education /support (unless you place people in breakout rooms)
- Possible teething problems until patients and educators get used to it, such as turning the microphone off when not speaking and using the functions such as hand-up and chat feature for questions

Opportunities

- Deliver more programmes
- Meet the needs of more patients
- Patients can register on a programme that is convenient to them (day/time) rather than having to attend a programme in their locality
- Many people have become familiar with this remote form of communication during COVID-19 and are ready to adopt it going forward for their healthcare

Threats

- May exclude patients that don't have access to the internet, virtual meeting platforms, or suitable equipment*
- May exclude patients who are not comfortable with the use of technology*
- Possibility of reduced group cohesion, e.g. as less ability for small talk before/after sessions

* Such individuals can/should be offered face-to-face education as an alternative, where possible

Options for Remote Delivery

1. **Remote Group Delivery** - delivered remotely using your preferred virtual meeting platform. This should be delivered as per the educator manual, with 2.5 hour sessions delivered over six consecutive weeks (total 15 hours of education). Patients are sent the relevant handbook to assist their learning. You may want to keep your group sizes small to begin with (possibly no more than 12 participants) whilst you adapt to a new way of delivering the programme, but this mode of delivery can still be manageable and effective for groups of 15 to 18.
2. **Refer patients to the X-PERT Diabetes Digital Programme** - self-directed learning via the X-PERT Diabetes Digital Programme App, suitable for people with prediabetes or Type 2 diabetes. Patients undertake the six sessions in their own time, they are also sent a handbook and have an opportunity to receive two-hours of person-centred health coaching. *Available to organisations that have commissioned this service; contact X-PERT for more information.*

How to use digital platforms to deliver group-based structured education

Your organisation will have determined which virtual conferencing/meeting platform you can use. Microsoft Teams and Zoom seem to be the most popular - links to brief guides to using these are provided below. If you need any assistance with other platforms please do get in touch and we will endeavour to help.

Zoom - Zoom has many YouTube videos to allow you to obtain quick tips and tutorials to help you and your team be successful when using Zoom. These can be located at:

https://www.youtube.com/playlist?list=PLKpRxBfeD1kEM_I1Ild3N_XI77fKDzSXe

Guidance on how to set up polls for the quizzes and games can be found at:

<https://support.zoom.us/hc/en-us/articles/213756303-Polling-for-meetings>

Microsoft Teams - Teams also has many online video tutorials. One example is shown here:

<https://www.youtube.com/watch?v=nHeFu32aUQ>

The following may also be useful:

- Learn more about ClassPoint: <https://www.classpoint.io/>
- Microsoft Whiteboard Tutorial: <https://bit.ly/3oYrQgQ>
- 5 Pieces Of Advice For More Engaging Online Teaching: <https://bit.ly/32hcCKe>

- Interactive Classroom Quiz in PowerPoint: https://youtu.be/JaTXmfhup_g
- How to Use the NEW Breakout Rooms Feature in Microsoft Teams [Step-by-step]: <https://youtu.be/IPieuMz2u00>
- Create and Use Breakout Channels in Teams for Teaching: <https://youtu.be/R8dSfTcV--0>
- Create polls for the quizzes and games: <https://www.youtube.com/watch?v=EK4C1vzmGEU>

These platforms are easy to use; educators report that they soon get used to working in this way and enjoy delivering structured education remotely.

Providing participants with guidance on how to use a particular platform may be useful. Bexley Health Neighbourhood Care have created a walk through MS Teams guide for their participants to follow to gain access to the sessions, please contact admin@xperthealth.org.uk if you would like a copy.

You may also wish to set up “test” sessions where prospective participants can make sure they can log in ahead of Session 1, this may alleviate reluctance for participants to engage with remote sessions and ensure that Session 1 runs smoothly.

Using the magnetic boards with labels or the digital boards

Magnetic boards *can* be used when delivering the discovery learning activities remotely via videoconferencing; however, the digital boards can provide a more streamlined experience.

Magnetic boards - These will need to be positioned in front of the webcam with all the activity magnetic labels laid out on a table in close proximity so that you can deliver the activity in the usual way, talking interactively to the participants whilst placing the magnetic labels onto the board.

Digital boards - Logins and subscriptions can be purchased to use the digital boards instead of the magnetic boards. Example of the boards can be found here:

<https://www.xperthealth.org.uk/digital-boards-examples/>

These can be much more effective when delivering X-PERT education remotely as the screen can be shared and the educator can talk interactively with the participants, following the X-PERT philosophy of “*for every piece of information shared, a response is invited*” whilst dragging and dropping labels from the holding bay onto the screen.

Currently there are digital boards to cover the key activities in the X-PERT Diabetes and X-PERT Insulin Programmes, where magnetic boards have traditionally been used, and the X-PERT Weight Programme, where digital boards have always been used.

We have also added supplementary boards for activities that currently take the form of open discussions. Details of what the boards are and how to use them are included in the separate Digital Board Guidance document.

Use of educational visual aids

These can still be utilised fully by holding them up to the webcam so all the participants can see them, and they still enhance the learning experience. Therefore models should continue to be used in line with the instructions provided in the educator manual.

N.B. The view of the resources can be distorted if you choose to use a built-in background that is provided by the virtual platforms.

How to deliver the quizzes and games during remote delivery

Carbohydrate awareness quiz (X-PERT Diabetes)

Option 1 - using the life-size pictures

1. Ask participants to close their handbooks, because the answers to the quiz are all listed in the “Carbohydrate Awareness of Everyday Foods” tables! Have your version of the handbook open on these pages, as you may need to use them to check the answers (and/or portion sizes) whilst delivering the activity.
2. Select the first food/drink from the life-size photos and hold it up to your camera so the group can see it. Tell the group what the food/drink is (in case anybody is unsure from the picture), then ask them to consider if they think it will have a small, medium or large impact on blood glucose levels.
3. You may have to remind the group how big a portion of the food/drink would be, and/or what the cut-points are for the impact on blood glucose categories. The portion sizes are listed in the handbook, as are the blood glucose impact category definitions.
4. Ask the participants to vote which category (small, medium or large impact on blood glucose) they think the food/drink would go in, either by using the poll feature or by writing their answer in the chat. From our experience we have found the poll functionality to be the best method.
5. State and discuss the correct answer. Ask if anybody was surprised by how much (or little) carbohydrate was in the food/drink in question, and have a brief discussion around this if necessary. Everybody who gets the right answer gets a point.
6. Repeat this for other foods/drinks until you are nearly out of time.



Option 2 - using the digital boards

Information can be found within the Digital Board Guidance document.

Both methods

At the end of the activity, ask how many points everybody got. To avoid making anyone feel embarrassed if they didn't do well, you may wish to just focus on who has "won", for example by asking if anyone scored more than 10 points (then 11, 12 etc. until you are left with one person), or by asking if anyone wants to volunteer to share their score, then asking if anyone scored higher than the score which is volunteered. Although this scoring system is based on participants responding honestly, it does not really matter if they do not as there is no prize!

Reassure the group that if anybody did not get many right then it isn't a problem, and that they can improve their carbohydrate awareness by reading food labels and by using their X-PERT handbook.

Carbohydrate counting workshop (X-PERT Insulin)

There are three activities included within the carb counting workshop:

- Reading the nutritional information on food packing
- Estimating carbs using the life-size meal photographs
- Calculating carbs using the food replica models and the Carbs and Cals book

Rather than separating participants into teams, complete each part of the activity in turn with the full group, spending 20 minutes on each activity.

Ask the group to close their handbooks, because the answers are all listed. Have your version of the handbook open on the relevant pages, as you may need to use them to check the answers (and/or portion sizes) whilst delivering the activity.

Option 1 - using the physical resources:

1. Select the first food/drink and hold the image in front of the webcam. Tell the group what the food/drink is (in case anybody is unsure from the picture) and the portion size. Ask them to consider the amount of carbohydrate (in grams) that it contains. For the "calculating" part of the activity, demonstrate how they could use a calculator and/or a carb counting resource such as Carbs & Cals.
2. Ask the participants to write their answer in the chat, and then state the correct answer when everyone has had the chance to do so. Ask if anybody was surprised by how much (or little)

carbohydrate was in the food/drink in question, and have a brief discussion around this if necessary. Everybody who gets the right answer (within 5g either side) gets a point.

3. Repeat this for the other foods/drinks (there are 12 for each activity) and then move on to the next part of the activity. After the three activities, you will have discussed 36 foods.

Option 2 - using the digital boards

1. Set up a poll (see pages 4-5) prior to the session, with the following options:
 - No carbs (0g) = no effect on BG
 - Low carbs (1g to 5g) = very small effect on BG
 - Moderate carbs (6g to 15g) = small effect on BG
 - High carbs (16g to 40g) = medium effect on BG
 - Very high carbs (more than 40g) = large effect on BG
2. Start with the food packaging digital board. Select the first food/drink, which will then be displayed larger. Tell the group what the food/drink is (in case anybody is unsure from the picture). Now click onto the 'back' function to show the reverse of the label that contains the nutritional information table. Ask the participants to read the nutritional information on the food packaging label, adjust it to the stated portion size, and vote via the poll what they think the impact on blood glucose levels will be. State the correct answer and, if there is confusion, demonstrate how to calculate the correct carb content. Select the home icon, in the top right corner of the screen, to return to the homepage; then select the next food/drink. Continue until all 12 food packaging labels have been discussed or until the 20 minutes is up, asking participants to keep a log of the number of answers they got correct.
3. Now move onto the life-size plated food pictures digital board. This activity mirrors what would happen if the participants were eating a meal that they hadn't prepared so would have to make an educated guess based on the ingredients and portion size. Select each picture in turn to enlarge it. Ask the participants to estimate the amount of carbs they think is in the meal, and to provide their answer via the poll. As before, clarify any misunderstandings before moving onto the next food (click on the home icon to exit the meal you have just discussed and click the next meal to enlarge it) until you either complete the activity or it's time to move on to the final part of the activity. Remind participants to keep a track of their score.
4. Lastly, move onto the digital board that contains images of the 12 replica foods with portion sizes (in grams). Select each food in turn to enlarge, and then the home icon when you are finished with each to return to the homepage so you can select the next one. Demonstrate

how people can calculate the carb content by using the Carbs & Cals book (hold it up to the webcam) or other carb counting tables (books/online/apps) alongside a calculator, to work out the amount of carbs in the relevant portion size. If participants do not have access to carb counting resources, invite them to make a calculated guess for carb amount and impact on blood glucose and voting in the same way as in the other two workshop activities. Point out that the answers you are using are based on the Carbs and Cals book, so people may have reached slightly different answers if they use a different resource.

Both methods

Ask participants to keep a log of the number of answers they get correct. The winning participant is the one that achieves the greatest score (max 36 points if all three carb counting activities have been fully completed).

Interactive dietary assessments via the digital boards (all programmes)

We have developed an interactive version of the dietary self-assessment and “How many carbs am I having?” activities for X-PERT Diabetes and X-PERT Weight. These allow you to type participant responses directly into the template on the digital board. Information can be found within the Digital Board Guidance.

For X-PERT Insulin there are interactive digital boards available for Dietary self-assessment, My carb intake, and MATCH IT Diary. Other than typing relevant information directly into the digital board delivery is in line with the Educator Manual.

X-PERT game (all programmes)



All games can be played remotely in exactly the same way that they are face-to-face in a venue, with the magnetic board either being shown via the webcam or by sharing the relevant digital board. If using the digital boards further information can be found within the Digital Board Guidance document.

If a dice is needed, you can download free electronic dice roll apps from your preferred App store. Apps like these provide a better option than using a physical die, as they make it easier to show the group what number has been rolled.

The question cards can be read out by the educator in the usual way and, if the team answers correctly, the educator still moves the counter for that team using the magnetic board.

How to deliver the goal setting activities

There are two options:

1. **Self-directed learning and discussion:** time is allocated to enable participants to complete the goal setting forms during the session and then a brief discussion is facilitated so that participants can share the goals that they have set.
2. **Small group work in breakout rooms:** participants are placed in groups of three or four in breakout rooms to discuss what goals could be set and experimented with over the following week. Participants will then complete the goal setting forms after the session.

At the beginning of the next session participants can discuss how they got on with their goals, and can share successes and challenges, in line with how this is completed in face-to-face programmes. For remote delivery this can be carried out either as a whole group or split up into smaller groups in breakout rooms. When participants are in breakout rooms the educator can dip in and out of each room to provide additional support, where required.

Rather than setting a new goal at the end of each session, participants may prefer to consider how they can continue working towards a larger goal that they have set for themselves. Whatever approach taken, it is key that participants set their own goals and are supported to work towards them, rather than educators trying to push individuals to set a new goal on a specific topic each week just for the sake of doing it.



Using the empowerment and evaluation questionnaires

Diabetes Empowerment Scale-Short Form (DES-SF)



Pre Programme (session1)		Post Programme (session 6)						
Please choose one selection for each answer to reflect how you feel at the moment.								
Date of session:								
In general I believe that:								
Q1. I understand that I am responsible for looking after my diabetes	1 Strongly Disagree		Q2. I know what my biggest diabetes concerns are and how to address them	1 Strongly Disagree				
	2 Disagree			2 Disagree				
	3 Neutral			3 Neutral				
	4 Agree			4 Agree				
	5 Strongly Agree			5 Strongly Agree				
Q3. I am confident that I can set realistic goals to manage my diabetes	1 Strongly Disagree		Q4. I feel confident that I can cope with worries/stress that having diabetes may cause me	1 Strongly Disagree				
	2 Disagree			2 Disagree				
	3 Neutral			3 Neutral				
	4 Agree			4 Agree				
	5 Strongly Agree			5 Strongly Agree				
Q5. I know when I need help and support to look after my diabetes	1 Strongly Disagree		Q6. I know who to ask for support to look after my diabetes	1 Strongly Disagree				
	2 Disagree			2 Disagree				
	3 Neutral			3 Neutral				
	4 Agree			4 Agree				
	5 Strongly Agree			5 Strongly Agree				
Q7. I know what helps me keep motivated to look after my diabetes	1 Strongly Disagree		Q8. I am confident that I can make the best choices myself to look after my diabetes	1 Strongly Disagree				
	2 Disagree			2 Disagree				
	3 Neutral			3 Neutral				
	4 Agree			4 Agree				
	5 Strongly Agree			5 Strongly Agree				
Do you always take your diabetes medication?	1. Fully		2. Partly		3. Never		4. Not on diabetes medication	

The empowerment questionnaire, eating behaviour questionnaire, and participant satisfaction (evaluation) questionnaire have all been converted to editable versions. However, it is difficult to cover all devices that may be used during remote sessions. You could consider converting the documents to Microsoft Forms, which may provide another alternative for participants should our editable version not be suitable for your/their needs. You can download the editable versions from the [X-PERT library](#).

Participants are requested to complete these as per the educator manual.

How to obtain process and outcome data and audit remote delivery

The following programmes have been added to the X-PERT Diabetes Audit Database or Weight Audit Database (as applicable):

- X-PERT Diabetes Virtual Group
- X-PERT Insulin Virtual Group
- X-PERT First Steps Virtual Group
- X-PERT Diabetes Digital
- X-PERT Weight Virtual Group

When running reports, this will enable organisations to audit all programme types they are delivering to obtain combined audit results and/or audit types of programmes separately to compare results. This is particularly useful to ascertain the effectiveness of remotely delivered programmes.

If you have added programmes with the wrong programme type you can alter them within the Audit Database by selecting Enter/Edit Data, then Programmes, then selecting the programme(s) you wish to change.

The same mandatory and optional audit indicators are required (as stated in the audit database user guide, downloadable from the audit database) although it is appreciated that many people may have had less regular monitoring of their health results so all the indicators may not be available. This is real world audit (not clinical research) so just make a reasonable attempt to obtain all the data you can. A bulk upload tool is now available to reduce the time required when entering new data. Details of this are also provided in the audit database user guide.

How to complete the quality assurance (QA) process with remote delivery

It's possibly easier to QA an educator when the session is delivered remotely, as recording sessions is easier. The educator will need to inform the participants that the sessions are being recorded because they are being assessed, but that only the assessor will view the recordings and that they will be destroyed when the assessment is complete. If any participants have concerns about this, then it will be acceptable for them to turn their webcam off.

For any questions on QA or for what is required for a follow-up QA assessment, please contact the X-PERT Health Quality Assurance Lead, Trudi Reeves, at: trudi.reeves@xperthealth.org.uk

Reporting to GPs - read codes or SNOMED codes

What is being captured really well on NHS GP clinical systems via the electronic patient records is when a person with diabetes is being 'offered' or 'referred' for diabetes structured education, and evidence of this is reflected in the National Diabetes Audit (NDA) findings.

However, data capture on attendance and completion of diabetes structured education is poor. Therefore, a standardised approach has been developed to improve recording of the outcome of the referral.

All NHS healthcare providers in England must now use SNOMED CT for capturing clinical terms within electronic patient record systems (see <https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct> for more details). Northern Ireland, Scotland and Wales also have

programmes of work underway in relation to SNOMED CT; each devolved nation should be consulted for relevant details. It is recommended that all education providers communicate the outcome of a referral to diabetes structured education to the GP practice that the patient is registered at. Relevant codes are as follows:

X-PERT specific SNOMED Code	Definition	Meaning
306771000000105	Referred	The patient was referred to an X-PERT programme
306591000000103 (general code for declined diabetes structured education)	Declined	The patient was invited to attend a programme, but declined the offer
307201000000109	Did Not Attend	The patient accepted the invitation but did not attend any sessions
306401000000106	Attended	The patient attended at least one session (face-to-face OR remote OR the digital programme)
306531000000104	Completed	The patient attended four or more sessions (face-to-face OR remote OR the digital programme)
307021000000105	Did Not Complete	The patient attended at least one session but did not complete the programme

Hard to reach groups

Learning disabilities

X-PERT Programmes can be delivered to smaller groups of patients with learning disabilities, with their carers also being invited to join in. The educator is still required to deliver all the key learning points (stated in the educator manual) for each session, but it is down to the skills of the educator to gauge the needs of the group and deliver the content appropriately, i.e. to moderate the depth of the information to meet their needs. This means that the structured education can be delivered very simply and clearly without sharing complex information, and more time can be used to drip-feed important information over the course of the programme.

For the Diabetes programme the English mini handbook can be provided for simplicity, although we have found that patients and carers take from the main handbook what they require, whether this means flicking through and just looking at the food tables and illustrations or reading the content thoroughly, so this resource is suitable for a range of needs.

Ethnic minorities

Twenty-five percent of the population of the original X-PERT clinical trial were patients from ethnic minority populations, with the sessions being delivered using an interpreter. A sub-group analysis was undertaken and there were no differences in the benefits for the South Asian participants compared to the white Caucasians, demonstrating its effectiveness for this patient group. For remote delivery to participants from ethnic minorities:

- If the patient is able to speak and understand English then they may be enthusiastic to participate in the regular sessions.
- If the patient is able to speak and understand *some* English but with limits, they may request that a family member also participates to help translate (where necessary), or you may wish to deliver separate sessions for certain languages, and to reduce the depth of the information provided to enable family members time to translate. A family member may be happy to translate the content for other participants too, or an X-PERT educator may be able to speak different languages to deliver the programme in another language.



- Mini handbooks are also available in Arabic, Bengali, Gujarati, Hindi, Mandarin Chinese, Nepali, Persian (Farsi), Polish, Punjabi, Romanian, Somali, Tamil, Turkish and Urdu to support the programmes.
- The patient may prefer to access the X-PERT Diabetes Digital Programme, which is available in 14 different languages in addition to English (Arabic, Bengali, Gujarati, Hindi, Mandarin Chinese, Nepali, Persian (Farsi), Polish, Punjabi, Romanian, Somali, Tamil, Turkish and Urdu). This will enable them to undertake the six sessions in their own time and watch the videos with the voiceover and subtitles in their preferred language. At the moment the individual Health Coaching aspect can only be provided in English.

We aim to update the audit database so that audit reports can be generated for ethnic minorities, so organisations will be able to ascertain if their offerings are effective for this group of the population.

Automated e-referral and outcome forms

To enable patients to be easily referred for X-PERT structured education (group-based or digital), X-PERT will be utilising Black Pear Core Care Plans (formerly eSP) to integrate with NHS GP Practice electronic patient records to auto populate a referral form and, thereafter, outcome forms at six and 12 months.

This will save time for referrers and enable providers to obtain valuable data to be able to audit the impact of the different structured education programmes.

If your organisation is interested in obtaining this software, please contact at admin@xperthealth.org.uk or phone 01422 847871 for more information.