

# Using Patient-Reported Outcome Measures in clinical diabetes consultations

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## Short biography

I am a Norwegian diabetes nurse specialist. My clinical background from the Endocrinology department at Haukeland University Hospital in Bergen dates back to 2003. I completed my diabetes nurse specialist training in 2009 and later gained my Master of Science degree in clinical nursing from the Western Norway University of Applied Sciences in January 2016. I have primarily worked with and researched diabetes care for adults with type 1 diabetes. For the last four years, I have been a research fellow at the Western Norway University of Applied Sciences and a PhD candidate at the University of Bergen. On 9 September, I defended my PhD thesis, *“Using Patient-Reported Outcome Measures (PROMs) in clinical diabetes consultations. Feasibility testing and piloting the DiaPROM trial among adults with type 1 diabetes”*. After the dissertation, I now hold a shared position as a researcher and teacher at the master’s program in clinical nursing at Western Norway University of Applied Sciences and as a clinician at Haukeland University Hospital.

## Summary of the address

In this address, I will present four studies that have been performed while testing the feasibility and acceptability of a proposed empowerment-based intervention to reduce diabetes distress among adults with type 1 diabetes, called the Diabetes Patient-Reported Outcome Measures (DiaPROM) trial. In this intervention, the study participants completed Patient-Reported Outcome Measures (PROMs) electronically at a diabetes outpatient clinic prior to the annual follow-up. In the first study, we tested technical and practical feasibility and the participants' acceptability for completing PROMs on an in-clinic touchscreen computer.

In the second study, we performed a pilot trial where we feasibility tested the entire intervention. Here we offered additional follow-up by diabetes nurse specialists to study participants that reported moderately and seriously elevated diabetes distress scores. The Problem Areas in Diabetes (PAID) scale was used to assess the participants' degree of diabetes distress and identify specific distress sources and as a dialogue tool in the follow-up alongside communication techniques such as *“ask, listen, respond & sum up”*. Next, in study three, we conducted interviews with healthcare providers that took part in the pilot trial to explore their perceptions of and experiences with using dialogue tools, in addition to experiences of diabetes consultations in general. Finally, in study four, we interviewed adults with type 1 diabetes that had participated in the pilot trial about their experiences with outpatient follow-up in general, completing electronic PROMs and using the PAID during the pilot trial.