

PLAIN LANGUAGE STATEMENT AND CONSENT FORM



TO: Participant

| Plain Language Statement |
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Date: 26 March 2018
Full Project Title: A Competency-Base Approach to Expanding the Diabetes Care Workforce
Principal Researcher: Professor Trisha Dunning
Student Researcher: Giuliana Murfet
Associate Researcher(s): Dr Joan Ostaszewicz

You are invited to take part in the 'Competency-Base Approach to Expanding the Diabetes Care Workforce' study if you are a registered healthcare professional (HCP) and either:

- credentialed as a Credentialed Diabetes Educator (CDE) for five years or more;
- the focus of your employment for the past five years or more has been diabetes education or research.

What is the project about?

The study aims to develop a draft consensus-based competency framework for HCPs involved in diabetes education and care. The 'framework' will be for generalist to expert HCPs, both nursing and allied health, with the exception of medical officers. The study ultimately aims to improve healthcare for people who live with diabetes and its complications.

Diabetes and other chronic conditions are becoming more prevalent in our society. Further, there is a move from hospital-based specialist care to more primary prevention and management in the community. Combined these changes will present significant workforce challenges in the delivery of and access to safe, quality healthcare in the future.

From research we understand a range of health disciplines with varying levels of experience, skills and knowledge now provide diabetes education in multiple settings. Some feel ill-equipped to undertake diabetes education and care, while others have demonstrated gaps in important basic understanding. Also, skills and knowledge alone are inadequate to support diabetes education and care; HCPs have indicated their need to be assisted in developing skills to form therapeutic relationships. Further, consumers have raised concerns about some HCPs lack of interpersonal and self-management skills, and understanding about diabetes in the general practice setting.

Diabetes education improves clinical outcomes and quality of life; therefore, the person with diabetes should have access to quality diabetes self-management education from appropriately trained HCPs. The 'framework' may assist in informing a national HCP curriculum for diabetes care. Also, it may support the development of targeted training and professional development programs for HCPs working with people who have diabetes. Further, to develop standards for education and program accreditation for HCPs preparation for a career in diabetes education.

How will the study be conducted?

The proposed research will be conducted using a Delphi technique and consists of two phases. A Delphi technique uses several rounds of a questionnaire to gain group consensus. The study will bring together a virtual expert group of diabetes educators to allow for examination of diverse opinions. We will seek agreement in two areas: (i) Diabetes HCP Practice Levels and (ii) the knowledge, skills and attitudes required by HCPs working in diabetes care for medicines management. The study will be conducted using email communication and an online survey tool.

What will I be asked to do?

You are invited to participate as a member of the expert Delphi group for the study. The initial questionnaire will be forwarded to you for completion. Thereafter you will receive a summary of the aggregated anonymous responses after each round and will be invited to rank each response. As a Delphi group member, you will be able to adjust your answers in subsequent rounds; the rounds continue until consensus is achieved.

In the first phase of the study, each member of the Delphi group will be asked to identify the varying levels of expertise in diabetes education and care that exist in the Australian healthcare system; fundamental or basic to specialist care. These will become known as 'Diabetes HCP Practice Levels'. You will also be asked to list the basic and advanced knowledge, skills and attributes (KSAs) required of HCPs working with people who have diabetes including, the essential knowledge and skills needed to be involved in medicines management in people with diabetes.

In each round following, a revised version of the 'Diabetes HCP Practice Levels' identified will be shared with you along with the summary of the feedback from the previous round. You will be asked to rank your preferred sample that best describes the Australian healthcare system. We expect that it will need another 1 to 2 rounds to achieve consensus. You will be able to perform the questionnaire at your convenience within a structured timeframe for each round.

During the data analysis period, in-between the two phases, you will be invited to be part of a smaller virtual 'member checking' group. If you are interested, a sample of similar but anonymous responses will be provided to you with the researchers' definition. You will be asked to indicate

whether you generally agree with the researchers' interpretation and to provide any additional comments if you have any.

The second phase of the study will seek confirmation of the KSAs required for diabetes HCPs for each of the agreed 'Diabetes HCP Practice Levels'. The KSAs isolated in the first phase will be presented to you under the 'Diabetes HCP Practice Levels' that ultimately gained consensus; under domains identified during the analysis period. You will also be provided with an amalgamated summary of the knowledge and skills identified for participation in medicines management in people with diabetes.

Each member of the Delphi group will be asked to rank a set of draft competency standards for each of the 'Diabetes HCP Practice Levels'. In each round, along with the summary of the feedback from the previous round, a revised version of the competency standards is shared. We expect that it will need 3 rounds to achieve consensus.

How much time will the project take?

In each round, the amount of time that each Delphi group member will need to spend will be between 15 and 60 minutes, becoming shorter with each round. We expect to have up to 3 rounds for each phase of the study, with 6 rounds in total. We estimate that the whole process of developing and reviewing the 'Diabetes HCP Practice Levels' and draft competency standards will take place over 6 to 9 months.

Are there any risks associated with participating in this project?

There are no foreseeable risks to participating in the study. As a Delphi member, you will need to give some of your valuable time to participate. You will be offered the choice to have your name recognised as a participant in the final published thesis. For those participants wishing to have their names acknowledged, individual views, opinions or responses will not be identifiable from the information generated by the study.

If you do feel distressed by any component of the study please seek support by contacting either:

- Beyond Blue on 1300 22 4636 or via their chat line at <https://www.beyondblue.org.au/>
- Your personal counsellor

What are the benefits of the research project?

The findings could benefit HCPs practising in the field of diabetes education in the future because the outcomes may support the development of a national curriculum and appropriate professional development to optimise the healthcare that the HCP provides to the community. The study ultimately aims to improve healthcare for people living with diabetes and its complications.

You will not derive any immediate direct benefit from participating in the study. However, on completion of the study, you will be given the opportunity to be listed as a contributing member in the final published thesis. Also, if required, a certificate of participation to meet requirements for ongoing professional development with your relevant Board or credentialing body can be provided.

Who is undertaking the project?

Giuliana Murfet is completing the study in partial fulfilment of a Doctor of Philosophy degree under the supervision of Professor Trisha Dunning at Deakin University and Dr Joan Ostaszkievicz, the associate supervisor to the study.

Privacy and confidentiality: How will anonymity and data storage be managed?

All electronic copies of data will be stored on the Deakin University computer network system; the data will be password protected. Deakin University's system offers high-level security management for maintenance of data integrity and disaster recovery should a large-scale incident occur. Unique identification numbers are assigned to each participant's email address to protect anonymity. 'Anonymize responses' will be then selected in Qualtrics, the survey software, to disassociate the participant's email address from each of the responses. Any printed copies of data used in the process of undertaking the study will be locked in a filing cabinet in the researcher's private office. Data will be held for at least five years following publication of results at completion of the study, and then it will be securely shredded.

The online survey platform will be stored by Qualtrics within a secure data centre in Utah, USA. The surveys and the data remain the ownership of the user (i.e. Deakin University). The data cannot be sold to a third party. At the completion of the Delphi rounds all data collected on Qualtrics will be exported from Qualtrics to excel and stored on the Deakin server. At the completion of the study the account will Qualtrics will be deleted. For further information, refer to the Qualtrics Security Privacy Statement <http://qualtrics.com/privacy-statement/> and the Qualtrics Security Statement: <http://qualtrics.com/security-statement/>.

Dissemination of Results: Will anyone else know the results of the project?

The findings of the study will be disseminated through presentations and publications. In any dissemination, the study investigators will make sure that the results of the study are de-identified before presentation or publication. Only aggregated group data will be presented and only the research staff will have access to the de-identified data.

All the feedback about the proposed 'Diabetes HCP Practice Levels' and draft competency standards from the Delphi group members will be kept confidential, and only the research staff

will have access to them. Only de-identified aggregated feedback from the Delphi group members will be shared. Identifying data will not be shared with anyone outside the study.

Will I be able to find out the results of the project?

A summarised report of the findings will be available for participants to read at the completion of the study. The study findings will also be presented at conferences and published in peer-reviewed journals that you will be able to access.

Can I withdraw from the study?

Your participation in the study is voluntary. If you do not wish to take part, there is no obligation. If you decide to take part and later change your mind, you are free to withdraw your participation from the study at any time. There will be no adverse consequences should you wish to withdraw. Deletion of your information from the data can occur up until the data is de-identified and aggregated. As we will be using the Qualtrics 'anonymise responses' feature information from surveys is de-identified as it comes in.

Non-participation or withdrawal from the study will not affect your employment or your relationship with your professional organisation or Deakin University. Should any of the researchers withdraw from the study, you will be notified.

What if I have a complaint or any concerns?

If you have any complaints about any aspect of the project, the way it is conducted or any questions about your rights as a research participant, then you may contact:

The Manager, Ethics and Biosafety,
Deakin University,
221 Burwood Highway,
Burwood Victoria 3125
☎ +61 3 9251 7129 💻 email research-ethics@deakin.edu.au

Please quote project number **HEAG-H 102_2018**.

Who do I contact if I have questions about the project?

If you have any questions about the project, please contact Giuliana Murfet; contact details are:

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