Tailoring strategies to support the implementation of Dose Adjustment For Normal Eating (DAFNE), a structured patient education programme for people with Type 1 diabetes

Health Implementation Research Hub

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Introduction

Evidence-based patient education programmes like DAFNE are recommended as part of diabetes management. However, little is known about current DAFNE implementation and how best to support delivery. Tailoring typically involves determinant identification, prioritisation, and selection of strategies. How best to combine evidence, theory and stakeholder perspectives during prioritisation and selection is unclear. **To address this gap, we are 1) working with Irish DAFNE centres to tailor strategies, 2) evaluating the tailoring process, including how clinical stakeholders use evidence and guidance**.

Methods

Identify potential determinants

(a) rapid review of structured diabetes education programmes, coded to CFIR

(b) analysing data from 91 Irish and UK DAFNE centres

Conduct tailoring process with DAFNE teams

Survey on site characteristics (implementation culture, climate, readiness)

Three group sessions to:

1. Identify and prioritise determinants based on their own assumptions, needs and preferences

2. Prioritise determinants while considering guidance (feasibility, importance, ubiquity, chronicity, and criticality) and generate initial strategies

3. Select strategies with guidance (determinant-strategy alignment of strategies) and evidence (of strategy effectiveness).

Evaluate experiences of tailoring

- Research logs
- Non-participant observation
- Surveys
- Post-tailoring interviews

Findings

2019-2021

- 91 centres delivered **1257 courses** (2-74 courses across centres)
- **6749 people attended**; 9.5% dropped out.

Determinants identified & prioritised (among 3 sites):
- lack of **available resources** (e.g., staff recruitment, time, space/venues availability, admin. support)
- access to **knowledge** and information (e.g., staff preparation, familiarity with content)
- **networking and communication** (e.g., experience working with one another, whole team dedication).

Conclusion

Five sites currently involved in tailoring process; and we will invite 13 further sites to participate. This study will advance our current understanding of tailoring, including clinical stakeholder decision-making during the process, and what is feasible and sustainable for them in practice.

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