Summer Training Report

BY

DR. ANAM SOHAIL

MBA (Hospital & Health Management)

2019-2021

ACKNOWLEDGMENT

I take this opportunity to express my profound sense of gratitude and intentness to all those to help me during my project. I started of my summer work in order to find out about the part of health services, Hereby I acknowledge this open way to convey my significant sentiment of gratefulness to every single one of the people who have been instrumental in effective consummation of my summer work. Foremost, I would like to acknowledge with much appreciation **Dr PR Sodani** (Dean institute of Health management and Research, Jaipur), to give me a chance to learn and additional learnings.

I offer my genuine thanks and respect to my mentor **Dr Seema Mehta** for her inspiration, understanding and enormous information, her directions helped me so much in forming report.

Words are inadequate to thank my organization and faculty members without whom this work would be a far off the real world.

Lastly, I am thankful to my parents and friends for their constant support and inspiration.

Dr ANAM SOHAIL

TABLE OF CONTENTS

NO	CONTENTS	PAGE NO.
	PART-1 REPORT ON WORK FROM HOME	
1.	INTRODUCTION	4-5
2.	OBJECTIVES	5
3.	METHODOLOGY	5
4.	OUTCOME AND DISCUSSION	5-9
5.	RECOMMENDATIONS AND CONCLUSION	10
6.	REFERENCE	11
	PART-2 REPORT ON ONLINE COURSE	12
7.	NAME OF THE COURSE	13
8.	COURSE DESCRIPTION	13
9.	THE OBJECTIVE OF COURSE	13
10.	COURSE CONTENT	14
11.	LEARNING METHODOLOGY	15
12.	KEY LEARNING	15

PART-1

Psychosocial factors in management of diabetic patients

INTRODUCTION

Diabetes is one of the prolonged illness that places a major self-management problem on the individuals who are affected and their families. Individuals who all are suffering from such diseases goes through lot of distress which eventually affects their medication observance, diet, and blood glucose self-monitoring.

Psychosocial factors play a major role in limiting self-management of the patients. Psychosocial factors are the factors which are associated with psychological social wellbeing of the people. Complex environment, social, behavioural and emotional are known as psychosocial factors. Psychosocial factors in diabetes may comprise of emotional variables and social variables.

Emotional variables are depression, anxiety, fear of hypoglycaemia, stress, diabetes distress.
Social variables are cultural barrier, marital status and social support, stigma, affordability

The biomedical model of diabetes mellitus was fails to meet the patients' psychosocial requirements. Diabetes places a continuous pressure on patients to maintain the change in their lifestyle. Living with diabetes can mean a loss of health, independence, and freedom.

Impact of psychosocial burden of diabetes is still not fully recognized Healthcare systems are struggling to accommodate person-centred models of care and to help people with diabetes to self-manage their condition.

Lifestyle management of diabetes mellitus requires weight reduction in the overweight patients and a change in their food habits. Many patients due to burden of diabetes treatment plans and pressure to change their lifestyle according to the diabetes treatment plan goes through lot of depression and diabetes related distress. And due to this frustration and lack of awareness about diabetes, usually patients drop out their treatment plan without knowing what the outcome will be.

And many patients due to lack of social and family support unable to follow the diabetes treatment plans and which in return they must face many complications. So, it is very important to emphasis on psychosocial aspect along with just controlling blood glucose.

OBJECTIVE

1 To access what are the psychosocial factors.
2 To access what are the needs and behaviour of diabetic patients towards their treatment plan.
3 To access what makes diabetic patients to drop out their treatment plan.

METHODOLOGY: -

The studies and the reviews on several studies which were conducted in the past 10 years methods were used like Randomised controlled trial, observational study. Studies comprising psychological needs/emotional distress/psychosocial issues/social support or diabetes self-management. Studies with population groups including adults and old age individuals diagnosed with this disease their family members and health professionals have being included.

Search strategy-Search was carried out using the combination of key words that covers all relevant terminologies for diabetes and associated emotional distress. Key words were anxiety, depression, diabetes mellitus, psychological factors, psychosocial factors.

OUTCOME

According to Improving the psychosocial management of diabetes Patients might be feeling depression, anxiety, exertion, and various psychosocial factors. So, every counsellor should check whether their patients are emotionally distressed or not. They can measure emotional distress of every patient by using PAID scale. (Problem Areas in Diabetes)

According to psychosocial factors in diabetes self-management diabetic patients feel burdened by the treatment plan provided by health care providers and they feel that health care providers cannot help them in stress related problem. They should consult their health care providers for health plan. In self-care behaviour patients are not sticking to good meal plan and they are not testing blood sugar frequently and according social support in type II diabetes care There is less cultural barrier and lack of family support, but patients feel hesitant to take insulin pumps, medication and diabetes related diet in front of others. And such stigmatization affects the diabetes treatment. Financial conditions also hinder diabetes treatment plan.

According to diabetes, attitude, wishes and needs lack of motivation is the major problem which makes them to not follow their diabetes treatment plan also makes them to drop out their treatment plan, psychosocial problems results in serious negative impact on patient's social life and their wellbeing. Addressing such psychological aspects and social factors in the treatment interventions would help overcome the psychological barrier. Dropout

rates and factors associated with dropout from treatment this study states that dropout treatment is associated with the higher age, not being prescribed medication, psychotic disorders and presence of depressive disorders.

DISCUSSION

Diabetes is a chronic metabolic disorder that has serious impacts on the social, physical as well as mental including psychosocial wellbeing of population living with diabetes.

Diabetes mellitus is one of the major public health challenges globally. Diabetes patient faces unique challenges as the impact of the illness reaches far beyond the physical problem. In India as per the 2011 estimates reported by the Indian Council of Medical Research- India diabetes study, 62.4 and 77.2 million people have diabetes and prediabetes, respectively. It is predicted that by 2030, India's diabetes will be almost 87 million individuals.

Individuals who are suffering from such diseases goes through a lot of distress which eventually affects their medication, diet, blood glucose monitoring etc. Psychosocial problems are the most common in diabetes patients and if it left unaddressed result in severe adverse impact on patient's wellbeing and social life.

Psychosocial effects impact on the of life of those people complicate their effective management of their diseases, which can lead to long term complications. And many patients due to lack social and family support are unable to follow the diabetes treatment plan, which in return they must face many complications, so it is very important to emphasis on psychosocial aspect.

These are the psychosocial factors which affects the management of diabetic patients

1 Diabetes related distress
Negative psychological reactions like- depression, anxiety, exertion and emotional burdens of managing demanding chronic diseases.

2 Physician related distress
Treatment plan provided by doctor's places constant strain on patients.

3 Self-care behaviour of patients.
Taking good meal plan, checking blood glucose, medicine adherence.

4 Cultural/religious barrier.
Effect on diabetes treatment plan while keeping fast and going for religious activity.

5 Family support.

6 Stigma.

Feeling hesitant to take insulin pumps, medications and diabetes related diet in front of others. And such stigmatization affects diabetes treatment.

7 Affordability.

Financial conditions hinder diabetes treatment of patients

Table no.1: **Characteristics of the studies analysed**

STUDY	YEAR	METHODS	PARTICIPANT CHARACTERISTICS	AIM	OUTCOME
Improving the psychosocial management of diabetes	2013	It comprises with 3 surveys in which there are diabetic patients their family members and health care professional	Overall, 15000 participants took part in the study including 8596 people with diabetes, 2057 family members and 4785 health professionals.	To assess the psychosocial factors and health care provisions.	Many people with diabetes reported depression (13.8%) & poor QOL (12.2%) Diabetes had a harmful impact on many aspects of life including family, friends and physical health. Family members did not know how to help the person with diabetes; health professionals indicated the major advancements needed including treatment & psychological support.
Psychosocial factors in medication adherence &	2018	evidence base for select psychosocial factors that may be	Psychologists, individuals with diabetes' families.	diabetes self-management and related	Psychologists have important roles in reducing emotional distress, improving patient knowledge, and

diabetes self-management		implicated in diabetes self-management.		challenges and burdens.	to promote successful self-management and to support patient-centered diabetes care.
Emotional & psychological needs of people with diabetes	2018	Review on studies conducted in the recent year and published in last 15 years are included in which RCT, OS methods were used	The review aimed at presenting a wide range discussion on current topic and hence no specific data is carried out.	To provide an overview on the psychological needs among people with diabetes, address the psychological reactions and focusing on different levels of emotional distress.	In this review there is improved understanding of the psychological aspect of the individuals with diabetes would allow the clinicians to formulate strategies focusing on the improvement in the decrease of the diseases burden and diabetes outcome.
National Recommendations	2013	A search of literature pertaining to each of the classes of recommendations is presented, which are pertinent to the Indian clinical context of diabetes.	The target is all the diabetes health care professionals in India.	Aims to highlight evidence- and experience-based Indian guidelines for the psychosocial management.	To provide practical guidelines to fulfil meant needs in diabetes management and help achieve a qualitative improvement in the way physicians manage patients.

Social support in type 2 diabetes care: a case of too little too late	2012	examines the different components impinging on self-care among type II diabetic patients.	These include the critical role of social support, the need for support from health care providers, the value of support from family and family, the influence of sex and cultural factors in self-care behavior, the benefits of peer support and the role of literacy in diabetes self-care.	Aim is to analyses the various components of social support, their influences on diabetes self-care, and how health care providers can help in this process.	It is evident that social support has much unrealized potential as both an effective and cost-effective modality in the war against the epidemic of type II diabetes.

sources-recommendations psychosocial management of diabetes in India (2013), psychosocial factors in medication adherence in diabetes self-management: implication for research and practices (2016), social support in type2 diabetes care: a case of too little, too late (2012), Emotional and psychological needs of people with diabetes (2018) Improving the psychosocial management of diabetes(2013)

RECOMMENDATIONS

1 Routinely monitor people with diabetes for diabetes distress.

2 Particularly when treatment targets are not met/or at the onset of diabetes complications counsellor can also use PAID scale to measure emotional distress.

3 For physician related distress counsellor should make better relationship with patients and show concern about their feelings.

4 Counsellor or dietician need to set a diet plan for short duration like for seven days and if by following this diet, their blood glucose seems to be controlled then anchorage them for their achievement.

5 Psychosocial care should be provided to all people with diabetes, with the goals of optimizing health outcome and quality of life.

6 Psychosocial screening and follow up include-

Attitude

Expectations from medical management and outcome

Affect/mood

Resources-financial, social, emotion, Psychiatry history

CONCLUSION

Psychosocial aspect in diabetes treatment is important. In chronic illness like diabetes it is important to know the psychology of the patient regarding diabetes and how he/she feels living with diabetes. Social support is also a very important factor which plays a crucial role for diabetic patients in following the treatment plans. Major challenge for health care providers is to find out what patients need and what he/she feels about diabetes and its treatment plan, so health care providers should not only concentrate in just controlling blood sugar levels, but they should also show concern for the feelings of the patients and how diabetes is affecting their psychology. So, by finding the attitude, needs and wishes of the patients regarding diabetes, it will give better outcomes of diabetes treatment plans.

REFRENCE

1. Nitin Gupta, Sanjay Kumar Bhadada, Viral N. Shah, and S. K. Mattoo (2017)Psychological Aspects Related to Diabetes Mellitus,*Journal of Diabetes* Research, [PMC free article]
2. Martha M. Funnell, Stuart Bootle and Heather L. Stuckey (2015) The Diabetes Attitudes, Wishes and Needs Second Study, Clinical Diabetes, [PMC free article]
3. Deborah Young-Hyman, Mary de Groot, Felicia Hill-Briggs, Jeffrey S. Gonzalez, Korey Hood and Mark Peyrot (2016) Psychosocial Care for People with Diabetes: A Position Statement of the American Diabetes Association, Diabetes care
4. AmudhaKadirvelu, SivalalSadasivan, and Shu Hui Ng (2012) Social support in type II diabetes care: a case of too little, too late, Diabetes Metab Syndr Obes , [PMC free article]
5. Sanjay Kalra ,G.R. Sridhar, Yatan Pal Singh Balhara , Rakesh Kumar Sahay, Ganapathy Bantwal , Manash P. Baruah, Mathew John, Ambika Gopalkrishnan Unnikrishnan, K. Madhu, Komal Verma, Aswathy Sreedevi, Rishi Shukla,[11] and K. M. Prasanna Kumar (2013) National recommendations: Psychosocial management of diabetes in India, Indian Journal Endocrinol Metabolism[PMC free article]
6. Jeffrey S Gonzalez , Molly L Tanenbaum , Persis V Commissariat (2016) Psychosocial factors in medication adherence and diabetes self-management: Implications for research and practice[PMC free article]
7. Sanjay Kalra, Biranchi Narayan Jena ,and Rajiv Yeravdekar(2018) Emotional and Psychological Needs of People with Diabetes, Indian Journal Endocrinol Metabolism, [PMC free article]
8. Richard I. G. Holt and Sanjay Kalra (2013)A new DAWN: Improving the psychosocial management of diabetes, Indian Journal Endocrinol Metabolism, [PMC free article]
9. Sanjay Kumar Bhadada, Viral N. Shah, and S. K. Mattoo(2016) Psychological Aspects Related to Diabetes Mellitus ,Journal of Diabetes Research (Google Scholar)
10. Sanjay Kalra, Biranchi Narayan Jena, Rajiv Yeravdekar (2018) Emotional and psychological needs of people with diabetes, Indian Journal of Endocrinology and Metabolism, (PUBMED)
11. MeghaThakur (2015) Diabetes and depression: A Review with special focus on India, GLOBAL JOURNAL OF MEDICINE AND PUBLIC HEALTH
12. Sandeep Grover, Devakshi Dua, Subho Chakrabarti, Ajit Avasthi (2018) Dropout rates and factors associated with dropout from treatment among elderly patients, Indian Journal of Psychiatry (PUBMED)

ONLINE COURSE REPORT

BY

DR. ANAM SOHAIL

MBA (Hospital & Health Management)

2019-2021

IIHMR UNIVERSITY

PART 2

CONTENTS

1. Name of the course
2. Course description
3. The objective of course
4. Course content
5. Learning methodology
6. Key learning

1.NAME OF THE COURSE-

Improving global health: focusing on quality and safety

2.COURSE DESCRIPTION-

This course introduces the emerging field of global healthcare quality. Over the past two decades there has been an increasing understanding that for healthcare to improve population health, it must be safe effective, and reliably delivered.

The quality of care that the world's citizens receive is not as good as it canes, and it should be. The human toll of poor-quality health care is likely one of the top causes of morbidity and mortality in the world. While there are several initiatives to improve the health care quality in US, broad evidence from other high-income countries and emerging evidence from low- and middle-income countries suggest that global focus is needed.

The course is designed for those who care about health and healthcare and wish to learn more about how to measure and improve that care – for themselves, for institutions, or for their countries. Course provides concrete tools that students can use.

3.THE OBJECTIVE OF COURSE

1 To understand the importance of focusing on quality for improving population health.
2 A framework for understanding healthcare quality.
3 How to approaches quality, measurements.
4 To understand the role of information and communication technology in quality improvement.
5 Tolls and contextual knowledge for quality improvement.

4.COURSE CONTENT-

It is an 8-week programme

Week1 BURDEN

1 Burden and harm
2 Tuberculosis

Week 2 MEASURMENT

1 Quality variation
2 Global metrics

Week 3 STANDARDS

1 Legal system and regulation

Week 4 IMPROVEMENTS

1 Quality improvement

Week 5 IT& DATA

1 Health information technology

Week 6 MANAGEMENT

1 Role of management

Week 7 PATIENTS

1 Patient centred care
2 Maternal and new-born care

Week 8 PUBLIC SYSTEMS

1 The quality movement
2 National strategy
3 WHO

5.LEARNING METHODOLOGY-

1. Video lectures
2. Homework questions appear after nearly all videos, worth 70% of the final course grade.
3. Reading material-additional readings appear at the end of each lesson within the course. All readings give a better understanding of the topic discussed in each lesson.
4. Graded quizzes worth 30% of the final course grade.
5. Discussion questions are for in-depth exploration of course content.

6.KEY LEARNING-

1 Different approaches to quality measurements.

2 Importance of focusing on quality for improving the population health.

3 A framework for understanding the quality of health care.

4 The major role of communication technology and information in improving quality.

5 The different tools and contextual knowledge for improving quality.

6 To figure out how we do better so healthcare be the part of the solution.

THANK YOU