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Use of social media amongst healthcare professionals (HCPs) within an online postgraduate diabetes diploma course

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Aims: To assess the use and popularity of social media amongst healthcare professionals (HCPs) studying for a postgraduate diploma in diabetes.

Methods: HCPs studying for a particular module of the postgraduate diabetes diploma were tasked with using social media (Twitter and YouTube) to communicate information on diabetes.

Results: Of 45 subjects, none had previously used social media in a professional arena, nine (20%) developed YouTube videos and 36 (80%) Twitter accounts. Average video length was 5min with videos viewed between 20 and 1,274 times until August 2012. Thirty-six Twitter accounts were established with an average of 63 tweets, engaging 37 'followers' and 'following' 47 other accounts. Eleven HCPs stopped using Twitter within a short time of completion of the module. Twitter account activity continues amongst 25 (70%) HCPs. Nine (20%) HCPs responded to a feedback questionnaire, four having selected YouTube and five Twitter. Seven students reported apprehension before embarking on the task but all expressed a sense of achievement and confidence in use of social media upon completion. Eight continue to use social media.

Conclusions: This study reveals successful communication of a professional message to a wider audience through Twitter and YouTube amongst social-media-naive HCPs studying for a postgraduate diploma in diabetes. Despite initial apprehension, HCPs felt confident in using social media to convey the message with a majority continuing to use such resources beyond the module.

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Do educational interventions improve the awareness of drivers living with diabetes?

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Aim: Currently, 2.9 million people live with diabetes in the UK. Hypoglycaemia increases the risk of driving accidents. A 2011 audit¹ demonstrated low understanding of the DVLA regulations amongst patients attending a secondary care diabetes clinic at a large teaching hospital. Their findings led to the implementation of posters and leaflets in the clinic waiting area and a reminder to clinicians and nurses to continue imparting education. The aim of this re-audit was to ascertain the effectiveness of these interventions.

Methods: To enable comparison with the previous audit, the same 37-point anonymous questionnaire, focusing on the awareness of the regulations, was distributed to patients attending our clinics.

Results: Out of the 47 respondents, 83% had received information on the regulations. Similar to the previous audit¹, the fundamentals are still not well understood: only 68.1% tested their blood glucose level before driving and only 46.8% carried a glucose meter in their vehicle. The understanding of a capillary blood glucose level of 5mmol/l as the minimum safe level for

driving remained low at 28.9%. Additionally, 31.9% remain in the driving seat, 10.6% leave their keys in the ignition, everyone carries a source of carbohydrates in their vehicle and merely 28.9% wait 45min having corrected their hypoglycaemia before driving again.

Conclusion: We demonstrate that many patients with diabetes remain unsure about specific driving regulations despite the available information. As this has safety and legal consequences, we propose that the DVLA and diabetes charity organisations send out regular information leaflets emphasising these regulations.

Reference: (1) Dixon RA, Lloyd A, Saeed M. Do we care about the road safety of people living with diabetes? *Diabetic Med* 2012; 29: 106.

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Does structured education for patients with Type 1 diabetes reduce hospital admissions for diabetic emergencies?

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Awareness of new DVLA guidelines not improved by leaflets

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Objective: DVLA guidance for patients with diabetes using insulin changed in November 2011. Awareness of the guidance seemed patchy among the patients attending our clinics. In an effort to address this we designed a patient information leaflet to accompany clinic reminder letters and assessed its impact.

Methods: We designed a questionnaire to survey knowledge of the DVLA guidance. We used this for four weeks to assess background knowledge. All patients received a reminder letter four weeks prior to their appointment. We included an information leaflet on DVLA guidance for drivers with diabetes with this for one month and re-surveyed the clinic.

Results: A hundred people responded to the questionnaire (34 pre leaflet, 66 post leaflet); 62% (n = 41) in the leaflet group were aware of the new guidelines compared with 41% (n = 14) in the control group (p = 0.06). There was no change in knowledge between pre and post leaflet: check blood glucose before driving (71% to 75%); safe glucose for driving (44% to 50%); 45min recovery time post-hypo (21% to 24%); loss of hypo-awareness can affect their licence (12% to 4.5%); and significant hypoglycaemia would not affect their licence (66.7% to 82.4%).

Discussion: There was a non-significant improvement in the awareness of the new guideline (p = 0.06) but no improvement in any aspect of DVLA knowledge. This suggests that a leaflet, particularly received with a number of other documents, is not an effective way to update patients. Information giving needs to be individualised, available in different formats and reinforced verbally at the clinics.