INTRODUCTION

The extension project “Diabetes education promoting self-care for patients with type 2 diabetes mellitus”, carried out by the Nursing Department of the Federal University of Pernambuco (UFPE), and the Endocrinology outpatient clinic of Hospital das Clínicas-UFPE, once face-to-face project, needed to be adapted to a remote model due to the COVID-19 pandemic.

OBJECTIVE

The aim of this abstract is to report on the implementation of a remote learning environment to type 2 DM patients' health education.

DEVELOPMENT

The project is held by professors and students from the Nursing, Nutrition, Psychology, and Physical Education courses.


The intervention was implemented using the Freirean method of problematization, which presents real problems giving learners a critical view of the world.

Remote meetings using the audio call function on the WhatsApp app took place weekly lasting up to 40 minutes. Pre-tests and post-test were applied to evaluate prior knowledge and consolidate the content discussed.

Interventions were related to these topics:

- “Healthy eating” (guiding patients about food that should be avoided and healthy food substitute options);
- “Watch the rates” (discussing on the importance of controlling blood glucose levels);
- “Taking the medication” (reaffirming the need to use the medication as prescribed);
- “Healthy life adaptation” (welcoming the patient regarding their insecurities related to dealing with the pandemic and diabetes, giving new meaning to their concerns);
- “Solving problems and reducing the risk of diabetes complications” (discussion of possible complications due to the lack of diabetes control and how to prevent or deal with them).

Introductory videos about the content were also sent to encourage patient participation and adherence.

CONCLUSION AND LIMITATIONS

Considering the context portrayed, the participation in the educational groups allowed patients to experience anxiety reduction, tackle misinformation, stimulate autonomy, and it supported the role of patients as health information multipliers in their community. As limitations, we can cite the use and access to the communication tool (WhatsApp) by patients, and the limited access to high speed internet, being obstacles to the adherence to interventions.

Reference / Bibliography


Acknowledgement

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