

Interprofessional diabetes and foot management in low-and middle-income countries or humanitarian crises contexts

S. AEBISCHER PERONE¹, M. Castellsague Perolini², E.B. Mira³, J. Thiesen⁴, H. Vuagnat⁵, K. Gariani⁶, F. Jornayvaz⁶, Z. Pataky⁷, A.J. Woittiez⁸, L. Kleinebriel⁹, F. Chappuis², A. Benyaich¹⁰.

¹International Committee of the Red Cross, Health, Geneva, Switzerland.

²Geneva university hospitals, Division of Tropical and Humanitarian Medicine, Geneva, Switzerland.

³International Committee of the Red Cross, Physical rehabilitation, Kinshasa, Democratic Republic of Congo.

⁴International Committee of the Red Cross, Mental health and psychosocial support, Beirut, Lebanon.

⁵Geneva university hospitals, Programme Plaies et Cicatrisation, Geneva, Switzerland.

⁶Geneva university hospitals, Service d'Endocrinologie Diabète- Nutrition et Education thérapeutique du Patient, Geneva, Switzerland.

⁷Geneva university hospitals, Unit of Therapeutic Patient Education, Geneva, Switzerland.

⁸D-foot International, Training, Edegem, Belgium.

⁹Université numérique francophone mondiale, Hôpital de Saint-Maurice, Saint-Maurice, France.

¹⁰International Committee of the Red Cross, Physical rehabilitation programme, Geneva, Switzerland.

Background

Most people living with diabetes (PLDM) live in low- and middle-income countries (LMICs) (1). Diabetic foot ulcers account for 50-70% of non-traumatic amputations worldwide (2) and represent up to 40% of all amputations seen in the International Committee of the Red Cross (ICRC)'s physical rehabilitation centres (3). To respond, a team-based approach was initiated by the ICRC, the Geneva University Hospitals (HUG), D-Foot International, the Université Numérique Francophone (UNFM) and others.

Aims

To implement an interprofessional management of PLDM and at-risk foot by a team composed of nurses, doctors, physiotherapists, ortho-prosthetists and mental health professionals working in LMIC and humanitarian contexts.

Method

Experts from the HUG, ICRC, D-Foot International, UNFM, Médecins Sans Frontières, and others collaborated to develop a blended interprofessional training (open access e-learning, hands-on 5-day residential course, virtual classrooms) to support an interprofessional management of PLDM.

Results

In March 2023, a first cohort of 22 professionals from Lebanon, Syria, Jordan, and Iran was trained together. Trainees' confidence in interprofessional collaboration and management of PLDM increased on a 5-point scale from 3.39 to 4.22. Back at their respective workplace, participants implemented team meetings with shared patient management plans. PLDM benefit from the strengthened competencies of the different health professionals, such as wound care, offloading and motivational interviewing. Bi-monthly virtual classrooms with all trainees are organised to present the professional's ongoing activities and exchange experience. Both PLDM and health professionals' feedback on the team-based approach are positive.

Conclusion

An interinstitutional partnership allowed to develop a blended interprofessional course for health staff working in LMICs and humanitarian contexts aiming at the implementation of a team-based approach. It participates to the global efforts of professional skills strengthening and to the overall improvement of the management of PLDM.

Reference

- (1) World Health Organisation, Diabetes, <https://www.who.int/news-room/fact-sheets/detail/diabetes>
- (2) Bamidele Johnson Alegbeleye. "The Second Lower Limb Amputation in A Diabetic Amputee: A Case Report and Review of the Literature". Acta Scientific Orthopaedics 3.2 (2020): 01-1
- (3) Barth CA, Wladis A, Blake C, Bhandarkar P, Aebischer Perone S, O'Sullivan C. Retrospective observational study of characteristics of persons with amputations accessing International Committee of the Red Cross (ICRC) rehabilitation centres in five conflict and postconflict countries. BMJ Open. 2021 Dec 1;11(12)