

Engaging Patients and Clinicians in Establishing Research Priorities for Gestational Diabetes Mellitus

Rees et al. (2017)

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For which topic were research priorities identified?

gestational diabetes mellitus

In which location was the research priority setting conducted?

North America - Canada

Why was it conducted at all?

Although GDM is considered a temporary condition and commonly resolves postpartum, it is also an established risk factor for the subsequent development of type 2 diabetes by the mother. In addition to a higher risk for diabetes, women with GDM also have an increased risk for developing cardiovascular disease later in life. Thus, in addition to being an entity that must be managed during pregnancy, GDM is an important marker of a high-risk status for future diabetes and all its serious health-related complications for both the mothers and the children. We adapted the JLA process in order to determine the research priorities of women who had experienced GDM and the clinicians who provide care for them.

What was the objective?

to establish research priorities in gestational diabetes mellitus

What was the outcome?

a ranking list of 10 research questions

How long did the research prioritization take?

June 2014 - February 2015

Which methods were used to identify research priorities?

JLA method

How were the priorities for research identified exactly?

Step 1: setting up PSP: steering group established, stakeholders and partner organizations identified. Step 2: collecting research questions: via survey, survey asked for research uncertainties among clinicians and management uncertainties among patients, additionally 5 clinical practice guidelines reviewed. Step 3: data processing: submissions collated, out-of-scope removed, excel sheet created with all uncertainties including the frequency each uncertainty was submitted. Step 4: interim ranking: steering group members were asked for ranking, rankings and wording then discussed, resulting in shortlist of top 29 uncertainties. Step 5: final prioritization: workshop: participants provided with shortlist of uncertainties one week prior to workshop, participants were asked to review them and take their personal rankings to the workshop, during workshop: small and large group discussions with nominal group technique and rankings

Which stakeholders took part?

Women with GDM and healthcare professionals. Survey: 75 participants: majority patients. Workshop: 15 participants: 8 patients, 3 physicians, 3 nurses (all certified diabetes educators), 1 dietitian and 3 facilitators.

How were stakeholders recruited?

No information provided.

Were stakeholders actively involved or did they just participate?

Stakeholders not only participated but were also actively involved in the research prioritization process: They were part of a steering group. The steering group consisted of 3 patients and 3 clinicians (1 family physician who practices intrapartum care, an endocrinologist and a neonatologist), a facilitator familiar with the JLA process, and 1 project manager. The members held 1 in-person meeting at the start of the project, followed by telephone meetings every 2 weeks for the duration of the process. The members were involved in data processing and interim ranking.