The mentor's role supporting PITstop students

The Programme for Injectable Therapy (PITstop) is a 2.5-day course for primary care healthcare professionals, focusing on the skills required to support people with type 2 diabetes on more complex medication regimens, including injectables. The course includes initiation of GLP-1 Agonists (GLP-1), using the PITstop GLP-1 structured care pathway and the initiation of a basal insulin regimen, using the PITstop insulin pathway and PITstop patient handbook, aiming to improve overnight glycaemic control and 'fix the fasting first' (Monnier et al. 2003).

In order to grow in both confidence and competence it is vital for students to embed the skills in clinical practice, in a supported environment. From experience, it normally takes approximately four insulin starts and two GLP-1 starts to embed the skills taught on the course. It is acceptable for students to have more than one mentor and we recommend all mentors identify themselves on the last page of the competency assessment tool, also initialling the competencies they have discussed with the

The mentor's role is to support the student to embed the skills into their clinical practice. This takes approximately six 'encounters' with their assessor (including virtual and face-to-face). Examples:

- sitting in on pre-arranged clinics and supporting students initially, then becoming the observer / assessor
    a) inviting patients on two or more oral agents with an HbA1c above their agreed target to discuss adherence and treatment escalation
    b) inviting patients on insulin or GLP-1 Receptor Agonists already who are struggling with their glycaemic control (ideally patients with HbA1c's between 58mmol/mol and 75mmol/mol)
- looking at case notes and discussing treatment options
- looking at case notes of patients previously started on insulin by other clinicians and reflecting on the support provided, clinical decisions made, patient engagement and patient outcomes
- retrospectively discussing patient's progress (if students have completed review appointments alone)
- observing and discussing competencies outlined on the competency assessment tool and signing / dating each competency as they are met. Providing a summary comment at the end of the competency assessment tool. Students have 12 months to complete the competency assessment tool (from day 1 of their PITstop course).

Criteria to become a mentor:

- be a member of the specialist diabetes (community or hospital) team
- be an advanced Diabetes Practitioner in primary care, having attended an injectable course and are actively using the skills to initiate and support people with type 2 diabetes on insulin and GLP-1s
- be an industry-sponsored diabetes specialist who has attended the half-day PITstop mentorship course and has local agreement to be part of the mentor team.
- It is advisable for mentors to be familiar with the PITstop care pathways, the patient handbook and the PITstop general rules

Many resources used on the PITstop course can be accessed on our website **www.pitstopdiabetes.co.uk** (including both PITstop care pathways, the patient PITstop handbook for starting insulin, the PITstop General Rules poster, the insulin time-action profile posters, the HbA1c chart, the PITstop Summary of Oral Diabetes Medications). ARDENS EMIS have developed national templates for the GLP-1 and insulin PITstop pathways and ARDENS SystmOne have developed a template for the insulin PITstop pathway. Both SystmOne and EMIS have ARDENS audits enabling searches for patients suitable for an injectable (HbA1c > 58mmol/mol on two or more oral medications), or already on an injectables with a HbA1c > 58mmol/mol (or below 48mmol/mol on insulin)

References
Monnier L., Lapinski H. & Colette C. Contributions of Fasting and Postprandial Plasma Glucose Increments to the Overall Diurnal Hyperglycemia of Type 2 Diabetic Patients *Diabetes Care*, 2003;26(3): 881-885. https://doi.org/10.2337/diacare.26.3.881