DELIVERING PATIENT EDUCATION FOR PEOPLE WITH DIABETES

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ABSTRACT Hill, J. (2007) Delivering patient education for people with diabetes. Nursing Times; 103: 9, 28–29. Most people with diabetes manage their condition themselves. Successful self-management requires patients to understand their condition and the consequences of non-adherence to treatment so that they can be involved in decision-making and achieve agreed target blood sugar levels. Structured patient education is essential. This article explores how it should be provided.

Giving people with diabetes greater control over their treatment empowers them and can improve outcomes. A study of patients with type 2 diabetes starting insulin found that those who titrated their own insulin experienced significantly better glycaemic control than those whose titration was physician-controlled (Davies et al, 2005).

Structured patient education (sPe) supports self-management and is essential to achieve standard 3 of the National Service Framework (NSF) for diabetes, which advocates supporting people in managing their diabetes and engaging them in decision-making (DH, 2001). NICE guidance recommends that: ‘Structured patient education is made available to all people with diabetes at the time of initial diagnosis and then as required on an ongoing basis, based on a formal, regular assessment of need’ (NICE, 2003).

The Department of Health directed PCTs to provide funds for patients for this from January 2006 (NDST, 2005a) and the Patient Education Working Group (PEWG), a joint initiative between the DH and Diabetes UK (DUK), was set up in May 2004 to support development and implementation of structured patient education (DUK and DH, 2005).

RECOMMENDATIONS ON DESIGN
NICE’s review of education programmes found insufficient evidence to recommend a specific type or frequency of sessions because of the practical limitation of the studies, small numbers of participants and high drop-out rates. However, it emphasised that programmes should uphold the following principles of good practice:

- Reflect established principles of adult learning;
- Be provided by an appropriately trained multidisciplinary team, including a diabetes specialist nurse or practice nurse with experience in diabetes, and input from other disciplines such as podiatry;
- Be accessible to the broadest range of people taking into account culture, ethnicity, disability and geographical issues;
- Use a variety of techniques to promote active learning.

The only structured programme NICE recommended was Dose Adjustment for Normal Eating (DAFNE) for people with type 1 diabetes. It also found that education at the time of diagnosis varied enormously in length, content and style and that the Expert Patient Programme implemented but was not an alternative to specific diabetes education because it was for people with a variety of long-term conditions and focused on generic skills, such as developing confidence to access services (NICE, 2003).

The Scottish Executive is funding training for professionals in Scotland who are delivering education programmes to people with diabetes. It is also developing an effective portal for patient and carer information, improving patient access to their own electronic medical records and developing a patient-led buddy service.

A PEWG report states that local diabetes teams’ programmes should: involve a structured, written curriculum; be run by trained educators; be quality assured; and be audited. The report says that the curriculum should be evidence-based, flexible, dynamic, person-centred and able to use different teaching media. The programme should be reviewed by trained, independent assessors who assess against agreed criteria, including course structure, process, content, use of materials and evaluation. Outcomes from the programme must be audited and might include quality of life, patient experience and level of self-management achieved following the course (DUK et al, 2006). The report upholds DUK’s guidance on topics that education programmes should cover:

- The nature of diabetes, including the significance and implications of diagnosis, aims and types of treatment, the relationship between blood glucose, diet and physical activity, and consequences of poor control, complications and how to prevent them;
- Day-to-day management of diabetes, including healthy lifestyle, foot care, oral hygiene, self-monitoring, storing insulin and adjusting doses and rotating injection sites;
- Specific issues such as hypoglycaemia, illness, immunisation and pregnancy;
- Living with diabetes, including the importance of personal identification, driving, holidays, employment, accessing benefits and making the best use of healthcare services;
- Sick-day rules, including maintaining medication, replacing food with carbohydrate drinks if necessary, testing urine and/or blood glucose more frequently and when to contact the doctor (DUK, 2005).

LEARNING OBJECTIVES

- Understand the aims of diabetes treatment
- Be familiar with the types of structured patient education for diabetes
- Be aware of the challenges facing nurses developing sPe programmes
- Understand how to monitor the effectiveness of a programme so that it can be adapted or replaced as necessary

The learning objectives should cover:

- Understanding the aims of diabetes treatment
- Awareness of the types of structured patient education
- Awareness of challenges facing nurses developing sPe programmes
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people are emotionally attached because unproven, so local teams may prefer to programme provided local programmes outcomes (DuK and DH, 2005).

improvement in clinical and psychological 3 which, when audited, showed significant 1 intensive education (beRtie) programme type 1 diabetes include Bournemouth type 2005a). local programmes for adults with lifestyle and psychosocial outcomes (nDst, 2005b). if structured education programmes empower those with type 2 diabetes, which showed increased patient satisfaction but no actual benefit in glycaemic control compared with the control group (NDST, 2005b).

IMPLEMENTING A PROGRAMME

Implementation of a structured education programme will place many local teams under financial pressure. A downloadable document from the National Diabetes Support Team (NDST, 2005b). Responsibilities should be clearly defined and, once teams are established, they should review what is in place and where the gaps in service occur.

The PEWG report identifies gaps in education provision, such as children/adolescents whose educational needs change as they grow, insulin pump therapy, pregnancy, carers and ethnic groups. Group sessions will not be appropriate for some patients because of language, cultural or other barriers. Those with hearing problems, learning difficulties, poor literacy skills, psychiatric problems or who are hard to reach – such as travellers and refugees – may require one-to-one teaching.

The NSF delivery strategy suggests that local teams should initially focus on the newly diagnosed and those most at risk of complications (NDST, 2005b). If structured education is already in place, it should be assessed to see whether it can be adapted to meet criteria in the PEWG report or whether a nationally available programme might be more cost-effective. To ensure a local programme meets NICE criteria, teams should assess learning needs, train health professionals and develop quality assurance tools to test the programme’s validity.

Needs assessment compares ‘what is’ with ‘what should be’ and can clarify educational planning. Health professional training should include interprofessional education to enable students from different disciplines to learn from each other and promote collaborative practice. Any education programme needs to be monitored to ensure it is delivered to a high standard (DuK and DH, 2005).

GUIDED LEARNING

| Outline your place of work and why you were interested in this article |
| Identify information in the article that could help improve patient education |
| Outline how you would work with patients to improve self-management of diabetes |
| Explain how you intend to share what you have learnt with colleagues |

STRUCTURED PATIENT EDUCATION

PCTs can either adopt national structured patient education programmes, such as DAFNE and DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed), or refine or develop their own local programme.

DAFNE has been developed over 20 years and teaches people with type 1 diabetes to manage it appropriately and minimise the risk of complications (NDST, 2005) improvement of glycaemic control in subjects with poorly controlled type 2 diabetes: comparison of two treatment algorithms using insulin glargine. Diabetes Care; 28: 1282–1288.


CONCLUSION

Patient education is fundamental to successful diabetes self-management. Patient education programmes empower those with diabetes to manage their condition effectively, enabling them to ‘live with diabetes, not suffer from it’. We need to inform people with diabetes fully of the dangers so they can manage it appropriately and minimise the risk of complications, thereby extending their life and maximising quality of life.

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