



Government of **Western Australia**
Department of **Health**

IMPORTANCE OF DIABETES SELF MANAGEMENT EDUCATION

**PIONEER IN THERAPEUTIC PATIENT EDUCATION,
PROFESSOR JEAN-PHILIPPE ASSAL, WINS 2013 IDF EUROPE
PRIZE IN DIABETES FOR LONG-STANDING ACHIEVEMENT**

www.education-patient.net

Disclaimer :

Sanofi Aventis

Roche Diagnostics

Astrazenica – BMS

Jansen

Novonordisk

Eli Lilly

Goals and Objectives

- Self Reflection
- History of Diabetes Education
- Principles of DSME
- National Guidelines
- Standards of education
- Structured Programmes

SELF REFLECTION

- What is your role in diabetes education ?
- What do you think your role should be?
- What are the challenges?

History of Diabetes Education

- 1875 French Physician Bouchardat recommend that patients with “diabetes gras” (type 2) monitor glucosuria .
- 1919 E.P.Joslin wrote “A diabetic manual for the mutual use of Doctors and Patient”
- 1925 Lawrence “The Diabetic Life: its control by diet and insulin, a concise practical manual for Practitioners and Patients”

Ref: AssalJP, Muhlhauser I, Pernet A, Gfeller R, Jorgens V, Berger M,
Patient education as the basis for diabetes care in clinical practice and research Diabetologia 1985 28: 602-613
IDF diabetes education modules 2nd edition 2011

History of Diabetes Education

- 1920's a systematic effort was made to establish diabetes education programmes for training of insulin treated patients.
- 1930's Patient advocacy bodies were developed.
- Education in the UK primarily for gestational diabetes
- 1965 Professor Jean-phillip Assal (Geneva University Hospital) described a therapeutic educational theory.

History of Diabetes Education

- 1970's Diabetes educator/specialist nurse associations were being formed.
- 1970's Technology develops to allow people with diabetes to self care.
- Towards the late 1970's at last the evidence in favor of patient education programs became overwhelming.
- 1980's Diabetes was being recognized as a specialty by many professions.

Principles of Diabetes Education

- “Self-management relates to the tasks that an individual must undertake to live well with one or more chronic conditions.
- Self-management support is defined as the systematic provision of education and supportive interventions by health care staff.

Principles of Diabetes Education

- Researchers of empowerment-based diabetes self-management education state that the model is effective because it supports clients' holistic experiences of living with diabetes.
- Varieties of empowerment-based DSME programs prioritize goal setting within the client's experience and context, instead of being curriculum focused.

Ref: 1) Tang, Funnell, Anderson 2006; Funnell, Tang, Anderson 2007)
2) Glazier, Kennie, Bajcar, Willson, 2006

Principles of Diabetes Education

- Attention to the social determinants of health should be considered in planning interventions and self management education.
- The health care needs of an individual with type 1 diabetes requires a multidisciplinary health-care network delivering integrated clinical care, using a complex array of health-care tools.

Principles of Diabetes Education

- Diabetes Models of Care provide a framework for comprehensive, accessible and efficient provision of coordinated diabetes prevention and management services for all individuals with diabetes.
- New models of patient-provider partnerships have shown to increase complexity of care, and the need and demand for more patient involvement,

Principles of Diabetes Education

- Health care needs to shift to a culture of care that learns.
- Evidence-based medicine (EBM) provides a guiding framework for the development of systems and approaches necessary to deliver the promise of 21st century health care.

Principles of Diabetes Education

- Demonstrable progress has been made in recent decades and continues to be made, through personalized intensive patient education and self-care.
- Educational interventions have beneficial effects on diabetes management outcomes such as self efficacy, lowered diabetes psychological problems and raised empowerment skills.

National DSME Guidelines

The Australian National Guidelines for diabetes self management education (DSME) comprise of 10 standards

These guidelines provide a comprehensive resource to guide the practice of the health care professional team in contemporary clinical care of people with type 1 diabetes.

National DSME Guidelines

- The provider of DSME will have documentation indicating its Organisational structure, a mission statement and goals.
- Appoint an advisory group (ADEA) have representatives from various groups.
- Determine education needs of local population and have resources that meet their needs.
- A Co-Ordinator to oversee the planning, implementation and evaluation of diabetes education.

National DSME Guidelines

- DSME will be provided by 1 or more adequately trained and experienced educators who maintain their continued education.
- Have a written curriculum reflecting current evidence.
- An Education plan and assessments will be developed.
- A follow-up plan for on-going self management support will be developed.

National DSME Guidelines

- DSME providers will measure attainment of patient defined goals and outcomes at regular intervals.
- DSME providers will measure effectiveness of the education process and determine opportunities for improvement.

DSME Standards

- International standards for DSME
- Designed to provide the framework for a diabetes service.
- Structure standards describe the personnel, resources and physical structure that should be in place in order to provide DSME.

DSME Standards

- The Process standards describe the process of DSME and the steps required in preparing for, implementing and evaluating diabetes education.
- The outcome standards describe the overall objective of DSME.

DSME Standards

- Diabetes self-management education is the cornerstone of care for all individuals with diabetes who want to achieve successful health-related outcomes.
- Evidence for the effectiveness of structured training in intensive insulin therapy in type 1 diabetes has been reported in a series of studies.

Structures Programs

- What type of experience should the educator have to deliver diabetes education programs?
 - Doctors
 - RN's/ Midwives
 - Dietitian / Nutritionist
 - Podiatrist
 - Physiotherapist / Exercise Physiologist
 - ???

Structures Programs

- Different types of programs
 - Lectures
 - Focus groups
 - Motivational interviewing
 - Self management education
- Which program is for which patient?

Structures Programs

- Who should deliver which Program?
 - Individual educators
 - Hospital based teams
 - Community based educator teams
 - Doctors
 - Peer Leaders

Outcomes for structured diabetes education program

- • Knowledge and understanding (includes application of knowledge)
- • Self-determination (includes confidence, empowerment and capacity for decision making)
- • Self-management (includes skills, practices and behaviours)
- • Psychological adjustment (includes wellbeing and quality of life).

SELF REFLECTION

- What is your role in diabetes education ?
- What do you think your role should be?
- What are the challenges?

Conclusion

- History of Diabetes Education
- Principles of DSME
- National Guidelines
- Standards of education
- Structured Programmes