Assessment of Patient Education in Diabetes in Scotland

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Tool for the Assessment of Patient Education in Diabetes in Scotland

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Assessment of Patient Education in Diabetes in Scotland
Introduction

The Scottish Diabetes Action Plan endorsed the recommendations of SIGN 116 regarding structured patient education within Scotland. Structured education is central to diabetes care and to the self management of long term conditions. Moreover, people living with diabetes have stated that structured education was the most valued type of education. It is the aim of the Scottish Diabetes Action Plan that people with diabetes receive a structured education programme that fulfils the nationally agreed criteria from the time of diagnosis with annual review and have access to ongoing education resulting in an increase in the percentage of people participating in self management programmes that will be recorded on SCI-Diabetes and reported for the Scottish Diabetes Survey.

Moreover, NICE recommend 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.”

The current document aims to define the process adopted within Scotland to assess patient education provision according to the Diabetes Action Plan thus ensuring that people with diabetes, and/or their carers, receive a structured education programme that fulfils the nationally agreed criteria. The document is written for professional health care workers delivering patient education. It is acknowledged that patients can also deliver patient education and the following criteria would also apply to patient led structured education.

The criteria that define a structured education programme are:

1. A philosophy
2. An evidence based curriculum
3. Aims and learning outcomes
4. Delivered by a trained educator
5. Quality Assured
6. Audited

The aim of patient education is for people with diabetes to improve their knowledge, skills and confidence, enabling them to take increasing control of their own condition and integrate effective self-management into their daily lives.

Each Health Board should have a Managed Clinical Network (MCN) responsible for diabetes care. Each MCN is charged with ensuring the provision of a range of educational solutions that should include quality assured structured education for people with diabetes. Each MCN maintains records of educational provision and reports their progress towards meeting this standard to the Scottish Diabetes Group.
1. Philosophy

The structured education programme has a clearly stated philosophy that reflects the beliefs, attitudes and values of the people with diabetes for which the course is aimed, and the professionals delivering the course.

In Scotland, a strong philosophy of self management and lifelong learning for people living with a long term condition, like diabetes, is developing. Patient education should promote person centered care, self management and active behaviour change.

The philosophy of an education programme should be developed in conjunction with the people for whom the course is aimed and will adopt an equal and diverse approach that is appropriate to the patient regardless of geographical location, age, gender, race, religion, creed, disability, social class, sexuality, culture and life circumstances.

The philosophy should be type specific and appropriate for the age group and educational abilities of the persons attending. Partners and carers should be included in the education process where appropriate.

To engage with patients in writing a philosophy, professionals are encouraged to hold focus groups or directed discussions with patients and their carers. Patients may even lead the development of the educational philosophy if asked so to do.

2. Written curriculum

Any diabetes education programme requires a written curriculum encompassing:

- the philosophy
- evidence based course content
- aims and learning outcomes
- lesson plans for each session
- intended participants
- evidence of educational theory appropriate to the intended participants
- evidence of learning activities appropriate to the intended participants
- method of assessment
- resources to deliver the course

It is best practice to have one named person, an Educational Lead, who is overall responsible for the programme while working within a team. All educational resources should be kept up to date, collated and easily accessible by all members of the educator team. The curriculum content is indicative rather than prescriptive and there should be a system to offer follow up topics not covered in the programme but requested by individuals, hence according to need. This may take the form of a signposting system to leaflets, resources, other educational sessions, other services or the person may require one to one support for a particular issue.
3. Aims and learning outcomes

The programme should have an overall aim and objectives that are expanded and developed through each session for which further aims and learning outcomes should be written. The level of learning and intended outcomes should incorporate the learning needs of the participants and should build on previous knowledge, skills and experiences of the participants.

4. Trained Educator

All normal Human Resource issues apply around the employment and deployment of staff. All staff have a job description that meets the Knowledge and Skills Framework. All staff have a Professional Development Plan through which their own learning and developmental needs are identified and the meeting of these facilitated. Records are retained by staff and line managers of these and, if appropriate, Human Resources Departments.

There are nationally agreed competency frameworks for nurses, dietitians and podiatrists working in diabetes care\(^6, 6, 7\). The Scottish Diabetes Education Advisory Group recommends that these documents are used for the appropriate recruitment of staff. Prior to delivering any patient education, it is essential that the professional must have knowledge of diabetes, experience of working with people with diabetes as well as meeting the requirements of a trained educator.

It is recommended that professionals are mentored by a more experienced practitioner the first time that they provide an educational programme. Where mentoring is not possible, professionals are encouraged to maintain a written reflective log of each session.

The knowledge and skills of a trained educator are detailed below:

1. Write a philosophy of education
2. Write aims and learning outcomes
3. Identify training and educational opportunities
4. Identify patient and carers learning and development needs
5. Develop an educational session that engages and supports patients in their learning and development
6. Deliver an educational session that engages and supports patients in their learning and development – including presentation skills, facilitation of learning and development, questioning skills
7. Prepare and use PowerPoint slides/slides/overhead/visual resources as part of an educational session
8. Teach a skill e.g. blood glucose monitoring
9. Manage learning and development in groups
10. Evaluate the learning of patients after an educational session
11. Improve learning and development provision

12. Reflect on, develop and maintain own skills and practice in learning and development.

It is recommended that the Educational Lead, who has overall responsibility for the programme, is able to demonstrate all the above knowledge and skills (1-12). Those who are involved in delivering patient education, but not necessarily involved in 1-5 above, are required to demonstrate 6-12 as well as their understanding and application of the philosophy to their teaching and adapting their own teaching styles to meet the philosophy. It is the responsibility of the Educational Lead to ensure that only people with the necessary knowledge and skills are involved in delivering patient education.

It is acknowledged that professionals are required to have many skills in caring for people with diabetes. The clinical and educational skills required will vary according to the patient’s journey and their stage on this journey utilizing the educational framework of the short life working group on type 1 diabetes8 (Appendix 1).

All staff who are involved in supporting people with diabetes and also in delivering patient education are encouraged to develop the following skills using their annual Performance and Development Plan as a tool towards acquiring them:

- robust consultative communication skills
- skills in promoting behaviour change
- the ability to conduct peer review
- facilitation skills
- motivational interviewing
- skills in promoting decision making
- skills in promoting self care and management

5. Quality Assurance

The purpose of quality assurance is to ensure the highest standard of delivery for all educational programmes to meet their intended audience in relation to its philosophy, aims and learning outcomes. Specific aspects of each educational programme or session will be evaluated and the detail is defined under the heading ‘Audit’.

Ultimately it is the responsibility of each Health Board to ensure that patient care is quality assured. The outcomes of quality assuring educational programmes and educational sessions will be reported to the relevant MCN who will report to the Health Board and, on behalf of the Health Board, to the Scottish Diabetes Group. Action plans will be derived as required.

Specific clinical outcomes are currently recorded on SCI-Diabetes and the offer to attend an educational course, participation or otherwise will also be recorded. This data will be reported annually in an anonymous manner through the National Diabetes Survey9.

Written records (paper or electronic) of all aspects identified for quality assurance purposes will normally be retained according to the NHS Code of Practice10.
6. Audit

The outcomes from an educational programme should be regularly audited. It is acknowledged that specific clinical parameters are captured on SCI-Diabetes. It is our intention that patient education offered, attended and completed would also be recorded on SCI-Diabetes. At this stage, it is acknowledged that data cannot normally be collected regularly for people who attend a ‘one off’ teaching session.

It is recommended that the written curriculum is reviewed at a minimum of every second year for its reliability, validity, relevance and comprehensiveness although it is expected to be responsive to new research or innovations and adapted accordingly.

Each MCN should retain information on those providing patient education including: name, job title, qualifications that meet the skills identified for the role of a trained educator, date of peer review or when self reflection was undertaken.

Patient education will be undertaken in a variety of settings and through different media e.g. tele-medicine. For each venue utilized, there should be procedures for dealing with emergencies during programme delivery where possible.

For each educational programme that a patient attends, specific data should be collected that is expanded in The Tool for Assessment of Patient Education in Diabetes in Scotland (TAPEDS).
Tool for the Assessment of Patient Education in Diabetes in Scotland
Introduction

The following checklist has been derived to assess patient education as meeting the NICE criteria for structured patient education.

The criteria that define a structured education programme are:

1. A written philosophy
2. An evidence based written curriculum
3. Written aims and learning outcomes
4. Delivered by a trained educator
5. Quality Assured
6. Audited

For each Programme submitted for review please provide written evidence on the following programme structure:

- The name of the Programme
- The name of the Educational Lead who is also responsible for updating the curriculum.
- If this is a national programme (e.g. DAFNE, DESMOND, X-PERT Diabetes) has it been modified in any way?
  - If yes, detail the modifications: e.g. duration, timing, content, resources
- The intended target patient group
- How the learning needs of the target patient group were identified
- Names of all people participating in delivering patient education: their professional qualification and job title
- Where all educational resources are retained and how accessible they are to all members of the health care team
- Dates of the educational programme
- Venue of the education: NHS site, private sector, non-NHS, patient’s home, via telemedicine

Please provide written evidence of the following:

Philosophy
- The philosophy of the programme
- How patients were involved in developing the philosophy
- How the philosophy is communicated to and understood by patients, professionals referring and educationalists delivering the programme
- How the philosophy supports self-management

Curriculum, Aims and Learning Outcomes
- The educational theory appropriate to the intended participants
- The evidence based course content
- Aims and learning outcomes for each session
- Lesson plans for each session
- The learning activities appropriate to the intended participants
- The method of assessment of learning
- The resources used to deliver the course
Trained Educator

- How each professional involved in delivering the programme meets the requirements identified in the APEDS document.
- Details of additional skills of the professionals involved in delivering the programme (APEDS page 4).
- Details of mentorship provided to people who are involved for the first time
- Records of any peer reviews, external assessment or self reflection for all professionals involved in delivering patient education.

Quality Assurance

- Where and how written or electronic records are retained regarding patient education
- Patient evaluation forms
- Evidence of peer review or self reflection on ability to teach others.

Audit

Patient aspects

- How quality of life is assessed:
  - Is quality of life assessed with young people? If so, please state in what way it is assessed.
  - Action taken as a result of the outcomes of the quality of life assessment
  - What attempts are made to continually assess patients’ knowledge and skills, pre and post education?

- How patient confidence to change behaviour is assessed
- How patient behaviour change is assessed
- How self management by patients is assessed
- How are the views of the participants acquired of the programme?
- What actions are taken as a consequence of participants responses?

Professional aspects

- How each educator is evaluated by patients
- How professionals are facilitated to peer review each other
- Evidence of self reflection by all staff involved in delivering the programme.

Organisational aspects

- Patient attendance rates at the educational programme
- Patient completion rates at the educational programme
- Any identified accessibility issues
- Date of last review of the written curriculum
References


   www.sign.ac.uk


   www.trend-uk.org


   TRIEPodD-UK, London

   http://diabetesinscotland.org.uk/Publications/Final%20report%20of%20the%20Type%201%20Diabetes%20Short%20Life%20Working%20Group.pdf

   http://diabetesinscotland.org.uk/Publications.aspx


11. NHS Education for Scotland Flying Start
    http://www.flyingstart.scot.nhs.uk

12. NHS Education for Scotland Effective Practitioner
# Appendix

Diabetes Care: Mapping the patient/professional journey with the differing roles of patients and professionals throughout the journey

<table>
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<th>Time line</th>
<th>Professionals</th>
<th>Educational theory</th>
<th>Skills required</th>
<th>Professional Knowledge and Understanding</th>
<th>Patient support</th>
</tr>
</thead>
</table>
| Diagnosis | GP/Consultant  | Andragogy/Dictate  | • Clear communicator  
• Facilitator  
• Listening skills  
• Empathy | • Expert diabetes clinical knowledge  
• Knowledge of how to teach information  
• Knowledge of how to teach a skill  
• Behavioural change | Peer support |
| Level 1   | DSN/PN        |                    |               |                                          |                 |
| Core Skills | DSN/PN   | Andragogy/Dictate  | Ability to:  
• impart knowledge;  
• pace the giving of information;  
• teach a skill;  
• reassure.  
• Discuss changes to lifestyle e.g. food, physical activity, smoking | • Expert diabetes clinical knowledge  
• Knowledge of how to teach information  
• Knowledge of how to teach a skill  
• Behavioural change | Peer support |
| Level 2   | GP/Consultant  | Andragogy/Facilitate | • Availability  
• Discernment  
• Listening  
• Ability to:  
  • Empower;  
  • Motivate;  
  • Encourage;  
  • Praise where there is evidence of self-management  
  • Motivational interviewing  
  • Psychological assessment | • Psychological impact (HADS, PIDPAD)  
• CHO counting  
• Weight management programmes  
• Smoking cessation clinics  
• Facilitation skills  
• Behaviour change  
• Care planning around person’s goals and problem solving | Peer support |
| Level 3   | Managing diabetes  | Self-management resource/ Facilitator | • Philosophy of care  
• Aims and learning outcomes  
• NICE criteria | • Structured patient education | Peer learning and emotional support |
| Managing diabetes Structured Patient education | Team | | | | |
| Level 3   | Managing diabetes  | Self-Management/ Facilitator | • Availability  
• Discernment  
• Listening  
• Ability to:  
  • Empower;  
  • Motivate;  
  • Encourage;  
  • Praise where there is evidence of self-management  
  • Motivational interviewing  
  • Psychological assessment | • Structured patient education  
• Intensive insulin therapy  
• Motivational interviewing  
• Promoting behavioural change  
• Counselling  
• Empowering  
• Self-management  
• Long term conditions  
• Peer review for others  
• Quality assurance  
• CHO and insulin dose adjustment | Peer support |
| Ongoing structured education | | | | | |
Acknowledgements

This document was developed by a variety of people through consultations and workshops. Contributors were people with diabetes and professionals from all Health Boards, Educational Leads in Diabetes, the Steering Group for the National Education Co-Ordinator and members of the Scottish Diabetes Education Advisory Group.
Different format required?

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