

Diabetes Mellitus : Workshop for Evolving a Curriculum for the Nurse Educators

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INTRODUCTION

In providing medical care for a chronic disease like diabetes, there is, at present, a growing realization that the patients be fully informed about the nature of disease and its management aspects. The facility to guide the patient regarding the non-physical aspects of diabetes need to be part of a comprehensive care programme.

Additionally, avenues should be available to make the family and the community aware of diabetes specially regarding the steps that may help alter their attitude toward diabetics as well as help in prevention of diabetes.

Paraprofessionals associated in providing care to diabetics would be the most appropriate health care providers to fulfill such functions.

Paraprofessionals should form a bridge between the specialist physician and the patient. They should assume the role of educators in diabetes care and form part of a team; consisting of a specialist, nurse, dietician, physiotherapist, chiropodist and a counsellor.

Besides teaching diabetics basic aspects of the disease like symptomatology, diagnosis, complications and their management, certain skills need to be imparted so as to make patients self-reliant in daily chores. Paraprofessionals have to act also as counsellors for the psychosocial problems faced by the diabetics.

In the developed countries, specialized courses are available in the field of diabetes to train nurses, dieticians and social scientists. In India, specialized training for nurses is available for intensive care, coronary care, maternal and child health, dialysis and neurosciences. There is as yet no formal course for training in diabetes care.

This workshop was aimed at evolving a curriculum for a training course for nurses to enable them to work as specialists for the care of diabetics. Inputs from the following categories of technical personnel provided the necessary guidelines for framing a curriculum for the training course.

- Specialists physician
- Nursing teaching staff
- Nutrition Expert
- Psychologist or Social Scientist

- Education technology expert
- Trained expert nurse educator

The proceedings of the workshop were further facilitated by the participation of representatives from Ministry of Health, WHO, Indira Gandhi Open University and Nutrition Foundation (India). The workshop was sponsored by the Diabetes Foundation India and supported by Hoechst Marion Roussel, India.

Objectives of the Workshop

Objectives of the workshop for designing a curriculum for training of Nurses educators in the field of diabetes were as follows: -

1. To formulate guidelines for a curriculum for nurse educators to promote the understanding of current knowledge of the principles of care and management of diabetics.
2. To familiarize nurse-educators in teaching and learning techniques so as to be effective in training diabetics for promoting skills of care and autonomy in self-management.
3. a. to sensitize agencies framing health care programmes regarding the relevance of diabetes educators and their impact on the reduction of morbidity and mortality due to diabetes.
b. for setting up standards for academic recognition of the formal training course.

Presently available information indicates that very little is being done to educate diabetics.

In a group of patients receiving anti-diabetic treatment in eight metropolitean cities (Mumbai, Delhi, Calcutta, Chennai, Ahmedabad, Lucknow, Pune and Cochin) it was found that only 10% attended a teaching programme on diabetes, while 30% secured knowledge on diabetes from information provided in pamphalets or books on diabetes.

At present, a formal course for Diabetes educators is not available. In a few isolated cases, nurses working in close liaison with specialists have been motivated to learn "care skills" and teach them to diabetics attending their clinics. A couple of pharmaceutical firms have trained on short term basis, a few nurses in this field who are assisting physicians in the care of diabetics in few clinics in metropolitan cities.

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The perspective of comprehensive training of a nurse educator for diabetes should include the following aspects.

a. Nursing Care

This should include ability to care for a sick person and acquiring competence to handle medical problems at a primary level as a member of the comprehensive care team.

b. Capability to Teach

Educator should be able to teach patients basic aspects of causes, diagnosis, complications and management of diabetes.

Moreover, they should be able to train diabetics in self-care skills so that diabetics become self sufficient in their day to day monitoring and achieve good metabolic control and take steps to prevent complications of diabetes.

c. Lastly, to function as a counsellor

The training should provide an understanding that an interaction between the educator and the person with diabetes is that of sharing a relationship. The educator should assist in suggesting solutions to patient's psychosocial problems and guide him to achieve a better quality of life.

Thus in structuring the curriculum, there is need to incorporate not only the basic characteristics but also the methodology that will be most effective in transferring information, skills and attitudes to persons with diabetes.

New methods in educational technology involve 'adult training' theories. True purpose of education is to bring an attitudinal change in a person, create a desire for learning, provision of appropriate source material and ensuring that information thus gained is being actually put in practice. Furtherance of this aspect of knowledge being put in practice is achieved by interactive sessions, structured practicals or through peer learning.

A Chinese proverb most appropriately brings out this idea : "Do not give a fish to man to eat, but teach him how to fish".

Overview of trends in training programmes for health care personnel indicate that it should be carried out in two phases.

Phase I would concentrate on teaching fundamentals about diabetes, its prevalence, symptomology, complications and management. There should be practicals to teach skills of monitoring, meal planning and working out exercise schedules. In addition training should be oriented towards behavioural skills and their role in management of a chronic ailment.

Phase II would be as internship in diabetic clinics and community out-reach programmes. This would require first hand learning how to actually conduct the education programme. This would require first hand learning how to actually conduct the education programme. This should be inclusive of an investigative project undertaken by the trainees eg. writing, learning source material in local language, identifying social barriers for non-compliance of persons with diabetes or how to initiate community programmes for prevention of diabetes.

The training programme of the diabetes educators should be open to nursing staff, dieticians and graduates in social sciences.

The operational aspects as regards centres for conducting programme would include venues such as colleges for nurse's training or clinical centres for diabetes care. The faculty should be inclusive of specialists in diabetes, teachers from Nursing Institutions, Nutrition experts, social psychologist and experts in education technology.

For coordination, there should be a central agency, which should review the curriculum for time to time and conduct evaluation of the teaching programmes. This agency should have liaison with government, the university and diabetes associations and be able to provide financial inputs for the programmes.

In summary, the objective of this workshop were to prepare a blue print of curriculum for training of personell that can perform eloquent functions of being diabetes educators in our country.

Education regarding self-management of diabetes would in the long run improve the quality of care of persons with diabetes, reduce complications of diabetes and the economic burden due to diabetes.