

Structuring Curriculum for training Nurses as Diabetes Educators

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In structuring the contents of curriculum for training of nurses for Diabetes Education, the determinants will be as to whether this is oriented to health of the individual or it is directed towards some community programme on health.

In the case of former, availability of professional specialist, facilities available for conducting teaching programme and inquisitive motivation on part of learner are essential. Education subject material and duration of the course are formulated based on prior level of ability status of trainees.

For the later, there is need to know health statistics in relation to disease, existing health beliefs and health care delivery system. Training component in the category will relate to field work, data collection and analysis and designing of programmes for the community.

Contents of the basic curriculum will relate to diabetes, its causes, diagnosis, complication and management.

ESSENTIALS OF CURRICULUM FOR DIABETES EDUCATORS

1. Diabetes definition
Etiopathology, Symptomology, Type I, II
Diagnosis
Prevalence
Identifying high risk individuals
2. Therapy
Goals of treatment
Measures for management, Type I, II
3. Nutrition
Goals
Calories in diabetic diet
Meal planning
Exchanges
Adjustment in varying situation
4. Exercise Benefits Type I, II
5. Oral Hypoglycaemic Agents
Indications
Pharmacology
Dosage / Timing

6. Insulin
Biochemistry
Pharmacology
Clinical use of insulin
Insulin delivery devices
7. Hypoglycaemia
Symptoms of hypoglycaemia
Causes
Treatment
8. Sick day rules, Travelling, Holiday, Marriage
9. Monitoring – SMBG, Lipids, Glycoslated Hb, Keeping Dairy, Follow up
10. Special situation Pregnancy / Surgery
11. Acute complication DKA
NKHCOA
12. Chronic complications
Infection
Dental problems
Eye, kidney, nerves, CVD, feet,
Causes of death in diabetes
13. Patient education
Role in total care
Survival education
Health care belief
Behavioral aspect
Learning source materials
Continuing education
14. Society Equity
Employment, Legal aspects
Support group
15. Assessment

Overall philosophy of the suggested curriculum is to evolve an empowering person oriented model distinct from the traditional manner as being followed by the existing educational programme.

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The essential component is to initiate educator as a disease manager and to equip persons with diabetes in self management techniques.

Patients are enabled to make their own choices, become internally motivated to alter behavioural pattern and patients share responsibility for day today management and its outcome.

Group Consensus

After lively discussion, the working group arrived at following consensus :-

1. In framing of curriculum, in addition to pedagogic teaching, greater emphasis be provided on training in skills and behavioural or attitudinal aspects.

Thus the time frame suggested was:

Didactic lecture	40%
Training in skills	30%
Orientation to techniques for counseling	30%

(A two week programme on basic course is provided as appendix).

2. This basic course need to be followed by internship period of six months duration.

This internship period is to be carried on in a diabetes centre / clinic under a specialist physician with the objective of –

- a. on-hand training, dealing with diabetic patient (Type I, II)
- b. understanding treatment regimen as advised by physician and giving practical instructions to patient on self care and monitoring.
- c. to identify psychosocial problems and provide counseling for this.
- d. to evaluate effectiveness of the educational inputs.

- e. to form a support group for the patients attending the clinic.

3. With the perspective of initiating similar training programmes in different states of the country, it was recommended to organise leadership courses to provide inputs locally suitable and to orientate faculty as to scope and contents of this training programme.

Diabetes specialist at S.G.P.G.I., Lucknow, D.T. Nagpur and N.I.M.S., Hyderabad have indicated willingness to undertake to organise workshops to meet these objectives.

4. To initiate dialogue with Indira Gandhi Open University for provision of the course on distance education network. This would provide an avenue for larger number of trainees from different regions of the country with a standardized structured curriculum. There will be recognition of this training by a formal educational institution or university.
5. To encourage research potential in diabetes education programme.

While primary objective of diabetes education is to improve metabolic control, reinforce compliance and reduce complications, health related quality of life style has not been evaluated.

Again barriers in implementing good care of diabetes may relate to health care beliefs, accessibility of alternative systems of medicine, or limitation of economic resources. Suitable analytic studies in this direction need to be carried on in our country.

6. There need to be inputs for continuing education of the trainees. The timing, format and contents of continuing education programmes need some specification. This requires to be worked out in a systematic manner.