

Sample week-long programme

APPENDIX

To complete the full curriculum would require a programme of many week's duration. However, if time is limited or only a basic course is required, the sample programme below can guide those developing a course.

This is a suggestion only — it should be adapted to the needs of the group. For instance, if participants do not plan to work with children, that module might be shortened or left out and another section lengthened. It is recognized that this schedule does not allow for the time suggested for each of the modules. Some modules could be done as pre-reading or as an assignment after the course, if necessary, to complete the course.

Case studies at the end of the week could be used as a review of the whole week. They should be developed to test if the participants are able to apply the knowledge gained throughout the week. Please see sample case studies in [Appendix 4](#).

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:30	Welcome, introductions and housekeeping				
9:00	Modules I-1 and I-2 The role of the diabetes educator and team management	Module II-1 Diagnosis, classification and presentation of diabetes	Module III-2 Glucose-lowering medication	Module III-7 Long-term complications	Module IV-5 Perioperative, test preparation, travel
9:30					
10:00	Break				
10:30	Module I-3 Teaching and learning	Module II-2 Pathophysiology	Module III-3 Insulin therapy	Module III-7 cont'd	Module I 5-7 Research and evaluation
11:00					
11:30					
12:00	Lunch				
12:30					
13:00	Module I-3 cont'd	Module III-5 Nutrition therapy	Module III-6, Short-term complications	Module IV-1 Diabetes in children and adolescents	Summary Case studies
13:30					
14:00			Module III-4 Physical activity		
14:30	Break	Break	Break		
15:00	Module I-4 Psychosocial and behavioural approaches	Module III-5 cont'd	Module III-7 Practical demonstration of foot care	Break	Evaluation of programme
15:30				Module IV-2 Gestational diabetes	
16:00					
16:30	Day summary, questions and answers				

Module III-1: Self-management — objectives should be included and covered throughout all other modules.

Module IV-4: The older adult — objectives should be addressed throughout all other modules.

Sample programme

Below is a programme for the recently convened Clinical Update for Nurses and Dieticians — working with young people and diabetes, conducted in the IDF Western Pacific Region.

Participants arrive in the afternoon — evening free

Time	Day 1	Day 2	Day 3
8:30–9:30 am	Welcome Introduction Role of educator Team work	Nutrition in the young person and the key role food plays in family dynamics and the social setting (<i>lecture/workshop</i>)	Type 2 pathophysiology Oral medications Insulin therapy
9:30–10:30 am	Impact of diabetes on the young person and family (<i>lecture</i>)	Hypoglycemia, pathogenesis, causes, signs and symptoms, treatment, prevention (<i>lecture and case studies</i>)	Case studies (<i>lecture and case studies</i>)
10:30–11:00 am	Morning tea		
11:00–12:30 pm	About diabetes: • Size of the problem • Classification • Diagnosis criteria • Pathophysiology Type 1 (<i>lecture</i>)	Commencing therapy, stabilization Pumps Intensive treatment (<i>workshop</i>)	Assessment and management of diabetic complications (<i>lecture</i>)
12:30–1:30 pm	Lunch		
1:30–3:00 pm	Presentation by group (1 hour) Goals and targets of treatment Guidelines for care, monitoring (30 mins) (<i>lecture</i>)	Type 1 case studies	Research update Inhaled insulin, glargine, glucose sensors Camping Support groups (<i>discussion</i>)
3:00–3:30 pm	Afternoon tea		
3:30–5:00 pm	Goals and targets of treatment (cont'd) Guidelines for care, monitoring (30 mins) (<i>lecture</i>) Insulin therapy in Type 1 diabetes (1 hour)	Management of DKA/sick days Perioperative management (<i>workshop</i>)	Resources IDF fellowships Evaluation (<i>discussion</i>)
6:30 pm	Workshop dinner	Night safari at the zoo (with dinner)	



Physical facilities/layout

Room size and layout

Try to choose a room suitable for the number of participants. If the room is too big, it can be difficult to hear and see the presentations; if the room is too small, people will feel crowded and it may get too hot.

For small group work, participants should be seated at round tables — usually 6 to 8 at a table. If there are more than 8, it is difficult for the group to work well together. When holding a week-long programme, consider asking people to sit at different tables each day. This will increase exposure to different ideas and ways of working through problems.

If possible, try to have a microphone that either clips onto clothing or can be held as the speaker moves around. Speakers are usually more interesting when they walk around and into the audience, but they need to be heard.

Following small group work, it is useful to have each group report back to the larger group, outlining the discussion and decisions reached at their table. If possible, you should have some flipchart paper or large sheets of paper on which they can highlight points of discussion. These could then be posted on the walls around the room and referred to over the course of the programme.

Small group work/case study

APPENDIX

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The following are some suggestions for small group work. They are intended to test knowledge of short-term complications and preparation of a teaching plan. If time allows, you could have both groups discuss the proposed programme and role-play teaching.

Note: these are examples only.

Group 1

You have a group of 30 people newly diagnosed with Type 2 diabetes. Most will be taking glucose-lowering medication. Your task is to teach them about hypoglycemia — the causes, signs and symptoms, treatment and prevention.

Prepare a class for this group. Some of it may be lecture, but try to include something that will increase participation.

Be sure to include:

- Assessment — how will you know what they already know and what they need to know?
- Plan — goals and objectives, resources to use.
- Implementation techniques — what teaching method will you use?
- Evaluation — how will you know they have achieved the objective?

Be prepared to share your proposed programme with the other groups.

Group 2

Your patient, Yvonne, is 25 years old with Type 1 diabetes and has been in hospital twice in the past 2 months with ketoacidosis. She has had some basic diabetes education but really does not understand about sick days or what to do when her blood glucose increases. Sometimes, when she is tired, she thinks that a sugar drink will give her more energy. She is not very interested in talking to you and thinks that it is all a waste of time.

The doctor has asked you to teach Yvonne more about diabetes and to make sure she does not go to the hospital again.

Prepare for your session with Yvonne.

Be sure to include:

- Assessment — how will you find out what she knows and what self care she undertakes?
- Plan — goals and objectives for the session.
- Implementation — what teaching methods will you use?
- Evaluation — how will you know she knows what to do the next time she becomes hyperglycemic?

Be prepared to share your plans with the other groups.



Small group work/case study (cont'd)

Group 3

The local diabetes association has asked you to speak to a group of people who are caring for elderly relatives in their homes. The relatives all have Type 2 diabetes and are limited in their ability to care for themselves. Some of the problems the families have are:

- Relatives do not always eat the meals they prepare.
- It is sometimes hard to know if the relative has taken their medication.
- Relatives are sleepy a lot of the time and do not like to go out.
- Some relatives are confused at times.

Your task is to teach the group of family members about hyperglycemic hyperosmolar nonketotic syndrome (HHNS). You need to teach them about the risk factors in the elderly, possible signs and symptoms, treatment and prevention.

Be sure to include:

- Assessment — how do you know what the people know about HHNS, what are the conditions at home, who does most care, how independent are the elderly?
- Plan — goals and objectives for this session.
- Implementation — what teaching method will you use, how can you make it interactive and applicable for the home setting?
- Evaluation — how will you know that the families will be better able to care for their relatives?

Be prepared to share your programme plan with the rest of the class.

Group 4

Faith is 10 years old and in grade 4. She was diagnosed with Type 1 diabetes last week. Her mother has asked you to go to her school to teach the class about diabetes. She wants to be sure that the other children and the teacher will know what to do if Faith develops hypoglycemia.

Be sure to include:

- Assessment — what do the staff and classmates know already, has the teacher had a child with diabetes in her class before?
- Plan — goals and objectives.
- Implementation — how to make this fun and meaningful for the children.
- Evaluate — how will you know if the staff and classmates know how to help Faith?

Be prepared to share your plan with the others.

Small group work/case study (cont'd)

The following is an example of a case study. The case study follows a person with diabetes through the natural progression of the disease and requires participants to recognize what education is necessary and when treatment should be revised.

Joe's story

Joe is 55 years old and has had Type 2 diabetes for 5 years. The first few years he managed his diabetes with diet and increased exercise and lost 5 kg. His current weight is 100 kg and his Body Mass Index (BMI) is 30 kg/m². Last year he started metformin and is now taking 2500 mg/day. His most recent HbA_{1c} was 9.2%. He tests his blood glucose before meals and 2 hours after meals 2–3 days a week. Blood glucose results are 10–11 mmol/L (fasting) and up to 15 mmol/L before dinner. The doctor refers him back to the Diabetes Education Centre.

What would you recommend?

After 3 weeks he returns with the following blood glucose records (in mmol/L) and says he has been following the diet as closely as he can.

FBS	Before lunch	Before dinner	Bedtime
9.3	8.4	10.6	14.2
7.9	8.7	11.4	17.0
8.6	9.5	12.3	15.2

What do you suggest now? And why?

Six months later he returns. The doctor started him on a sulphonylurea twice a day. His metformin dose is unchanged. He brings the following blood glucose results (in mmol/L):

FBS	Before lunch	Before dinner	Bedtime
10.3	7.4	6.2	8.5
12.3	8.6	9.3	7.2
11.5	–	7.8	10.2

His HbA_{1c} is now 8.5%.

What do you suggest now? Why?

He returns 1 year later. He is now on metformin 2500 mg/day, sulphonylurea twice daily and NPH insulin 25 U nocte.

He brings the following results (in mmol/L):

FBS	Before lunch	Before dinner	Bedtime
8.5	12.6	13.5	17.0
7.9	10.2	14.0	16.0
9.2	15.4	12.9	13.6

What would you suggest now? Why?

Suggested websites

American Association of Clinical Endocrinologists (AACE)	www.aace.com
American Association of Diabetes Educators (AADE)	www.aadenet.org
American Diabetes Association (ADA)	www.diabetes.org
Ask Noah about Diabetes (New York Online Access to Health — detailed information about diabetes in English and Spanish)	www.noah-health.org
Canadian Diabetes Association (CDA)	www.diabetes.ca
Centers for Disease Control and Prevention (CDC)	www.cdc.gov/diabetes
Children with Diabetes Web	www.childrenwithdiabetes.com
Diabetes Associations in the Americas	www.dota.org/MAP/SouthAmerica.htm
Diabetes Australia Multilingual Resource (Chinese, Hindi, Thai, Vietnamese, Greek, Indonesian, Italian, Turkish, Ukrainian, Arabic as well as English)	www.multilingualdiabetes.org
Diabetes Deutschland (German — up-to-date information for both people with diabetes and healthcare professionals)	www.uni-duesseldorf.de/diabetes/index.htm
Diabetes Education Study Group of the European Association for the Study of Diabetes	www.desg.org
Diabetes India	www.diabetesindia.com
Diabetes UK	www.diabetes.org.uk
IDF (Europe) Guidelines	www.staff.ncl.ac.uk/philip.home/guidelines
International Obesity Task Force	www.ietf.org
International Society for Pediatric and Adolescent Diabetes	www.ispad.org
Juvenile Diabetes Research Foundation International (JDRF)	www.jdrf.org
Latin America Diabetes Association	www.alad.org
MedFetch (automated medline queries — results delivered in English, French, Italian, German, Spanish and Portuguese)	www.medfetch.com
National Institute of Diabetes & Digestive & Kidney Diseases	www.niddk.nih.gov/health/diabetes/diabetes.htm
National Service Frameworks for Diabetes UK	www.doh.gov.uk/nsf/diabetes.htm
Norwegian Diabetes Association	www.dianet.no
PubMed (National Library of Medicine's search service — free)	www.ncbi.nlm.nih.gov/PubMed



Mentoring

If possible, try to match each participant with a 'mentor' for the duration of the course and provide a contact person in the months following the programme. A mentor could be a senior person at the participant's place of work or a facilitator from the programme who will be able to keep in contact.

Mentor: description and responsibilities

According to Webster's Dictionary, a mentor is 'a trusted counsellor or guide'. Mentors can be role models or can assist another person by showing them what to do in keeping with one's ambitions and goals. They can be listeners and provide constructive criticism when warranted. Several types of mentors are identified in the literature, such as a resource mentor; a sponsor; a coach or instructional mentor; a guidance mentor; a group mentor; a cultural mentor; a support mentor; and a peer mentor.

The IDF diabetes education mentor should:

- Offer assistance so participants can learn from their experience. This can be done by serving on panels or giving presentations and by establishing an ongoing relationship (resource mentor).
- Provide public support, to the extent possible, by making positive comments to the right people and recommending the mentee for committees or special assignments. This can be done by introducing the mentee to professional circles and encouraging their acceptance (sponsor mentor).
- Offer day-to-day guidance on how to improve skills and performance. This can be done by assessing performance and providing guidance about how to advance the project at hand (coach mentor).
- Help the mentee set goals and make plans. This can be done by exploring expectations and by pointing out the difficulties and options (guidance mentor).
- Share information, networking tips, and constructive feedback in groups. This can be done by forming an informal mentoring group to exchange information, learn new tasks, and improve performance (group mentor).