

Association of Hong Kong Diabetes Nurses Position Statement (1)

Diabetes Self-management Education: What and Who?

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WHERE AHKDN STANDS

The Association of Hong Kong Diabetes Nurses (AHKDN) is the leading academic and professional association for diabetes nurses (and educators) in Hong Kong. It is dedicated to maintaining and improving education standards for both professionals and persons affected by diabetes (PADs). Diabetes education is an indispensable facet of diabetes care. The terms *diabetes education* and *diabetes self-management education (DSME)** have been widely used, although sometimes inappropriately. The components are often not clearly defined and standards vary. Confusion may result and rights to quality education forfeited.

AHKDN has developed the following Position Statement to define the scope and standard of diabetes education and the required performance of professional diabetes educators (PDEs), health care professionals (HCPs) and non-health care professionals (non-HCPs). It is expected that this document will provide a framework for authorities, health care settings and professionals as well as PADs. It should facilitate provision and monitoring of diabetes education by all stakeholders and help PADs to accomplish diabetes self-management goals and control over their health.

BACKGROUND

Diabetes is a chronic condition that infiltrates every aspect of life and requires life-long management and monitoring by both HCPs and persons (and families) affected by the condition. Poorly controlled diabetes can lead to multiple serious acute or chronic complications.[2&3] Large controlled clinical trials have demonstrated that intensive treatment reduces related complications and death.[3&4]

Successful management requires resource support from government and a good health care system. It is also dependent upon PADs and their efforts to control the illness. People need to be equipped with the knowledge, skills and ability required to understand the disease state and self-manage diabetes on a day to day basis. DSME is therefore a collaborative, interactive process through which people with diabetes work with their caregivers and diabetes educators in order to gain the knowledge and skills needed for behavioral change and self-management.[5]

**DSME is the term used officially in National Standards for diabetes self-management education and other American Association of Diabetes Educators (AADE) materials to refer to the education process for people with diabetes,[1] adopted here to connote such process is used to facilitate self-management as a therapy and part of diabetic treatment.*

RECOMMENDATIONS

The recommendations made in this Position Statement are based on the review of current literature on the effectiveness of diabetes education and its components. These include standards and recommendations of diabetes authorities, together with the experience and evaluation of a diabetes self-management education program conducted by AHKDN in 2008.[6] The recommendations will address: (I) what are DSME and components? and (II) who should be involved in DSME and what are their roles?

I. What are DSME and Components?

DSME is the cornerstone of successful diabetes care. DSME is not an isolated entity, it is an integral part of management. It has 2 major foci. The first focus is the specific purpose of engaging PADs in treatment process.[7] Therefore components of a DSME program should include:

(1) Status of diabetic control and treatment targets

(2) Treatment modalities and options: diet, exercise, medications and monitoring

(3) Management of diabetes-related risk factors, and of acute and chronic complications

The second focus aims to prepare those affected by diabetes to make informed decisions, cope with the demands of living daily with a complex chronic disease, and make changes in their behavior that support their self-management and improve outcomes.[8] Therefore components of a DSME program should include also:

(4) Self-management issues that are of interest to participants

(5) Management of emotions and barriers arising from living with diabetes

(6) Behavioral change strategies and goal setting

(7) Problem solving

(8) Resources and continuous support

An overall approach which combines these components (1-8) and includes problem solving are found to be effective in improving knowledge, metabolic control and self-management behaviors,[6&9] and should be on-going after completion of initial DSME.

II. Who Should be Involved in DSME and What are their Roles?

Diabetes education and support are most effectively provided by a multidisciplinary diabetes team.[10] Every health care professional of the diabetes team should assume an educator role in the process of caring for PADs under their care. According to the International Diabetes Federation (IDF), personnel chiefly involved in DSME are required to



have a sound clinical understanding of diabetes, and to be knowledgeable about teaching and learning methods.[8] The American Association of Diabetes Educators (AADE) Guideline on DSME also holds the position that a PDE is the primary provider of a DSME program and development of the curriculum. S/he is required to be a HCP who has graduated from tertiary courses accredited by the registration boards or professional associations and has attained additional knowledge, skills and expertise in diabetes education and care.[11]

Non-HCPs can also be involved in the process of providing DSME and can work with HCPs. Their importance can be emphasized by the unique contributions of lay health and community workers (also called peer leader or educators in some countries). The central premise is that people with shared experiences, striving to overcome common challenges, have a great deal to offer one another in terms of experience, personal expertise and emotional support. Since diabetes self-management is an integral part of diabetes management, it is therefore neither safe nor reasonable for non-HCPs to educate PADs on treatment-related self-management aspects in a DSME program or delivering a DSME program on their own. Non-HCPs should however be uniquely placed to collaborate with and be supported by PDEs or other HCPs particularly in community settings.[12]

Three categories of personnel may be distinguished: (i) non-health care professionals; (ii) health care professionals; (iii) professional diabetes educators. Each has distinctive roles and is yet complementary to the others in optimizing PADs' learning self-management of diabetes throughout the whole life-span. Their roles in DSME are delineated as follows:

Category 1: Non-health Care Professionals (Non-HCPs)

(1) Personnel in this category include, but are not limited to, community health care workers, PADs and peer leaders, and social workers who have basic knowledge in diabetes but do not have the level of training of HCPs and PDEs.

(2) Non-HCPs can be involved in practical problem solving, such as giving advice on access to resources, services and DSME program; providing psychological support and educational materials; organizing support groups and activities.

(3) Non-HCPs can be involved in some parts of a DSME program, but they cannot give treatment-related advice or guide people on diabetes treatment-related decisions.

(4) Non-HCPs should declare their status as a non-HCP to people attending DSME or support group programs.

(5) Performance or activities of non-HCPs should be supervised and supported by PDEs or HCPs, and non-HCPs should receive training in core diabetes skills before becoming involved in DSME activities.

Category 2: Health Care Professionals (HCPs)

(6) Health care professionals in this category include, but are not limited to, licensed medical practitioners, registered nurses, registered dieticians, pharmacists and podiatrists.

(7) HCPs are assumed to have an understanding of the overall health status and diabetes of PADs under their care. They should provide knowledge, advice and support related to diabetes management in their respective expert areas and capacity.

(8) HCPs can be involved in practical problem solving and in giving advice and support to PADs as or beyond the scope of performance by Non-HCPs.

(9) There should be reciprocal exchange of information and support among the health care team, non-HCPs and PDEs involved in DSME activities.

Category 3: Professional Diabetes Educators (PDEs)

(10) Personnel in this category include certified diabetes educators and diabetes specialist nurses who must also be qualified health care professionals and have received specialty training in diabetes education and management recognized by AHKDN or equivalent.[13]

(11) PDEs are chiefly involved in and actively engaged in delivering DSME as their principal activity. They apply their special knowledge to provide DSME, and its core components (1-8) above.

(12) PDEs should address diabetes self-management needs in an integrated holistic manner including physical, psychological, social and spiritual aspects as required.

(13) PDEs should incorporate evidence-based contents and strategies to design DSME programs, and conduct evaluation and improvement to ensure the maintenance of standards of DSME.

CONCLUSIONS

DSME is an important process integral to diabetic management and affecting PADs' health and quality of life. By defining the meaning, components and roles of various personnel involved in the DSME process, it is the AHKDN's intention to advocate the most appropriate care and education for the Hong Kong community.

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