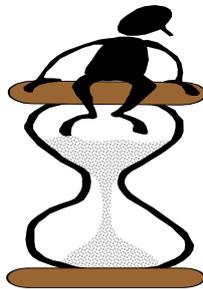


**Handy Tips**  
**to assist with your submission for**  
**Assessment of Patient Education in Diabetes in Scotland**

## Organisational aspects

So you have decided to submit your diabetes educational course for review as meeting the criteria as structured patient education. Well done! That is the first hurdle completed.

These notes are practical hints, tips, and examples to assist you with your submission. The whole process may take you some time, so please be realistic how long this will take. Plan to complete one 'folder' a month. You will have most of the material but it will probably need to be edited and amended and this all takes time. So please be patient with yourself and realistic about your timescales.



From your team, appoint an Educational Lead who takes responsibility for submitting the programme and being the key link person.

The Education Lead should become familiar with the APEDS & TAPEDS document

[http://www.diabeteseducationscotland.org.uk/docs/211112Diabetes%20-%20ADEPTS\\_TADEPTS-web-revised.pdf](http://www.diabeteseducationscotland.org.uk/docs/211112Diabetes%20-%20ADEPTS_TADEPTS-web-revised.pdf)

and the Reviewers' Handbook

<http://www.diabeteseducationscotland.org.uk/docs/Patient/Diabetes%20-%20Reviewers%20Handbook-web-revised-F-RE.pdf>

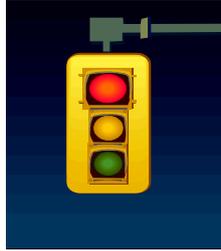
**The Educational Lead is responsible for ensuring that all necessary permissions are in place if this programme is using material sourced from others.**

It would be wise to inform the secretary of the Diabetes Education Advisory Group, Carolyn Oxenham, that you are preparing a submission. Carolyn will be able to direct you to any resources that will support you with this. Her email address is:

[Carolyn.Oxenham@aapct.scot.nhs.uk](mailto:Carolyn.Oxenham@aapct.scot.nhs.uk)

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On behalf of the Diabetes Education Advisory Group. Updated November 2016

You are now ready to start preparing your submission.



On your computer, create a folder with the name of your educational course.

### Exercise 1

**Creating folders:** Go onto your main drive; on the top line there is a sign called 'New Folder'. Click on this and a new folder will appear. Make sure that you give this folder the name of your course.

### Exercise 2

Open up the new folder and repeat Exercise 1 naming each folder separately:

1. Application for review
2. Aims
3. Curriculum e.g. course handbook
4. Lesson plans
5. Trained Educator.
6. Audit
7. Peer Review/ Self reflections
8. Quality assurance
9. Resources

You are now ready to start populating your folders with all the relevant material. You may, for example, decide to start populating the folder on lesson plans as the first one. To do this, open up the necessary files. Make sure that there is a footer **on each file** with the name of the course; the date the file was last reviewed and the name of the person responsible for updating the material. An example is: RECLAIM: audit: January 2013: Jo Bloggs.

**How to insert a footer to a file:** Go up to the main menu at the top of your page. Click on 'Insert'. Navigate along to the sign 'Footer'. Click on Footer. A range of options become available. Click on one of them. This will take you to the bottom of the page. Type up the name of the course; the file name; the date the file was last reviewed; the name of the person responsible for reviewing the material. Once you have completed this, go back up to the main menu. Click on 'View' and then 'print layout'. You should now be back to the normal view. Please remember to save your work.

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Once the file has been reviewed and given a footer, save it in the appropriate folder.



Repeat this with every file. It is important that you submit **evidence** of various parameters and not just state that you do or do not do certain aspects.

It is also recommended that you pdf all your files prior to submitting them for review. This is not essential but it does ensure that no-one can make any changes to what you submit.

**How to make a pdf of your file.** Open up the file. Press the buttons to print it but instead of sending it to your printer, where it says name of printer, navigate to 'pdf creator'. Click on the pdf creator and you will be given an option to save the file as a pdf. Agree to save it as a pdf, and make sure that you call it the same as its original file.

Not all printers have a pdf creator on them. If your printer does not have this, please do not worry. If it does, it is considered good practice to pdf any files before sending them on to others. Also, if you are running out of time, you might want to skip this step.



When all folders have been populated, you are ready to submit your whole course.

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## **Terminology**

Please avoid using abbreviations in your documents. The people with diabetes who are involved in reviewing the programme may not be familiar with the terms used.

If you use several abbreviations and are not able to amend them, please consider submitting a list of common abbreviations and their meanings to assist the reviewers.



## **Exercise 3: Submission of files**

The programme must be submitted electronically.

The ordering of files and of individual documents will greatly assist reviewers in the review process.

Please submit your documents to Morag Low (see first page) as separate folders as the whole programme will be too large to submit as one document.

The Educational Lead should prepare a covering document including a template to find information. An example of a template is



<b>Diabetic Footsteps</b>		
<b>Section</b>	<b>Number /name of document</b>	<b>Any Comment:</b>
<b>Philosophy</b>		
Philosophy	Document 1	
Patient involvement in philosophy development	Document 2	
<b>Curriculum</b>		
Educational theory	Document 1	Page 4 of doc1- with references
Curriculum	Document 3	Known as Education support manual / lesson plan
Aims and outcomes	Document 1	Page 4 of doc1
Lesson plan	Document 3	Entire document
Learning activities	Document 3	
Assessment of learning	Document 1	Participant evaluation pg 9 Podiatry questionnaire pg11
<b>Trained educator</b>		
<b>Quality assurance</b>		
Evidence	Document 1 & 4 Supported by scanned peer review documents	
Audit	Patient aspects: Document 4 and Document 1 pg 9 &11  Professional aspects: Document 1 pg 12, 15 & 16	
Curriculum	Date on documents of most recent version	

You are asked to provide evidence that you have met the required elements. Do not submit blank forms e.g. peer review forms. Rather submit an anonymous, summary of completed peer review forms.

**Complete** the form in **Appendix 5** and use the files as your evidence.

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## Exercise 4

Use the APEDS & TAPEDS document to self audit your submission against the Reviewers' Handbook prior to submission.

For a programme to be 'acceptable' it must meet eighty percent (80%) of all the criteria.

**All** sections with an \* must have **evidence** attached to them to meet the requirements for an 'acceptable programme' (Reviewers' Handbook, Appendix 3, page 19).

All other items are best practice and failure to meet these will result in recommendations for the programme.



Here follows an example of how to complete the form for submission.

### **An example of how to complete the form for review**

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## Example

### General Aspects

**Health Board** Name the Board submitting the programme

**Date received**

**Date reviewed**

**Date submitted comments to relevant person**

Name of Programme*	Complete the name of the educational programme		
Name of Educational Lead *	There needs to be one person who has overall responsibility for the programme		
National Course with modification	Yes/ No		
	Details of modification	* It is important that any modifications are noted. It is also important that the original programme name is retained on all records and publicity.	
Intended patient group*	State if this is for adults/children and whether for people with type 1 or type 2 diabetes or both types		
How identify learning needs? *	Self-referral	Referred by professional/other	Other means: please list
<i>Learning needs may be a self referral – the person has asked for specific education; may be referred by a professional e.g. commencing a pump; or it may be other e.g. the person has frequent hypoglycaemia episodes and between the person, the professionals and the family, they all feel that the individual</i>			

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<i>has learning needs.</i>			
Programme participants names submitted*	Yes/No This should be a list of the names of the people who contribute to the programme and should include their professional qualification e.g. RN, Doctor, and their job title e.g. Dietitian, Diabetes Specialist Nurse		
	Professional qualification	Yes/No	Comment
	Job title	Yes/No	Comment
Where educational resources retained*	State where resources for the programme are held – electronically, paper based or a specific location for models etc.		
Accessibility of educational resources*	State how accessible the resources are to everyone contributing to the programme		
<i>The purpose behind this is to ensure that other professionals can access and use this programme. If it is stored on one person's computer that is pass-word protected, it is not accessible. Accessibility is a key aspect.</i>			
Dates of delivered programme *	State if this is monthly, bi-monthly or give the actual dates for the programme over the preceding year.		
Venue*	NHS site	Private sector	Telemedicine
	Patient's home	Other: please list	

## Philosophy of the programme

Philosophy exemplars can be found at Appendix 1

Philosophy present*	Yes/No Signpost reviewers to where they can find the philosophy. Name the electronic document for them.	
Were people with diabetes involved in its development?	Yes/No If possible, include the evidence that people with diabetes were involved in its development.	
	If yes: how?	State where and how they were involved and what the outcome was.
	If no, why not?	It could be that the programme was developed so long ago that patient involvement was not utilized. Alternatively, the record system may not hold this level of detail
Does it support self management? *	Yes/No Signpost reviewers to where they can find the evidence in the electronic files.	
An example from Appendix 1:  <i>People with type 1 diabetes are living with a long term condition. The health care team support individuals holistically to manage their condition emotionally, psychologically and physically. Patient education is driven by patient needs and relevance to the individual with the aims of achieving good diabetes control; minimising the effects of diabetes on their health and well being for the whole of their lives; preventing problems occurring and to live life to its fullest.</i>		
How is it shared?	Signpost reviewers to where they can find the evidence in the electronic files. An example might be: <i>'This can be found in the philosophy, file title 'Diabetes Course: philosophy' and it is shared in the patient handbook, file titled 'Diabetes Course: Course Handbook: page 2' that all patients receive. All speakers are sent the Diabetes Course: Course Handbook document so they are familiar with the philosophy and the course aims and outcomes.'</i>	

## Curriculum

Exemplars can be found at Appendix 2

Educational theory*	Please state what educational theory is used. If possible, include a reference to support the theoretical framework		
Evidence based course content*	Yes/No As far as possible, state how the evidence is kept up to date. For example, it might be that new research guidelines are implemented into the programme and out of date information is removed.		
Aims and outcomes for each session*	Yes/No Signpost the reviewers to these documents. For example: Aims and Learning outcomes can be found in the files: 1. CHO counting 2. Managing hypoglycaemia 3. Exercise		
Lesson plan for each session	Yes/No Signpost where the lesson plans can be found. Name the file and indicate the pathway.		
Appropriate learning activities *	Yes/No Write something about the learning activities: group discussion; practical demonstration; open questioning etc.		
Assessment of learning*	Verbal	Written	Demonstration
	Other: please list:		
	<i>Assessment of learning caused a lot of debate in preparing the APEDS &amp; TAPEDS and Reviewers' Handbook. Some places use questionnaires that are only appropriate if people can read and write. Remember that there are different levels of evaluation of learning (Reviewer's Handbook page 5) and normally, assessment of learning after a course can only address levels 1 and 2. Therefore, assessment might include: observation of a skill e.g. blood glucose testing; deep questioning e.g. what changes do you need to make to meet this target; or it might be developing an action plan as a consequence of learning.</i>		
Resources used*	Please list all resources used to deliver the programme.		

**Trained Educator: to be completed for each person teaching on the programme**

**Trained Educator**

- Educational Leads need to demonstrate how they fulfill competencies 1-12, meeting the requirements identified with an \*.
- and other contributors' competencies 6-12 (page 3, APEDS& TAPEDS document).
- Staff that hold a teaching qualification awarded by a University or College are encouraged to submit a photocopy of their award (Competencies 1-12).
- Staff that has completed the NES 'Train the Trainers' Toolkit' are encouraged to submit a copy of their certificate of attendance (Competencies 1-12).
- Staff who have undertaken training for a national programme e.g. DAFNE or DESMOND will meet the \* sections. Copies of their certificates will suffice for the \* parts.
- Those who do not have any qualification need to consider what evidence they can present to show that they meet the first five sections.

Please note that staff will probably have the required evidence as part of their KSF; peer review of current teaching or quality assurance of current teaching.

Writing a philosophy	Evidence may include: reading relevant textbooks around educational philosophies and theories of education; including people with diabetes in its development; focusing on self management (See APEDS & TAPEDS page 2). A programme that has been delivered for many years may not have an explicit philosophy and so you and your colleagues may need to write one in the light of your knowledge and experience and member check it with course participants. The evidence of how you wrote the philosophy is what needs to be presented.
Writing aims and learning outcome	Evidence may be presented for writing these while undergoing the DAFNE training, for example. Otherwise, this may be evidenced by referring to the Scottish Qualifications Authority Framework ( <a href="http://www.sqa.org.uk">www.sqa.org.uk</a> ) or to

	<p>Bloom's taxonomy: (<a href="http://www.nwlink.com/~donclark/hrd/bloom.html">http://www.nwlink.com/~donclark/hrd/bloom.html</a>). Please also refer to the Reviewers' Handbook, page 4.</p>
Identify training and educational opportunities	<p>This includes training and educational opportunities for staff development as educators. Identify any educational opportunities there has been for staff to attend; what they learned and how this impacted on the programme. It may be, for example, that someone attended a session on how to use PowerPoint more effectively. As a result of this, the PowerPoint presentation was rewritten in a more educationally sound manner.</p> <p>The programme itself may be a training and educational opportunity for others. If this is the case, present a letter or email or such demonstrating how the programme has met someone's developmental needs.</p>
Identify patient and carers learning and development needs	<p>Provide evidence to show how you find out what people want to know. This may be through a verbal request by the patient; a referral from a member of the health care team; as a result of a medical emergency; as a consequence of a change in life. While it may be verbal, write down an example (anonymous if you wish) of someone's learning and development needs.</p>
Develop educational session	<p>Provide the evidence of a session that you have developed: the lesson plan and how you use resources to support teaching. Signpost where this can be found in your electronic files.</p>
Deliver educational session*	<p>You could submit a peer review report (Appendix 3) of one of your teaching sessions to support this. You could also submit the outline of a session that you have delivered with comments on it to show what went well and what did not go so well. This could be cross referenced as part of your reflection on practice. Signpost it in your electronic files for reviewers to find easily.</p>
Prepare and use visual aids*	<p>You could evidence this by presenting a visual aid that you have developed. Signpost it in your electronic files for reviewers to find easily.</p>
Teach a skill*	<p>You could submit a peer review report (Appendix 3) of one of your teaching sessions to support this. Signpost it in your electronic files for reviewers to find easily.</p>
Manage group	<p>You could submit a peer review report of one of your teaching sessions to support this or a reflection on practice</p>

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education*	(Appendix 3). Signpost it in your electronic files for reviewers to find easily.	
Evaluate learning*	You could submit a peer review report of one of your teaching sessions to support this. You could also cross refer to some of the evaluation tools that are used for your programme.	
Improve learning and development provision*	You could submit a peer review report of one of your teaching sessions to support this or a reflection on practice. Signpost it in your electronic files for reviewers to find easily.	
Develop own learning abilities*	You could submit a peer review report of one of your teaching sessions to support this or a reflection on practice. Identify any specific additional learning that you have undertaken in developing your own abilities to teach others. Signpost it in your electronic files for reviewers to find easily.	
Evidence of additional skills	You could submit a certificate of any courses that you have attended with a short report on how you have integrated this into your educational programme. Signpost it in your electronic files for reviewers to find easily.	
Is mentorship required?	Yes/No	
	Mentorship is recommended if an educator is new into their role.	
	If yes, what is the evidence? *	A completed form on mentoring someone may be anonymised and submitted as evidence. Guidance on mentoring can be found at:  <a href="http://www.workforceplanning.scot.nhs.uk/media/10883/scotland%20-%20guidance%20series%20-%20mentoring%20framework%20(spreads)%20v2.pdf">http://www.workforceplanning.scot.nhs.uk/media/10883/scotland%20-%20guidance%20series%20-%20mentoring%20framework%20(spreads)%20v2.pdf</a>
Any further evidence?	This refers to not only the additional skills identified in the APEDS & TAPEDS, page 4 but any additional skills or experience that could be taken into consideration that makes you a trained educator.	

## Quality Assurance

There may be some overlap in documentation for quality assurance and audit. Use signposting to assist reviewers' to find the specific evidence that you have provided. You are encouraged to cross reference your evidence so that documents submitted for one aspect can also be used for other.

Appendix 4 provides some examples.

How are records retained of patient education? *	Written/ Electronic/Both	
Where are records retained of patient education? *	Detail the various places where records are kept. If you write letters etc. to health care professionals about someone's care, please submit an anonymous letter as evidence.	
Have any patient evaluation forms been submitted?	Yes/No	
	If Yes: what is overall summary? *	Please provide an anonymous form with collated responses rather than just writing what has been said.
What evidence has been submitted on peer review/ evaluations to teach others? *	This may be a completed form for peer evaluation or an evaluation form for participants to complete.	
What is the summary of peer review etc *	It would be helpful to provide a completed form rather than just write summary here. Signpost it in your electronic files for reviewers to find easily.	

## Audit: Patient aspects

Is quality of life assessed?	Yes/No	
	If yes: how*	Please detail how this is done and submit any associated paperwork
What action is taken after Quality of Life assessment? *	Detail what action you would take and if this includes any referral forms, please submit these.	
What attempts made to continually assess patients' knowledge and skills pre and post?	Evidence for this may include verbal questioning; observation of behaviours and skills; measuring clinical parameters etc.	
Is confidence to change behaviour assessed?	Yes/No	
	If Yes: how? *	Evidence for this may be from evaluation forms or verbal questioning. If forms are used, please submit a completed one for review.
Is behaviour change assessed?	Yes/No	
	If Yes, how? *	Evidence for this may be from evaluation forms or verbal questioning. If forms are used, please submit a completed one for review.
Is self management assessed?	Yes/No	
	If Yes, how? *	Evidence for this may be from evaluation forms or verbal questioning. If forms are used, please submit a completed one for review.
How are participants views of the	This may be through team discussion after the event. Evidence for this may be a form but please submit a completed one for review. You may anonymise it if	

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programme captured? *	you wish.
What actions are taken in light of the reviews? *	Detail what actions would be taken as a result of the evaluation. If, for example, more time was given to one subject as opposed to another, submit the old timetable (with its dates) and a copy of the new timetable (with its dates) as evidence.

### **Audit: Professional aspects**

How are educators evaluated by participants? *	If evaluation forms are used, submit a completed form rather than a blank one. Signpost where this can be found in your electronic submission	
Is peer review undertaken?	Yes/No	
	If Yes, How? *	If forms are used, submit a completed form and indicate how it would be used.
	If No, why not?	Detail why you do not undertake peer review.
Is there evidence of self reflection? *	Yes/No	
	If Yes, How? *	If forms are used, submit a completed form and indicate how it would be used.
	If No, why not?	Detail why you do not undertake self reflection.

### **Audit: Organisational aspects**

Number of people invited to attend*	Detail the number of people who are invited to attend each programme
Number who attended at	Detail the number of people who attend at the start of the programme over one calendar year (detail the

the start*	years) if possible.	
Number who completed*	Detail the number of people who completed the programme over the same calendar year (detail the years) if possible.	
Any accessibility issues identified?	Yes/No	
	If yes, what were they?	This may include physical issues e.g. the room was changed and was now upstairs and there was no lift; literacy and language issues e.g. a group attended who could not read nor write and for whom English was not their first language and this was unknown prior to the programme commencing.
Date of last review of curriculum and is this within the last 2 years? *	Date:  Yes/No	

## Appendix 1: Philosophy Exemplars

### **Dose Adjustment for Normal Eating (DAFNE) Mission Statement**

Our vision is to improve outcomes for people with Type 1 diabetes through high quality structured education which is embedded in the Health Service.

We will use the DAFNE programme, including the DAFNE Educator Programme (DEP), DAFNE Doctor Programme (DDP), DAFNE Advisor Programme (DAP), Peer Review, Quality Assurance (QA) and audit as a framework in which to develop this patient centered model of care. We will continue to improve and develop DAFNE through Research and Development (R&D) and collaboration with other groups, to understand the determinants of success.

### **Diabetes Education Self Management Ongoing and Newly Diagnosed (DESMOND)**

The DESMOND Philosophy and Principles:

To summarise the DESMOND philosophy and principles – The DESMOND modules are developed to assist people with, or at risk of Type 2 diabetes to:

- Reflect on their current thoughts and feelings about their diabetes or risk of diabetes and its impact on their lives
- Actively consider the health risks they face and
- Work towards setting realistic short-term behavioural goals for themselves

To this end all modules are interactive and non-didactic, and those trained have an impact on the process of reflection as well as providing content information.

### **NHS FIFE Diabetes Footsteps: Philosophy**

People with diabetes are living with a long term condition and the needs will change over time and hence people need to engage in learning . People are required to self-manage their diabetes and their own footcare as well as attending for podiatry care to prevent, early detect and to treat any foot problems.

Using the Health Belief Model, Podiatrists facilitate patients' learning about footcare in conjunction with the needs and desires of the patients themselves. Learning is therefore needs driven to increase patients' self efficacy to self manage and to change their behaviour to accommodate self managed foot care into their daily lives.



## **NHS FIFE Patient friendly philosophy for Diabetes Footsteps**

We recognize that you are living with a long term condition and that your health care needs will change over time and so we need to keep learning together. You are asked to manage your own diabetes including your feet, with support from the health care team. The reason you are asked to look after your feet is to prevent any problems happening, to pick up early if you have any problems and to treat any problems that you may have.

The podiatrist is here to help you learn how best to look after your feet. You are encouraged to ask questions of the podiatrist to fit with your own needs and how this applies to your lifestyle. You will be encouraged to think about what you need to change in your lifestyle to ensure that you look after your feet as well as you can.



## **NHS Western Isles Type 1 at diagnosis (WIDE 1): Philosophy**

People with type 1 diabetes are living with a long term condition. The health care team support individuals holistically to manage their condition emotionally, psychologically and physically. Patient education is driven by patient needs and relevance to the individual with the aims of achieving good diabetes control; minimising the effects of diabetes on their health and well being for the whole of their lives; preventing problems occurring and to live life to its fullest



## **NHS Western Isles Type 2 at diagnosis (WIDE 2): Philosophy**

People with type 2 diabetes are living with a long term condition. The health care team support individuals holistically within their family context to manage their condition emotionally, psychologically and physically. The health care professional facilitates patient learning and adaptation of behaviours to adopt healthy eating and healthy lifestyles. Patients are empowered to self manage their diabetes. Patient education is driven by patient needs and relevance to the individual with the aims of achieving good diabetes control; minimising the effects

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of diabetes on their health and well being for the whole of their lives; preventing problems occurring and to live life to its fullest



### **NHS Lothian RECLAIM: Philosophy**

Patients with type 1 or type 2 diabetes engage in partnership with their healthcare professionals to actively increase their understanding around carbohydrate counting and insulin management to further self manage their diabetes by changing their behaviour and so improve their diabetes control.



### **Forth Valley: NewDeal**

Diabetes Mellitus is a complex condition, which is affected by, and can affect almost all daily activity. Each day, numerous decisions (around the taking of insulin, food choices and activity) are required and these decisions are made by the person with diabetes.

People with Type 1 diabetes require knowledge and skills to allow them to make appropriate decisions. Education should enable them to understand the effects of their lifestyle on their diabetes, and vice versa, so they have the ability to adjust their treatments to allow them to lead the lifestyle of their choice whilst maintaining good blood glucose control. Our education programme uses an approach which treats the person as an individual, which is respectful of their health beliefs, and which is supportive, consistent, and non-judgmental. It should be open to anyone who wishes to take part and be accessible to all styles of learning.

## Appendix 2: Curriculum, Aims and Learning Outcomes

### Exemplars of Curriculum, Aims and Learning Outcomes



#### **Forth Valley: NewDEAL**

##### **Aims**

NewDEAL is a structured education programme for people with Type 1 diabetes who manage their condition with multiple daily injections.

It is delivered in 4 day-long sessions over 4 weeks, ensuring that each participant has the opportunity to put their learning into practice between each session and discuss their experience with the group.

Each participant has the opportunity, by the end of the course, to learn the knowledge and skills required to support appropriate self-care behaviours.

##### **Learning theories**

NewDEAL employs Social Learning Theory which encourages self-efficacy in the following ways:

- Mastery experience – where the person learns by trying something and observing the response e.g. the person uses an insulin: carbohydrate ratio and tests and notes the effect on blood glucose levels
- Vicarious experience – where the person is able to learn or problem solve using the experience of others
- Verbal persuasion (action planning) – where the educator helps participants to identify their own issues and find their own solutions by asking appropriate questions rather than providing the solution.
- Emotion management – where the educator helps participants to identify and explain their emotions relating to their condition e.g. exploring the worries of an individual who chooses to have high blood glucose levels through fear of hypoglycaemia.

**Ayrshire & Arran Type 2 MCN Diabetes Education Session**  
**Diet & Diabetes**



General Session

Introduction Led	What is diabetes?	15mins	Nurse
Workshops	1. Diabetes Nurses 2. Dietitians 3. Podiatry (Participants will rotate to all 3 workshops)	40mins 40 mins 40mins	
Close	To include screening & annual review	15 mins	

When booking in for the session patients will be asked if they have any questions. You should get this beforehand to allow the topics to be covered at a suitable time within the workshops.

Try to include group discussion (questions & answers) where possible, however try not to allow one person to take over.

Workshop numbers will be limited to no more than 12 people per group.

Set up on arrival at room prior to group starting - if possible table in the middle with chairs round about and set up eat well plate, food models & labels\*. Have leaflets\* available to be picked up at the end (the MCN will bring these with them).

**\*see teaching notes for food models/labels & leaflets that will be available**

## Diet & Diabetes Workshop

At the end of the session the participants should be aware of the following

- The importance of healthy eating for diabetes
- The different food groups
- Recommended portion sizes for Fruit & Vegetables and Carbohydrate Foods
- How to follow a low sugar diet
- The importance of following a low fat diet

Time	Task/Activity	Resources	Learning Outcome
1 min	<u>Introduction</u> Introduce yourself & explain for individual advice there is a dietitian currently attached to each GP practice. Those attending should have been offered either a 1:1 appointment or an invitation to conversation map. If not should speak to GP or Practice Nurse for referral.		Participants are aware how to access individual advice
3 mins	Ask group what dietary advice they've been given - make note on flipchart. Answers should include: low sugar, low fat, regular meals, high fibre, starchy foods, increase fruit and vegetables, low salt, lose weight, increase activity.	Flipchart	Participants will be aware of the general dietary advice for diabetes
Time	Task/Activity	Resources	Learning Outcome
1 min	<u>Eat Well Plate</u> Have food models in the correct food groups prior to the group starting.	Eat Well Mat Food Models	For participants to be aware of the 5 food groups

5 mins	<p>Mention each of the five food groups &amp; will take each one in turn to discuss in more detail. Explain that some foods may fit into a few different groups e.g. lasagna</p> <p><u>Carbohydrate Foods</u> Discuss with group the importance of having a food containing starchy carbohydrate at each meal. Discuss:</p> <ul style="list-style-type: none"> <li>- Portion Sizes</li> <li>- Higher Fibre</li> <li>- The addition of fats &amp; sugars which increase the calorie content - butter on bread, potatoes etc, chips</li> </ul> <p>Importance of having regular meals and not skipping breakfast.</p> <p><b>*see teaching note for Glycaemic Index if asked a question or brought up in discussion*</b></p>	Food Models & Labels of Carbohydrate Foods	For participants to know the benefit of carbohydrate foods and have an understanding of the best options to choose
5 mins	<p><u>Fruit &amp; Vegetables</u> Discuss the recommendations for fruit and veg - mixture of 5/day Discuss:</p> <ul style="list-style-type: none"> <li>- What's a portion? (use food models for visualization) - apple, grapes, fruit juice, salad, veg etc</li> <li>- Tinned/Fresh/Frozen/Dried/Juice</li> </ul>	Food Models of Fruit & Vegetables  Fruit & Vegetable Bookmarks	For participants to know the recommendations and the benefits of fruit and vegetables,

3 mins	<ul style="list-style-type: none"> <li>- Vegetable soup</li> <li>- Benefits of Fruit &amp; Veg (antioxidants, calories, fibre etc. )</li> </ul> <p><u>Protein</u> Discuss with the group:</p> <ul style="list-style-type: none"> <li>- Low fat options</li> <li>- Trimming fat off meat</li> <li>- Beans/Pulses - also count as portion of veg.</li> <li>- Oily fish recommendation</li> </ul> <p>(general population fish 2x week, 1of which oily. Diabetes - 2 oily fish/week. No fish oil supplements) <b>*see teaching note for further info on fish oils*</b></p>	Food Models/Lab els of Protein Foods	For participants to be aware of protein foods
3 mins	<p><u>Milk and Dairy</u> Discuss with group:</p> <ul style="list-style-type: none"> <li>- Low fat options</li> <li>- Portion size of cheese/yoghurt/milk</li> <li>- Sugar content of some yoghurts</li> </ul>	Food Models/labe ls of Milk & Dairy Foods	For participants to be aware of healthy options within the milk & dairy food group.
5 mins	<p><u>Fats &amp; Sugars</u> Discuss with group to keep these foods to a minimum. Contain a lot of empty calories &amp; if trying to lose weight, can contribute significantly to calorie intake. Discuss</p>	Food Models/Lab els Cakes/biscu its Sweets/cho	For participants to be aware of foods which are high in fat &/or sugar. To have a knowledge of the best kind of dietary

<p>5 mins</p>	<ul style="list-style-type: none"> <li>- Cakes &amp; biscuits - limiting snacks if trying to lose weight -generally don't need to have snacks for diabetic medications. Be careful of foods that are marketed as "light/low fat" biscuits, cereal bars</li> <li>- Sweets &amp; Chocolates- try to limit. Don't recommend diabetic chocolate - side effects, expense</li> <li>- Drinks - sugar free/diet drinks. Avoid sugary drinks - coke, lemonade, lucozade/glucose drinks, high caffeine drinks. Check label for sugar content</li> <li>- Reduced sugar jams, have small spread of regular jam</li> <li>- Low fat/low sugar puddings</li> <li>- Butters/Spreads/Oils - discuss the different kinds of fats &amp; that all fats are energy dense. Discuss the monounsaturated fats &amp; the sources of these.</li> </ul> <p><b><u>Weight Reduction</u></b> Discuss energy balance. The recommendations for weight</p>	<p>colate Drink cartons Butters/Spr eads/Oils</p> <p>Leaflet - cut it out, cut it down</p>	<p>fat.</p> <p>For participants to be aware of the benefits of moderate weight</p>
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	<p>reduction: 5 - 10% of body weight &amp; the benefits of this - reduced blood glucose, blood pressure, blood lipids. Examples of small changes.</p> <p>If change from <math>\frac{1}{2}</math> pint of Full Cream Milk - Semi-Skimmed could lose 5lbs in 1yr.</p> <p>If cut out 2tspns sugar in 6 cups of tea/coffee could lose 1<sup>st</sup>8lbs in 1yr.</p>		loss.
3 mins	<p><b><u>Alcohol</u></b></p> <p>Discuss current recommendations for alcohol - including recommended intake - what's in a unit, calorific values, home &amp; restaurant measures, size of wine glass.</p> <p><b>*see teaching note for units &amp; calories of popular drinks*</b></p>	<p>Leaflet available</p> <p>Packaging for glass of wine/bottle of beer</p>	For participants to be aware of the recommendations for alcohol intake
2 mins	<p><b><u>Salt</u></b></p> <p>Discuss recommendations, ways to reduce salt &amp; benefits associated with reducing salt intake. Don't recommend LoSalt.</p>	<p>Product labels of high salt foods</p>	For participants to be aware of the recommendations for salt intake, the benefits of reducing this & tips on how to achieve this
5 mins	<p><b><u>Food Labels</u></b></p> <p>Discuss with the group what they are checking food labels for. Give out food labels for participants to compare. Highlight the "What's a little, what's a lot" poster. Ask</p>	<p>Food Label Poster</p> <p>DUK Food Label resources.</p> <p>Laminated</p>	For participants to know what to look for when checking food labels & be able to use this to make healthier food

<p>3 mins</p>	<p>who wants to read out the label they have - discuss low fat/high sugar, low sugar/high fat.</p> <p><b><u>Close</u></b>  Cover any questions that the group might have that have not already been covered throughout the session. Identify where can get further information</p> <ul style="list-style-type: none"> <li>- Session with local dietitian*</li> <li>- Practice Nurse</li> <li>- Diabetes UK website</li> <li>- My Diabetes My Way website</li> <li>- Local diabetes support group</li> <li>- Any others you know of</li> </ul> <p><b>*check what's happening in your local area may be individual or group education*</b></p>	<p>food labels to discuss</p> <p>Leaflets available -  Healthy Living with Type 2 diabetes</p>	<p>choices.</p> <p>For participants to be aware of where they can access further information.</p>
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## **WIDE 2: Educational programme for people at diagnosis of type 2 diabetes and for the first 3 months**

### **Aim**

To promote self care management through patient led education and support from the health care team.

### **Learning outcomes**

**After three months of diagnosis patients will be able to:**

1. Describe what is a healthy diet and make adjustments to their diet to aim for optimum weight
2. Describe the benefits of exercise in relation to diabetes and actively participate in exercise
3. Relate the importance of adherence with all recommended treatment, diet and follow up appointments to diabetes self management
4. Actively participate in behaviour change, if necessary, to reduce the risks of diabetes related complications
5. Identify both hypoglycaemia and hyperglycaemia and know what actions to take
6. Demonstrate confidence in own self management.

People with type 2 diabetes are routinely referred to the Dietitian and Podiatrist who for education, assessment and support. Retinal screening is undertaken locally and reported on a national basis.

As education is undertaken on a 1:1 basis and patient led, there is no formal order to each learning session. Aims and learning outcomes with indicative content are detailed below that will be addressed in a timely manner.

**Aim: Patients will understand the importance of diet in the management of diabetes**

### **Learning outcomes**

After practice, experience and learning, patients will:

1. Identify the five food groups and the healthy proportions as described in the "Eat Well Plate".

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2. Identify different nutrients within foods.
3. Identify the effect of the different nutrients on blood glucose levels.
4. Identify the different types of carbohydrate.
5. Describe the importance of regular meals containing starchy carbohydrate and practice the same.
6. Describe the importance of weight management including the role of diet, portion control and exercise and work towards integrating these into their lifestyle.

**Aim: Patients will consolidate their understanding of diet in the management of diabetes**

### **Learning outcomes**

After practice, experience and learning, patients will:

1. Avoid diabetic products and be able to explain the rationale for doing this.
2. Identify foods which contain fats; the different types of fat and benefits of decreasing foods containing saturated fat and increasing foods containing mono or poly unsaturated fats.
3. Describe the effects of alcohol on health, including weight and blood glucose levels, and aim to incorporate this knowledge into their lifestyle.
4. Identify sources of, and foods with, a high salt content and aim to avoid them.

Further curriculum examples can be found on the Diabetes Education Network website at:

<http://diabetes-education.net/index.php?link=curriculum>

## **Appendix 3: Trained Educator**

### **Self assessment tool for Diabetes Education Programme**

This form should be completed after every course and then filed in your personal profile

Name of Educator:

Date of Course:

Number of people in group:

Male/female ratio:

Age range of group:

1. What do you think went well?

2. What do you think could be improved?

3. Suggestions for next / future course

DEN Self assessment Tool: August 2007

[http://diabetes-education.net/pdf/audit/self\\_assessment\\_tool.pdf](http://diabetes-education.net/pdf/audit/self_assessment_tool.pdf)

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## **Tools for reflection**

Flying Start, the programme for newly qualified nurses, midwives and allied health professionals identifies different reflective frameworks that can be used.

<http://www.flyingstart.scot.nhs.uk/learning-programmes/reflective-practice/>

The Effective Practitioner website for recording Learning and Development also has a framework for reflection.

<http://www.effectivepractitioner.nes.scot.nhs.uk/learning-and-development/recording-learning-and-development.aspx>



**Diabetes Patient Education Session, 21/09/2006  
Day Ward, Davidson Cottage Hospital, Girvan**

*Please complete the following questionnaire to help us evaluate this Diabetes Education Session. Please be as honest as possible when completing this questionnaire in order that we may accurately assess the effectiveness of this education session.*

---

1. How would you rate the overall content of the presentations?

Excellent       Good       Average       Poor

*Please Comment*

---

2. How did you find the length of the presentations?

Too Long       Just Right       Too Short

*Please Comment*

---

3. How would you rate the overall amount of information given to you during the diabetes education session?

Too Much       Just Right       Not Enough

*Please Comment*

---

4. Are there any other topics that you would like to have covered at the diabetes education session?

Yes       No

*Please Comment*

---

5. How would you rate the venue chosen for the education session?

Excellent       Good       Average       Poor

*Please Comment*

---

6. Was the time of the education session suitable?

Yes       No

If no, when would be the best time to hold this type of session in the future?

Morning       Afternoon       Evening

*Please Comment*

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7. Overall, did you enjoy the diabetes patient education session?

Yes       No

What are the two main things you learned from the education session?

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8. Would you be interested in attending future diabetes education sessions?

Yes       No

Can we send diabetes information to your home address in the future?

Yes       No

**If yes, please write your name and address below**

- 
- 9. Please feel free to make any other comments or suggestions that you may have.**

---

**Thank you for taking the time to complete this questionnaire.**

## Diabetes Education Session



Please complete the following questionnaire to help us evaluate your education session. Please be as honest as possible in order that we may assess the effectiveness of this education session.

**1. How would you rate the overall content of the presentations?**

Excellent                       Good                       Average                       Poor

**Please comment:** \_\_\_\_\_

**2. How would you rate the overall amount of information given to you during the diabetes education session?**

Too much                       Just right                       Not enough

**Please comment:** \_\_\_\_\_

**3. List 2 new things you learned from the education session?**

**a)** \_\_\_\_\_

**b)** \_\_\_\_\_

**4. What was missing from the session?**

**Please comment:** \_\_\_\_\_

**5. Can we send diabetes information to your home address in the future?**

Yes                       No

**Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**6. Please feel free to make any other comments or suggestions that you may have:**

---

**Thank you for taking the time to complete this questionnaire.**



## Appendix 5

### Form to complete for Assessment of Patient Education in Diabetes in Scotland (APEDS)

#### General Aspects

**Health Board**

**Date received**

**Date reviewed**

**Date submitted comments to relevant person**

<b>1 *</b>	Name of Programme*			
<b>2 *</b>	Name of Educational Lead *			
	National Course with modifications	Yes/ No		
<b>3 *</b>		Details of modifications	*	
<b>4 *</b>	Intended patient group*			
<b>5 *</b>	How identify learning needs? *	Self-referral	Referred by professional/other	Other means: please list
<b>6 *</b>	Programme participants names submitted*	Yes/No		
		Professional qualification	Yes/No	Comment
		Job title	Yes/No	Comment
<b>7 *</b>	Where educational			

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	resources retained*			
<b>8 *</b>	Accessibility of educational resources*			
<b>9 *</b>	Dates of delivered programme *			
<b>10 *</b>	Venue*	NHS site	Private sector	Telemedicine
		Patient's home	Other: please list	

### Philosophy of the programme

<b>11 *</b>	Philosophy present*	Yes/No		
	Were people with diabetes involved in its development?	Yes/No		
		If yes: how?		
		If no, why not?		
<b>12 *</b>	Does it support self management? *	Yes/No		
	How is it shared?			

### Curriculum

<b>13 *</b>	Educational theory*			
<b>14 *</b>	Evidence based course content*	Yes/No		
<b>15 *</b>	Aims and	Yes/No		

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	outcomes for each session*			
	Lesson plan for each session	Yes/No		
<b>16 *</b>	Appropriate learning activities *	Yes/No		
<b>17 *</b>	Assessment of learning*	Verbal	Written	Demonstration
		Other: please list:		
<b>18 *</b>	Resources used*			

**Trained Educator: to be completed for each person teaching on the programme**

	Writing a philosophy			
	Writing aims and learning outcomes			
	Identify training and educational opportunities			
	Identify patient and carers learning and development needs			
	Develop educational session			
<b>19 *</b>	Deliver educational session*			

<b>20 *</b>	Prepare and use visual aids*			
<b>21 *</b>	Teach a skill*			
<b>22 *</b>	Manage group education*			
<b>23 *</b>	Evaluate learning*			
<b>24 *</b>	Improve learning and development provision*			
<b>25 *</b>	Develop own learning abilities*			
	Evidence of additional skills			
	Is mentorship required?	Yes/No		
<b>26 *</b>		If yes, what is the evidence? *		
	Any further evidence?			

### Quality Assurance

<b>27 *</b>	How are records retained of patient education? *	Written/ Electronic/Both
<b>28 *</b>	Where are records retained of patient education? *	

	Have any patient evaluation forms been submitted?	Yes/No	
<b>29 *</b>		If Yes: what is overall summary? *	
<b>30 *</b>	What evidence has been submitted on peer review/ evaluations to teach others? *		
<b>31 *</b>	What is the summary of peer review etc *		

### **Audit: Patient aspects**

	Is quality of life assessed?	Yes/No	
<b>32 *</b>		If yes: how*	
<b>33 *</b>	What action is taken after QoL assessment? *		
	What attempts made to continually assess patients' knowledge and skills pre and post?		

	Is confidence to change behaviour assessed?	Yes/No	
<b>34 *</b>		If Yes: how? *	
	Is behaviour change assessed?	Yes/No	
<b>35 *</b>		If Yes, how? *	
	Is self management assessed?		
<b>36 *</b>		If Yes, how? *	
<b>37 *</b>	How are participants views of the programme captured? *		
<b>38 *</b>	What actions are taken in light of the reviews? *		

### **Audit: Professional aspects**

<b>39 *</b>	How are educators evaluated by participants? *		
	Is peer review undertaken?	Yes/No	
<b>40 *</b>		If Yes, How? *	
		If No, why not?	
<b>41 *</b>	Is there	Yes/No	

	evidence of self reflection? *		
<b>42 *</b>		If Yes, How? *	
		If No, why not?	

### **Audit: Organisational aspects**

<b>43 *</b>	Number of people invited to attend*		
<b>44 *</b>	Number who attended at the start*		
<b>45 *</b>	Number who completed*		
	Any accessibility issues identified?	Yes/No	
		If yes, what were they?	
<b>46 *</b>	Date of last review of curriculum and is this within the last 2 years? *	Date:  Yes/No	

***Very best wishes with your submission***