



American Association
of Diabetes Educators

DSMES Curriculum Design: Connecting the Dots

WEBINAR FOR DEAP QUALITY COORDINATORS

MARCH 19, 2019

1.0 CEU

Presenters



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Learning Objectives

1. Describe the essential components of a curriculum tailored to the demographic and cultural needs of the target population and practice environment.
2. Describe the content design, delivery options of an evidence-based curriculum.
3. Describe how to integrate the new content areas from the 2017 national DSMES standards into current curriculum.
4. State resources available and outline the next steps.

Welcome and Introduction

- Why talk about curriculum?
- Stories from the field-DEAP

STANDARD 6 Curriculum

The components of this standard include:

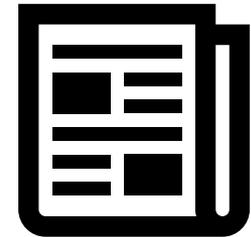
1. Documentation (such as a picture of the cover of a published curriculum) of an evidence-based curriculum including title, publication date
 - a. If not a purchased publication, must have references to reflect current evidence and practice guidelines, and cultural appropriateness for population served
 - b. Content of curriculum should cover the following areas at a minimum:
 - i. Pathophysiology and treatment options
 - ii. Health eating
 - iii. Physical activity
 - iv. Medication usage
 - v. Monitoring, including pattern management
 - vi. Preventing, detecting, and treating acute complications
 1. Hypoglycemia
 2. Hyperglycemia
 3. DKA
 4. Sick days
 5. Severe weather or crisis supply management
 - vii. Preventing, detecting, and treating chronic complications
 1. Immunizations
 2. Eye
 3. Foot
 4. Dental
 5. Kidneys
 - c. Healthy coping
 - d. Problem solving:
2. Policy regarding how the curriculum:
 - a. will be used/adapted to learning style preferences and patient-centered experience-based delivery
 - b. Will be delivered based on the individual assessment and education plan that is collaboratively developed with the participant
 - c. Will be tailored to match an individual's age, developmental stage, type of diabetes, culture, health literacy and numeracy, and comorbidities
 - d. Will be supplemented with appropriate resources and supporting educational materials that are dynamic (are updated on an ongoing basis)

National Standard	Essential Highlights	Interpretive Guidance	Checklist
<p>Standard 6: Curriculum</p> <p><i>A curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcomes, will serve as the framework for the provision of DSMEs. The needs of the individual participant will determine which elements of the curriculum are required.</i></p>	<p>The curriculum is the evidence-based foundation from which the appropriate content is drawn to build an individualized education plan based on each participant's concerns and needs.</p> <p>The following core content areas demonstrate successful outcomes and must be reviewed to determine which are applicable to the participant:</p> <ul style="list-style-type: none"> -preventing, detecting and treating chronic complications; (including immunizations and preventive eye, foot, dental, and renal examinations as indicated per the individual participant's duration of diabetes and health status), healthy coping with psychosocial issues and concerns, problem solving. <p>The curriculum must be supplemented with appropriate resources and supporting educational materials and must be dynamic.</p> <p>It is crucial that the content be tailored to match individual's needs and be adapted as necessary for age, developmental stage, type of diabetes, cultural factors, health literacy and numeracy, and comorbidities.</p>	<p>Standard six specifies the type of curriculum and how it will be utilized to meet the participants' needs.</p> <p>Curriculum</p> <p>Adaptation of the curriculum must also take into account learning style preferences and may involve practical problem-solving approaches.</p> <p>Creative, patient-centered, experience-based delivery methods—beyond the mere acquisition of knowledge—are effective for supporting informed decision-making and meaningful behavior change and addressing psychosocial concerns. Approaches to education that are interactive and patient-centered have been shown to be most effective.</p> <p>An education plan based on the individual assessment will determine which elements of the curriculum are required for each participant.</p> <p>Core Content Areas (Type 1 & 2, GDM, secondary, pregnancy complicated by diabetes) in the following topic areas:</p> <ul style="list-style-type: none"> • Pathophysiology and treatment options • Healthy eating • Physical activity • Medication usage • Monitoring, including pattern management • Preventing, detecting and treating acute (hypo/hyper, DKA, sick days, severe weather or crisis supply management) and chronic complications (immunizations, eye, foot, dental, exams and kidney function testing as indicated) • Healthy coping • Problem solving 	<p>19. Documentation of an evidence-based curriculum that is reviewed at least annually and updated as appropriate to reflect current evidence, practice guidelines and cultural appropriateness (see Interpretive Guidance for core content areas).</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

Essential Components of a Curriculum
Carole' Mensing

Curriculum

- A written curriculum--*AKA: A substitute teacher's plan*
- Measurable learning goals*
- Reflects current practice, evidence-based
- A written set of lesson plans, guiding instructors
- Delivery of consistent information



• *Std 6- NSDSMES- 2017

Some (deep) thoughts about Curriculums

It's... a framework- the content remains the same,
the teacher/instructor style and examples may
vary

It's not... Paper work- becomes a reference for the team

Supplement with resources- be "DYNAMIC"

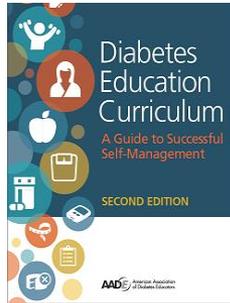
"Patient/person centered"

DEAP- Interpretive Guidance tool



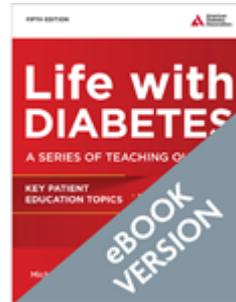
Examples of standardized Curriculums

AADE:



Also eBook version

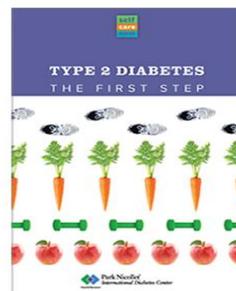
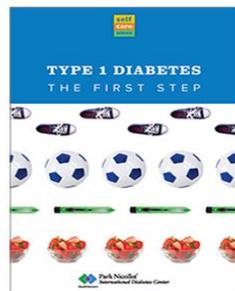
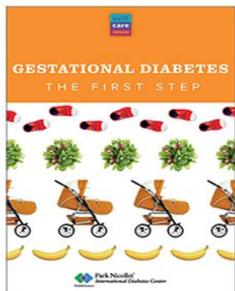
ADA:



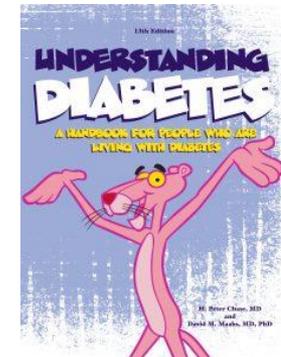
Conversation Maps:



IDC:



Pink Panther:



Poll Q # 1

Identify the primary curriculum in use at your organization

Select all that apply

A) AADE

B) ADA

C) IDC

D) Conversation Maps

E) Pink Panther

F) Created our own

G) Other...

What makes these work?



- Target population, specialty needs, ages
- Languages, economics
- Culturally appropriate, language appropriate
- Instructor capabilities, preferences, etc.

Assessment

- Target population
 - Published Population health data
 - Community needs
 - Your Target Population
- Practice environment
 - Local standards
- Individual
 - Preferences, previous knowledge
 - Medical regime, availability , etc.

Assessment: Health Literacy-Screening Questions

- How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?
 - Never
 - Sometimes
 - Always
- How confident are you filling out medical forms by yourself?
 - Not at all
 - A little confident
 - Confident

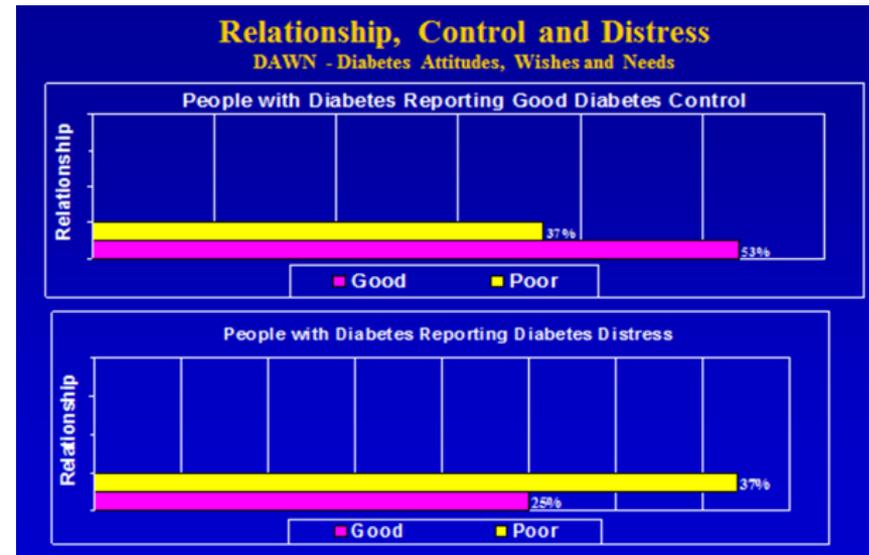


Assessing Health Literacy

- *Health Literacy from A to Z: Practical Ways to Communicate Your Health Message*, Second edition
 - Helen Osborne, Jones & Bartlett Learning, Burlington, MA, 2011
- *Health Literacy and Patient Safety: Help Patients Understand: Manual for Clinicians*, 2nd Edition
 - Weiss B; AMA Foundation and American Medical Association
- *Physician ToolKit: A Resource for Implementing Cross-Cultural Clinical Practice Guidelines*
 - UMASS, MassHealth; March 2004
- *Assessing the Nation's Health Literacy*
 - AMA Foundation, 2008

Assessment: Distress, vs clinical Depression

1. Assumes a normal reaction to diabetes vs. psychiatric disorder
2. Implies etiology defined by the context of diabetes vs. presence of symptoms irrespective of cause
3. Focuses on the source of distress vs. classifying symptoms
4. Emphasizes content-related, specific interventions vs. collection of symptoms irrespective of treatment



Educational Plan

Assessment- health, style, literacy, history of diabetes information interest, age, clinical management, etc.

→ **Intervention**- plan, develop, implement, based on clinical management, educational needs
ex: Attend full education program, focus on....
Complete insulin Initiation Series, etc.....

→ **Reassess**- progress, achievement, next steps



→ **Continued** Support Plan- current status, follow up in community, etc.....

In Summary: Curriculum/teaching plans

- Curriculum / teaching plans
 - Elements of a curriculum
 - Content
 - Methods
 - Recommended instructor tips, demos
 - Purpose of teaching plans
 - Continuity across instructors
 - Road map for “substitute teachers”



Content Design and Updates
Barb Schreiner

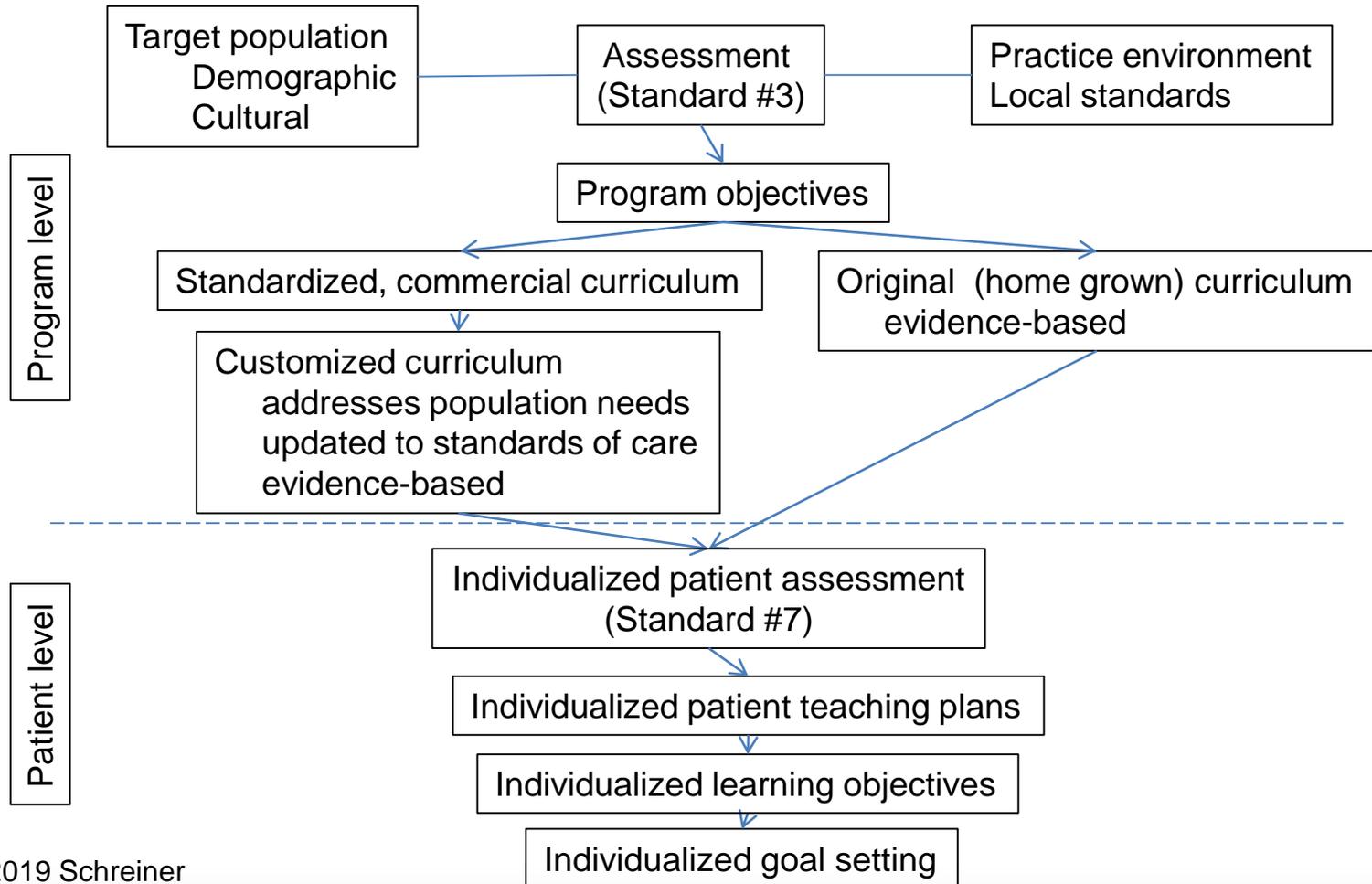
Poll Q #2

How do you keep up with curriculum changes?

Select all that apply

- a) Planned review each year
- b) Advisory committee participates
- c) Instructors do update
- d) Coordinator completes update
- e) Incorporate ADA standards each year
- f) Update when medical director advises

Model for curriculum design



Adapting a standardized curriculum

- It is all about linkages
- Content based on assessment
- Culturally appropriate based on target population
- Language appropriate based on target population

Elements of a curriculum

- Reflects current evidence and practice guidelines
- Aligned with community and population needs
- Aligned to program objectives
- Includes:
 - Content
 - Teaching strategies and methods
 - Appropriate learning resources
 - Outcome evaluation

Implementing the curriculum

- Instructors
- Content ¹
 - Pathophysiology and treatment options
 - Healthy eating
 - Physical activity
 - Medication
 - Monitoring
 - Risk reduction
 - Healthy coping
 - Problem solving
- Approaches and teaching tools
 - Problem-solving approaches
 - Patient-centric
 - Active learning

1. Beck, et al. (2017). 2017 National standards for diabetes self-management education and support. *Diabetes Care*, 40(10), 1409-1419. <https://doi.org/10.2337/dci17-0025>

Keeping curriculum current

- What?
 - All elements of curriculum: content, approaches, evaluation measures
- Why?
 - Rapidly evolving diabetes care
 - Patients are ‘self educating’
- When?
 - At least review annually
- How?
 - Credible sources
 - Engage stakeholders and experts

QI and your curriculum



Why evaluate programs?

- Assure goals are being met
- Assure process is working
 - efficient, effective, quality
- Answer interesting questions about
 - Patients and Staff/ educators
 - Processes and Business/financial
- Describe program to interested parties
- Meet accreditation requirements
- Predict future performance

Using results

Individual	Program
Did the person change his or her exercise habits?	What % people who chose physical activity as a goal?
Did the person meet his or her A1c target in 6 months?	What % people met the ADA A1c target in 6 months?
How many times has the person missed an appointment?	What is the monthly 'no show' rate for the center?

Program Evaluation tool

What I am curious about	Sample goals	Possible ways to measure outcomes

Program evaluation tool: Clinical

What I am curious about	Sample goals	Possible ways to measure outcomes
How effective is my program in changing behavior?	60% of people will show progress towards their goals	

Program evaluation tool: Clinical

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How effective is my program in decreasing hospital readmissions ?	Increase the number of inpatients who complete the education program by 10%	

Program evaluation tool: Clinical

What I am curious about	Sample goals	Possible ways to measure outcomes
How effective is my program in changing behavior?	60% of people will show progress towards their goals	
How effective is my program in decreasing hospital readmissions ?	Increase the number of inpatients who complete the education program by 10%	
How many patients are achieving their clinical goals following the program?	40% of patients will have a decrease in A1c 6 months after the program	

Program evaluation tool: Operational

What I am curious about	Sample goals	Possible ways to measure outcomes
How effective is my program in retaining patients?	80% of patients will complete the comprehensive program	

Program evaluation tool: Operational

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Program evaluation tool: Operational

What I am curious about	Sample goals	Possible ways to measure outcomes
How effective is my program in retaining patients?	80% of patients will complete the comprehensive program	
How effective is my program in reaching potential referring providers?	Increase the number of referring providers by 10%	
How effective is my program in addressing customer service?	Shorten waiting time for an appointment by 20%	

Quality improvement & your curriculum

- Isolate a QI question
 - Reasonable
 - Measurable
 - Meaningful
- Collect outcome data
 - Sources and resources
 - Consider time
- Know how to handle the data
 - Descriptive statistics
 - Consider what resonates with stakeholders

Poll Q #3

Which topics do you have in your curriculum?

Select all that apply

- A) Immunizations
- B) Navigating the health care system
- C) Self-advocacy
- D) Patient-generated health data
- E) Disaster planning and preparation

What's new in 2019?

- Immunizations
- Navigating the health care system ¹
- Self-advocacy ¹
- Patient-generated health data
- Disaster planning and preparation

1. Beck, et al. (2017). 2017 National standards for diabetes self-management education and support. *Diabetes Care*, 40(10), 1409-1419. <https://doi.org/10.2337/dci17-0025>

Adding new content to curriculum

Topic	Content	Time	Instructor/Method	Evaluation/ Outcomes
Reducing risk: Immunizations ²	<ul style="list-style-type: none"> Reliable sources for immunization recommendations¹ Current routine, and new immunization recommendations from CDC. Pros and cons of immunization therapy. Potential SE, and treatment 	10-15 min.	Primary instructor: Back-up instructors: Methods: Discussion Q and A Handout: CDC recommended adult vaccines Handout: Personal checklist of immunizations	<ul style="list-style-type: none"> Person determines which immunizations are complete, needed Person completes PCP/Pharmacy checklist Person determines when to schedule follow up as needed.

References

1. ADA. (2019). Standard of Medical Care in diabetes. Diabetes Care, 42(Suppl 1).
2. AADE. (2015, October). Vaccination Practices for People with Diabetes. Retrieved from <https://www.diabeteseducator.org/docs/default-source/practice/practice-resources/synopsis/vaccination-practices-for-people-with-diabetes.pdf?sfvrsn=0>

How to document evidence-based content

- Use credible, reliable, current sources, current guidelines
 - ADA 2019 Standards of Medical Care for diabetes, AACE, Endocrine Society, Academy of Nutrition and Dietetics
 - Joslin Diabetes Center, Medscape, Up-to-Date
 - Peer-reviewed journals and books, position papers
- Document updates to curriculum
 - Advisory committee minutes
 - Meeting notes
- Reference curriculum content to current evidence
 - Example: Footnotes within curriculum and comprehensive reference list

Navigating healthcare system/ Self-advocacy

- Health literacy
- Communication
- Personal health history

Health literacy

- Obtain, process, and understand health information and services
- Dependent on:
 - Communication skills and knowledge of health topics
 - Culture
 - System and situation demands
- Health literacy affects people's ability to navigate healthcare system
 - Filling out complex forms
 - Locating services
 - Collaborating
 - Sharing personal information
 - Engaging in self-care
 - Understanding math concepts
 - Probability and risk
 - Test results

Health Literate Care Model

- Informed, health literate, activated patient and family
 - In a health literate care system, patients and their families have the knowledge and skills they need to:
 - Make informed decisions to maximize their health and well-being
 - Provide feedback that helps health care systems respond effectively to their evolving needs

Health Literate Care Model

- Prepared, proactive, health literate health care team
 - Follow “health literacy universal precautions”
 - Approach all people with the assumption that they are at risk of not understanding their health conditions or how to deal with them
 - Confirm and ensure understanding

Health literacy and DSMES

- Limit the number of messages
- Use plain language
- Focus on action
- Check for understanding
- Improve usability of health forms
- Focus on problem solving and shared decision making

Patient-generated health data (PGHD)

- Collected by patients/individuals
- Outside clinical setting
- Examples
 - Patient portals
 - Health trackers and devices
 - Medication trackers

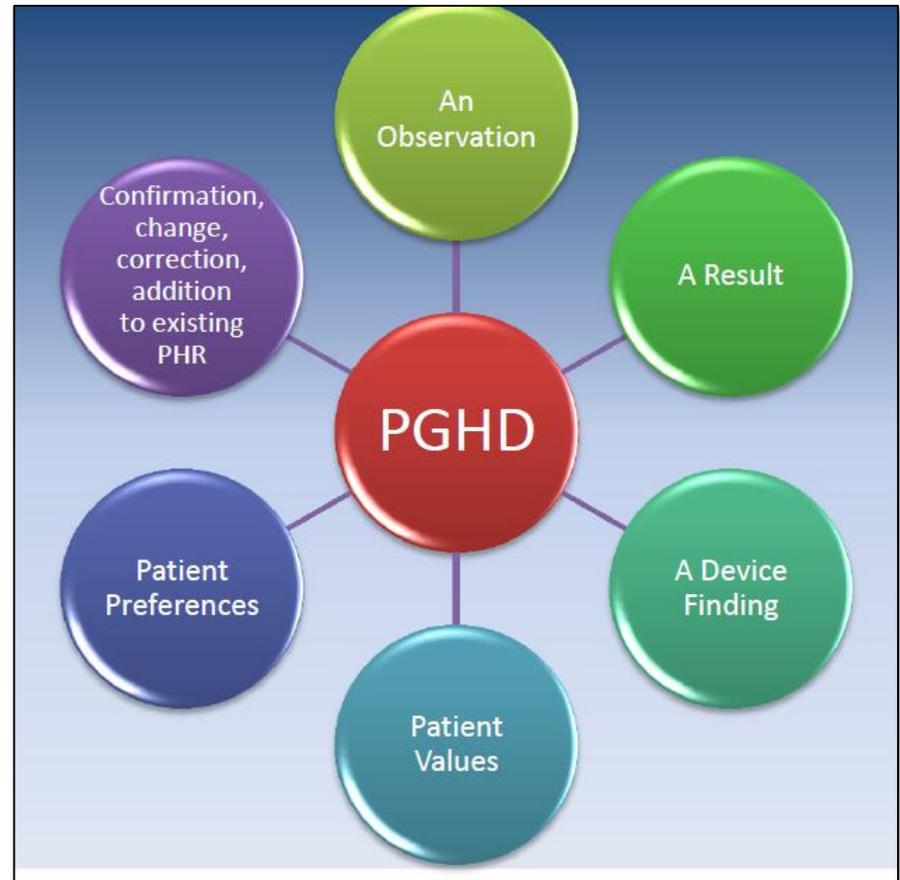
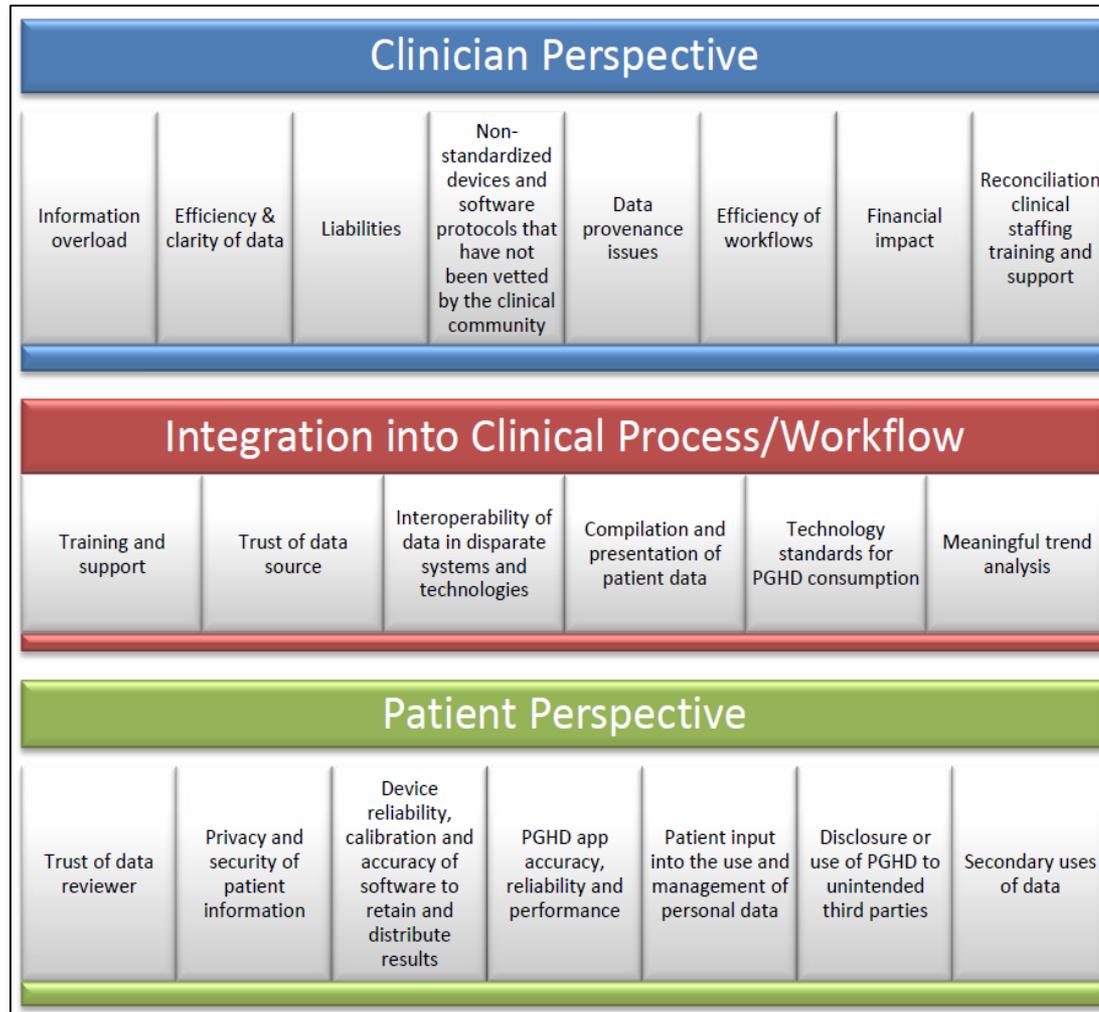


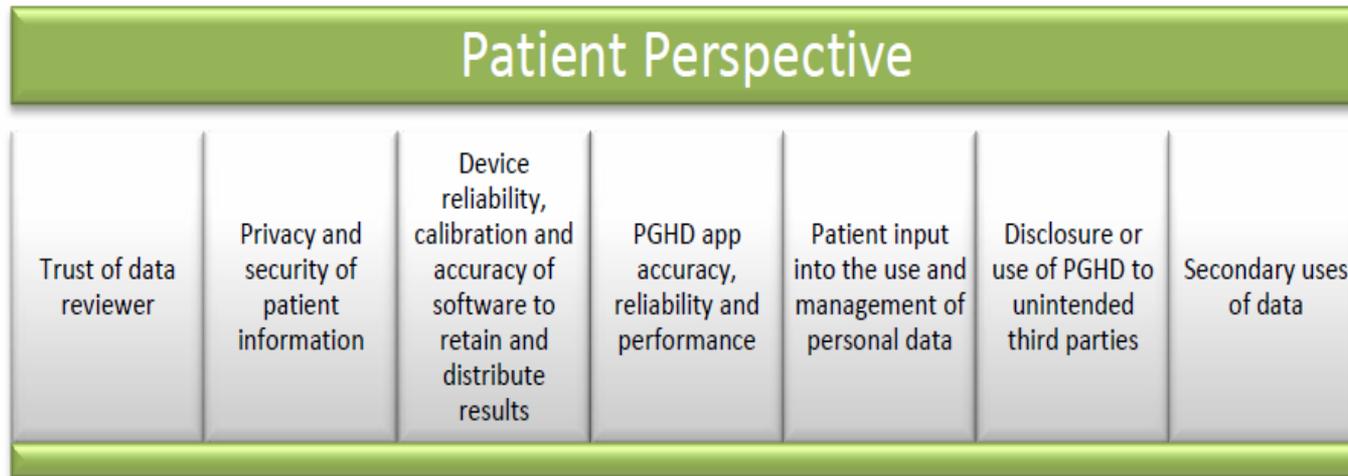
Image from: Healthcare Information and Management Systems Society (HIMSS). (2014). HIMSS Industry briefing: Value of patient-generated health data (PGHD). Retrieved from: <https://www.himss.org/value-patient-generated-health-data-pghd?ItemNumber=36962>

PGHD: Issues to be solved



Healthcare Information and Management Systems Society (HIMSS). (2014). HIMSS Industry briefing: Value of patient-generated health data (PGHD). Retrieved from: <https://www.himss.org/value-patient-generated-health-data-pghd?ItemNumber=36962>

PGHD and the DSMES curriculum



- Participant will demonstrate accurate use of_____
- Participant will describe how best to share monitoring results with diabetes team.

Disaster planning resources

DDRC PATIENT PREPAREDNESS PLAN Diabetes Disaster Response Coalition

DO YOU OR A LOVED ONE HAVE DIABETES AND USE INSULIN?
Make a plan to stay healthy during natural disaster or emergency

Managing diabetes can be even harder when you are dealing with a major storm, loss of electricity, or evacuation from your home. Building a "diabetes kit" now can save a lot of worry and time. A checklist template is included for your use.

Your diabetes kit can be stored in a waterproof bag or container. It should include information, and supplies with you.



mydiabetesemergencyplan.com
diabetesdisasterresponse.org



Disaster planning & DSMES curriculum

- Participant will describe details about planning for weather or other emergency.
- Participant will select location to post emergency check list.
- Participant will add weather alert app to smart phone.

In Closing...
Carole' Mensing

Action Plan

- What is your key takeaway from this session?
- What is one thing you can do tomorrow to update your curriculum?
- Don't forget to review with your stakeholders!

Other AADE Resources

- The Art & Science of Diabetes Self-Management Education Desk Reference
- Diabetes Advanced Network Access (DANA)
- The Diabetes Educator Journal
- AADE in Practice journal
- Joint Position Statement toolkit
- AADE Position Statements and Practice Papers
- <https://www.diabeteseducator.org/living-with-diabetes/disaster-preparedness>
- <https://www.diabeteseducator.org/living-with-diabetes/vaccine-resources>

New DEAP website-Check it out!

Thank You!

