Nuts and Bolts of Diabetes Education for Nurses

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Objectives

The participant will:

- Identify opportunities in their practice to provide diabetes education.
- Explain strategies to improve the cultural competency of diabetes education initiatives.
- Be able to quickly convey a teaching point to a patient and receive feedback to evaluate comprehension.
Current State of Diabetes

29.1 million people or 9.3% of the US population have diabetes and the number is steadily growing.

Impact of Nurses in Diabetes Education

- 34 randomized controlled trials (5993 patients) of nurse-led diabetes self-management education (DSME) were reviewed. Mean change in A1C was a reduction by -0.70% for nurse-led DSME versus -0.21% with usual care.

- Nurse-led DSME was also associated with improvements in cardiovascular risk factors.

Settings

Where do you encounter people with diabetes?

- Nurse
- Inpatient
- Local
- Global
- Outpatient
Seize the Opportunity!!

- All encounters with patients can be teaching encounters
- Assess baseline knowledge and health literacy level
- Find out what the patient needs and wants to know
- Keep it short
- Evaluate understanding
Adapt!

- Culturally appropriate education
  - Ask preferences
  - Learn about common practices, foods, and beliefs in your patient population
  - Examples....

- Health literacy/ literacy
  - Don’t assume patient understands
  - Written material will be understood by 90% of the population if at a third grade level.
  - Use of tools such as Flesch- Kincaid readability
Strategies

• Effective communication - reflective listening
  • Ask an open ended question. “Tell me about...”
  • Listen.
  • Repeat back to patient what they said
  • What is most difficult about caring for your diabetes?
    • “It sounds like it’s hard for you to take your pills every day because it is a constant reminder that you have diabetes” versus
    • “If you don’t take your pills every day you may end up losing your eyesight”
Strategies

- Avoiding traps
  - Giving false reassurance
  - Giving unwanted advice
  - Using authority
  - Avoidance language
  - Leading questions
  - Talking too much
  - Interrupting
  - “Why”
  - Overuse of professional terminology
Motivational Interviewing

- Ask permission to talk about diabetes.
- Elicit change talk—”What would you like to see different about your diabetes?”
- Look at extremes; look forward.
- “On a scale of 1-10, how likely are you to change_____?”
- Normalize difficulties about change.
- Written goals.
- Affirmation/praise.
- Advice and feedback.
Setting Goals

- Mutually set goals with the patient:
  - Identify the problem
  - Explore feelings
  - Set a goal
  - Evaluate results

- Goals—healthy eating, physical activity, monitoring, risk reduction, taking medications, problem-solving, stress management/healthy coping
Successful Behavior Change

- Does your patient have self efficacy?
- How do you help increase self efficacy?
- Explore feelings, concerns, and barriers.
- Involve family, friends, community.
- Manage follow-up and work with the health care team.
Evaluating and Maintaining a Goal

- What did you learn?
- What worked?
- What didn’t work?
- What support did you have?
- Look for successes even if small.
Dealing with Relapse

- Return to previous behavior. The patient may feel embarrassed, like a “failure”, and may avoid coming for appointments.

Intervention:
- avoid judgments about the relapse
- create a comfortable/supportive relationship with the patient
- explore the causes of the relapse and begin to set goals again
“Noncompliant Patient”

Patients who have the most difficulty following a diabetes regimen have issues with one or all of the following areas:

EDUCATIONAL

EMOTIONAL

LOGISTICAL
Clinical Pearls for Delivering Content

- Nutrition
- Physical Activity
- Monitoring
- Taking medications (especially that move to insulin)
Meal Planning: Healthy Nutrition
Nutrition

- “5 minute consult”
- There isn’t a single thing someone with diabetes can’t eat—all about portion and how often it is healthy.
- 24 hour meal plan history
- Carbs, fats, proteins
- What about special DIETS?
- Utilize your dietitian colleagues.
Nutrition

Pick a few manageable goals to start.

For example, three goals:

1) Eat a larger portion of vegetables and smaller portion of starch.
2) Eat breakfast every day.
3) Drink more water and less juice or soda.
Physical Activity

Benefits

- Lose weight and/or maintain weight loss
- Lower blood glucose level
- Lower blood pressure
- Lower cholesterol
- Increase energy level
- Improve sleep and mood
- Keep bones strong
Recommendations

Thirty minutes of increased activity at least 5 days/week.

Light weights for toning and strength 3 times a week.

Start slow and consult with provider.
More Recommendations

Check glucose before and after activity.
Do not exercise if glucose is over 250.

Carry a sugar source in case of a low glucose.

Wear proper footwear.
Monitoring Glucose
Monitoring

- Benefits of self monitoring of blood glucose.

- Check impact of:
  - Meals
  - Medications
  - Activity
  - Illness
Monitoring

- “Fasting” before meals \(70-130\text{mg/dl}\)
- Two hours after a meal \(<180\text{mg/dl}\)
- How to make the most use of the finger sticks.
  - Proper technique
  - Record keeping
Medications

- Progressive nature of type 2 diabetes—medications will be necessary and for the majority, insulin will eventually be needed. Other medications for comorbidities will also be needed.
- Explore fears about medications.
- Patients have choices.
- Consider cost.
- Dispel myths.
- Explain, explain, explain and have the patient repeat back.
Time for Role Play
Conclusion and Questions
References


