

Appendix 1

Sample week-long programme

To complete the full curriculum would require a programme of many weeks' 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. It is recognized that this schedule does not allow for the time suggested in each of the modules. In order to complete the course, some modules could be done, if necessary, as pre-reading or as assignments after attending sessions.

Case studies and small group work are used throughout the week to review and provide opportunities to apply information. Sample case studies are provided in the IDF Diabetes Education Modules (on CD-ROM or at www.idf.org).

Day 1	Day 2	Day 3	Day 4	Day 5
Introduction Getting to know you Outline of the course				
Teaching and learning principles	Hypoglycaemia	Exercise	Neuropathy and foot disease	Small group work: complication case studies
Break	DKA and HHS and sick day management	Blood glucose-lowering agents		Break
Pathophysiology, diagnosis, types of diabetes	Break	Break	Break	Pregnancy
Self-management Blood glucose monitoring	Small group work: hypoglycaemia, HHS, DKA	Small group work: type 2 diabetes case studies	Practical session: foot assessment	Prevention and community awareness
Lunch	Lunch	Lunch	Lunch	Lunch
Practical session with meters, syringes and pens	Nutrition therapy	Insulin	Long-term complications - retinopathy - nephropathy	Evaluation and wrap-up, closing ceremony
Teaching role play	Break	Break	Cardiovascular disease	
	Small group work	Small group work: insulin case studies		

Appendix 2

Physical facilities/layout

Room size and layout

Try to choose a room that is 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 where possible, usually six to eight at a table. If there are more than eight people, 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 the 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.

Appendix 3

Small group work/case study

The following are suggestions for the small group work on Day 2. 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 suggestions only.

Group 1

You have a group of 30 people newly diagnosed with type 2 diabetes. Most will be taking oral blood glucose-lowering agents. Your task is to teach them about hypoglycaemia, its 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 methods 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 and has type 1 diabetes. She has been in hospital twice in the past two 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 goes up. Sometimes, when she is tired, she thinks a sugar-sweetened drink will give her more energy. She is not very interested in talking to you and thinks it is all a waste of time.

The doctor asked you to teach Yvonne more about diabetes and to make sure she does not have to go to 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 has hyperglycaemia?

Be prepared to share your plans with the other groups.

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 include the following:

- Relatives do not always eat the meals prepared by the carers
- It is sometimes hard to know whether a relative has taken his or her 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 HHS. You need to teach them about the risk factors for hyperosmolar in the elderly, its possible signs and symptoms, treatment and prevention.

Be sure to include:

- Assessment
 - How do you know what the people know about HHS?
 - What are the conditions at home?
 - Who does most care?
 - How independent are the elderly people?
- 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.

Appendix 3

Group 4

Faith is 10 years old and is 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 the other children and the teacher will know what to do if Faith develops hypoglycaemia.

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
- Evaluation – how will you know whether the staff and classmates know how to help Faith?

Be prepared to share your plan with the others.

Case study

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. For 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 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. His blood glucose results are 10-11 mmol/l (180-198 mg/dl) fasting, and up to 15 mmol/l (270 mg/dl) before dinner. The doctor refers him back to the diabetes education centre. Joe does not want to go to the diabetes centre; he says he knows what he should do but he just does not do it. His wife wants to go to the centre so he agrees to go with her.

How would you approach Joe and his wife?

What educational and or behavioural strategies would you use in your discussion with them?

What would you recommend for his clinical management?

After 3 weeks, he returns with the following blood glucose records and says he has been following the diet as closely as he can:

FBG	Before lunch	Before dinner	Before bed
9.3 mmol/l (167 mg/dl)	8.4 mmol/l (151 mg/dl)	10.6 mmol/l (190 mg/dl)	14.2 mmol/l (255 mg/dl)
7.9 (142)	8.7 (156)	11.4 (205)	17.0 (306)
8.6 (155)	9.5 (171)	12.3 (221)	15.2 (273)

What is your approach now?

How will you work with Joe to keep him interested and improving his health?

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:

FBG	Before lunch	Before dinner	Before bed
10.3 mmol/l (185 mg/dl)	7.4 mmol/l (133 mg/dl)	6.2 mmol/l (111 mg/dl)	8.5 mmol/l (153 mg/dl)
12.3 (221)	8.6 (155)	9.3 (167)	7.2 (129)
11.5 (207)	—	7.8 (140)	10.2 (183)

His HbA_{1c} is now 8.5%. His weight is unchanged; he says he lost a little weight about 5 months ago, but gained it back. He is getting frustrated that he has to take all this medication and his blood glucose is still elevated. He wonders if it is worth making the effort to eat well and do regular activity. He has been walking most days but admits he does not like it.

What is your approach now?

What do you suggest now, and why?

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

He brings the following results:

FBG	Before lunch	Before dinner	Before bed
8.5 mmol/l (153 mg/dl)	12.6 mmol/l (227 mg/dl)	13.5 mmol/l (243 mg/dl)	17.0 mmol/l (306 mg/dl)
7.9 (142)	10.2 (183)	14.0 (252)	16.0 (288)
9.2 (165)	15.4 (277)	12.9 (232)	13.6 (245)

Joe is still frustrated, even becoming angry – “Why isn’t this working?” “Don’t they know how to fix this?”. He is finding it harder to do his work because he is tired and lacking energy, but he does not want to retire yet. He has gained some weight and doesn’t seem to be concerned about this.

How would you approach him this time?

What would you suggest now, and why?

Appendix 4

Suggested web sites

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	www.cdc.gov/diabetes
Children with diabetes	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 and English)	www.multilingualdiabetes.org
Diabetes Deutschland (German – up to date information for people with diabetes and healthcare providers)	www.uni-duesseldorf.de/diabetes/index.htm
Diabetes Education Study Group European Association for Study of Diabetes	www.desg.org
Diabetes India	www.diabetesindia.com
Diabetes UK	www.diabetes.org.uk
International Diabetes Federation	www.idf.org
Diabetes Voice	www.diabetesvoice.org
IDF (Europe) Guidelines	www.staff.ncl.ac.uk/philip.home/guidelines
International Obesity Taskforce	www.iotf.org
International Society for Pediatric and Adolescent Diabetes (ISPAD)	www.ispad.org
Juvenile Diabetes Research Foundation International (JDRF)	www.jdrf.org
Med Fetch (automated medline queries – results delivered in English, French, Italian, German, Spanish and Portuguese)	www.medfetch.com
National Institute of Diabetes and Digestive and Kidney Diseases	www.niddk.nih.gov/health/diabetes/diabetes.htm
National Service Framework for Diabetes UK	www.doh.gov.uk/nsf/diabetes.htm
Norwegian Diabetes Association	www.dianet.no
Pub Med (US National Library of Medicine's search service – free)	www.ncbi.nlm.nih.gov/PubMed

Appendix 5

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 stay in contact.

Description and responsibilities

According to Webster's Dictionary, a mentor is 'a trusted counsellor or guide'. Mentors can be role models or can assist other people by showing them what to do in keeping with their ambitions and goals. They can listen and provide constructive criticism when warranted. There are several types of mentor – such as a resource mentor, sponsor, coach or instructional mentor, a guidance mentor, group mentor, cultural mentor, support mentor, peer mentor.

The IDF diabetes education mentor should:

- Offer assistance so that the participants can learn from their experience. This can be done by serving on panels or giving presentations, and by establishing an ongoing relationship.
- 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.
- 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.
- Help the mentee set goals and make plans. This can be done by exploring expectations and pointing out difficulties and options.
- Share information, networking tips, and constructive feedback in groups. This can be done by starting an informal mentoring group to exchange information, learn new tasks, and improve performance.