

Changing diabetes®

Education programme for diabetes link nurses: The impact on self-reported confidence gain

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Structured education for link nurses is an important way of ensuring that people with diabetes receive the best possible care. In the East Sussex Healthcare NHS Trust, prior to this initiative, there were a number of nurses appointed as link for diabetes, but none of them had received any training on diabetes nor did they attend regular meetings and updates, which meant they were unable to provide support for both specialist teams and for healthcare professionals in the community. One of the aims of establishing the diabetes link nurse system is to ensure that ward-based and community-based support in diabetes-related care are available. Another aim is to enable a system of cascading essential diabetes information to all nurses and other healthcare professionals.

This article describes a study into the effectiveness of a course of specialist training designed for link nurses. The study looked specifically at whether the training course, which was delivered by members of a specialist diabetes team, resulted in an increase in self-reported confidence in the link nurses.

Method

The audit took place at Conquest Hospital, St Leonards-on-Sea. The link nurses were recruited from each ward in the hospital and in total 18 nurses took part. Each nurse was nominated by their clinical ward manager. Crucial criteria in the selection of staff for the link nurse system are interest and enthusiasm in diabetes, and some level of seniority, for example, at least band 5 senior staff nurses and band 6 junior sisters or charge nurses.

Training

The nurses were invited to attend a diabetes inpatient management training programme, which ran over four days, in February 2012. The training was led by the DSNs and was supported by a dietitian, podiatrist and diabetes consultant. The training covered areas from screening and early detection to managing acute and long-term complications, and end-of-life care in diabetes.

Questionnaire

Questions used in the survey were derived directly from the *Integrated Career and Competency Framework for Diabetes Nursing* (TREND-UK, 2011), with the aim of achieving the competent

nurse level in all relevant competencies. The TREND-UK (2011) competency framework was used to construct a questionnaire prior to delivery of the training course. Each indicator was followed by a Likert-scale confidence measurement, ranging from 1 (least confident) to 6 (most confident). A total of 69 questions, covering 69 indicators, were developed. Staff were asked to complete the survey both before the training and approximately six months after the training.

Findings

Data for 17 nurses were analysed; 17 nurses completed the questionnaire before training (one nurse did not complete the pre-training questionnaire) and 11 completed it 6 months after training. Unfortunately, as 14 nurses did not write their names on their questionnaires, only three data sets were directly comparable. First, the data was analysed to demonstrate confidence gains for the three identifiable nurses, plus the composite average confidence scores before and after for the remainder of the cohort. Comparable data for

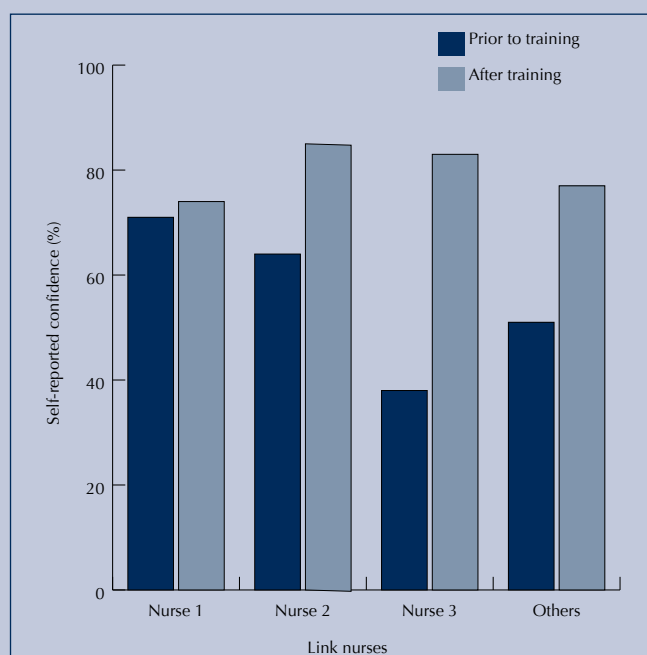


Figure 1. Increase in self-reported confidence in three nurses.

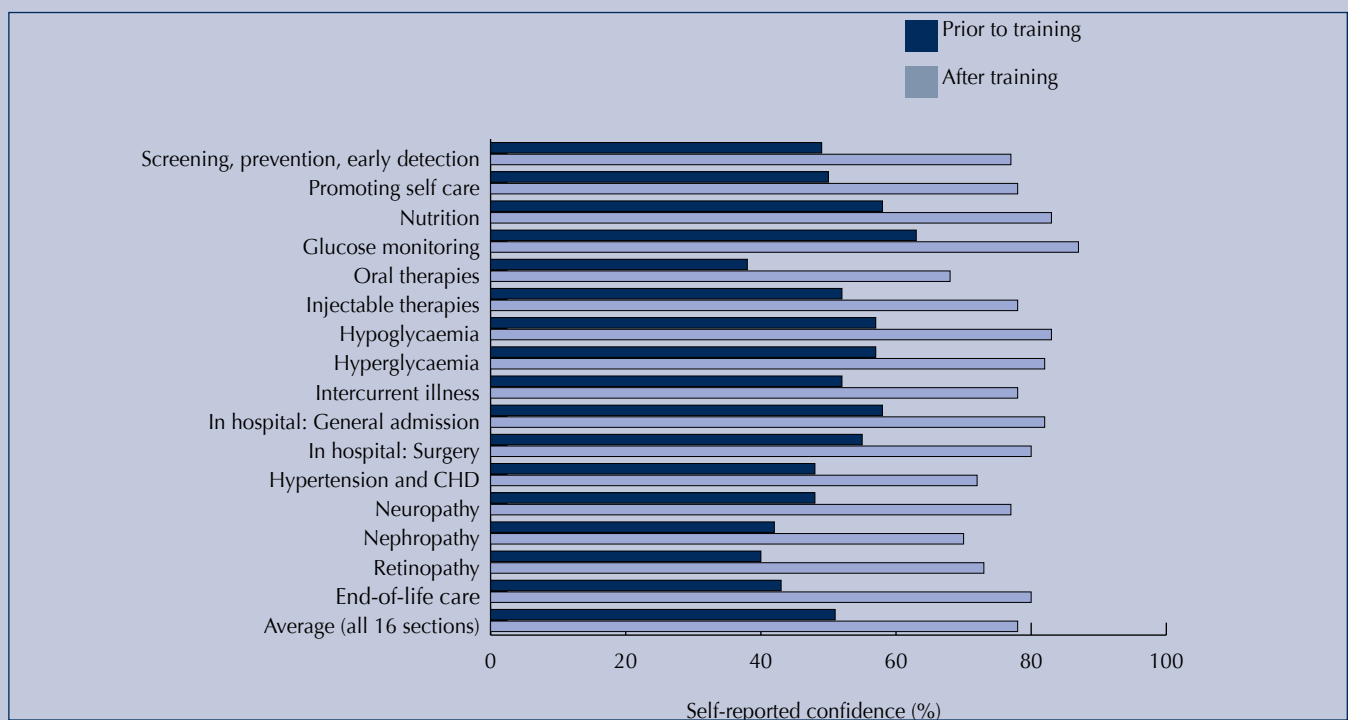


Figure 2. Self-reported confidence prior to training and after training.

three nurses is presented in *Figure 1* and data for the rest of the nurses is shown in *Figure 2*.

The findings demonstrate a considerable overall gain in confidence, from an average starting confidence level of 51% to an average post-completion level of 78%, although the extent of gain varied (where measurable) by both participant and by indicator. Interestingly, the areas where there was the lowest increase in confidence (16–20% reported gain) were technical aspects of diabetes care, including diagnostic tests, clinical assessment and knowledge of factors impacting on the condition. Areas of greatest gain relate to end-of-life care, supporting self-directed care and information sharing (31–37%).

Conclusions

- The training programme will be amended to focus on areas where greatest knowledge gain is demonstrated, as these represent the highest value in terms of information and confidence imparted.

- There will be regular updates of the training and 1-day meetings twice a year in order to ensure that competencies are reviewed and renewed. The first half of the 1-day meeting will include updates on subjects identified and agreed by the link nurses, whilst the second half will be spent discussing on-going issues in the wards or in the community. The link nurses to attend future meetings.
- Information technology, including *Diabytes*, a fortnightly electronic bulletin, and email updates, will be used to disseminate new evidence and information to the link nurses and other staff.
- The National Diabetes Inpatient Audit results will be used to compare outcomes before and after the revival of the diabetes link nurse system.

TREND-UK (2011) *An Integrated Career and Competency Framework for Diabetes Nursing*. TREND-UK and SB Communications Group, London. Available at: http://www.trend-uk.org/documents/TREND_3rd.pdf (accessed 30.01.14)



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