

# Education for diabetes nurses: the challenge for the new millennium

Marian Crowley

## Introduction

Training and education for nurses working in diabetes care are vital to ensure that people with diabetes continually receive the best care possible. A working party group (a subgroup of the Joint Education Working Party; see page 57), set up to look at courses in the UK, found that the available courses varied widely, and many failed to meet the standards set by another subgroup which examined standards and accreditation of courses. Recommendations included setting up a national committee on diabetes education and the development of a national course for newly appointed DSNs.

Training and educational programmes are vital, to ensure that nurses working in diabetes remain up to date with current changes and integrate these into practice. It is imperative that nurses working in diabetes are well educated and actively involved in developing and delivering educational programmes.

The British Diabetic Association (BDA) report *Training and Professional Development in Diabetes Care* (BDA, 1996) recommends that training and professional development:

*'...should be seen as a continuing process for all health professionals since people involved in diabetes care will never be "completely trained" nor will they cease to have responsibilities for the training of other colleagues.'*

Healthcare professionals involved in diabetes care should be actively involved in curriculum planning and the delivery of diabetes-related courses.

## Background to the project

The remit of the Working Party group looking at availability of courses was to:

- Systematically establish what courses, accredited and non-accredited, were available in the UK
- Collect information on each course
- Determine which courses met the criteria developed by the standards and accreditation working party (Turner, 1999), as follows:

*'A DSN should be on the course management team and should be central*

*to the planning, process and evaluation of the course. Course philosophy should demonstrate an holistic, multiprofessional, secondary/primary care, global approach to diabetes. The course assessment scheme should include assessment of clinical practice.'*

The composition of the working party is shown in *Table 1*.

## Methods

A questionnaire was devised to seek information on the philosophy, planning team, accreditation, content and assessment of the courses. A glossary was included to explain the terms used in the questionnaire. It was anticipated that the results would be used to create a recommended pathway for training in diabetes and to develop a national directory of courses.

**Table 1. Members of the Working Party group on Availability of Courses**

Marian Crowley (Co-Facilitator) Lecturer in Diabetes, Birmingham
Rosemary Walker (Co-Facilitator) DSN, Romford
Heather Daly, DSN, Derby
Hilary Linford, Paediatric DSN, Hull
Simon O'Neill, Head of Care Developments, BDA
Lesley Peters, DSN, Birmingham
Emma Thomas, Paediatric DSN, Birmingham

## ARTICLE POINTS

**1** A national course in diabetes for newly appointed DSNs is needed.

**2** A working party has looked at courses in the UK and made recommendations to help achieve standardisation of courses.

**3** The variation and lack of standardisation between ENB 928 courses need to be rectified.

**4** Nurses working in diabetes should be involved in the development and delivery of educational programmes.

## KEY WORDS

- Diabetes education
- Questionnaire survey
- Working party
- National course for DSNs

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In August 1999, the Availability of Courses group successfully piloted the questionnaire in the West Midlands. In September 1999, it was distributed to all universities and all diabetes centres in the UK by post and as an insert in the *Journal of Diabetes Nursing*.

**Results**

The response was encouraging: 140 questionnaires were returned (of these, 110 were from diabetes centres and universities offering diabetes courses at the time (see Figure 1), and 30 were from centres that were not).

The results showed a lack of standardisation and wide variation in diabetes courses run nationally.

Unfortunately, with a few notable exceptions, a serious lack of standardisation of ENB 928 courses was found (Table 2). A number of courses failed to meet the criteria developed by the Working Party group on standards and accreditation of courses.

Furthermore, of the 37 respondent institutions that delivered the ENB 928, only seven met the standard set by the ENB in 1987 which stated:

*'The length of the course shall be 20 days. It should be sufficiently flexible to allow time for study, clinical attachments and/or visits according to individual requirement.'*

The results revealed variations in ENB 928 courses. For instance, at one institution, the ENB 928 may be attained by undertaking an 8-day programme of study, only undertaking one assignment and gaining 20 credits at level 2; however, to attain the same qualification elsewhere requires a 20-day programme of study and four assignments. This situation needs to be rectified if those nurses caring for people with diabetes are to be adequately trained.

Also, a high percentage of ENB 928 courses provided no clinical placement, i.e. allocated time spent in the diabetes centre working with a DSN or attending diabetes clinic.

The variation in ENB 928 courses has serious implications and needs to be further investigated.

Of the 25 short courses (3-5 days) identified in the survey, 17 were non-accredited, two were accredited with the RCN, and six were accredited with a local university.

Only a small number of the respondent universities offered degree and/or postgraduate courses in diabetes.

**DSNs' views**

DSNs identified increased workload and lack of support as problematic, and the limited time available for involvement in delivering educational programmes.

*'At present, due to time constraints, we are unable to be involved in any of the courses.'*

In addition, a number of DSNs commented

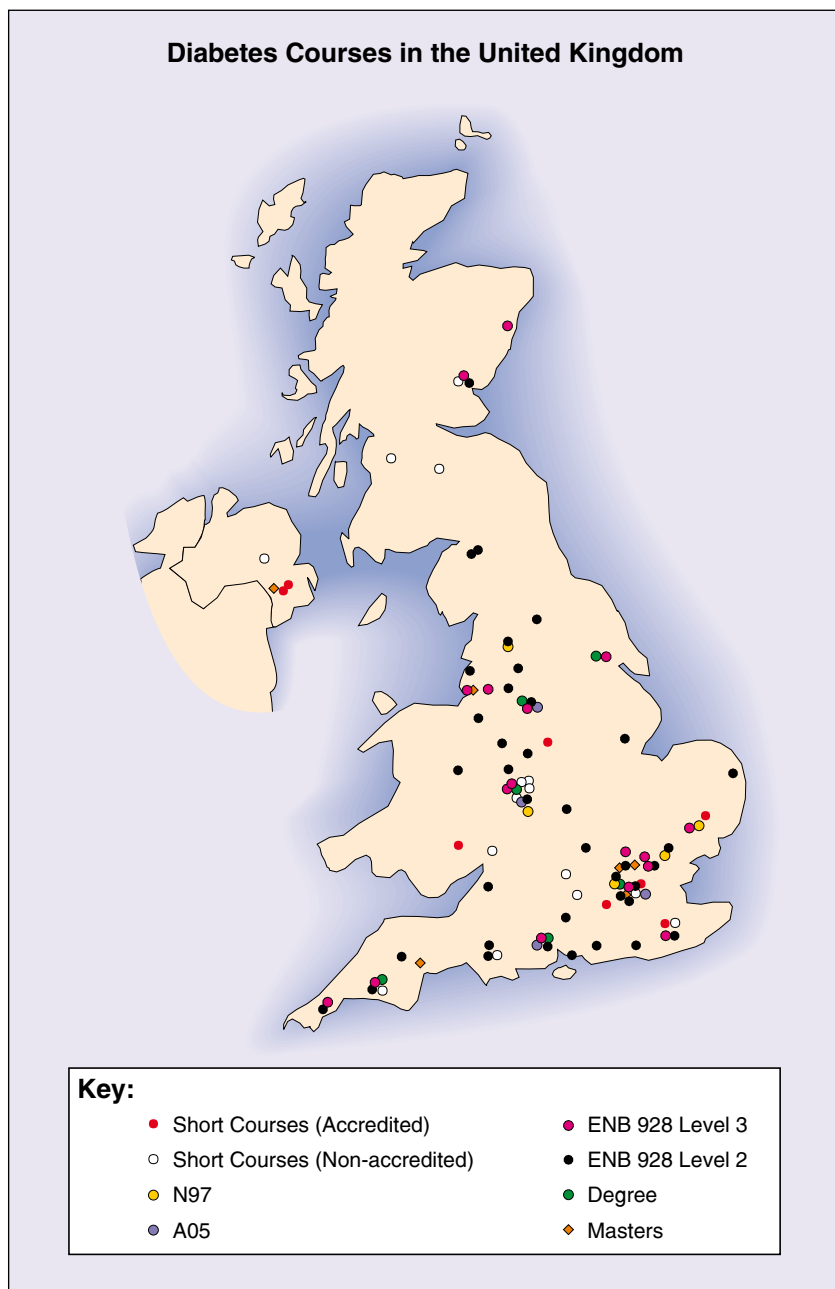


Figure 1. The distribution of known diabetes courses in the UK, February 2000.

that they felt inadequately trained to teach at degree level. Several DSNs also considered that the university failed to involve them in developing or delivering diabetes courses:

*'I have no input into the course — I turn up to teach my bit, evaluate effectiveness of what is taught and leave.'*

*'Not able to answer this as I'm new in post and the ENB course is now under university and "controlled" by them.'*

*'We achieve visiting lecturer status only, with no opportunity to be involved in course planning.'*

*'We used to organise our own ENB course but the university now has the education franchise. We are only asked to teach on the course; the university organises it.'*

DSNs who responded were keen to get their short courses accredited and wanted some support in helping them achieve this challenging goal.

*'Any help to set up accredited courses would be much appreciated.'*

**Recommendations**

The main recommendations of the working party were as follows:

- Set up a National Advisory Committee on Diabetes Education
- Develop a nationally recognised course for newly appointed DSNs
- Ensure that all courses meet the standards and accreditation developed by the Working Party group on standards and accreditation
- Develop an up-to-date register of courses
- Ensure that short courses run nationally are accredited.

**Where now?**

We need to be confident that current and new courses are offered at the highest standard possible, thus contributing to higher standards of practice. There is a growing recognition of the importance of developing a career pathway for nurses working in diabetes.

From the results, it can be seen that there are limited educational programmes available for nurses who wish to undertake further qualifications, i.e. degree or master courses. This needs to be addressed.

In the future, educational courses for nurses specialising in diabetes will need

**Table 2. Characteristics of Level 2 ENB 928 courses available at February 2000**

Length of course	Total number of credits
8 days	24
9 days	24
10 days	20
12 days	20
15 days	30
20 days	20
20 days	30
20 days	36
20 days	40
3 modules	36
2 modules — 14 days	30
2 modules — 20 days	30
Double module — 15 days	23
1 module over 15 weeks	15
1 module over 15 weeks	20
1 module over 12 weeks	20
1 module over 12 weeks	15
1 module 15 half days	15
1 module	20
1 module	10
1 module	15
1 module	20

to be accessible, flexible and relevant to practice. Training and education are vital, but need to be delivered nationally within a strategic framework.

The standard of diabetes education nationally is patchy and needs further investigation. We face an enormous task in diabetes and need to ensure that all courses run nationally meet the highest possible standard; if we fail in this endeavour, we will be failing our patients with diabetes. It is imperative that nurses working in diabetes are actively involved in developing and delivering educational programmes. There are many challenges inherent in this process, which will need to be embraced if we are to move diabetes nursing forward. DSNs need to have a pivotal role in the development of educational courses that impact on their practice.

As the initial phase of the project comes to an end, the working party would like to thank all those who gave their time and expertise so generously, which has greatly assisted the work of the working party. In particular, I would like to thank Lesley Peters, Emma Thomas and Hilary Linford, who were actively involved in the data gathering and analysis. ■

British Diabetic Association (1996) *Training and Professional Development in Diabetes Care*. British Diabetic Association, London.

Turner E (1999) Abstract of presentation at Diabetes Specialist Nursing — Where Now? conference *Journal of Diabetes Nursing* 3(1): 6-7

English National Board (ENB) for Nursing, Midwifery and Health Visiting and Welsh National Board (WNB) for Nursing, Midwifery and Health Visiting (1987) *Short Course in Diabetic Nursing for Registered Nurses and Midwives. Course Number 928. Post-basic Clinical Nursing Studies*. ENB and WNB, London and Cardiff

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