A ward staff education programme with a difference

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Introduction

After a study day about diabetes was attended almost solely by medical ward staff, I aimed to identify reasons for poor attendance by surgical staff and find a suitable and effective form of education. In this article I discuss identifying the shortfall in knowledge of diabetes management amongst the surgical nursing staff, and an effective method of improving the situation. As I was working on my own at the time, I had also to consider the efficient use of my time. The result was an education programme designed around visiting people with diabetes in their own homes where they could tell their story to two trained nurses from the surgical unit.

Education, like charity, begins at home – in this case, in the patient's home where the patient becomes the teacher and the health professional the learner. Turning the norm upside down seemed a good place to start in improving nursing staff's perception of diabetes and its management. Generally ward staff deal with people with diabetes as a disease process that should be treated 'by the book'. There is little understanding of the individuality within it, nor the areas of diabetes that impact so powerfully on peoples' lives (McHoy, 2003). This article describes a method that appears to successfully redress the balance.

The diabetes nursing staff were receiving increasing numbers of referrals from the surgical wards, often due to nurses' uncertainty about day-to-day management of diabetes and compounded by junior house officers' equally minimal knowledge and infrequent consultant supervision. A recent study day had been attended almost solely by staff from the medical wards and I wanted to identify reasons for the poor surgical staff attendance, and to find a method of education that was both suitable and effective.

Reasons for staff non-attendance

I provided a questionnaire to identify both the staff's reasons for non-attendance and their perceived needs regarding diabetes education. The results of the questionnaire indicated that:

- releasing more than one member of staff at a time was extremely difficult
- infrequent study days do not suit ward needs
- general communication about study days appears to be poor
- the topics requested are basic understanding of diabetes and its day-to-day management, as one would expect.

Possible solution

As I already had some doubts about the efficacy of 'lecture-type' study days from the lack of resultant change in nursing practice, I discussed with the charge nurses and nurse manager the possibility of taking two trained staff from different wards on 'home visits', which I undertake as part of my job as a DSN. Ward nurses generally respond very positively to a trip out with the hospital. The experience seems to provide a paradigm shift in their perceptions of people with diabetes, enabling them to see the individuals as opposed to a 'client group'. It also allows them to concentrate solely on diabetes without competing distractions.

I suggested a programme for the day. The nursing staff who agreed to participate were made aware that they would be asked to discuss their experience with their senior nurse and would be asked to

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1. In-service study days were extremely difficult for ward staff to attend.
2. The programme caused minimal disruption to ward staffing levels.
3. Ward staff enjoyed the experience of education outside of the hospital
4. Staff gained holistic knowledge and respect for people with diabetes.
5. Referrals to DSNs were more appropriate and therefore less frequent.
6. Patients felt valued when asked to participate in education.

KEY WORDS

- **Staff education**
- **Patient involvement**
- **Home visits**
- **Participation**
- **Confidence**

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1. Staff were taken on home visits to patients.
2. Questions about patients and DSNs were answered before and after the visit.
3. Patients related their experience of diabetes and nurses were encouraged to ask patients questions to clarify points.

Figure 1. Patients gave visiting ward staff their history of diabetes, explained its management and the impact it had on their lives. Nurses were encouraged to ask questions to improve their understanding.

cascade the resultant learning to their colleagues.

Patient involvement

Following approval of the details, I contacted a number of patients of varying ages, conditions, medications, control levels and lifestyles to ask if they would be willing to give the nurses the benefit of their experience of living with diabetes. Everyone agreed without exception. All of the patients lived within a six-mile radius.

Dates and times were organised, and staff from all of the surgical wards were invited to attend, as suited ward staffing needs. All but one ward participated. The charge nurse of this ward felt they offered enough education on all topics within the ward area. Over a period of six months, 11 members of staff completed the whole study day and one did a half-day due to personal circumstances.

The day

The day consisted of a short briefing about the patients to be visited (two in a typical morning), and any questions the staff had were answered, usually on the car journey to the patients' homes. Once introductions had been completed I asked the hosting patient to start from their diagnosis, if possible, and explain to the nurses what diabetes management was like, what they coped with and how they felt about it (see *Figure 1*). They also described the impact their diagnosis had on their lifestyle, their relationships, and on their schooling or employment. If they had experienced hospital admission they were free to discuss this also. The nurses were encouraged to relate to the patient by asking questions so that they were able to clarify points and gain the particular pieces of information and knowledge they felt were relevant. Between visits and on the way back to the hospital there was time for a brief review and clarification from a DSN perspective.

On our return to the hospital we undertook a short tutorial-come-discussion, and handouts on basic diabetes knowledge were provided. Following a lunch-break the staff were introduced to the charge nurse in the clinic and she guided them through a patient's journey. They also had the opportunity to accompany the diabetologist, the dietitian and the podiatrist during their patient consultations.

Eight wards participated. At the end of the study day participating staff were asked to complete and return an evaluation form, which they did without exception. Their evaluations and comments are summarised

in *Table 1*.

The day was well evaluated and there was nothing highlighted that the staff wanted to have changed, exept for more time with us. The day by no means addresses all the educational needs of the staff. It was intended to be – and served solely as – an introduction to diabetes, its impact, its individuality in terms of the ways people deal with it and manage it, and the basics required to manage it more effectively in the ward situation, e.g. dealing with hypos, hyperglycaemia, diet and patient autonomy. It gave the nurses more of a 'feel' for people with diabetes, resulting in greater patience and understanding for the individual. This is by no means the only effective education programme but it suited my working practice and resulted in changes in ward practice.

Effect of the education day on practice

Outcomes included more appropriate referrals that were more tailored to DSNs as opposed to medics, dietitians or podiatrists. In this area, the DSNs work mainly with insulin management and educational issues. Oral hypoglycaemic agents, etc, were generally dealt with by the ward medical staff.

When patients were referred from the wards, I was able to ask how the staff felt about their diabetes management. Ward staff almost unfailingly reported they had greater understanding, increased confidence in advising their patients, or in asking advice when they were unsure. From my personal observations of their practice, they were much more relaxed with their patients with diabetes, allowing greater flexibility in the individuality of their treatment.

Table 1. Summary of staff comments

'It reminded me that patients are individuals and that they know how they control their own diabetes. I will encourage them to continue their own self-management when they are admitted to the ward.'
'Increased knowledge and therefore more able to offer advice with more confidence when asked by patients.'
'Understand more about how they often feel being diagnosed as "diabetic".'
'Useful update on insulin types and uses.'
'I will listen more to what the diabetic patient has to say.'
'I only have experience of diabetes in hospital. This has personalised it for me.'
'I have learned not to panic at first blood glucose out-with normal range!'
'Greater understanding of diabetes and its effects on the individual on all levels.'
'Not to assume that patients who have been on insulin for many years have come to terms with their diagnosis.'
'Understanding of why we do blood glucose monitoring.'
'Awareness of the challenges diabetic patients face when we discharge them from hospital as "well".'

About the day:

'The day was very well planned and thought out.'
'The day wasn't long enough. I would like another, looking at different aspects of diabetes.'
'Everyone was very nice and helpful, which leads to a good learning environment.'
'The trust and confidence between the consultant and the DSN appeared very strong.'
'I'd like more home visits.'
'I'd like to discuss insulins in greater depth.'
'I would have liked more time in the clinic, otherwise I wouldn't change anything.'
'Well-balanced day with great insight into people with diabetes, their lives and treatments.'
'Very enjoyable study day. I don't think anything needs to change.'
'I would have found it helpful to have met someone newly diagnosed who was attending clinic for the first time.'

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1 Participating staff completed an evaluation form.

2 Referrals to DSNs were more appropriate, ward staff more confident and conflict between staff and patients reduced after the education day.

3 Ward staff almost unfailingly reported they had greater understanding, increased confidence in advising their patients, or in asking advice.

4 After the visit a tutorial/discussion with handouts was given.

5 A charge nurse guided participants through a patient's journey. Participants then had the opportunity of accompanying the diabetologist, dietitian and podiatrist during diabetes consultations.

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1 Patients involved have enjoyed taking part and others have expressed interest in participating in the future.

2 Although labour intensive, improvements in staff rapport and knowledge, and enjoyment of both staff and patients made the education day worthwhile.

3 The scheme now includes a pre- and post-programme staff knowledge questionnaire and further information about diabetes, which is provided by a DSN and pharmaceutical representative.

There was no formal questionnaire for inpatients, unfortunately, so reports were anecdotal. Inpatients reported what appeared to be a change in nursing staff attitude, expressed in reduced conflict between themselves and the staff regarding having access to their own insulin and some control over their insulin doses. Action on random abnormal blood glucose readings and the foods patients were and were not allowed to eat had also been a cause of some disagreement. These issues were more readily resolved when the staff began to appreciate how individualised diabetes management is, and the flexibility there can be in the 'diabetic diet' (Lorig et al, 2000). Patients also reported feeling more confident about the staff's ability in dealing with emergencies related to diabetes, such as hypoglycaemia.

The patients involved in providing the education to the staff members reported feeling needed, respected and appreciated. They felt they were able to give something back to the system from which they so often only receive. Patients appreciated being able to impart knowledge and information to those who were usually considered to be 'the experts'. They also felt it put a value on their experiences with diabetes, many of which had not been easy and had often seemed to be unappreciated by health professionals. The home visits promoted patient and carer involvement, as family members often joined in the relating of experiences of living with diabetes (Scottish Executive, 2002). This gave the visiting nursing staff a much more holistic understanding of diabetes management and had a profound effect on their respect for people with diabetes and their family members.

On a personal level, I found the day demanding as I was either directly teaching or facilitating until the afternoon, when I then had a full clinic of patients. However, the advantages outweigh the fatigue as I now have considerably more rapport with the wards generally and the nursing staff in particular. Nursing staff now have an understanding not only of the diabetic patient's challenges, but also of my role and theirs in dealing with diabetes as it presents itself (Scottish Executive, 2004).

Conclusion

Anecdotally, and as I can find no other reference to this method of staff education, I assume that it is infrequently used – perhaps as it appears to be labour intensive. However, the end results have been very positive for us all, staff and patients alike. The staff and patients involved have enjoyed the sessions together and I now have calls from people with diabetes in the community asking when I will be bringing more nurses with whom they can share their experiences.

We have recently reintroduced the programme and my colleague has undertaken to continue it in the meantime with a view to covering most of the wards in the hospital over the next year. She has introduced a pre- and post-programme knowledge questionnaire, which is a much-reduced version of the Diabetes Basic Knowledge Test. She also has a pharmaceutical representative providing lunch for the nurses whilst she and the representative provide further education about injections, mature-onset diabetes of the young (MODY), differences in type 1 and type 2 patients and their treatment needs, complications and diabetic ketoacidosis and referral guidelines. Following their session in the clinic they complete the same knowledge questionnaire as they did in the morning and an evaluation form.

For a half day per month of DSN time, the education day seems to me to have been a worthwhile investment. ■

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