



## PURPOSE

The primary purpose of *Life with Diabetes: A Series of Teaching Outlines*, Sixth Edition is to guide health professionals in the education of people with diabetes and prediabetes and their families. The outlines provide information on many diabetes-related topics and self-management. Although the content is generally for adults with either type 1 or type 2 diabetes, the information can be adapted easily for use with younger people or those with special learning needs. The *Content* columns are purposely worded to be brief and use real-world language so that the instructor can quickly scan the outline before teaching a session to answer questions and involve the participants. They are not meant to be read, but to be used to facilitate an individual interaction or a group session. The information included in the outlines comes from many sources, is based on the 2020 American Diabetes Association (ADA) Standards of Medical Care in Diabetes, and the 2019 Consensus Statement of Nutrition Therapy for Adults with Diabetes or Prediabetes, and has been reviewed by content experts. What has been included, and the way it has been stated, reflects this current understanding.

These outlines are only one component of an educational process and diabetes service. They are not a substitute for staff development and education, and they are not intended to teach the instructor evidence-based diabetes content or teaching methods. Health-care professionals need to be educated in diabetes content and diabetes care as well as in the processes of facilitation, counseling, behavior change, and the impact of psychosocial and cultural concerns before they engage in diabetes education activities, if they are to be effective teachers. A curriculum is a component for meeting national standards for Diabetes Self-Management Education and Support (DSMES). Any curriculum, however, needs to be adapted to the needs of the population served and reviewed and revised on an annual basis.

## FORMAT AND TIPS FOR USE

These outlines are bound into a book that allows you to easily make copies of the pages. Some educators use these outlines exactly as they appear, but most prefer to use specific outlines, portions, or combinations to develop curricula appropriate for their participants and target population. You can copy and combine the text, handouts, and graphics you specifically need for an education session. You are invited to use any of the materials in this book that are helpful to you in delivering self-management education and support, and to make any changes necessary to adapt the materials to meet specific needs. The American Diabetes Association requests that any use of these materials be credited with the following statement:

“These materials were adapted from Funnell MM, Kloss KA, Nwankwo, RB. *Life with Diabetes: A Series of Teaching Outlines, 6th Edition*. Arlington, VA, American Diabetes Association, 2020.”

Publication of these materials is not allowed without written permission from the American Diabetes Association. Duplication of participant handouts is allowed for classroom use.

The first section consists of core content outlines and includes basic information that is often of interest and important to people with diabetes. The second section includes supplementary information that is useful and relevant for some participants. It is not the intent nor is it necessary to teach the sessions in order or to include all of the content from each outline or session. Choose only the materials that will best support the questions, concerns, and assessed needs of your participants and population.

Each outline includes a statement of purpose; prerequisites that should be known by participants before attending a particular session; materials needed for teaching the session; an outline that includes general concepts and content that can be addressed; instructor’s notes and teaching tips with potential questions to help patients reflect on the care and self-management of diabetes in relation to their lives, experiences, and concerns; action planning and evaluation and documentation plan. Key behavioral and psychosocial aspects of each content area were incorporated to help participants to better integrate these aspects into their lives and self-management activities. It is more effective to include these as part of the content discussion, rather than having only a specific section devoted to these critical components of self-management.

The content areas in the National Standards for Diabetes Self-Management Education and Support allow for maximum flexibility and creativity in presentation style and method. The material in each outline includes basic information about diabetes, diabetes self-management, and general healthcare practices. It does not include specific information for particular ethnic, cultural, or age-related groups, but it does make distinctions between type 1 and type 2 diabetes. It is important to assess the individual and group needs of the participants, because the effectiveness of education is enhanced by personalizing the education program to the specific needs of the audience. Information may need to be added or deleted, depending on the interest of the participants and the needs they identify. Continuing attendance to subsequent sessions is enhanced by involvement and connection with other participants and the relevance of material to their personal experiences and struggles.

It is particularly important to consider the literacy skills of your participants. Around 15–25% of adults in the United States have difficulty reading even simple text, and their ability to understand complex information presented orally is also limited. Simplify concepts; use plain, straightforward, familiar language; close the loop to ensure comprehension; explain any unfamiliar words you use when teaching; and ask questions to verify understanding. In addition, a recent joint publication by the American Diabetes Association and American Association of Diabetes Educators about language recommends that health professionals:

- use language that is neutral, nonjudgmental, and based on facts, action, or physiology and biology;
- use language that is free from stigma;

- use language that is strengths-based, respectful, and inclusive and that imparts hope;
- use language that fosters collaboration between participants and providers; and
- use language that is person-centered.

## OVERVIEW OF NUTRITION SECTIONS

A significant portion of this curriculum addresses nutrition, often the most difficult aspect of diabetes self-management. Many different approaches for meal planning have been developed and found to be effective in recent years. Some are less rigid than earlier plans and may be less difficult for patients to use. This increase in meal planning and meal pattern options presents an even greater challenge for educators, who need the information and skill to explain these options and to further collaborate with participants in developing their own plans and patterns that help them to reach their treatment targets and personal behavioral and other goals.

The nutrition outlines are based on the understanding that dietary changes are difficult to initiate and sustain, and that the fewer the changes, the more likely they will be attempted and maintained. More effective and reasonable plans can be created when the participant and healthcare professional collaborate as equal partners and are based on usual, cultural, and preferred eating patterns. The outlines provide activities intended to help participants and family members become aware of when, how much, and what they are eating, before information about meal planning is offered. People often are frustrated by changing dietary recommendations. Inform class members that the information provided is based on current interpretation of scientific findings and American Diabetes Association Standards of Medical Care in Diabetes—which do change.

Although many potential benefits can occur as a result of food decisions, blood glucose management is the benefit unique to diabetes. It contributes to reducing acute and long-term complications and allows many people to feel better on a day-to-day basis. Therefore, the primary focus of the core nutrition outlines is blood glucose management. Although this is presented in the context of overall healthful food and plans, it is important for the educator to distinguish between changes that benefit overall health and those that contribute directly to diabetes self-management and outcomes.

The sequence of topics has been chosen intentionally to help participants focus on one or two aspects of meal planning at a time and to support behavioral action steps toward achieving long-term goals. It is recommended that blood glucose monitoring be used to assess food choices and decisions and to provide participants with information about the effects of different foods. The nutrition information to support blood glucose management is found in the core content outlines.

## EVALUATION

The educational process is not complete without evaluation of outcomes achieved. This can be done in several ways. For diabetes self-management skills and content, a conventional method is used to assess the participant's preprogram knowledge, develop learning objectives based on the needs assessment, and then help

participants determine whether they met their learning objectives at the conclusion of the program.

Diabetes self-management skills need to be evaluated by observation. Application of knowledge is more difficult to evaluate than content learned. One method for evaluating behavior change is through the identification of personal goals, the development and implementation of an action plan to achieve those goals, and tracking progress toward goal attainment. In this approach, participants define and articulate meaningful and personal goals relevant to their diabetes care. It generally is most effective for participants to begin by choosing an overall or long-term goal related to their diabetes. They then can create and experiment with short-term action steps to reach that goal and learn from their experiences.

The opportunity to reflect on lessons they learned from their experiment as part of each session can then be used as the basis for decision-making for additional short-term behavioral action planning or problem solving. It also can be used to monitor the educational progress over time, that is, over several encounters with the healthcare system. It is important to recognize that most participants will need education about how to develop realistic goals and action plans. Outline 3, *Making Decisions, Solving Problems, and Changing Behavior*, provides content specifically for this process. For many participants, this process is the most impactful and meaningful aspect DSMES and can have a long-lasting effect on their diabetes and other health outcomes.

In addition to achievement of personal learning objectives and behavioral and emotional goals, other outcome measures can be used to evaluate effectiveness. Participant outcomes that can be measured include levels of metabolic control, psychosocial indicators, such as diabetes distress, quality of life, self-efficacy, and empowerment using standardized, reliable, and valid instruments, acute complications, process measures for monitoring long-term complications, hospitalizations related to diabetes, and lost work or school days. The outcome measures selected depend on the program design, target population, resources, and program goals.

## RESOURCE MATERIALS

Additional information has been included to help you in using these teaching guides, including a participant assessment, education record forms, a curriculum review guide, sample objectives, supplemental readings, and resources for patients and healthcare professionals.

## DIABETES EDUCATION RECOGNITION PROCESS

The American Diabetes Association's Education Recognition Program is a national voluntary process that formally identifies diabetes self-management education programs that meet the National Standards for Diabetes Self-Management Education and Support. For more information, visit [www.diabetes.org/erp](http://www.diabetes.org/erp) or call 1-800-DIABETES.