

The Diabetes Education Center's  
Developmentally Appropriate  
Diabetes Education (DADE)  
Project

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# Barnett Family Practice and The Diabetes Education Center (DEC) Lancaster, SC

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# The Problem:

- In 1998, there were just under 3000 adults who at one point in their lives had been diagnosed with diabetes living in Lancaster, SC.
- The DEC feels comfortable serving this population well with effective diabetes education.

However...

- There is a growing number of pediatric patients with diabetes in Lancaster, and the staff of the DEC express concern regarding their ability to effectively educate their pediatric population.

# Project Aims:

- To initiate the development of an effective diabetes educational curriculum that is developmentally appropriate for young persons aged 13-15 years (DADE).
- To better prepare the teaching staff of the DEC for effective and meaningful educational opportunities with 13-15 year olds.
- To ultimately increase pediatric patients', and their caregivers,' knowledge and understanding of diabetes in order to minimize poor outcomes resulting from poorly managed diabetes.

These community supports these aims as evidenced by the interest expressed by the DEC's educators acting as representatives for the diabetic community as well as the community at large.

# Project Measures:

After the project is complete a meeting will be held with the DEC's educators and they will be polled for feedback. We will know that we had made steps toward our aims if:

- Educators express interest in developing DADE curriculum.
- Educators express less apprehension about approaching adolescents with educational materials.
- Educators make a commitment to utilize the concepts presented in the project when educating adolescents.
- Educators commit to using whatever new DADE curriculum is created during this project.
- Educators express satisfaction with the fruits of the DADE project and deem it a worthwhile effort.

# Changes for Improvement:

- More effective and enjoyable educational opportunities for adolescents with diabetes

Drivers	Barriers
Strong desire expressed by the well trained staff of the DEC	“Generation Gap” hinders efforts toward communication and educational efforts...
Excellent resource available thru the DEC	Lack of educational materials geared towards adolescents directly.
Excellent time to initiate positive management behaviors in adolescents.	Adult educators feel out of touch with adolescent patients.

# PDSA Cycle:

- Plan:
  - Create a folder of information that can help the DEC's instructors feel more comfortable working with adolescents.
  - Find a piece of diabetes educational material geared toward developmentally appropriate diabetes education (DADE) of adolescents.
  - Present this information to the staff and poll them for feedback and willingness to implement changes.

# PDSA Cycle:

- Do:
  - Research led to the creation of a folder with information on DADE including:
    - Efficacy of educational efforts and the developmental characteristics of 13-15 year olds and how those influence efforts towards education.
    - A form asking for feedback and willingness to implement changes in teaching modalities
  - Research led to the discovery of the STARBRIGHT foundation and the acquisition of educational materials created by that organization.
    - Correspondence was initiated with STARBRIGHT and an educational game for young persons with diabetes was obtained.
    - Research abstracts were presented that illustrated the effectiveness of this teaching modality.

# PDSA Cycle:

- More Do:
  - All of the materials obtained were presented during an in-service with the DEC's educators.
  - All of the educators were in attendance and received the information packet with a form requesting feedback. The packet's contents were discussed and audience participation was encouraged.
  - The STARBRIGHT game titled: Diabetes CD-ROM; Life Adventure Series was demonstrated for the group.
  - Feedback was examined for educator commitment towards fostering DADE.

## Study:

- 100% of the educators made commitments to utilize DADE in their interactions with adolescent patients.
- 100% of the educators agreed to offer the STARBRIGHT CD-ROM to their adolescent patients.
- 100% of the educators expressed satisfaction with the DADE information packet and presentation.
- 100% of the educators expressed a renewed interest in trying to connect with adolescent patients.
- 100% of the educators expressed satisfaction with project as a whole and deemed it a worthwhile effort.

# Feedback:

- “I feel this was very beneficial because the age group 13-15 year old is a difficult group to make a connection with. Using an...age appropriate game will provide an excellent tool to teach...diabetes.”
- I have found that the quiet and distant attitude most teens present to the adult health provider is difficult for me to deal with. I will use the information provided to create a better connection between myself and my 13-15 year old patients.”
- -Feedback provided by educators from the DEC.

# PDSA Cycle:

- ACT:
  - Due to the positive feedback expressed by the DEC's educators, it appears that the DADE is a worthwhile effort and should be continued with other age groups.
  - More copies of the STARBRIGHT CD-ROM were requested from the organization. (Mac as well as PC)
  - A new relationship with STARBRIGHT was fostered and the educators learned that there were materials available for their adolescents who were also affected by asthma and other chronic medical problems.
  - DADE will hopefully be utilized to make for more favorable interactions between educators and adolescent patients. At this time, the effectiveness of DADE at educating young people can be assessed through evaluation.

# Lessons Learned and Next Steps for Future Students:

- 1 You are more “out of touch” with young people than you think; don’t assume they think you are as cool as you like to think you are. (myself excluded)
- 2 When presenting to educators, try not to come off as a ‘sage on a stage’. Let them know that you recognize their competence and value their opinions.
- 3 Encourage expression of commitment towards behavior modification.
- 4 Don’t be frustrated if your plans change as your project progresses; that’s why they call it curriculum *development*.