

Planning and Implementing Patient-Centered Education

Objective	Methods
Make classes personal, active, engaging and patient-centered.	<ul style="list-style-type: none"> ◆ Create a warm, friendly, non-clinical environment. ◆ Use class check-in for one-on-one interaction. ◆ Use the patient's own food and BG records and lab slips to teach. ◆ Use questions to explore and clarify, not to quiz.
Fully integrate psychosocial aspects of living with and caring for diabetes into content presentation.	<ul style="list-style-type: none"> ◆ Address emotional side of living with diabetes early and often. ◆ Screen participants for depression. ◆ Deal with specific stresses and coping in context (e.g., re. food). ◆ Acknowledge the difficulty of the patient's journey with diabetes. ◆ Communicate an expectation of success, as the patient defines it.
Avoid rigid lesson plans.	<ul style="list-style-type: none"> ◆ Identify key topics; tentatively assign them to weeks of the program. ◆ Use flexible media such as overheads and worksheets. ◆ Build your skills and confidence so that you are not dependent on materials or lesson plans or threatened by questions. ◆ Let client interest and questions drive the specifics at each meeting. ◆ Check off topics on a master list for each class group to make sure all key topics are addressed with each class group.
Expand beyond content presentation.	<ul style="list-style-type: none"> ◆ Evaluate people's ability to <u>apply</u> needed knowledge and skills. ◆ Put essential content in writing and/or on tape - for example, your own sick day guidelines, food portion lists, etc.. This frees you from relying on lecture to communicate everything. ◆ Choose/write materials at 6th grade reading level or below. ◆ Enhance readability with at least 12 point type. ◆ Use illustrations to cue and communicate, not to decorate. ◆ Use class time to answer/elicite/pose questions, solve problems, discuss and apply content—rich, interactive use of face-to-face time. ◆ Give "homework" to build skills between classes. Like riding a bike, self-care skills are learned through experience, not from a lecture.
Minimize lecture by using active learning strategies.	<ul style="list-style-type: none"> ◆ Lecture has its place but use it sparingly—primarily to answer questions. Intersperse short periods of lecture with <ul style="list-style-type: none"> ○ Activities and worksheets that involve patients ○ Sharing of hands-on materials (food models, menus, etc) ○ Games ○ Practice of key skills ○ "Discovery Learning" use of BG results
Stop teaching "about" diabetes.	<p>Do you want to fly with a pilot who took a class "about" flying, or with one who learned to actually fly a plane?</p> <ul style="list-style-type: none"> ◆ Present all content in context. ◆ Focus on key skills needed to solve the patient's real problems. ◆ Emphasize integration among the areas of diabetes care and of diabetes care with the patient's life.