

Annex 19 Mapping Exercise Report



**European Wide Certified Diabetes Educator Course (EU-CDEC) Research and Mapping
Exercise (WP2)**

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Summary - FG 1

Health Care Professionals

CZECH REPUBLIC

Currently, in the Czech Republic there is no accredited education course for Diabetes Educators (DEs) for children and young people (CYP) with diabetes, although the DE is a key member of the multidisciplinary team caring for CYP with diabetes. The role of the DE is absolutely essential for providing systematic education to CYP with diabetes and their parents and for assessing and addressing their challenges and obstacles in everyday diabetes care. The postgraduate training of DEs should follow a national curriculum consisting of both theoretical and clinical training. It should be formally accredited and taught by skilled professionals. The clinical part of the training should be situated in a paediatric diabetology centre.

SLOVENIA

In Slovenia there is a national education course for DEs for CYP with diabetes. However, it is not clear if the program is identical to the training course in other European countries. It is emphasised that the DE is the main organiser of education as well as the link between the multidisciplinary diabetes team and the family. The training of DEs should be based on a structured program including theoretical and practical lessons with comprehensive coverage of the key diabetes topics.

GREECE

Those who were interviewed in the different diabetes institutions in Greece stated that there is a need for a DE course in Greece. To date, an organised DE training course does not exist in Greece. Participants agreed that the DE should play a main role in training CYP with diabetes and parents. The DE course has to include practical and theoretical skills and should impart all areas of diabetes as well as pedagogical knowledge.

UNITED KINGDOM

An appropriate DE training course in the UK is missing, but there is an identified need for a structured course. The DE would not necessarily have an autonomous role for CYPs and parents' education because an educational component is currently delivered by a whole range of Health Care Professionals (HCPs), including diabetes nurse specialists and dietitians. The main gaps in current HCP courses are pedagogical skills and communication techniques. DEs should have practical experiences within clinical care and in teaching skills and organisational skills.

GERMANY

Currently, there is a standardised education course for DEs in Germany, even though it is not approved by the state authorities. However, there is a need for an education course particularly for paediatric DE. A training course for HCPs should include pedagogical skills as well as information regarding treatment, rehabilitation, diabetes in school and kindergarden and psychological aspects. It is expected that the person being trained already has practical diabetes experience.

Summary - FG 2

National/ Local Diabetes leads

GERMANY

Currently, there is a standardised education course for DE in Germany, even though it is not approved by the state authorities.

UNITED KINGDOM

It was mentioned that an appropriate training course is missing and that there is a need for a national standardised, structured and age-related course (e.g. for paediatric patients with diabetes and their parents and for adult patients with diabetes). The DE would not necessarily have an autonomous role for CYPs and parents' education. The main gaps in current HCP courses are pedagogical skills and communication techniques. DEs should have practical experiences within clinical care and in teaching skills and organisational skills. There is also a gap regarding a standardised diabetes training curriculum to educate CYP, including the order in which to teach key topics, standardised materials and education methods.

PORTUGAL

In Portugal a course does exist that is administered by professionals who work with children and adolescents, which caters for the multidisciplinary team and its duration is 2 to 4 days. The contents and methodologies are clearly defined. However, there are some gaps. The courses should have a longer duration to allow for more time for practice and discussions with the patients, as well as for education around treatment at school. A DE should have communication and pedagogical skills and competences, appropriate for the population with whom they work, in order to recognise the differences, beliefs, values and needs.

GREECE

Those who were interviewed from the different diabetes institutions in Greece summarised that there is a need for a DE course in Greece. To date, an organised training course does not exist in Greece. Participants agreed that the DE should play a main role in training CYP with diabetes and parents. The DE course has to include practical and theoretical skills and should impart all areas of diabetes as well as pedagogical knowledge.

Summary - FG 3

Academic and Education leads

SLOVENIA

A DE has a leading role in the education process in Slovenia. A training course for local hospitals does exist, but an appropriate national course does not exist.

GERMANY

There are special training courses for each profession. However, the courses do not have an accredited degree, just a final certificate. In Germany there already exists a national requirement regarding the constitution and training of a multidisciplinary team.

CZECH REPUBLIC

In the Czech Republic the DE plays a key role in the education of CYP with diabetes and the DE should be specifically trained for this role. Every patient must have access to a DE who is able to train the patient regarding general diabetes knowledge and who is able to accommodate age-related differences and address the patients' current and individual problems and needs. The DE should be involved in a routine outpatient visit and meet the patient at least four times per year. The postgraduate training of DEs should follow a national curriculum consisting of both theoretical and clinical training. It should be formally accredited and taught by skilled professionals. The general DE course should be aimed at specific groups of HCP (adult and paediatric nurses) and should include clear entry criteria, e.g. a college or university diploma, or an amount of practical experience. A course curriculum has to contain clear information regarding logistical criteria; concrete proposals are listed in the Excel overview.

GREECE

There are no official postgraduate courses. However, an education course with a Masters or thesis on diabetes is imaginable. The application process to be a DE is not clearly defined. Some ideas and suggestions regarding a standardised curriculum are in place; see the Excel overview.

UNITED KINGDOM

It was mentioned that an appropriate training course is missing and that there is a need for a national standardised, structured and age-related course (e.g. for paediatric patients with diabetes and their parents and for adult patients with diabetes). The DE would not necessarily have an autonomous role for CYPs and parents' education. The main gaps in current HCP courses are pedagogical skills and communication techniques. DEs should have practical experiences within clinical care and in teaching skills and organisational skills. There is also a gap regarding a standardised diabetes training curriculum to educate CYP, including the order in which to teach key topics, standardised materials and education methods.

Summary - FG 4

CYP and families

CZECH REPUBLIC

There are approximately fifty paediatric diabetology centres in the Czech Republic, which are very heterogeneous in terms of availability and the quality of diabetes education. Some of them provide a complex education programme, while others do not educate CYP and their families at all. The situation is complicated by a lack of DEs at some centres. The parents feel it would be good to erase these pronounced differences to ensure a good quality of education for all newly diagnosed CYP. The role of a DE in the contact with CYP and their parents is to inform about diabetes, provide an opportunity to address questions and, to a large extent, to support the parents and motivate the parents of a newly diagnosed CYP to have a positive approach to life with diabetes.

SLOVENIA

The DE should have time to listen and talk to the CYP and families. They should be experienced and should be able to support the CYP. The training has to take a step-by-step approach.

GERMANY

It is important for the CYP and families that the educator finds individual solutions for the lives of those with diabetes. They should have empathy and pedagogical feasibilities.

UNITED KINGDOM

There is a need amongst CYP and parents to receive support from psychologists and from Diabetes Nurse Specialists in the UK. It was mentioned that knowledge and skills were lacking, especially amongst the multidisciplinary team. The DE should offer refresher courses for CYP and parents in key diabetes topics.

GREECE

The CYP and families in Greece want to have DEs who are experienced, who are polite and are not distant. Currently, the structural and logistical situations are suboptimal. Other thoughts included the creation of a forum or website which could provide answers to questions and enable shared experiences with other people with diabetes.

PORTUGAL

The CYP and families mentioned that support for CYP and parents is important. The DE should have time for appointments and should be able to listen and respond to individual persons and cultural differences. Currently, the solutions seem to be the same for everyone.

Summary

ACCREDITATION

UNITED KINGDOM

Currently, it is not necessary to have a formal national accreditation in all diabetes centres in the UK. However, it seems that HCPs have to have accredited training to educate CYP with diabetes. The course criteria do seem to differ in rural districts.

CZECH REPUBLIC

In the Czech Republic the DE is not an official profession and does not have national accreditation. Information regarding the logistical and structural problems are listed in the Excel overview.

SLOVENIA

In Slovenia the training of HCPs in children's diabetes is only accredited for dietitians. The other professions get special training with a specific curriculum. However, these courses are not accredited.

GERMANY

Currently, in Germany an appropriate curriculum to educate HCPs (physicians, psychologists, nurses and dietitians) does exist. However, the training is recognised with a certificate only. Recently, it has been announced that a national diabetes plan, including guidelines and criteria for paediatric diabetes care and patient and HCP education, should be developed.

GREECE

In Greece there are no national standards for continuous professional education. If a paediatrician wants to become a Paediatric Diabetologist s/he needs to attend an accredited diabetes centre for one year. However, there is no official curriculum for education. Currently, there are no opportunities to attend a diabetes educator course for HCPs. It seems that some specialised diabetes centres may organise individual training courses on diabetes for HCPs.

