

## Implementing the National Diabetes Nursing Education Framework

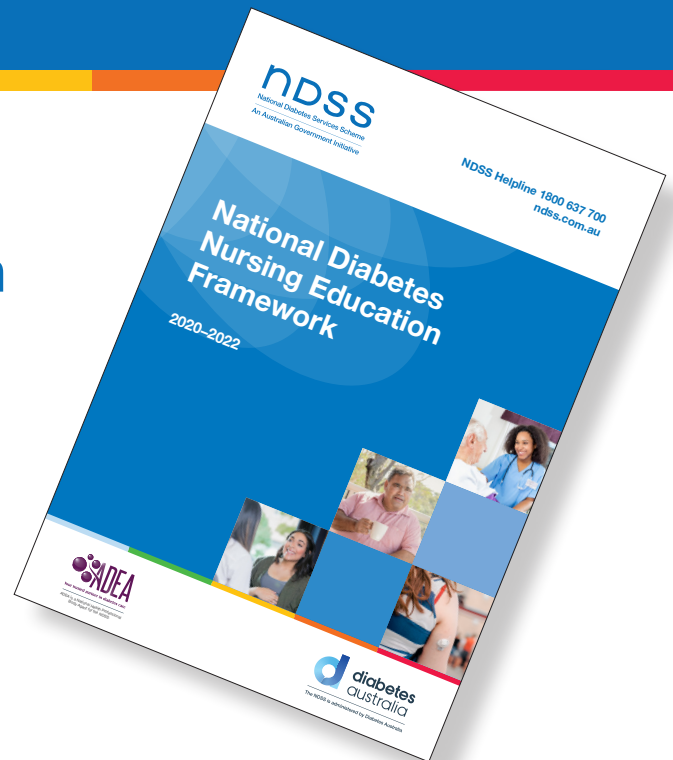
This information sheet provides guidance to nurses about the National Diabetes Nursing Education Framework, including implementation suggestions and assessment information.

The aim of this document is to provide ideas and starting points for each user to consider and build from.

The National Diabetes Nursing and Education Framework aims to guide development of a skilled nursing workforce, capable of providing a high standard of diabetes care. Throughout the consultation phase of development, the framework was viewed as a much-needed reference point for developing nurse competency in the care of people impacted by Australia's fastest growing chronic condition.

The framework is a tool that promotes life-long learning and can support the nursing profession to advance in the field of diabetes care and education with a long-term goal of improved community health outcomes.

The framework is **not a rigid compliance document: it is a flexible and adaptable tool** for use across all health care settings. There is no 'one right way' to implement the framework, but rather many options for use.



### Implementation suggestions

#### Workplaces

Workplaces can select the components that are most relevant to their setting. Workplaces could use the framework to:

- » benchmark performance standards for their nurses
- » inform annual performance reviews and professional development planning
- » conduct a workforce skills inventory and gap analysis
- » conduct workforce planning, including succession and transition planning
- » inform recruitment processes, including job descriptions
- » inform policy and procedure development.

## Educational institutions

The framework can be used by universities that offer undergraduate or postgraduate nursing and midwifery courses, postgraduate specialist courses, and registered training organisations that offer the Diploma in Nursing or other relevant qualifications. Educational institutions could:

- » review units of learning against the framework's knowledge and skill statements and shape new course content to align with this
- » reference the framework for accreditation purposes: that is, demonstrate where key content is covered in their curriculum and collate this in a portfolio
- » benchmark graduating students' knowledge against the framework and promote this benchmarking to attract other potential students
- » recommend the framework to students as a resource for their assessment items.

## Assessment

The framework is designed to allow for assessment of competencies in Part 2, and knowledge and skill statements in Part 3. The suggested assessment process includes self-assessment by a nurse, followed by assessment by a more advanced nurse.

There is no requirement to use this assessment process.

**The assessment process should be flexible and suited to the purpose of each user.** This includes the way assessment is conducted, the use of data recorded during assessment, and the frequency of assessment. It is likely that organisations will have existing assessment protocols in place, so Parts 2 and 3 can be assessed using these existing protocols.

## Purpose of assessment

Assessment against the framework is for the benefit of the relevant workplace or educational institution as well as the individual. However, there is no associated qualification or accreditation.

Each user should define the purpose of any assessment being conducted, in line with the purpose of implementing the framework, and this will guide the selection of appropriate assessors.

## Selecting an assessor

The key requirement outlined in the framework is that the assessor has the appropriate level of competency to conduct the assessment. This does not mean that all assessors must be Credentialed Diabetes Educators, 'expert level' nurses (as defined in the framework) or the most senior nurse on staff. For example:

- » nurses may like to select their own assessor, or workplaces may assign an assessor.
- » assessors do not have to be supervisors, colleagues or even work for the same organisation
- » private and independent practitioners could use existing peer networks to find an assessor
- » technology could be used to connect remote and regional nurses with nurses in metropolitan centres
- » acting as an assessor is a professional learning opportunity in itself.

To determine who will be an assessor, workplaces could implement:

- » a standard supervisor/supervisee model of assessment
- » a flow-down assessment model whereby proficient nurses assess foundation nurses, specialist nurses assess proficient nurses, and expert nurses assess specialist nurses
- » a peer assessment model.

Educational institutions will have existing protocols that define assessors both in the classroom and during practicums. The framework's self-assessment component could be used as a tool to develop self-reflection skills in nursing students.

## Assessment strategies

There is a broad range of assessment strategies that can be applied.

### Self-assessment

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- » Review of everyday practice
- » Reflective journal
- » Professional learning records
- » Clinical documentation
- » Evidence portfolio

### Assessor

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- » Observations
  - » Questioning
  - » Audit of clinical records
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Following are some case studies showing how implementation of the framework can work in practice.

## Case studies

### Credentialed Diabetes Educator seeking to advance

Liz has been working as a Credentialed Diabetes Educator (CDE) for 10 years. She works two days a week in private practice and three days a week as a senior Clinical Nurse Consultant in a small private hospital. In her private practice, Liz provides individual education sessions as well as group education sessions.

Liz would like to extend her knowledge of working with people with disability and offer diabetes education services for people with Individual Support Plans from the National Disability Insurance Scheme.

Liz has used the National Diabetes Nursing Education Framework to assess herself against knowledge and skill statements under the **Disability, community, and aged care** aspect of care. Even though Liz has previously been assessed at the specialist and expert level for several other aspects of care, in this instance she finds herself at the proficient level.

Liz is due for re-credentialing with the Australian Diabetes Educators Association (ADEA) and has decided to use this assessment to shape her goals for the next 12-month period. Liz decides to work towards the Expert Nurse competency statement from Part 2 of the framework – *Implement appropriate care and education strategies to meet the unique needs of people with disability and diabetes*. Liz identifies the new National Diabetes Services Scheme (NDSS) Health Professionals guide and learning module on **Working with people with intellectual disability and diabetes**, and incorporates these into her continuing professional development (CPD) plan.

At the end of the 12-month period, Liz will review her progress by self-assessing against the framework again and asking a colleague to assess her as well.

### Journey to Credentialed Diabetes Educator status

Michelle is a dual Registered Nurse and Midwife working in a hospital in a regional hub. Michelle has been working at this hospital for 10 years in the outpatient pregnancy service. Over the years, Michelle has enjoyed working with many expectant mothers who have been diagnosed with Gestational Diabetes Mellitus.

Michelle found out about the National Diabetes Nursing Education Framework from a colleague. Michelle self-assessed against the framework's knowledge and skill statements in the **Pregnancy – preconception care for people with existing diabetes** and **Pregnancy – antenatal and postnatal care** aspects of care. She also asked a more advanced level nurse at another local hospital to assess her. Both agreed that Michelle was at the proficient level in the framework. Michelle then referred to the Professional Development Pathway in the framework and saw that a Graduate Certificate of Diabetes Education and Management was an option to progress her career in diabetes.

Michelle completed her graduate certificate education requirement and started the ADEA's mentoring program. Together with her mentor, Michelle used the specialist level competencies in Part 2 of the framework to develop her mentoring goals and to help her complete the 1,000 hours of diabetes education practice required for an initial credentialing application.

## University setting

Jamie is teaching a second-year nursing unit, *Nursing patients with a chronic condition*. The unit is due for review and Jamie plans to use the National Diabetes Nursing Education Framework to inform this work.

Jamie starts by reviewing the foundation nurse competency statements from Part 2 of the framework and completes a high-level mapping exercise, linking current content of the unit to these competencies.

Jamie then explores each week's content of the unit in depth.

In week 4, the unit requires students to explore evidence-based health care models for chronic conditions. Jamie identifies the **Supporting self-management** aspect of care from Part 3 of the framework as being relevant to the unit. The online case study component that accompanies this aspect of care is set as the weekly reading to be discussed in the tutorial. In addition, students can provide the certificate to demonstrate completing the module and contribute to their participation grade/component for the unit.

In week 6, students are to develop an understanding of the impact of living with a chronic condition on individuals and their families. The weekly tutorial activity will require students to select a chronic condition to explore. Jamie adds the link to the National Diabetes Nursing Education Framework to the student's Moodle page, directing students to review the **Mental and emotional health** and the **Children and young people** aspects of care. Jamie also adds the links to the associated NDSS learning module and the *Diabetes and emotional health handbook 2016*. Jamie prepares questions for the students to respond to and reflect on after reading the content.

Jamie documents this review and planning process and files it for next year's accreditation review with the Australian Nursing and Midwifery Accreditation Council. Jamie knows diabetes has been a National Health Priority since 1997 and that Standard 3.5 of the accreditation standards requires that the program of study for nurses integrates knowledge of regional, national, and global health priorities.

... Later in the semester...

Alex is a student in Jamie's unit and is undertaking a second-year professional placement at Sunset Lilies Lodge, a local aged care facility. Alex has learnt that several residents are living with diabetes, and one resident is currently experiencing regular episodes of hypoglycaemia. Alex decides to learn more about diabetes and remembers the lecturer's reference to the National Diabetes Nursing Education Framework in weeks 4 and 6.

Alex starts by reviewing the **Disability, community and aged care** aspect of care to get an overview of diabetes management in aged care settings. Alex then moves to the **Hypoglycaemia** aspect of care and decides to complete the online module on hypoglycaemia. Alex records this self-directed learning in the placement journal and now feels better prepared to provide care for the elderly resident while on placement. Alex also speaks with the Clinical Nurse Consultant (CNC) at Sunset Lilies Lodge about the framework and how it has helped with learning about diabetes while on placement. After exploring the framework, the CNC decides to use the framework to shape professional development components of the next annual plan.

## Hospital setting

Chris, a Nursing Unit Manager, is working with Human Resources to lead a mapping of existing nurse skill sets for a large metropolitan hospital.

Chris has recommended using the National Diabetes Nursing Education Framework to structure a required skills inventory and gap analysis of diabetes-experienced nurses in the hospital. A review of nurses' job descriptions and professional development undertaken in the last 24 months, combined with interviews with key staff, found that the hospital had a deficit of nurses identified at the proficient level of the framework.

Chris identified three nurses who were already on staff and who had expressed an interest in diabetes. Managers worked with these nurses on a professional development program designed to move them from foundation level to proficient.

Several other nurses identified areas for professional development over the next 12 months that would ensure they had foundation level knowledge and skills in diabetes according to the framework.

The hospital also identified a need for an expert level diabetes nurse. A position description was developed and informed by competencies at the expert level of the framework.

## General practice setting

Mandy is a recently graduated nurse who is keen to work with people with diabetes. She sees an advertisement from the Health First Family Practice for a 'general practice Chronic Disease Nurse position – diabetes experience desirable' and applies for the position.

Mandy is familiar with the National Diabetes Nursing Education Framework and assesses herself to be close to achieving all competencies at the all nurses (foundation) level. She knows she will need further diabetes education to work well in the advertised position. Mandy plans to begin the modules in the framework and she outlines this to her prospective employer.

Mandy is successful in gaining the position and works with the practice's senior Registered Nurse, Robyn, to plan her CPD using the framework as her guide. Robyn will act as her mentor and assessor, and Mandy will take a reflective practice approach to gain professional benefits. This will include increasing her scope of practice with educational skills and knowledge around diabetes and additional CPD hours.

Using the learning modules, Mandy can build on her existing diabetes skills and knowledge with informal and formal learning, complete assessment tasks, and show evidence of meeting learning outcomes against the framework's competency statements. These elements map to the Royal Australian College of General Practitioners (RACGP) Standards for General Practice and the National General Practice Accreditation Scheme. They also meet the Nursing and Midwifery Board of Australia (NMBA) Registration Standard of CPD for Registered Nurses.

Robyn presents a brief business case to management requesting dedicated time for staff education. She outlines the benefits of improved patient outcomes and staff engagement and autonomy in the role, as well as the benefits for the practice of qualifying for the Quality Improvement payment.

Robyn and Mandy arrange to have one hour a week of protected work time for a diabetes education session. This will include mentor-guided reflection and discussion, supervised clinical practice with patients, and assessment against the competency statements in the framework.

The initial one-hour session will be used to assess Mandy's understanding and experience and to identify any gaps by mapping to the framework's knowledge and skills statements. This will help to develop a plan to tailor Mandy's learning to suit her new position and also achieve her personal goals to increase her scope of practice.

Using a SMART goals framework, Mandy designs her learning plan based on the needs of her new chronic disease/diabetes care role. Mandy chooses to complete the **Diabetes prevention screening and diagnosis** learning module followed by the **Hyperglycaemia** learning module. This will improve her scope of practice in helping people with type 2 diabetes to develop self-management care plans.

Dates are set for assessment by Robyn against the competency statements at a pre-planned time when Mandy will have completed a module. Robyn's assessment will be based on Mandy's application of skills and knowledge as well as the attitudes and values she has learnt in the modules and applied in the workplace.

Both nurses keep a reflective journal, recording their personal experiences, practice outcomes/evaluation and the time involved for their CPD, and will present these to management. This activity will meet the professional peak body requirement as well as the criteria for the Department of Health's Quality Improvement Incentive.

### More information

The Australian Diabetes Educators Association and the NDSS are interested in how you are using the framework. Please send feedback to [ndss@adea.com.au](mailto:ndss@adea.com.au).