Over 18,000 youth are diagnosed with Diabetes Mellitus, Type 1 (DM1) each year, which works out to 1.93 out of every 1,000 children. Additionally, 75% of all cases of DM1 are diagnosed in children and adolescents under the age of 18. DM1 can change the patient and their family, and understandably so. It will bring with it a whole new lifestyle and a whole new way of thinking about the patient’s health.

With the uncertain future of care, it is critical that nurses are well versed in how to properly educate patients and their families about these new diagnoses of DM1. Knowledge is power, and helping to properly educate patients and families can ease their fears, help them to better adjust to a new way of life and ultimately make them more compliant with their care plans. Check out the Dynamic Health™ competency checklists below to see if your nurses are checking all the boxes when it comes to educating their young patients with DM1 and their families.

**PRE-PROCEDURE STEPS**

1. Check care plan
2. Review facility protocols/policies and unit practices specific to teaching the patient and family about DM1
3. Perform hand hygiene
4. Maintain standard precautions and verify that all assisting personnel do the same
5. Introduce yourself to the patient/family
6. Provide privacy for the patient
7. Identify the patient per facility protocol
8. Listen for cues that the patient/family are ready to learn. Be alert to differing stages of learning readiness by patient/family
9. Evaluate preferred learning style
10. Evaluate patient- and family-identified learning priorities, needs, and desires
11. Assess barriers to learning, such as memory or cognitive issues, learning disabilities, physical limitations, language barriers, low literacy, impaired hearing, sight or speech, financial issues, and cultural, psychosocial or emotional concerns
12. Verify that supplies are available
13. Identify high-quality teaching tools that align with the patient’s learning characteristics
14. Identify on-site and online resources

**PROCEDURE STEPS**

1. Develop a plan for teaching that is comprehensive, but divisible into segments to avoid overwhelming the patient/family
2. Individualize the plan to meet the patient’s/family’s specific learning needs
3. Use high-quality teaching tools, such as clear, concise print materials written at a 5th grade reading level
4. Discuss and set mutually achievable learning goals with the patient/family
5. Focus initial education on answering basic questions about DM1, equipment, any tests, and treatments, as appropriate
6. Focus subsequent education on management and strategies for helping with the emotional and psychosocial aspects, as appropriate
7. Anticipate a planned approach but remain flexible
8. Use various teaching/learning strategies
9. Provide timely, relevant, individualized education about DM1
10. Use appropriate written, Internet, and community resources
11. Provide choices in the learning experience and schedule

**POST-PROCEDURE STEPS**

1. Ask patient/family if any learning needs are unmet
2. Perform hand hygiene
3. Continually assess learning throughout patient care
4. Use a “teach-back” method to evaluate understanding
5. Adjust the education plan to the patient’s/family’s response (i.e., on a scale of 1–10)
6. Adjust the education plan to the patient’s/family’s response to any issues, including self-efficacy

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See it in Action

Educating Children or Adolescents with Diabetes Mellitus, Type 1

Empower Your Patients with Knowledge