SFHDiabHA6

Help individuals with diabetes to change their behaviour to reduce the risk of complications and improve their quality of life

Overview

This standard covers working with individuals with diabetes to enable them to change their behaviour to improve their quality of life and reduce the risk of longer term complications through changes to diet, lifestyle and physical activity. This change may concern a specific aspect of behaviour that is one element in a total care plan.. The role of the healthcare professional in this standard is to work collaboratively with the individual, and to identify goals and plans for change through discussion and agreement.

Users of this standard will need to ensure that practice reflects up to date information and policies.

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Performance criteria

You must be able to:

- P1 communicate with individuals in a manner that is appropriate to them and which encourages an open exchange of views and information
- P2 encourage individuals to
  - P2.1 identify practical changes in behaviour that could improve their health
  - P2.2 recognise the benefits of changing their behaviour and the alternatives available to them
  - P2.3 value themselves positively and ?recognise their ability to change
- P3 explore
  - P3.1 the motivation of the individual regarding changing their behaviour
  - P3.2 obstacles they may face in attempting to change their behaviour
  - P3.3 how the obstacles can be addressed constructively
  - P3.4 the support available to help them change behaviour
- P4 identify with individuals a range of strategies for changing their behaviour, which are consistent with
  - P4.1 their condition and personal circumstances
  - P4.2 the risks associated with their behaviour
  - P4.3 evidence of how to achieve behaviour change
- P5 where individuals agree to develop a plan to change their behaviour, help them to identify
  - P5.1 realistic short and long term goals for changing their behaviour
  - P5.2 a realistic plan for achieving the goals
  - P5.3 when and how the plan will be reviewed
- P6 provide information on facilities or support that will be of help to individuals in changing their behaviour
- P7 make an accurate record of the plan which can be followed by other members of the care team, the individual and carer
- P8 encourage individuals to value their attempts and achievements in changing their behaviour, and provide positive support and reinforcement when they have achieved less than they expected
- P9 review with individuals
  - P9.1 how they can maintain their new behaviour
  - P9.2 how they can deal with any problems they are encountering
  - P9.3 whether they are making effective use of the support available to them
  - P9.4 whether the plan should be adjusted in the light of progress to date
- P10 agree arrangements for supporting individuals that are consistent with
  - P10.1 the agreed plan for change
  - P10.2 ?their need for support
  - P10.3 the resources available for their support

P11 encourage individuals to seek further support from you and from other people when they are in need of it

P12 update the record of the plan and progress with it in a form which can be followed by other members of the care team, the individual and carer

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Knowledge and understanding

You need to know and understand:

K1 the NSF for diabetes
K2 NICE guidelines on diabetes monitoring, management and education
K3 causes of diabetes
K4 signs and symptoms of diabetes
K5 normal and abnormal blood glucose and HbA1c values
K6 how to monitor glucose levels, HbA1c, blood pressure
K7 typical progressive patterns of diabetes
K8 the importance and effects of patient education and self management
K9 the psychological impact of diabetes, at diagnosis and in the long term
K10 how to gather information from patients about their health
K11 how to work in partnership with patients and carers
K12 the social, cultural and economic background of the patient/carer group
K13 the impact of nutrition and physical exercise
K14 the effects of smoking, alcohol and illicit drugs
K15 the effects of, and how to manage, intercurrent illness and improve their quality of life
K16 how to manage hypoglycaemia
K17 the medications used to manage diabetes
K18 the long term complications of diabetes and when they are likely to occur
K19 how to examine feet and assess risk status
K20 how to monitor cardiovascular risk
K21 how to monitor for renal disease
K22 how to monitor for diabetic retinopathy
K23 the law and good practice guidelines on consent
K24 the staff member's role in the healthcare team and the role of others
K25 local guidelines on diabetes healthcare
K26 local referral pathways
K27 local systems for recording patient information
K28 quality assurance systems
K29 the process of notification for legal and insurance purposes
K30 sources of practitioner and patient information on diabetes
K31 contact details of local and national support groups
K32 how individuals can access local facilities for exercise and physical activity, education and community activities
K33 principles of cognitive behavioural therapy and how to apply them
K34 principles of motivational interviewing

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Additional Information

External Links

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB4 Enablement to address health and wellbeing needs

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