

NURS-FPX6107 Assessment 1: Curriculum Overview, Framework, and Analysis

Student Name

Program Name or Degree Name (e.g., Bachelor of Science in Psychology), University

COURSE XXX: Title of Course

Instructor Name

Month XX, 2024

NURSINGGLANCE.COM

Curriculum Overview, Framework, and Analysis

Nursing Curriculum, Intended Learner Population, and Why It is Needed.

The selected nursing curriculum is the "Diabetes Self-Management Education (DSME)" program offered by the Endocrinology Department at the Practicum Site Community Hospital. The program is tailored for healthcare professionals caring for patients with diabetes, including registered nurses, nurse practitioners, dietitians, and primary care physicians. The target population of learners is the healthcare professions that entail working in outpatient clinics, inpatient units, and community health facilities. Such experts must have suitable training to adequately manage diabetes, a chronic condition requiring continuing patient education and support (American Diabetes Association, 2022). Diabetes has increasingly become a public health problem, particularly in communities with limited resources and where access to specialized care and medical education is low. The DSME program is essential for several reasons:

- With the increasing incidence of diabetes globally, there is a pressing need for healthcare professionals who are well-versed in the latest diabetes management strategies (Centers for Disease Control and Prevention, 2022).
- Diabetes management requires a comprehensive, multifaceted approach that involves dietary management, medication adherence, lifestyle changes, and psychological support (Powers et al., 2020). This requires comprehensive education that covers all aspects of care.
- Research indicated that people with an increased diabetes self-management education have a plausible significant reduction in complications, better glycemic control, and improved quality of life (Adhikari et al., 2021). Healthcare professionals with more

extensive knowledge and skills about DSME are more competent in providing standard and professional care service that mainly results in better patient results.

- The inter-professional collaboration through the DSME program enables various professions, ranging from medical specialists and nurses to dietitians and caregivers, to work together effectively. The team approach is of the utmost significance in coordinating the complex needs of diabetic clients.
- Healthcare providers who acquire knowledge through the DSME program indirectly support the community by improving health practices, preventing hospital readmissions, and reducing healthcare expenses. It enables health professionals to provide people with diabetes in low-income regions with patient-based care, which deals with problems specific to these environments.

Mission Statement and Course Descriptions

Mission Statement: To empower healthcare professionals with the comprehensive knowledge, skills, and competencies necessary to deliver high-quality, patient-centered diabetes care. This program aims to improve clinical outcomes and patient self-management and promote a collaborative approach to diabetes management that addresses patients' holistic needs in various community settings.

Course Descriptions

- **Introduction to Diabetes Management:** The foundation offers an overview of diabetes, its types, pathophysiology, and epidemiology and its impact on the health system
- **Nutritional Guidance for Diabetic Patients:** This course focuses on dietary management, meal planning, carbohydrate counting, glycemic index and nutrition education.
- **Medication Management:** Covers pharmacological treatments, such as insulin

administration, oral glyemic agents, new treatment modalities and medication adherence.

- Psychosocial Aspects of Diabetes Care: Addresses psychological impacts, motivational interviewing, behavior change strategies, impact on mental health and patient support strategies.
- Advanced Clinical Practices in Diabetes Care: In-depth clinical skills, case studies, and interprofessional collaboration.
- Community Health and Diabetes: Strategies for community engagement, public health education, and resource utilization.

Professional Standards, Guidelines, and Competencies

Professional Standards and Guidelines

The DSME program is precisely crafted by the established professional standards and guidelines so that the informational details taught are comprehensive and up-to-date. The program adheres to the following standards and guidelines:

- American Diabetes Association (ADA) Standards of Medical Care in Diabetes
- American Association of Diabetes Educators (AADE)7 Self-Care Behaviors
- National Standards for Diabetes Self-Management Education and Support (DSMES)

These national guidelines serve as a reference for delivering diabetes educational services and care with attention to person-centeredness, continuous improvement, and evidence-based practices.

Competencies

The DSME program aims to develop the following critical competencies in its participants:

- Clinical Mastery of diabetes through ample understanding of its pathophysiology,

treatment options and clinical management strategies.

- Effective patient education and communication use the most accessible and engaging approaches, with every patient having a customized plan.
- The ability to work in an interprofessional team collaboratively requires collaboration and coordination among health professionals to broaden the efficiency of patient care.
- Psychosocial Support, such as teaching patients how to manage the emotional and social challenges of diabetes, can be included in comprehensive care.
- Through the program, attendees will get acquainted with topics such as community organization and diabetes awareness and prevention. They will be taught to utilize community resources to empower patients and enhance public health outcomes.

Student Learning Outcomes

Upon completion of the DSME program, participants will be able to:

- Integrate the latest evidence-based guidelines into clinical practice to enhance diabetes management and patient care.
- Develop comprehensive, individualized care plans that address the unique needs and conditions of each diabetic patient.
- Efficiently train patients and their families in diabetes self-management skills to empower them to take charge of their health.
- Work jointly with other health professionals to provide coordinated and complete care to diabetes patients.
- Evaluate diabetic management activities continually and make decisions driven by the data to increase the favorability of patient outcomes.
- Participate in community health programs to identify individuals at high risk for

developing diabetes and educate society about diabetes prevention and management, thereby improving overall public health.

Updating Healthcare Knowledge

The Community Hospital, based on the philosophy of DSME, seeks to maintain the highest level of diabetes courses by promptly making necessary updates to the curriculum as medications evolve. The biannual reviews by a multidisciplinary committee initiate this process. The reviews guarantee that this curriculum is up-to-date with the current research, guidelines, and best practices regarding diabetes care. Data from clinical outcomes, faculty, and participants are systematically gathered and assessed to understand the extent to which the program is relevant and practical. Thus, monitoring the curriculum content and revising where necessary is essential.

The program's purpose is to stay abreast of the most recent studies. Staff members are asked to be lifelong learners and stay abreast of novel developments in diabetes treatment. This continuous learning translates into incorporating up-to-date information into the curriculum, guaranteeing that current course content and teaching materials are always current (Camargo-Plazas et al., 2023). Faculty members' professional development is not the only thing being fostered; instructors also participate in many training sessions and workshops. Such opportunities help them enhance their teaching abilities and stay up-to-date with the latest diabetes management. Technology is used to make even more of the learning process, strengthening the DSME program, which has some interactive learning platforms, virtual simulations and online modules. Thus, the programming can suit everyone by increasing its dynamics and making it accessible and enjoyable.

Organizing Design and Theoretical Framework

The DSME curriculum at the practice site Hospital follows a competency-based outline complemented by the Health Belief Model (HBM) as its theoretical frame. This program design can be seen by having a structured curriculum that emphasizes the acquisition of specific competencies that are fundamental for controlling diabetes (Palermo et al., 2022). As an illustration, each course in the DSME curriculum is developed with well-defined learning objectives that represent the core skills and knowledge areas. Using competency-based assessments like practical exams, case studies, and role-playing helps students to apply what they have learned in real-life situations (Palermo et al., 2022). The HBM is incorporated into the curriculum by focusing on patient motivation and behavior change techniques (Jiang et al., 2021). For example, the courses "Psychosocial Aspects of Diabetes Care" and "Community Health and Diabetes" focus on concepts such as susceptibility, severity, and perceived benefits and barriers, popularly known as the Health Belief Model. These courses teach healthcare professionals to include the management of these factors as part of patients' educational process, thereby making self-care practices more effective. Integrating competency-based education with the HBM in the DSME program leads to a comprehensive solution enabling healthcare workers to address the intricate needs of diabetic patients.

History of the organizing design and theoretical framework or model.

The competency-based organizing design emerged in the 1960s as a reaction to the requirement for more practical and results-oriented education in various professional fields, including healthcare (Lewis et al., 2022). This method centers on a focus on the development of some specific, measurable skills that students must demonstrate to progress. Despite the significant popularity of competency-based education programs in nursing and other health

professions, they aim to ensure that graduates are equally capable in various professional roles and perform effectively.

In the 1950s, social psychologists Hochbaum, Rosenstock, and Kegels conceptualized the health belief model (HBM), which sought to explore why people frequently failed to take the much-needed actions to participate in programs that could help detect or prevent health-related problems (Anuar et al., 2020). This model suggests that health behaviors may be modulated by personal notions about illnesses, the benefits associated with these actions, and barriers to the actions. Over time, the HBM has been widely used in prevention practice in public health and education programs, which aim to motivate people to change their behavior. The use of this model in the DSME program is most significant since it addresses the motivational aspects of diabetes self-management; thus, it becomes one of the solid tools for healthcare professional educators to support their patients effectively.

Major Concepts of the Selected Organizing Design and Theoretical Framework

The central concepts of the competency-based organizing design include specific, measurable competencies, outcome-focused education, and practical application (Palermo et al., 2022). In terms of the DSME program, the concepts in question are introduced so that each lesson aims to provide specific competencies and knowledge indispensable for proper diabetes management. The complexities are tested in several ways; therefore, people can prove whether or not they can apply the knowledge they have learned within a real-life setting. The Health Belief Model (HBM) identifies perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy (Jiang et al., 2021). Within the DSME program, this concept serves to teach healthcare professionals the aim of helping patients manage their diabetes by supporting and motivating them. For instance, professionals can address the

patient's convictions about their likelihood of getting and the severity of their condition by comprehending the perceived susceptibility and severity. Identifying perceived benefits and obstacles will let professionals adjust the interventions by stating the importance of self-management and creating strategies for dealing with obstacles. Acting cues and self-efficacy are among the tools included in patient education, where prompt behavior change is suggested, and patients are given the confidence needed to monitor their diabetes. Through this integration of components, the DSME program aims to empower health professionals to incorporate the physical and emotional aspects of diabetes in their service delivery.

Conclusion

Delivering Diabetes Self-Management Education (DSME) at Practicum Site Community Hospital is a critical component of a comprehensive approach toward the prevention of diabetes, which is a growing public health crisis, especially in low-income communities. The program is built for healthcare workers like nursing staff, nutritionists, and primary care physicians and covers everything related to diabetes management training. It provides the members with all the skills necessary for delivering quality and patient-centered care through a multi-modal approach that involves dietary counseling, medication compliance, lifestyle modifications, and psychosocial support. The diabetes self-management education program offers a platform for professional cooperation, which ultimately improves the coordination and performance of diabetes care. The training program not only improves the outcomes of an individual patient but also alleviates the strain on community health by reducing readmissions and healthcare costs. The curriculum empowers healthcare workers with the skills and competence to provide advanced care for diabetes patients and support the community to embrace healthier lifestyles.

References

- Adhikari, M., Devkota, H. R., & Cesuroglu, T. (2021). Barriers to and facilitators of diabetes self-management practices in Rupandehi, Nepal- multiple stakeholders' perspective. *BMC Public Health*, 21(1). <https://doi.org/10.1186/s12889-021-11308-4>
- American Diabetes Association. (2022). *Complete delivery and design of diabetes self-management education and support (DSMES) services curriculum*. https://professional.diabetes.org/sites/default/files/media/std_4-curriculum_handout_revised_03.16.2022.pdf
- Anuar, H., Shah¹, S., Gafor¹, H., Mahmood¹, I., & Ghazi, H. (2020). Usage of health belief model (HBM) in health behavior: A systematic review. *Malaysian Journal of Medicine and Health Sciences*, 16(SUPP11), 2636–9346. http://www.medic.upm.edu.my/upload/dokumen/2021010809001826_2020_0366_.pdf
- Camargo-Plazas, P., Robertson, M., Alvarado, B., Paré, G. C., Idevânia Geraldina Costa, & Duhn, L. (2023). Diabetes self-management education (DSME) for older persons in Western countries: A scoping review. *PLOS ONE*, 18(8), e0288797–e0288797. <https://doi.org/10.1371/journal.pone.0288797>
- Centers for Disease Control and Prevention. (2022, December 21). *Cost-Effectiveness of Diabetes Interventions | Power of Prevention*. [Www.cdc.gov](http://www.cdc.gov). <https://www.cdc.gov/chronicdisease/programs-impact/pop/diabetes.htm>
- Jiang, L., Liu, S., Li, H., Xie, L., & Jiang, Y. (2021). The role of health beliefs in affecting patients' chronic diabetic complication screening: A path analysis based on the health belief model. *Journal of Clinical Nursing*, 30(19-20). <https://doi.org/10.1111/jocn.15802>

Lewis, L. S., Rebesch, L. M., & Hunt, E. (2022). Nursing education practice update 2022: Competency-Based education in nursing. *SAGE Open Nursing*, 8, 237796082211407.

<https://doi.org/10.1177/23779608221140774>

Palermo, C., Aretz, H. T., & Holmboe, E. S. (2022). Editorial: Competency frameworks in health professions education. *Frontiers in Medicine*, 9.

<https://doi.org/10.3389/fmed.2022.103472>

Powers, M. A., Bardsley, J. K., Cypress, M., Funnell, M. M., Harms, D., Hess-Fischl, A., Hooks, B., Isaacs, D., Mandel, E. D., Maryniuk, M. D., Norton, A., Rinker, J., Siminerio, L. M., & Uelman, S. (2020). Diabetes self-management education and support in adults with type 2 diabetes: A consensus report of the American Diabetes Association, the Association of diabetes care and education specialists, the Academy of Nutrition and Dietetics, the American Academy of Family Physicians, the American Academy of Pas, the American Association of Nurse Practitioners, and the American Pharmacists Association. *Diabetes Care*, 43(7), 1636–1649. <https://doi.org/10.2337/dci20-0023>

<https://nursinglance.com/>