



# Nurse training case study: e-training of nurses in diabetes problems

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**Summary** Diabetes is recognised as a major social problem of the 21st century and the nursing community has a very important role to play in diabetes prevention and treatment. It is essential that any practitioner who is involved in their care is appropriately trained and educated. Traditional classroom training can no longer be considered as the only means of doing this, due in part to the large numbers of learners. Therefore, we propose a new solution to the problem using *e-training*, and offer local considerations as to its possible implementation, e.g. in Poland.

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## Introduction

It has been estimated that more than 100 million people in the world have diabetes, including more than 10 million in Europe and more than two million in Poland (Alberti, 1997; Diabetes, 1989). Moreover, the forecasts of the World Health Organisation (WHO) assume that the numbers will increase approximately 50–170% in various countries up to 2005 (King and Rewers, 1993). We can see from these figures that diabetes is a significant social problem of the 21st century.

Those community, family and school hygienists/nurses (community nurses) who work in direct contact with people in their living or work environments now have a very important task to perform: to support diabetes prevention and diagnosis and to help in the diabetic patient treatment and care processes. To perform this role efficiently, community nurses require more knowledge on the detection and treatment of diabetes.

Taking the country of Poland as an example, this paper proposes *E-training* to provide diabetes education. The general training programme based on the educational programme of Polish Medical Academies is presented as a case study and the e-training aspects of this are also discussed.

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## Social diabetology and the role of community nurses

Among the methods and processes developed to treat diabetes-related disorders are the following (Lewoc et al., 2004):

- descriptive and analytical epidemiological diabetology methods (e.g. early detection of diabetes, new diabetes recognition methods, diabetes risk factor identification, monitoring and evaluation of medical care processes, evaluation of organised care performance in diabetes treatment),
- investigations of the diabetes treatment systems and organisation,
- diabetological care economy of a special importance for any country in the economic standing similar to that of the case-study country,
- large-scale pharmacotherapy and treatment result evaluation to enable possible improvement in the results,
- prevention methodology and dissemination as a much more economic alternative of medical treatment,
- evaluation of social impacts (employment level, income, social class) on the medical treatment results to generate some objective rationale for possible political decisions, and
- the new role of physicians, nurses and medical care organisers in the prevention and medical treatment processes to enable the partners' position for diabetics and their families.

Nurses employed within the framework of Primary Health Care (PHC) have a major role to play in the realisation of diabetes prevention/treatment processes. Their general tasks are defined in their basic professional document, the St. Vincent Declaration (Diabetes, 1989) as follows:

- health maintenance and improvement,
- disease prevention,
- inclusion of patients, patient families and circles into the health care program and supporting them in carrying out their health responsibility programme,
- participation in diagnosing and providing medical treatment,
- provision of nursing and medical care services, and
- participation in rehabilitation.

Nurses in PHC work without direct supervision and are in direct contact with people under their

care. Therefore, they may and should be employed to:

- acquire data for diabetes risk evaluation,
- devise treatment strategies together with the patients and their families, concerning the prevention and treatment processes,
- fulfil therapeutic tasks, monitor and evaluate the treatment outcome,
- maintain or widen the diabetes (and diabetes-induced disorders) treatment scope, and
- provide education needed for diabetics and their families.

## Assessment of the problem and traditional teaching methods

To assess the scale of the problem, let us remember that, on average, one nurse should be employed for every 2500 inhabitants in the country of our case study. In addition, at least one school hygienist/nurse should be employed by every school. This results in approximately 20,000 community nurses (in a country of ca. 40 million inhabitants) that need to update their knowledge of diabetes-related problems. They need that new knowledge quickly for the sake of the more than 2 million people suffering from diabetes, recognised or not.

Of course, nurses are trained to recognise diabetes-related problems. For instance, in the case-study country they are taught, first of all, in secondary professional nursing schools (Naszydlowska et al., 2002). However, future nurses have to study for 5 years and, thereafter, they have to acquire the necessary practical experience to be able to efficiently work with patients and their families. This process usually takes some 5–10 years. Therefore, they will be able to make use of their present knowledge of diabetes problems only after some 5–15 years.

Other schools where highly-qualified nurses are taught are medical academies running Nursing Faculties or Chairs (e.g. on PHC Faculties). The students are provided with very detailed, contemporary knowledge of diabetes problems. However, the number of such highly qualified nurses is limited to less than one thousand in the case-study country. They also need a longer time period to acquire the practical experience needed for efficient work with patients and their families.

Therefore, a solution needed to be found for the problem of how to train some 20,000 community

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