Client Centred Care

Australian Diabetes Educators Association

Position Statement
The Australian Diabetes Educators Association (ADEA) believes that optimal health and well being can only be achieved and sustained when people with diabetes are involved as active partners in their diabetes care. This Position Statement has been developed by the ADEA to provide clarity regarding the underlying beliefs and values about diabetes care held by this organisation. It complements the ADEA Code of Conduct for Diabetes Educators and the ADEA Standards of Practice for Diabetes Educators.

For ease of reading, the term ‘educator’ has been used in this statement. This term is intended to be inclusive of all ADEA members: Credentialled Diabetes Educators providing comprehensive diabetes self management education; members working towards credentialling; and those members providing discipline specific diabetes education and care.

ADEA acknowledges that the majority of people with diabetes:
- make all the day to day decisions about their diabetes management (e.g. taking medications, food choices, when to monitor blood glucose levels and how to respond), unless they have a recognised mental health co-morbidity or disability that limits their intellectual capacity to make informed decisions
- seek to optimise their quality of life in making these decisions, given their understanding and perception of their situation, their beliefs and values, and their social and cultural context
- bear the personal consequences of these decisions, whether foreseen or unforeseen
- cannot hand over responsibility to others for the day to day management of their diabetes
- vary in their readiness to make changes to their diabetes self management at various stages of their life and condition.

ADEA believes that the role of the educator is then to acknowledge, facilitate, encourage and support the person with diabetes in making informed decisions about their diabetes self management. An informed decision is defined as one that is consciously made by an individual based on their understanding of the information, advice and available options to protect and promote health.

To support the making of informed decisions by people with diabetes, the educator has a responsibility to:
- ensure that the priorities and concerns of the person with diabetes are identified and addressed within each episode of care
- provide the person with diabetes with complete, and up to date information about the health concerns that the educator may have about their diabetes based on the clinical evidence available to them
- ensure that the person with diabetes understands the relevant clinical and self management options available to them
- ensure there is a process where the educator and the person with diabetes mutually agree about the priorities for any interaction, following the sharing of their joint concerns
- support the development of generic and diabetes specific self management skills in the person with diabetes
- facilitate self reflection in the person with diabetes to enable conscious decision making around self management decisions and optimisation of treatment options
- verify that the person with diabetes can access and has reviewed and identified the resources they require to enable them to enact their decisions
- ensure that at the end of all interactions, both the educator and person with diabetes have a clear and common understanding of the decisions the person with diabetes has made, as a result of that interaction.

ADEA believes the educator has a responsibility in supporting people with diabetes in living with the outcomes of their diabetes self management decisions, and therefore has a responsibility to:
- acknowledge and include time for discussion and exploration of the emotional challenges arising from the person’s decisions and the consequences of their decisions
In 2004, two landmark publications: “Information and Education for People with Diabetes: A Best Practice Strategy” [IEPWD] and the “DAWN Study: The Australian Experience 2004” [DAWN] were published. The Australian Diabetes Educators Association (ADEA) undertook a review of the recommendations made by IEPWD and DAWN and identified four main areas of need with respect to the professional development needs of diabetes educators. Central to the recommendations in those reports, was the need for a much greater focus on the delivery of client centred care by diabetes educators. ADEA has subsequently undertaken to develop four advanced training modules for diabetes educators. One of these will specifically focus on the development of knowledge and skills to support the provision of client centred care. This work is being overseen by the Behaviour and Education Project Reference Group reporting to the ADEA Board of Directors.

**Background**

In 2004, two landmark publications: “Information and Education for People with Diabetes: A Best Practice Strategy” [IEPWD] and the “DAWN Study: The Australian Experience 2004” [DAWN] were published. The Australian Diabetes Educators Association (ADEA) undertook a review of the recommendations made by IEPWD and DAWN and identified four main areas of need with respect to the professional development needs of diabetes educators. Central to the recommendations in those reports, was the need for a much greater focus on the delivery of client centred care by diabetes educators. ADEA has subsequently undertaken to develop four advanced training modules for diabetes educators. One of these will specifically focus on the development of knowledge and skills to support the provision of client centred care. This work is being overseen by the Behaviour and Education Project Reference Group reporting to the ADEA Board of Directors.

**What is Client Centred Care?**

Review of the literature and consultation with experts in the areas of patient centred care and empowerment indicates that there are multiple definitions and descriptions of these terms in the literature, with no clear consensus. Therefore, before implementing the training modules, ADEA identified the need to establish an operational definition of client centred care. Rather than impose a definition on the membership of the ADEA, it was felt necessary to engage diabetes educators in Australia, in establishing a consensus operational definition that was developed and owned by the membership of the ADEA.

To this end an initial operational definition was developed, attempting to bring together several convergent literatures. The first is the literature on empowerment, as originally articulated by Anderson and Funnell, which can be readily summed up by the statement ‘People are empowered when their conscious choice making is the force in control of their decisions’. The second body of literature is that on the process of patient centred care, articulated originally by Stewart and colleagues which has been subsequently reviewed and synthesised by several researchers. This literature would suggest that patient centred care seeks to both elicit the patient’s concerns and beliefs and to activate the patient in working towards their own health goals. The third body of literature concerns the challenge of switching health care from a predominantly acute care model, to the provision of chronic disease care, and raises implications for both the individual interactions and the structure of care. It should be noted, that although review of the literature indicates that taking a more client centred approach can result in improved outcomes, this evidence is by no means robust at present. Therefore, it is not solely on these grounds that the ADEA has developed this statement. Rather, the ADEA believes that the philosophy of care stated here is the only approach that is consistent with the reality of the nature of diabetes care and treatment.

**Development of the Position Statement**

To develop a consensus Position Statement, the ADEA distributed a survey instrument to its members to establish their described above, they must be:

- skilled in communication, counselling and discovery learning techniques, and both personal and professional reflection
- experts in current and evidence based diabetes treatment and care management options
- committed to ongoing professional development and maintaining competence in all aspects of diabetes self management education and care.

ADEA believes that to enable educators to fulfil the role and responsibilities
position and views about the nature of diabetes care, and the role of the diabetes educator in supporting people with diabetes. The survey contained a series of twenty two statements extracted from the review of the literature. Members were invited to state whether they agreed with a set of specific statements, and were invited to suggest changes they would want made to the statements. A total of 157 responses were received representing 13% of the membership at the time of the consultation. Credentialled Diabetes Educators represented 67% of respondents. Nine of the statements circulated were endorsed by over 95% of respondents, and a further six statements by over 90% of respondents. These statements were included in the final draft statement, with only minor revision. Of the remaining statements circulated, three were endorsed by over 85%, three by 80% and one by only 70% of the membership. Members provided extensive feedback on these seven items, and the challenges they posed. This resulted in substantial revision of these statements in line with member comment for inclusion in the final draft statement. A final round of consultation resulted in only minor editorial comment being incorporated into the final statement.

**Purpose of the Position Statement**

The purpose of the ADEA Position Statement on Client Centred Care, is to provide members with a set of principles to which they should aspire, and that should guide the provision of care and the manner in which members work to provide care to people with diabetes. These principles provide the context in which all decision making and professional behaviours can be considered. It is important to note that, the delivery of client centred diabetes care, as articulated here, may pose significant challenges within the systems and structures of care in which members work. Differences between health professionals and the models and systems of care in which they work may constrain the ability of individuals to adopt a client centred approach, however, should not prevent the adoption of a philosophy of practice consistent with this Position Statement.

The ADEA is committed to supporting its members in providing client centred care within diverse and sometimes challenging practice settings, to raising government, organisational and public awareness of the nature of and context in which client centred care is provided and to positively influencing emerging models of chronic disease care.

The ADEA Position Statement on Client Centred Care will provide the context for future ADEA publications and underpin the development of the proposed advanced training modules.

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**References**


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**Project Consultants**

A/Prof. Chas Skinner BSc (Hons) PhD
Sue Craddock RGN DipN FETC MSc

**Project Reference Group**

Shirley Cornelius RN CDE (Chair)
Jane Giles RN CDE
Erica Wright RN RM CDE
John Kilmartin RN CDE
Ryan Teague (Observer)
Kaye Neylon APD CDE (ADEA Professional Officer)

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