

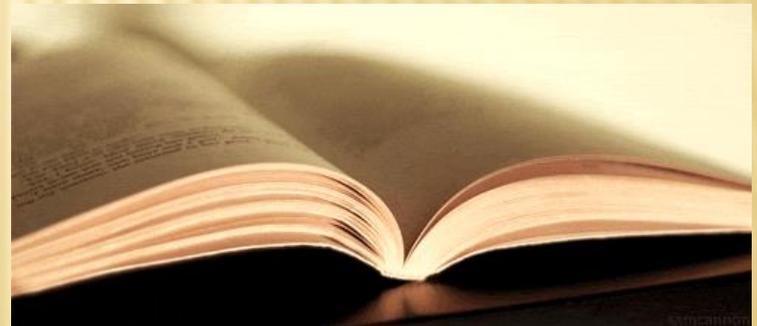
EDUCATIONAL THEORIES

CDE Exam Preparation

by Wendy Graham

Waterloo Wellington Diabetes

April 2018



AGENDA

- ✘ Standards and Quality Assurance
- ✘ Principles of Adult Learning
- ✘ Styles of Learning
 - + Individual
 - + Group
- ✘ Behavior Change and Educational Theories
- ✘ Objectives
- ✘ Sample Test Questions

Canadian Diabetes Association, Diabetes Educator Section

Standards for Diabetes Education in Canada 2014



Canadian Diabetes Association
2014

STANDARDS FOR DIABETES EDUCATION

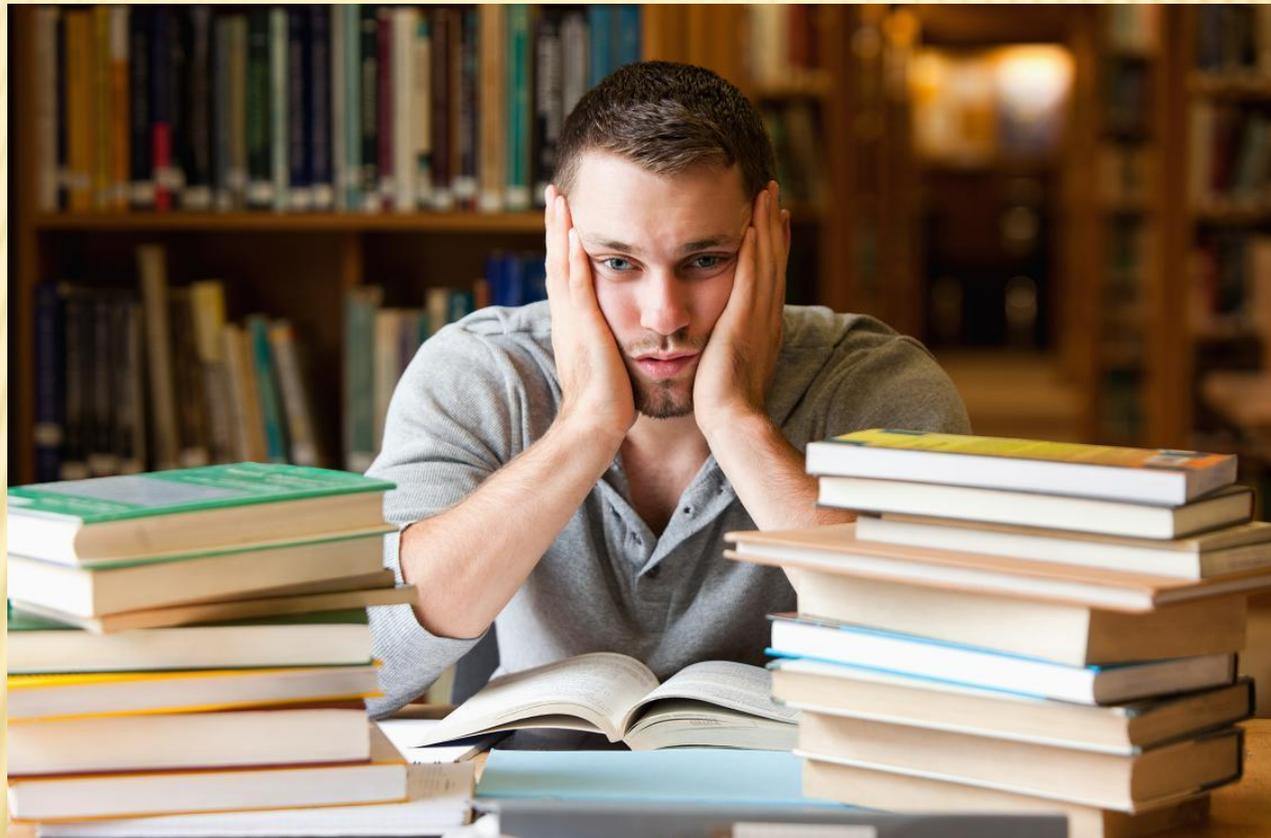
2014

- ✘ Structure (6)
- ✘ Process (6)
- ✘ Outcome (5)

QUALITY ASSURANCE

- ✘ Standards and Criteria
- ✘ Evaluation
 - + Structure
 - + Process
 - + Outcome
- ✘ Remedial Plan
 - + Who, When, What, Where, How

ADULT LEARNING THEORIES



DEFINITIONS

To **educate** is: “To train by formal instruction and supervised practice, especially in a skill, trade, or profession. To develop mentally or morally especially by instruction”.

To **learn** is: “To gain knowledge or understanding of a skill in the study, instruction, or experience”. Learning is the desired outcome of education.

To **teach**: “To cause to know something. To cause to know how. To instruct by precept, Example, or experience” Teaching is the process of facilitating education”.

PRINCIPLES OF ADULT LEARNING

- ✘ Adults are self directed
- ✘ Adults are task or problem oriented
- ✘ Adults bring life experience and knowledge to the learning situation
- ✘ Adults are more likely to learn when learning has meaning for who they are – for their social roles and responsibilities
- ✘ Adults are practical
- ✘ Adult learners like to be respected



INDIVIDUAL LEARNING STYLES

- × Visual
- × Auditory
- × Kinesthetic
- × Tactual

INDIVIDUAL LEARNING STYLES

Visual	<p>Provide demonstration</p> <p>Use pictures or illustrations</p> <p>Use actual product to show them e.g. insulin pen</p>
Auditory	<p>Verbally explain</p> <p>Read print information aloud</p>
Kinesthetic	<p>Move the client from one area to another for teaching</p> <p>Posters that a person moves from one to the next</p> <p>Role Play</p>
Tactual	<p>Provide the item e.g. insulin pen</p> <p>Encourage to make notes or underline on the instruction sheet</p> <p>Doodler</p>

STYLES OF LEARNING

In a Group Setting

- ✘ Assimilative
- ✘ Divergent
- ✘ Convergent
- ✘ Accommodative

ASSIMILATIVE

- ✘ Facts and Knowledge
- ✘ Value the knowledge of an expert (health professional)
- ✘ Lectures work well
- ✘ Taking a break allows this learner to reflect and integrate new information with past experience

Just the facts

DIVERGENT

- ✘ Emphasis is on Feeling
- ✘ Interaction is important
- ✘ Ask the learner what they know from past experience
- ✘ Allows them to link personal meaning to information

Feelings

CONVERGENT

- ✘ Like to apply knowledge
- ✘ Hands-on activities
- ✘ Give an opportunity to practice a skill

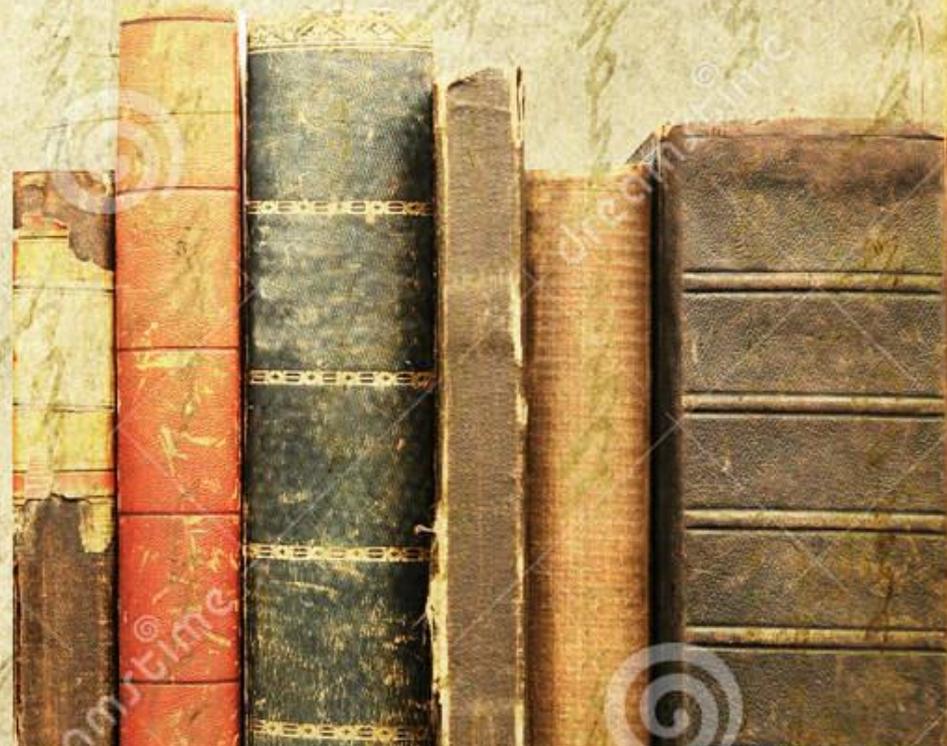
Let me do it

ACCOMMODATIVE

- ✘ Learn by 'Trial and Error'
- ✘ Problem solvers
- ✘ Like to know the options available

Problem solver

BEHAVIOR CHANGE THEORIES



Knowledge  Changed Behavior

COMPLIANCE

The health care provider is responsible for the clients health and the client follow the directions.

EMPOWERMENT

A person is able to make informed choices and take action, aware of the consequences.
The person and healthcare provider are equal partners.

BEHAVIOR CHANGE THEORY

- ✘ Self-efficacy
- ✘ Empowerment
- ✘ Stages of Change
- ✘ Health Belief Model
- ✘ Social Learning Theory

SELF EFFICACY

The degree of confidence the person has in doing a task or behavior which directly correlates to whether the task will be performed.

I can do this!

STEPS TO EMPOWERMENT

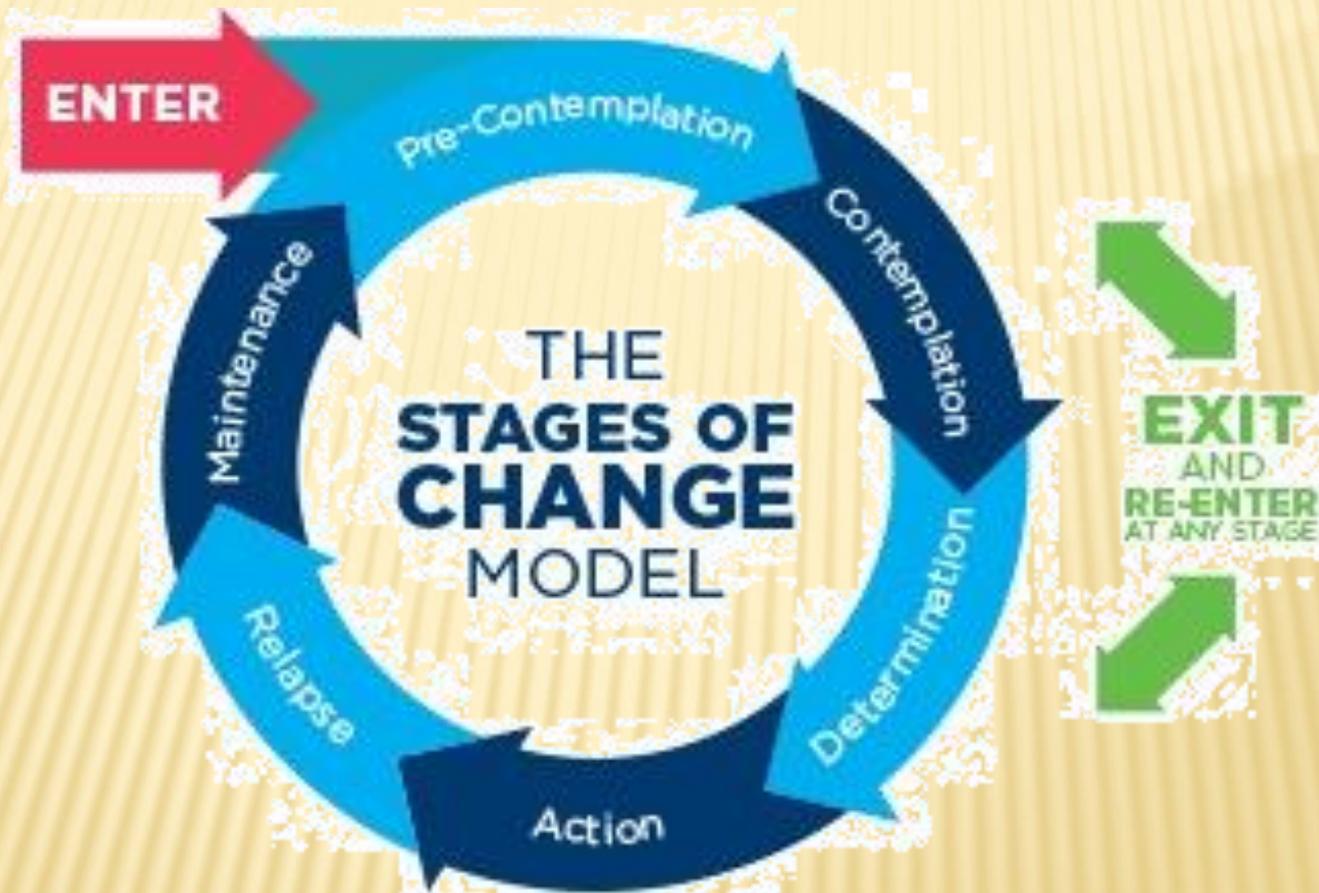
- ✘ Explore the problem
- ✘ Explore feelings
- ✘ Set goals
- ✘ Make a plan
- ✘ Evaluate the result

TRANSTHEORETICAL MODEL OF BEHAVIOR CHANGE

STAGES OF CHANGE

- ✘ **Precontemplation:** Not considering change > 6 months
- ✘ **Contemplation:** Considering – but not soon
- ✘ **Preparation:** Getting ready- soon
- ✘ **Action:** Trying it out
- ✘ **Maintenance:** Doing it for more than 6 months

STAGES OF CHANGE



Precontemplation

Self Efficacy

Low self confidence

-may be lack of knowledge

-previous failure

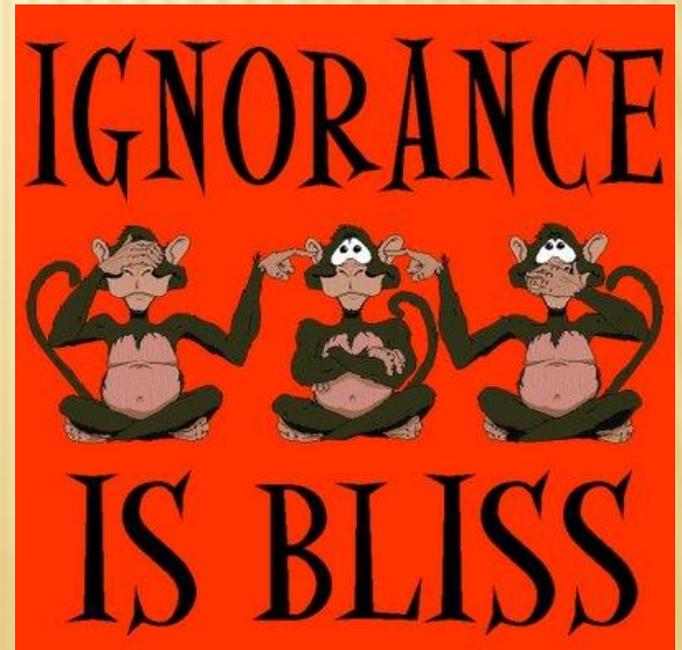
Decisional Balance

Cons > Pros

Processes

Consciousness raising

Dramatic relief



Contemplation

Self Efficacy

Low self confidence

-may be starting to think a change is possible

Decisional Balance

Cons \geq Pros

Processes

Evaluation of environment and self

-possible barriers

-build the positive of change



Preparation

Self Efficacy

Low self confidence has improved

-some doubts

Decisional Balance

Cons \leq Pros

Processes

Stimulus control (Obstacles)

Self liberation

-states an intention

-avoid triggers of old behavior



Action

Self Efficacy

High self confidence

-may be starting to think a change is possible

Decisional Balance

Pros > Cons

Processes

Reinforcement and helping relationship

Counter conditioning

-praise and support

-risk of relapse is high



Relapse

Self Efficacy

Decreased self confidence

Decisional Balance

Pros < Cons

Processes

Reassess Motivation and barriers

Evaluate triggers

Plan coping strategies



Maintenance

Self Efficacy

High self confidence

Decisional Balance

Pros > Cons

Processes

Reinforce and support



SOCIAL LEARNING THEORY

also know as Social Cognitive Theory

**We learn by watching what others do
and what happens to them.**

SOCIAL LEARNING THEORY

Relationship between



There is continuous interaction between these factors.
When one aspect is changed the others are influenced as well.

SOCIAL LEARNING THEORY

Locus of Control

Internal

Things that happen are a result of their own behavior.

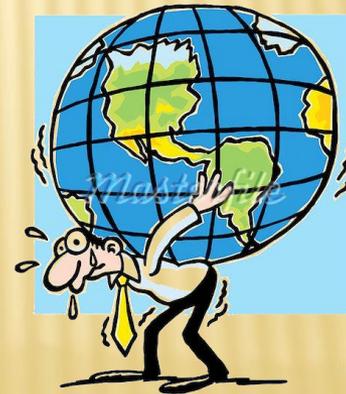
Likely to initiate change



External

Things that happen are due to external factors.

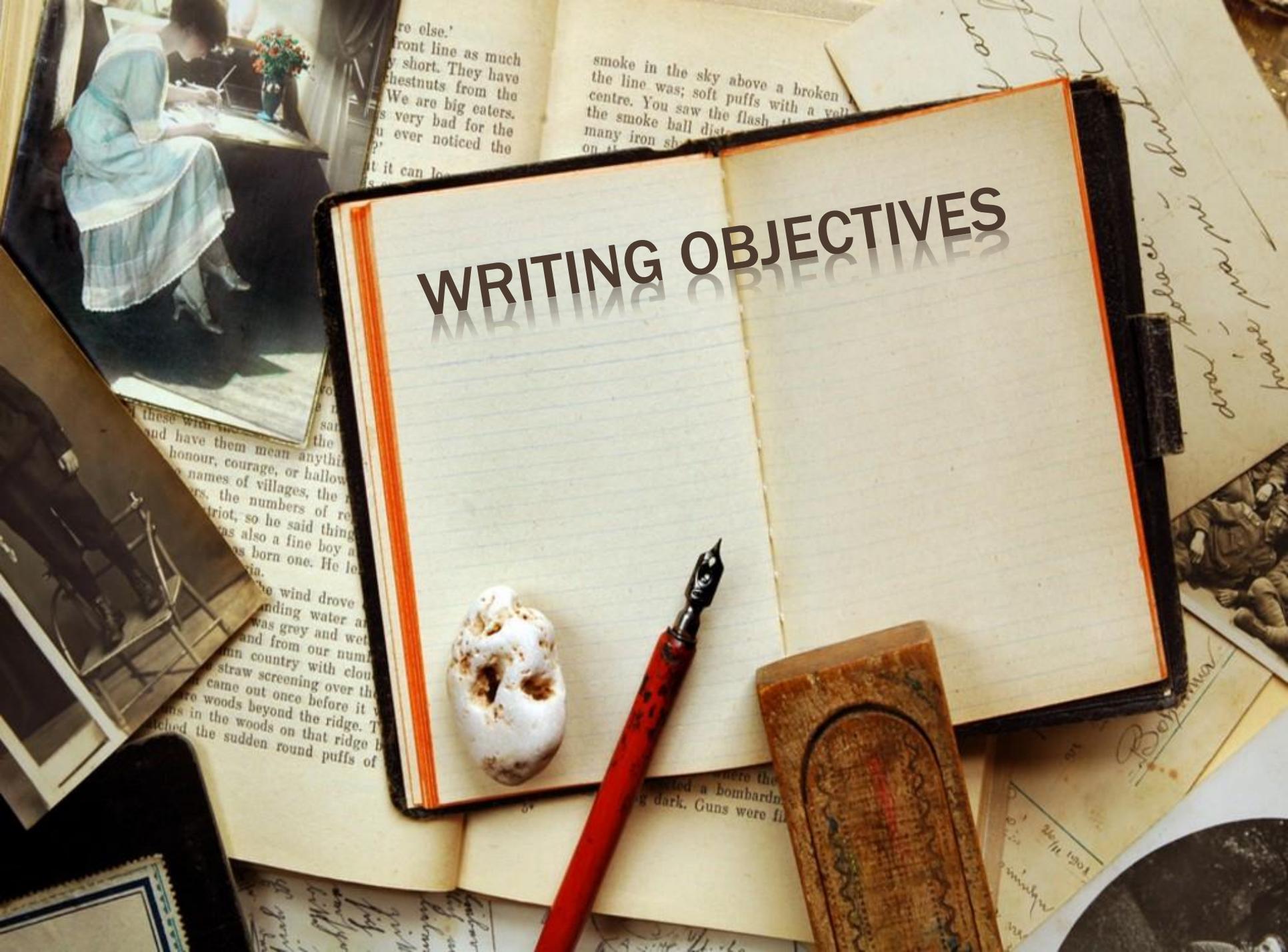
Influenced by others



HEALTH BELIEF MODEL

- ✘ Perceived Susceptibility
- ✘ Perceived Severity
- ✘ Perceived Benefit
- ✘ Perceived Barriers
- ✘ Self Efficacy

WRITING OBJECTIVES



WRITING OBJECTIVES- DOMAINS

- ✘ Cognitive
- ✘ Affective
- ✘ Psychomotor

Survival/Basic
Intermediate
Advanced

WRITING OBJECTIVES- COGNITIVE

✘ Knowledge

To list three symptoms of hypoglycemia

✘ Comprehension

To explain the causes of hypoglycemia

✘ Application

To relate the symptoms of hypoglycemia to the correct method of treatment

WRITING OBJECTIVES- AFFECTIVE

- ✘ Responding

To feel satisfaction in caring for oneself

- ✘ Valuing

To accept some adaptations to his or her lifestyle

WRITING OBJECTIVES- PSYCHOMOTOR

✘ Perception

To recognize the various injection sites

✘ Set

To demonstrate a correct injection

✘ Adaptation

To correctly adjust insulin dose to blood glucose values

TYPES OF QUESTIONS

- Recall
- Application
 - + Case Study
- Analysis
 - + Case Study

ASSESS EACH TEST ITEM- ANALYSIS STYLE

A 50 year old man recently been diagnosed with diabetes. During the first education session, his wife frequently asks questions, often interrupting the educator's discussion with questions that are unrelated to the topic. What is the educator's best option.

ASSESS EACH TEST ITEM- ANALYSIS STYLE

Cont'd

- a) Answer the questions and resume the planned course of instruction
- b) Discourage the questions until the end of the class
- c) ✓ Allow several minutes for questions, then teach the topic of most concern to the husband and wife
- d) Remind the learners that there are still important topics to learn in a limited amount of time

ASSESS EACH TEST ITEM-

- ❑ Read the question
- ❑ Look for hints
“always” “never” “most” “least” “best” “priority”
- ❑ Avoid overthinking
- ❑ Don't waste time looking for patterns or sequences
- ❑ If you absolutely have no clue, leave the question and come back to it – put an answer down- best guess.

TEST QUESTIONS EDUCATIONAL THEORY



QUESTION 1

What should be included in the teaching materials for low literacy clients?

a) Abbreviations

b) Large Print

c) Cartoons to add humour

✓ d) A lot of white space on each page

QUESTION 2

Which of the following factors should be considered when teaching elderly people with diabetes?

- ✓ a) Present information at a slower pace
- b) Use reading materials written in upper case letters
- c) Address several major topics at each session
- d) Use reading material at a grade 9 level

QUESTION 3

Which of the following strategies would best enhance learning?

- a) Suggest learners take notes
- b) Hold group sessions
- c) Use overheads to illustrate lecture materials
- ✓ d) Ask questions during and at the end of each session

QUESTION 4

Which of the following educational strategies is most likely to help adult learners remember important information about diabetes?

- a) Provide written exercises for the participants to complete at home
- b) Provide examples to highlight key information
- c) Present theoretical information through independent video instruction
- ✓ d) Design activities for learners to find ways to fit new information into their lifestyle

QUESTION 5

How can a process standard be evaluated?

- a) By changes in clients' knowledge scores
- b) By a reduction in diabetes-related admissions
- ✓ c) By an increase in the interactive component of the classes
- d) By an improvement in diabetes control as measured by A1c

QUESTION 6

After completing an information session about physical activity, a client describes an appropriate adjustment to the meal plan for a planned physical activity period. What does this statement reflect?

- a) A basic goal of the education program
- ✓ b) A behavioral objective in the cognitive domain
- c) A behavioral objective in the affective domain
- d) A behavioral objective in the psychomotor domain

QUESTION 8

What statement provides evidence of a lifestyle behavioral change?

- a) Return demonstration of correct self-monitoring blood glucose technique.
- b) Change in knowledge scores pre-post program
- ✓ c) Selection of an appropriate meal in restaurant
- d) Completion of a food diary

QUESTIONS



Contact me at: wendyg@langs.org

Check out information at: waterloowellingtondiabetes.ca