

The DAFNE Philosophy

The philosophy laid out here is the foundation upon which the DAFNE programme is based. It makes explicit the core beliefs, values and attitudes of the members of the DAFNE Consortium.

The DAFNE philosophy is based on Therapeutic Patient Education (TPE), from which the DAFNE programme was derived (Muhlhauser, 1983, 2000), and on person-centred philosophy, which promotes active behaviour change (Anderson, 2005).

The philosophy underpins the content and processes of diabetes care that guide and shape the DAFNE programme, its delivery and ongoing development.

Section 1: Aims

- The principal aim of the DAFNE programme is to facilitate autonomy, competency and confidence in the self-management of diabetes by providing skills-based training in the areas of carbohydrate counting and insulin dose adjustment in a comprehensive range of situations. This includes the development of problem-solving skills that ultimately leads to improvement in biomedical and quality-of-life outcomes in people with type 1 diabetes and eventual improvements in long-term health outcomes.
- The DAFNE programme aims to enable individuals with type 1 diabetes to have a flexible lifestyle. It teaches skills that encourage insulin doses to be adapted to lifestyle choices, using algorithms which can ensure more predictable blood glucose (BG) and subsequently the experience of a greater sense of personal control.
- Through experiential learning, the DAFNE programme encourages individuals to become activated self-managers, building on their own experience and expertise within the framework of skills and guidance that the DAFNE principles provide.
- The DAFNE programme acknowledges that the person with diabetes drives the decision-making process. However, it also aims to encourage them to seek support when necessary and from whoever is most appropriate to them, as that will help sustain behaviour change.
- The responsibility of DAFNE clinicians is to provide optimal therapeutic educational care so that choices are fully informed, while recognising that ultimate responsibility and choice rests with the person with diabetes.

Section 2: Beliefs and values

- The philosophy of DAFNE is essentially person-centred and recognises that responsibility for self-management lies with the individual with diabetes.
- DAFNE philosophy recognises that clinicians have a responsibility to but not for people with type 1 diabetes.

- The DAFNE philosophy holds the view that human nature is basically constructive and that people aim to maximise their quality of life via their choices, given their interpersonal and external circumstances.
- In accordance with person-centred philosophy, DAFNE clinicians communicate empathy and non-judgmental support for all those who participate in the programme, regardless of the decisions they make. These core qualities underpin the conditions that provide open and honest dialogue regarding optimising self-management.
- DAFNE clinicians have a responsibility to facilitate optimal exploration of values, beliefs and barriers each individual has in relation to his / her diabetes, and to provide honest and accurate information about risks and eventualities.
- The DAFNE philosophy recognises that the sharing of ideas between people with diabetes and health care professionals is a two-way process that can facilitate improvements in both service delivery and outcomes for people with diabetes.
- DAFNE clinicians will act as a resource, facilitating and supporting the process of lifelong change in individuals with type 1 diabetes.
- The DAFNE philosophy promotes both behavioural and health-related resilience to support self-management (the process of adapting well in the face of adversity, trauma, tragedy, threats or other significant sources of stress).

Section 3: Skills and processes

The DAFNE programme provides structured therapeutic education, which creates a problem-solving environment that teaches knowledge and skills in the management of diabetes and builds confidence in making informed choices.

The DAFNE programme is delivered using adult education principles that include:

- Being learner-centred through acknowledgement of each individual's personal experience and expertise.
- The use of Socratic questioning to explore ideas in depth. Educators promote independent thinking to discuss, debate, evaluate and analyse content through their own thinking and the thinking of those around them.
- Offering a structured framework for the development of practical therapeutic skills in dose adjustment and carbohydrate counting, allowing opportunities for practise and experiential learning.
- Use of open questions and reflections that encourages active participation, personal awareness, and the application and practise of new skills.
- Facilitation of active group participation, in particular, valuing peer group support and the role-modelling of problem-solving skills within the group.
- Encouraging a problem-solving approach to personal barriers and consideration of treatment options.

- Use of goal setting to create personally relevant action plans thereby promoting meaningful involvement of individuals with type 1 diabetes in their own self-care.

The DAFNE programme has a responsibility to provide the highest standard of content and delivery by adhering to the four key criteria that fulfil the requirements identified by the National Institute for Health and Care Excellence (NICE), a structured curriculum, trained educators, quality assurance and audit and by ensuring that all aspects of care discussed are evidence-based and accurate.

References:

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