Introduction

Unlike school education, teaching within health care is an intermittent and transient experience for families who also have a choice whether to attend or not. It is therefore important to ensure that the diabetes education they receive addresses the complexities of how children learn at different developmental stages and is as engaging and effective as possible. Working with secondary school teachers proved very helpful in the development of KICK-Off for 11-16 yr olds (Knowles et al, 2006) so a similar approach was taken when developing material for primary school aged children.

Objective

To work with primary school teachers to develop diabetes education curricula for children aged 4-11 years using recognised and age appropriate teaching methods and resources.

Method

- Primary school teachers and an educationalist participated in the development of curricula for Key Stage 1 (KS1 4-7 years) and Key Stage 2 (KS2 8-11 years)
- Lesson plans and resources were tested out within a primary school to classes of children aged 4-5 years, 6-7 years and 9-10 years. Teachers observed and gave feedback on these sessions
- Evaluation of the school sessions from both teachers and children influenced the Junior KICK-OFF curriculum prior to the feasibility study
- Parent sessions were developed to complement the children’s activities with the aim of reinforcing learning within the home
- Educationalist observed and reported on courses delivered during the feasibility phase (see poster P5)

Results

Curriculum development:
The education profession influenced Junior KICK-OFF through guidance on:
- Duration and timing of activities
- The use of familiar school resources for diabetes education e.g.
  - Scales for showing the effects of balance of insulin and food on blood glucose
  - Use of number lines to facilitate correction dose calculation
  - Visual display of learning (tree of life) used both as a reward system and to demonstrate learning or involvement within the course
- Ground rules for KS2 i.e. I feel happiest when …..
- Feeling cards used to facilitate discussion about emotions during the course
- Puppets to act out diabetes information or feelings
- Drawing and creating stories for feedback of learning and evaluation
- Games and crafts i.e. snakes and ladders, food snap and sticker books, origami
- A peer review assessment system for quality assurance of courses

Resources for KS2 were also adapted for knowledge assessment prep and post course

Educationalist evaluation:
- Stimulating, enjoyable courses, delivered within a relaxed informal environment
- Level of language well matched, encouraging children to share experiences
- Objectives of the course and each day were highly appropriate
- Activities well selected and resources of a high quality
- Through observation, conversations with children, scrutiny of outcomes such as workbooks and evaluation activities there was evidence of learning taking place e.g. embracing new blood glucose targets, demonstrating new knowledge and skills, trying new injection sites

Key points for enhancing the curricula were:
- More emphasis on assessing individual progress
- More time for deeper thinking and talking to each other
- Use of ground rules for engaging dominant and quiet learners more effectively

Conclusion

Sharing expertise between the professions has produced age appropriate curricula across the ages of 4-11 years which aims to engage the children in a relaxed learning environment, with resources that are familiar to them from school.

See poster P5 for results of the feasibility study.

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