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Patient Perspectives Resource 6:
What Patients Want Health Care Teams to Know

NEO QI Hub
NORTHEAST OHIO QUALITY IMPROVEMENT HUB

Diabetes Self-Management Education and Support (DSMES)

Developed June 2025 with input from members of the NEO QI Hub Patient Advisory Council to help health care teams provide more patient-centered diabetes care.

Communication and Learning Experience

Try This:

- Using plain, respectful language
- Creating safe spaces where patients can share experiences and learn together
- Reinforcing learning with practical examples (e.g., meals, medications, daily routines)
- Reminding patients: "You are not alone in managing diabetes"
- Using educators who understand diabetes personally or culturally

Instead of This:

- Overwhelming patients with long, technical, or one-time sessions
- Assuming group learning works for everyone
- Rushing education or making patients feel like a burden for asking questions

Program Design and Delivery

Try This:

- Offering multiple formats:
  - Group classes
  - One-on-one sessions
  - Virtual/online options
  - Printed take-home materials
- Breaking content into shorter, manageable sessions
- Making sessions interactive, welcoming, and engaging

Instead of This:

- Using a one-size-fits-all approach
- Requiring in-person attendance when virtual options are possible
- Designing programs that feel boring, rigid, or impersonal

Motivation and Engagement

Try This:
- Using small incentives to support participation (e.g., grocery or produce vouchers)
- Building a sense of community and belonging
- Making learning fun, inclusive, and encouraging

Instead of This:
- Relying only on information to drive behavior change
- Assuming motivation will remain high without reinforcement

Respect, Trust, and Support

Try This:
- Listening actively and validating patient experiences
- Treating patients with dignity and empathy
- Providing clear points of contact for questions or follow-up
- Considering care coordinators for ongoing support
- Using a patient-centered tone in all interactions

Instead of This:
- Making patients feel dismissed, rushed, or unwelcome
- Treating DSMES as a checkbox rather than a relationship

Access and Referrals

Try This:
- Offering DSMES early and repeatedly, not only at diagnosis
- Scheduling routine follow-ups instead of one-time education
- Clearly explaining how and when patients can access DSMES services

Instead of This:
- Assuming patients will find education on their own
- Limiting referrals to moments of crisis or poor A1C control

Addressing Barriers to Participation

Try This:

- Providing virtual options to address transportation and time challenges
- Acknowledging emotional barriers, such as lack of support or trust
- Adapting education to different literacy levels
- Training staff in compassionate bedside manner

Instead of This:

- Ignoring social, emotional, or logistical barriers
- Placing the burden of participation entirely on the patient

Outcomes That Matter to Patients

Try This:

- Focusing on real-life tools patients can use immediately
- Emphasizing empowerment, confidence, and prevention
- Helping patients set personal, achievable goals

Instead of This:

- Focusing only on clinical numbers without daily-life context
- Delivering information without helping patients apply it

This resource is part of the AHEAD Initiative Diabetes QI Clinical Toolkit. For access to this toolkit and additional resources, please visit NEOQIHub.org.

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