

Traditional vs Empowerment Based

Table 3.5 Comparison of Traditional and Empowerment –Based DSME and DSMS

Traditional DSME and DSMS	Empowerment-Based DSME and DSMS
Diabetes is a physical illness.	Diabetes is a biopsychosocial illness.
Professional is viewed as teacher and problem solver, and responsible for outcomes.	Patient is viewed as problem solver and self-manager: professional acts as a resource and shares responsibility for outcomes.
Learning needs are usually identified by professional	Problems and learning needs are identified by patient.
Education is curriculum-driven.	Education is patient-centered and consistent with adult learning principals.
Education is primarily didactic.	Patient experiences are used as learning opportunities for problem solving and serve as the core for the curriculum.
Emotional issues are a separate component of the curriculum.	Emotional issues are integrated with clinical content.
Behavioral strategies are used to increase compliance with recommended treatment.	Behavioral strategies are integrated with clinical content and taught to patients to help them change behaviors of their choosing.
Goal of education is compliance/adherence with recommendations.	Goal is to enable patients to make informed choices.
A lack of goal attainment is viewed as a failure by both the patient and the educator.	A lack of goal attainment is viewed as feedback and used to modify goals and action plans.
Behavior changes are externally motivated.	Behavior changes are internally motivated.
Patients is relatively powerless, professional is powerful.	Patient and professional are equally powerful.

Source: Adapted from MM Funnell, RM Anderson, "Patient empowerment: from revolution to evolution," *Treat Strategies Diabetes 3* (2011): 98-105.