

DNIG

Diabetes Nurses Interest Group

DNIG
THE
VOICE
FOR
NURSING
IN
DIABETES
CARE

Report from the Chair

Lisa Herlehy



Seasons greetings to all. Hope this newsletter finds everyone enjoying the holiday season and looking forward to time spent with friends and family.

Your DNIG executive has been busy in the last few months. We are happy to report that all bursaries have been granted for this year. Two members attended the annual Diabetes Canada conference in Halifax and 2 members attended a diabetes course in Toronto. Check out this newsletter for some of their reflections.

Don't forget that RNFOO bursaries are upcoming, three of which are sponsored by DNIG. Check them out to see

if you qualify and apply early in the new year.

Also in this newsletter you will read about a DNIG/Region 10 collaboration to bring clinical practice guideline updates to region 10 members. The event, held in November, was a great chance for local members to network and keep up to date on practical tips for helping our clients live with diabetes. We are currently working on a similar event in the Kingston area so stay tuned.

Our annual general meeting will be held in January of 2019 so mark your calendars for the 24th at 1200h. This is the opportunity for all DNIG members to meet your executive,

have your say and to get involved.

Miigwech Niá:wen
Lisa

Would you like to

- write for the newsletter?
- present a webinar?
- become part of an executive team?

Here is your opportunity to shine. [Contact us](#) to discuss opportunities.

Annual General Meeting

January 24, 2019 at 1200h EST

All DNIG members are invited. [Email](#)

[Lisa](#) for teleconferencing details.



Executive Members

Lisa Herlehy	Chair	dnig.info@gmail.com
Margaret Little	Treasurer	mmgwlittle@gmail.com
Alwyn Moyer	Membership & Services ENO	alwyn.moyer@sympatico.ca
Toba Miller	Communications ENO	tmiller@toh.ca
Sanja Visekaruna	Social Media ENO- Elect	sanja.visekaruna@gmail.com
Morgan Lincoln	Policy and Political Action ENO - Elect	morganlincoln@gmail.com
Sharon Rouatt	Member at Large	
Anissa Ramchatesingh	Student Member - Graduating	anissa.ramchatesing@rogers.com
Robin Billard	Student Member	rbillard@lakeheadu.ca
Laura McBreairty	Student Member	l.e.mcbreairty@gmail.com

Queen's Park on the Road 2018

As part of RNAO's "Queen's Park on the Road" (QPOR) event, I recently had the opportunity to discuss health and nursing issues with MPP Daisy Wai.

We spent our time discussing the importance of: (1) a national pharmacare program, (2) a dental care program for low income Ontarians, and (3) Indigenous health issues. To learn more about these diabetes-related topics, check out the RNAO back-grounders [here](#).

In particular, the call for a national pharmacare program strikes a personal chord given the poverty that many of my clients live in. I was not surprised by the fact that "insufficient drug coverage has been a factor in thousands of avoidable deaths among those with diabetes under the age of 65" (National Pharmacare Backgrounder, 2018). While reflecting on this heart-wrenching statistic, I thought about one of my clients who does not have status and has been living in shelters for years. A few months ago, she did not want to prime her insulin pen as recommended due to concern that units would be wasted. She was understandably anxious and needed reassurance that we would continue to provide her with ongoing insulin samples. These powerful front-line stories help put a human face on the many diabetes-related challenges we face in our province. Clients like this inspire us and can fuel our advocacy efforts.



Many MPPs are newly elected this year, and are still learning about the provincial health care landscape and their respective portfolios. This made our QPOR meetings all the more significant, as they afforded us the opportunity to ensure that RNAO issues remain on the political agenda.

Next up on the policy front is the 19th annual Queen's Park Day, which will take place [February 21, 2019](#). Stay tuned for more information in an upcoming newsletter!

Joint DNIG and RNAO Region 10 Education Event: A Huge Success

Toba Miller, DNIG Communication Officer



From Left to Right. Alwyn Moyer DNIG Membership and Services ENO, Wendy Pearson Region 10 Board Representative, Donna McGlennon Guest Presenter, Ellen Shipman Region 10 President.

On November 19, 2018, from 1800 to 2000 hours DNIG and RNAO Region 10 held a very successful joint education event. The event started with a light supper, sponsored by DNIG, and the 31 attendees had an opportunity for some informal networking.

The education session, which was a little over one hour long, was a review of the 2018 Clinical Practice Guidelines from Diabetes Canada. We were extremely fortunate to have Donna McGlennon, a Diabetes Nurse Educator with many years of experience working in a variety of clinical settings, as the presenter. Donna briefly spoke about each guideline and then highlighted the key recent changes. After the presentation there was a lively discussion about the possible impact of these new 2018 guidelines for persons living with diabetes and for nursing practice. In particular, the group reviewed the greater focus on the role of history on the health of indigenous persons and the changing recommendations about driving.

More joint DNIG events are planned with the regional RNAO groups. Please let us know if you would be interested in having an event in your area.

Sharing our study: A Multi-Component Intervention to Improve Medication Adherence in Patients with Type 2 diabetes: A Pilot Test

By: Lifeng Fan, RN, PhD, CDE

I was honoured to attend the 21th Annual Diabetes Canada/CSEM Professional Conference and Annual Meetings by the generous conference funding support of the Diabetes Nurse Interest Group (DNIG) of the RNAO on October 10-13th, 2018. About 1500 professionals attended this conference, and over 200 oral and poster presented at the conference. I took the wonderful opportunity together with physicians, diabetes educators, dietitians and other healthcare professionals to learn and share excellent speaker's knowledge and information on new research and changes in the world of diabetes care. I also learned a lot from nationally and internationally renowned speakers, interactive workshops, oral abstract sessions, poster presentations, and exhibition shows. By doing so I advanced my knowledge and skills in the area of diabetes self-management education. I presented our research study by the poster presentation in the conference titled "A Multi-Component Intervention to Improve Medication Adherence in Patients with Type 2 diabetes: A Pilot Test". I would like to share the study with our members of Diabetes Nurse Interest Group (DNIG) of the RNAO here.

Objectives: Adherence to anti-diabetic medications is usually less-than-optimal; however, it is essential for achieving good glycemic control. This pilot study examined the effects of a multi-component intervention in improving medication adherence among people with type 2 diabetes.

Methods: A RCT design was used to the pilot test. *Participants* were randomly assigned into intervention and usual care groups. *Participants* in intervention group were given not only the routine diabetes education, but also were provided individual medication knowledge education, a drug card writing done all relevant medications information, a pill organizer based on the times of medication the patient taken a day, and weekly phone-call follow-up: check and record for missed medication dose in the past 7 days. Chi-square test was used to test changes in the percentages of missed medications taken between the 2 groups. The independent T tests was used to identify when changes in medication knowledge scores and diabetes metabolic indicators between the 2 groups. For all analyses, the level of significance was set at $P < 0.05$.

Getting to Yes – Perspectives of a Psychiatrist, Endocrinologist and Diabetes Nurse Educator Aileen Knip

In October I attended the Diabetes Canada National Conference in Halifax with funding from a DNIG education bursary. I have been in diabetes education for 22 years. When attending the national conference I am always on the lookout for learning something new. At this year's conference one of the satellite symposiums centered on a discussion around insulin initiation. As I work in a fairly busy diabetes education centre, one of my roles is helping people living with diabetes transition to insulin. I felt this was a symposium that I could possibly pick up some pearls for my practice.

The symposium centered on perspectives from an Endocrinologist (Dr. Alice Cheng), a Psychiatrist (Dr. Barry Simon) and a Diabetes Nurse Educator (Ms. Trish Collins).

Perspectives from Endocrinologist Dr. Alice Cheng:

Dr. Cheng discussed a study by Harris, Kapur, Lank, Willan & Houston (2010) that showed the mean time to insulin initiation was 9.2 years with a mean A1C of 9.5% before initiating insulin. An additional study (DAWN, 2018) showed 52% of insulin-naïve T2DM patients expressed anxiety about starting insulin therapy. A retrospective analysis of 74,399 T2DM patients in the US showed the estimated probability of discontinuation of insulin was 41.0% in the first 31 days of therapy, 61.5% in the first 90 days and 82.0% in the first year (documented in Truven's Health Analytics Commercial Claims and Encounters database 2008-2011). Dr. Cheng discussed barriers to insulin therapy, which include many, such as clinical inertia, lack of resources, patient resistance, fear of injections, too complicated to name a few.

Perspectives from Psychiatrist Dr. Barry Simon

"Some people who find diabetes care complicated or difficult to manage, discover that it is because they have other medical or emotional struggles that make diabetes management ,steps like eating healthy or remembering to take medications difficult to follow..."



The diagram, based on the ABC model of cognitive behavioural therapy, illustrates that an Activating event (A) may be cognitively processed by irrational, rather than rational Beliefs (B), to bring about negative emotions responses or Consequences (C).

Questioning the underlying beliefs can help to bring about a more positive outcome.

Getting to Yes - Continued

Dr. Simon discussed the importance of having 4 questions in your back pocket when discussing insulin initiation to a resistant patient:

- 1

When you imagine taking insulin at home for the first time, what thoughts, concerns or images cross your mind?
- 2

What does starting insulin mean to you?
- 3

Knowing that insulin will improve your diabetes control and your overall health, can you think of things in your life that are really important to you, that you want to preserve and would encourage you to start or continue taking insulin?
- 4

If you were looking back on today, ten or more years from now, what would your wiser, older self advise you to think about your dilemma about starting insulin?

In a study (Emotion) patients found that the highest level of helpfulness in relation to insulin initiation was the ability for the health care provider (HCP) to demonstrate the injection process. The lowest level was the HCP using an authoritarian style.

Perspectives from Diabetes Nurse Educator Ms. Trish Collins

“Diabetes educators are perfectly positioned to address all insulin barriers early (Ms. Trish Collins). Patients may interrupt or discontinue insulin therapy due to perceived harm, inconvenience, a sense that there is no benefit and/or problematic interactions with their HCP (Polonsky, 2017). According to Ms. Collins with this mindset, as diabetes educators we need to bring certain perspectives to the fore front with our patients.

Spirit of **partnership** with our patient

Get our patients input before giving advice

Let our patient make the decision for change

Acceptance of what our patient says

This creates a positive environment

Resist the urge to “fix” things

Compassion

Reflective listening for **evocation**

Make the patient conscious of what they are saying

Getting to Yes - Continued

More best practices from Ms. Collins centers around starting a conversation and setting expectations at or shortly after diagnosis in regards to insulin initiation. This allows for positive framing of insulin, patient buy in and familiarity with insulin. Some other best practises center around designating a specific team member responsible for education on insulin use. Have an insulin start flow sheet for team members to check so that all pertinent information gets .

References

Dawn Study Results. (2018) Retrieved from <http://www.dawnstudy.com/dawn-programmes/study-results.html>

Harris SB, Kapor J, Lank CN, Willan AR, Houston T. (2010). Clinical inertia in patients with T2DM requiring insulin in family practice. *Canadian Family Physician*, e418-24. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/21156883>

Polonsky, WH, et al. 2017. *International Journal of Clinical Practice*, 71(8). Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/28735508>

Diabetes Educator Course: Incentive to achieve goals

Marzieh Moattari, RN, B.S.N, M.S.N, M.Sc.ME, Ph.D.

Having worked with many clients living with diabetes, I realize that there are many challenging issues in helping them to increase their Quality of Life. Thanks to the Diabetes Nurse Interest Group of RNAO providing their members with the necessary information to find education resources, and more importantly providing financial support, I was able to attend diabetes educator course at the Michener Institute. (Provide link to the course)

I found the course very comprehensive and condensed. The course, which targets all allied health professionals, provides what they need to know about diabetes management, including nutrition, exercise, and insulin requirements at different developmental stages of life. It was an incentive for me to achieve my goals of providing quality care, participating in research projects, and/or applying my knowledge in teaching possibilities.



Diabetes Educator Course – November 19-21, 2018
Four Points by Sheraton Toronto Airport, Mississauga, ON

Useful Tools and Research



Diabetes ToolBox

A useful site with lots of practical diabetes information for educators and clients alike.

www.diabetestoolbox.ca

All rights reserved - 2016, © Conception: Steve Chalifoux B.Sc. Nursing, CDE

Grant received from AstraZeneca



Calculate by QxMD

Calculate kidney failure risk

**DIABETES
CANADA**
CLINICAL PRACTICE GUIDELINES



International
Diabetes
Federation

Nurses

your input & experiences are needed for a

Type 1 Diabetes Research Study



Are you a Registered Nurse, Clinical Nurse Specialist or Nurse Practitioner at a [paediatric diabetes education program](#)?

Consider taking part in a short interview to help us better understand your patients' type 1 diabetes health needs

*You can receive a [\\$5 Indigo gift card](#) for your time and effort

For more information and to schedule an interview, contact
Sanja Visekruna, RN, MSc, PhD candidate
sanja.visekruna@mail.utoronto.ca



Conferences, Scholarships and Bursaries

DNIG supports Members in Ongoing Learning

We are pleased to report that once again we have funding to support four members to attend diabetes focused conferences in 2019. So start thinking ahead to 2019 and plan your ongoing learning.

The funding will cover costs of travel, accommodation, and meals, up to a maximum of \$1000 per member. Applicant must have been an RN member of DNIG for a minimum of one year and not a bursary recipient for the previous five years.

Personal Summary Selection Criteria

Brief personal summary must include:

1. Identified professional objectives for attending the diabetes conference.
2. Identified involvement (past/present) in diabetes professional practice/DNIG
3. Identified strategy for sharing learning with nursing colleagues. **APPLY NOW**

Please send completed scanned applications and any questions to: [Lisa Herlehy](#)

DNIG offers three bursaries each year which are managed by the Registered Nurses Foundation of Ontario (RNFOO). For application forms, please go to [RNFOO Awards and Scholarships](#). Successful applicants will receive their award at the RNAO Assembly and AGM in April. Check out RNFOO for details and consider applying in 2019.

DNIG Northern Students Tuition Support Award (1 x \$1000) To provide an opportunity to a Registered Nurse or graduating baccalaureate nursing student living and working in RNAO Region 11 or 12* who wishes to pursue advanced education (certificate or degree) focusing on diabetes education/care for persons living with diabetes, and who has demonstrated a significant commitment to the cause of diabetes.

Diabetes Nursing Interest Group Scholarship (DNIG) (1 x \$2,000) Awarded to an RN pursuing diverse continuing education in the area of diabetes education and care specific to type 2 diabetes. The applicant must demonstrate a significant commitment to diabetes education and care in a community with an Indigenous population.

DNIG Special Projects in Diabetes Award (1 x \$1000) To provide an opportunity to a Registered Nurse who wishes to complete a special project focusing on diabetes.

Diabetes Nursing Interest Group (DNIG) Research Award (1 x \$3000) Supports a graduate level student in either a PhD, MScN or MN program who is conducting research focused on an aspect of nursing related to education, prevention, or management of diabetes. Applicants must have a completed research proposal that has been submitted for ethics approval. Applicants must be a member of DNIG.

Conference Funding Application

Name: _____

Address: _____

Email: _____

Phone: _____

RNAO membership # _____

DNIG Membership duration _____

Employment status: FT PT

Employer _____

Please tell us about the conference you wish to attend, approximate distance and your anticipated mode of transportation.

*NOTE: For reimbursement of agreed upon amount, an expense report and all receipts are to be submitted to DNIG, no later than 1 month following conference completion . Recipients are also asked to submit a written report on your experience to DNIG executive to share with membership.

Please attach a 1-page document (maximum 500 words) outlining why you qualify for this funding.

Be sure to:

Describe your professional objectives for attending the conference.

Describe your involvement (past/present) in your professional association/DNIG

Describe your employment status, location, role in diabetes nursing

Describe how you will share what you have learned with your nursing colleagues

Please supply one professional reference.

Name: _____ Phone number: _____

I certify that all information contained I this application is true and accurate.

Applicant signature _____ Date: _____

Please scan completed application and [e-mail to Lisa](#) . Apply Now!