

DNIG Diabetes Nurses Interest Group

DNIG
THE VOICE
FOR
NURSING IN
DIABETES
CARE AND
PREVEN-
TION

Report from the Chair

Lisa Herlehy



Welcome to your DNIG Spring/Summer newsletter.

Much has changed since our last newsletter as Morgan Lincoln illustrates so movingly in her account of the new normal in diabetes prevention and care.

Our aim to increase member involvement in DNIG, which continues to be a priority for 2020,

will continue to support education and initiatives through conference funding and bursaries.

Amalie Churchill reports back on how she benefitted from DNIG conference funding and page 6 offers ideas for member education that would qualify for up to \$1000 in funding.

Finally, [contact us](#) to share your COVID-19

experiences. What has it been like for you—the challenges and successes.

We would like to include some of your stories in the Fall newsletter. To express appreciation, all entries published will receive a gift token.

Miigwech Niá:wen
Lisa

Are you:

- interested in hosting a virtual round table discussion with respect to nursing and the provision of diabetes care in your community?
- interested in partnering with DNIG to deliver a virtual workshop?



Contact dnig.info@gmail.com to discuss opportunities.

Enjoy the summer, keep washing your hands, respect physical distancing and wear masks in your settings as advised.

Executive Members

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Diabetes Education From A Distance

Morgan Lincoln, RN, BScN, MA

Morgan takes the lead on Policy and Political Activities for DNIG. The names and identifying information in her story have been changed to protect clients' privacy.

A young man arrives and rests his stroller in front of the five computer-generated stop signs. His face brightens upon noticing the hand sanitizer dispenser. "I touched the elevator button," he explains, "and then didn't know what to do with the contaminated finger. This bug is making us all germaphobes!" We break into shared laughter as he massages the clear liquid into his hands.

I proceed with my questions. "Do you or your child have a new or worse cough, or shortness of breath?" "Have you had a fever in the past 48 hours?" He shakes his head back and forth in response to each of my queries. Recognizing an opportunity, the man asks me, "Want to see little Trevor? You're one of the first people he's seen recently!" He pulls back the stroller cover slowly, so as not to rattle his precious cargo. Inside lies an infant, no more than six months old, looking straight at me through the plexiglass barrier. I smile widely beneath my mask as I say hello, offering extra eye crinkles and a bare-handed wave. Within moments, the stroller wheels start to turn again, and the pair disappears into our clinic.

Today is not like most of my workdays. Over the past two months, my commute has been much shorter, consisting of a few slippered steps from my bedroom to our second-floor den. From this space, working virtually with my Registered Dietitian colleague throughout the day, I conduct phone calls or video consults with clients who live with diabetes.

Diabetes Education From A Distance cont.

On the one hand, I felt prepared for this work transition; having formerly practiced in home care and a call centre, the nuances of lengthier phone assessments felt familiar. On the other hand, I was uncertain how well my role as a diabetes educator would translate into the virtual space. We're used to bringing our counselling sessions to life with handouts and food models and colourful posters; in comparison, teaching through screens and over the phone seemed somewhat stale and second rate.

Thus far, I'm happy to report that the transition has been quite smooth. Owing to the lockdown, the majority of our clients remain at home during the day, and generally seem eager to connect with us. We've heard wonderful stories of adaptability and positive change – of clients relying on internet exercise videos in lieu of trips to the gym, and eating meals at home instead of at the Golden Arches.

In part due to our client population, which has a higher degree of health literacy overall, I haven't perceived any major challenges with respect to knowledge dissemination. As needed, we connect with interpreters during our sessions, and email clients relevant handouts and resources with their consent. Also, pharmaceutical companies have ramped up their supports, with clients able to request free home delivery of a glucometer and sample test strips.

We even appear to have passed the true test: completing a (pseudo) virtual insulin start! Truth be told, the situation was low risk. The client felt unsure about starting basal insulin, and simply wanted to learn the steps of self-administration prior to seeing her endocrinologist for re-assessment. To prepare for a successful teaching session, we had spoken to the client and family two weeks earlier, advising them to purchase pen needles, and to have their insulin pen and YouTube at the ready to supplement our instructions as needed. On the big day, it wasn't long into the OTN session before the client and daughter were looking fairly dexterous with the grey and purple coloured pen. "Where do I stick the needle?" the client asked, "And do I inject at a 90 degree angle?" I shared my screen and zoomed in on a cartoon drawing of an abdomen while we reviewed site rotation and injection technique. At the end of the session, having previously reviewed blood glucose monitoring and hypoglycemia management, the family felt confident and expressed no concerns.




As a provider, I surprisingly felt no concerns about the client's ability to start insulin either. Prior to this experience, I would have asserted that insulin starts required in-person support from a clinician. Now, I am open to the possibility that some clients may be able to develop this skill using virtual assistance only, possibly expediting the teaching process and allowing them to learn from the comfort of their own homes. Extrapolating from this experience, it's hard not to get excited about the future of health care provision post-COVID, and the prospect of virtual care taking a more prominent seat at the table (where appropriate). I am eager to obtain feedback from more of our clients regarding their health care experiences during this time. How satisfied are they with virtual diabetes education? How will the health outcomes compare?

Diabetes Education From A Distance cont.

Despite these at-home successes, there have been other occasions where I deeply wished I was sitting directly across from our clients. Applying a Libre sensor for the first time, for example, can be a tricky undertaking for many clients without physical assistance. Supporting individuals with mental health challenges is another example where I find in-person health care superior. I can still hear the voice of one client muttering, “I am so lonely. All I want is to go outside for a walk, but I’m too scared to get infected. I am so depressed.” She had lived with depression for years, but coronavirus and isolation were exacerbating her condition immensely. We checked off the correct boxes during the call: engaging in therapeutic listening, assessing for suicidal ideation, offering the number to a local crisis line, and making a referral to social work. The one box that couldn’t be checked off was providing her the magic of in-person human connection - the touch, the eye contact, the full gamut of non-verbal reassurances. This offering is a substantial part of nursing for me, and I regret the fact that it has been temporarily stripped away.

Overall, solely from the perspective of my own mental health, the benefits of working from home are currently outweighing the downsides. At home, I feel more productive and less drained, and have more energy to devote to leisure pursuits that formerly felt inaccessible. For the first time in months, I am also meeting Diabetes Canada’s physical activity guidelines for cardio instead of merely touting them to clients (three cheers for less hypocrisy!). Time will tell as to whether or not this novelty will wear off. For now, I remain a fulfilled nurse. The crux of my work is the same: I continue to bear witness to stories of human resilience, struggle, discovery and growth, I’m just doing so from a greater distance. I am grateful for the opportunity to explore diabetes education from this new vantage point, and for the small role I’m playing in keeping clients safe at home during this unprecedented time.

COVID-19 and Diabetes: Resources for Nurses & Clients

	<p>COVID-19 and Diabetes Page, which includes:</p> <ul style="list-style-type: none"> • COVID-19 infographics (bottom of page) • FAQ about COVID-19 and Diabetes (includes an excellent resource on sick day management). <p>Webinars for Health-Care Professionals, including:</p> <ul style="list-style-type: none"> • Diabetes Management in the Age of COVID: How Do We Help People Maintain Focus on Self-Management? • Enhanced Sick Day Management - Keeping Clients Safe During the COVID Pandemic • COVID-19 and Diabetes: What Do We Know? <p>Diabetes Education Line: A toll-free info and support line for clients, run by Certified Diabetes Educators.</p> <p>Virtual Diabetes Classes for clients.</p>
	<p>Diabetes Care Community is a network of people living with diabetes, friends and family as well as health professionals involved in diabetes care.</p> <p>Their COVID-19 resources include info on coping strategies and managing medications.</p>
	<p>Long list of healthcare provider resources related to COVID-19 and diabetes.</p>

DNIG Supports Members in Ongoing Learning: Scholarships and Bursaries



Amalie Churchill was awarded a \$1,000 Conference Bursary to attend the **Kingooper Diabetes Educator Course** held in Toronto, 2019.

Learn more about Kingooper diabetes programs here: <https://kingooper.com/>

Amalie wrote:

I would like to express my sincere gratitude for the grant provided by the Diabetes Nursing Interest Group which allowed me to attend the Diabetes Educator Course by Kingooper Diabetes Education over three days in Toronto, in November of last year. I'm lucky I attended it before the pandemic struck, since these courses have been put on hold until November of this year.

I've been working as a diabetes educator since early 2018 and while I was competent from the beginning, having read a copy of The Essentials by Diabetes Canada and from using their website, there are some things that are best learned in a classroom setting. I feel much more confident in my ability to safely titrate insulin, for example, and learned small, specific things about insulin that aren't easily conveyed by text. Having practical examples and the ability to learn the rationale directly from an expert was immensely helpful.

I was impressed particularly by the knowledge of the facilitator and the historical perspective offered which really drove home how far we have come in terms of treating diabetes. I was able to make some excellent contacts in the field at the conference and made the acquaintance of one person I've since begun to collaborate with professionally.

I'm planning to write my CDE exam in October, since it was pushed back due to the current pandemic, and this boosted my confidence in what I already knew, and helped me pinpoint what I had to work on in order to be ready. I love working in this field; I love being able to help my clients with diabetes, and I am deeply grateful for the help I've received which allowed me to take the next step on this journey. Thank you so much.

DNIG Supports Members in Ongoing Learning: Scholarships and Bursaries

For the past 16 years, DNIG has supported continuing education for members in diabetes nursing care and prevention. We offer the four bursaries listed below through the Registered Nurse Foundation of Ontario (RNFOO). Regrettably, there were no successful candidates in 2020.

If you have been a DNIG member for at least one year and are considering further education, watch the RNFOO website for the call for applications, at: www.rnfoo.org. The application process for the 2021 RNFOO awards and scholarships will be open in December 15, 2020.

Diabetes Nursing Interest Group Northern Students Tuition Support Award (1 x \$1000) To support a baccalaureate nursing student in the final year of their program or a Registered Nurse who is enrolled in 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. Applicants need not be enrolled in a degree program. Applicants must be current members of the RNAO Diabetes Nursing Interest Group and have held membership for at least one year, living and/or working in RNAO Region 11 or 12*.

**A nursing student studying outside of Region 11 or 12 must provide proof of a permanent address within the designated area.*

Diabetes Nursing Interest Group Scholarship (DNIG) (1 x \$2,000)

To support a Registered Nurse pursuing education (continuing education or degree) in the area of diabetes education and care specific to type 2 diabetes. Applicants need not be enrolled in a degree program. The applicant must demonstrate a significant commitment to diabetes education and care in a community with an Indigenous population. First consideration will be given to nurses of Indigenous origin. Applicants must be current members of the RNAO Diabetes Nursing Interest Group and have held membership for at least one year

Diabetes Nursing Interest Group Special Projects in Diabetes Award (1 x \$1000)

To support to a Registered Nurse completing a special project focusing on diabetes. Applicants need not be enrolled in a degree program. The applicant must have proof of significant interest in diabetes research, education, and/or care, and be currently practicing, or intending to practice, in the field. Applicants must be current members of the RNAO Diabetes Nursing Interest Group and have held membership for at least one year. Applicants who have received a previous award from DNIG are not eligible for this award. The project description, including budget estimates, must be provided.

Diabetes Nursing Interest Group (DNIG) Research Award (1 x \$3000)

This award will support 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 current members of the RNAO Diabetes Nursing Interest Group and have held membership for at least one year.

DNIG Supports Members in Ongoing Learning: Conference Funding

We are pleased to report that once again we have funding to support four members to attend diabetes focused conferences in 2020--2021. So start thinking ahead and plan your ongoing learning.

The funding will cover costs of travel, accommodation, and meals, up to a maximum of \$1000 per member.

Applicants 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](#)



There is continued uncertainty due to the COVID-19 pandemic so onsite conferences may not be feasible in the near future. However, educational opportunities may be available in other formats. For example, the **2020 Diabetes Update Conference** was held virtually.

DNIG Treasurer Margaret Little viewed some presentations—she found The Evidence behind Dietary Interventions in Diabetes, very interesting and enjoyed an excellent presentation by Dr Alice Cheng: “Update on Cardiovascular Outcome Trials: Is it time for a new approach?”

You can watch the archived video and download presentations at:
<https://www.diabetesupdate.ca/archives>

Diabetes and Endocrinology Webinars and Conferences:

<https://www.conferenceseries.com/diabetes-endocrinology-meetings>

Conferences and Education Opportunities Continued



Diabetes Canada, the Canadian Society of Endocrinology and Metabolism (CSEM)

The 2020 Professional Conference will be held virtually October 28-31, 2020. Register today at [this link](#).

Michener Institute Diabetes Educator Certificate Program

Start date: 14 September 2020 **Application Deadline: 10 July 2020**

6 month, online, with an online workshop for the Fall cohort. Cost: \$1525

https://michener.ca/ce_course/diabetes-educator-certificate-program/

In addition, Michener offers other Diabetes related courses:

- Diabetes Management in Children and Adults
- Diabetes Management in Pregnancy
- Foundations of Foot Management in Diabetes
- Diabetes Management in Older Adults

Kinghooper Diabetes Educator Course November 12-14 2020 Best Western Plus Chateau Granville, Vancouver, BC

<https://kinghooper.com/program/diabetes-educator-course-vancouver-november-2020/>

COURSE DESCRIPTION: This comprehensive three-day course is for health professionals who face diabetes in their practice. Through interactive presentations and case-study discussions with a variety of experts, we cover the newest approaches to diabetes management. Our goal is to update your understanding of the complexities of diabetes care, and have you learn effective approaches to educate those affected by diabetes. We will cover the latest Diabetes Canada Clinical Practice Guidelines.

This course is not specifically designed as preparation for the Canadian CDE examination, however it will serve as an excellent review in your preparation to become a Certified Diabetes Educator. The next CDECB exam will be in May, 2021.

This course is eligible for credit toward your Canadian Diabetes Educator Certification Maintenance Credit Portfolio. For more information, please visit the Canadian Diabetes Educator Certification Board website at cdec.ca. Members of the [Canadian Society of Nutrition Management](#) will earn 4 CE points.

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!