

# DNIG

Diabetes Nurses Interest Group

DNIG  
THE  
VOICE  
FOR  
NURSING  
IN  
DIABETES  
CARE

## Report from the Chair

Lisa Herlehy



Hello to DNIG members across Ontario. As we begin to emerge from a year long 'confinement' I expect we are all a bit like deer in the headlights, stuck in place for the time being wondering, 'which direction do I go?' Registered Nurses, as distinct and unique contributors to the health care system have born witness to and experienced much loss over the past year. Mental, physical and spiritual losses have sent the nursing community reeling like nothing in our collective memories. We have been separated from our own children, spouses, mothers, fathers and grandparents while we care for others. We have felt the loss of family after family yet we have shown up shift after shift. Regard-

less which nursing theory drives our practice, we do our jobs. And we do them well. And we will continue to do them well. But to do this we need to stay connected, to share our collective energy, to support each other and to continue to learn and grow in a vibrant nursing environment; not just for us but for those young nurses who will need to be mentored in a positive and hopeful setting.

So in this newsletter we offer a variety of tidbits, updates and thoughts with respect to diabetes education and management. In the next few years we no doubt will realize the impact of isolation and uncertainty on those living with chronic disease. While the studies are

yet to be done, one executive working in contact tracing has noticed a pattern of client responses, lack of physical activity opportunities. In her article, Laura provides us an update on activity guidelines. In this edition you will also find thoughts on the importance of keeping education front and center in practice as well as a review of vaccines and diabetes. And virtual conferences!!

Stay 'connected' with nurses with an interest in diabetes education across Ontario through [www.dnig.ca](http://www.dnig.ca). Follow us on twitter @DnigRnao, send emails. Write for your newsletter. It is the voice for nurses creating a better future for those living with diabetes in Ontario. [Contact us](#)

### Elections! Elections!

Start thinking now about how you might become involved with DNIG. Watch your email for upcoming election information.

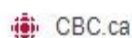


# Executive Members

Lisa Herlehy	Chair	<a href="mailto:dnig.info@gmail.com">dnig.info@gmail.com</a>
Margaret Little	Treasurer	<a href="mailto:mmgwlittle@gmail.com">mmgwlittle@gmail.com</a>
Toba Miller	Membership & Services ENO	<a href="mailto:tmiller@toh.ca">tmiller@toh.ca</a>
Alwyn Moyer	Communications ENO	<a href="mailto:alwyn.moyer@sympatico.ca">alwyn.moyer@sympatico.ca</a>
Morgan Lincoln	Social Media & Technology	<a href="mailto:morganlincoln@gmail.com">morganlincoln@gmail.com</a>
Laura McBreairty	Policy	<a href="mailto:l.e.mcbreairty@gmail.com">l.e.mcbreairty@gmail.com</a>

## In the News

Congratulations to Katelyn Sushko, a PhD candidate at McMaster University who has received the Diabetes Nursing Research award for 2021 administered through Registered Nurses Foundation of Ontario ([FNFOO](#)).



### Diabetes surge has become 'epidemic' in northeast Calgary, ophthalmologist warns

Risk of getting diabetes is 'five to six times higher' if they are South Asian.  
Rick Donkers · CBC News · Posted: Mar 11, 2021 3:30 AM MT | Last ...

### Bill C-237: A National Diabetes Framework

On March 10<sup>th</sup>, a private members' calling for a National Diabetes Framework was unanimously adopted at the 2<sup>nd</sup> reading in the House of Commons. Now referred to the Standing Committee on Health, the bill was put forth by Liberal MP Sonia Sidhu of Brampton South, who chairs the All-Party Diabetes Caucus. More information about the bill can be found [here](#). Stay tuned for updates in future newsletters and our [Twitter account](#).



Queen's Park Day took place February 25. Check out this virtual event [here](#) to find out political action RNAO style.

# Diabetes & COVID-19 Vaccines

As of March 5<sup>th</sup>, Ontarians living with diabetes are considered a priority group in Phase 2 of the [COVID-19 vaccination plan](#). The current timeline for the Phase 2 rollout is April-July 2021, depending on vaccine availability.

This significant news marked the culmination of months of strong advocacy by Diabetes Canada. In early January, Diabetes Canada [released a public letter](#) calling on Canadian health officials to include people living with diabetes in the priority group for vaccinations.

The public letter also addressed questions pertaining to diabetes and vaccine safety, given that the National Advisory Council on Immunization (NACI) recommended against routine vaccine of people who are immunocompromised or live with an autoimmune condition. In response, Diabetes Canada confirmed the following:

“People with type 1 or type 2 diabetes are **not** considered immunosuppressed as per the clinical trials of COVID-19 vaccines.”

“Although type 1 (and not type 2) diabetes is an autoimmune condition, people with type 1 diabetes were **not** excluded from the vaccine trials.”

As such, Diabetes Canada “encourages people living with type 1 or type 2 diabetes to receive the COVID-19 vaccine when it is accessible, in consultation with [their] health care provider.”

## **Diabetes Management during Ramadan**

The holy month of Ramadan will be celebrated by Muslims between April 12<sup>th</sup> and May 12<sup>th</sup>. During this time, many Muslims fast daily from dawn to sunset.

Diabetes nurses play an important role in providing education around fasting to patients living with diabetes. The evidence-based guidelines for health care professionals on Ramadan and diabetes were recently updated, and can be accessed on the [International Diabetes Federation website](#).



# Older Adults with Diabetes in Long Term Care

The majority of older adults living in Long Term Care (LTC) settings in Ontario are over the age of 80 (Ontario Long Term Care Association, 2019). Nearly all have multiple chronic conditions and many have some form of cognitive impairment (CIHI 2020). The past year has taught us that older adults in LTC in Ontario have not fared well during the Covid-19 pandemic (RNAO, 2020). Indeed, by July of last year, 80% of all of the deaths from Covid-19 in Canada occurred in LTC settings (The Economist, 2020), an unenviable first place in the rich world.



Under current conditions, it seems self evident that the 31%, of LTC residents in Ontario with a diagnosis of diabetes (CIHI, 2020) will have had difficulty obtaining the most basic of care for their condition. The Diabetes Canada Clinical Practice Guidelines (2018) acknowledge that no two older persons are alike and recommend that every older person with diabetes needs a customized diabetes care plan identifying target blood glucose goals, medication and screening schedule. Key recommendations include strict prevention of hypoglycemia and avoidance of sliding scale insulin protocols.

Recent studies and reports identify significant challenges to the quality of diabetes management in LTC. These include issues with interdisciplinary communication and inter-professional team functioning in settings where physicians do not visit daily (Osman et al. 2016), concerns about lack of nursing time to oversee diabetes management (Gillese, 2019), lack of staff knowledge and training and lack of communication between staff and between staff and residents with implications for care planning (Munshi, 2016). On a more positive note, Vincent and colleagues (2018) found that registered nurses (RN), registered practical nurses (RPN) and personal support workers (PSW) in LTC had moderately high levels of knowledge and confidence across diabetes areas, though PSWs reported lower levels of knowledge and confidence than RNs and RPNs. Regardless of occupation, all study participants wanted further education.

The need for change to improve the quality of care in LTC goes without saying. Conditions must improve to provide even a modicum of care for all residents. Older adults with diabetes require the support of caregivers with the knowledge, skill and judgment to provide evidence-based treatment.

# Older Adults with Diabetes in Long Term Care

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Equally important is that the caregivers are able to do this within a supportive home like environment. Many members of the Diabetes Nurse Interest Group (DNIG) care for older adults, some within the Long-Term Care (LTC) system. DNIG endorses Picard's (2020) prescription to fix a broken system and endorses the RNAO (2020) recommendations for regular inspections and improved staffing ratios in LTC: 20%RNs; 25%RPNs, 55% PSWs. It is the least we can do to improve the care of this vulnerable population.

### References

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Registered Nurses' Association of Ontario 2020 Nursing Home Basic Care Guarantee. RNAO Submission to the Long-Term Care Staffing Study Advisory Group. June 9 2020. <https://rnao.ca/sites/default/files/2020-06/Nursing%20Home%20Basic%20Care%20Guarantee%20-%20RNAO%20submission%20to%20LTC%20staffing%20study%20advisory%20group%20-%20Final%20-%20June%2009%2C%202020.pdf>

The Economist (2020). Care homes. No place like home. July 25.

## Physical Activity in Challenging Times

The COVID-19 pandemic has affected everyone in unique ways. What might be particularly challenging for individuals living with diabetes is the more limited opportunities for physical activity due to pandemic restrictions. The Diabetes Canada Clinical Practice Guidelines on Physical Activity and Diabetes (2018) highlight the benefits of exercise including improved glycemic control, decreased insulin resistance, as well as blood pressure reduction. Resources such as gyms, exercise classes, and sports teams may at times be closed or pose increased risk of acquisition, creating barriers to physical activity. It may also be a challenging time for those who rely on others for motivation or as activity partners. Lesser and Nienhuis (2020) assessed the effect of COVID-19 restrictions on physical activity among Canadians and reported 40.5% of inactive individuals became less active during the pandemic while 22.4% of active individuals became less active. Among those less active during the pandemic, some of the barriers were fewer opportunities to be active and less support. This study suggests more support may be needed for individuals who were inactive before the pandemic.

The Diabetes Canada Clinical Practice Guidelines on Physical Activity and Diabetes (2018) recommends 150 minutes per week of aerobic exercise (minimum 10-minute sessions) as well as 2 sessions per week of resistance exercise. The Diabetes Canada Clinical Practice Guidelines on Treatment of Hypertension recommends that blood pressure is checked by a healthcare professional a minimum of once per year with a target of <130/80 mmHg in most individuals with diabetes. Along with increasing physical activity, healthy behaviours to help manage blood pressure include reduction of excess body weight, reduction in sodium intake, 8 to 10 servings per day of fruits and vegetables, as well as avoiding excess alcohol. The following links are resources about physical activity recommendations and some at home resistance activity options.

[https://www.csep.ca/CMFiles/Guidelines/CSEP\\_PAGuidelines\\_adults\\_en.pdf](https://www.csep.ca/CMFiles/Guidelines/CSEP_PAGuidelines_adults_en.pdf)

<https://www.diabetes.ca/managing-my-diabetes/tools---resources/resistance-exercise-videos>

### References

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# The use of analogy, metaphor and simile in client teaching

Not long ago I had an interesting conversation with a long time diabetes educator who observed that sometimes it seems we put more energy into the medical management of diabetes as opposed to behavioural. It 'got me to thinking' and perhaps even to do a bit of navel gazing. Am I guilty of this? To use hypertension as an example, do I spend more time on the options for medical management and side effects than on actually 'teaching' what it is? While, at this time, registered nurses cannot prescribe they certainly do make recommendations which are adapted by primary care providers. This is, of course, completely appropriate as it is knowledge of the client that drives most appropriate therapeutic choices. Yet it behooves nursing educators to prioritize lifestyle management; to help guide the client to healthy lifestyle choices through appropriate and thoughtful education practices. The overall benefits of positive behaviour change are quantifiable and the side effects usually negligible.

Helping the client to understand complex metabolic processes in ways that are meaningful and motivating for behaviour change is key. I offer here one of my favourite ways to illustrate hypertension; through the use of metaphor, simile and analogy. According to [Robert Lee Brewer](#), Senior Editor of *Writer's Digest*, a metaphor is something, a simile is like something, and an analogy explains how one thing being like another helps explain them both. Analogies are effective teaching tools because they provide the student with a familiar frame of reference (domain) that is similar to the new concept being taught (1). For example, diabetes is a monster (metaphor), diabetes is like a lurking beast in the night (simile), a car with type 1 diabetes has no insulin (key) to open the gas tank so the tank stays empty, with no fuel for energy. Without being able to open the lid, a meal is eaten but no gas enters the tank and the car doesn't function correctly (analogy). Similarly, the endocrine system is a brilliant balance of opposing forces. We would never build a car with a gas pedal that did not have a brake pedal. It is all about regulation and equal and opposing forces as the situation requires. I often comment on the brilliance of this hormonal regulatory system that is happening all the time in our bodies without our knowledge or thought. Insulin and glucagon are gas and brakes. When one is not working so well, our 'car' is in danger of running out of control and damage may occur. While this is a very simplistic analogy for a multilevel problem in particular in type two diabetes, it does allow the client to 'see' and remember.



# The use of analogy, metaphor and simile in client teaching - con't

Similarly hypertension (or high blood pressure) is described by the Mayo Clinic as 'a common condition in which the long-term force of the blood against your artery walls is high enough that it may eventually cause health problems, such as heart disease. Blood pressure is determined both by the amount of blood your heart pumps and the amount of resistance to blood flow in your arteries. The more blood your heart pumps and the narrower your arteries, the higher your blood pressure. I remind patient that their heart is a muscle. Unlike lifting bigger and bigger weights to build up your biceps, the heart does not benefit from increasing resistance. The heart is not happy with resistance (high blood pressure) and will wear out earlier than you might want it to. To illustrate the effects of hypertension a simple analogy could be your city's water system with the heart as the water tower. If the pressure within the city water system piping became elevated, it would be likely for one of the pipes to break or burst. Why this pressure increases is important to talk about and can be individualized to the client; aging, exercise, diabetes, genetics, salt, ETOH etc. Returning to the analogy, the pipe in the city water system that would be most likely to burst would be the weakest. In the body the most vulnerable are the smallest, the blood vessels in the brain, kidneys, eyes and heart. We are not really aware of tiny damages (microaneurysms) for example in the kidneys or eyes until the entire neighbourhood is shut down, ie extensive organ damage.

Hypertension 2020 highlights from Hypertension Canada can be found [here](#) and from Diabetes Canada [here](#). Familiarize yourself with targets, evidence for best measurement strategies so that you maximize cardiovascular care and teaching for your client.

## References:

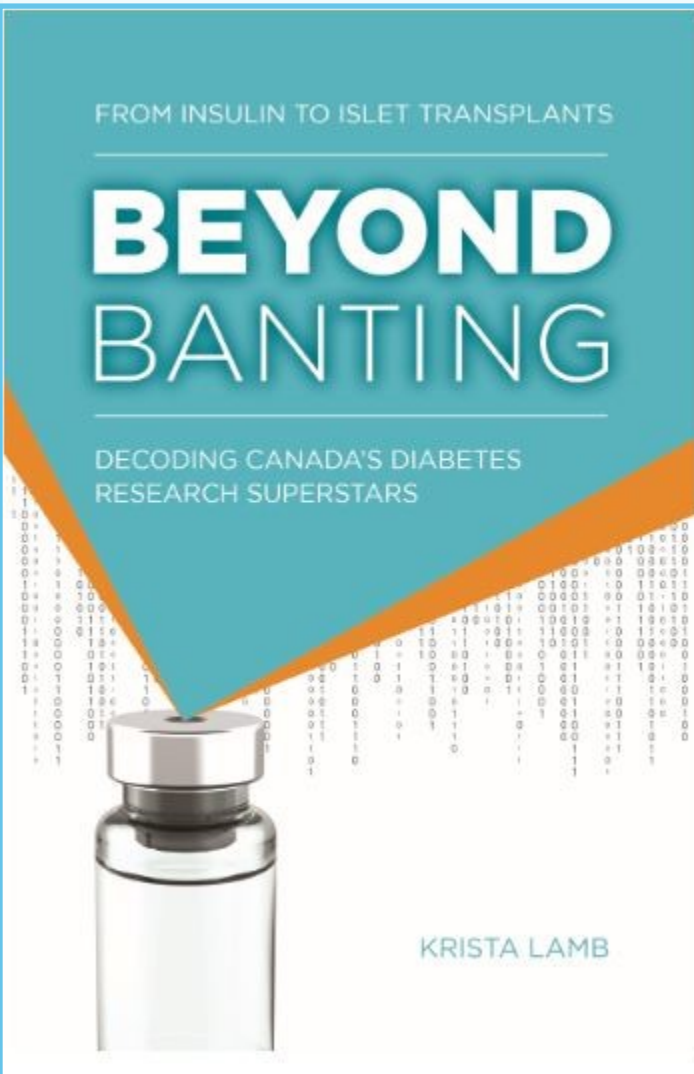
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# Beyond Banting

## Exclusive Interview with Author Krista Lamb



*Minor edits have been made to enhance readability and clarity.*

Krista Lamb is a writer, communications professional and podcast producer and host. Krista is the author of the recently released book, *Beyond Banting: From Insulin to Islet Transplants, Decoding Canada's Diabetes Superstars*, and the following is an interview about the book and diabetes research. <https://www.kristalamb.com/>

Laura: How did you get involved with the diabetes community?

Krista: I talk about this a little bit in the book, but both of my grandmothers had type 2 diabetes. I grew up around a lot of people who had diabetes, and when I started working at Diabetes Canada it felt like I had found the place that I was meant to be in terms of the work that I was doing. I've been part of the community for a number of years now, and host the [Diabetes Canada podcast](#) and a few other podcasts. It's been wonderful to get to know the research community.

Laura: What inspired you specifically to write this book?

Krista: In talking to all of the researchers for the podcast, I really started to think about how there was so much that had happened since the time of Banting. I wanted people to

know all of the amazing things that were happening in Canada, and that we are doing incredible research here. Since the time of Banting, we've actually done a tonne, and that was what inspired me. Just having had so many of these conversations with people and then realizing that there are a lot of very interesting stories here that I wish people knew.

Laura: That is very true. It is very focused on insulin when there are so many things.

Krista: So many things. And even I learned about some as I was doing this.

# Beyond Banting

Laura: Yeah, I bet. It's just constantly evolving. It's very hard to keep up with. I am really looking forward to reading the book.

Krista: It was definitely challenging to write, too because you never know - by the time I finished the book, Dr. [Dan Drucker](#) could have discovered something else. I say that facetiously, but you never know what's going to happen; it changes so quickly. At the same time, I really felt it was important, especially for young scientists. I think sometimes when you're just starting out as a scientist you think, "I've got so much to do and this work seems kind of overwhelming, why am I doing this?" I really wanted young scientists to see, "This is why you're doing it, look at these amazing things." So, there is a lot of that in the book. People who tried and failed at some things, but also succeeded at other things, and it shows the beauty and wonder of science.

Laura: What was the most interesting thing that you found or something you didn't expect when you were writing? Or something you maybe were surprised by?

Krista: I think I was really surprised by just how open scientists were to sharing things that went wrong as well as the things that went right. Also, just how willing they were to give credit to other people. I realized very quickly that unless I was writing a textbook about every single diabetes research accomplishment that had ever happened in Canada, I could not get everyone in the book. But it is such a wonderful collaborative community and people were so open to sharing credit, which is a lovely thing.

Laura: In terms of a cure, I know that was something you were touching on a little bit in the book. Where do you see that area of research going in the future?

Krista: I think the one thing that I've learned working with so many people with diabetes is that a cure is something you don't want to necessarily promise or assume will happen in the next 20 years. There is a lot of research being done that could potentially make treatments so much better or make day-to-day management so much easier. Whether those things will lead to a cure eventually, I don't know. I hope so. But I think if we can make the lives of people living with diabetes easier and less complicated, as well as reduce complications, then we're doing good things. So much of the work being done that is close to clinic has to do with policy or complications, treatments, and management. That was really exciting because I hear from people living with diabetes that those are the things that matter to them day-to-day.



# Beyond Banting

Laura: I guess most of the research that you were looking at would be more on diabetes management, but in terms of prevention, I'm wondering if that was something you looked into as well?

Krista: A lot of it is management, but I went across the country and I talked to people who do all sorts of things. There was stem cell science, which is very much in its infancy and just starting to be used in human trials in a very limited way. That sort of work will hopefully become treatment eventually. And then looking at day-to-day management of complications. But also looking at early diagnosis of complications because that's something where we're doing a lot of work in Canada. There's a little bit of everything. I didn't look specifically at different management techniques, but so many of the researchers I spoke to were talking about things that could potentially improve day-to-day management. To me, it was the story of the people behind those discoveries and behind those projects. There's basic scientists and there's health services researchers and there's clinical researchers, so it's a bit of an array.

Laura: Did you come across anything nursing related in terms of the research?

Krista: I actually interviewed a diabetes research nurse, Nancy Cardinez, who is incredible. She is part of the Bruce Perkins lab in Toronto. I really wanted to have a nurse included because I don't know that people understand or know about the impact and the role that research nurses can play in bringing this research forward to people. Nancy does clinical research, so she is working directly with patients to support them in research studies. It was very important to me to include research nurses in the book.

Laura: Would that be something that you would have felt like you came across very often, or that wasn't really a big part?

Krista: I think I came across it less than I would have hoped. Which is why I really wanted to include Nancy in the book. I wanted more young nurses to realize that research is a potential career for them. I don't know if you know Dr. Diana Sherifali; but she is someone who I think is just absolutely phenomenal, and she is a nurse who is a huge part of research in her clinic in Hamilton. And so I knew that was a story I wanted to tell. Nancy was perfect because she was working on a project that I had included in the book, and I wanted to make sure that I had a nurse's perspective. I definitely sought her out because the impact of nurses on diabetes research is vast. And I don't think it's something that people recognise or understand.

Laura: It's an interesting but small area I guess, but it is a very interesting area.

Krista: There's not very many nurses that I was able to find, but I was really glad that I could speak to a few. I have a mathematician in the book, I have a nurse. I have people who aren't necessarily who you would think of as a "scientist". If you were a student considering your career, maybe you read this book and realize there's a role for you with science.

Laura: What do you hope that health care professionals will take from the book?

Krista: I hope more than anything that it inspires people. I think that's the main reason I wrote the book. I wanted people to realize just how phenomenal the research community is in Canada. How we're punching above our weight. And I also realized that there's not a lot of understanding across disciplines about what people are doing in the field. Even in the research community, a lot of the talks I'm doing right now are just telling people about the research that's happening across Canada because they don't know.

# Beyond Banting

Laura: Do you find that diabetes research is not very interdisciplinary, or there's not many different disciplines involved?

Krista: I think it's changing because now collaborative research is so much bigger than it was even 10 years ago. Now, team grants are a huge part of the research process and there's a lot more emphasis on collaboration. But what I found is that if you go outside of the discipline, there's not always that collaboration, and there's not always that awareness of what everyone else is doing. It was kind of nice to be able to write some of these stories in the hopes that they inspire a few people to learn a bit more about what's happening in the field.

Laura: I guess somewhat related; how do you think the book will impact people living with diabetes?

Krista: I hope that it's inspiring for them. I don't live with diabetes, so I really wanted to tell the story from a research perspective because that's where I have my area of interest. And at the same time, I wanted to include the stories of people who have been involved in research who are living with diabetes. I think the book shows how important they are to this research because without them, we wouldn't have many of these breakthroughs. So many people agree to do a research project not knowing the outcome. I spoke to Patient 4 in the islet transplant group about getting the call to come in and be a subject for this new procedure. He said, "Tell me where to sign up and I'll be there!" I thought that was pretty amazing. So I definitely want it to be inspiring and to give people living with diabetes hope that this work is being done and to tell them a little bit about the things that go on behind the scenes that they don't necessarily see.

Laura: I imagine that reading everything that's happened and the advances that people might not think about was hopeful. I feel like hope would be a theme that would come out of that body of work

Krista: I was really lucky to be able to speak to some people. I spoke to a woman who was in the Longevity Study, which is looking at people with longstanding type 1 diabetes, so more than 50 years. Just listening to what she had lived through in 50 years with type 1 diabetes was incredible and it was so inspiring. But it was also amazing to reflect on how far we've come. She was really excited to take part in research because she wanted to share her experience in hopes that it could potentially lead to a breakthrough.

Laura: Is there anything else that you'd like to share about the book that I haven't asked you about?

Krista: I think the biggest thing for me was, it's the 100<sup>th</sup> anniversary of the discovery of insulin and I wanted people to know that there was so much happening across Canada in the field of diabetes research that maybe you haven't heard about but which I hope will have a positive impact.

More information:

Dr. Diana Sherifali is an Associate Professor in the School of Nursing at McMaster University and a Clinical Nurse Specialist in the Diabetes Care and Research Program at Hamilton Health Sciences. Dr. Sherifali's research interests include diabetes management and quality of life of people with diabetes across the lifespan. <https://nursing.mcmaster.ca/faculty/bio/diana-sherifali>

Nancy Cardinez is a Nurse Practitioner and Diabetes Clinical Research Nurse Specialist at the Lunenfeld-Tanenbaum Research Institute. Nancy's research interests include adjunctive therapies in type 1 diabetes. <https://bbdc.org/members-care-edu/cardinez-nancy/>

*Thanks to Laura McBreairty, RN for this interview.*

# Virtual Conference Funding

## Apply Now

In response to changes in professional development and learning activities due the COVID-19 pandemic the executive of DNIG is happy to announce the creation of 2021 virtual learning bursaries. You are invited to submit your application for one (1) of the ten (10) educational awards to attend a virtual conference, symposium, workshop, or course.

These bursaries were developed to support the studies and clinical capabilities of our members. Each bursary, up to a maximum of \$500.00, will be awarded to cover virtual event registration fees.

### Eligibility:

- Candidates must be DNIG members for one year or longer.
- Nine (9) non-student members and one (1) student member.
- Virtual programming is for 4 hours or longer.
- Content is relevant to the care of persons with diabetes.

### Application Process Guidelines

- Complete the application form.
- Submit application form at least 14 days before the start of the event to [dnig.info@gmail.com](mailto:dnig.info@gmail.com).
- Selected bursary recipients will be asked to provide the official registration receipt and proof of event attendance.

### Some examples of Eligible Conferences

2021 Diabetes Canada/CSEM Professional Conference. Virtual Event November 24-26, 2021.

<https://www.diabetes.ca/get-involved/conferences/diabetes-canada-csem-professional-conference>

Diabetes Canada 2021 No Limits with T1D Virtual Conference. October 2, 2021 watch anytime until October 24, 2021.

<https://www.diabetes.ca/get-involved/conferences/no-limits-with-t1d-virtual-conference>

Diabetes Canada 2021 Diabetes Frontline Forum. Virtual Event April 24, 2021 and watch anytime until May 24, 2021.

<https://www.diabetes.ca/get-involved/conferences/diabetes-frontline-forum>

American Diabetes Association 81<sup>st</sup> Scientific Sessions. June 25-29, 2021

<https://professional.diabetes.org/scientific-sessions>

Wounds Canada Limb Preservation Symposium. May 28, 2021

[https://www.woundscanada2021.ca/?gclid=CjwKCAiA4rGCBhAQEiwAeIVti0E6M-1efNXwvD5j6KmpD0y1InilSFy76fMwAAv\\_2-mZJq\\_kdOuwBROct-sQAvD\\_BwE](https://www.woundscanada2021.ca/?gclid=CjwKCAiA4rGCBhAQEiwAeIVti0E6M-1efNXwvD5j6KmpD0y1InilSFy76fMwAAv_2-mZJq_kdOuwBROct-sQAvD_BwE)

If you require additional information or have any questions, please contact the DNIG executive at [dnig.info@gmail.com](mailto:dnig.info@gmail.com)

# Virtual Conference Options



**VIRTUAL  
DIABETES  
UPDATE  
2021**

April 30<sup>th</sup> and May 1<sup>st</sup>, 2021

**DU21**



**kinghooper**  
DIABETES EDUCATION INC

**VIRTUAL  
DIABETES  
EDUCATOR  
COURSE**

April 29– May 1, 2021

Get the early-bird rate of \$599  
by April 8, 2021, or \$699 after



**WoundsCANADA<sup>ca</sup>**



April 24, 2021 | Virtual Event

**2021 Diabetes  
Frontline Forum  
(DFF)**

**DIABETES  
CANADA**

Topic	Optimizing Telehealth For Diabetes management in Primary Care
Description	Virtual program Dr Peter Lin
Time	Apr 1, 2021 07:00 PM in Eastern Time (US and Canada)



November 24, 2021 - November 26, 2021 | Virtual Event

**2021 Diabetes  
Canada/CSEM  
Professional  
Conference**

**DIABETES  
CANADA**

# Virtual Conference Options

October 02, 2021 | Virtual Event

**2021 No Limits With  
T1D Virtual  
Conference**

**DIABETES  
CANADA**



**81<sup>ST</sup> SCIENTIFIC  
SESSIONS**  
VIRTUAL | JUNE 25-29, 2021

**Limb Preservation Symposium: Friday, May 28, 2021**



**WoundsCANADA.ca**

100 Years of Insulin: Celebrating its  
impact on our lives

Apr 14, 2021 | 4:30pm-8:15pm

# Virtual Learning 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*NOTE: For reimbursement of agreed upon amount, all receipts are to be submitted to DNIG, no later than 1 month following event completion.

Please attach a 1-page document (maximum 500 words) to your application form stating your learning objectives and the relevance of the event's information for your professional nursing activities.

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!