

DNIG

Diabetes Nurses Interest Group

Speaking out for Diabetes Prevention and Management

DNIG NEWSLETTER | Spring 2025

DNIG.ca |  @DNIGRNAO

MESSAGE FROM THE CHAIR

Shannon Dugas, RN, MBA, MPH, CDE, dnigchair@gmail.com



Hello DNIG membership, I think it is vital to discuss that there's been a significant amount of political change since our Fall Newsletter. Ontario held a Provincial election February 27th, and as I type this, a new prime minister has been sworn in with an election looming.

World politics certainly shows why it is important to have our nursing voices heard. Nurses should become or continue to be politically involved to shape healthy public policies that directly impact health outcomes for Ontarians and Canadians. Nurses should feel confident about our ability to advocate politically on health issues: we have the knowledge,

We have the knowledge, transferable advocacy skills and an ethical viewpoint that witnesses how high level decisions affect individuals.

transferable advocacy skills and an ethical viewpoint that witnesses how high level decisions affect individuals. You may think it is too late to advocate provincially since the election is over, but the first 100 days of an elected government is a perfect time to advocate to your MPP. If you haven't already, please check out

RNAO's [Provincial Platform](#) and [Federal Platform](#) to view key recommendations related to nursing, healthcare, the social determinants of health and health equity. RNAO's [Taking Action](#), a toolkit for becoming politically involved may also be of interest. In relation to political advocacy, you can also see DNIG's highlights from RNAO's 25th Queens Park Day (QPD) in this newsletter.

Also, we have a brief article from a recent recipient of DNIG funding, Emma Herrewynen, on a course she recently took on Indigenous health to deliver more holistic diabetes education. Please check out upcoming conferences and funding forms at the end of our newsletter if you plan to pursue any diabetes related continuing education and would like DNIG's support.

Additionally, the DNIG executive asked to hear from our membership for this newsletter, and we are pleased to include articles from both Hilda Danquah Konadu and Rachel Posesorski. We thank them both for contributing.

DNIG has been hosting regular virtual events and information about these events is sent via email but if you're wanting to stay even more connected to DNIG, Rylan Copeman (Social Media ENO), regularly updates our Instagram account. Please follow DNIG's [Instagram](#) to stay up to date on events, and participate in giveaways. Recent giveaways have included \$50 gift cards to Starbucks, Lux Scrubs and Garde Malade. ■



years of action & impact

100 years of RNAO

2025 is shaping up to be an important year for many reasons, but did you know this is RNAO's 100th year? RNAO's Annual General Meeting is happening May 29-30, 2025, and you're welcome to register [here](https://rnao.ca/events/agm) to celebrate this milestone.

rnao.ca/events/agm

RNAO's 25th annual Queen's Park Day

On February 27th, RNAO hosted its 25th Queens Park Day (QPD) in Toronto. It fell on Ontario's election day this year so the agenda was different than in years past. This year, DNIG's Shannon Dugas, Zare Mae Manantan-Prado (Policy and Political Action Executive Nursing Officer) and Lindsay MacLennan (Communications Executive Nursing Officer) attended the event. Since the opportunity to meet with MPPs was not an option this year due to the election, RNAO scheduled other important activities. In the morning, Dr. Doris Grinspun, Matthew Kellway, Christina Pullano, Nashia Rashid, and Julia Shi presented on the upcoming 4.0 update to Enhancing Community Care for Ontarians (ECCO) 3.0. In the afternoon, attendees were presented with a review of RNAO's provincial and federal political platforms led by NP Lhamo Dolkar, RNAO President and Dr. Doris Grinspun, RNAO CEO. Lots of discussion, ideas and solutions were brought up throughout the day on many topics related to nursing. Highlights can be viewed at <https://tinyurl.com/mryu5ybx>. ■



From left: Shannon Dugas (DNIG Chair) and Zare Mae Manantan-Prado (DNIG Policy and Political Action ENO)



Speaking at the mic: Lindsay MacLennan (DNIG Communications ENO)

SCHOLARSHIPS & AWARDS: REPORTS

Recipient of Funding Emma Herrewynen, RN, CDE



The prevalence of diabetes is increasing worldwide and placing a growing burden on the Canadian health-care system.

Indigenous communities experience disproportionately higher rates of diabetes compared to the general Canadian population (Diabetes Canada Clinical Practice Guidelines Expert Committee, 2018). Culture plays a significant role in shaping an individual's behaviours,

activities and nutritional habits.

Several barriers impact access to diabetes education, treatment and supports in Ontario. These include geography/rural communities, socioeconomic status/government coverage of medications and access to culturally relevant diabetes education programs.

I was able to take a course focusing on Indigenous health professions education where I was able to learn the value of experiential learning and learning from nature. This relates to my current practice in diabetes education as the health of the whole person is a priority, rather than only the physical aspect.

Everyone living with diabetes deserves

the support needed to thrive, and not just survive. Diabetes education should be patient centered to stimulate internal motivation and be collaborative working together to progress towards self-management. By continuously adapting to the needs of our patients, diabetes education can empower individuals and strengthen communities. ■

Diabetes Canada Clinical Practice Guidelines Expert Committee. (2018). Type 2 diabetes and Indigenous peoples. (Chap. 38). In *Canadian Journal of Diabetes*. 42 (2018) S296–S306; <https://doi.org/10.1016/j.cjcd.2017.10.022>



Diabetes Distress Scale

Promoting Psychosocial Care in Diabetes Management

Hilda Danquah Konadu, Nursing Student

Nurses should integrate psychosocial care with collaborative, patient-centred approaches for all individuals with diabetes to optimize health outcomes and improve health-related quality of life. They should assess symptoms of diabetes distress, depression, and anxiety using appropriate standardized and validated tools during the initial visit, at regular intervals, and whenever there is a change in the patient's condition, treatment, or life circumstances. Including caregivers and family members in this assessment is crucial.

Nurses should monitor patients' self-management behaviours as well as the psychosocial factors affecting these behaviours. They must evaluate each patient's life circumstances that could impact physical and psychological health outcomes and incorporate these factors into their intervention strategies. Psychosocial issues should be addressed immediately upon identification. If an intervention cannot be initiated during the visit, a follow-up appointment or referral to a qualified behavioural healthcare provider should be arranged.

The diabetes-related distress risk assessment must be conducted within a relationship built on engagement. By enhancing the understanding of the lived experiences of older adults facing diabetes-related distress, nurses and policymakers can tailor treatments to better meet the needs of this population, thereby improving the

health-related quality of life (HRQoL) for patients diagnosed with type 2 diabetes mellitus.

To effectively plan and implement nursing interventions for diabetic patients, nurses must conduct a comprehensive assessment, establish nursing diagnoses, and design specific interventions that benefit the patient. These interventions include both those initiated by the nurse based on their diagnoses and those prescribed by the physician. Additionally, interventions should address direct patient care in cases of incapacity.

Interventions are categorized into two types: independent interventions, which are prescribed by the nurse, and dependent interventions, which are delegated by the physician. In all situations, the nurse must exercise sound judgment, as they are legally accountable for executing the interventions correctly.

The assessment phase marks the first step in the Nursing Care Process (NCP), which involves systematically collecting data to determine the patient's health status. This data is vital for establishing nursing diagnoses, planning suitable interventions, and evaluating their effectiveness. During the assessment, the nurse interviews the patient to gather information about symptoms that may have preceded the diabetes diagnosis, such as polyuria (frequent urination), polydipsia (excessive thirst), polyphagia

(increased hunger), skin dryness, weight loss, vaginal pruritus (itchiness), and non-healing skin lesions. The nurses should examine the patient's adherence to self-management practices and conduct physical examinations to identify any signs or symptoms of prolonged hyperglycemia. Emotional and physical factors that may affect the patient's understanding and ability to perform self-care activities are also evaluated.

Education about diabetes is a crucial component of this assessment stage. Additionally, blood glucose levels are measured, and for patients diagnosed with type 1 diabetes, the

presence of ketonemia and ketonuria is checked. Teaching persons with diabetes is vital for the success of all treatment forms. A treatment regimen that includes insulin, oral hypoglycemic agents, or a combination of both should promote normoglycemia in the patient. It's important to establish a balance between food intake, physical activity, and medication dosage. Patients should be taught to perform self-monitoring of blood glucose (SMBG), which has replaced urine testing as the primary method of monitoring. ■

Sources and resources

<https://www.diabetes.ca/resources/webinars/diabetes-distress>

<https://diabetesdistress.org/access-dds/>

Education about diabetes is a crucial component of this assessment stage.



Walk the Talk in Diabetes Care

Rachel Posesorski, Ed.D. Doctoral Candidate, MN, RN

Nurses play a vital role in teaching and supporting individuals living with diabetes in a variety of health care settings. How a nurse speaks to and about individuals living with diabetes is important¹ and can influence how people feel about themselves.² Nursing encompasses lifelong learning and reflective practice; take a moment to reflect on the following terms: “diabetic”, “poorly controlled”, “compliant”, “adherent”, “suffering”, “I want you to...”, “nonadherent”, “glycemic control”, “tight control”, and “well controlled.” These terms are being used in the clinical setting among health care professionals and observed in documentation.

Problem language in diabetes includes the terms “diabetic”, “compliant,” and “poorly controlled.” Terms like “compliant” or “noncompliant” remove autonomy, as they insinuate doing what another person wants, while “poorly controlled” implies an individual is failing in managing their disease.¹ The word “diabetic” labels an individual as their disease, as if that is the most important thing about the individual. These terms are stigmatizing and affiliated with negative stereotypes of being “lazy, unmotivated, unwilling, and don’t care.”¹ Such messages make people feel misunderstood, judged, hopeless, blamed, and can lead to experiencing feelings of a lack of trust and motivation.²

Nurses can use language that is neutral, collaborative, free from stigma, non judgemental, built on facts, strength based, and person-centered. When speaking to patients, nursing colleagues, and interdisciplinary

Problem language in diabetes includes the terms “diabetic”, “compliant,” and “poorly controlled.”

team members, nurses can focus on language that relates to what the individual is currently doing or doing well; this focuses on their strengths, and is rooted in facts, which limits judge-

ments. For instance, nurses can state that an individual is taking their insulin four times a week as opposed to stating the individual is noncompliant.¹ Positive – strengths-based, empowering, and person-centered – communication from health care professionals has been associated with lower diabetes distress, while using negative language has been linked with higher A1C.³

Nurses caring for individuals with diabetes are well positioned to advocate for patients by using person-first and strength-based language. Words hold immense power, and when chosen effectively, they can empower, shape positive health experiences and outcomes, and touch the lives of our patients in ways we will never know. ■

References

- 1 Dickinson, J.K., Guzman, S., Maryniuk, M., O’Brian, C., Kadohiro, J.K., Jackson, R.A., D’Hondt, N., Montgomery, B., Close, K.L., & Funnell, M.M. (2017). The use of language in diabetes care and education. *The Diabetes Educator*, 43(4), 551–564; <https://doi.org/10.2337/dci17-0041>
- 2 Dickinson, J.K., Guzman, S.J., & Woolridge, J.S. (2023). The emotional impact of negative language in people with diabetes: A descriptive study using a semantic differential. *The Science of Diabetes Self-Management and Care*, 49(3), 193–205; <https://doi.org/10.1177/26350106231168326>
- 3 Dickinson, J.K., Posesorski, R.E., Djiovanis, S.G., & Brady, V.J. (2024). Impact of negative or stigmatizing messages on diabetes outcomes: An integrative review. *The Science of Diabetes Self-Management and Care*, 50(2), 167–178; <https://doi.org/10.1177/26350106241232644>



Relevant resources

Download the report:
Social Experiences of Living with Diabetes in Canada
<https://diabetes.ca/en-CA/about-diabetes-canada/change-the-conversation-about-diabetes>

Upcoming Professional Conferences

DNIG supports Members in Ongoing Learning

DUO25: Diabetes Update / Obesity Update

April 24–26, 2025

Westin Toronto Airport Hotel, Toronto, or virtually

A hybrid medical congress that unites obesity and diabetes healthcare professionals from coast to coast in Canada. DUO 2025 combines the 2nd edition of Obesity Update and the 12th edition Diabetes Update, creating a seamless continuum of knowledge-sharing and networking.
duocongress.ca

2025 Canadian Women's Heart Health Summit

April 25–26, 2025

Ottawa, ON

National and international experts join to further advance women's heart, brain, and vascular health.
ottawaheart.ca/researchers/conferences-and-events/canadian-womens-heart-health-summit

Leadership Sinai Centre for Diabetes CDE Exam Prep Workshop

May 6 & 13, 2025

Virtual

www.eventbrite.ca/e/2025-cde-exam-workshop-tickets-1111923395809



Canadian Council for Cardiovascular Nurses: Update Your Nursing Toolkit

May 23–24, 2025

Hilton Garden Inn, Ottawa, ON

cccn.ca/spring-2025/

Diabetes Canada Toronto Pump Couture Fashion Show

June 10, 2025

Palais Royale, Toronto, ON

The Fashion Show, featuring models living with diabetes will be sharing their inspiring stories on the runway while wearing unique sustainable designs. All funds raised will help send kids to Diabetes Canada D-Camps, Camp Huronda, in Muskoka.

crm2.diabetes.ca/site/TR?pg=entry&fr_id=3258

American Diabetes Association 85th Scientific Sessions

June 20–23, 2025

Chicago, IL

Leading experts and peers will share the latest findings in diabetes research, prevention, and care.
professional.diabetes.org/scientific-sessions

Wound Canada's National Hybrid Conference

October 2–4, 2025

Westin Harbour Castle, Toronto, ON

The largest wound-related continuing education event in Canada bringing together wound care professionals from across the country and from multiple disciplines to share information, connect with each other and support ongoing personal

professional development over three days.

woundscanada.ca/health-care-professional/education-health-care-professional/2025-events-2

Canadian Cardiovascular Conference

October 23–26, 2025

Quebec City, QC

ccs.ca/event/canadian-cardiovascular-congress-2025/

2025 Diabetes Canada/ CSEM Professional Conference

November 26–29, 2025

Metro Toronto Convention Centre, Toronto, ON

Attend this diabetes and endocrinology-related Canadian conference to learn about significant advances in diabetes research, treatment and care. Attend original research presentations and take part in information sharing with leading experts. Returning to Toronto for the first time since 2011!

[diabetes.ca/en-CA/get-involved/conferences-\(1\)/professional-conference](http://diabetes.ca/en-CA/get-involved/conferences-(1)/professional-conference)



Learning Opportunities

Diabetes Education Program

George Brown College

A comprehensive 4 course diabetes education program including health assessment and relational practice courses. Various start dates. Check individual courses for application dates.

coned.georgebrown.ca/courses-and-programs/diabetes-education-program

Diabetes Educator Certificate Program

The Michener Institute

6 month program that you will need to dedicate 6-8 hours a week to study and assignments. Frequently asked questions here. Application date July 7, 2025. Start date September 8, 2025.

Also at Michener

- Foundations of Foot Management in Diabetes: A Holistic Approach
- Intensive Insulin Management
- Diabetes Management in Pregnancy

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

Type 1 Diabetes Educator Certificate Program

Ontario Tech University

The total course consists of eleven (11) modules intended to share extensive knowledge about type 1 diabetes, its treatment, care options and techniques specifically for care professionals who work with (or want to with) people living with type 1 diabetes. These modules provide a solid foundation of practical clinical knowledge of type 1 diabetes. Completion time is 2 years.

ontariotechu.ca/programs/continuous-learning/health-sciences-and-medicine/type-1-diabetes/index.php

Diabetes Educator Course – On-Demand

Kinghooper Diabetes Education Inc.

Comprehensive course for health professionals. Through presentations and case-study discussions with a variety of experts, covers the newest approaches to diabetes management. Goal is to update understanding of the complexities of diabetes care and patient education.

kinghooper.com/program/diabetes-educator-course-on-demand/

CDECB

Start thinking about obtaining your diabetes educator certificate through the Canadian Diabetes Certification Board.

www.cdecba.ca/professionals/how-to-become-a-cde/

American Diabetes Association

Free ongoing education courses.

professionaleducation.diabetes.org/Catalog/Learning



Conference Funding Application

Name

Address

City

Province

Postal Code

Phone

Email

RNAO membership #

DNIG Membership duration

Employment status ☐ Full time ☐ Part time

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 their experience to DNIG executive to share with membership.

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

This 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.

Please supply one professional reference:

Name

Phone number

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

Applicant signature

Date

Please send completed scanned applications and any questions to the DNIG executive at **dnigchair@gmail.com**.

Virtual Conference Funding

Virtual learning experiences continue to be sponsored by DNIG. You are invited to submit your application for one (1) of 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 all 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

1. Complete the application form.
2. Submit application form at least 14 days before the start of the event to dnigchair@gmail.com.
3. Selected bursary recipients will be asked to provide the official registration receipt and proof of event attendance. ■



Virtual Learning Funding Application

Name	
Address	
City	Province
Postal Code	Phone
Email	
RNAO membership #	DNIG Membership duration
Employment status	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
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 in this application is true and accurate.

Applicant signature	Date
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Please send completed scanned applications and any questions to the DNIG executive at dnigchair@gmail.com.