

DNIG Diabetes Nurses Interest Group

Speaking out for Diabetes Prevention and Management

DNIG NEWSLETTER | Fall 2025

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MESSAGE FROM THE CHAIR

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



The Diabetes Nursing Interest Group welcomes you to a new DNIG membership year. We are very pleased that you have joined us as we support continuing nursing education, facilitating a network for information sharing and professional education as well as advocating on

quality of care and professional nursing. We look forward to seeing familiar faces and new members who also share an interest in diabetes nursing care, research and advocacy.

We are also happy to introduce our newest executive committee team members, our membership ENO, Andrew Schembri and our second student representative, Hilda Danquah Konadu. Further in the newsletter, you can learn a bit more about them.

As research, advocacy and innovation advance, so has diabetes related therapies, educational and self-management tools.

Also in this newsletter, Policy and Political Action ENO, Zare Mae, details the positive impact that RNAO's Nursing Education Initiative funding has had on supporting continuing diabetes education related to her role as a Chronic Kidney Disease Nurse Educator.

As research, advocacy and innovation advance, so has diabetes related therapies, educational and self-management tools. We have included a link to the newest Diabetes Canada nutrition resources to

support you in your delivery of diabetes education to those living with diabetes. We have also provided an update on some of the latest updates in diabetes care in Ontario.

As you may or may not be aware, DNIG funds several Registered Nurses' Foundation of Ontario (RNFOO) awards. This year's DNIG Research Award winner, Maxine Juneau, provides an interesting update on her research in "It's Time

to Talk About Nursing Roles in Diabetic Foot Care". If you are interested in applying for any of these DNIG funded academic awards, applications are open each December through January and you can find the information [here](#). RNFOO also offers other funding awards and grants that may be of interest to you.

DNIG's Annual General Meeting (AGM) is being held virtually on Monday, November 17th, 2025 at 8 pm EST. During this virtual evening event, you'll meet your interest group executive and be updated on DNIG activities, vote on by-laws and be given time to voice your questions/concerns. You will have the opportunity to win a gift card if you attend and are a DNIG member. To register for this Zoom event, please click [here](#). Shannon will send the meeting agenda and proposed bylaws prior to the event.

Please check out upcoming conferences and funding forms at the end of our newsletter if you would also like to pursue any diabetes related continuing education. The DNIG executive has recently reviewed their criteria and maximum funding limits so please note the changes.

Stay connected to DNIG's Instagram which is headed by DNIG's Social Media ENO, Rylan Copeman.

As always, if you have any questions, please reach out to dnigchair@gmail.com. ■

DNIG

DNIG provides:

- support for continuing nursing education
- a network for information sharing and professional collaboration
- advocacy on quality of care and professional nursing

Call for Nurse Presenters

Share Your Expertise with Fellow DNIG Members!

In response to member feedback, the DNIG Executive is excited to plan a new series of educational webinars for the upcoming membership year. We hope to cover a range of timely and practical topics such as:

- Insulin dosing with corticosteroid initiation
- Advances in diabetes technology (CGMs, pumps, and more)
- Expanding use of GLP-1 RAs and Dual GIP/GLP-1 RAs
- Current topics that you think will benefit fellow DNIG members

Remember that anything you do to support your fellow DNIG members in education will earn credits for your CDE portfolio.

We know many of our members have developed valuable expertise in these and related areas — and we'd love for you to share your knowledge! Consider leading or co-leading a virtual learning event to help your peers grow and stay current in diabetes nursing practice. DNIG will provide a stipend to support your efforts.

If you're interested, or if you'd like to recommend a colleague who would make a great presenter, please reach out to us at dnigchair@gmail.com or send us a DM on Instagram [@dnig.rnao](https://www.instagram.com/dnig.rnao).

MEET OUR NEWEST MEMBERS



Membership ENO Andrew Schembri

Andrew Schembri is a Registered Nurse and a Master of Nursing student at Toronto Metropolitan University. He works across two distinct specialties: Cardiovascular Surgery and Forensic Psychiatry. Andrew's passion for evidence-based practice and leadership is reflected in his active role mentoring and supporting colleagues. His master's thesis focuses on uncovering strategies to enhance the adoption of diabetes best practices among nurses, aiming to improve the quality of care across diverse hospital settings and improve the translation of diabetes best practice knowledge into clinical application.



Student Representative Hilda Danquah Konadu

My name is Hilda Danquah Konadu BScN Student. I am passionate about exploring new opportunities and learning new things from others. I love to assist and support people, especially those facing challenges. I like research, writing and reading, advocacy, and caring for those living with diabetes. I have knowledge on diabetes and know individuals who have been diagnosed with diabetes and witnessed how difficult this process was for them. Especially the mental, emotional, and physiological aspect that accompanies the diagnosis of diabetes. I enjoy providing diabetes related education to individuals living with diabetes. ■

What's New in Diabetes Management

The world of diabetes management is continuously evolving, with new medications, updated best practice guidelines and novel treatment approaches. Here are a few updates that have occurred in the field of diabetes management over past months:

1. Diabetes Canada Clinical Practice Guidelines (CPGs)

Three new or updated chapters have been released this year:

- **Chronic Kidney Disease**

Features an expanded list of nephro-protective therapeutic options for CKD, including nonsteroidal mineralocorticoid receptor antagonists (nsMRAs) and GLP-1 RAs.

- **Glycemic Management Across the Lifespan for People with Type 1 Diabetes**

A highlight of this new chapter is the recommendation for automated insulin delivery (AID) systems as the preferred treatment method for people with type 1 diabetes where possible.

- **Diabetes and Metabolic Dysfunction-associated Steatotic Liver Disease (MASLD) in Adults**

Formerly known as nonalcoholic fatty liver disease (NAFLD), MASLD is highly prevalent in people with type 2 diabetes, which is why screening is encouraged for this group and those living with prediabetes.

2. New Basal Insulin: Awikli

Approved by Health Canada in 2024, Awikli (insulin icodec) can be prescribed as an ultralong acting basal insulin analogue



for clients living with type 1 or 2 diabetes. The starting dose for insulin naïve individuals is 70 units, a lot larger than we're used to working with! The safety and efficacy of Awikli is thought to be similar to insulin glargine (Toujeo/Basaglar) and degludec (Tresiba), however people with type 1 diabetes did

experience significantly more hypoglycemia while using it during a randomized trial. Because Awikli is not yet covered by the Ontario Drug Benefit (ODB) program, most clients currently using it have private insurance.

3. Continuous Glucose Monitors (CGM)

- The Dexcom G7 system is now covered by the ODB program for people who use insulin. Its features include predictive alarms, multiple approved sensor sites, and the ability to send data to compatible smartwatches.
- The Freestyle Libre 3 system is also available and awaiting ODB coverage for insulin users. It is the smallest sensor and now lasts 15 days. The Freestyle Libre 2 system continues to be covered by ODB.

4. Tziel Approved in T1DM for delaying the Progression of Disease

- Tziel acts by binding to CD3 on T cells (immune cells), reducing or modifying their attack on beta cells. It helps preserve beta cell function, delaying the progression of the disease.
- The treatment is given as an intravenous infusion over 14 consecutive days. The dose increases over the course of the treatment.
- Approved for Stage 2 Type 1 Diabetes in people aged 8 years and older. Stage 2 means the person has at least 2 or more autoantibodies (markers the immune system is attacking beta cells) *and* has abnormal blood sugar (dysglycemia), but has *not yet* reached Stage 3 (when insulin dependence begins with symptoms). Not approved for children under 8 years old (no sufficient data). No data / no indication yet for adults over 65 years.
- In trials (e.g. the TN-10 study), Tziel delayed the progression from Stage 2 to Stage 3 T1D by a median of about 2 years in treated vs placebo groups.

5. Conferences

This year's **Diabetes Canada conference** is fast approaching, taking place in Toronto from November 26-29, 2025. NP/RN DNIG members can consider applying for conference funding to help support your learning goals. The application form (as well as other learning opportunities in diabetes) can be found at the end of this newsletter. ■



It's Time to Talk About Nursing Roles in Diabetic Foot Care

Maxine Juneau RN BScN

KEY MESSAGES

- To support nurses in generalist positions in home and primary care, existing educational resources could ideally be leveraged and training provided on diabetes education, offloading, and debridement.
- Timely assessment and treatment of DFUs could be facilitated through standardization and coordination of access to nurses specialized in DFU care.
- Provincial standardization of intersectoral DFU and preventive care, including nursing roles providing required care, would support more holistic care.
- Trauma-informed approach to diabetic foot care is an important nursing consideration across all practice settings.
- Intersectoral monitoring and measurement of patient outcomes in diabetic foot care is needed provincially.

Best practices for diabetic foot and diabetic foot ulcer (DFU) care have been well-established in both national and international guidelines (Canadian Agency for Drugs and Technologies in Health, 2016; Patel et al., 2022), including those published by the RNAO. Despite this, implementation and utilization of nursing roles in diabetic foot care in Canada remains poorly understood. This knowledge gap continues to exist in the face of nationally low rates of diabetic foot screening, increasing acute care costs, and higher rates of diabetes-related amputation in marginalized communities (Botros et al., 2019; Patel et al., 2022; Schoen & Norman, 2014; Syed et al., 2022). In Ontario, DFUs account for over 2000 amputations annually with an estimated direct healthcare cost of \$140 million (CorHealth Ontario, 2021). However, whether these are attributable to gaps in nursing practice, such as inadequate nursing care, barriers to nursing practice, or poor utilization of the nursing role is mostly unknown.

With the support of the DNIG RNFOO award, my thesis supervisor in the School of Nursing at McMaster University (Dr. Melissa Northwood), committee members (Drs. Sandra

Carroll and Diana Sherifali), I sought to answer some of these questions through a qualitative interpretive descriptive study exploring nursing roles in diabetic foot care in Ontario. Fifteen nurses from across the province including CDEs, wound care nurses, foot care nurses, and NPs were interviewed to learn from their experiences. While the results are still being finalized, I can share some of the key initial takeaways:

Varying Access to Trained Nurses

CDE, foot, and wound care nurses continue to play a critical role in caring for patients living with diabetes and DFU. These specialized nurses receive training outside of their general nursing education, with essential skills like debridement, offloading, and diabetes education being primarily taught in specialized courses or through on-the-job experience. However, because this education is not standardized across regions or settings, we found that there was high variability in skill set, even amongst participants with similar certifications. In addition to varying skillset, participants described inequitable access to nurses trained in diabetes and wound care across the province, with those living in urban areas and southern regions having much greater access compared to those living in rural and northern regions of the province. This impacted access to preventive care and timely intervention of DFUs.

Preventive Foot Care is Not Funded

Preventive foot care like nail care, callus debridement, corn removal, orthotics, and supportive footwear, continue to have limited public funding and support. This is reflected in limited paid nursing roles within the public system that are solely dedicated to preventive diabetic foot care. This has created an inequitable divide between patients that can afford private foot care nursing, and those that cannot. This has also limited the ability of nurses to provide preventive foot care to equity-deserving populations within the public health care system. Many participants described having to find workarounds, including exploring alternative funding sources (e.g., grants or donations) or volunteering their own time, to get patient access to preventive care.

Trauma-Informed and Equity-Based Approaches to Care

Nurses' experiences helped us understand the need for improved implementation of trauma-informed and equity-based approaches to care across settings. Participants described care being highly influenced by patients' social determinants of health, including employment, income, physical and mental health, rurality, etc. Some even primarily worked with equity-deserving populations, including Indigenous communities, or people experiencing homelessness. However, participants were not always provided with the practice support to care for patients from vulnerable communities. This includes the resources to help address underlying social and financial barriers to care, or training in communication methods that acknowledge patients' experiences with trauma and violence.

Quality Monitoring

Currently, there is minimal intersectoral monitoring of patient outcomes related to diabetic foot screening or DFU care. As participants shared, there is also little organizational monitoring of DFU outcomes. This impairs nurses' ability to identify gaps in care or the impact of practice and policy changes beyond their observations from individual experiences and direct patient feedback. Our ability to effectively advocate as nurses often relies on a clear understanding of patient outcomes to identify clinical problems and propose evidence-based solutions. While nurses will always individually reflect and improve upon their practice, improving care on a systems level will require an understanding of patient outcomes across the province.

Conclusions

Nurses continue to play an integral role in diabetic foot care. However, poor optimization and standardization of nursing roles have resulted in gaps between nursing practice and guideline-based care. DFU care is a specialty in itself, and optimizing training opportunities and practice support would help to improve care for people living with DFU. Varying access to CDE nurses, wound care nurses, offloading, and publicly funded nail and callus care also continue to be significant barriers to guideline-based care. The result, as identified by nursing participants, is inequitable access to diabetic foot care in Ontario for patients.

While this research helps to provide insight into current nursing care, system wide change will require advocacy from nursing organizations like DNIG and the RNAO. The opportunity is present now as momentum towards the



development of limb preservation pathways in Ontario is growing. This means we need to start having discussions about how nursing roles in diabetic foot care can be standardized and coordinated, how we will ensure equitable access to specialized nursing services and preventive care, and how we will monitor the quality of nursing care across sectors. In essence, it's time to start talking about what nursing roles in diabetic foot care in Ontario should look like moving forward. ■

References

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5. Schoen, D. E., & Norman, P. E. (2014). Diabetic foot disease in Indigenous people. *Diabetes Management*, 4(6), 489-500. <https://doi.org/10.2217/dmt.14.43>
6. Syed, M. H., Al-Omran, M., Ray, J. G., Mamdani, M., & de Mestral, C. (2022). High-Intensity Hospital Utilization Among Adults With Diabetic Foot Ulcers: A Population-based Study. *Canadian Journal of Diabetes*, 46(4), 330-336. e7. <https://doi.org/10.1016/j.cjcd.2021.10.005>

Diabetes Canada Releases New and Improved Diabetes Nutrition Resources

Get the Facts on Fibre!

Fibre is a type of carbohydrate that is found in foods that come from plants. It does not get digested or absorbed by the body and therefore it does not increase blood sugar like other forms of carbohydrate. Including high fibre foods in meals and snacks can help slow the rate of digestion and lower the impact of carbohydrates on your blood sugar after a meal. Fibre can also help fill you up and keep you full longer which helps you from being overly hungry between meals.

There are two types of fibre:

Soluble Fibre
Dissolves in water to form a gel-like material that helps fill you up, lower blood sugar response and moves stool to prevent constipation. **Sources:**

Insoluble Fibre
Does not dissolve in water but adds bulk in your digestive tract which helps move your stool and has many benefits for your gut. **Sources:**

How much fibre is enough?

19 to 50 years
19 to 38 years: 25g per day
39 to 50 years: 21g per day

51 years and older
51 to 70 years: 25g per day
71 years and older: 19g per day

Some examples
medium pear = 5g, 1 slice whole wheat bread = 2g, 3/4 cup black beans = 11g

It is recommended to include both soluble and insoluble fibre in your diet.

For a list of common foods and their fibre content [click here](#).

The benefits of fibre
Along with helping to manage blood sugar, dietary fibre can help:

- reduce constipation & diarrhea
- lower cholesterol
- lower risk of developing some cancers
- decrease risk of heart disease
- make you feel fuller longer

Sources of fibre to add to meals and snacks
There are a variety of foods that have fibre and are easy to include in your diet. Some examples of fibre rich foods include:

Legumes: kidney beans, black beans, lentils, mung beans
Vegetables and fruits: cauliflower, spinach, cabbage, okra, bok choy, berries, melon
Grains: oats, barley, brown rice, quinoa, whole grain bread
Nuts & Seeds: peanuts, almonds, walnuts, pumpkin seeds, nut butters

Start low and slow
The key to adding fibre is to start by adding small amounts gradually over time. Too much too soon can have digestive side effects. Remember to increase your water intake alongside your fibre intake.

Some tips to help increase fibre in your diet:

- Use food labels to see fibre content in the food you eat
- Choose whole grains more often
- Aim for half your plate to be non-starchy vegetables
- Add small amounts of nuts to meals and snacks

DIABETES CANADA Visit www.diabetes.ca for more healthy eating tips and recipes!
1-800-BANTING | info@diabetes.ca

Protein and Diabetes: What You Need to Know

Protein is an important part of a healthy diet.
Protein's role in the body is to build and repair cells which is important for growth, muscle building, and skin health. For those living with diabetes, maintaining muscle mass and protecting skin health have increased importance.

Getting enough protein helps build and maintain muscles and helps skin heal.

How does protein affect my blood sugar?
Adding protein to your meals and snacks can help manage your blood sugar. Protein slows the digestion and rate of release of the carbohydrates you eat. This means that a meal containing protein and carbohydrates will have a lower effect on blood sugar than a meal without protein. Proteins like chicken, nuts and fish are very low in carbohydrates and so do not affect your blood sugar. Other proteins such as dairy products, beans and lentils contain carbohydrates which can increase blood sugar. All are good sources of protein to include in your healthy eating plan.

How much protein do I actually need?
It is recommended for most adults 18 years of age and older to include 0.8 grams (g) of protein per kilogram (kg) of body weight. For reference, a 1/2 cup portion of cooked chicken provides 25g of protein. Protein intake goals should be individualized based on a person's current eating pattern, preferences, existing health conditions and weight goals. To understand if your needs vary from the recommended, speak to your healthcare provider.

Meal planning ideas

- Cook your pasta al dente (firm). Check your pasta package instructions for cooking time.
- Make foods and drinks such as fruits, milk or alternatives part of your meal. These foods often have a low GI.
- Try lower GI grains, such as barley and bulgur.
- Sweep half of your higher GI starch food serving with beans, lentils or chickpeas. For example, instead of having 1 cup of cooked short grain rice, have 1/2 cup of cooked rice mixed with 1/2 cup of black beans.

To calculate protein needs:

$\text{weight in lbs} \div 2.2 = \text{weight in kg} \times 0.8 = \text{daily protein need (in grams)}$

An adult weighing 150 lbs would need about 55 g protein each day.

The Glycemic Index Guide

DIABETES CANADA

Glycemic Index Categories

- GREEN** - LOW GI (55 or less) - Choose MOST Often
- YELLOW** - MEDIUM GI (56 to 69) - Choose SOMETIMES
- RED** - HIGH GI (70 or more) - Often

The GI of the food can change based on the serving size eaten, cooking method and by combining the food with other ingredients in a meal or snack. By pairing a high GI food with a combination of non-starchy vegetables, lean protein and healthy fats at each meal or snack, you can reduce the overall glycemic response.

While this is a tool to help people living with diabetes better understand blood sugar changes in response to foods eaten, every body is different. You may find that some high GI foods do not impact your blood sugar as much while some low GI foods do.

The Balanced Plate Method
Using a standard dinner plate, follow this model for a balanced meal.

Meal planning ideas

- Cook your pasta al dente (firm). Check your pasta package instructions for cooking time.
- Make foods and drinks such as fruits, milk or alternatives part of your meal. These foods often have a low GI.
- Try lower GI grains, such as barley and bulgur.
- Sweep half of your higher GI starch food serving with beans, lentils or chickpeas. For example, instead of having 1 cup of cooked short grain rice, have 1/2 cup of cooked rice mixed with 1/2 cup of black beans.

Some carbohydrate containing foods and drinks have so little carbohydrate that they do not have a GI value. This means that they can be included as part of a healthy diet with little to no impact on blood sugar. Examples include animal based proteins, many vegetables, herbs, spices, lemons and limes. These foods are not included in the lists below but can be included in a balanced meal or snack.

Getting started: healthy eating and diabetes

DIABETES CANADA

Glucose comes from foods that contain carbohydrates such as fruit, milk, some vegetables, starchy foods and sweet foods like honey, candy and desserts. Healthy eating and physical activity help to manage your blood sugar. You may also need to take pills, insulin and/or other medications.

All bodies need energy in the form of sugar called glucose. Insulin is a hormone that helps our bodies take the glucose and use it for energy. Without insulin, glucose builds up and causes high blood sugar.

Here are some basic tips to help you get started

Tip:	Reasons:
Eat a meal or snack every 4-6 hours to ensure you are getting enough energy and nutrients.	Eating at regular times helps manage blood sugar levels.
Eat more high-fibre foods such as whole grains, breads and cereals made with whole grains, beans, peas, lentils, vegetables and fruit.	Foods high in fibre will keep you full longer, lower the impact of carbohydrates on your blood sugar and support overall health.
Eat a balanced breakfast that includes both carbohydrates and protein.	Helps to prevent blood sugar highs and lows
Prepare more meals at home.	Preparing meals gives you more control over how much sugar, salt and added fats you eat.
Limit sugars and sweets such as sugar sweetened drinks, desserts, candies, jam and honey.	Increased intake of sugar increases blood sugar levels.
Choose healthy fats such as olive, canola or vegetable oils in small quantities.	Replacing saturated fats and processed foods high in saturated fats with unsaturated fats helps reduce heart disease risk.
Choose water more often as your drink of choice.	Plain water has no carbohydrates or sugars and will not add to your carbohydrate intake.
Add physical activity to your day.	Regular aerobic and resistance exercise improved blood sugar and is good for overall well-being.
Limit alcohol consumption.	Alcohol can affect blood sugar levels and provides calories but no nutrients.

The Balanced Food Plate

DIABETES CANADA

Use the balanced plate approach to make your meals
Using the balanced plate approach applies to all meals, even if you use a lower GI. The balanced plate is designed to help you meet your nutrient needs and manage your blood sugar. All foods can fit in the balanced plate approach, it's the portions of each type of food that matter the most.

Here are some examples of meals that follow the plate model:

Breakfast:	Lunch:	Dinner:
- 3/4 cup low-fat plain Greek yogurt + 1 cup strawberries + 1 cup high fibre wheat cereal	- 2 cups lentil soup + 1 cup out of vegetables + 1 whole grain bun + 1 cup milk	- 2 whole grain rot + 1 cup chicken curry + 2 cups cooked vegetables + 1 apple
- 1 cup old-fashioned oatmeal + 1/4 cup almonds + 3/4 cup frozen blueberries	- 2 slices whole grain bread + 3/4 cup chicken salad + 2 cups salad + 1 orange	- 1 1/2 cups whole grain pasta + 1 cup meat sauce + 2 cups sautéed vegetables

Basic carbohydrate counting for diabetes management

DIABETES CANADA

Carbohydrates are the main source of fuel for your body.

Your body breaks down carbohydrates into sugar (glucose). This raises your blood sugar levels. Both carbohydrate type and amount matter in blood sugar management.

Carbohydrate counting is a tool that helps you figure out how much carbohydrate (carbs) you are eating. Counting how many carbs you are planning to eat can help you keep your blood sugar in range. A registered dietitian or certified diabetes educator can guide you along the way.

STEP 1: Make healthy food choices

- Follow the balanced plate method which suggests 1/4 of your plate be grains or starchy vegetables.
- Enjoy a variety of vegetables, fruits, whole grains and protein foods at your meals to help meet your nutrient needs.
- Use added fats in small amounts.
- Listen to hunger and fullness cues to help manage portions.
- Choose low glycemic index carbohydrates more often.

STEP 2: Find the carbohydrate in your foods

- Meat and alternatives, most vegetables and fats contain little carbohydrate. Include these with carbohydrate containing foods at meals and snacks.

STEP 3: Set carbohydrate goals

- A dietitian or certified diabetes educator can help you set a goal for grams of carbohydrate at each meal and snack.
- The amount may be the same day to day or may be flexible depending on your health goals and if you take insulin or other medications.
- Diabetes Canada's Clinical Practice Guidelines suggest carbohydrates make up 45 to 60% of your daily calorie intake, that is about 45-60 grams of carbohydrate at each meal or 15-30 grams at snacks for most people.
- Consistency with carbohydrate amounts from meal to meal is important. Aim to meet your target within 5 grams per meal or snack.

STEP 4: Determine carbohydrate content

- Write down what you eat and drink throughout the day.
- Be sure to note the portion sizes. You may need to use measuring cups and spoons to be accurate.
- Record the grams of carbohydrate and fibre in these foods and drinks.
- For carbohydrate content of foods, check food packages, food composition books, restaurant fact sheets, websites and the Canadian Nutrient File.

STEP 5: Monitor effect on blood sugar level

- Work with your health care team to figure out the best way to monitor your blood sugar and how to make changes to meet your blood sugar management targets.

Upcoming Professional Conferences

DNIG supports Members in Ongoing Learning

2025

Diabetes Canada Lace Up and Show Your Glow
Several in-person events and virtual Lace Up

Evidence-Based Management of the Diabetes Epidemic 2025
Wed., November 12, 2025
Liuna Station, 360 James Street North, Hamilton, ON
*In-Person: 12 – 5 p.m. *Time is subject to change*
Virtual: 1:15 p.m. – 5:00 p.m.
In-person Attendance: FREE
Virtual Attendance Fee – Early bird ends October 1: \$45.00 +HST; After October 1: \$85.00 +HST
cpd.heathsci.mcmaster.ca

Diabetes Canada Professional Conference
November 26–29, 2025
Time: 8:00 a.m. - 5:00 p.m.
Metro Toronto Convention Centre, 255 Front St W, Toronto, ON
Hybrid- with on-demand viewing option.
diabetes.ca

2026

American Diabetes Association (ADA's) Clinical Update Conference
Houston, Texas, USA
February 6-8, 2026
In Person
professional.diabetes.org

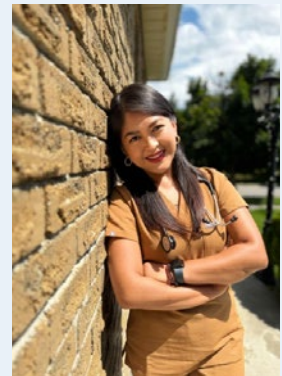
DUO 2026 — DUO (Diabetes Update + Obesity Update)
Toronto TBD
April 23–25, 2026
Hybrid
duocongress.ca

American Diabetes Association's (ADA's) 2026 Scientific Sessions
New Orleans, Louisiana, USA
June 5–8, 2026
In Person
professional.diabetes.org/scientific-sessions

Advancing Diabetes Care Through Continuing Education

Zare Mae Prado

I am deeply grateful for the valuable learning experience I gained through the UHN Michener Institute Diabetes Educator Certificate program. This opportunity not only expanded my knowledge but also enriched the way I approach diabetes care and education. I am also thankful to have received professional development funding through the Nursing Education Initiative (NEI) grant, which made this opportunity possible.



One area of significant growth was in teaching and learning strategies, which strengthened my ability to adapt education to each patient's unique needs and support lasting lifestyle changes. Gaining a deeper understanding of the pathophysiology of diabetes also enhanced my confidence in explaining the disease process in clear and meaningful ways.

The program further deepened my knowledge of managing diabetes, from lifestyle interventions and medication adherence to tailoring treatment with various antihyperglycemic agents. Reviewing the complications of diabetes reinforced the importance of prevention and proactive education, while discussions on special populations highlighted the need for culturally sensitive, patient-centered care.

These learnings are especially valuable in my role as a Chronic Kidney Disease Nurse Educator, where I often support patients living with both diabetes and kidney disease. This training equips me with the tools to provide more comprehensive education, anticipate complications earlier, and empower patients to take an active role in their health journey. Ultimately, this experience reminded me that continuing education is not only about gaining knowledge; it transforms the way we teach, care, and connect with our patients. ■

DNIG Funding Support for Ongoing Education through Registered Nurses Foundation of Ontario (RNFOO)

Visit the [RNFOO website](#) for more information on the application process.

The application process is not yet open for 2026 awards but DNIG will be sponsoring the following awards as in the past few years. Consider applying!

Diabetes Nursing Interest Group (DNIG) Northern Students Tuition Support Award

1 award of \$1,000 (Undergrad Level)

QUALIFYING PROGRAMS

Undergrad Degree 4 year BScN, Undergrad Degree 2nd level entry BScN, Undergrad Degree Post-RN BScN, Undergrad Degree RPN to BScN, Graduate Degree Masters, Graduate Degree PhD, Certification/Certificate Program/Special Project

To support a baccalaureate nursing student in any 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 demonstrates commitment to the cause of diabetes. Applicants need not be enrolled in a degree program but must be a member of the RNAO Diabetes Nursing Interest Group, have held membership for at least one year prior to application, and be living 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 (DNIG) Research Award

1 award of \$3,000 (Research Awards)

QUALIFYING PROGRAMS

Graduate Degree Masters, Graduate Degree PhD, Research

This award will support a graduate level student in either a PhD, MScN or MN program who is conducting research focused on education, prevention, or management of diabetes. Applicants must have a completed research proposal that has been submitted for ethics approval. As well, applicants must be a member of the RNAO Diabetes Nursing Interest Group and have held membership for at least one year prior to application.

Diabetes Nursing Interest Group (DNIG) Scholarship

1 award of \$2,000 (Available to RNs or RPNs)

QUALIFYING PROGRAMS

Undergrad Degree Post-RN BScN, Graduate Degree Masters, Graduate Degree PhD, Certification/Certificate Program/Special Project

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. Preference will be given to applicants who demonstrate commitment to diabetes education and care with urban or rural communities

with an Indigenous population. Nurses of Indigenous origin are encouraged to apply. Applicants must be a member of the RNAO Diabetes Nursing Interest Group and have held membership for at least one year prior to application.

Diabetes Nursing Interest Group (DNIG) Special Projects in Diabetes Award (new in 2024)

1 award of \$1,000 (Available to RNs or RPNs)

QUALIFYING PROGRAMS

Undergrad Degree Post-RN BScN, Graduate Degree Masters, Graduate Degree PhD, Certification/Certificate Program/Special Project

To support a Registered Nurse or Nurse Practitioner 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. As well, applicants must be a member of the RNAO Diabetes Nursing Interest Group and have held membership for at least one year prior to application. Applicants who have received a previous award from DNIG are not eligible for this award. The project description, including budget estimates, must be provided. ■

DNIG DIRECT FUNDING SUPPORT

The Diabetes Nurse Interest Group (DNIG) is committed to supporting members' ongoing education and professional development. For the membership year 2025-26 we're pleased to offer funding support for both virtual and in-person learning opportunities. The following awards will be offered on a first come, first served basis. A maximum of \$10,000 in total funding will be available each year.

Virtual Learning Opportunities

DNIG offers **two levels of funding** for members attending virtual conferences, symposiums, workshops, or courses:

- Single Virtual Events (4 hours or longer): up to \$500
- Multi-Day Virtual Courses: up to \$1,500 to cover registration and textbook or other course associated fees

FUNDING AVAILABLE:

- Up to four (4) awards for *non-student* DNIG members in Virtual Event category
- Up to one (1) award for a *student* member in Virtual Event category
- Up to four (4) awards for *non-student* DNIG members in Course category

In-Person Conference Attendance

DNIG also offers one-time funding of up to \$1,500 to support attendance at in-person conferences.

FUNDING AVAILABLE:

- Up to four (4) awards for non-student DNIG members
- Up to two (2) awards for student members

Application Criteria

To apply for DNIG funding support:

- Complete the official **DNIG Funding Application Form** and send to dnigchair@gmail.com
- Submit your completed form **at least 14 days before** the start of your event.

To receive funding, DNIG requires:

- Membership in DNIG of at least one (1) year prior to application
- An **official registration receipt**
- **Proof of attendance** or **certificate of successful completion**
- A **commitment to share your learning** with DNIG members through **newsletter submission** or webinar presentation
- A completed expense form accompanied by receipts **no later than 30 days** following completion course/event.

When approved for funding, an **official expense form** will be provided. Funds will be **e-transferred upon completion** of all requirements.

CONTINUING EDUCATION

Learning Opportunities

Diabetes Education Program

George Brown College

A comprehensive 4 course diabetes education program including health assessment and relational practice courses.
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.

Also at Michener

- Foundations of Foot Management in Diabetes
 - Intensive Insulin Management
 - Diabetes Management in Pregnancy
- michener.ca

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

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

CDECB

Obtain your diabetes educator certificate through the Canadian Diabetes Certification Board.

www.cdecb.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 Learning 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:

*** 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

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