

Singapore

Diabetes EDUCATORS

ASSOCIATION OF DIABETES EDUCATORS (SINGAPORE) July 2010 MICA (P 164/01/2010)

Continuing Education for Diabetes Educators

The advancement of technologies and medicine has leaps and bounds hand in hand over the recent decades. Sharing of professional knowledge becomes easily available with a click of a button and likewise, lay people also have the access of worldwide pool of information at their fingertips ready to challenge the nursing fraternities.

With Continuous Nursing Education (CNE) becoming more pertinent, educators need not depend on their employers but rather the professional bodies such as Association of Diabetes Educators (ADES) to provide the experience of peer sharing, latest updates on diabetes medical and non-allied health education and exposures in community works.

Diabetes Educators are rising to the challenge. The quests and desire for enriching, higher quality and diversity in education while coping with the rapid changes at their clinical settings are oblivious, based on the numerous feedbacks from members wanting non-conventional education programme.

Recognising the trend of learning, ADES is continually seeking innovations in CNE programme to meet members' "appetite" for learning through organising various education activities such as the ongoing Diabetes Conversation Map facilitator training, community outreach, interactive sharing sessions and retreat workshops that allow bonding among members.

With the enriching education programmes in place, it is easy to see why there is an increase in new memberships from previously 10% to 15% and with the retention of > 90% of current members, that brings a total of 160 members as in June this year.

I look forward your continuous support in creating the momentum of spirit in excellence for diabetes care and education, and taking the opportunity to thank my management committee for their amazing commitment to ADES and their "can do & can work" spirit to keep ADES going.

Hope to see you in our next education activity!

Cheers,
Brenda Lim
President, ADES

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ADES Retreat Workshop



Mark your diary...

As we go forward into our 13th year, we need to build up ADES memberships to join our Association of Diabetes Educators Singapore (ADES). The committed and dedicated elected committee for 2009-2011 will be sharing ADES journey with you.

Create your learning journey with ADES in the effort to improve the lives of people with diabetes in Singapore through diabetes education and reaching out to the community to create greater diabetes awareness.

Our 13th ADES's AGM and 8th CDE's graduation for our new CDE graduants will be held on 18 Sept 2010. Do join us on this joyous and memorable day.



Evening Talks

Despite the tiring work schedules at clinics/hospitals, members are unfailingly and continuously upgrading their knowledge in diabetes by attending two separate evening talks- An Insight into Children with Diabetes on 16 April 2010 and the latest development in diabetes medication on 21 May 2010.



Workshop on Update on Medical Nutritional Therapy with case study on 16 Jan 2010



Dr. Han Wee Meng, Senior Dietitian from KK Women and Children Hospital and Dr. Daniel Chew, Consultant from Department of Endocrinology at Tan Tock Seng Hospital shared the interesting aspects and role of medical nutritional therapy in promoting wound healings with more than 40 ADES members and non-members in attendance.

Workshop: Glucose Monitoring for Primary Healthcare Professional held on 6 Mar 2010

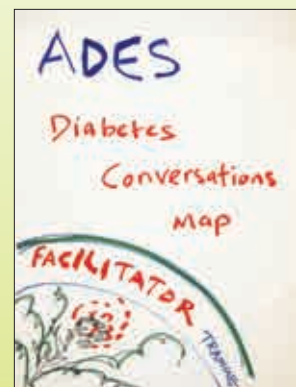
Another collaborative effort by ADES with Tan Tock Seng Hospital (TTSH) to organise workshop on glucose monitoring for primary healthcare professionals. Senior Diabetes Nurse Educator, Ms Ng Poh Leng and Endocrinologist, Dr. Abdul Shakoor both from TTSH, shared issues on the pitfalls and standard of care for glucose monitoring followed by discussion on casestudies by Educators from ADES – Ms Lim Pei Kwee, Ms Noorani Othman, Ms Chan Yoke Leng, Ms Ooi Chai Wah and Ms Dahliana, sharing with participants their personal encounter and experiences in handling clients with difficult blood glucose management.



Exclusive Workshop for only ADES members! **Diabetes Conversation Map™ (DCM) facilitator training workshop on 27 Mar 2010**

Today, more than 100 ADES members have been trained as DCM facilitators and are actively organising small group education sessions for patients in their respective institutions and in community outreach programme.

Another 28 members had attended this recent training workshop. Look out for the next workshop to be held on 7 Aug 2010. For more information, please email to ADESeducation@gmail.com.



Workshop on Monitoring of HbA1c for people with diabetes : Care and Standard held on 24 April 2010

More than 70 healthcare professionals attended the Glucose Monitoring Workshop jointly organised by TTSH and ADES on 24 April 2010. The participants had the chance to learn about standardisation and measurement of HbA1c values from 2 distinguished overseas speakers Ms Hsiao-Mei Wiedmeyer from US and Dr. Ki Chang-Seok, Associate Professor from Korea.

At the end of the lectures, participants were invited to TTSH Diabetes Centre to view the IT Point-Of-Care-Test for HbA1c, a seamless technology that provide real time results for clinicians using the in2it analyser for measurement of glycated haemoglobin.

The participants also had the opportunity to have hands-on session with the POCT in2it analyser. Participant Ms Ooi Chai Wah from Singhealth Polyclinic commented that : “The workshop provide a fruitful time and valuable knowledge sharing amongst healthcare diabetes healthcare professionals to learn from one another the best practices.”

Relooking Diabetes Education

Crystal and Isabelle were both 50-year-old Chinese with Type 2 Diabetes Mellitus (T2DM) for about 5 years. They were both secondary school teachers and were married with 2 children. Though similar in some aspects of life, their approaches to diabetes were very different.

Crystal would miss her afternoon dosing of Metformin almost 1 to 2 times a week. She could not follow the dietician's advice of high fiber, low carbohydrate and less fat food. In her opinion, these foods were hard to get when she ate out. She expressed that her work was so busy that she had not enough time to sleep and rest properly. It was impossible for her to allocate time just to exercise. Self blood glucose monitoring (SBGM) was a hassle to her. She did not find the value of pricking her fingers when her readings were always fluctuating.

Isabelle on the other hand was different. She had no problem following the prescribed medications schedule. She would cook her own lunch and bring them to school. Although her work was busy, Isabelle expressed that she always try to find time to engage in some form of physical activities like brisk walking or swimming. She swam regularly once per week for the past 1 year. Isabelle monitored her blood glucose about twice a week, and would show her records to her doctors and DNE to discuss on her diabetes condition.

Why are they so different? Why can't Crystal do what Isabelle did?

These are the 2 different types of patients with diabetes we often encounter in our clinical practice. On one end of the spectrum, we have patients who are struggling with the self-care activities that healthcare professionals suggest. "Non-compliant" or "non-adherent" are the terms we often use to describe them. On the other end, we have patients who will perform these prescribed self-care activities faithfully. It is all healthcare professionals' wish that ALL their patients are compliant and adherent. But in reality, we know that, for a group of our patients this is impossible.

Table 1: Topics in Diabetes Education

Knowledge

- Diabetes disease physiology
- Risk of diabetes complications
- Diabetes medications
- Glycemic and other clinical targets
- Healthy eating
- Exercising
- Foot care
- Home blood glucose monitoring
- Hyperglycemia management
- Hypoglycemia/ Sick day management

Skills

- Usage of glucometer
- Insulin injection: Single vial, Mixed vial, Insulin pens, etc.

Is Providing Knowledge Enough?

Health education in diabetes patient education focuses on providing knowledge to people with diabetes. The components in diabetes health education include providing knowledge related to diabetes self care and teaching new set of skills. Table 1 lists the common topics in diabetes education. Health education for people with diabetes can be taken in the form of group education and individual education. The purpose of health education is to increase patients' knowledge on diabetes care and resolve the nursing diagnosis that Diabetes Nurse Educators (DNEs) often use, "knowledge deficit".

At this point, I wish to ask the following question: "Do you exercise 3 times a week, with 30 minutes each session of moderate intensity?" I see some of you smiling away. My best guess, about 24% of us might say "Yes" and at least 50% of us will say "No" (*Epidemiology & Disease Control Division, 2009*). Why is this so? As healthcare professionals, physical activities benefits are not new to us. We are also fully aware of the risks of being overweight and other health problems development if we remain physically inactive. I believe DNEs can recite the exercise regimen recommendations with our eyes closed. So why don't ALL of us exercise? Because, doing it is NOT as simple as it seems.

Knowledge does not guarantee compliance or adherence. Knowing the benefits of glycemic control, knowing the risks of diabetes complications unfortunately help very little in improving health outcomes. Duke, Colgiuri and Colagiuri (2009) did a systematic review that evaluated the effect of individual patient education for people with Type 2 Diabetes Mellitus. 7 studies involving 927 participants comparing patient education versus usual care were evaluated. There was no significant reduction of glycolated haemoglobin (HbA1C%) with patient education intervention in all 7 studies. Although, there was significant improvement in diabetes knowledge in 1 of these studies evaluated (Hawthorne & Tomlinson, 1997). In a study by Heisler et al. (2005), knowledge of recent HbA1C test results was not associated with diabetes care self-efficacy or influenced the decision for behavior change to achieve better glycemic control. These studies echoed a similarity: these patients know but they do not do what they are taught, otherwise known as the “knowledge-action” gap.

Self-Management Support, are we getting it right?

Self-management programs, emerged in the 1980s to 1990s, advocated the importance of patient-centered holistic management of own emotional, spiritual and physical health (Bodenheimer et al. 2002). The central focus of self-management is the concept of patient empowerment and self-efficacy. It views patients as the main care providers of their own health forming collaborative partnership with healthcare professionals to achieve optimal health status through a series of appropriate self-care activities. This self-management education teaches six self-management skills:

- a) Problem solving
- b) Decision-making
- c) Resource utilization
- d) Formation of a patient-provider partnership
- e) Action planning and
- f) Self-tailoring (Lorig & Holman 2003).

The concept of self-management education was rapidly infused or replaced existing diabetes education programs as Diabetes Self Management Education (DSME). Two systematic reviews of a total of 58 studies highlighted the same point in their limitations of the reviews: heterogeneity in DSME interventions (Norris et al. 2002 & Warsi et al. 2004). The nature of DSME interventions varied greatly among these studies. Some studies added a component A (e.g. *goal setting*) into the patient education and called it DSME. Others insert a component B (e.g. *confidence scale*) and also called it DSME. Adding on to the complexity, there were combinations of different components with modified

versions. I sincerely implore the readers to critically reflect your own diabetes education for a moment.

“Can you declare confidently that what you are educating is self management support and not health education?”

Are we distinguishing self management support distinctly different from health education? How much do we know about each of these 6 skills (e.g. *formation of patient-provider partnership*) and what it entails? How much time do we use to address each? Or do we simply unconsciously revert to health education and risk informing when we see suboptimal glycosylated haemoglobin results.

Moving Forward

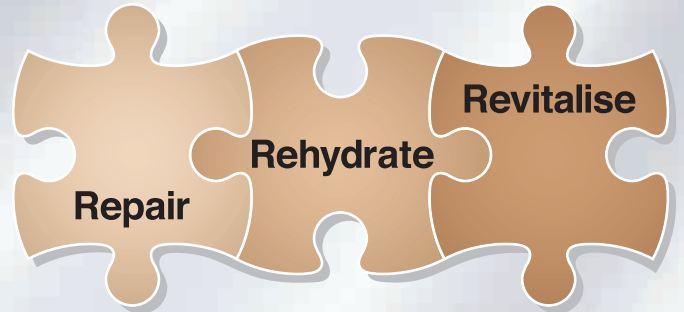
20 years ago, health education is important and is the cornerstone for good health. Today, this is an era where health education has its limitations, as observed not only in your own clinical practice but also with evidence. DNEs should look beyond patient education to self management. The intervention of risk informing should evolve to engaging patients in their care. Being aware and critically examining the way we give education might be a good way to start with. Exploring other communication styles like Motivational Interviewing might give new perspectives. In this complex healthcare world, DNEs will commit to create meaningful partnership with diabetes patients in their journey of care.

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Article contributed by APN (TTSH) Elizabeth Ho

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