



NOVEMBER

IS

DIABETES

MONTH

SPREAD
THE WORD

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Report from the Chair

Aileen Knip RN BScN MN CCHN(c) CDE



Welcome to our Fall 2015 Diabetes Nurse Interest Group (DNIG) newsletter. As I am writing this editorial I look out the window and see this early blast of winter in southwestern Ontario - 15 centimeters snow before Halloween! I do hope this is not an indicator of another long cold winter!

Our newsletter this month focuses on education. Who is an educator? As Anne Belton states in her article "as nurses we are all diabetes educators". It is important that nurses, regardless of the practice setting, have a knowledge of basic diabetes management particularly with the global epidemic in type 2 diabetes. As DNIG is an interest group of RNAO we strive to provide education for nurses

who have an interest in and/or work in diabetes care/education.

I hope many of you have been able to access our webinars. In September the webinar on Diabetes Management in the Workplace presented by Lisa Herlehy was supported by the Staff Nurses Interest Group. In October, supported by the Mental Health Nurses Interest Group Martha Funnell from the American Association of Diabetes Educators presented Diabetes and Distress. November's webinar will focus on Diabetes and the Elderly presented by myself and supported by the Gerontological Nurses Interest Group. Attending these one hour webinars is a great way to increase your knowledge of diabetes care/management within certain populations.

In September, I attended the RNAO Assembly meeting in Toronto with Alwyn Moyer. This Assembly focused on membership. The following day we were all able to meet in our yearly face to face executive meeting. We discussed a number of upcoming events, it was great to have so many ideas flowing.

Welcome to two new executive members Sanja Visekruna and Sandhya Goge. It is great to have new members join as they bring a new perspective to our group. We are recruiting new students for our DNIG executive. If you have an interest in diabetes and would like to share this knowledge with your student peers please consider joining.

I have learned that people will forget what you said, people forget what you did, but people will never forget how you made them feel.

Maya Angelou

DNIG Executive Team



Aileen Knip— Chair
 Margaret Little— Treasurer
 Alwyn Moyer— Membership and Services ENO
 Toba Miller— Communications ENO
 Lisa Herlehy— Information Technology ENO
 Romy Burgess Burfitt— Advanced Foot Care
 Sandhya Gogi— Co-chair communications
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Student Members:
 Larissa Scimmi

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“Stay connected to your
 nursing colleagues—
[renew now](#)”

Join us for our annual
 general meeting
 on December 10
 from 1300-1400h.
 Contact [Aileen](#) for
 more information
 and dial in numbers.

Welcome New Exec Members

We would like to welcome Sandhya and Sonia, newest members on the executive team. They bring unique and expert perspectives that will round out a versatile team that will continue to work for its members through advocacy, education, scholarships and more.

So just what is the executive anyway?

The executive team is a group of nurses that works together to connect other nurses with a special interest in diabetes through newsletters, webinars, funding for conferences and special projects, advocacy for policy change and by offering opportunities for networking with like minded people. Your executive team volunteers its time to help connect nurses because it believes in the power of all nurses bring about positive change in the lives of people living with diabetes.

This group is here for YOU! So check out the [website](#), [post](#) your conferences or things of interests or [send in](#) your suggestions for the newsletter.

RNAO-Updates

Busy? Don't have time for to keep update on the latest? Did you know that RNAO has an [updates](#) page with quick links to the latest?

[Check it out and bookmark](#) it. Get the most from your organization.



Speaking out for nursing. Speaking out for health.

Registered Nurses' Association of Ontario
 l'Association des infirmières et infirmiers
 autorisés de l'Ontario



Scholarships and Bursaries-DNIG supports Members in Ongoing Learning

Have something you want to learn more about? Have a project that you know will make a difference? Is funding an issue? Your interest group is here to support you.

Apply Now for 2016 scholarships and bursaries. This year we are introducing an NEW scholarship. Details are in the works so check back frequently at RNFOO so you don't miss your chance to apply!



Scholarships and Bursaries—Thinking ahead for 2016

DNIG offers three bursaries each year which are managed by the Registered Nurses Foundation of Ontario (RNFOO). For application forms, please go to [RNFOO Awards and Scholarships](#). Successful applicants will receive their award at the RNAO Assembly and AGM in April.

The Mary Ann Murphy Memorial Diabetes Education Bursary

Awarded annually to an RN pursuing graduate education, whose research focus is diabetes education and care for persons with type 1 diabetes, and who has demonstrated a significant commitment to the cause of diabetes.. **Potential value: \$1,000**

The Margaret Myers Diabetes Clinical Practice Bursary

Awarded to an RN who has demonstrated a significant interest in diabetes research, education, and care and is currently practicing in the field. The purpose of the award is to support an evidence-based project or initiative that will positively impact on nursing clinical practice and on the health outcomes of people with diabetes. **Potential value: \$1,000**

The DNIG Aboriginal Diabetes Award

Awarded to an RN pursuing diverse continuing education in the area of diabetes education and care specific to type 2 diabetes in the Aboriginal population. The applicant must have demonstrated a significant commitment to diabetes education and care in the Aboriginal population and be currently practicing in an Aboriginal community. This award is funded by DNIG. **Potential value: \$2,000**

November is Diabetes Month!



&

THE GLOBE AND MAIL

CANADIAN
NURSE



JDRF IMPROVING
LIVES.
CURING
TYPE 1
DIABETES.



Register for our new Diabetes Awareness Month Webinar Series!

The Canadian Diabetes Association's national Diabetes Awareness Month webinar series begins on November 10! Join us for all new topics to help you manage your diabetes, become financially savvy and live a happy and healthy life.

Topics and speakers in the series include:

- **November 10:** Dr. Cathy Chan, "Diabetes & the Mediterranean Diet: Is It Right for You?"
- **November 18:** Gail MacNeill, "Living with Diabetes: Getting and Giving Support"
- **November 25:** Diana Provenzano, "Tax Tips & Diabetes: What You Need to Know"
- **December 2:** Susie Jin, "Strength in Numbers: Building Your Diabetes Team"
- **December 8:** Dr. Jonathan Fowles, "Exercise Tips That Help You & Your Diabetes"

Each webinar will be held twice, at **2 p.m. ET** and **8 p.m. ET**.

Patient education tools

We ask the Expert - “Who is a diabetes educator?”



Anne Belton answers

That is a difficult question to answer! In fact you all are diabetes educators when you talk to people with diabetes and help or support them in managing their diabetes. Calling someone a "diabetes educator" is really just acknowledging that the health professional (HP) has some specialized knowledge in both diabetes and in teaching and behaviour change counseling. How does one get that specialized knowledge? There are many online courses available ranging from very basic to advanced knowledge and several offer education regarding specialized groups such as children, pregnancy, older adults. The International Diabetes Federation (IDF) has just published Standards for the Education of Health Professionals in Diabetes, standards are written at 2 levels - essential - aimed at the HP whose primary responsibility is not diabetes education and comprehensive for those working full time as an educator. (<http://www.idf.org/node/1684>) If you look for a course in diabetes look for one that has been "Recognized" by IDF for meeting their Standards, such as those hosted by The Michener Institute (<http://michener.ca/continuing-education/ce-courses/>).

If you want to read some books to help you understand diabetes and the basics of teaching and behaviour change, try these - both available from www.patienteducationcounts.ca

Belton, AB, Simpson N. The How to of Patient Education, 2nd Ed. 2010

Meltzer, S, Belton AB. Diabetes in Adults. 2009. Toronto: Key Porter

Anne Belton is diabetes nurse educator, education consultant and VP of the International Diabetes Federation for 2013-15

[Learn more](#) about the Canadian Diabetes Educator Certification Exam taking place in May 2016



THE
CANADIAN DIABETES
EDUCATOR CERTIFICATION BOARD

Student's Corner—Larissa Scimmi



*Our
reporter
on the
streets
reviews a
recent
webinar*

Martha Funnell gave an inspiring and informative presentation on diabetes and distress. As a person with type 1 diabetes, I appreciated her emphasis on how to assist patients with diabetes holistically, rather than focusing primarily on A1C, carbohydrate counting and the administration of insulin. She noted that focusing on the numbers makes the patient feel like a “diabetic” and not a person. The “numbers” are a vital aspect of diabetic control, but they are not always on the forefront of a person’s life. As Martha Funnell explained, patient empowerment is vital and we should tackle diabetes in the context of a person’s life. In her words: “knowing what is best for diabetes is not the same as knowing what is best for life. Without the self, there is no management.”

A Certified Diabetes Educator (CDE) can have a great impact on the life of a person with diabetes. These professionals can discuss our medical needs, but, most importantly, they can also pay attention to our emotional needs. There is evidence that diabetes causes a great deal of psychological distress. The statistics are powerful: 86% of patients report severe distress at diagnosis—feeling fearful, frustrated, overwhelmed, anxious, guilty, angry, powerless, discouraged—and 43% continue to experience these feelings for many

years.

Life does not get put on hold when diabetes becomes difficult to manage, and diabetes does not get put on hold when life becomes taxing. Personally, I find it helpful and calming when my health provider does not judge me and does not blame me when control becomes difficult. People with diabetes want to have control and live healthy and happy lives; however, things happen and life can make managing diabetes difficult.

Martha Funnell identified many ways the nurse educator can provide assistance. This impressed me. I found all the suggestions helpful, both for me as a patient and as a future RN. First of all, she suggested that the nurse should try to understand things from the patient’s point of view. Is the patient experiencing life stressors that make diabetes management difficult?

How can they arrange life to make control easier? Another strategy is to reinforce that diabetes is a self-managed disease. Yes, the diabetes educator and endocrinologist can educate, give support and update us on best practices, but it is up to the individual to manage the multidimensional aspects of diabetes.

It is helpful to remind the patient that treatment will change overtime. I have experienced changes—to my treatment and insulin demands—and found it very frustrating when I wanted to try to control my health, but the demands continued to change. My nurse educator is wonderful at aiding me in dealing with these physical and emotional challenges.

Continues....

Student's Corner—Continues

On the other hand, as you may be thinking, negative feelings creep in and we all need ongoing support. Martha Funnell reinforced that diabetes management is not easy and negative emotions are common.

Simply hearing that it was normal and acceptable to feel those emotions was empowering and comforting. Another comforting statement was that complications are not inevitable. I will never get tired of hearing that. I find myself worrying about how diabetes is impacting my life daily in a negative way. People with diabetes will continue to worry about the complications, but being told that we can decrease those risks makes it easier to cope with.

To put it all together, the presentation highlighted that the emotional, clinical and behavioral aspects of diabetes must always be addressed. Nurses can ask how patients feel, inform them what they can do about it, and how they can do it. I find that technique effective as a patient. Being given strategies is helpful, but when they are explained, it facilitates learning and confidence. Martha Funnell encouraged nurses to use “**ALE**” when supporting patients. **A**sk open-ended questions, actively **L**isten and reflect, and **E**mphasize and encourage. Asking open-ended questions encourages the patient to direct the appointment in order to get the most out of the allotted time.

It has taken me years to come to terms with the fact that diabetes control is difficult. It used to be that when I heard a

blood glucose number out of my desired range, I would become angry with myself. Now I try to accept the negative emotions associated with diabetes and learn from what my body is trying to tell me.

I have always known that I have a support team behind me, but my demands as a person with diabetes are forever changing. It is always important to make an effort to take charge of diabetes but it is not always successful. It is up to me to take control of my health, but it is also up to me to seek help and ask questions. Family members and friends have “type 4 diabetes”. They witness and experience the hard times, the mood swings with blood sugar changes and the triumphs. They also experience the distress associated with diabetes. I know that without my family, friends and diabetes educator, I would not cope as well as I do now. Every person involved in the lives of people with diabetes takes on a valuable role.

As a student nurse who has spoken to patients with type 1, type 2 and gestational diabetes, I can understand the frustration that nurses might experience. As a nurse, you want to educate the patient and give them the required tools and support to care for their health. Sometimes patients do not take this advice or have too many life stressors to have appropriate control. It is a complex and multidimensional relationship.

Diabetes distress is a real problem for people with diabetes. With the appropriate help, education and encouragement,

the distress can be decreased. Martha Funnell's presentation was empowering, informative and the suggestions can be easily implemented in practice.

Larissa Scimmi is in her final year of nursing at The University of Windsor

Psychological distress is largely defined as a state of emotional suffering characterized by symptoms of depression and anxiety.

Source:
<http://cdn.intechweb.org/pdfs/25512.pdf>



Webinar Series Showcase

Missed the first two presentations ? Its not too late. Click on the image to go to the OTN website.
For more information on the upcoming November 19th webinar, [click on the image](#) to go to the OTN website.

September 2015

Supported by the Staff Nursing Interest
Group of RNAO

Diabetes Management and
Prevention in the Nursing Workplace

Lisa Herlehy, RN MN CDE

Emotional Health and Diabetes

Martha M. Funnell, MS, RN, CDE, FADE
Department of Learning Health Sciences
University of Michigan Medical School
Ann Arbor, Michigan

October 2015

Supported by the Mental Health Nurses Interest Group of
RNAO

November 19, 2015

Don't miss this great opportunity to learn what's
new and practical approaches to helping your
older clients manage their diabetes.

Diabetes in Older Adults

Thursday, November 19, 2015, 1200-1300h

Presented by Aileen Knip RN BScN MN CCHN(c) CDE



Check out conference opportunities and apply early

DNIG 2016 Conference Funding

We are pleased to report that once again we have funding to support three members to attend diabetes focused conferences in 2016. Applications will be reviewed and granted March 31st and September 31st.

Following are application details.

Purpose: The purpose of this funding is to support DNIG member to attend a Diabetes Conference taking place 2016.

Amount: The funding will cover costs of travel, accommodation, and meals, up to a maximum of \$1000 per member. All original receipts must be submitted no later than 30 days following the conference.

Selection: The selection committee will be comprised of DNIG Executive Team Members.

Process: A completed funding application must consist of:

Successful applicants will also be asked to write a brief summary of their experiences and learning from participation for a future issue of the DNIG newsletter.

Eligibility Criteria: Applicant must have been an RN member of DNIG for a minimum of one year

Personal Summary Selection Criteria: Brief personal summary must include:

1. Identified professional objectives for attending the diabetes conference.
2. Identified involvement (past/present) in diabetes professional practice/ DNIG
3. Identified strategy for sharing learning with nursing colleagues.

Please send [completed scanned applications](#) and any questions to:

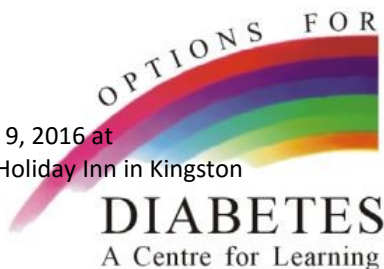
[Lisa Herlehy](#)



A. DNIG Member funding for Conference Attendance- Application Form

B. A brief personal summary (500 words as identified in selection criteria)

April 9, 2016 at
The Holiday Inn in Kingston



October 26-29, 2016

2016 CSEM/CDA Professional Conference and Annual Scientific Meetings

Ottawa, Ontario, Canada

Diabetes Update 2016

New Location for 2016

*Fairmont Tremblant, Mont-Tremblant, Quebec
March 9 to 12, 2016*

Learn Teach Inspire



***“First say to yourself
what you would be;
and then do what you
have to”***

Epitucus

Every day we have an opportunity to learn.

Everyday we have an opportunity to share that expertise with our clients.

It is, indeed, a privilege to be a nurse.

Next Issue—

Your next issue will be in early in the New Year so watch your inboxes for the latest on diabetes and what your executive is doing to prepare for the annual general meeting in April.

Sent us your issues, concerns and comments.

Conference Funding Application

Name: _____

Address: _____

Email: _____

Phone: _____

RNAO membership # _____

DNIG Membership duration _____

Employment status: FT PT

Employer _____

Please tell us about the conference you wish to attend, approximate distance and your anticipated mode of transportation.

*NOTE: For reimbursement agreed upon amount, an expense report and all receipts are to be submitted to DNIG no later than 1 month following conference completion.

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

Be sure to:

Describe your professional objectives for attending the conference.

Describe your involvement (past/present) in your professional association/DNIG

Describe your employment status, location, role in diabetes nursing

Describe how you will share what you have learned with your nursing colleagues

Please supply one professional reference.

Name: _____ Phone number: _____

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

Applicant signature _____ Date: _____

Please scan completed application and e-mail to **liher233@yahoo.com**