



## REPORT FROM THE CHAIR Lisa Herlehy

Hello to DNIG members  
across Ontario:

Welcome to our Spring 2022  
newsletter packed full with updates,  
information and opportunities! As  
we ease ourselves out of pandemic  
mode, we now are settling in to

something different, a healthcare environment that has been changed forever. Nurses have been challenged on personal and professional levels. Clients living with chronic disease have been challenged as well. They have lived with fear of disease, disrupted relationships with their health care teams and disruption of routines that are often so important in self-management strategies. Diabetes nurses are now working to rebuild these relationships and support clients and as is the case when any major event happens there is opportunity to create something new. In this issue we reflect on the experience of virtual care, necessary during the pandemic period but also may play an ongoing role in the delivery of some health care services.

In this issue you will also find updates on RNAO's Queens Park Day and Assembly. Be sure to check out bursaries and awards page for sponsorship opportunities. DNIG is once again sponsoring 'in person' conferences as well as virtual for this year. And start thinking about RNFOO applications in the fall. Details are inside. ■

### Have your say!

Write for our newsletter, send in questions and requests.  
Your executive is there for you. Contact us at  
[dnig.info@gmail.com](mailto:dnig.info@gmail.com).

## NEWS

### Queen's Park Day and Assembly

On February 24th RNAO hosted its annual Queen's Park day. Although once again virtual, technology went off without a hitch and much active, engaged conversation ensued. All parties in the Ontario legislature, official or not, were present to discuss perspectives on both nursing needs and those of the Ontario citizenry.

The day began with an RNAO press release outlining its provincial election platform for 2022. Focal issues include Environmental determinants of health, social determinants of health, nursing, care delivery and fiscal capacity. For details on each and rationale behind see <https://rnao.ca/policy>. These issues were then brought forward to the candidates. It is an election year and it is hoped that each and every nurse will have their say at the polls. Indeed there are even a few of us running in ridings across Ontario.

Questions were raised and demands continue to be made for the repeal of Bill 124 which was met with the same response. There seems to be little political will to repeal this bill. Indeed the sitting government has since opted instead for a one-time payment to nurses.

The following day on February 25th RNAO's board of directors and assembly members met virtually to discuss the 2022 provincial election platform, *Ontario's nursing crisis: Your health, your health system*, and explore ways to share it with nurses in their communities.

The meeting included presentations from RNAO members and staff, as well as breakout sessions to facilitate discussions on next steps in promoting RNAO's provincial platform locally.

In the evening interest groups met for a lively discussion on engaging our members and ways to build partnerships among groups. DNIG is looking forward to working together with different interest groups in 2022. ■

# New Onset Type 1 Diabetes and COVID-19

**T**here have been reports in the press linking the new onset of Type 1 Diabetes in children with COVID-19 infection. In 2021 Diabetes Canada published a review of studies examining the impact of the COVID-19 virus on people with diabetes. A significant component of the report addressed potential links between the virus and new onset Type 1 Diabetes in children.

Type 1 Diabetes constitutes approximately 9% of diabetes in Canada with an incidence of approximately 15 per 100,000 people (Public Health Canada, 2020). The majority of diabetes cases among children and youth are of Type 1. According to the *Canadian Best Practice Guidelines* (Wherrett et al., 2018), diagnosis is based on the clinical symptoms of increased thirst, frequent urination and weight loss. A random blood test  $>11.1$  mmol/L is sufficient to make the diagnosis and initiate treatment (Punkthakee et al, 2018). Approximately 40% of children may present with ketoacidosis and immediate treatment is focused on stabilizing the condition and initiating insulin.

According to the Diabetes Canada report, children with Type I diabetes are not at an increased risk for developing COVID-19; if they do contract the virus, their illness is milder than

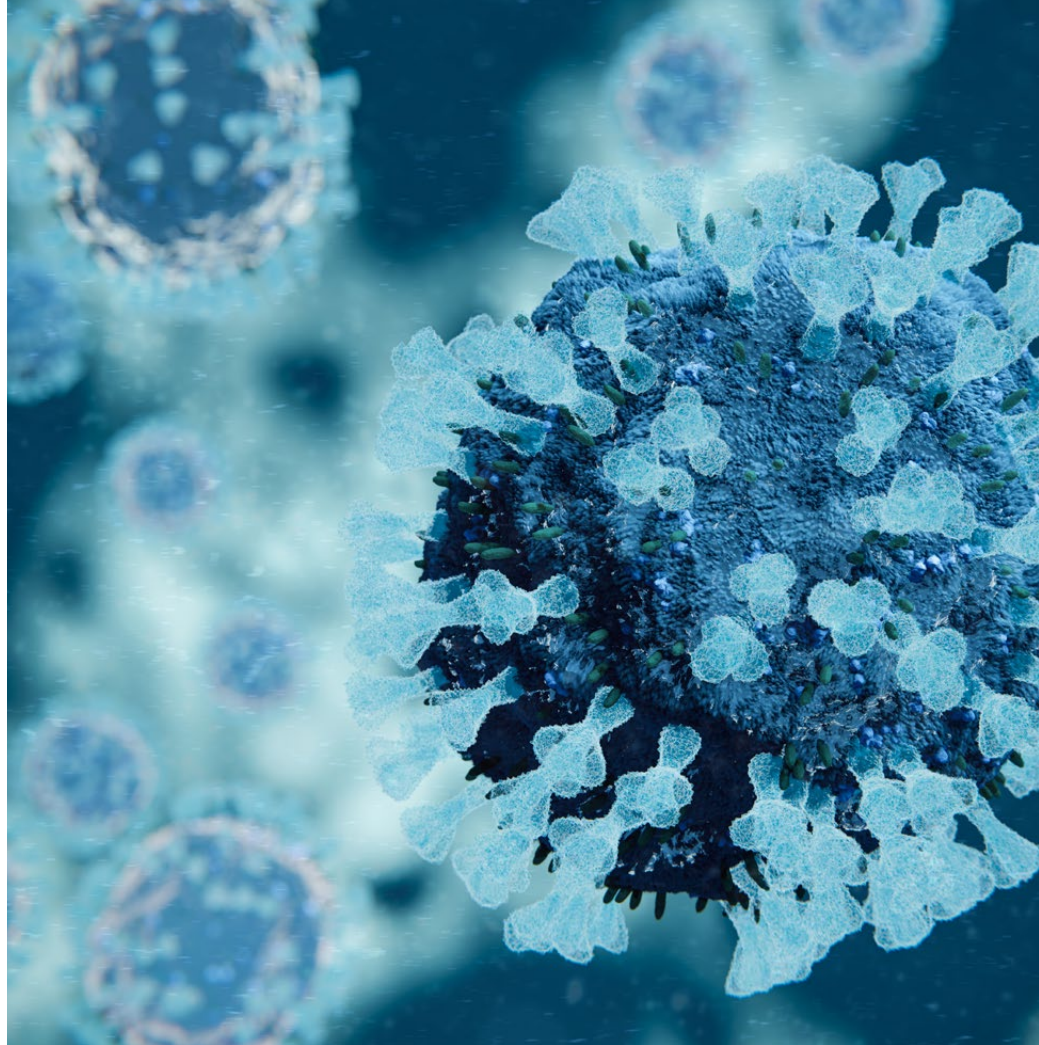
adults with diabetes, and children and youth with diabetes are not at increased risk for hospitalization due to COVID-19.

The authors conclude that a careful review of the evidence fails to establish a clear link between infection with the COVID-19 virus and new onset Type 1 Diabetes in children for several reasons: insufficient scientific rigour; failure to conclusively link the diagnosis to the COVID-19 virus and /or uncertain mechanism of causation. Specifically,

- *The studies are based on small sample size; some reports are largely anecdotal, particularly those conducted early in the pandemic.*
- *The pathophysiology linking diabetes and Covid-19 is not well understood.* Although a potential mechanism has been identified by which the COVID virus could disturb pancreatic function this requires further study.
- *A COVID infection may cause a temporary disturbance that resolves*

*without permanent damage to pancreatic function.* Previous studies have identified that earlier infection with novel coronavirus resulted in “transient insulin-dependent diabetes” that disappeared within three years.

- *Previous un-diagnosed Type 1 Diabetes is uncovered after a Covid infection.* It is possible that a child may have incipient diabetes ahead of the pandemic. Natural history studies identify that islet autoimmunity precedes the clinical onset of T1 Diabetes for several years. Pandemic related stress and/or exposure to the coronavirus may precipitate the process. Alternatively, the onset of T1 Diabetes may be linked to other prior viral infections before coincidentally manifesting during the pandemic. As well, the pandemic may have delayed diagnosis of T1 diabetes resulting in a more severe presentation with diabetic ketoacidosis.



- *Potential misdiagnosis of acidosis stemming from other acute infection.* The clinical presentation of respiratory acidosis and ketosis may have been mis-diagnosed by overtaxed clinicians, in the midst of the pandemic.

The report concludes that further research is needed to explore the potential relationship between the new onset of Type 1 Diabetes in children and infection from the Covid - 19 virus.

At the same time, the authors acknowledge that population studies might be difficult to mount given that the annual incidence of T1D is low, ranging from 10-30/100,000. *Diabetes 360: A Framework for a Diabetes Strategy for Canada* (p.22) recommends further research into the prevention and treatment of Type 1 Diabetes, particularly in the area of beta cell autoimmunity and prevention research. ■

**References**

Diabetes Canada. (2021). *Relationship between Diabetes and Covid-19*. <https://www.diabetes.ca/DiabetesCanadaWebsite/media/Campaigns/COVID-19%20and%20Diabetes/Relationship-between-Diabetes-and-COVID-LH-June-2021.pdf>

Diabetes Canada. (2018) *Diabetes 360: A Framework for a Diabetes Strategy for Canada*. <https://www.diabetes.ca/DiabetesCanadaWebsite/media/Advocacy-and-Policy/Diabetes-3600-Recommendations.pdf>

Wherrett DK, Ho J, Huot C, Legault L, et al. Type 1 Diabetes in Children and Adolescents. *Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada*. Can J Diabetes 2018;42 (Suppl 1):S234-S246.

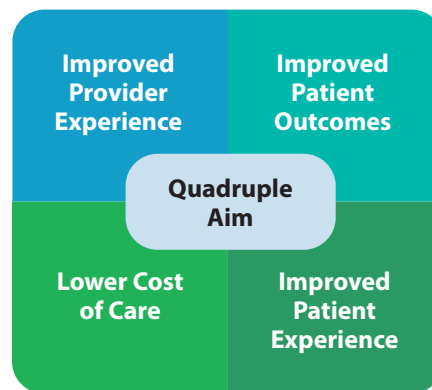
Punkthakee Z, Goldenberg R, Katz P. Definition, Classification and Diagnosis of Diabetes, Prediabetes and Metabolic Syndrome. *Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada*. Can J Diabetes 2018;42 (Suppl 1):S10-S15.

# Thoughts on Virtual Diabetes Education and Remote Work

Morgan Lincoln, RN, MA

**A**lmost two years have passed since I wrote a reflective article on COVID-19 and virtual diabetes education for the *DNIG Newsletter* (Summer 2020). At that time, faced with a new virus, acute fear and more overwhelming uncertainty, we had begun our first round of lockdowns and were trying on foreign ways of living, working and connecting with others. Now, at the time of writing, a new pandemic chapter is being penned in the province, with masking mandates recently removed and all restrictions set to lift at the end of April.

This time also marks my transition back to our community clinic most days per week. For the bulk of the past two years, I have worked mostly from home, save a stint of almost full-time hours onsite just to be sent home again when Omicron reared its ultra-transmissible head. (Note that some in-person visits have continued throughout the pandemic – namely for insulin starts, glucometer teaching, continuous glucose monitoring applications, foot checks, and whenever concerns about hypoglycemia or hyperglycemia could not be adequately addressed over phone or video chat). My enjoyment and appreciation of remote work has never waned over this period, and overall, I find it efficient and effective where appropriate. I would never argue that virtual care should eclipse in-person appointments, however, as the latter may be necessary to conduct more comprehensive assessments and meet clients’ (and



nurses’!) need for human connection. But the benefits of remote work for some health care professionals like me – including a lack of commute, more quality time with family, and a few extra zzzzz’s in the morning – cannot be undermined either. When guided by the Quadruple Aim to improve health care, there are multiple factors to keep in the balance, with one of the overarching goals being to help health care providers “not just cope but thrive” (Tepper, 2016). As such, I am interested to see if and how the mode of diabetes care provision continues to shift over the coming months and years. In support of some remote work, many of our patients wish to continue virtual care, at least a portion of the time, and there is some (albeit older) evidence from Diabetes Canada that patients “overwhelmingly enjoyed” their initial virtual care experiences with providers. Time will tell. Regardless, I am incredibly thankful for my time at home and the greater degree of work-life balance it provided. ■



**Here is a report from DNIG member Alex Farquharson regarding her learnings from Michener's Diabetes Educator Certificate program. Alex received funding from DNIG to complete this program.**

I am writing to extend a sincere thank you to the Diabetes Nursing Interest Group (DNIG), who provided financial support for me to complete the Fall 2020 Michener Institute Diabetes Educator Certificate Program, which was held virtually due to the pandemic.

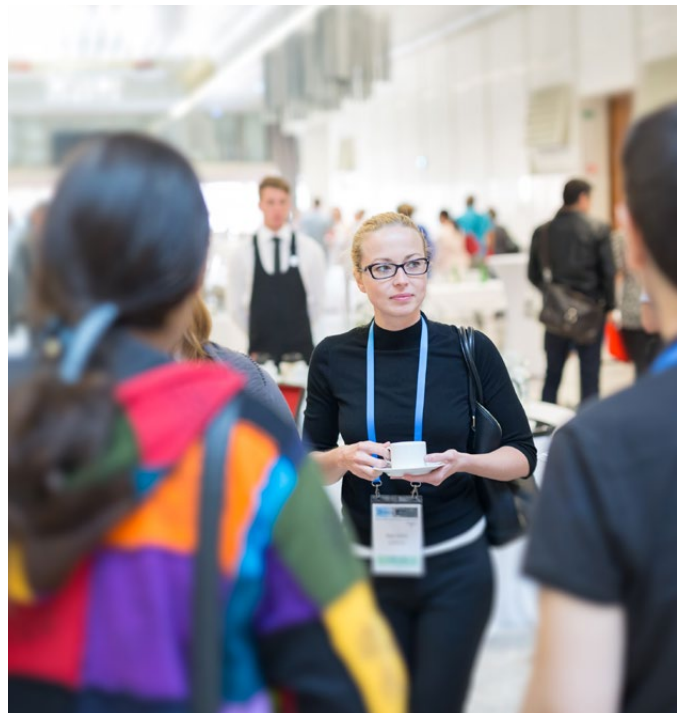
Having completed my consolidation nursing placement in diabetes education, I was very fortunate to find employment as a diabetes nurse prior to obtaining my CDE. My role focused primarily on reducing hospital readmission through health teaching and safe hospital discharge planning. I also worked as a bedside nurse on an inpatient nephrology unit where many patients were living with complications of diabetes.

The Michener Institute diabetes program helped me to prepare to write the CDE exam and, in turn, to advance my career. After completing my CDE, I was able to secure a position as a diabetes nurse at the hospital where I was working. In this position, I work primarily with renal populations including individuals with chronic kidney disease and undergoing renal transplant. Diabetes care is such an immense and dynamic world with plenty of opportunity for professional development and growth. Diabetes nurses can work toward becoming pump certified, get involved with research, become a Nurse Practitioner, pivot to working in private sector industry, and more. There are also exciting innovations happening with diabetes technologies and pharmaceuticals.

I highly recommend the Michener Institute diabetes program to anyone interested in learning more about diabetes care. The program is facilitated by experienced CDEs throughout Canada who offered thoughtful and practical insight. Rather than teaching the material in black and white, the program emphasized the psychosocial component and the art of diabetes education in the real world. There were many opportunities to practice motivational interviewing approaches and receive feedback which was invaluable to inform my practice as a clinician.

Thank you again to the DNIG for their generous support.

Alex Farquharson, RN BScN, CDE ■



## Conferences, Scholarships and Bursaries

### DNIG supports Members in Ongoing Learning

**W**e are pleased to report that once again we have funding to support four members to attend diabetes focused conferences in 2022. Hopefully we will be able to do some of these face to face once again.

The funding will cover costs of travel, accommodation, and meals, up to a maximum of \$1,000 per member. Applicants must have been an RN member of DNIG for a minimum of one year and not a bursary recipient for the previous five years.

See the following pages for application forms. ■

**Please send completed scanned applications and any questions to Lisa Herlehy at [dnig.info@gmail.com](mailto:dnig.info@gmail.com).**

## VIRTUAL & IN-PERSON CONFERENCE OPTIONS

### Diabetes Educator Course

April 28–30, 2022

Virtual

Kinghooper Diabetes Education Inc

[https://kinghooper.com/program/](https://kinghooper.com/program/diabetes-educator-course-virtual-april-2022/)

[diabetes-educator-course-virtual-april-2022/](https://kinghooper.com/program/diabetes-educator-course-virtual-april-2022/)

### Diabetes Update 2022

April 29–30, 2022

Toronto, ON / Virtual

<https://www.diabetesupdate.ca>

### Limb Preservation Symposium

May 6, 2022

Virtual

Wounds Canada

<https://www.woundscanada2022.ca>

### 82nd Scientific Sessions

June 3–7, 2022

New Orleans, LA / Virtual

American Diabetes Association

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

### Diabetes Frontline Forum

May 14, 2022

Virtual

Diabetes Canada

[https://www.diabetes.ca/get-involved/conferences/](https://www.diabetes.ca/get-involved/conferences/diabetes-frontline-forum)

[diabetes-frontline-forum](https://www.diabetes.ca/get-involved/conferences/diabetes-frontline-forum)

### ADCES22

August 12–15, 2022

Baltimore, MD

Association of Diabetes Care & Education Specialists

<https://adcesmeeting.org>

### 2022 Diabetes Canada/CSEM Professional Conference

November 9–12, 2022

Calgary, AB / some virtual components

Diabetes Canada and Canadian Society of Endocrinology and

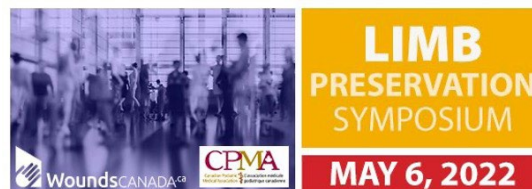
Metabolism

[https://www.diabetes.ca/get-involved/conferences/](https://www.diabetes.ca/get-involved/conferences/diabetes-canada-csem-professional-conference)

[diabetes-canada-csem-professional-conference](https://www.diabetes.ca/get-involved/conferences/diabetes-canada-csem-professional-conference)



VIRTUAL  
DIABETES  
EDUCATOR  
COURSE  
April 28–30, 2022



**ADCES22**  
DIABETES CARE / EDUCATION / TECHNOLOGY

FRIDAY, AUGUST 12–MONDAY, AUGUST 15

BALTIMORE, MD





# Conference Funding Application

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Name

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Address City

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Province Postal Code Phone

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Email

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RNAO membership # DNIG Membership duration

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Employment status  Full time  Part time

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Employer

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

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**\* 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 your 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:

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Name Phone number

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

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Applicant signature Date

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Please send completed scanned applications and any questions to Lisa Herlehy at [dnig.info@gmail.com](mailto:dnig.info@gmail.com).



# Virtual Conference Funding

Virtual learning experience continue to be sponsored by DNIG throughout 2022. 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 [dnig.info@gmail.com](mailto:dnig.info@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  Full time  Part time

Employer

Please tell us about the conference you wish to attend:

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\* **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 Lisa Herlehy at [dnig.info@gmail.com](mailto:dnig.info@gmail.com).

# DNIG Scholarships and Bursaries

## Start Planning for Next Year!

**F**or the past 16 years, DNIG has supported continuing education for members in diabetes nursing care and prevention. In 2021, we offered the four bursaries listed below through the Registered Nurse Foundation of Ontario (RNFOO).

If you have been a DNIG member for at least one year and are considering further education, watch the RNFOO website for the call for applications in late 2022 at [www.rnfoo.org](http://www.rnfoo.org). ■

### Diabetes Nursing Interest Group Northern Students Tuition Support Award (1 x \$1000)

To support a baccalaureate nursing student in the final 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 has demonstrated a significant commitment to the cause of diabetes. Applicants need not be enrolled in a degree program. Applicants must be current members of the RNAO Diabetes Nursing Interest Group and have held membership for at least one year, living and/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 Scholarship (DNIG) (1 x \$2,000)

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. The applicant must demonstrate a significant commitment to diabetes education and care in a community with an Indigenous population. First consideration will be given to nurses of Indigenous origin. Applicants must be current members of the RNAO Diabetes Nursing Interest Group and have held membership for at least one year

### Diabetes Nursing Interest Group Special Projects in Diabetes Award (1 x \$1000)

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

### Diabetes Nursing Interest Group (DNIG) Research Award (1 x \$3000)

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



#### DNIG provides:

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