Our Mission

The Association of Hong Kong Diabetes Nurses Ltd (AHKDN) is dedicated to driving professional development and practice of its members, advancement of the diabetes management standard and thus improvement of living for people affected by diabetes in Hong Kong.

We believe that

- Diabetes self-management education (DSME) is an integral part to the success of diabetes management leading to control of the disease and improvement in quality of life for all people affected by diabetes.
- The diabetes nursing discipline should play an important role in providing and improving quality diabetes care and education being provided to the community.
- The Association, as a local academic and professional body, has an obligation to advance and maintain standard of local diabetes nursing practice by supporting professional training and education to local nurses.

Our Goals

- We promote interests, fraternity and professional growth of diabetes nurses and its members
- We promote communication among diabetes nurses and other organizations caring for diabetes
- We maintain and enhance professional practice standard of diabetes care and education in Hong Kong
- We organize conference, seminars or workshops both locally or globally relating to diabetes and other chronic diseases
- We organize and conduct surveys and studies on diabetes care and education in Hong Kong
- We sponsor members to attend and participate in conferences, seminars, workshops relating to diabetes care
- We promote the community awareness about diabetes and healthy lifestyle
- We advocate for better care quality of care and rights for people affected by diabetes

Advisors

Hon. Advisors:
Prof Karen SL LAM
Prof Clive S COCKRAM
Prof Frances KY WONG
Prof Ann TY SHIU
Dr Ip Shing TSUI
Ms Marg McGILL

Hon. Auditor:
Mr Nicholas CK FUNG
馮卓堅會計師

Hon.Legal Advisor:
Mr. Anthony James Hung
洪宏道律師

The 2008 to 2010 Council

President	Ms Winnie Cheng Mei Wan	鄭美雲
Secretary	Ms Eva Kan Ching Yee	簡靜兒
Vice-president (Head of Education)	Ms Jo Jo Kwan Yee Mei	關綺媚
Vice-president	Ms Law Chin San	羅展姍
Treasurer	Ms Maisy Mok Pik Hung	莫碧虹
Development co-ordinator	Ms Maggie Lau Siu Wai	劉小慧
Development co-ordinator (Head of Internal Relationship)	Ms Holly Tang Yin Ho	鄧英好
Head of External Relationship	Ms Shimen Au Ka Yin	區家燕
Head of Publication	Ms Chung Hau Yee	鍾巧儀
Association Historian	Ms Maggie Siu So Ming	蕭素明

Message from President

It is my great pleasure to welcome you all to the 2009 First Annual General Meeting and Annual Meeting of Association of Hong Kong Diabetes Nurses. As the only association for the diabetes nurses in Hong Kong, this annual meeting brings experienced diabetes nurses as well as nurses who are interested in diabetes mellitus together, to share their experience, expertise and latest advances with each other.

We are very grateful to have our honorary advisor, Dr. Tsui Ip Shing to share his views towards diabetes education with us. It is our great honor to have Professor Frances Wong, our honorary advisor too, to give a Response Address to Dr. Tsui's speech, to share her views with us and to lead an internal reflection within ourselves.

In order to recognize the contribution by our members to innovative diabetes service or project or academic work, we have created an Outstanding Achievement Award. Two awardees from this award will share their outstanding projects with us during the meeting. This is a valuable opportunity for enthusiastic participants and distinguished guests to exchange inspiring ideas and to further develop the diabetes care in Hong Kong.

Started from scratch, the Association of Hong Kong Diabetes Nurses has launched a wide range of initiatives with a view to promote the development of diabetes nursing specialty in Hong Kong over the last year. Our council members together with our active members have contributed a lot to the success of all the functions and activities implemented last year. I thank them for serving the association, the nursing profession as well as the public with dedication and professionalism. And I would like to give our special thanks to our honorary advisors for their enormous support to us.

In the coming year, my team will continue to focus on members' development, to promote the standard of diabetes service and to prepare an academic certificate course for the accreditation of advanced practice nurses in Hong Kong.

I hope that all participants will find this annual meeting enlightening and rewarding.

Winnie MW Cheng
President
Association of Hong Kong Diabetes Nurses

Our Activities in 2008
Council meetings

The 1st AHKDN council meeting was held on 29th April 2008
The 2nd AHKDN council meeting was held on 2nd September 2008
The 3rd AHKDN council meeting was held on 13th November 2008
The 4th AHKDN council meeting was held on 10th February 2009





Promoting communication among members

1. We constructed the web site





2. We published 2 issues of AHKDN Newsletter





Providing education opportunities to enhance development of members

1. We organized 3 AHKDN Educational Seminar

24 October 2008

The 2nd AHKDN Educational Seminar "IDF /WPR Asia-Pacific Diabetes Epidemiology & Education Training Course" and "AHKDN and TADE Exchange Program 2008"



12 December 2008

The 3rd AHKDN Educational Seminar "Patient Empowerment: Historical Development and Implications for Diabetes Nurses"

24 April 2009

The 4th AHKDN Educational Seminar "Application of the Patient Empowerment Philosophy: Experience Sharing on ABC Program"



2. We advocated the Commissioned training to HAHO, 2 identical seminars (on 16/ & 17/1/09) and 1 workshop (17/1/09) on patient empowerment were conducted.





3. We supported one member to attend the IDF-WPR Asia-Pacific Diabetes Epidemiology & Education Training Course, Tokyo, Japan (August 23 – 30, 2008)



4. We organized the AHKDN & TADE Exchange Program exchange trip to Taiwan 2-5 October 2008)





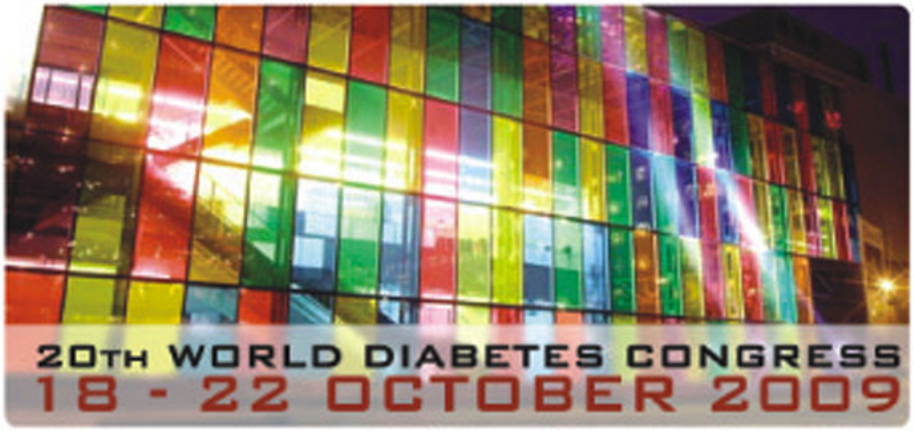


5. We sent 2 members for an Educational Visit to Michigan Diabetes Research and Training Center (20-25 July 2009)

Michigan Diabetes Research and Training Center



6. We sponsored 8 member to attend the 20th World Diabetes Congress (18-22 October 2009) in Montreal



Recognizing contribution by members to diabetes care

1. We received 10 Outstanding Achievement Awards and Awards for the Green applications and granted Outstanding Achievement Award and Outstanding Achievement Award for the Green to 2 awardees.

Promoting diabetes awareness and education in the community

1. We organized the 健康要自主、「營」仔「營」女齊作「煮」！program on 29 March 2009 to a group of 108





2. We organized a communication training workshop for peer diabetes leaders on 7/2/ and 7/3/09



Advocating better care for people with diabetes

1. We completed a HA commissioned project on patient empowerment, produced the program curriculum, teaching tool (the powerpoint slides, log book and handbook) and completed the pilot study in 2008.



A Slide Looks Like



The Teaching Tool Kit (2)



2. We established the structure, process and function for position statement development: formed the task group of 5 and a review committee of 4, and developed the process guide on developing statements in April 2009. The first topic will be on Diabetes Self-management Education.

Demonstrating leadership in diabetes education

1. We were accredited as a CNE provider on 12 March 2009
2. We published the 1st Diabetes Nurse Clinic Intervention Guideline (2008)
3. We advised on running of the 2009 GOPD course for Risk Assessment and Management Program
4. We advised on running of the Diabetes PRCC Course to be conducted in 2009
5. We participated in preparation for specialty accreditation program in Hong Kong, started to prepare for our first ADPN Course Curriculum.

The First AHKDN Annual Meeting Proceeding

7th June 2009 (Sat)
Kowloon Shangri-La Camomile Room B2 64 Mody Road TST, Kowloon

Organizing Committee

Ms Maisy Mok, Ms Carmen Cheng,
Ms Winnie Cheng, Ms Tracy Lau

Program Committee

Ms Eva Kan, Ms Annie Leung, Ms Law Chin San,
Ms Koo Wai Kuen, Ms Maggie Siu

Outsanding Achievement Award Panel

Professor Karen Lam, Professor Clive Cockram,
Ms Maggie Siu and Ms Winnie Cheng

Moderators

Ms Law Chin San and Ms Karen Wong
Ms Shimen Au (Guest Lecture Chair)

Schedule

1:30 – 2:00pm	**Registration & Reception**
2:00 – 2:10pm	**President Welcome** **Presentation of Gifts**
2:00 – 3:15pm	**Invited Guest Lecture** 儒佛道與糖尿病教育 by *Dr Tsui Ip Shing* (Endocrine Specialist) **Responding Address** by *Prof Frances Wong Kam Yuet* (School of Nursing, HKPU)
3:15 – 3:35pm	**Photo Taking (for guests, OC, PC and council)** **Tea break**
3:35 – 4:05pm	**A HA commissioned Project Presentation:** A Pilot Study to Evaluate the Process & Outcome of a Patient Empowerment Program by *Ms Eva Kan* (Nurse Specialist, Diabetes Care AHNH)
4:05 – 4:10pm	**Presenting Outstanding Achievement Awards and Address** by *Professor Karen Lam (Deapartment of Medicine, HKU)*
4:10 – 4:50pm	**Outstanding Achievement Awardee Presentation** by *Chung Hau Yee* (YCK Diabetes Center) **Outstanding Achievement for the Green Awardee Presentation** by *So Tak Yee, Tammy (PWH)*
4:50 – 5:00pm	**Closing Remarks by President**
5:00 – 5:45pm	**Annual General Meeting (members only)**
5:45 – 6:00pm	**Moving to Dinner** (R.S.V.P. members and invited guests)

儒佛道與糖尿病教育

儒家論學
道法自然
佛解緣執

徐業成醫生

A Pilot Study to Evaluate the Process and Outcome of a Patient Empowerment Program

by AHKDN (2008)Kan ECY[1], Cheng WMW[2], Mok MPH[3], Kwan JYM[4], Leung AYS[5], Lau MSW[6], So TTY[6],, Wan, CM[6], Shiu ATY[7]

[1]AHNH, [2]QEH, [3]UCH, [4]OLMH, [5]YCH, [6]PWH. 7CUHK

Background

AHKDN was commissioned to develop a structured diabetes self-management education program (and tool kit) for Chinese patients with uncomplicated type 2 diabetes, to be delivered by novice diabetes educators in Hong Kong in 2008. A three-phase approach was undertaken to develop and examine the results of the program. Phase 1 was to identify a curriculum philosophy (patient-empowerment), which should be culturally specific and evidence-based, to guide the development and implementation of education strategies of the program. Phase 2 was to develop a teaching-tool-kit, which included 180 powerpoint slides with script, a log book and a course workbook. Phase 3 had two stages. Stage 1 was to pilot the program by 4 diabetes nurses with 10 type 2 diabetes patients. Stage 2 was a case study on process and outcome evaluation of the program.

Process

A single, embedded case study design (with 8 embedded units representing main data sources) was employed to evaluate the program. All units together provided a comprehensive evaluation of the case using multiple-triangulation. The patients (n=40), facilitators (n=4) and observers (n=10) contributed to the three samples of participants of the study. Data collection methods included audio-taping of the education process, reflective diary written by facilitators and observers, questionnaires and scales administration, home-work by patients, glycaemic levels measurements, and focus-group interviews with the three samples. In line with the case study design, both within-unit and then followed by cross-units analyses were conducted.

Results

Key findings of within-unit analysis show that patients, facilitators and observers were highly satisfied (mean score=70-100%) with the program. Patients showed high engagement (score>90%@session). Every patient set diabetes goals (mean no.=2.8) and performed SMBG (mean days=8.5). Patients showed significant improvement in i) diabetes specific psychosocial self-efficacy, ii) diabetes knowledge (gain by 28%), and iii) A1c levels (reduction by 0.5%). In cross-unit analysis, the converged themes confirm important insights on the implementation of DSME: i) content – practical and accurate information, peer sharing, support and role modeling, and opportunity to practice and receive feedback are important, ii) method - multiple education strategies, home work assignments and goal setting are useful to enable patients' participation, interaction and experimentation with DSM; iii) by whom – program facilitators should have a good mastery of DSME, problem solving and group facilitation skills, and willingness to work as equal partners with patients.

Conclusions

This is the first structured DSME program tested among Chinese type 2 diabetic patients (> 650,000) in Hong Kong. Findings show that the program, an attempt to apply patient empowerment with Chinese patients, is successful in improving self-efficacy, self-management behavior and glycaemic control.

Outstanding Achievement Award

Transforming Diabetes Education Approach: Implementing Diabetes Conversations in Hong Kon

by Chung Hau Yee (YCK Diabetes Center) and Kan Ching Yee, Eva (AHNH)



Diabetes Conversations

Diabetes Conversations (also called Conversation Map Tools) was created by Healthyi in collaboration with IDF and supported by Lily. The tools feature engaging table-top visuals, and related materials that foster an interactive verbal and visual learning experience to help patients better retain and internalize information. Over past few years, the Map tools have been translated into more than 25 languages and used in more than 40 countries around the world. It was the first time this tool was introduced to Hong Kong patients by the author of this project.

Implementation of Diabetes Conversations

The author of this project organized two 3-hour group education sessions using Map 1: Walk with Diabetes, it was delivered by a qualified expert trainer Ms Eva Kan with 14 participants in Yao Chung Kit Diabetes Assessment Centre on 22/4/09 and 27/5/09

Evaluation and Outcome

Each participant set at least one goal to be achieved and provided quantitative and qualitative comments to the program. In essence, participants were highly engaged and participative in the program and overall very satisfied (90%) with the program. They regarded the education process as meaningful and enjoyable in addition to learning practical knowledge from peers.

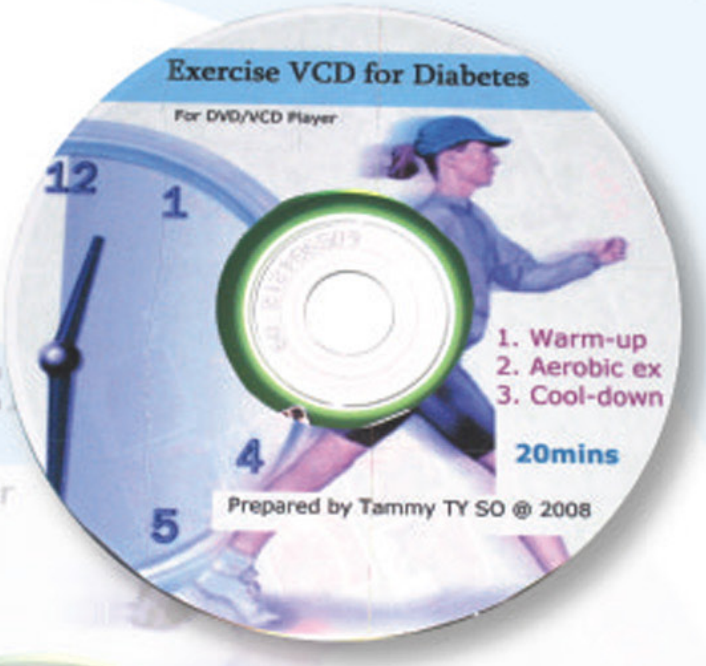
Potential Impact and Contributions

Diabetes educators need to evolve with time, adopting effective strategies to educate patients in addition to delivering didactic information. This Conversation Map tool, as a means of education, provides opportunity for diabetes educators to use facilitating and questioning skills to enhance patient learning. Given the positive feedback from patients, the author will suggest and support AHKDN to organize training workshops for all diabetes nurses in Hong Kong to learn about the use of this map tool and experience this novel way of patient education. With trained-up diabetes educators, sessions can be provided to patients in NGO such as Diabetes Hongkong to benefit more people with diabetes in the community.

Production of an Exercise VCD for Diabetes

by So Tak Yee, Tammy (PWH)





Purpose of this Project

The project aims at producing a teaching aid on the aforesaid topic.

1. It provides vivid information and resources to facilitate diabetes educators leading a group exercise class.
2. It could also be used to demonstrate simple home exercise methods during diabetic education process.

The 20- min VCD portrays:

- The Exercise Environment: soft and relaxed,
- A full exercise phase: 3 parts of exercise (including a 5-minute warm up exercise, a 11-minute aerobic dance exercise and a 4-minute cool-down stretching exercise). Rationale and importance of performing exercise in 3 full phases are discussed. It also utilizes a positive reinforcement teaching style in encouraging participants to perform exercise.

Current Usage of the Exercise VCD

1. In a HA commissioned AHKDN Project: Patient Empowerment Program for Adult with type 2 Diabetes (Pilot classes)
2. In General Diabetes group education classes

Future Plan

Hopefully in future, a mass production of the exercise VCD can become true. Diabetes clients can take one free in benefiting from enhancing home exercise and facilitating them develop a healthy lifestyle incorporated with regular exercise.

A book chapter on the Theory-based for Advanced Nursing Practice

by Eva Kan and Team members: Frances Wong and Amin Kwok



Project Description

The project author has written a book chapter to describe several important social theories to guide advanced diabetes nursing practice and patient education in Introduction to Advanced Nursing Practice高級護理實踐的相關理論高級護理實踐導論(2008). The first part of the chapter describes the importance of theories to the profession and the second part cites four theories pertinent to nursing practice in the context of diabetes care. The four theories include: Empowerment Theories, Transtheoretical Model of Change, the Health Belief Model, and Social Support Theories. Each of the theories is described, and case illustration and analysis are provided to guide practitioners in application of the concepts under description.

Contribution

The book is a publication of the People's Medical Publishing House, which is the official publisher for textbooks to be used in medical education in China. As an official textbook of the Publishing House 衛生部 十一五 規劃教材, it will be used for all Master of Nursing Courses in Mainland China, and serves as a good reference to Chinese readers interested in pursuing advanced and theory-based practice. A unique knowledge base is indispensable to development of nursing as well as the diabetes nursing specialty.. It is hoped that this chapter can serve, as a first step, to assist advanced practice nurses to implement theory-based practice, bridge the theory and practice gap, and thus contribute to knowledge development in the diabetes specialty and nursing profession.

Implementation of Decision Pathway on Hypoglycaemia Management in Hospitalized Patients with Diabetes

by Kwan Yee Mei, Jo Jo (OLMH) and OLMH team

The author and the diabetes team has produced a decision pathway to guide staff manage hypoglycemia.

Objectives :

1. To standardize clinical management pathway for diabetic patients with hypoglycaemia in the hospital
2. To evaluate the effectiveness of the recommended treatment protocol

Method:

A standard decision pathway for hypo-management was drawn up by taking reference from various professional guidelines. In the pathway, alert cutoff values, first line treatment and monitoring mechanism were indicated to facilitate decision making in each step. An evaluation on staff compliance and effectiveness of the treatment was done two months after initiation of the protocol.

Results:

A total of 34 patients with hypoglycaemia (H'stix < 4 mmol/L) were evaluated. 24 (71%) patients had mild hypoglycaemia (H'stix 3 to 3.9mmol/L), while others had more significant hypoglycaemia with H'stix < 3 mmol/L. About 80% of nursing staff were able to follow the clinical pathway completely and effectively improve blood glucose level after first line nurse-initiated treatment (from mean 3.5 to 5.5mmol/L for the mild hypoglycaemia group; and from 2.3 to 6.3 mmol/L for the more severe group, $p<0.05$).

Conclusion:

The decision pathway was shown to be able to standardize and streamline the management of hypoglycaemic attacks, in addition to improving the standard of safe practice. Although, staff were not used to the protocol due to non-familiarity with the new cut-off value and being used to withholding anti-diabetic agent / insulin even with borderline hypoglycaemia, continuous evaluation and training are underway to promote consensus and uniformity of practice among the medical and nursing staff.

The effectiveness of continuous diabetes education for school-aged DM children

by Lee Kar Bik (QMH) and QMH Diabetes Children's Team



Diabetes education will likely be directed towards the parents and caretakers when young children are newly diagnosed. Whereas for most adolescents, education should be directed primarily towards the patient, with parents included. While children are growing and developing, their ability to participate in self-management of diabetes varies with their changing motor development, cognitive abilities and emotional maturation. As the school-aged DM children grow and take on more elements of self-care in diabetes issues, thus continuous diabetes education is needed at this age. Diabetes education is not a one-time event or only occurs at diagnosis. As families and children need on-going education and support.

Patient and Method

This is a pilot study. Educational materials and structured program were designed by paediatric diabetes nurses for a small group of school-aged children. 9 DM children (3 girls and 6 boys) were invited to participate in a half-day diabetes educational group session. They ranged in age from 8 – 13 years (mean 10.1 years, SD 1.92). Teaching material was designed for them. Written information to reinforce the main topic discussed was provided at the start of the session. The same questionnaire was used in Pre-test & Post-test for comparison.

Result

The DM children's mean pre-test scores were 47.4 % and their mean post-test scores were 69.6% (Table 1). There is a significant improvement of approximately 4.4 questions from pre- to post test.

Discussion

(1) The need for continuous diabetes education for school-aged diabetes children. (2) Parental involvement in the care of school-aged diabetes children. (3) Group education vs individual education.

Conclusion

The session is fun and enjoyable. Participants learned the basic knowledge in diabetes care through knowledge sessions and game activities. They showed interests in the educational sessions. There was an improvement in the post-test results. Structural diabetes educational programmed for school-aged DM children are needed. Skills, knowledge, and attitude are prepared for school-aged DM children to become adolescence, also take positive health behavior towards their chronic illness. Parental participation in care of the diabetes children is included. Families and children need ongoing education and support.

A Diversity of New Initiatives in RHTSK 2008-09

by Shimen Au (RHTSK) and RHTSK DM Team

Innovation & collaboration are the key spirit of RHTSK DM Team.
Example of pioneer projects we involved are:

1. The AHKDN website (www.ahkdn.com) & RHTSK DM interactive website (to be uploaded in e-health soon) are designed by two HKU students, Eudora & Peggie, when having their summer internship in RHTSK in 2008.
2. Shimen was the first nurse in HK to attend the Asian Diabetes Epidemiology and Education Course in 2008, & joined the 1st IDF-WPR Educators' Meeting, committed as "Educator Window" of the IDF-WPR. A sharing session was held in 2nd AHKDN Educational seminar.
3. Supported by Novo Nordisk, the IDF international curriculum – the slides on Insulin Management , was translated into Chinese & validated by Winnie, Eva, JoJo, Harriet, Suk Chi, Maisy & Rebecca. It will be pilot use in a DM education program in GuangZhou Medical School in June 2009.
4. A Narrative Therapy program was conducted by Kenson, a CUHK social work student in 2009.
5. Since Shimen joined the WHO consultation on Peer Support in Diabetes in Geneva in 2007, we selected patients with good controlled diabetes as "Peer Leader", to join a series of training programs to be role model, to share their experience of living harmony with diabetes. Training included a one-and-half day multi-disciplinary education program, Chronic Disease Self-Management Program of CRN, and communication training conducted by Eunice, NLP Trainer, in Feb 2009, supported by the J&J company. A preliminary project proposal "Empowerment & Peer Support" was sent to the Peer for Progress in mid 2008.
6. Shimen works with Rebecca as Co-Principle Investigator of a study "Peer Leaders Accelerated Training INiatitive to Unleash potential of Mentorship (PLATINUM)", headed by Prof Juliana Chan.
7. Our DM Nurse Clinic was accredited by HA in May 2008. It was the training ground of nursing students from Kiang Wu Hospital since June 2008. Shimen worked with Maisy as Program Director in Diabetes Complication Screening & Education Course in 2008, & helped in producing the diabetes patient empowerment program.

Diabetes Education program to Elderly Home Staff

by Lin Lai Har Grace (NDH)

For promotion the quality of DM Care at elderly home, DM Care Center NDH collaborated with COST provided a series of education program for elderly home's staff in 2005.





Aims

- To provide a comprehensive knowledge and skills to the staff of elderly home.
- To prevent acute complications esp. hypoglycemic attack.
- To minimize hospital admission related to DM complications and reduce readmission rate.

Content

- Overview of Diabetes.
- Insulin injection and monitoring of blood glucose.
- Prevention and Management of hyperglycemic and hypoglycaemic.
- DM Diet.
- DM foot.

Remarks:
Pre and post knowledge tests were preformed after each class.

Plan

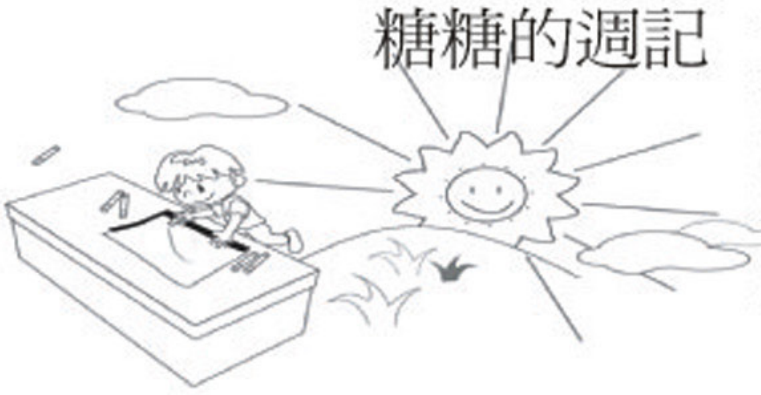
To promote the education program to all early home at North District with the care of CGAS nurse.
(Owing to shortage of manpower of COST, the program has been suspended, plan will be restarted in 2010.)

Interactive Learning Story Book for Diabetic Children

by Yeung Hoi Ming, Theresa (PWH)

The management of paediatric diabetes is challenging. We provide a series of educational sessions on the basic management of diabetes to all newly diagnosed diabetic children during their hospitalization, followed with similar outpatient sessions. However these sessions are finite, limited in time, place and availability of expert educators.

We all know that children have short attention spans in learning. Diabetes is a disease which they have to live with in their lives. A better understanding of the illness & management will reduce risk of complications. In order to stimulate an interest to learn about diabetes & self-management, I have put together a series of stimulating exercise tools in a Chinese compendium to enhance continuing diabetic management at home. It is designed for newly diagnosed and established Type 1 diabetic children aged 8 – 13 years.



The compendium is a journal illustrating the adventures of a eight-year old diabetic boy character "Tong Tong". The contents provide information about diabetes, treatment principles, insulin storage methods and its administration, signs of hyperglycemia & hypoglycemia, and hypoglycemic management through a simulative play format.

Rationalization of Health Needs: A Nurse-led Clinic

by Yee Shun Wah Amy (QMH) and her team: Leung Lai Yee, Elaine; Wong Ka Chee, Karen; Tse Pui Ming; Leung Chung Yee; Leung Siu Kuen and Lau Wai Tak, Tina

Specialty out-patient services play an important component in health care industry but a long waiting time may give rise to certain potential problem to the community. Acute and chronic complications may develop within this period of waiting time especially for diabetes patients. These complications may give rise to casualty attendance and admission rate. As the nurse-led clinic is one of the targets of the Hospital Authority in 2009, the diabetes centre should make use of their services and prevent overloading the specialty out-patient service for the diabetes.

A nurse-led clinic will be established to identify those patients with conditions requiring earlier attention while waiting for initial assessment by the DM clinic. At diabetes centre, diabetes nurses identify the acute problem that requires earlier treatment or referrals. All newly referred patients will be assessed by a protocol-driven, diabetic risk stratification assessment program.

Diabetes nurse will evaluate on individual's diabetes control, existing acute and chronic complications, current treatment and its compliance, according to individualized case management plan and education will be given. A new appointment with appropriate waiting time will be given according to the urgency of the underlying medical conditions. With this triage system in nurse-led clinic, it minimizes the risk of deterioration in patient condition while waiting for the initial consultation at specialty out-patient clinic. It reduces in casualty attendance and admission rate due to acute or chronic complications during this waiting period of time. An early identification and detection of acute and chronic complications with appropriate treatment and referrals are given. It ensures high risk patients have timely access to specialist care which reduces the excessive workload of health care professional at frontline.

Abstract 12

Development of a Diabetes Education Tool on Drug Samples to Enhance Effectiveness of Diabetes Patient Care and Education on Drug Identification and Drug Adherence

by Lau Siu Wai, Maggie (PWH)

Objectives:

To improve quality and enhance effectiveness of diabetes patient care and education on drug identification and drug adherence.

Method:

A diabetes education tool on various drug samples (oral anti-diabetic drugs, anti-hypertensive drugs and anti-lipidaemia drugs) was developed to enhance identification of drugs with the ultimate goal on improvement of patients' drug adherence.

I prepared lists of names, groups and possible side-effects of oral anti-diabetic drugs, anti-hypertensive drugs and anti-lipidaemia drugs and sent them to a senior pharmacist for obtaining real drug samples.

After getting the drug samples, I used a digital camera to snapshot all the drugs and then rearrange them into a word file according to their categories and sub-groups.

Implications:

1. It can be widely distributed to diabetes centers, specialist clinics as well as general out-patient clinics (GOPCs) to enhance patients' education on drug adherence.
2. It can also be used as staff teaching materials in general wards and general out-patient clinics (GOPCs) to alleviate or prevent medication mistakes at work.
3. It would be cost effective and beneficial to all diabetic patients.
4. It is easy to edit or revise and to keep abreast of developments in different kinds of drugs by using computer technologies.