Association of Diabetes Nurses

香港糖尿科護士協會通訊
AHKDN Newsletter

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Editorial Words 編者的話

Diabetes education has undergone noteworthy changes in Hong Kong. A gradual shift of education strategies derived from a traditional/didactic model to an empowerment approach. The Anderson team at Michigan started advocating patient empowerment in the 1990s. We have Maisy and Maggie in this issue shared their experience of Michigan Educational Visit.

Diabetes Conversation Map, is another innovative teaching tools. Health care professionals can use them to guide the discussions among small groups of people with diabetes. Eva and Harriet introduced the tools to us and shared their experience in using the Map.

Children with diabetes are in general a minority group. However, there has been reported among H.K. children and adolescents with increasing frequency. Theresa and Ka Bik lead us to learn more about Paediatric Diabetes

An update of Patient Empowerment Program

Reflection on Patient Empowerment in Michigan Educational Visit

Maisy Mok (Diabetes Nurse Specialist, UCH)

What is patient empowerment? Is it an effective tool to educate our patients? Is it a strategy for patient education? Although patient empowerment is a very popular terminology in Hong Kong recently, I am not sure the essence of patient empowerment and how to apply in my working environment. I have gotten a valuable chance to visit Michigan Diabetes and Research Centre, and found some answers.

Learning from two professors

Patient empowerment is not a tool to educate patients and gain the successful outcome, and also none of unique strategy is in empowerment. This is a philosophy in our practice when we (diabetes nurse educators) educate patients how to manage their diabetes. Professor Anderson mentioned we must believe this philosophy, it is an only way to let our patients control their health and drive you to provide patient-centered care. Patient empowerment approach is a process designed to facilitate self-directed behavior change, patient must be internally motivated rather than externally motivated. Empowerment is a process when we use as an educational intervention to increase patients' ability to think critically and make autonomous, informed decision. Empowerment is an outcome when patients enhance self-efficacy to manage the own diabetes.

A critical part of initial encounters with patient is discussing with them the importance of their role in diabetes self-management, it will not be overwhelming for a newly diagnosis type 2 DM patient. It is a good chance to describe our role as supporter and collaborator and thus establish a partnership with the patient from beginning. Empowerment approach is first and foremost about helping patients get what they need and want, then patients have responsibility to use their knowledge and resources to make thoughtful decision.

Goal setting is a common patient education strategy even in traditional way, but the purpose of goal setting in empowerment approach is to help patients learn how to make self-selected behavior changes and become more autonomous. We facilitate patients to identify the own behavioral and psychosocial problems, emotional issues and establish personally meaningful goals and strategies to solve their problem. We learn and modify their strategies together according to their daily experience, as this way can facilitate patients' self-reflection. Self-reflection is motivator to drive behavioral changes and a key component in empowerment approach.

Professor Funnell emphasized the importance of equal status. Equal status between patients and health care professionals is an essential component, we are the expert on diabetes management, but patient is an expert on the own diabetes. We need to respect patients' observation and suggestion on their diabetes management, because they deal with their diabetes in every day. Listening is a respect manner, we keep patient to let our patients express their feelings and strategies to manage their diabetes, of course, we need to ask the questions and give advice in the right time.

She also recommended that video or audio record is a good way to improve our practice, because we can identify our strength or weakness in using empowerment approach and modify our strategies in coming education session. Inviting an observer during small group or individual education is another method to enhance our practice, observer can give us feedback from our strategies and patients' reaction, the discussion will be more enrich and interactive. Actually, self-reflection is also a key component to direct our behavioral changes in patient education.

Learning from two clinical experts

I had joined Diabetes Self-management program in this visit, a registered dietitian – Cecilia and Diabetes nurse - Kate are experience educators in using empowerment approach. We need to set good questions to facilitate discussion and lead discussion from patients' questions. They illustrated some examples, the first one is **"What is your feeling when you have diabetes?"** This question can facilitate patients to express negative feeling, thus we need to keep silent and empathy to create a respect atmosphere. The second is**"What are the physical symptoms when you have newly diagnosed DM?"** This question can let patients aware the signs and symptoms of hyperglycemia, and also it is a good time to introduce the purpose of self blood glucose monitoring. The third is to introduce the importance of patient participation,**"One year has 356 days, you live with your diabetes in whole year, but your doctor may spend 30 minutes in your diabetes. Do you think who is an in-charge of your diabetes? Who is an expert in your diabetes?"** This question can illustrate the role of patient in diabetes self-management. All the questions are facilitated the further discussion in group education. They also demonstrated how to lead a discussion to response patients' questions and concerns, they encourage patients to share their own experience in daily lives and they gave the advice in right time. Most important is to convey message in simple wordings and practice in their daily lives.

Conclusion

Self-reflection is a key component in empowerment approach, because it is a motivator to drive change. Changes will be occurred in this new education approach whoever is patient or diabetes educator. Patients have behavior changes according to the refection on daily self-management and monitoring. Diabetes educators also change the education approach and act as facilitator, supporter and collaborator to work with patients together.

Patient Empowerment

- A lesson from Michigan Educational Visit

Maggie Lau (Advanced Practice Nurse, AHNH)

A Sawing Story

One day when I stroll in a forest, I notice a man who is busy sawing down a tree. He tells you that he has been sawing away for the whole morning. I note that the saw blade looks dull and I suggest him **to sharpen it**. The man says: **"I can't. I'm too busy sawing and there are so many trees out there waiting."**

Patient empowerment is considered as time consuming and costly in a heavy patient-load healthcare setting especially in the H.A. system. Chinese patients are often stereotyped as passive and only want to receive instructions and learn from health care professionals. Although patient empowerment approach to diabetes education has been advocated since 1980's, an accurate understanding and application of empowerment is still lacking. The traditional approach in teaching patient what to do in diabetes education is deeply rooted in the training of most health care professionals. Entering the twenty-first century, it's now the right time for us to reflect on our education approach.

Empowerment approach is relatively new both to diabetes educators and patients. It is analogous to a Chinese saying, **'Touching lives across the river (摸住石頭過河)'** . I truly believe that this educational visit to Michigan Diabetes Research and Training Center in July 2009 is an invaluable opportunity for me to experience and enrich my knowledge on the empowerment approach.

As patients are in control of their daily diabetes care, we as diabetes educators have a role to increase their capacity to think critically and make autonomous, informed decisions to manage their diabetes. We are here to help them choose personally meaningful and realistic goals, e.g. weight loss, diet and physical activity etc. The empowerment approach may make better educator-patient relationship and better self-management capacity possible.

One common example of misconceptions about patient empowerment is as follows:
Diabetes educator: 'I want to empower my patients to improve compliance / adherence.

However, 'empowerment' is not compatible to 'compliance'. Diabetes educators may know what is clinically best for a patient but that does not mean that we know what is best for that particular patient's life.

How to Start ?

In the beginning, you may ask a colleague or friend to sit in your group / individual education session and observe how you deliver the session using patient empowerment approach as well as observe patient(s)' feedback. If such a person is not available, you may ask patient's permission and consider voice recording or video tape recording. Then, you may invite someone, who is in the diabetes field as you are, to listen to the recording and give you comments afterwards. Your colleague or friend may do the same thing and share together the observation both on the educator and the patient. Subsequently, you two may sit down and reflect and ask yourself the following questions:

1. **Do I help patients identify their diabetes concerns?**
2. **Do I encourage patients to talk about the emotional aspects of having diabetes?**
3. **Do I help patients identify and choose goals that are relevant and important to them?**
4. **Do I respect patients' right to make decisions with which you disagree?**

Congratulations, if your answers are all *'YES'*, you are using the 'Empowerment Approach' advocated by the Michigan Diabetes and Research Center *http://www.med.umich.edu/mdrtc/profs.*

Secondly, 'Conversation Map' is a novel diabetes educational tool that I suggest you to try to facilitate patient empowerment. It is a tool validated by the International Diabetes Federation and designed by the Healthyi using large visual maps. It invites patients' active participation and interactive discussion to share knowledge, views and feelings on diabetes. A facilitator (diabetes educator) is here to use questions to facilitate discussion on chosen topics, to provoke self reflection leading to decision making, to debrief experience of learning and encourage goal setting at the end of the session.

Last but not the least, as mutual support among patients is a key component to sustain their positive coping with chronic illness such as diabetes, a comprehensive patient empowerment process should include a patient support group to reinforce patients' roles in diabetes self management, to deal with their everyday problems and also as a mean of sharing and mutual support in the long run. I strongly believe that patient support group can enhance patients' learning and behavioral change on better diabetes self care management.

Diabetes Conversations:
A novel diabetes self-management education tool has arrived to transform diabetes education in Hong Kong

關綺媚 (糖尿科資深護師 聖母醫院)

Part I: Case Sharing 個案分享

從來沒有想像『學習』會是這麼的有趣！

我的名字是『阿芬』，一位剛在去年才被診斷為2型糖尿病的患者。由於我的母親也是2型糖尿病患者，我曾經陪伴她參加許多的糖尿病講座，因為我們都明白，糖尿病是一種長期的疾病，需要患者參與自我疾病管理，才可將血糖控制理想和減低併發症的發生。正因為這樣，無論是醫院舉辦或社區組織提供的講座，我們都把握機會儘量參加。

雖然每次的課堂，總會增加我們對糖尿病護理的認識，但奇怪的是，即使我們能掌握它的『理論』，但在『實踐』方面，始終未能得心應手，我和母親只好認為這是與糖尿病共處的必然現象。

直到去年，我自己亦患上糖尿病，和我母親的經歷一樣，我被邀請參加糖尿教育班，心想，這應該沒有甚麼新意。但是糖尿科護士告訴我，這次不是一般的講座，而是需要我們一同探討糖尿病護理的歷程及分享心得，主要的講師不是醫護人員，而是我們糖尿病友。我覺得這樣的安排蠻新鮮和有趣，所以，我預先溫習有關糖尿病的知識，並且準備了一些尚未解決的疑問來與別人分享及希望可以從中找到答案，雖然我對這個『新』安排並不抱存太大的期望，但相信總有益處。

結果，這次的教育分享，的確獲益良多。通過與其他病友的交流，在互相學習的同時，如果有誤解的時候，護士亦有在旁提供適當的引導。透過這樣的學習模式，我可以知道更多我想知的東西，做我能做的事情。其實，雖然我已經對糖尿病有一定的認識。但當我剛知道患上糖尿病的時候，自問一向抱著『天塌下來也不怕』的我，竟然亦感到不知所措。我認為這種非『公式化』的糖尿病教育方法，對我幫助很大!

究竟這種非『公式化』的糖尿病教育方法是甚麼呢？它就是：『糖尿病看圖對話 **Conversation Map**。』

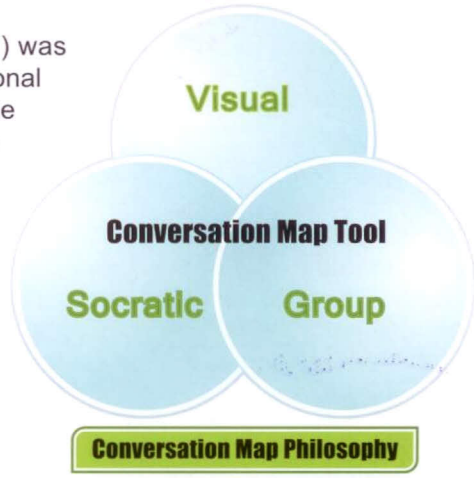
Part II: Diabetes Conversations

Eva Kan Ching Yee (Diabetes Nurse Specialist, AHNH)
Harriet Chung Hau Yee (Nurse Specialist, CUHK)

Background

In the past, content of education was regarded as most important, assuming the fact that people would be able to self-manage their diabetes if they had been provided with comprehensive knowledge on disease and its management. However, recent literature on diabetes education and studies have pointed out that method of education is equally, if not more, important as its content.

Diabetes Conversations (or called Diabetes Conversation Map Tools) was first invented by Healthy Interactions in Canada. In 2007, the International Diabetes Federation (IDF) endorsed the tool and in collaboration with the company, supported by Lily further developed and translated the map tools and promulgated to different parts of the globe. Today it has been translated into more than 28 languages and used by educators in more than 68 countries.

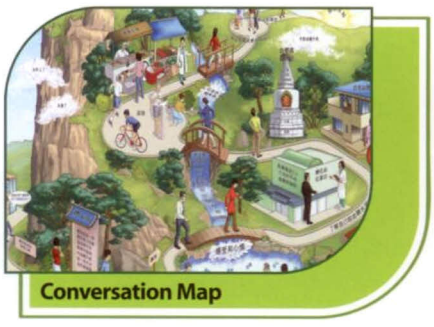


About the Tool

Diabetes Conversations was developed by integrating principles of discovery learning, combined with visual learning principles with a stimulating Socratic approach (questions that can elicit dialogue and conclusions).

Compared to the traditional education methods, Conversation map tools is more dynamic, it is unique in the way it uses questions to engage the group in exchange and discussion. The tools feature engaging table-top visuals, and related materials that foster an interactive verbal and visual learning experience to help people better retain and internalize information, and share diabetes self-management topics and experiences that are meaningful to them. The followings are included in the Map tools:

1. Four maps (measured 1 meter x 1.5 meters tabletop display) include topics: Walk with Diabetes; What is Diabetes; Healthy Eating and Physical Activity; and Taking Insulin Therapy;
2. A facilitator menu which contains themes to be covered, instructions and guiding questions for facilitators, suggested time allocation and dialogues to guide content delivery;
3. Conversation cards and themes cards for respective topics; and
4. Goal setting sheet for participants.


Conversation Map


Facilitator Menu


Conversation Cards & themes Cards

Local experience with Diabetes Conversations

The Chinese version of Diabetes Conversation Map tools has been made available to Hong Kong diabetes educators since 2009. Today, more than 40 diabetes educators/nurses have received training to use the tool. Patient sessions had been provided in Non-Government Organization, diabetes centers and to community by Diabetes Hong kong (the local diabetic association affiliated to IDF).

From our experience and feedback generated from participants, we are assured that this relatively new interactive learning method (by dialogue) are very well received by local Hong Kong Chinese. They loved this dialogue learning experience: feeling engaged and able to learn from the facilitators as well as from peers. Some of them had written their feedback as:

[支持，形式生動，有互助而非單向，建議繼續採用。]
[這種學習形式較一般課堂形式講座較爲輕鬆自然，可以暢所欲言，可以多機會發言。多聽其他會員的經歷或見聞。]
[每個人的生活方式不同，從中學習得益不少，大家分享可取長補短。]



Conversation Map in progress



Particpants are setting individual goal after the session

The experience in conducting diabetes patient sessions had been great for facilitators. During the session, the health care profession acts as a facilitator , not a teacher. The facilitator does not lecture, instead she facilitates discussion and sharing among group members so that role modeling and sharing of very practical living wisdom can take place. Through the group dynamic and interactive discussions on the topics interested to participants around the selected themes, participants are less guarded in both asking questions and sharing. The facilitator is expected to have the skill to steer the group discussion but does not give lengthy talks or exposition. Facilitator can clarify misconceptions and provide explanation only as needed.

To conduct a Conversation Map session is time consuming and requires the facilitator of good time management skill. To be an effective facilitator, he/she must be knowledgeable about management and self-management of diabetes as well as be competent in communication skills and managing groups. On one hand, it is very demanding and challenging to be the facilitator, and on the other hand, it is great fun and rewarding to the facilitator when the whole group enjoys the session, and individuals are motivated to change behavior because of the "Cc versation".

How to obtain and use the tool

Interested health care professionals working in diabetes field can visit the web *http://www.healthyinteractions.com/* for more information on Diabetes Conversations. To apply for local training and receive the tool, please contact the staff of Lily Hong Kong at *www.lily.com.hk*. There will be more training workshops to be organized by AHDKN in 2010 and we hope to see you. Because working together, we can make better lives for people with diabetes in Hong Kong.

香港兒童糖尿病服務

楊海明 (糖尿科資深護師　威爾斯親王醫院)

李嘉碧 (兒科病房經理 瑪麗醫院)

兒童糖尿病在香港並不普遍，以往常見為一型糖尿病，但病發的數字有日漸增加的趨勢；估計本港每十萬個十五歲以下兒童當中，就有一點四位小朋友患上此病。隨著生活模式的改變，肥胖兒童數量的增加，患二型糖尿病的發病率也逐年上升，就此我們介紹兒童糖尿病的服務。

覆診

醫管局轄下各大醫院(約12 間)的兒童糖尿科診所，為十八歲以下的兒童每六星期至四個月作定期覆診，而覆診的頻密次數亦視乎血糖的水平控制而定。

糖尿教育

糖尿病教育應是持續性的。每位病童在病發時接受的教育應該是個別處理，度身訂造。兒童在不同的成長階段，有不同的需求；配合控制血糖時遇到的困難，所需要的改變亦相若不同，所以定期會見糖尿科護士是很重要。

糖尿科護士可安排每年兩次或以上會見病童及其家長，評估兒童日常測試血糖、飲食、運動和藥物治療的情況(包括胰島素注射技巧、注射部位情況)等…還解答兒童及家人在日常生活上與糖尿病相關的問題。在兒童成長階段中，他們在學校或家庭生活中會遇上不同的問題和憂累，護士可提供知識及意見，讓家長和病童作個別護理。專科護士在病童覆診期間，提供持續性的糖尿病教育、輔導和支援。

糖尿病併發症預防檢查

糖尿病的兒童，若控制不大理想，患病越久，將來越易患上眼、腎、神經併發症。美國糖尿病醫學會指出，一型糖尿病在發病五年後，若血糖控制不理想會容易出現血管或神經病變。病童於發病時已到發育期，病發後兩年，便會安排作糖尿病併發症預防檢查。若病童於發病時仍在發育期前，病發後五年亦會安排此檢查，隨後每年作例行檢查。而二型糖尿病孩童則在病發後，便可進行首次糖尿病併發症預防檢查；若及早發現有輕微病變，可警惕病童應認真控制血糖，亦可以降低慢性病變的發生率。

兒童糖尿病活動

病童除在醫院或門診接受糖尿病教育外，亦可在兒童糖尿營中學習糖尿病知識、認識到其他患病孩童，互相分享寶貴經驗、鼓勵和學習解決困難之道。兒童糖尿營乃是一個專為八歲至十八歲糖尿病兒童所計劃的宿營(多是三日兩夜)，醫護人員會在營中二十四小時照顧孩童，觀察他們注射胰島素和血糖測試的技巧，而作適當的教導；陪伴他們共渡三日兩夜定時定量的飲食，體會到糖尿病童的生活感受。香港兒童糖尿病協會*(www.hkjda.org)*為會員提供支援服務，舉辦不同活動，例如教授健康飲食資訊的親子烹飪班、能增進糖尿病最新資訊的兒童糖尿會議……等等。每年為糖尿病童所舉辦的聖誕聯歡會中更設有良好血糖控制獎，以鼓勵病童擁有良好血糖控制及認同他們所作出的努力。兒童糖尿病協會更可為一些有需要的家庭提供少量醫療資助。

糖尿熱線

糖尿病童與其家屬在日常生活中如遇到與糖尿病有關的問題或需要作緊急支援時，例如遇上生病時出現反覆的血糖，忘記打胰島素針、胰島素注射劑量出現錯漏等，可致電自己所屬醫院的糖尿熱線，尋求解決方法，糖尿熱線不但可幫助臨床上的血糖調節，亦是一個提供心理支援的途徑。而隨著資訊的發達，個別醫院亦提供以互聯網或傳真的途徑作溝通渠道，病童或家長可經電郵報告血糖，讓醫護人員給予適量控制血糖的建議。

對於糖尿病童來說，家屬的全力支持和關心，持之以恆的治療，樂觀進取的態度，都是克服病症的重要關鍵。

AHKDN Chat Corner

In 2010, ANKDN has organized various workshops and training activities to our members, diabetic patients and their careers in the community. Let us share with you these memorial shots to illustrate our fruitful learning and distribution in diabetes care.



13 Mar 2010

"The 7 Habits of Highly Effective People with Diabetes"



2nd Workshop

AHKDN Education Seminar in Zhungshan



9 – 10 Jan 2010

Conversation Map Workshop

Supported by Lily Hong Kong



(I) Facilitator Training Workshops

"Total 32 diabetes nurses were trained.

17 Apr & 15 May 2010





10 Apr &14 May 2010

Co-organized with Diabetes Hongkong.
Total 9 sessions,
near 100 diabetic patients & their carers enrolled.



29 Apr 2010 - 27 May 2010

Around 120 participants
enrolled in the course & open lectures.

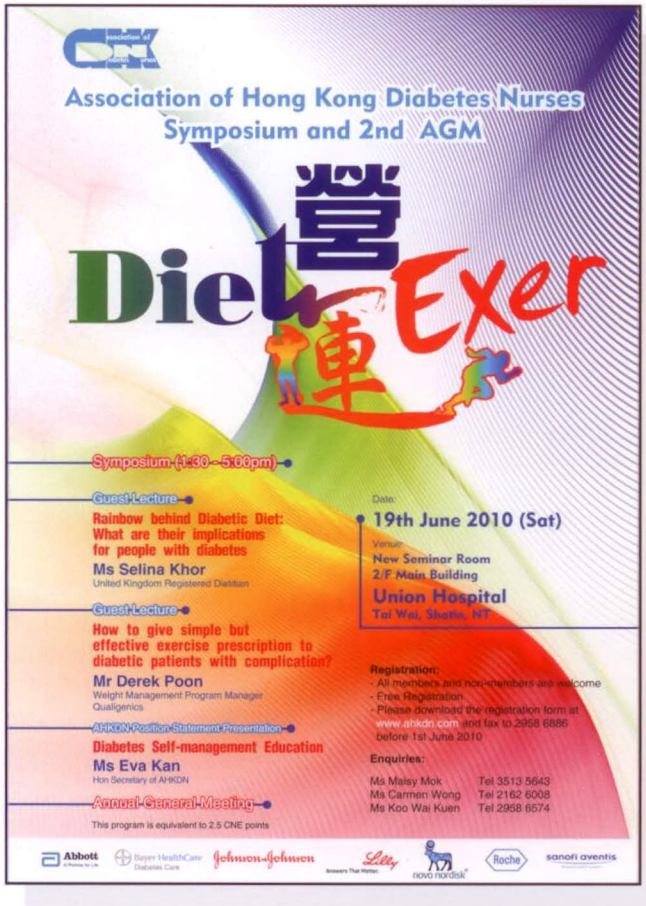
(II) Patient Sessions

Announcement

We are happy to announce the coming big event of AHKDN, our **2nd Annual General Meeting.** The theme this year is " **Diet- Exer (營運)** ". Same as last year, we have organized the **2nd Outstanding Achievement Award**. It is an valuable opportunity to show us the harvest of your marvelous works in past year.

DON'T MISS THIS CHANCE!

Welcome to visit our web site ***www.ahkdn.com*** for updated news.



Date:	19 June 2010
Time:	1:30pm to 5pm
Venue:	1New Seminar Room 1 and 2 in Union Hospital, Tai Wai, Shatin, NT
Guest Speakers:	Ms Selina Khor (United Kingdom Registered Dietitian) Rainbow behind Diabetic Diet: What are their implications for people with diabetes? Mr. Derek Poon (Weight Management Program Manager) How to give simple but effective exercise prescription to diabetic patients with complication?
Registration:	Please download the registration form at our web site and fax to 2958 6886 on or before 1st June 2010

Come and join us and hope to see you all!

Professional Promote 專業推介

Conference / Seminar	Date	Web-site
37th Annual Meeting of American Association of Diabetes Educators (AADE); San Antonio, USA	4-7 Aug 10	http://www.diabeteseducator.org
46th European Association for the Study of Diabetes (EASD) Annual Meeting; Sweden	20-24 Sept 10	http://www.easd.org
12th HK Diabetes & Cardiovascular Risk Factors: East Meets West Symposium; Hong Kong SAR, China	1-2 Oct 10	www.eastmeetswest.org.hk
8th International Diabetes Federation Western Pacific Region Congress (IDF WPR); Busan, Korea	18-20 Oct 10	www.idfwpr2010.org
Course	**Commence Date**	**Web-site**
Certificate Course in Obesity and Weight Management (CUHK)	January 2011	http://www.hkfrdd.org/cowm2011/
Course	**Date**	**Web-site/ Tel. No.**
Walk for Diabetes 2010 (Diabetes Hongkong) -- 大埔海濱公園	14 Nov 2010 AM	www.diabetes-hk.org

Journal Article/ web site (New Approach on Diabetes Education)

1. Shui, A.T.Y. et al. (2003). Development of a Reliable and Valid Chinese Version of the Diabetes Empowerment Scale, Diabetes Care, 26: 2817-2821.
2. About Conversation Map: ***< http://www.healthyinteractions.com/>***

Sponsored by BD

BD 筆型注射針
不可不知的事實

五大事實

事實1.「BD筆型注射針可使用於絕大多數市面之胰島素筆型注射器」
事實2.BD筆型注射針利用獨特點光學原理製造，能使疼痛降到最低
事實3.BD所有的筆型注射針皆有雙重式潤滑
事實4.BD所有的筆型注射針皆經過電子拋光技術處理，避免任何粒子殘留與不平滑表面的存在
事實5.BD筆型注射針皆是三面切工技術的針尖



BD Helping all people live healthy lives

BD Medical
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