Association of Diabetes Nurses

香港糖尿科護士協會通訊
AHKDN Newsletter

Issue 5 April 2011

AHKDN web-site: http://www.ahkdn.com E-mail address: newsletter.ahkdn@hotmail.com
通訊顧問：徐業成醫生 出版部主管：劉秀蓮 編輯組：鍾巧儀、關綺媚、梁逸思、蘇德宜、余舜華

Editorial Words

Congratulation! The 2nd AHKDN new council has been successfully elected during the Annual General Meeting on 19 Jun 2010. Ms Maisy Mok, our new President, will share with us about the coming direction and planning of the Association.

As a leading academic and professional association for diabetes nurses (educators) in Hong Kong, the advocating of better diabetes care is a very important agenda for AHKDN. The establishment of AHKDN Position Statement aims to maintain and improve education standard for both professionals and persons affected by diabetes (PAD). In this issue, Ms Eva Kan is going to announce the 1st AHKDN Position Statement on Diabetes Self-Management Education (DSME): What and Who. To enrich the content, Ms Tammy So will use a case to illustrate the application of this Position Statement in the delivery of DSME in multidisciplinary team approach.

Diabetes Hongkong is a very important partner for taking care of PAD in the community. If you want to know more about Diabetes Hongkong and their services, please do not miss the content inside.

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Words from President

Maisy Mok (President of AHKDN, 2010-2012)

I am greatly honored to have been elected as the new President of Association of Hong Kong Diabetes Nurses (AHKDN). Before I proceed any further, I wish to express my heartfelt thanks to our previous President - Ms Winnie Cheng, founding council members and honorary advisors. With the full support from the first council and honorary advisors, Ms Cheng has nurtured AHKDN from neonatal state to a state with firm rooting base. By her brilliant leadership, the roadmap for the development of AHKDN has been established including professional development, enhancing diabetes care and community services in the past two years.

During our last Annual Symposium cum the Second Annual General Meeting in June 2010; the second council of AHKDN was born. Members include:

Ms Mok Pik Hung, Maisy — President
Ms Wong Ka Wai, Carmen — Vice President
Ms Hung Siu Chan, Veronica — Hon Secretary
Ms Yeung Hoi Ming, Theresa — Hon Secretary
Ms Koo Wai Kuen — Treasurer
Ms Law Chin San — Head of Communication
Ms Lau Sau Lin, Tracy — Head of Publication
Ms Kwan Yee Mei, Jo Jo — Head of Education

Council Members:
Ms Chan Oi Yin, Sarita
Ms Cheng Mei Wan, Winnie
Ms Lee Kar Bik
Mr. Leung Sum Ming
Ms Wong Ka Chee, Karen

I would like to take this opportunity to welcome our second council for their support and contributions to our association in the coming two years.

Directions of future development

In accordance to the road map of AHKDN development, we will continue to focus on leading professional development, advocating for better diabetes care, promoting community services and building cohesion among members.

Leading Professional Development

- **Specialty Nurses Training**
  In order to fulfill the expectation of society and match the services need, AHKDN will jointly organize the Post-registration Certificate Course in Diabetes Nursing (2011). Development of Diabetes Nursing is diverse, we need to dig into the advance technology and update management; to enhance the effective educational model and disseminate to different levels of care. We aim at extending the Diabetes Nursing from tertiary care to primary care, from diabetes center to community.
- **Hand in Hand with Hong Kong Academy of Nursing**
  AHKDN fully supports the development of specialty nursing in Hong Kong, and is a member of the College of Medical Nursing under the Hong Kong Academy of Nursing Preparatory Committee. Our members will endeavor to prepare policies, training curriculum and examination for the accreditation of Advanced Practice Nurse in Diabetes Care. We believe that professional recognition is based on a comprehensive accreditation system, and we are moving towards this goal step by step.
- **Evidence-based Practice Project**
  Evidence-based practice is an essential element to support professional development; AHKDN will set up a working group to conduct this project and establish the evidence-based practice in local.

Advocating for Better Diabetes Care

- **Establishment of AHKDN Position Statement and Nursing Practice Guideline**
  The recommendations of Position Statement are based on the view of current literature and experience of local experts; it can advocate the better diabetes care in our community. We have responsibility to formulate the Position Statement continuously. Nursing Practice Guidelines provide the golden standard for our daily practice as a specialty nurse, we will continue to review and update our nursing practice guidelines periodically.
- **Update seminars for General Nurses**
  Most persons affected by diabetes receive their care in general out-patient clinics or general practitioners clinics in community. Update diabetes management and education course will provide the learning opportunities to nurses in Hong Kong; thus can enhance diabetes care at different settings in our community.

Providing Community Service

- **Diabetes Education Program in Community**
  We will collaborate with other charitable organizations to provide diabetes education program to serve persons affected by diabetes outside Hospital Authority Service.
- **Promoting Healthy lifestyle for diabetes prevention**
  We will participate in community projects to arouse the awareness of diabetes prevention.

Building Cohesion among Members

- **Continuous educational workshop/seminar/visit**
  Interactive educational activities can enhance the understanding among members, and serve as a precious platform to update professional knowledge and share expert experience.
- **Optimization of AHKDN Web Site**
  Electronic platform is an effective and efficient way for communication. We aim to optimize the website in this financial year.
- **Social function**
  We will conduct leisure/ group / team building activities to enrich our social lives among members.

AHKDN belongs to all of us; we believe we can make our dream come true with your support and participation.

Association of Hong Kong Diabetes Nurses Position Statement (1) Diabetes Self-management Education: What and Who

Task Force
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Acknowledgement
Prof Clive CS Cockram, Emeritus Professor of Medicine, The Chinese University of Hong Kong for proof reading and advice to this document.
Diabetes nurses of Hospital Authority Diabetes Centers of AHNH, CMC, KWH, NDH, POH, OLMH, PMH, PWH, PYNEH, QEH, QMH, RHTSK, TKO, TWEH, UCH and YCH for their consensus and support.

WHERE AHKDN STANDS

The Association of Hong Kong Diabetes Nurses (AHKDN) is the leading academic and professional association for diabetes nurses (and educators) in Hong Kong. It is dedicated to maintaining and improving education standards for both professionals and persons affected by diabetes (PADs). Diabetes education is an indispensable facet of diabetes care. The terms *diabetes education* and *diabetes self-management education (DSME)** have been widely used, although sometimes inappropriately. The components are often not clearly defined and standards vary. Confusion may result and rights to quality education forfeited.

AHKDN has developed the following Position Statement to define the scope and standard of diabetes education and the required performance of professional diabetes educators (PDEs), health care professionals (HCPs) and non-health care professionals (non-HCPs). It is expected that this document will provide a framework for authorities, health care settings and professionals as well as PADs. It should facilitate provision and monitoring of diabetes education by all stakeholders and help PADs to accomplish diabetes self-management goals and control over their health.

BACKGROUND

Diabetes is a chronic condition that infiltrates every aspect of life and requires life-long management and monitoring by both HCPs and persons (and families) affected by the condition. Poorly controlled diabetes can lead to multiple serious acute or chronic complications.[1&2] Large controlled clinical trials have demonstrated that intensive treatment reduces related complications and death.[2&3]

Successful management requires resource support from government and a good health care system. It is also dependent upon PADs and their efforts to control the illness. People need to be equipped with the knowledge, skills and ability required to understand the disease state and self-manage diabetes on a day to day basis. DSME is therefore a collaborative, interactive process through which people with diabetes work with their caregivers and diabetes educators in order to gain the knowledge and skills needed for behavioral change and self-management.[4]

*DSME is the term used officially in National Standards for diabetes self-management education and other American Association of Diabetes Educators (AADE) material to refer to the education process for people with diabetes,[5] adopted here to connote such process is used to facilitate self-management as a therapy and part of diabetic treatment.

RECOMMENDATIONS

The recommendations made in this Position Statement are based on the review of current literature on the effectiveness of diabetes education and its components. These include standards and recommendations of diabetes authorities, together with the experience and evaluation of a diabetes self-management education program conducted by AHKDN in 2008.6 The recommendations will address: (I) what are DSME and components? and (II) who should be involved in DSME and what are their roles?

I. What are DSME and Components?

DSME is the cornerstone of successful diabetes care. DSME is not an isolated entity, it is an integral part of management. It has 2 major foci. The first focus is the specific purpose of engaging PADs in treatment process.[7] Therefore components of a DSME program should include:

(1) Status of diabetic control and treatment targets
(2) Treatment modalities and options: diet, exercise, medications and monitoring
(3) Management of diabetes-related risk factors, and of acute and chronic complications

The second focus aims to prepare those affected by diabetes to make informed decisions, cope with the demands of living daily with a complex chronic disease, and make changes in their behavior that support their self-management and improve outcomes.[8] Therefore components of a DSME program should include also:

(4) Self-management issues that are of interest to participants
(5) Management of emotions and barriers arising from living with diabetes
(6) Behavioral change strategies and goal setting
(7) Problem solving
(8) Resources and continuous support

An overall approach which combines these components (1-8) and includes problem solving are found to be effective in improving knowledge, metabolic control and self-management behaviors,[6&9] and should be on-going after completion of initial DSME.

II. Who Should be Involved in DSME and What are their Roles?

Diabetes education and support are most effectively provided by a multidisciplinary diabetes team.[10] Every health care professional of the diabetes team should assume an educator role in the process of caring for PADs under their care. According to the International Diabetes Federation (IDF), personnel chiefly involved in DSME are required to have a sound clinical understanding of diabetes, and to be knowledgeable about teaching and learning methods and diabetes care.[8] The American Association of Diabetes Educators (AADE) Guideline on DSME also holds the position that a PDE is the primary provider of a DSME program and development of the curriculum. S/he is required to be a HCP who has graduated from tertiary courses accredited by the registration boards or professional associations and has attained additional knowledge, skills and expertise in diabetes education and care.[11]

Non-HCPs can also be involved in the process of providing DSME and can work with HCPs. Their importance can be emphasized by the unique contributions of lay health and community workers (also called peer leader or educators in some countries). The central premise is that people with shared experiences, striving to overcome common challenges, have a great deal to offer one another in terms of experience, personal expertise and emotional support. Since diabetes self-

management is an integral part of diabetes management, it is therefore neither safe nor reasonable for non-HCPs to educate PADs on treatment-related self-management aspects in a DSME program or delivering a DSME program on their own. Non-HCPs should however be uniquely placed to collaborate with and be supported by PDEs or other HCPs particularly in community settings. [12]

Three categories of personnel may be distinguished: (i) non-health care professionals; (ii) health care professionals; (iii) professional diabetes educators. Each has distinctive roles and is yet complementary to the others in optimizing PADs' learning self-management of diabetes throughout the whole life-span. Their roles in DSME are delineated as follows:

Category 1: Non-health Care Professionals (Non-HCPs)

(1) Personnel in this category include, but are not limited to, community health care workers, PADs and peer leaders, and social workers who have basic knowledge in diabetes education and management but do not have the level of training of HCPs and PDEs.
(2) Non-HCPs can be involved in practical problem solving, such as giving advice on access to resources, services and DSME program; providing psychological support and educational materials; organizing support groups and activities.
(3) Non-HCPs can be involved in some parts of a DSME program, but they cannot give treatment-related advice or guide people on diabetes treatment-related decisions.
(4) Non-HCPs should declare their status as a non-HCP to people attending DSME or support group programs.
(5) Performance or activities of non-HCPs should be supervised and supported by PDEs or HCPs, and non-HCPs should receive training in core diabetes skills before becoming involved in DSME activities.

Category 2: Health Care Professionals (HCPs)

(6) Health care professionals in this category include, but are not limited to, licensed medical practitioners, registered nurses, registered dieticians, pharmacists and podiatrists.
(7) HCPs are assumed to have an understanding of the overall health status and diabetes of PADs under their care. They should provide knowledge, advice and support related to diabetes management in their respective expert areas and capacity.
(8) HCPs can be involved in practical problem solving and in giving advice and support to PADs as or beyond the scope of performance by Non-HCPs.
(9) There should be reciprocal exchange of information and support among the health care team, non-HCPs and PDEs involved in DSME activities.

Category 3: Professional Diabetes Educators (PDEs)

(10) Personnel in this category include certified diabetes educators and diabetes specialist nurses who must also be qualified health care professionals and have received specialty training in diabetes education and management recognized by AHKDN or equivalent.[13]
(11) PDEs are chiefly involved in and actively engaged in delivering DSME as their principal activity. They apply their special knowledge to provide DSME, and its core components (1-8) above.
(12) PDEs should address diabetes self-management needs in an integrated holistic manner including physical, psychological, social and spiritual aspects as required.
(13) PDEs should incorporate evidence-based contents and strategies to design DSME programs, and conduct evaluation and improvement to ensure the maintenance of standards of DSME.

CONCLUSIONS

DSME is an important process integral to diabetic management and affecting PADs' health and quality of life. By defining the meaning, components and roles of various personnel involved in the DSME process, it is the AHKDN's intention to advocate the most appropriate care and education for the Hong Kong community.

References

1 Huxley R, Barzi F, Woodward M. Excess risk of fatal coronary heart disease associated with diabetes in men and women: meta-analysis of 37 prospective cohort studies. BMJ. 2006; 332:73-78.

2 Diabetes Control and Complications Trial Research Group: The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. New England Journal Medicine. 1993; 329:977-986.

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4 American Association of Diabetes Educators. Position Statement: Implementing the Chronic Care Model. The Diabetes Educators. 2008; 34(3):451-456.

5 Mensing C. Boucher, J, Cypress M. et al. National standards for diabetes self-management education. Diabetes Care. 2007; 30:S96-S103.

6 Kan, E.C.Y., Cheng, W.M.W., Leung, A.Y.S., Mok, M.P.H., Kwan, J.Y.M., and Shiu,A.T.Y. A pilot study to evaluate the education process of an patient empowerment program - A commissioned project by Hospital Authority on patient empowerment for adults with Type 2 Diabetes in the community 2009.

7 WHO-Euro Working Group on Therapeutic Patient Education: Continuing education program for healthcare providers in the field of prevention of chronic disease. 1998: Copenhagen, Denmark.

8 International Diabetes Federation Diabetes Education Consultative Section. International Standards for Diabetes Education, 2nd Ed. (2009)

9 Fan L and Sidani S. Effectiveness of diabetes self-management education intervention elements: a meta-analysis. Canadian Journal of Diabetes. 2009; 33(1): 18-26.

10 Funnell MM, Brown TL, Childs BP, Haas L.B., Hosey G.M., et al., National standards for diabetes self-management education, Diabetes Care 31 (Supplement 1) 2008; S97–S104.

11 AADE (2009) AADE guidelines for the practice of diabetes self-management education and training (DSME/T) The Diabetes Educator. 2009; 35; 85S-107S.

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A Patient Journey experiencing Diabetes Self-Management Education (DSME)

Tammy TY SO (APN, DM Centre, PWH)

Background

According to the Association of Hong Kong Diabetes Nurses(AHKDN) Position Statement (1)[1], diabetes self-management education (DSME) is an essential element in diabetes management. Its components have been well defined into 2 major foci. The first focus (no. 1-3) is engaging persons affected by diabetes(PADs) in the treatment process while the second one (no. 4-8) aims to prepare PADs to make informed decisions, to cope with chronic disease in daily living, and make behavior changes that support their self-management as an on-going process. The eight components of DSME include the followings:

(1) Status of diabetic control and treatment targets
(2) Treatment modalities and options: diet, exercise, medications and monitoring
(3) Management of diabetes-related risk factors, and of acute and chronic complications
(4) Self-management issues that are of interest to participants
(5) Management of emotions and barriers arising from living with diabetes
(6) Behavioral change strategies and goal setting
(7) Problem solving
(8) Resources and continuous support

To deliver DSME, multidisciplinary team approach is an effective way to diabetes education and management[2]. At the AHKDN Position Statement (1), three categories of personnel involving DSME with their distinctive roles have been well delineated. The three categories of personnel are:

Category 1: Non-health care Professionals (Non-HCPs)
Category 2: Health Care professionals (HCPs)
Category 3: Professional Diabetes Educators (PEDs)

In this article, an example of a patient journey is utilized to demonstrate how a PAD experiencing DSME and interact with three categories of personnel in a real life situation from clinical to social support. Hope it would be conceptualized for application.

The Case

- Jacky, Male, aged 52, bus driver, lives with family
- Good past health, Obese with BMI 27.8, Non-smoker and Non-drinker
- No family history of diabetes
- Attended AED as developing an unhealed wound at left big toe for 2 weeks(caused by poor nail cutting) and fever with temperature 38.2°C. Also, he was newly diagnosed type 2 diabetes on admission.

In AED, the doctor told Jacky that apart from infected wound problems, he also had abnormal blood glucose level (18.5mmol/1) and was likely to have diabetes. Further investigations were performed. Upon asking, Jacky was briefed by AED doctor about the nature of diabetes and its association to his poor wound healing. Admission was then arranged. **Comp (1) by Cat 2**

During hospitalization, antibiotic, appropriate wound management and insulin therapy were prescribed. He was referred to see dietitian, diabetes nurse educator and podiatrist for further education on diabetes self-management.
Dietitian: Discussed the treatment modality and option on dietary approach for diabetes and weight management. **Comp (2) by Cat 2-3**
Diabetes Educator: Elaborated all the components at the first focus stated above and use of insulin injection. Further, Jacky's emotion was well addressed on his newly chronic disease diagnosis and supported for equipping self-management in future. **Comp (1-3, 5) by Cat 3**
Podiatrist: Educated a proper wound management, foot care and footwear skills and knowledge. **Comp (4) by Cat 2**
Ward Nurses: Supervised self-injection skills before discharge, reinforced the importance of self-monitoring of blood glucose(SMBG) as well as hypoglycaemic management. **Comp (3-4) by Cat 2**

Jacky and his wife were arranged to review Diabetes Educator after discharge. During subsequent visits, on top of insulin dosage titration, reviewing injection and SMBG skills and elaborated daily self-care issues; diabetes educator discussed the metabolic targets values, management of risk factors, behavioral modification strategies as well as problem solving skills with them. **Comp (1-7) by Cat 3**

With physical conditions stabilized, Jacky and his wife were introduced about the community resources and suggested to join a diabetes patient support group. **Comp (8) by Cat 2/3**

At the patient support group activities, peer leaders, backed by social workers, shared their experience on disease management, striving to overcome common challenges, personal expertise and offered emotional support to participants. **Comp (4-7) by Cat 1**

References

1 Association of Hong Kong Diabetes Nurses. Position Statement (1): Diabetes Self-management Education: What and Who. *AHKDN Document No.1* 2010.
2 Funnell MM, Brown TL, Childs BP, Haas LB, Hosey GM, et al., National standards for diabetes self-management education, Diabetes Care 31 (Supplement 1) 2008; S97-S104.

AHKDN Chat Corner

1. The 2nd AHKDN Annual General Meeting (AGM) -- 19 June 2010





Ms Selina Khor

The theme of our 2nd AGM cum symposium was "Diet & Exercise 營運". More than 90 members and invited guests attended the symposium.

Ms Selina Khor shared her view on "Rainbow behind the diabetic diet" and Mr. Derek Poon shared his experience on "How to give simple but effective exercise description to diabetic patients with complications". All of us were having a fruitful and enjoyable evening.



The 2nd Council of AHKDN (2010-2012)



AHKDN Newsletter Committee Members



Members of AHKDN



Mr. Derek Poon

2. Seminar for AHKDN members — 21 August 2010

Ms Chung Hau Yee and Ms Jo Jo Kwan shared their experience on applying Conversation Map in diabetes education.

3. Educational talks provided to Health Care Professionals

- 27 September 2010 : "Diabetes Health Maintenance" for staffs in commercial pharmacies
- 30 September 2010: "Care for school-child with Type 1 diabetes" for school nurses of English Schools Foundation

4. Diabetes Management Experience Sharing Program — Germany 22-27 January 2011





5. Activities in promoting diabetes awareness and education in community

糖尿病患者研討會 香港會議展覽中心 -- 13 February 2011





糖尿科中心天地：香港糖尿聯會

香港糖尿聯會成立於 1996 年，是香港註冊慈善組織，現有會員超過 8,000 名，當中病友佔 71%，專業醫療人員佔 10%，其餘為病友親屬及公眾人士。聯會的宗旨是為糖尿病患者服務，促進各界人士對糖尿病的認識和關注，期望加強糖尿病的預防和治理。

於 2000 年，香港糖尿聯會正式被接納成為國際糖尿病聯盟 (International Diabetes Federation) 成員，使聯會更具代表性，亦有助聯繫其他國際糖尿組織，加強交流。

工作目標

- 推廣糖尿病相關知識
- 支援糖尿病患者及他們的家人
- 培訓醫護人員
- 為糖尿病患者作喉舌，爭取社會的關心及尊重
- 聯繫本地及國際糖尿組織，促進學術及臨牀經驗的交流
- 鼓勵糖尿病的研究工作，提高醫療水平

服務範圍

- 培訓醫療人員、加強交流
- 舉辦中心活動，例如：太極、瑜伽、毛筆書法等興趣班，為病友紓緩壓力，在控制病情方面具有正面作用。
- 透過病人教育，提升病友的糖尿病知識及護理技巧，例如：由糖尿專科醫生、護士、營養師、足病診療師或運動專家主講的教育講座（主題包括：糖尿病的治療、護理、飲食原則、運動建議等）、體重控制課程、糖尿刊物和影碟。
- 籌辦公眾教育活動，包括：糖尿健步行、健康長跑、社區教育活動、遠離糖尿校園行動
- 教育網頁、提供網上學習
- 設立「糖尿護理研究基金」，透過資助項目，鼓勵進行糖尿病研究工作

活動剪影



▲ 聯會定期主辦培訓課程及學術交流等活動，以提升醫護專業水平。



▲瑜伽班學員藉適量的運動，精神得以鬆弛。



▲烹飪示範讓病友及親屬學習烹調既健康又美味的菜式。



▲聯會定期舉辦免費教育講座。

提供糖尿病併發症檢查服務

（此服務可經註冊西醫轉介或病友會員以書面申請預約）

為幫助糖尿病人及早發現糖尿病併發症，香港糖尿聯會提供一系列的糖尿病併發症檢查服務，檢查包括：微細尿蛋白、免擴張瞳孔眼底照相、量度血壓、體重指標、腳部檢查、糖化血紅素檢驗（自選項目）；而服務更加設個別教育及輔導環節，以提高病友及家屬對糖尿病的護理技巧，加強日常生活中對血糖控制的警覺性。

（此服務承蒙抬轎比賽慈善基金慷慨贊助）





▲免擴張瞳孔眼底照相檢查視網膜有否病變

糖尿病是香港十分普遍的慢性疾病，近年患者的數目更有持續上升及年輕化的趨勢。
聯會呼籲各界人士捐贈或／及成為本會會員。
有關最新的糖尿資訊及聯會詳情，可瀏覽網頁：www.diabetes-hk.org

專業推介

Conference / Seminar	Date	Web-site
71st Scientific Sessions of American Diabetes Association (ADA); San Diego, California	24-28 June 2011	http://www.diabetes.org
1st Asian-Pacific Congress of Diabetes Educator (Taiwan Association of Diabetes Educators); Taipei	9 – 10 July 2011	http://www.apcde2011.org
38th Annual Meeting of American Association of Diabetes Educators (AADE); Las Vegas	3-6 August 2011	http://www.diabeteseducator.org
47th Annual Meeting European Association for the study of diabetes; Lisbon, Portugal	12-16 September 2011	http://www.easd.org
Course	**Date**	**Web-site**
Updated on Diabetes Education & Management (AHKDN)	2011	Enquiry will be announced later
MSc in Endocrinology, Diabetes and Metabolism	August 2011	http://hkfrdd.org/medm1113
Professional Diploma Programme in Diabetes Management and Education DDME (CUHK)	September 2011	http://hkfrdd.org/ddme1112
Activity	**Date**	**Web-site**
胰島素關注大行動	2011	www.facebook.com/insulinHK

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

1. Thoolen, B.J. et al. (2006). Psychological outcomes of patients with screen-detected type 2 diabetes, Diabetes Care, 29: 2257 – 2262.
2. The 7 Habits of Highly Effective People With Diabetes (Stephen R. Covey) http://www.diabetes7.org



AHKDN ANNOUNCEMENT -- UPCOMING EVENT

Association of Hong Kong Diabetes Nurses

Symposium and 3rd AGM

Theme: Our Teeth, Our Health

Speakers of the Guest Lectures:

Dr Martin Gillis & Dr Clive KY Fung

Date: 18th June 2011 (Sat)

Venue: LG1, Lecture Theatre, Ruttonjee Hospital & Tang Shiu Kin Hospital, Wan Chai, Hong Kong.

Time: 1:30 – 5:00 pm

Update on Diabetes Education & Management Course 2011

Date: 8th Sept to 13th Oct, 2011,
(every Thursday evening for 5 sessions)

Venue: LG1, Lecture Theatre, Ruttonjee Hospital & Tang Shiu Kin Hospital, Wan Chai, Hong Kong

The 10 Objectives of AHKDN

1. To act as a professional body representing diabetes nurses in Hong Kong.
2. To promote interests, fraternity and professional growth of diabetes nurses.
3. To promote communication among diabetes nurses and other organizations caring for diabetes patients and their families.
4. To maintain and enhance professional practice standard of diabetes care and education in Hong Kong.
5. To promote a positive professional image of diabetes nurses to the community.
6. To organize conferences, seminars or workshops whether on a global, regional or local basis on subjects relating to diabetes and other chronic diseases.
7. To organize and/or conduct surveys and studies on diabetes and other medical care and education in Hong Kong.
8. To raise money by all lawful means and to solicit, receive and enlist financial and other aid, subscriptions, donations and bequests from individuals, trusts, companies, corporations, associations, societies, institutions and other organizations or authorities, and from Governments, public bodies and to conduct fund-raising campaigns for the purpose of furthering the objects of the Association.
9. To stimulate public interest and provide public education in diabetes and other chronic diseases.
10. To sponsor its members to attend and participate in conferences, seminars, workshops, trainings and other events in Hong Kong or other parts of the world.

New Member Admission Fee and Annual Subscription Fee

Admission fee :

HK$500 (for ordinary member),

HK$250 (for associate/affiliated member)

Annual subscription fee

HK$150 (for ordinary member)

HK$100 (for associate/affiliated member)

Annual due date = 1st day of April every year. If subsequent annual subscription fee is not received by 30th June, the defaulting member is deemed to have resigned from membership of the Association.

Old Member Renewal of Membership

Biennial base after the first year of entry

(please use the membership renewal form)

Qualification of Members

1. **Ordinary Member**

   Any Registered Nurses of the Nursing Board of Hong Kong who has completed diabetes care specialty training recognized by the Association and has been engaged in work related to diabetes care at the time of first application, shall be eligible to apply for an ordinary member . Ordinary member shall have the right to hold office as a Councilor, to vote and to receive notice of all general meetings of the Association..

2. **Associate Member**

   Any Registered / Enrolled / Student Nurses of the Nursing Board of Hong Kong shall be eligible to apply for an associate membership who has the right to receive notice of all general meetings of the Association but have no right to vote or to hold office as a Councilor.

3. **Affiliated Member**

   Any registered medical or paramedical staff who shows interest in diabetes care shall be eligible to apply for an affiliated membership who have the right to receive notice of all general meetings of the Association but have no right to vote or to hold office as a Councilor.

Every candidate for membership of the Association shall be *recommended by at least one Ordinary Member* of the Association. Application for admission must be made in writing signed by the candidate and countersigned by the recommending Ordinary Member and addressed to the Secretary. The Councilors shall have the absolute power to refuse any application for membership without giving any reason therefore.

ASSOCIATION OF HONG KONG DIABETES NURSES LIMITED

For office use:
Membership : _____
Date: _____
Processed by: _____

Membership Application Form

Affix a recent photo here

I hereby apply to be an ❑ Ordinary Member ❑ Associate Member ❑ Affiliated Member of the Association of Hong Kong Diabetes Nurses Limited "AHKDN" pursuant to the Articles of the Association.

Surname:_____ Other name:_____ Chinese name:_____

Correspondence address _____

Tel.:_____(office)_____(mobile) Fax:_____E-mail:_____

(Must fill in item)

Academic/Professional Qualifications *(in chronological order)*

Year Obtained	Academic / Professional Qualifications	Institution

Relevant Experience *(in chronological order)*

Year	Hospital / Institution	Position	Full time / Part time

Photo Release: *I grant to the AHKDN, its representatives and employees the right to take photographs of myself in connection with all AHKDN events. I authorize AHKDN to copyright, use and publish the same in print and/or electronically.*

Disclaimer: *All participants enrolled in activities at AHKDN do so at their own risk and AHKDN is not responsible for any loss, damage or injury to participants as a result of participating in these activities.*

Your application shall be recommended by one ordinary member of our association

Proposer's Name: _____ Signature: _____ Date: _____

I enclosed herewith a crossed cheque of HK$ _____ , Bank: _____ Cheque No.: _____

Signature of Applicant: _____ Date: _____

Please mail the completed application form with a crossed cheque payable to ***"Association of Hong Kong Diabetes Nurses Limited"*** to: Ms Karen Wong, councilor of *AHKDN (2010-2012)* at K.K. Leung Diabetes Centre, Queen Mary Hospital, 2/F, L block, 102, Pokfulam Road, HK.