香港糖尿科護士協會
Association of Hong Kong Diabetes Nurses

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9th NEWSLETTER

編者的話 回顧2013年，AHKDN(以下簡稱協會)擁有着一個活力和動感的一年。協會舉辦了多次專題講座和糖尿科護理課程，又不遺餘力地推動社區的教育工作，舉辦了"糖心路上的點滴"活動，打開了多個糖尿病患者勇敢而美麗的故事給社會人士知道，鼓勵大家積極地面對糖尿病。

同期，會員們更馬不停蹄地研究糖尿科專業教育，經多年來的努力，Philosophy of Diabetes Nursing和Evidence-based Insulin Injection Guidelines 終於誕生！今期刊物會為大家介紹當中背景和生產的經過，盼望給予同業們在臨床工作上作為指引。還有兩篇文章是會員在海外交流後，分享他們的學習心得。

盼望在2014年協會努力工作，繼續推動本地糖尿科服務！

Philosophy of Diabetes Nursing

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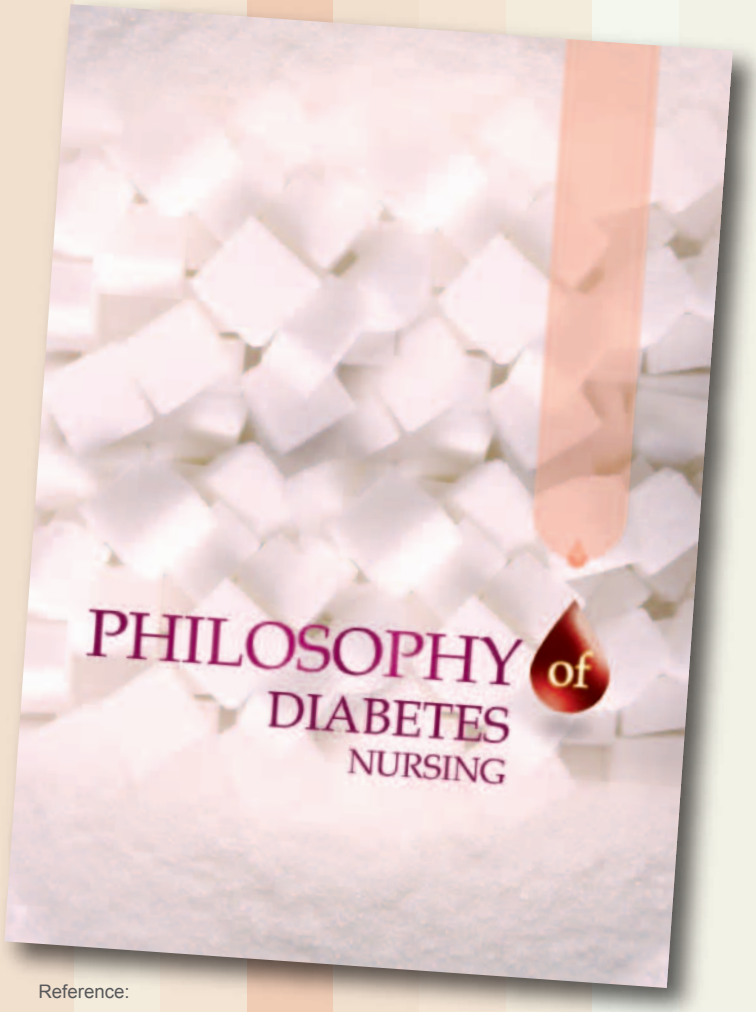
Philosophy is for everyone, it is the soul, and it underpins our practice. Although most of us may be vague about what philosophy is, we all engage in philosophy whether we are aware of it or not. Literally the term *philosophy* is derived from the Greek words *philos* ("loving") and *sophia* ("wisdom"), and it means "the love of wisdom."

Nursing philosophies set forth the general meaning of nursing and nursing phenomena through reasoning and logical presentation of ideas (Alligood, 2005). They are broad statements of values and beliefs that propose general ideas about what is nursing, what nursing concerns are, and how the profession of nursing addresses its moral obligation to society (Alligood 2006).

In 1989, a group of diabetes nurses had laid down their first philosophy in diabetes nursing to guide curriculum development for the first local diabetes nurse training. In line with the four metaparadigms basic to nursing, we had defined our values and views in **Man, Environment, Health, Diabetes Nurse** and **Diabetes Nursing**.

As our world views have been moving from mechanistic, through holistic and now towards an ecological perspective over the two decades, the group met again in 2012 to apprise these views. The process of reviewing the philosophy started with the task group *Clinical Consultative Work Group (CCWG) of the AHKDN* meeting in April 2012 to confirm the task. Then all local experienced diabetes nurses were invited to join into 4 groups led by the CCWG members. Thirty-two nurses participated, and each was supplied with relevant literature on the four metaparadigms by nursing philosophers and leaders as well as philosophy and approaches important to diabetes education. They were asked to revisit the literature, scrutinize and develop their own belief statements under each paradigm and discuss their thoughts in 2 sub- group meetings between April and June. Then, all drafts were combined, debated and read in one Specialty Advisory Group (HA) meeting in June 2012. Finally, after proof reading and minor refinement of wordings by our professional advisors, the document was published in 2013. In essence, our philosophy addresses questions of: *What is human being; What is the role of environment and diabetes nurse? and What is the nature and purpose of diabetes nursing practice?*

I am glad to see our group's effort in producing this important document. Please refer to website http://www.ahkdn.com to share our views.



Reference:

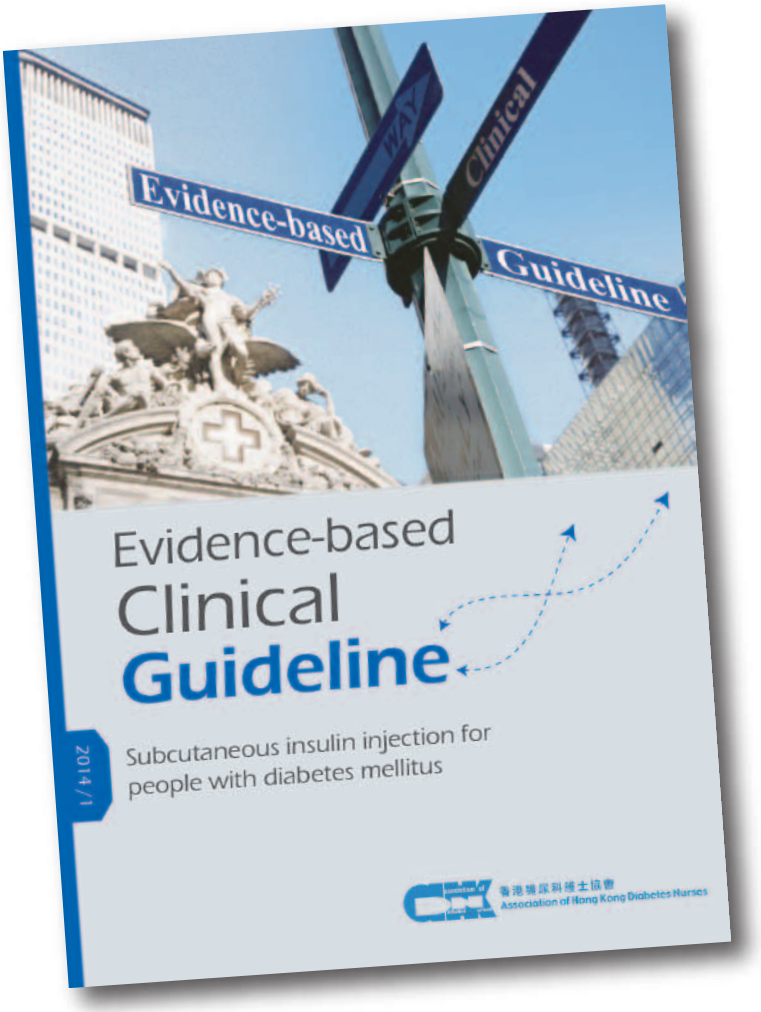
Alligood, M.R. (2005). Nursing theory: The basis for professional nursing practice. In K. K. Chitty (Ed.), *Professional nursing: Concepts & challenges* (4th ed., ppl 271-298). Philadelphia: Saunders.

Alligood M. R. (2006). Philosophies, models, and theories: Critical thinking structures. In M.R. Alligood (Ed.), *Nursing theory: Utilization and application* (3rd ed., pp43-65).

Evidence –based clinical guideline

Subcutaneous insulin injection for people with diabetes mellitus

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With the increase in the incidence of diabetes and the pattern towards using insulin therapies earlier on in the progression of the disease. Healthcare professionals always administer and teach patients and their care providers to inject insulin. Injection technique is an important part of insulin therapy and is highly operator-dependent. The absorption and action of insulin can be negatively affected by poor injection technique. Providing evidence-based practice on insulin injection is of upmost importance to ensure quality and safe clinical service. However, there has been no existence of clinical guidelines on insulin injection in Hong Kong. In addition, the advice and guidance that was given to people with diabetes for injection techniques varied considerably from place to place and were not evidence-based.

Guideline development

Against this background, a work group was set up within the Association of Hong Kong Diabetes Nurses in 2011. This work group consists of the following nurses: Annie Leung, Yan Chai Hospital; Eva Kan, Queen Elizabeth Hospital; Maisy Mok, United Christian Hospital; Sarita Chan, Princess Margaret Hospital; Lee Kar Bik (in our memory), Queen Mary Hospital and an advisor Dr. Ann Shiu. As a basis for developing the recommendations set forth in the guideline, the workgroup addressed six research questions relevant to the clinical practice:

1. How should insulin injections be prepared?
2. Which sites should be used for insulin injection?
3. What should be the appropriate needle length?
4. How should insulin injection be performed?
5. How should insulin preparations, insulin pens and pre-drawn syringes be stored?
6. How should lipohypertrophy and lipoatrophy be managed?

Method

A comprehensive literature review was started by the guideline development members. Related research studies, journal articles, guidelines, and other documents relating to the subcutaneous insulin injection and best practice guidelines in insulin injection published by professional organizations between 1980 to 2012 were included. It was revealed that many studies before 1980 were performed with injection tools no longer in use in Hong Kong and were excluded from the result, with one exception (Koivsto & Felig 1978) that had studied skin bacteria (as alcohol swab is still in use).

Each guideline development committee member was held responsible for examining one to two research question(s) and studying relevant literature to develop recommendations. The members as a whole reviewed the recommendations, discussed gaps, available evidence, and came to consensus in a first draft guideline by 2012.

The draft was then discussed and refined in eight meetings where the research questions, recommendations and their substantiating evidence were considered and modified based on consensus of all members. The content of the guideline was confirmed by the Committee by February 2013.

The evidence-based clinical guideline put forth in this document is the result of the process. Evidence was graded according to a grading method, which included I, II, III scales for scientific support and ABC scale for the strength of recommendation: I – At least one randomized controlled study, II – At least one non-randomized study, III - Consensus expert opinion (including e.g. case reports, case series) based on extensive patient experience; A - Strongly recommended, B- Recommended, C - Unresolved issue. The grade for each of the guideline statements is indicated at the end of each statement together with respective citations.

Hearing Meetings

A series of three hearing meetings were held in March and April 2013, for an iterative process of discussion, debate and validation. The draft guideline was presented for review to a panel of fifteen local diabetes nurses; all of whom are experienced clinicians from various hospitals/ clinics. The panel was asked to review the recommendations and the literature provided within one month. A worksheet was also designed to facilitate discussion. Each recommendation was modified if necessary. Recommendations were considered legitimate based on ≥80% panel consensus. The level of evidence and its strength were assessed by all panel members together to ensure reproducibility. The guideline was finalized after consensus approval reached by the board of experts.

Conclusion

The Evidence-based clinical guideline – Subcutaneous insulin injection for people with diabetes mellitus was developed to promote best practice in insulin injection technique and would assist nurses who are not specialists in diabetes care to administer insulin accurately and safely.

IDF-WPR Asia-Pacific

Diabetes, Epidemiology and Education Training Course (ADPEC 2013)

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The Global Burden of Diabetes

Diabetes is a huge and growing problem, causing 5.1 million deaths in 2013. Every six seconds a person dies from diabetes (IDF, 2013). Today, there are 382 million people living with diabetes, a further 316 million with impaired glucose tolerance are at high risk from the disease, contributing an alarm number that is set to reach 592 million in less than 25 years. Further, 175 million of people currently undiagnosed (IDF, 2013)

How about the Western Pacific Region?

Diabetes is increasing all over the world, especially in Asian countries undergoing rapid socioeconomic changes. The Western Pacific region is home to 36% of the total number of people with diabetes in the world (IDF, 2013). To meet this challenge, clinical research personnel and diabetes educators are needed to improve their understanding of this complex disease in order to control this epidemic and improve the quality of life of people with diabetes.

IDF-WPR Asia-Pacific Diabetes, Epidemiology and Education Training Course (ADPEC 2013)

The IDF-WPR Asia-Pacific Diabetes, Epidemiology and Education Training Course (ADPEC 2013) was organized by Korean Diabetes Association and held from 25 to 30 August 2013 at Hoam Faculty House, Seoul National University, Korea.

A total of 37 participants, including doctors, diabetes educators and dietitians, from different Western-Pacific Region member countries sat for the course. I am very lucky to be one of them.

Aims

The purpose of the course was to provide a good knowledge about diabetes, epidemiology and statistics and an understanding of research methodologies to implementing effective diabetes education.

Training Program

The highlights of the course included five days intensive lectures, group discussion & group presentation. The lectures covered epidemiology on diabetes; etiology and genetics of diabetes; definition, classification and screening for pre-diabetes and diabetes; statistics for diabetes research; different study designs; ethical issues; education for self-diabetes management; study designs for diabetic complications and how to prepare and write good research paper.

Expert Leaders



The expert tutors came from different countries. Thirty seven participants were divided into 6 groups with 3 experienced tutors in each group leading us on group discussion and to complete the group project.

Group Presentation

To enable the participants to put the theory into practice, each group had to prepare a 20 minutes presentation on what we had learnt on the last day of the program.

Our group members came from Brunei, Japan, Korea, Cambodia, Malaysia as well as me from Hong Kong.

The topic of our group presentation was 'The effectiveness of lifestyle modification on the conversion of impaired fasting glucose to diabetes in metabolic syndrome'.

We discussed and shared group work among each other. On day of presentation, we were extremely scared when presenting on the stage and received challenges from the experts. Luckily, group members supported each other and amazingly our group was award a worthy souvenir for the second highest marks in group presentation. We witnessed continued success in our group presentation.



Apart from the intensive training, the tutors, speakers and all participants joined the open-air barbecue in the evening. We were not only sharing our experiences on diabetes management but also the landmarks in our own countries and encouraged to visit each other.





What a wonderful time to have great food, meet the great friends in a leisure environment!

Eventually, the course was finished after group photo taking.

Throughout the program, we had not only learnt from the expert tutors but also met new friends from other countries. To conclude, heartfelt thanks the 2013 ADPEC's excellent scientific program made my visit fruitful.



Reference: International Diabetes Federation (2013) IDF Diabetes Atlas-Six edition

Reflection on

"IDF 2013 Melbourne World Diabetes Congress"

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FHKAN(Medicine-Diabetes), BN, RM, RN
NO(MED), PYNEH





IDF 2013 Melbourne World Diabetes Congress dated 2nd to 6th December 2013 was a well organized programme that gave me a non-replaceable experience in learning updated knowledge in diabetes care and arrangement of great education event.

After a long over 8 hours flight from Hong Kong at 1st December 2013, we had good rest afterward. Such good rest was very important as we needed to face a very fruitful and intensive organized congress.



Organizer had made an impressive arrangement that we would find the congress as a marvelous learning buffet to serve different fields including nurses, doctors and other professional. We all find the attendance worthwhile as we could gain different walks of information according to our own individual background and interest.

There were seven themes in different venues for everyday programme: Basic and Clinical science, Diabetes in indigenous Peoples, Diabetes Research in the 20th Century: A Historical Perspectives, Education and Integrated Care, Global Challenges in Health, Living with Diabetes, Public Health and Epidemiology.

After reading such manual, all of us would have choice difficulties. However, the organizing committee showed their great concern and provided loaded USB for useful information and IDF guidelines. We got the great feeling that it was a wonderful buffet that could allow taking away.

As a diabetes nurse, my major interest was education. After the congress, we learned an important element of patient education as understanding. "WALK the TALK" was a new advocated characteristic of this congress and exercise training also provided. Exercise prescription and encouragement were bread and butter for our daily patient education and daily exercise during the congress period allow us to understand patient difficulties more.

Learning from patients was the most impressive part of the congress. One of the speakers himself was a Type 1 diabetes patient who shared his experience for ice mountain hiking. His preparation and dealing with hypoglycaemic attack gave us treasurable information for patient education that was much more than book stuffs learning.

Diet control was deep in our mind for patient teaching. However, after listening to a girl with Type 1 diabetes to share her dream and desire for eating candies that reminded us individual care plan was essential to meet patient needs. Family support was a very important element for successful outcome and hence parent education could not be neglected in our daily education.

Hypoglycaemia was a scaring experience that new medication like Sodium glucose co-transporter 2 (SGLT2) would be a choice of oral medication that controlled blood glucose level with a lower risk of hypoglycaemia. Update information of medication was very important for patient management that would improve drug compliance as well as glycaemic control.

Meeting individual need was not only important for patients but also health carers. Six days intensive congress was not easy for individual without mutual support. Time management was important that our group of six met every morning for breakfast and discuss which subjects we interested in order to gain the most from the conference. This was the most useful alarm clock to give us initiative to leave our comfortable hotel beds. In order to gain the best from different seminars and booth exhibition, organization provided free WiFi service for us to keep close contact via WhatsApp and such group allowed friendship and support including Christmas greeting after back to Hong Kong.

In this study trip, the most impressive gain was allowing me to gain different practical update knowledge from professional bodies teaching and experience advice as well as patients viewpoints sharing. This allowed me to gain new insight for tailor made individualized patient education.



Activities review

12th

Educational Seminar held on
14th September, 2013
at Eaton Hotel



"How to educate diabetic patients with depression, anxiety & advanced complications"

delivered by
Prof. Lee Wing Ho, Peter



"Diabetic complications in the eye and advances in management"

delivered by
Dr Marten Brelen



"Forum of hyoglycemia management"

delivered by
Ms Maisy Mok



"Impact of hyoglycemia in diabetes management"

delivered by
Dr YC Woo

13th

Educational Seminar held on
5th October 2013
at Eaton Hotel

14th

Educational Seminar held on
16th November 2013
at Cityview Hotel



"Achieving glycaemic goals: an individualized treatment"

delivered by
Dr Jenny Leung



Case discussion: Practical Use of Insulin in Type 2 Diabetic Patients

delivered by
Dr Choi Cheung Hei

Workshop:

16 members joined “Dialogue in the Dark” on 23rd Nov., 2013. All the participants had a fresh and good experience to learn communication and team collaboration.











"Update on Diabetes management 2013" held on September to November, 2013 for consecutive 7 lectures.

102 nurses joined the course to refresh and update the trend for Diabetes management and care.

Professional Promote

Conference/Seminar	Date	Web-site
74th Scientific Sessions of American Diabetes Association (ADA); San Francisco, California	13 - 17 June 2014	http://www.diabetes.org
Annual Meeting & Exhibition, American Association of Diabetes Educators (AADE); Orlando, Florida	6 – 9 August 2014	http://www.diabeteseducator.org
50th Annual Meeting of the European Association For The Study of Diabetes; Vienna, Austria	15 - 19 September 2014	http://www.easd.org
10th IDF-WPR Congress 2014, Suntec Singapore	21 – 24 November 2014	http://www.idfwpr2014.org

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

Rotenstein, LS; Kozak, BM; Shivers, JP; Yarchoan, M; Close, J & Close, KL (2012) The Ideal Diabetes Therapy: What Will It Look Like? How Close Are We? Clinical Diabetes, 30: 44-53.

將軍澳醫院
糖尿科中心服務

羅展珊
(糖尿科資深護師)
將軍澳醫院



將軍澳醫院之「糖尿坊」服務始於2000年9月，為院內各科住院及門診之糖尿病人提供專業及周詳的治療及護理。初期由內科門診及日間醫療中心安排部份護理人手協助糖尿科醫生為需要注射胰島素之糖尿病人提供「糖尿綜合服務」。至2001年，開始提供更全面的糖尿治療與護理服務，包括「糖尿併發症評估」，以透過定期評估及早發現併發症，為患者提供適當治療及轉介。而「糖尿科護士診所」則提供護理教育，讓患者提昇自我照顧能力以及生活模式改變的技巧等。

除為本院提供各項與糖尿治療及護理有關之服務外，我們亦致力在社區的層面推行糖尿服務，於2008年8月至2010年間，相繼與本院轄下之普通科門診診所及區內之私營家庭醫生合作，為其糖尿病人提供「糖尿併發症評估」；亦於普通科門診診所推行「社區綜合糖尿服務」，為病情控制欠理想之糖尿病人提供適切之專科診症及治療、糖尿護理教育及飲食指導等。隨著服務的擴充，「糖尿坊」於2012年3月遷往日間醫療大樓4樓，並改名為「糖尿科中心」，為患者提供一個更舒適的診症環境。



將軍澳醫院　糖尿科中心醫療專業團隊

ANNOUNCEMENT

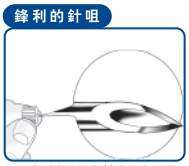
Coming soon
6th Annual Symposium & AGM, AHKDN

- Date : 28th June 2014 (Saturday)
- Time : 2:30 – 6:00pm
- Venue : Citywalk hotel

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