

Diabetes Care

Discussing diabetes management

- Is diabetes a serious problem in your country?
- What are your experiences of dealing with patients with diabetes?
- What do you think is happening in the picture?

Read the following conversation between Mrs. Kim, a diabetic patient, and Susan, the Diabetic Clinic Nurse, and answer the following questions.

Susan: Good morning, Mrs. Kim. My name's Susan. I'll be working out your diabetes management plan with you today.

Mrs. Kim: Hello, Susan. Pleased to meet you.

Susan: Come on through to the clinic. This is your first visit here, isn't it?

Mrs. Kim: Yes, it's my first time at this clinic. I was in hospital last week and they referred me here after I was discharged. I'd had a few problems controlling my diabetes at home.

Susan: Oh dear, that's a shame, but I'm sure we'll be able to sort something out today. The main purpose of your visit here today is to develop a Personal Care Plan for you. I'd like to fill you in about the way we work here, as you may not be familiar with Primary Care Team.

Mrs. Kim: Oh, no. I've never heard of that. How is it different from what I did before?

Susan: The main difference is that we are building what we call a Practice Team between us here at the diabetic clinic, your local doctor and, most importantly, you.

Mrs. Kim: Oh, yes, that is a bit different. My local doctor was the only person who looked after me before I started at the Diabetic Clinic.

Susan: My job is to ensure that there is a good communication network set up so that we can keep track of any changes in your diabetes before they become a problem.

Mrs. Kim: That would be good. If only I'd known about this before, maybe I could've avoided the last hospital admission. I was doing so well and then I just seemed to go downhill fast.

Susan: Yes, that would be frustrating. What happened?

Mrs. Kim: Well, I got very run down and I didn't watch my diet.

Susan: Well, these things can happen.

Mrs. Kim: Yes, well, I ended up in hospital because I couldn't control my blood sugar level at home.

Susan: I see. Well, let's have a look at your routine at home. Can I ask you a few questions?

Mrs. Kim: Sure.

- What is the main purpose of Mrs. Kim's visit?
- Who looked after her before she started at the Diabetic clinic?
- Why was she in hospital last week?

Basing from the conversation above, mark the following statements if it's true or false.

- The Diabetic Clinic referred Mrs. Kim to the hospital.
- She no longer requires a Personal Care Plan.
- The primary Care Team is a network of the Diabetic Clinic, the local doctor and the patient.

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Look at the rest of the conversations and complete Susan's questions.

Susan: (1) _____ do you see your local doctor?

Mrs. Kim: I see her at least once a month for a checkup.

Susan: (2) _____ do you check your BSLs, your blood sugar levels?

Mrs. Kim: At the moment I check before meals and just before I go to bed.

Susan: Do you find it easy to use the glucometer?

Mrs. Kim: It's easy now. I can manage it quite well. My GP showed me how to use it.

Susan: That's good. I know what you mean; they are a bit difficult at first. (3) _____ do you have a urine test to check your kidney function?

Mrs. Kim: Once a year. I have it all done at once. I have the urine test, the eye exam to check for retinal damage and my feet examined for nerve or circulation problems. I did have some eye problems a while back and my feet have been bothering me lately.

Susan: Oh, that's a pity. Unfortunately, diabetes management isn't just about sugar control. There are quite a few things which need to be checked as well. (4) _____ have any hypos? I mean any hypoglycemic attacks?

Mrs. Kim: Only occasionally. It usually happens if I skip too many meals.

Susan: It is very important to eat on time. (5) _____ go to the podiatrist to have your nails cut?

Mrs. Kim: Yes, I do now. I used to try to do it myself but I got a nasty infection.

Susan: Oh, that's not so good. I'm glad you go to the podiatrist now.

Communication focus: giving advice sensitively.

Mr. Harry Williams, a 68 year-old insulin dependent diabetic, has lived on his own since his wife died five years ago. He is overweight and rarely does any exercise. He used to like walking along the beach with his wife but hardly ever goes to the beach now. He has become very careless about eating regular meals and as a result, his blood sugar levels are not stable. He used to have one or two glasses of beer every night but recently his intake has increased. He also smokes about two packets of cigarettes a week. Mr. Williams has come to the Diabetic Clinic to discuss lifestyle and nutritional changes.

Discuss the following questions.

- What simple but significant changes should Mr. Williams make to his lifestyle?
- What is your experience of persuading elderly patients to change their lifestyle?
- What strategies have you found to be the most successful?

Read the conversation between Mr. Williams and Marta, the Ward Nurse, and see how many of your ideas about lifestyle changes are mentioned.

Marta: Hello, Mr. Williams. Good to see you again.

Mr. Williams: Hello, Marta.

Marta: I'd like to talk to you today about lifestyle and nutrition. You'll have to make some major lifestyle changes if you're going to avoid nasty complications of diabetes.

Mr. Williams: All right. I know I haven't been looking after my health lately. I've put on a bit of weight.

Marta: How many meals a day do you eat?

Mr. Williams: It depends. Sometimes I skip meals. I just can't be bothered.

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Marta: Yeah, I know it must be difficult for you, but it's important that you eat small, regular meals. You need to reduce your intake of saturated fats. Try to make sure you include carbohydrates in each meal.

Mr. Williams: Oh, I know. My daughter is always on about that, too. I bet I know what the next question is.

Marta: Ok, it's about weight control. You really should keep a close eye on your weight. How often do you exercise?

Mr. Williams: Not enough these days. I used to walk along the beach with my wife.

Marta: You told me last time that you'd stopped. Could you try to include some physical activity in your daily routine? It would be a good idea to get back to walking along the beach again.

Mr. Williams: Yes, I suppose so. All right. I'll make an effort to do that. Any other changes?

Marta: Yes, I've just got a couple more. What's your alcohol intake like? How many drinks do you have per week?

Mr. Williams: I used to have a couple of beers in the evening, but I have been having a few more these days.

Marta: Well, look, alcohol in moderation isn't normally a problem. It can be a problem for diabetics, though. You must keep a close eye on your alcohol intake because it can affect your insulin dose.

Mr. Williams: Oh, all right. I'll keep an eye on it, as you say. Otherwise, it creeps up on you, doesn't it?

Marta: Yes, it does. Last question, it's an important one. How many cigarettes are you smoking at the moment?

Mr. Williams: A couple of packs a week. I know, I know. I'm trying to give up.

Marta: Good for you. It is hard but it is important to stop smoking if you want to avoid circulation problems.

Mr. Williams: I certainly don't want anything like that.

Marta: It's quite hard to quit on your own. You might like to speak to your doctor about some nicotine patches.

Mr. Williams: Thanks, I'll keep that in mind.

Basing from the conversation above, complete the following sentences.

- 1.) You _____ make some major lifestyle changes if you're going to avoid nasty complications of diabetes.
- 2.) You _____ reduce your intake of saturated fats.
- 3.) _____ make sure you include carbohydrates in each meal.
- 4.) You _____ keep a close eye on your alcohol intake because it can affect your insulin dose.
- 5.) You really _____ keep a close eye on your weight.
- 6.) It would be _____ to get back to walking along the beach again.
- 7.) It is _____ stop smoking if you want to avoid circulation problems.
- 8.) You _____ speak to your doctor about some nicotine patches.

Discuss the following questions.

- What strategies have you used to give advice sensitively?
- What successes have you had?
- Why might patients reject your advice?

Marta uses several strategies for giving advice sensitively. Match strategies (1-7) to the expressions from the dialogue (a-g).

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| 1.) Justify advice | a.) Could you try to include.... |
| 2.) Involve the patient in decisions | b.) It can be a problem for diabetics.... |
| 3.) Acknowledge that something maybe difficult to achieve | c.) You must keep a close eye on.. |
| 4.) Be firm but non-aggressive | d.) I know it must be difficult for you |

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- 5.) Use impersonal statements, which are less threatening
 - 6.) Personalize the information
 - 7.) Put the responsibility of the outcome on the patient if the advice is not taken, in a firm but supportive tone.
- e.) it is important to stop smoking if you want to avoid..
 - f.) It would be a good idea to get back to walking along The beach again
 - g.) You'll have to If you're going to avoid..