



Welcome to your new reality - you have diabetes this week!

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Presenter Disclosure

- Presenter: Judith Manson
- Relationships with commercial interests:
 - Grants/Research Support: none
 - Speakers Bureau/Honoraria: none
 - Consulting Fees: none



Disclosure of Commercial Support

- This program has not received financial support from any organization
- This program has not received in-kind support from any organization
- **Judith Manson** has not received any payment/funding from any organization
- No products will be discussed in this program

Mitigating Potential Bias

Judith Manson

- Not applicable



Presenter Disclosure

- Presenter: Leigh Caplan
- Relationships with commercial interests:
 - Grants/Research Support: none
 - Speakers Bureau: Becton Dickinson and Company
 - Consulting Fees: none



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Mitigating Potential Bias

Leigh Caplan

- No products will be discussed in this presentation



Outline

- Objectives
- Background
- Educational strategies
- Program
 - Description
 - Implementation
- Evaluation
- How to get started at your locale...



Objectives

By the end of the session, participants will be able to:

- Describe an innovative educational process to understand the patient experience of living with a chronic condition.
- Reflect on their own clinical practice related to working with patients with diabetes.
- Explore the possibility of implementing this program in their own clinical setting.



What we know...

In Canada...

the rates of Type 2 Diabetes are increasing...

- It is estimated that 3.4 million Canadians have diabetes
- It is predicted that this number will reach 5.7 million by 2025
- This represents a 44% increase in the prevalence of diabetes

the cost implications for the health care system are huge...

- It is estimated that the cost of diabetes is \$14 billion/year
- It is estimated that this will increase to \$17.4 billion by 2025

Diabetes Charter for Canada, CDA 2015



What we know continued ...

Interprofessional team care has been associated with improved self care; the foundation of successful diabetes management
(*Clinical Practice Guidelines, CDA 2013*)

Empathy in health care providers is associated with improved clinical outcomes (Canale, Stefano Del MD, PhD; et al *Academic Medicine*: [September 2012 - Volume 87 - Issue 9 - p 1243-1249](#) *The Relationship Between Physician Empathy and Disease Complications: An Empirical Study of Primary Care Physicians and Their Diabetic Patients in Parma, Italy*)

Our academic family health team is committed to exposing all health care learners to opportunities to learn about the roles of all members of the team including the patient

Concrete experience, followed by reflective observation may assist the learner to develop new knowledge and approaches to care (*Kolb's Experiential Learning Cycle*)



What we wondered...

If exposing health care providers and learners to the tasks involved in the day-to-day management of diabetes through a simulation/patient experience program would ...

- increase their understanding of the complexity, demands and time associated with self-management
- increase their empathy
- change their practice, attitude and approach to working with patients with diabetes



What we did ...

The interprofessional team including family medicine residents, faculty physicians, nurses, pharmacists, social worker, OT, and support staff were offered an opportunity to live with diabetes for a week.

Learning objectives were developed and the nurse educators and dietitian provided the participants with a health history and scenario entitled "Welcome to Your New Reality".



Educational Strategies

- Adult learners
- Lived experience (concrete experience)
- Debriefing/sharing (reflective observation)
- Reflection (abstract conceptualization)
- Lessons learned →→→ practice (active experimentation)
- Mentors



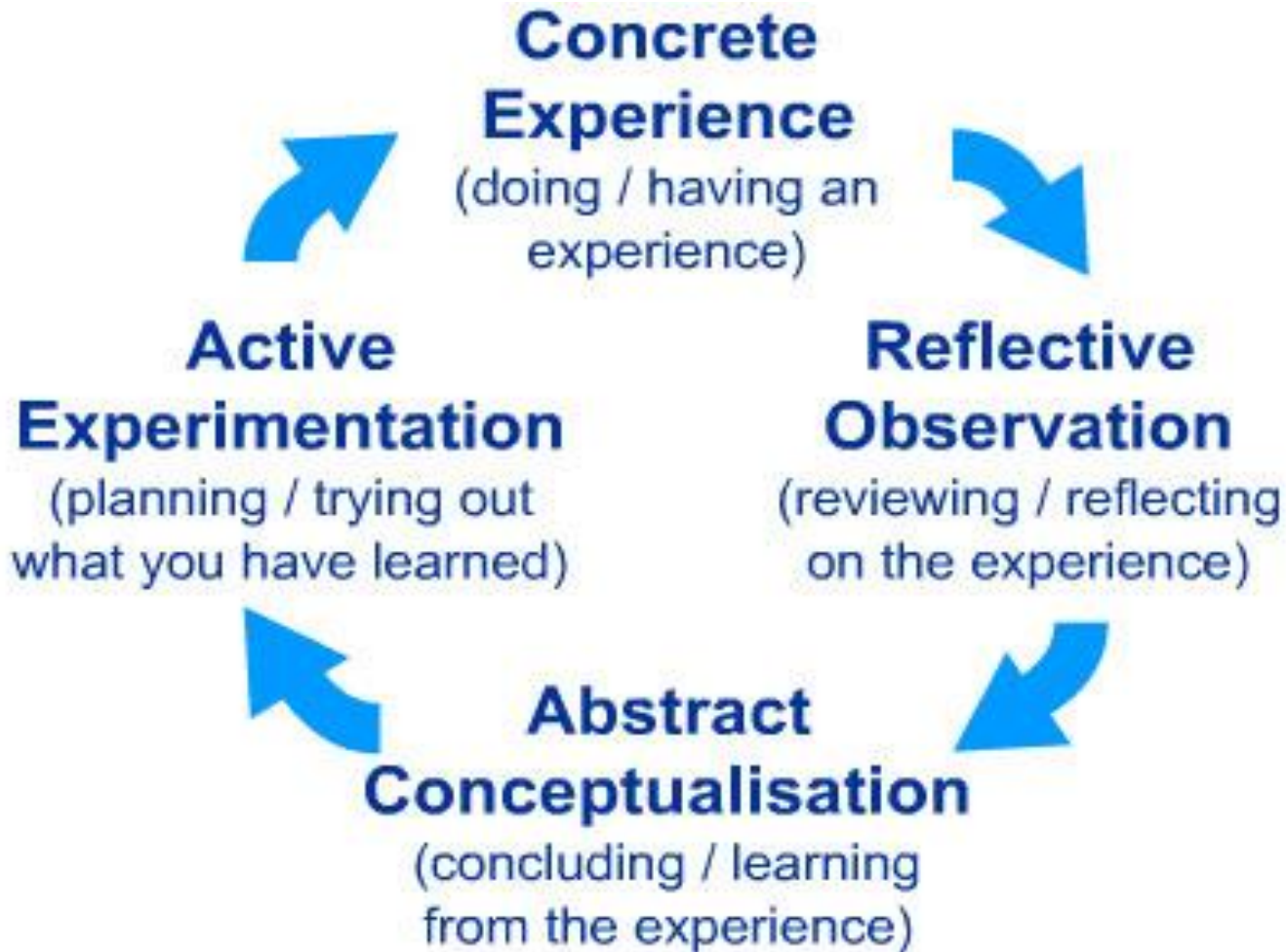
Adult learners are...

- ✓ Self directed and self regulated
- ✓ Intrinsically motivated to learn
- ✓ Have previous knowledge and experience
- ✓ Have mental models which guide behaviour

*Zigmont, J et al Seminars in Perinatology, Vol 35, Issue 2, April 2011 p 47-51
Theoretical Foundations of Learning Through Simulation*



Kolb's Learning Model





What we did ...

Through the course of the week, participants progressed through ~ 8 years of living with diabetes. Self glucose monitoring, insulin "dry" injections, paging the participant informing them they were experiencing low blood sugar and medication changes were all part of the program.

The team and participants met every morning to debrief experiences, consider how they would counsel patients in a similar situation and to provide new scenarios and challenges.



Objectives for the week ...

- Understand the 3 tools used to manage diabetes
- Identify the complexity of tasks required in the daily management of type 2 diabetes
- Identify the challenges people with chronic health conditions face



Day 1

- Review of objectives
- Personal history with diabetes
- Health history and scenario
- What would you do as a clinician?
- Plan for today ...
 - Change of meds
 - Metering
 - Food record
- Manage new scenario
- Paged with low BS





Day 1 continued ...



Health history

- 58 years old
- Type 2 X 5 years
- BMI 29
- Family Hx
 - father D CV disease, 85 years
 - mother A Type 2 diagnosed at 75 years
- Medications: ACE inhibitor, Metformin 500 mg BID
- Activity: managing the remote
- Eats out with job 3-4 times/week

Day 2

- Debrief
 - Food record with dietitian
 - Medication challenges
 - Meter results
- New Reality
 - 3 month visit
 - A1C 0.094
 - B/P 135/90
 - FBG 8.3 mmol/L
 - Spilling protein in urine
 - Log book and food record
- What would you do as a clinician?
- Plan for today ...
 - Change of meds - complexity ↑
 - ? Insulin ?
 - Metering - ↑ frequency
 - Food record - portion measuring
 - Activity - 150 minutes...
- Manage new scenario





Log Book

Date	FBS	2 hrs pc	Before lunch	2hrs pc	Before dinner	2 hrs pc	Before bed	Comments
Mon	7.8					15.1		
Tues	9.5					8.7		
Wed	6.8				9.9	12.4		
Thur	7.5					9.6		
Fri	8.1					9.8		
Sat	8.4				8.4	10.1		
Sun	9.8	3.2				11.7		
Mon	10.2							



Meal plan

Thursday	Saturday	Monday
1cup Mini Wheats cereal with 1 cup skim milk	No breakfast Skips medication	Banana Coffee with 2 tsp sugar
Salad - greens, cucumber, red pepper onions 1 tbsp vinaigrette dressing 4 ounces chicken breast - no skin Diet sprite	Sandwich - 2 slices rye bread, tuna $\frac{1}{2}$ cup 1Tbsp mayo, lettuce tomato Peach 1 small fat free yogurt (175g)	1 cup quinoa salad with leftover veggies 1 small fruit flavoured yogurt
2 chocolate chip cookies		apple
Grilled salmon 1 medium sweet potato with 1Tbsp butter and chives Grilled asparagus Carrots and cucumber	6 ounces steak Roasted broccoli Salad (greens) 1 tbsp raspberry vinaigrette dressing	1 $\frac{1}{2}$ cups of pasta Fresh tomatoes 2 Tbsp olive oil, fresh basil 1 Tbsp grated parmesan Green salad with oil and vinegar
Apple with handful of almonds	Small bowl of maple walnut ice cream	

Day 3

- On your own... open your envelope
- Your new reality
 - You recently saw your physician. It has been 1 year since your last visit. (the discussion of insulin scared you, so you avoided your physician's office)
 - Recent lab work
 - A1C 0.09,
 - Fasting BG 7.8 mmol/L
 - LDL 1.9
 - B/P 142/92
- Plan for today...
 - Medication - addition of a new BP medication
 - Metering ↓ frequency
 - Insulin added at bedtime
 - Food record - estimating CHO's
- Managing new scenario





Day 4

Debrief

- Day 2 and day 3 experiences with the team
 - Food record using Just the Basic and point system
 - Medication challenges including starting insulin
 - Meter results

New Reality

- 5 months since your last visit
- A1C 0.078
- B/P 130/74
- FBG 4.3 mmol/L



Day 4 continued ...

- What would you do as a clinician?
- Plan for today ...
 - Change of meds - complexity ↑ and get rid of 1 oral medication
 - Add insulin before meals
 - Metering - ↑ frequency
 - Food record - focus on supper
 - Activity - 150 minutes...
- Manage new scenario



Day 5

Debrief

- Day 4 experiences
 - Food record focusing on supper only
 - Medication challenges including 4 insulin injections
 - Waking at 3am to test your blood glucose
 - Meter results
 - Overall thoughts of the experience
 - Evaluation



Evaluation

- "Very realistic "truly felt like I walked in shoes of someone living with diabetes"
- "I think using the meter, insulin pens etc made it that much more realistic"
- "Actively carrying out tasks vs didactic only learning"
- "Eye opening as to what it means to live day to day with a chronic condition"
- "How much new knowledge I gained about diabetes as an MD"
- "I think I will better appreciate what I am asking of patients to do and the challenges it poses. I think I will better understand when patients don't follow recommendations"
- "Much more empathetic"



Evaluation continued ...

"I now know what a big deal it is to have diabetes"

"It felt so real"

"I think all staff members should experience this program; maybe even family/caregivers"

"Great discussions and understanding of different perspectives from clinicians and non-clinicians"

"I felt I came into this program believing that I was fairly empathetic to patients with diabetes, but learned so much more and think I will be more so ..."

"Best is the rockets and skittles"



Our next steps

- Expansion to formally include other learners (clinical clerks, nursing students etc)
- Formally write and publish curriculum to share
- Mentor “graduates”



Implementation at your site

- Commitment from leadership
- Interprofessional Team
- Supplies
- Time commitment
- Call us!

<http://health.sunnybrook.ca/sunnyview/pretend-diabetes/>

