Medical Assistant Education and Training Presentations

Jan Wolfram, RN, CDE

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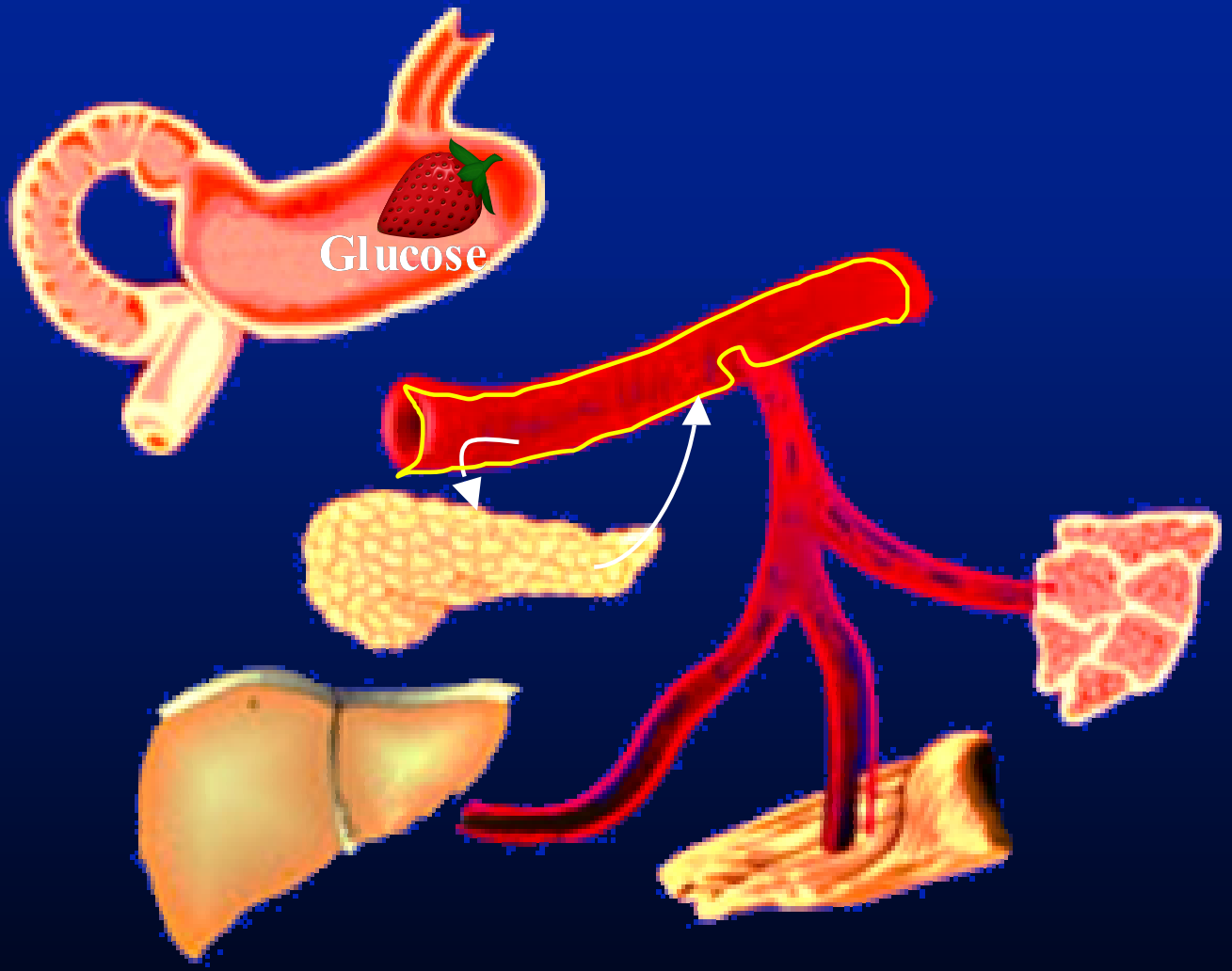
Digestion and Diabetes

Jan Wolfram RN, CDE
Boldt Diabetes Center

Carbohydrate
DIGESTIVE ENZYMES



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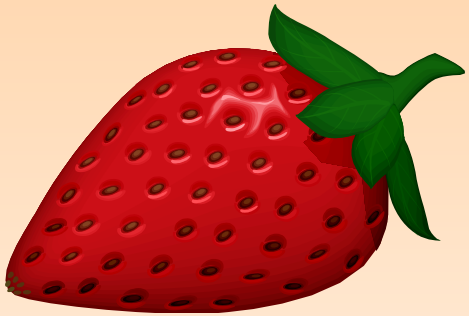
Carbohydrates Reduced to Glucose

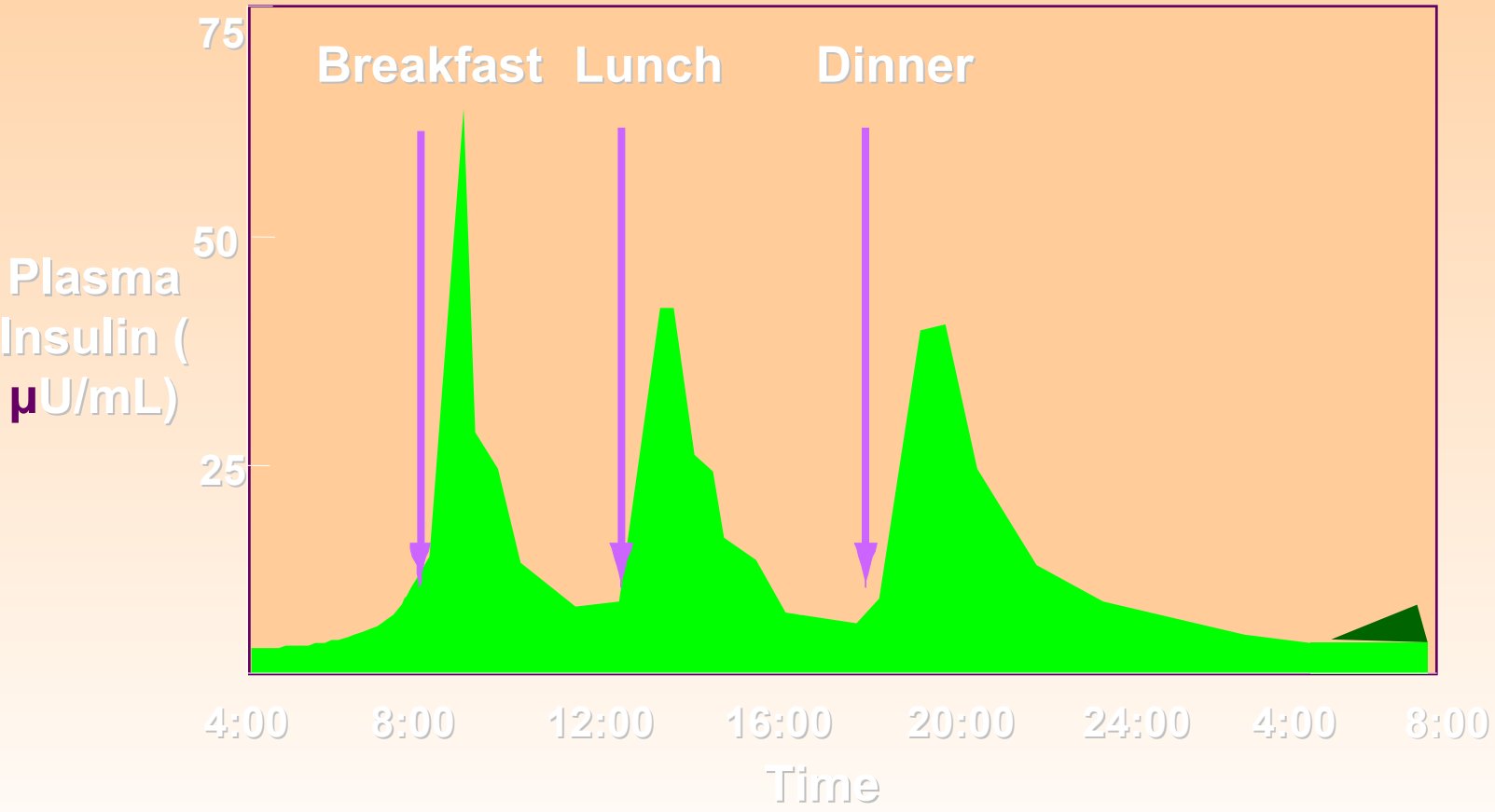
- Starches
- Fruits
- Milks
- Sweets



INSULIN'S JOB DESCRIPTION

- AFFECTS METABOLISM
- STIMULATES THE TRANSPORT OF GLUCOSE INTO CELLS
- ACTIVATES GLYCOGEN PRODUCTION
- CONTROLS GLUCONEOGENISIS
- INHIBITS LIPOLYSIS
- VASODILATES

Physiologic Serum Insulin Secretion Profile



DIABETES

- The body does have enough insulin, or does not use insulin very well

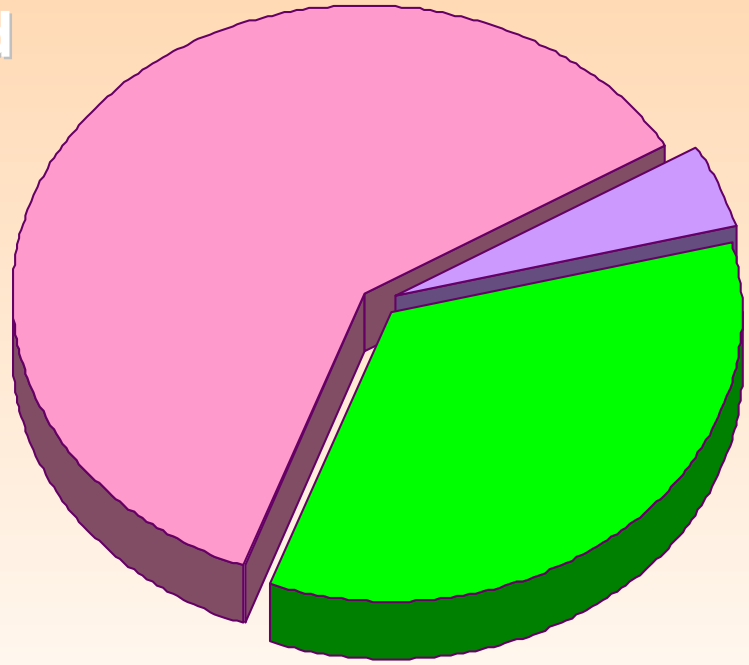
EPIDEMIC PROPORTIONS

- Nearly 16 million Americans
- Almost 6% of the population
- 6 million unaware they have it

TWO TYPES OF DIABETES

- TYPE 1 DIABETES
  - 1 CAUSE
  - 1 TREATMENT
- TYPE 2 DIABETES
  - 2 CAUSES
  - MANY TREATMENTS

Prevalence of Diabetes in the US



American Diabetes Association. Facts and Figures. Available at: http://www.diabetes.org/ada/facts.asp. Accessed January 18, 2006.

Diagnosis Guidelines

Normal Fasting Glucose	<110
Impaired Fasting Glucose* (IFG)	110 – 125
Fasting Glucose for Diabetes	>126
Random Glucose Level	>200

*Expert Committee on the Diagnosis and Classification of Diabetes Mellitus

DIAGNOSIS OF DIABETES

- Fasting: ≥ 126
- Random: > 200

DIABETES

TYPE1NSULIN

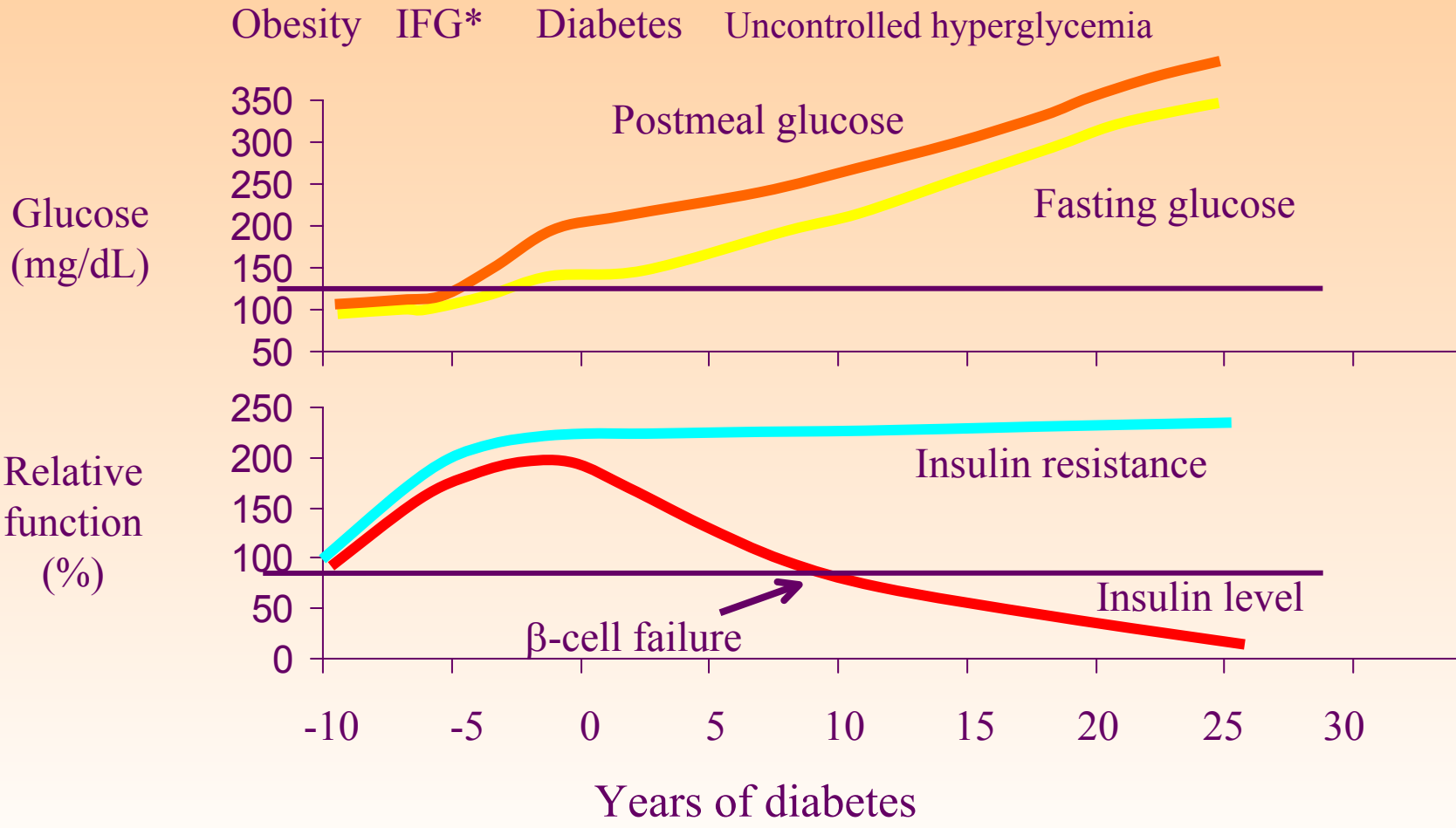
AUTOIMMUNE ATTACK ON BETA CELLS

- MACROPHAGE DETECTION
- HELPER T CELLS ATTACK
- B CELLS COMPLETE THE ATTACK (ANTIBODIES)
- SUPPRESSOR T CELLS

RISK FACTORS FOR TYPE 2 DIABETES

- GENETICS AND FAMILY HISTORY
- AGE
- GESTATIONAL DIABETES
- OBESITY
- SEDENTARY LIFESTYLE
- MEDICATIONS
- COEXISTING ILLNESSES

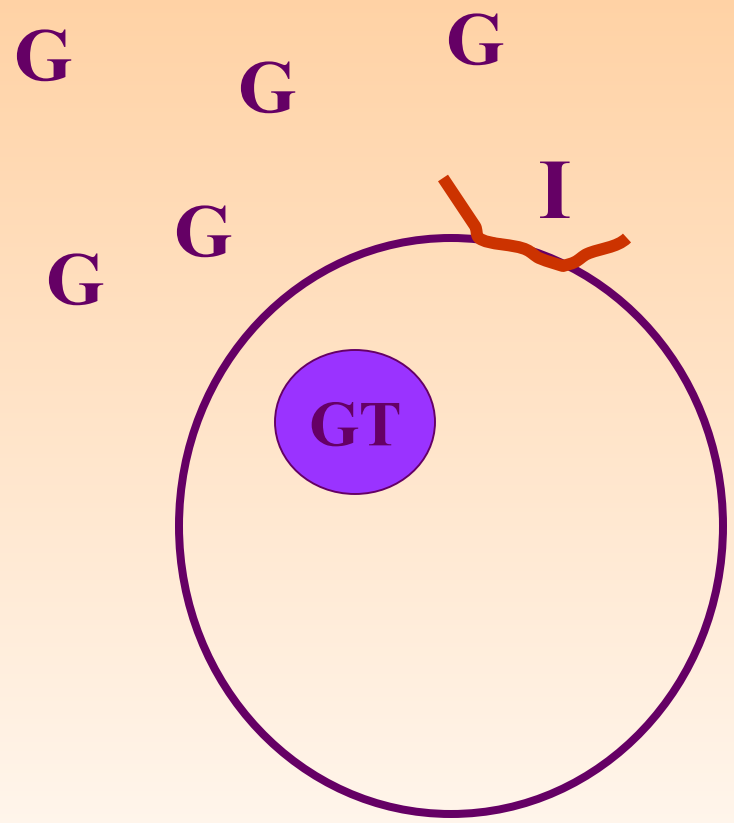
Natural History of Type 2 Diabetes



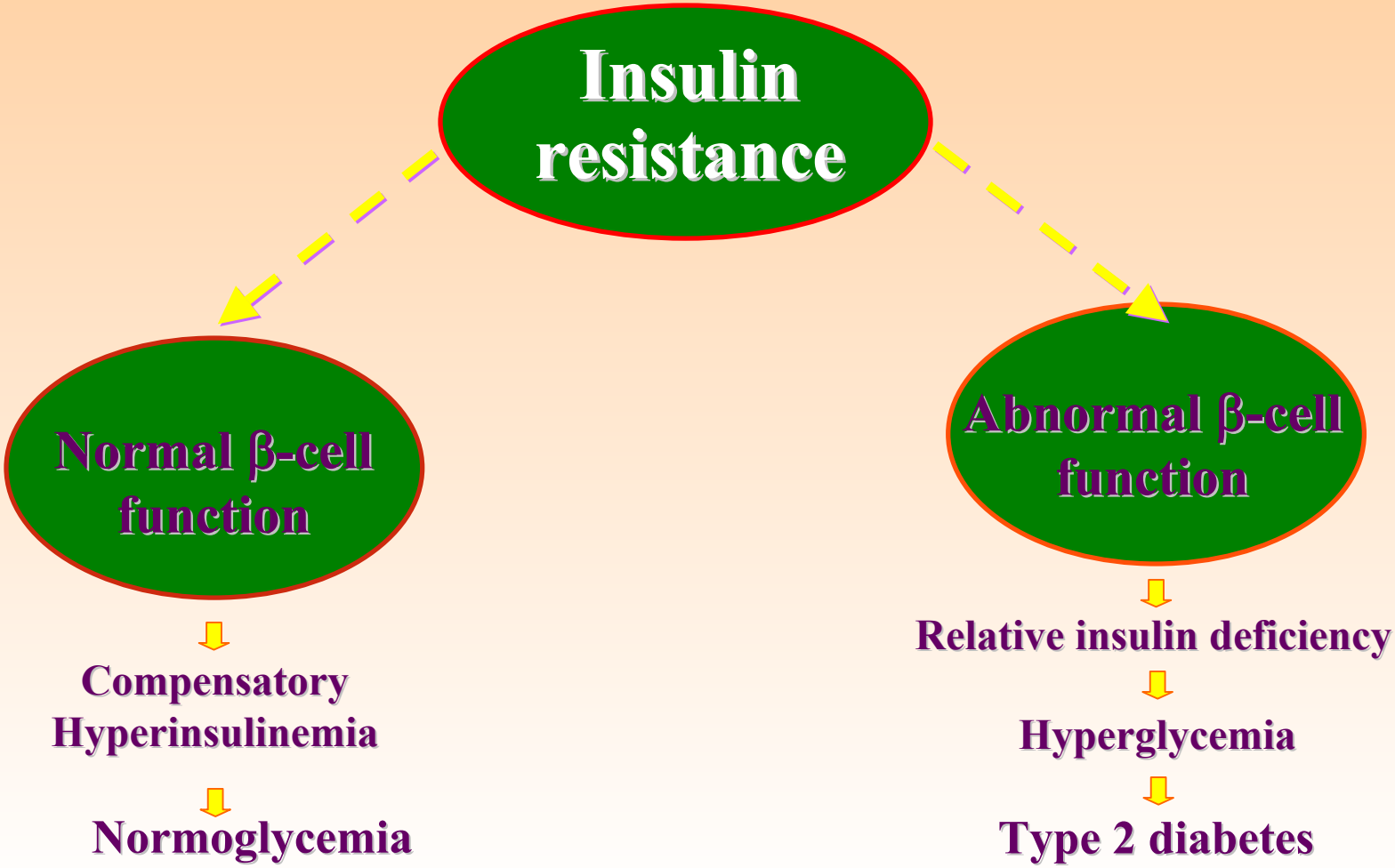
Adapted from International Diabetes Center (Minneapolis, Minn).

INSULIN RELAY

- INSULIN
- RECEPTOR SITES
- GLUCOSE TRANSPORTER
- GLUCOSE



Insulin Resistance & Impaired β-Cell Function

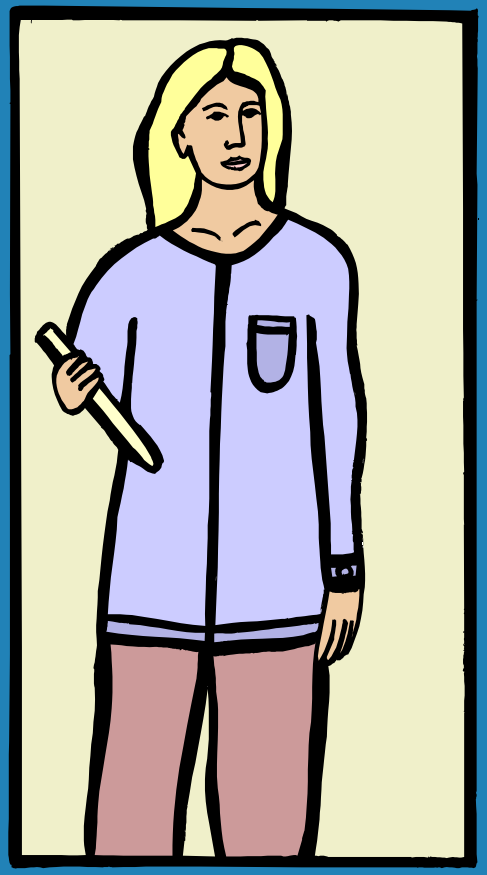


MA TRAINING IN DIABETES

- Jan Wolfram RN, CDE
- Linda Gooding RD, CDE

- Contributions:
  - Devin Sawyer MD
  - Shari Giomo, MA
  - Michelle Edmonston, MA

Role of the Medical Assistant



- Do Planned Visits
- Do Group Visits
- Help patients set goals
- Phone follow up

We Want You

- To participate in a Medical Assistant Training Program for Diabetes
  - Made for You
  - By your Peers

There's Excitement

- Opportunity to help patients
- Learn about Diabetes
- Be proactive in the fight against diabetes
- Give preventative care

Your Expressed Needs

- Training on Diabetes Topics
- Information about Lab Work
- Diabetes Equipment
- Goal-setting skills
- Patient motivation skills
- Ongoing education
- Make it fun and low stress

Today's MA Training Program:

- Goal Tending
- Diabetes Basics
- Meal Planning
- Complications
- Stages to Change
- Medications
- Physical Activity
- Common Questions

Goal Tending

Empowerment

- "The discovery and development of one's inborn capacity to be responsible for one's life," Anderson and Funnell

People are empowered when:

- The have enough knowledge to make decisions
- They have enough control
- They have enough resources
- They have enough experience to gauge the effectiveness of their actions

Short-term Goal

- I will walk with my friend on M,W, F mornings for 15”
- Then I’ll increase the time by 5 minutes each day until I am up to 30 minutes 3 times a week.
- Then I’ll add one day a week

Longterm Goals

- I need to lose 40 pounds in one year.

GOAL CATEGORIES

- MEAL PLANNING
- EXERCISE
- MEDICATIONS
- MONITORING
- WEIGHT LOSS
- SMOKING CESSATION
- FOOT CARE
- EYE CARE
- SHOTS
- DENTAL CARE
- STRESS REDUCTION
- BLOOD PRESSURE

Setting a Goal

- Patient must want to do it
- Be reasonable and realistic
- Behavior is Specific
- Answer: What /When
  How Much
  How Often
- What is the Likelihood of Success
- (Adapted from Lorig and Sawyer Notes)

Considerations with Goal Setting

- Background
- Barriers
- Successes
- Willingness to Change
- Action Plan
- Reinforcement and Rewards
- (Adapted from Sawyer Plan)

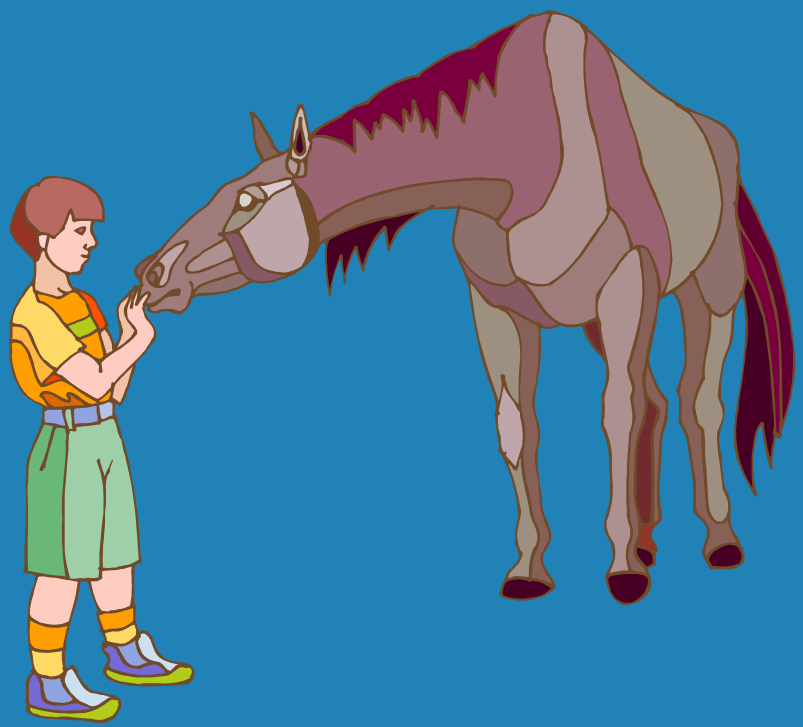
Stages for Change and Riding a Horse

- Precontemplation
- The horse is not even in your realm of awareness

Stages for Change and Riding a Horse

- Contemplation
- You are thinking about riding a horse

Stages for Change and Riding a Horse



- Preparation
- You are introducing yourself to a horse

Stages for Change and Riding a Horse

- Action
- You are on the horse and beginning to ride

Stages for Change and Riding a Horse

- Action
- You are beginning to maneuver

Stages of Change and Riding a Horse

- You've won the race and achieved your goal!

Stages of Change and Riding a Horse

- Relapse
- Falling off track
- Everyone does it

Other Considerations

- Age
- Environment
- Physical Limitations
- Money
- Social Support
- Ethnic Background
- Depression

Lifestyle Change Process

- Goal Setting
- Self-Monitoring
- Frequent Contact
- Problem Solving
- Managing High Risk Situations

- (DPP NIH Study)

Setting a Goal

- Patient must want to do it
- Be reasonable and realistic
- Behavior is Specific
- Answer: What /When
  How Much
  How Often
- What is the Likelihood of Success
- (Adapted from Lorig and Sawyer Notes)

Scoring Self-Management Goals

- 1 Point What are they going to do?
- 1 Point How much are they going to do it?
- 1 Point When are they going to do it?
- 1 Point How often are they going to do it?
- 1 Point How likely are they going to do it?
  - » 1-10

Self- Monitoring

- Food Diary
- Exercise Diary
- Blood Glucose Diary
- Pedometer

Frequent Contact

- Phone Calls Made to Patients
- Newsletters
- Group Visits
- Planned Visits

Problem- Solving

- Describe the Problem
- Brainstorm the Options
- Pick an Option to try
- Make a positive action plan
- Anticipate and put into action a plan
- Plan for success
- Visualize

Manage High Risk Situations

- Eating Out
- Stress
- Slips
- Negative Self-talk
- Problem food cues

ORIENTATION TO GOOD CARE

- MENTAL ADJUSTMENT
  - DENIAL
  - ANGER
  - BARGAINING
  - DEPRESSION/DESPAIR
  - ACCEPTANCE

EFFECTS OF STRESS

- HORMONAL RESPONSE
- BEHAVORIAL RESPONSE

The Devil Made Me Do It

- Old Habits will win over new behaviors
- Old (But not so nice) Friends
- Say Hello and move on

How to get back on track

- Monitor
- Keep diary
- Find Support

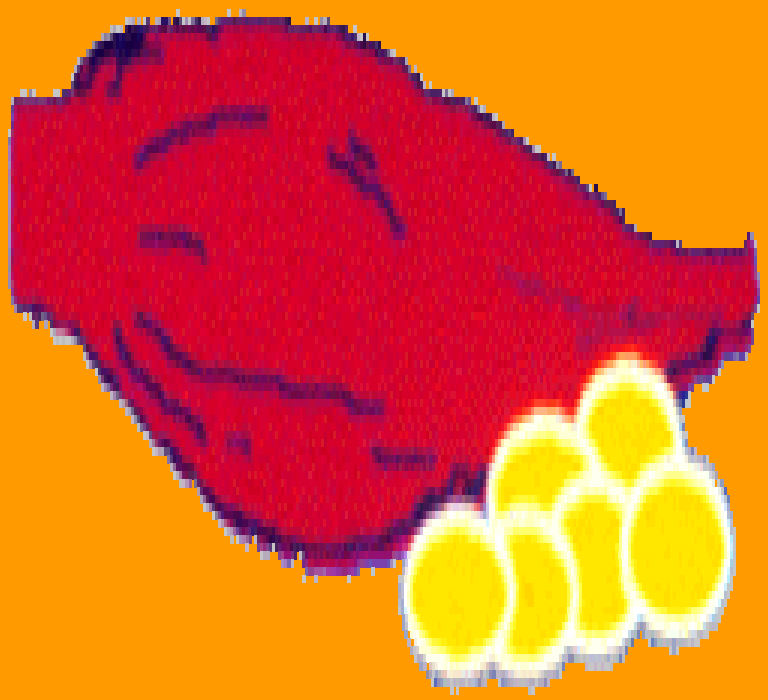
The Role of the MA

- Be positive and nonjudgmental
- Praise all efforts
- Uncover barriers
- Problem solve
- Schedule follow-up

Practice

- Set a Goal for your Character
- Be specific and realistic
- Include long-term and short-term

PHYSICAL ACTIVITY



- **The Muscles Use the Most Amount of Glucose**
- **Think of Activity Like a Medication and Take it Everyday**

Considerations

MR. MUSCLE

- Make it Fun
- Safety
- Start Small
- Set Goals
- Schedule
- Alternatives
- Record
- Rewards

The Farmer Routine

- You Eat a Meal and Do a Chore
- Wait 30-60 minutes after a meal
- Do 10 minutes of activity at one time

Diabetes Prevention Program

- 150 minutes of activity per week
- Walking is best

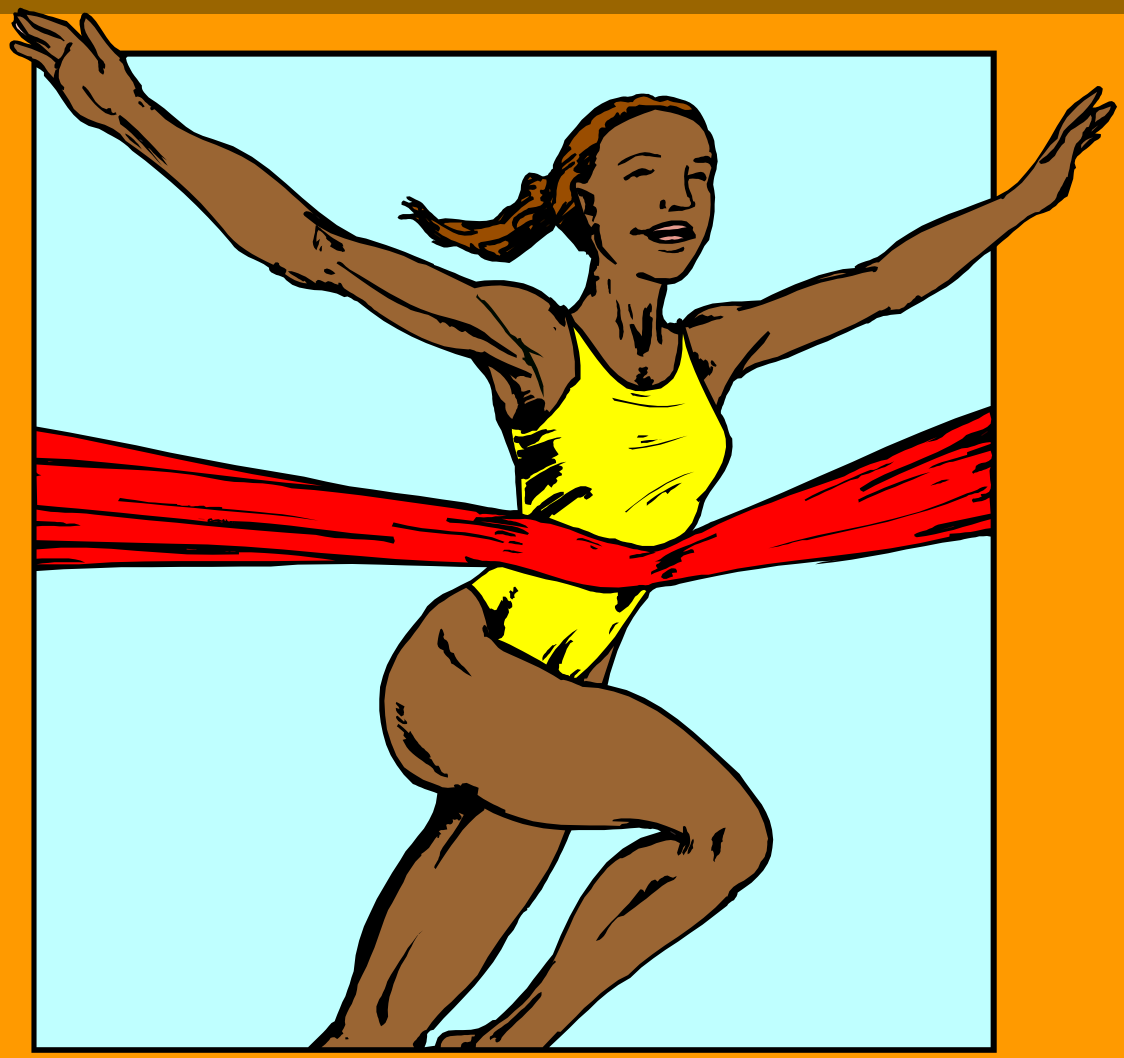
Safe Activity

- Check BS before
- Bring Glucose
- Wear ID
- Develop a Routine
- Refrain if <100
- Refrain if >250
- Stop with trouble
- Warm Up and Cool Down

Setting Goals for Activity

- Make it fun
- Be realistic
- Break long term goal into short term goal
- Monitor
- Alternate Plan
- Reward

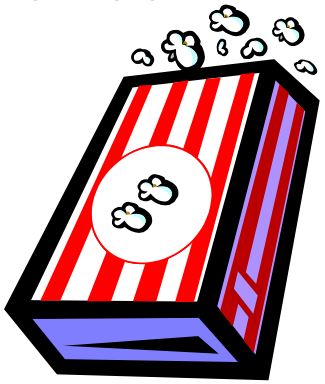
Practice with Activity Goal Setting



Carbohydrate Counting

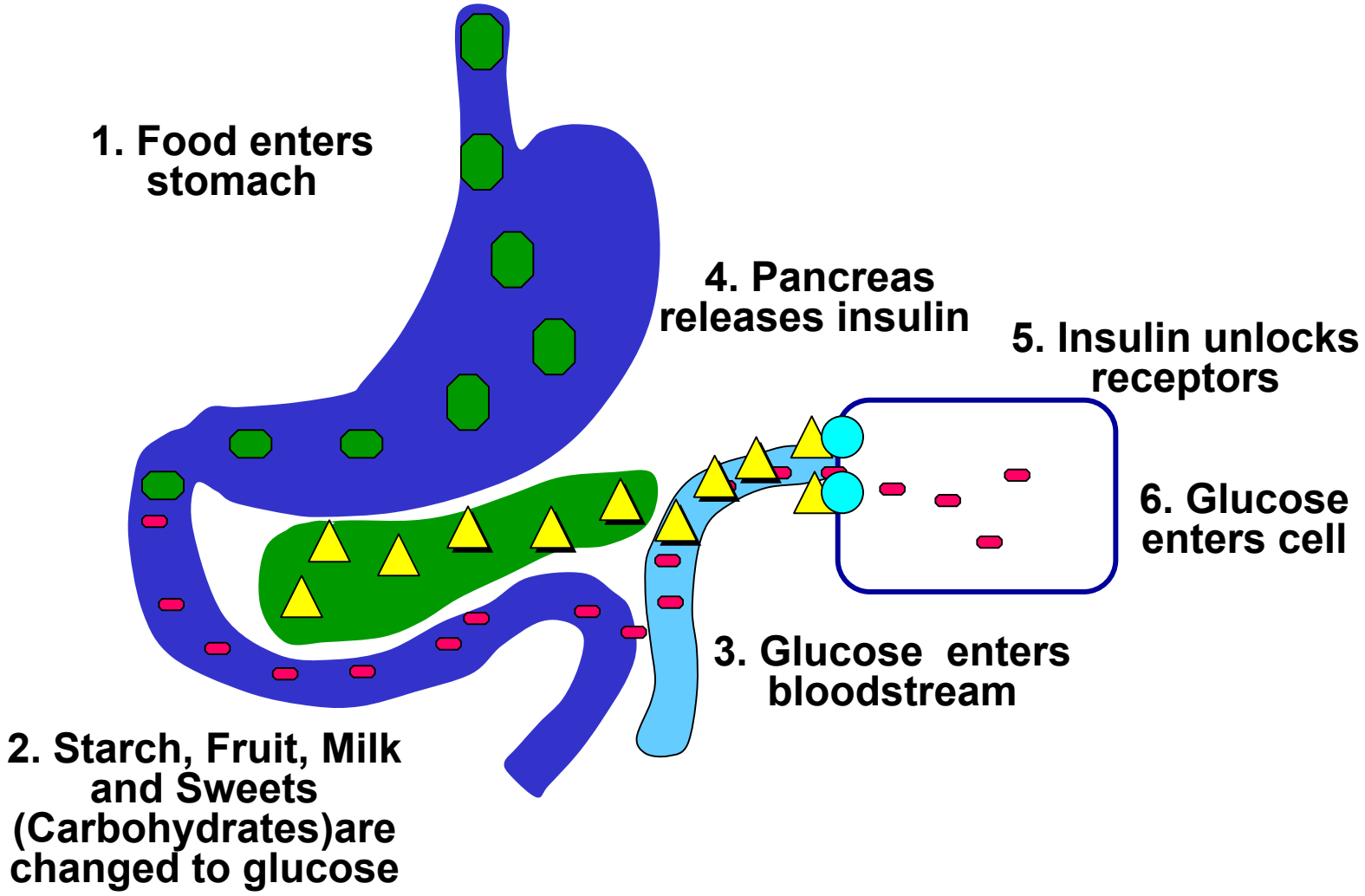
Why Count Carbs?

- Carbohydrates are sugars and starches
- Starches break down into sugars



- Both sugars and starches raises blood sugar levels.

Carbs. Raises Blood Glucose Levels



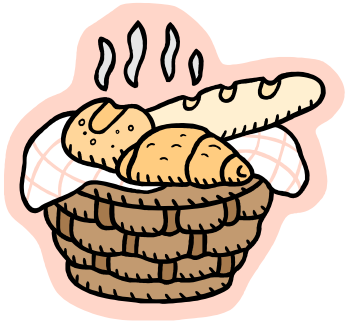
Blood Sugar Control

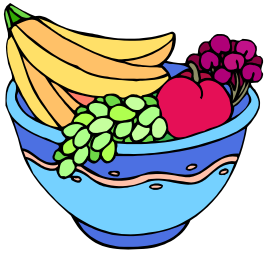
For People with Diabetes

- Carbohydrate Controlled Diet – helps control blood glucose levels

Carbohydrate Foods

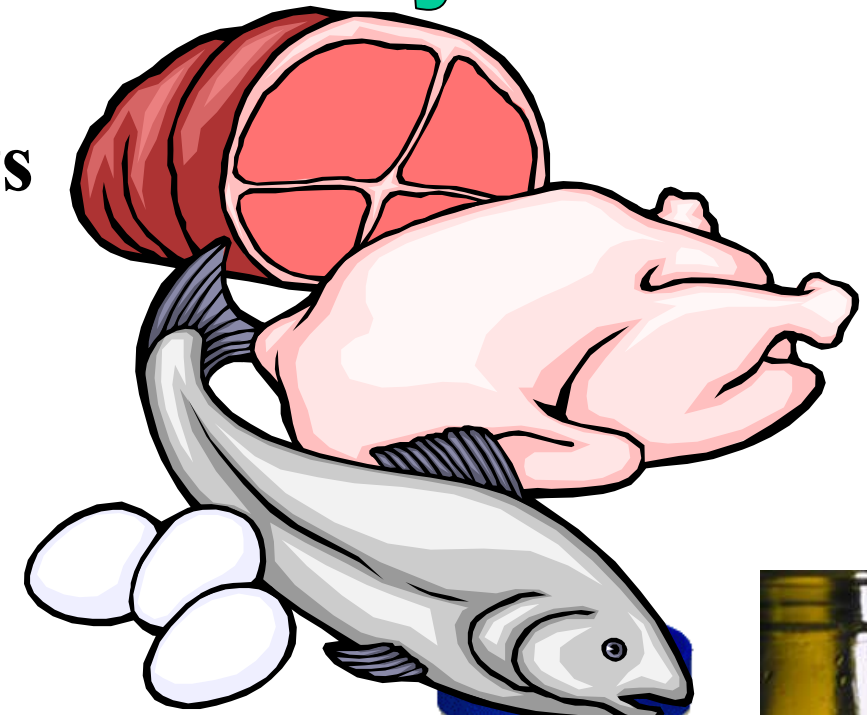
- Foods that contain sugar or/and starch.





Carbohydrate Free

- **Meats**



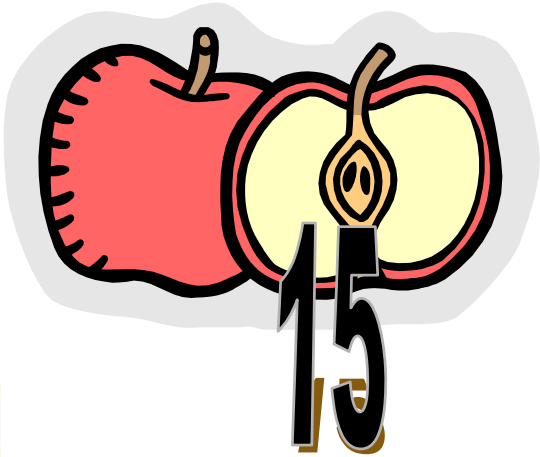
- **Fats**

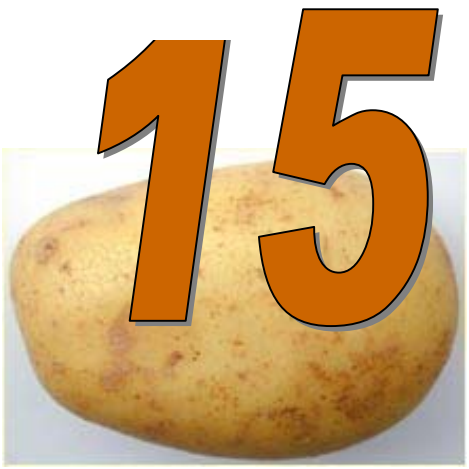
Each Serving has 15 grams carbs.

STARCH	FRUITS	MILK	SWEETS
Bread – 1 slice	½ Apple ½ Banana	1 cup milk	½ cup ice-cream
Potatoes – ½ cup	1 cup melon	1/3 cup regular yogurt	1”sq.cake-frosted
Pasta – 1/3 cup	12 to 15 grapes	1 cup “lite”yogurt	1 medium cookie
Rice – 1/3 cup	1 cup berries		1 Fun-Size Candy Bar

Hand Me 15 grams

It's the Amount that Matters
Not the Food





How Many Carbs. Can I Have????

Varies Per Person

What most people need per day?
200 to 300 grams carbs

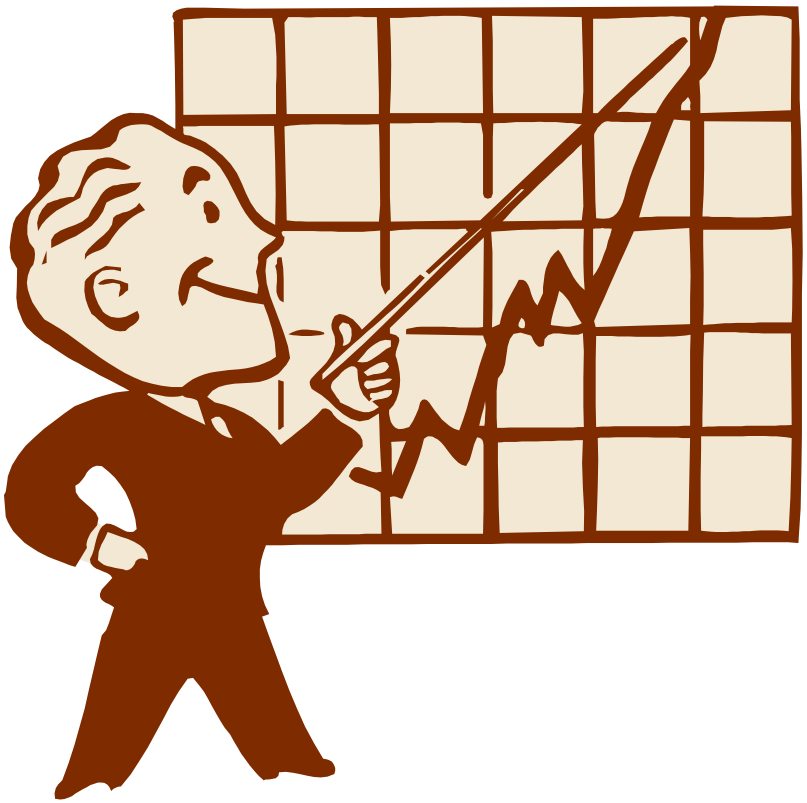
However, if you had been consuming more than 400 grams, then start with a higher amount.

We want the meal plan to work for you

How Many *Carbs* Do You Need?

Calorie Level	Carb Choices	Carb Grams
1200	10	150
1500	13	185
1800	15	220
2000	17	250
2200	19	275
2400	20	300

Spread the Carbs Evenly



- Each meal should have about the same number of carbohydrate choices.
- Otherwise the blood glucose levels may be highest after dinner.

What's On The Menu?

Breakfast:

1 cup Frosted Mini-Wheats

½ cup Milk

1 Whole Banana

Lunch

1 Sandwich

1 Apple

1 3” Cookie

250 Grams Carbs.

Dinner

1 Cup Spaghetti with Sauce

Snack

1 Cup Vanilla Ice Cream

Size Does Make a Difference

Carb. Amounts

- One Cinnabon – 100 g
- Super Size French Fries – 75 g
- Double Gulp Coke – 165 g
- Mucha Grande Nachos – 115 g

- One Bag of Microwave Popcorn – 60g
- One Bagel – 60 g

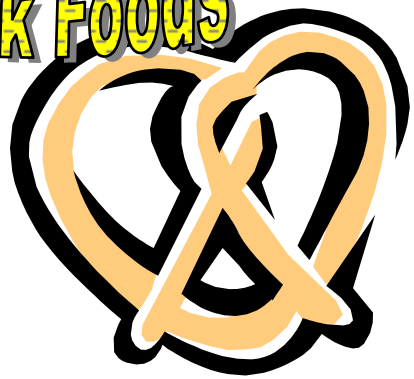
Carbohydrate Rich Diet

Regular Soda Pop

Eating on the Go

Comfort Foods

Snack Foods

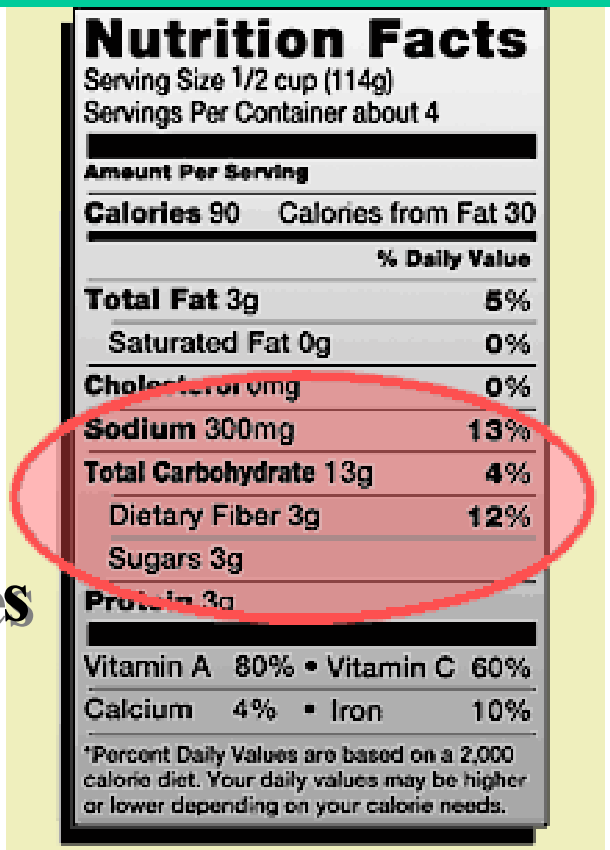


Finding Carbs. on the Label

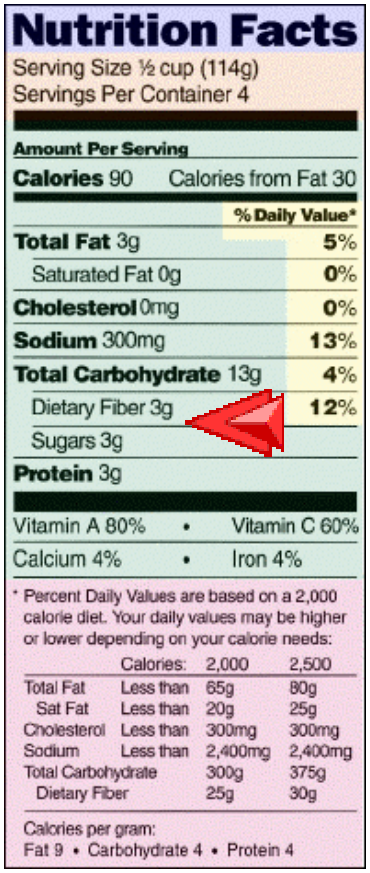
Looking at Labels

Check the serving size

Check total **grams carbohydrates**



Subtracting Fiber Carbs.



Nutrition Facts

Serving Size ½ cup (114g)
Servings Per Container 4

Amount Per Serving

Calories 90 Calories from Fat 30

	% Daily Value*
Total Fat 3g	**5%**
Saturated Fat 0g	**0%**
Cholesterol 0mg	**0%**
Sodium 300mg	**13%**
Total Carbohydrate 13g	**4%**
Dietary Fiber 3g	**12%**
Sugars 3g	
Protein 3g	

Vitamin A 80% • Vitamin C 60%
Calcium 4% • Iron 4%

* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

- Can subtract fiber grams from the total grams of carbohydrates.
- This food item has 10 grams carbs. for ½ cup serving size.

Sugar Alcohols- Sorbitol,Maltitol, Glycerol

- Can be found in sugar free foods
- Little effect on blood glucose levels
- Can subtract ½ of the sugar alcohols from the total grams carbohydrates
- Can cause gastric problems

Nutrition Bar Claims

- Nutrition Bars have become very popular
- Many of these bars claim that you can deduct the full amount of sugar alcohols from total grams carbs.

Subtracting sugar alcohols from Carbs

- Total Grams Carbohydrates = 24

  Fiber = 0g

  Sugar = 5g

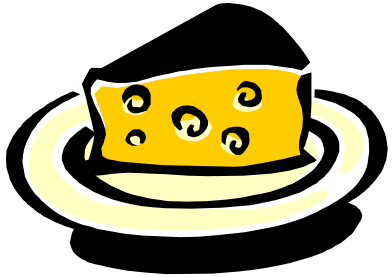
  Sorbitol =10g

- Total Carbs. affecting blood glucose level = 19 g

Do We Just Count Carbs?

- **Fats**

Saturated Fats vs Monounsaturated Fats



Glycemic Foods

- The Glycemic Index (GI) is a ranking of foods based on their potential to raise blood sugar levels.

- The higher the GI of a food, the faster the rise in blood sugar after eating it.

Choosing Higher Fiber Foods

What is the Diabetes Meal Plan?

- It is not a diet
- Carbohydrate Controlled
- Low Fat

- Choosing Monounsaturated Fats over Saturated Fats
- Choosing Higher Fiber Foods

PREVENTION OF COMPLICATIONS

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Boldt Diabetes Center

Providence St. Peter Hospital

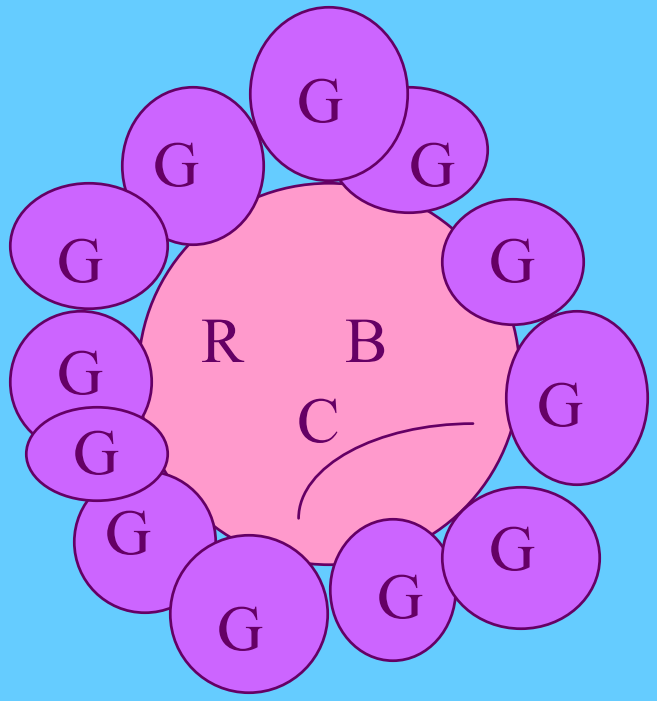
Proof is in the Pudding

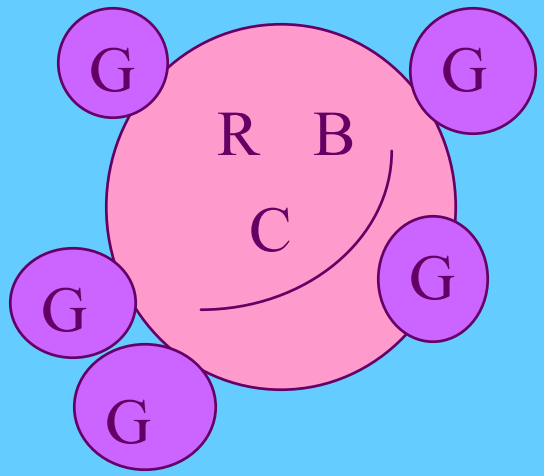
- Diabetes Control and Complication Trial
- United Kingdom Prospectus Diabetes Study
- Glycohemoglobin, A1C

Providence | St. Peter Hospital

GLYCOHEMOGLOBIN

AVERAGE BLOOD SUGARS	GLYCOHEMOGLOBIN Hb AIC % 3 Month Test
330	13
300	12
270	11
240	10
210	9
180	8
150	7
120	6
90	5
60	4





MANAGING YOUR DIABETES

- LARGE BLOOD VESSELS
- SMALL BLOOD VESSELS
- NERVES
- IMMUNE SYSTEM

LARGE BLOOD VESSELS

- HEART (Heart Attack)
- BRAIN (Stroke)
- LEGS (Claudicating)

Symptom of Heart Attack

- Chest Pain
- Shortness of Breath
- Weakness
- Sweating
- Nausea
- Vomiting
- Pain in Jaw
- Pain in Arms
- Pain in Shoulders
- DENIAL

Symptoms of Stroke

- Sudden weakness or numbness
- Slurred speech
- Headache
- Dizziness
- Loss of vision especially in one eye
- Facial paralysis
- Headache
- Confusion or Coma

LIPIDS

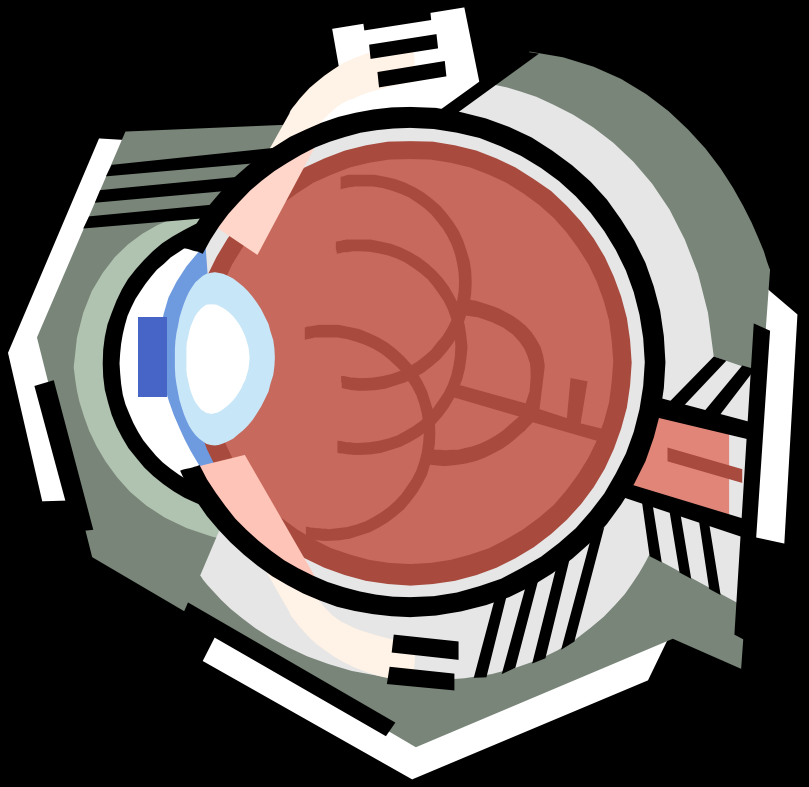
- TOTAL CHOLESTEROL <200
- HIGH DENSITY LIPIDS >45
- LOW DENSITY LIPIDS <100
- TRIGLYCERIDES <150

RISK REDUCTION

- STOP SMOKING
- ASPIRIN 81 mg/day
- BLOOD PRESSURE CONTROL 120/80
- WEIGHT LOSS

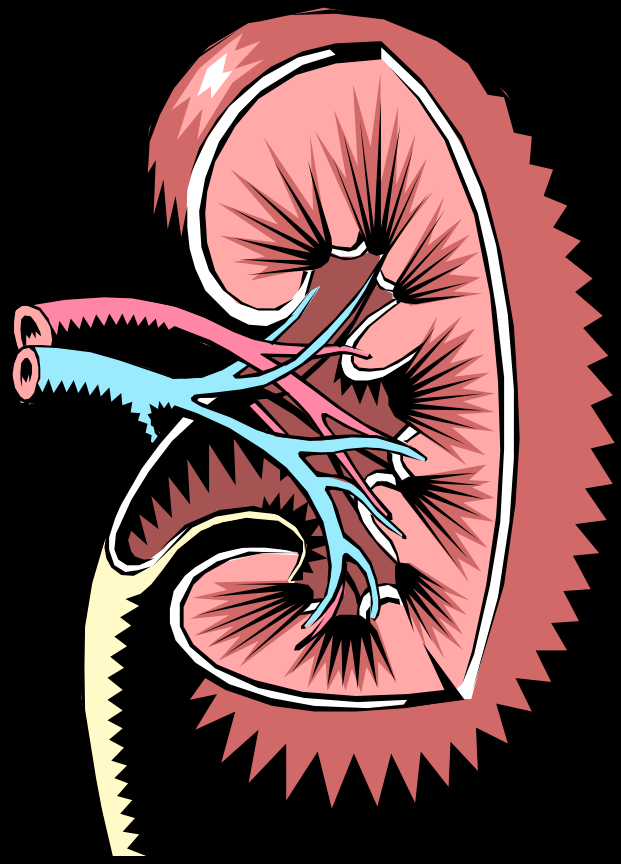
RETINOPATHY

- EYES DISEASE



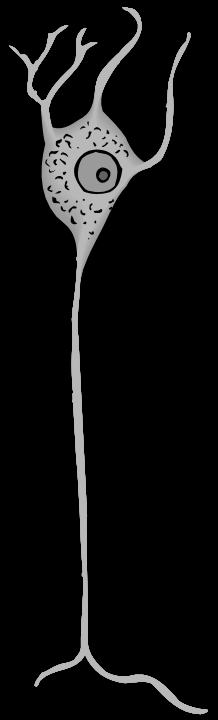
NEPHROPATHY

- KIDNEY DISEASE



NERVES

- FEET
- HEART



SEXUAL FUNCTION

- MEN IMPOTENCE
- WOMEN IMPOTENCE AND INFECTION

IMMUNE SYSTEM

- GREATER NUMBER OF INFECTIONS
- GREATER NUMBER OF SURGICAL COMPLICATIONS
- GREATER NUMBER OF AMPUTATIONS

FOOT CARE

- NEVER GO BAREFOOT
- LOOK AT YOUR FEET EVERY DAY
- CALL FOR URGENT APPOINTMENT

Sick Day Management

- Physical Stressors Increase Blood Glucose
- Increased Blood Glucose Makes Infections Worse
- Monitoring Blood Glucose Helps to Prevent Diabetes from Getting Out of Control

Sick Day Basic Rules

- Check BS more often
- Take medication or insulin as usual
- Check temperature
- Drink more fluids
- Eat easy to digest foods

1 Carb Serving = 15 Grams

- 6 Saltines
- 1/4 cup Sherbert
- 4 oz Regular Pop
- 1/2 cup Jello
- 1/2 cup Ice Cream
- 1/4 cup Regular Pudding
- 1/2 cup Sugar-free Pudding

When to Call the Doctor

- Fever >100
- Nausea for more than 24 hours
- Vomiting x 2/day
- Diarrhea for more than 24 hours
- Symptoms of Dehydration
- Worsening blood glucose levels >200
- Unable to keep oral agents down
- Ketones

Ketones

- Seen with people who use insulin
- Detects using fat for fuel because little insulin is present
- Urine testing can check this

Information for Doctor

- Blood glucose results
- Temperature
- Amounts of food and fluids consumed
- Ketone results

Sick Day Supply Kit

- Thermometer
- Extra Test Strips
- Regular Soda
- Broth
- Tylenol
- Pamphlet on Sick Day Management
- Ketone Test Strips
- MD phone number

ACUTE COMPLICATIONS

- HHNKS
- DKA

Insulin Preparations

Rapid-acting

- Insulin Lispro (Analogue)
- Insulin Aspart (Analogue)*

Short-acting

- Regular (Soluble)

Intermediate-acting

- NPH (Isophane)
- Lente (Insulin Zinc Suspension)

Long-acting

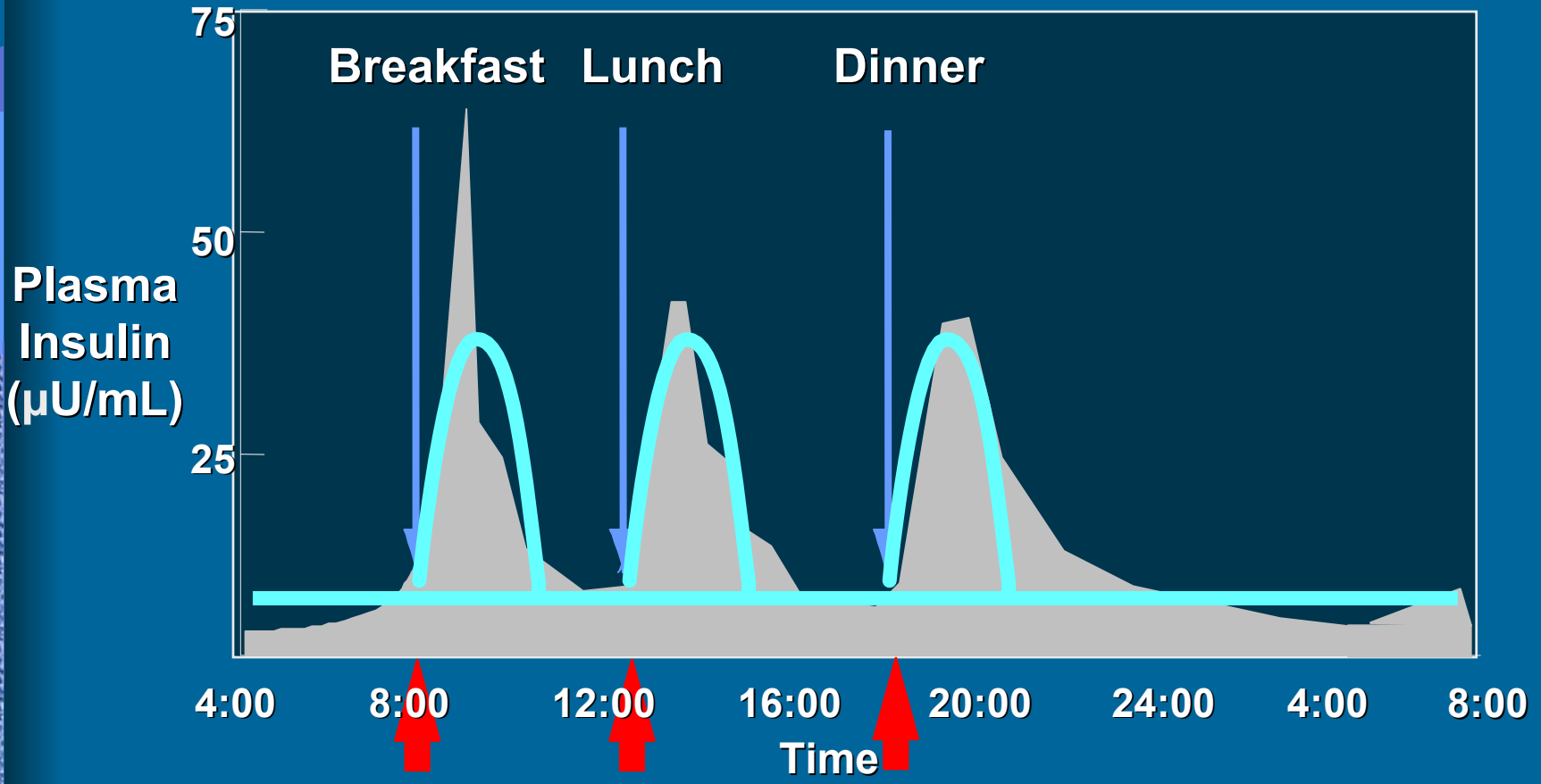
- Ultralente (Extended Insulin Zinc Suspension)
- Insulin Glargine (Analogue)*

*** Anticipated Availability in 2000**

RAPID ACTING INSULINS

- HUMALOG
  - –HURRY UP INSULIN
- NOVOLOG
  - –NOW INSULIN

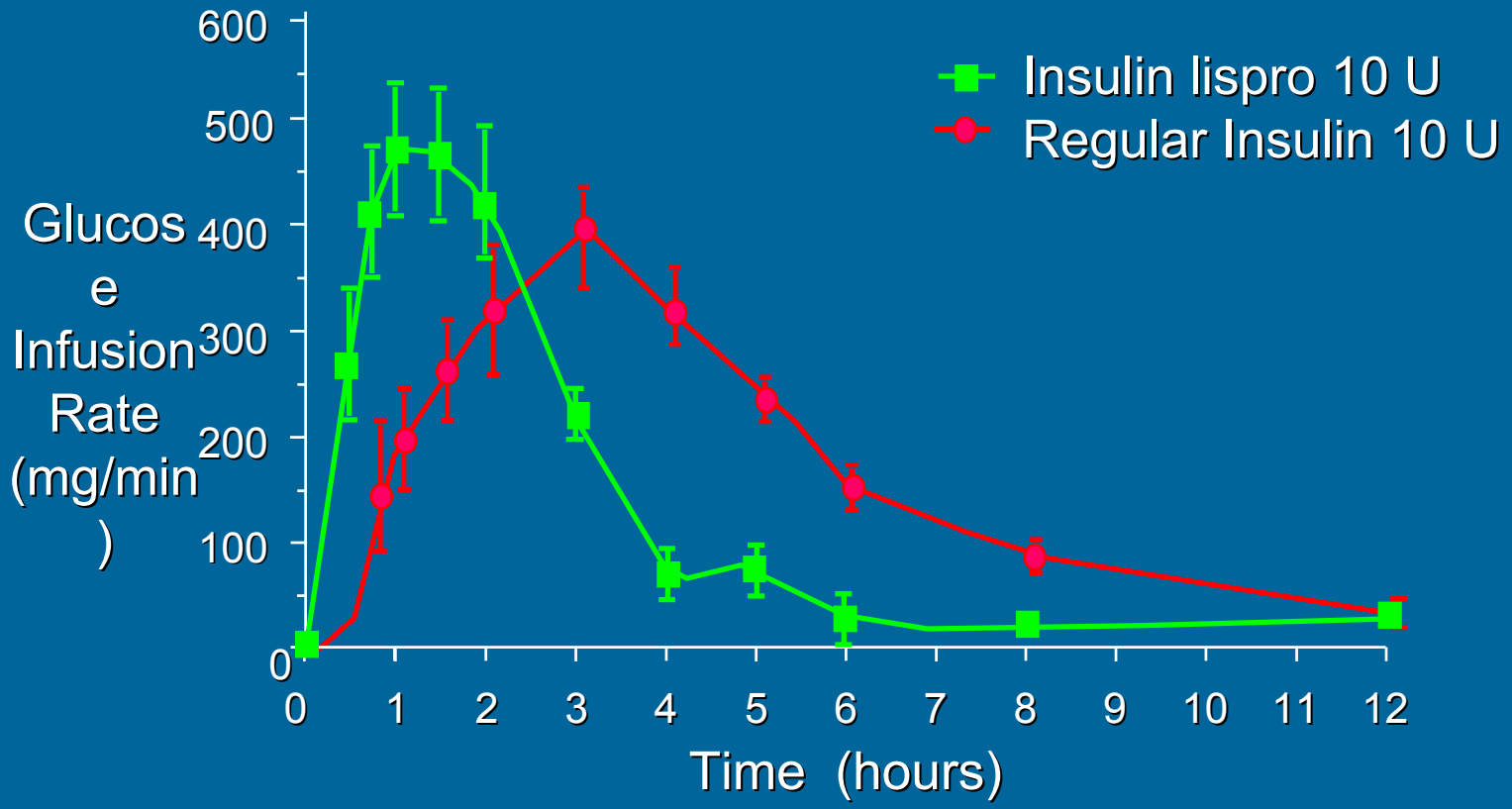
Basal/Bolus Insulin



INTENSIVE INSULIN THERAPY

- MATCH INSULIN TO AMOUNT OF CARBOHYDRATE
- COUNT CARBOHYDRATES
- COVER WITH RAPID-ACTING INSULIN

Lispro vs Regular

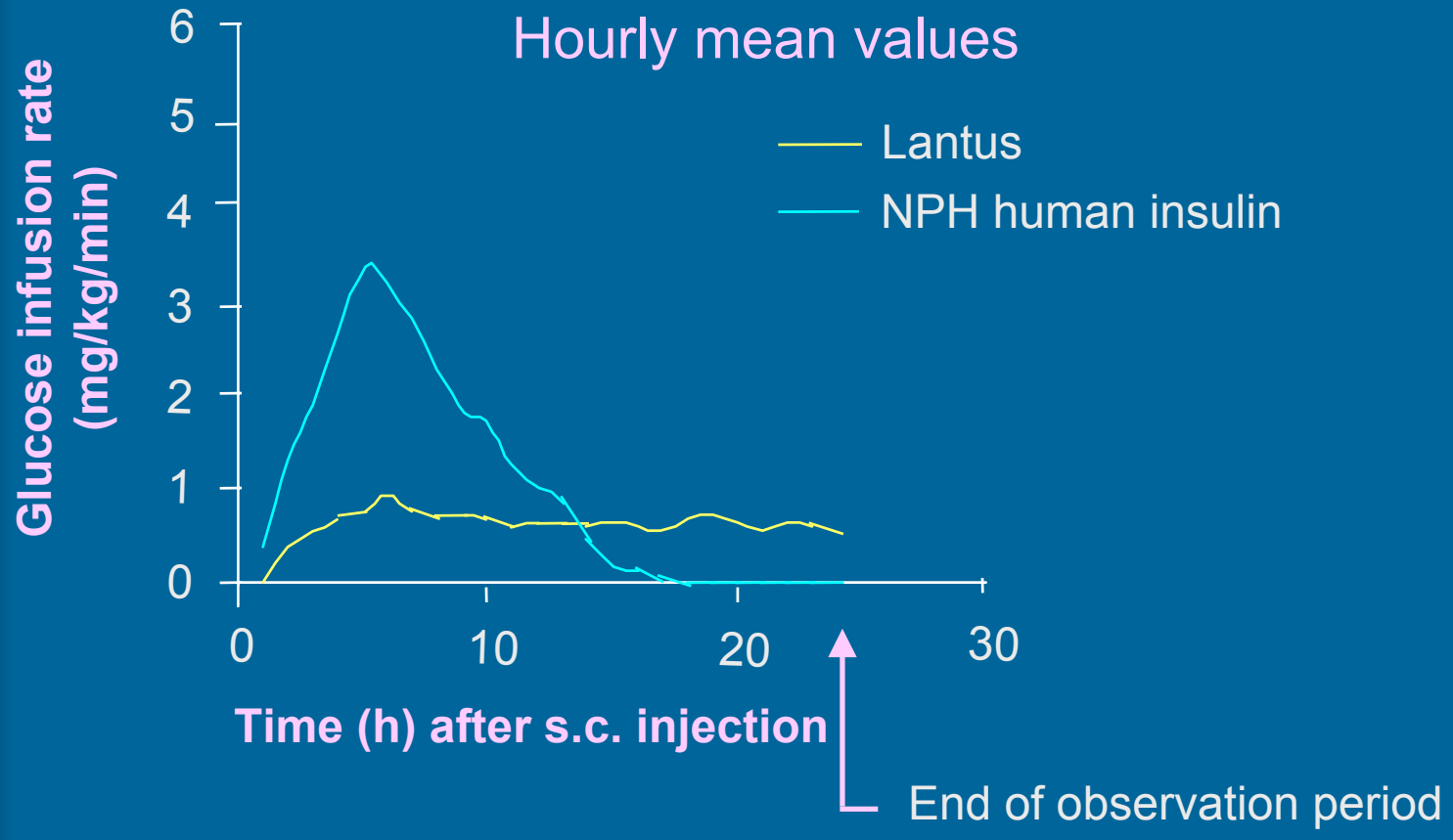


Data from Howey DC, et al. *Diabetes*. 1994;43:396-402.

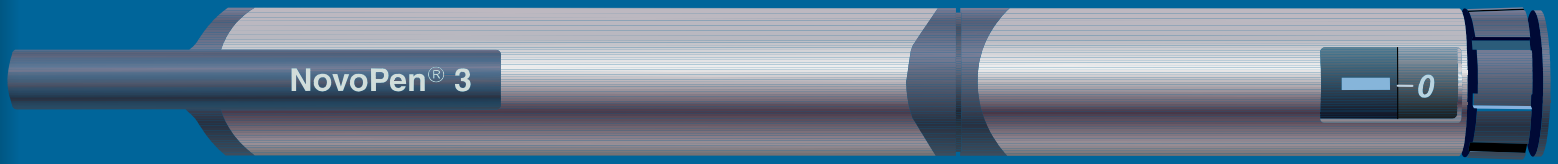
Advantages of Rapid-Acting Insulin Analogs

- Reduce postprandial hyperglycemia
- Minimize postprandial hypoglycemia
- Reduce need for between-meal snacks

Lantus


Hourly mean values
Lantus
NPH human insulin
Glucose infusion rate (mg/kg/min)
6
5
4
3
2
1
0
0
10
20
30
Time (h) after s.c. injection
End of observation period

Insulin Pen Delivery



Continuous Subcutaneous Insulin Infusion

CAUSES OF LOW BS

- Meals or Snacks that are late
- More exercise than usual
- Too much insulin
- Giving shot in the muscle
- Administration error

Symptoms of low blood sugar

- HUNGER
- SHAKINESS
- SWEATINESS
- COLOR CHANGE
- WEAK AND ANXIOUS
- HEADACHE
- CONFUSION
- DROWSINESS
- BEHAVIOR CHANGES
- LOC AND SEIZURE

PREVENTING LOW BLOOD SUGAR

- WRITE DOWN INSULIN WAS GIVEN
- CHECK BLOOD SUGAR OFTEN
- DON’T SKIP A MEAL
- GET A ROUTINE
- NOTIFY OTHERS AND WEAR ID

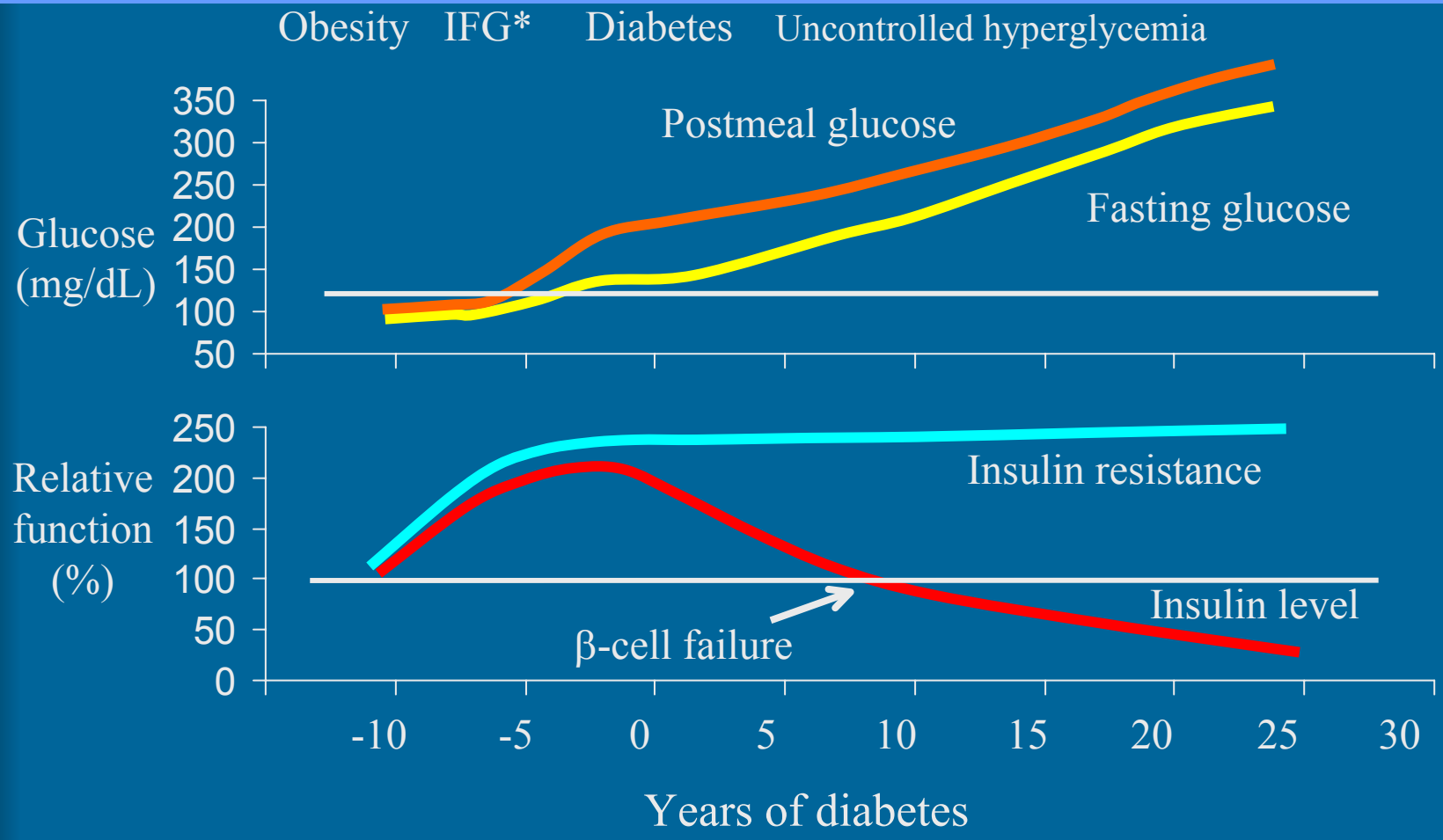
GLUCAGON

- RELEASES GLUCOSE FROM THE LIVER
- ADULT DOSE 1.0cc

RISK FACTORS FOR TYPE 2 DIABETES

- GENETICS AND FAMILY HISTORY
- AGE
- GESTATIONAL DIABETES
- OBESITY
- SEDENTARY LIFESTYLE
- MEDICATIONS
- COEXISTING ILLNESSES

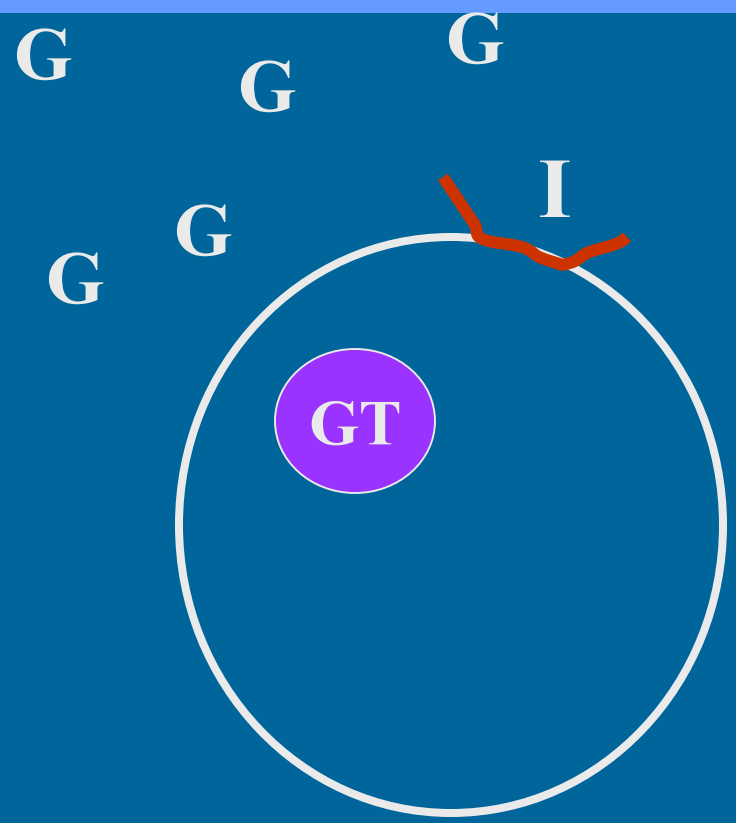
Natural History of Type 2 Diabetes



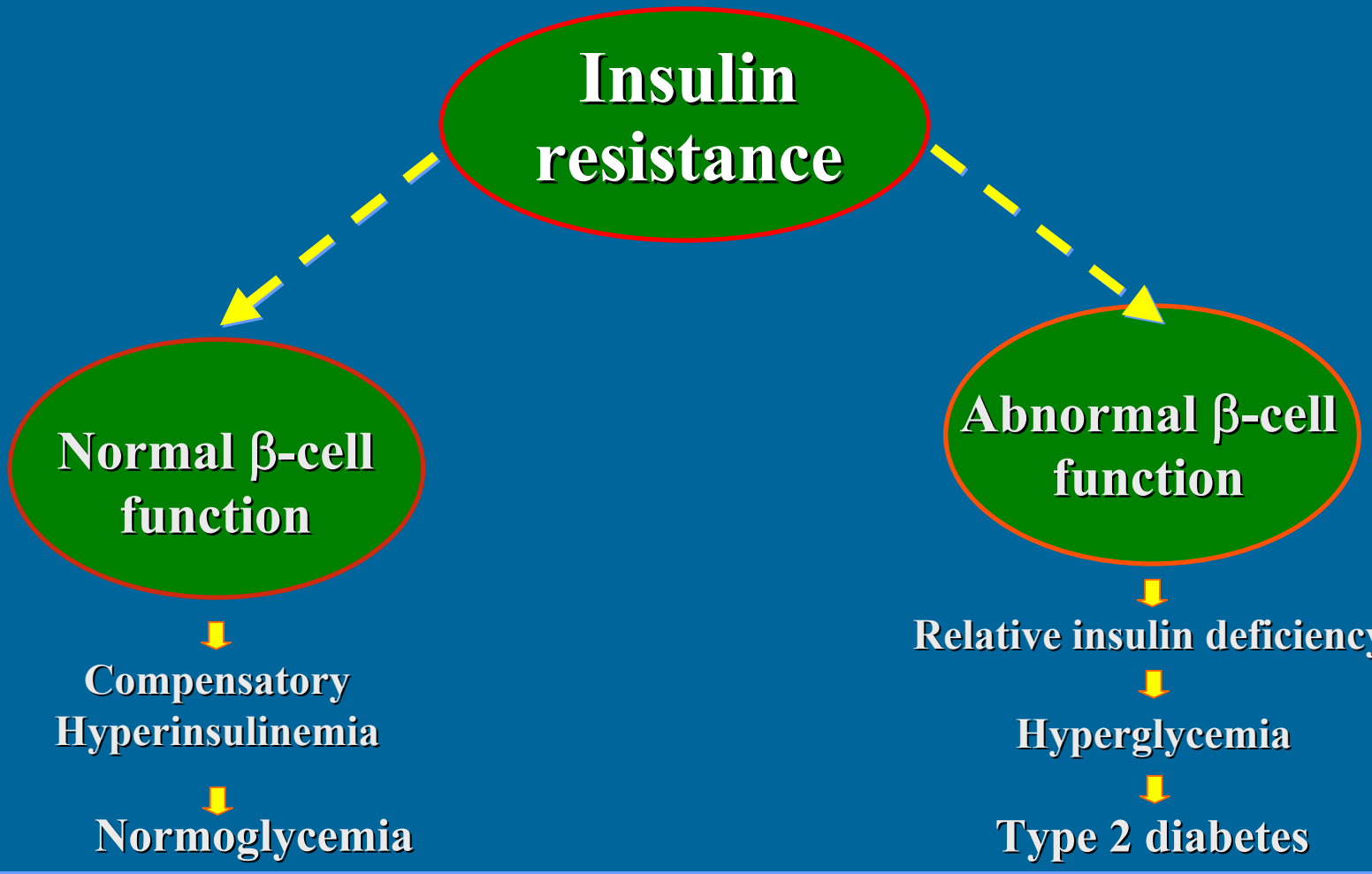
Adapted from International Diabetes Center (Minneapolis, Minn).

INSULIN RELAY

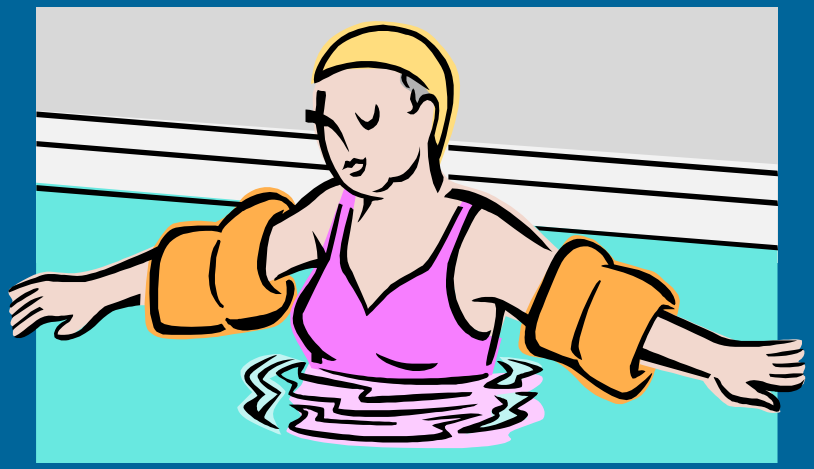
- INSULIN
- RECEPTOR SITES
- GLUCOSE TRANSPORTER
- GLUCOSE



Insulin Resistance & Impaired β-Cell Function

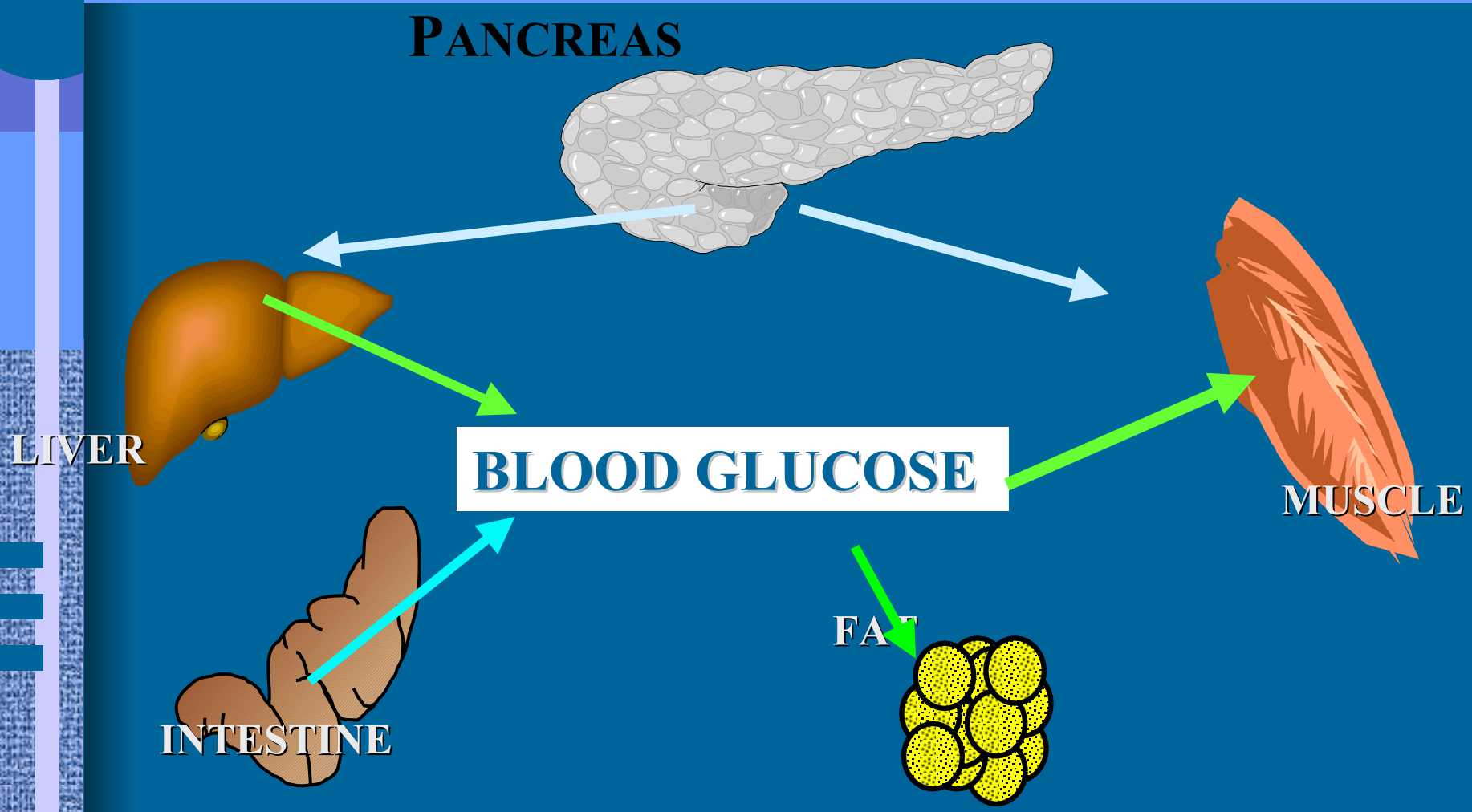


INITIAL TX FOR TYPE 2 DIABETES



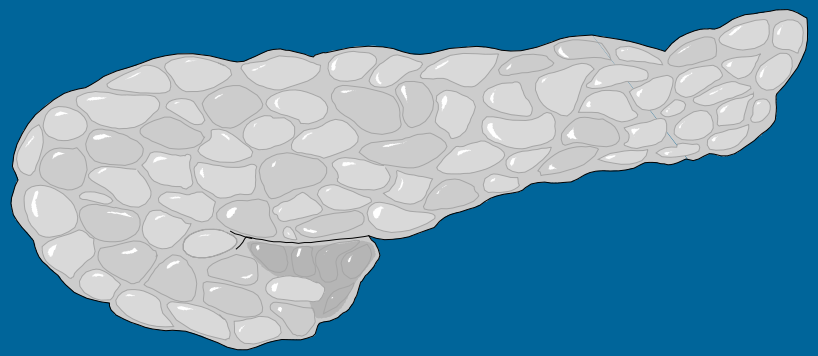
- MEAL PLANNING
- EXERCISE
- WEIGHT LOSS

Oral Therapy for Type 2 Diabetes: Sites of Action



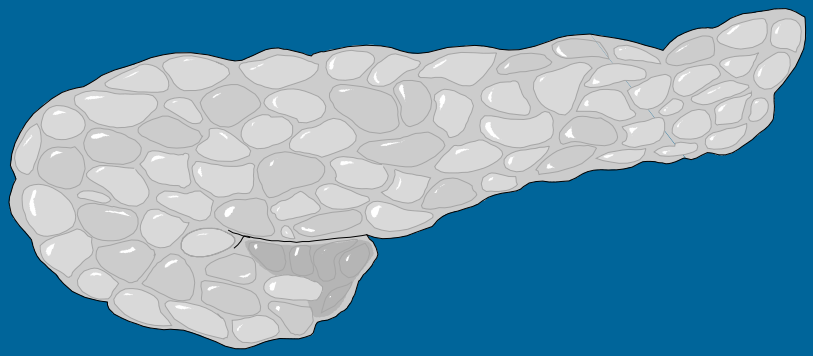
SULFONYLUREAS

- 1ST GENERATION
- 2ND GENERATION
  - Glyburide
    - Amaryl
  - Glucotrol



MEGLITINIDES

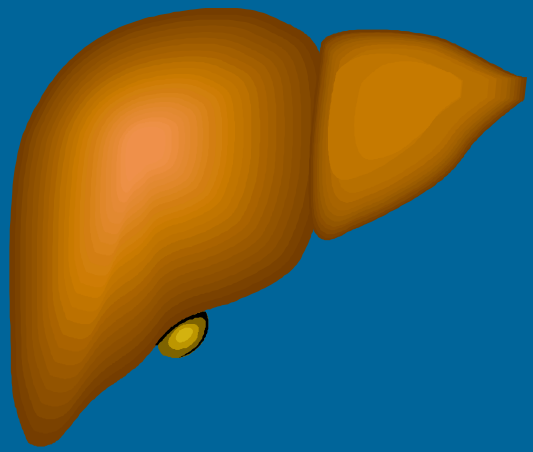
- PRANDIN
- STARLIX



BIQUANIDE

- Glucophage or Metformin
- Glucovance

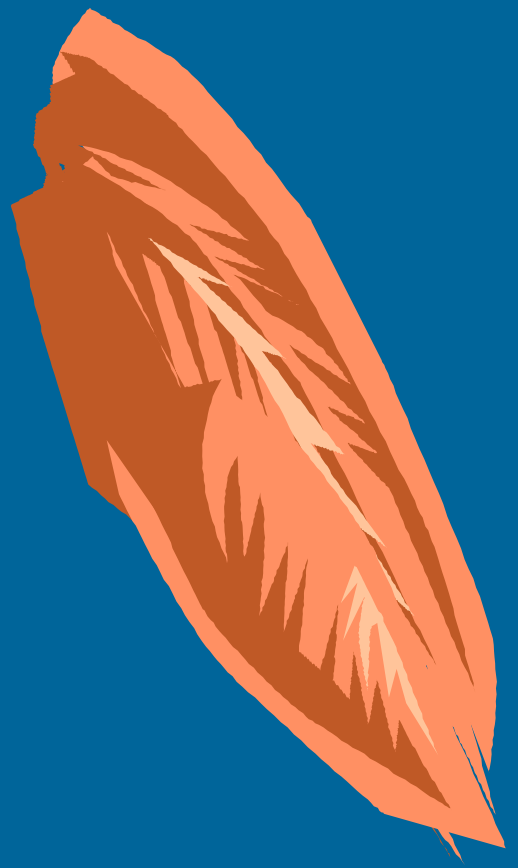
LIVER



THIAZOLIDINEDIONES

Avandia

Actos



SELF-BLOOD GLUCOSE MONITORING

- DIRECT FEEDBACK TOOL
- PATTERN MANAGEMENT
- TREATMENT ADJUSTMENT

SELF-BLOOD GLUCOSE MONITORING GOALS

- BEFORE MEALS 80-120
- AFTER MEALS 2HRS <140
- A1C < 6.5

SELF-BLOOD GLUCOSE MONITORING FREQUENCY

- ANY TIME YOU WANT
- FOUR TIMES A DAY
- TWICE A DAY
- BEFORE AND AFTER ONE MEAL/DAY

SBGM INCREASED FREQUENCY

- LOW BLOOD SUGAR
- ILLNESS/SICKNESS
- CHANGE IN TREATMENT
- CHANGE IN SCHEDULES
- INCREASED STRESS
- HOLIDAYS AND VACATIONS
- INCREASED OR DECREASED ACTIVITY

SAFETY WITH SBGM

- UNIVERSAL PRECAUTIONS
- DON'T SHARE
- LANCET DISPOSAL

MA Training in Diabetes

Welcome!!

Dorothy

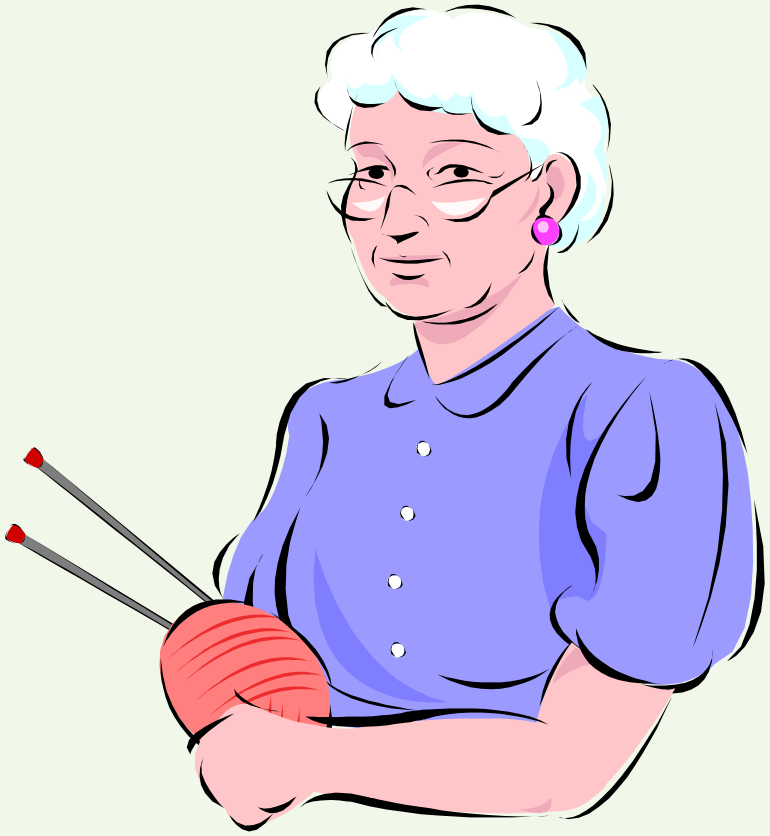
- 64 Y.O Female with Type 2 DM x 10years
- Will retire next year from a convenience store
- “I will die if she goes on insulin

Dorothy

- A1c = 10.6
- Weight = 205 Height 5’4’’
- Meal Plan: No breakfast, a small lunch, dinner starting at 6 PM snacks until 10 PM
- Meds: Glucotrol, Glucophage, Actos
- Meter: One Touch Basic
- Exercise: None
- Fear: Going Blind

Hazel

- 75 Y.O Female with Type 2 Diabetes for 1 year.
- Retired Administrative Assistant
- “I knit and I don’t want to get blood all over my sweaters.”



Hazel

- A1c = 6.4
- Weight = 173 Height = 5’5’’
- Meal Plan: Irractic
- Meds: Glucotrol
- Meter: Elite
- Exercise: Housework with Walker
- Fear: Losing a Foot

Phil

- 62 Y.O. Male with Type 2 Diabetes for 20 years.
- Retired Truck Driver
- “ Going on insulin took away my job, but at least I can get around”

Phil

- A1c = 7.2
- Weight = 164 Height = 5’7’’
- Meal Plan: Wife is a really good cook and she takes care of the meals.
- Meds: Lantus and Lispro
- Meter: Compact
- Exercise: Gardening and Walking
- Fear: Low Blood Sugar

Randy

- 37 Y.O. Male with Newly diagnosed Type 2 Diabetes
- Computer Programmer
- “I just don’t have time to take care of myself.”

Randy

- A1c = 8.1
- Weight = 276 Height = 6’0’’
- Meal Plan: Take Out and Delivered
- Meds: Glucophage
- Meter: Ultra One Touch
- Exercise: None
- Fear: My doctor will tell me to quit smoking

Kathy

- 29 Y.O Female with Type 1 Diabetes for 15 years
- Lobbyist
- “Diabetes takes so much time, I can’t keep up with everything.”

Kathy

- A1c = 9.4
- Weight = 134 Height = 5’4’’
- Meal Plan: On the run
- Meds: 70/30 twice a day
- Meter:Precision with Ketone Strips
- Exercise: Aerobics 3 times a week
- Fear: Kidney Failure


JEOPARDY!
MA
Jeopardy!
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DIABETES JEOPARDY

Adjust	Meters	Meals	Meds	Exercise
100	100	100	100	100
200	200	200	200	200
300	300	300	300	300
400	400	400	400	400
500	500	500	500	500

FINAL

Adjust 100

How do I know I have diabetes?

Adjust 200

Will I always have diabetes?

Adjust 300

Will I give it to my kids?

Adjust 400

Does stress raise my blood sugar?

Adjust 500

If I lose weight will I get rid of diabetes?

Meters 100

Do we have the new meter so I don't have to poke myself?

Meters 200

What do I do if I can't get enough blood?

Meters 300

I’m flying, what do I do with my medications and equipment?

Meters 400

It’s okay to check my entire family, isn’t it?

Meters 500

How often do I change the lancets?

Meals 100

What can I eat ?
What can’t I eat?

Meals 200

Can I drink alcohol?

Meals 300

How much can I eat?

Meals 400

Are there carbs in tictacs, cough drops and gum?

Meals 500

What do carbohydrates do? Are there carbohydrates in beer?

Meds 100

Can I lose weight and get off medication?

Meds 200

My meds give me diarrhea, what can I do?

Meds 300

I’m shaky and sweaty, is it my diabetes?

Meds 400

I’m flying soon, what do I do with my medications and airport security?

Meds 500

I forgot my medication, do I double up next time?

Exercise

When is the best time to exercise?

Exercise

I always get low when I exercise, what can I do ?

Exercise 300

How long should I exercise?

Exercise 400

I'm hiking, how do I store my insulin?

Exercise 500

I have arthritis, knee pain, and bad hips, what can I do?

FINAL JEOPARDY!

Type 2 Diabetes is not as serious as Type 1 Diabetes, is it ?

CME JEOPARDY

Activity	Disclosure	Planning	Speaker	Supporter
T 100 F	T 100 F	T 100 F	T 100 F	T 100 F
T 200 F	T 200 F	T 200 F	T 200 F	T 200 F
T 300 F	T 300 F	T 300 F	T 300 F	T 300 F
T 400 F	T 400 F	T 400 F	T 400 F	T 400 F
T 500 F	T 500 F	T 500 F	T 500 F	T 500 F

FINAL

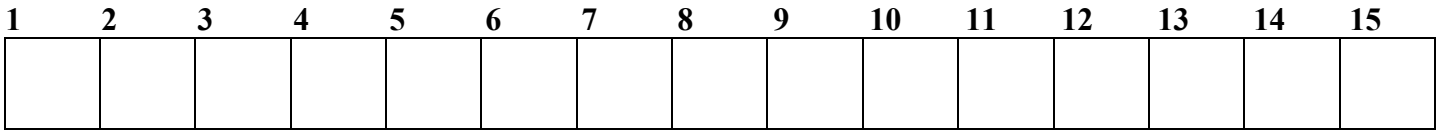
Worksheet #1

What is *Self-Management*?

Worksheet #2

PCP time spent with a typical patient during a 15-minute *traditional* visit:

How do you spend your time?



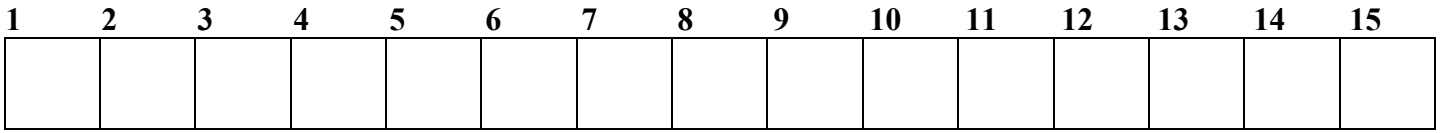
Example:

Chart review, labs, referrals, meds, last note(s) etc…
Discussion with patient (history)
Physical exam
Make an assessment
Plan (med changes and additions, referrals, labs, immuniz., etc…)
Self-management

Worksheet #3

PCP time spent with a typical patient during a 15-minute visit *following a planned visit*:

How do you spend your time?



Example:

Chart review, labs, referrals, meds, last note(s) etc…
Discussion with patient (history)
Physical exam
Make an assessment
Plan (med changes and additions, referrals, labs, immuniz., etc…)
Self-management

Worksheet #4

***Your* self-management goal:**

What is it you are willing to do?_____
_____
_____

How much are you willing to do?_____
_____

When are you willing to do it?_____
_____

How often are you willing to do it?_____
_____

What is your *likelihood-of-success* score (1-10)?_____
_____

Office use only: Quality Score_____