

REPORT FROM THE CHAIR:

Queen's Park Day Report

Lisa Herlehy

Hello to DNIG members. As the days get longer and winter comes to a close nurses across Ontario are heating up. If we thought that our voice was not being heard by Ontario leadership, the RNAO meeting late in February when members gathered at Queen's Park gave all of us hope. Clearly, Nurses know it is most important that clients remain front and centre. Nurses know what they need to work and stay in Ontario. Nurses know.

On March 1 RNAO members travelled to Queen's Park to meet with MPPs over breakfast which provided opportunity to lobby on current issues affecting Ontario nurses and their clients: safe injection sites, RN staffing issues and for profit health care. Following breakfast RNAO president Dr. Grinspun held a press conference to release RNAO's Nursing Career Pathways before nurses made their way to Question Period. Lunch and afternoon events took place at the beautiful Hart House on the grounds of University of Toronto.

The Honourable Sylvia Jones, Minister of Health and Long Term Care, and the Honourable Paul Calandra represented the Conservative Party of Ontario. The NDP leader Marit Stiles represented the official opposition. The interim leader, John Fraser and Health Care Critic MPP Dr. Adil Shamji represented



the Liberal Caucus. The Green Party leader Mike Shriner presented the Green Party position on Health Care and the health service delivery in Ontario.

Throughout, the microphone was open for members questions. so Nurses were able to voice their concerns and share personal insights with the political leaders.

On Friday RNAO members gathered at the Chelsea hotel for Assembly which began with the land acknowledgement by Dr. Claudette Holloway.

First on agenda was an update from CEO Dr. Doris Grinspun on RNAO ends, activities and future plans. Following the break the microphone was opened for member's voices giving Chapters and Interest Groups the opportunity to highlight current activities and events and to call for support from members for specific initiatives. A political action learning session constituted most of the afternoon. The key message from our Executive and CEO was that nurses cannot remain silent at this very crucial time in the history of health care delivery in Ontario.

In summary, there was much excitement as nursing colleagues and friends gathered again post pandemic. But there was also a different feel in the air: amid concerns that we are at a cross-roads in the delivery of health care in Ontario, nurses are worried. The need for nurses to support each other and speak with a strong voice in this changing health climate is more important than ever. Together nurses do have a strong voice and there is much to be hopeful for. Together we can not just advocate for, but demand workplaces that support us and allow us to show-case that which we do best, care for the people of Ontario. ■

Have your say!

Write for our newsletter, send in questions and requests. Your executive is there for you. Contact us at dnig.info@gmail.com.

Student's Corner

Growing up, I was always a chubby kid. My relatives did a really good job reminding me of how heavy I was in my early years. They kept reminding me to not drink too much juice: “it has too much sugar in it”, and put the cookies on a high shelf so I wouldn't notice them. This heavily impacted my self-esteem growing up and in my mind, my self-worth became associated with my weight. From an early age, I started dieting. I'll never forget my first day of high school, coming home, and almost fainting because I was restricting my calorie intake to 900 calories every day. Understandably, my family members became really worried for my health as I continued to gain weight as the years progressed. Eventually, my parents decided to take me to my family doctor to better understand what might be going on. The doctor suggested I continue eating 900 calories daily and stop eating all carbs, including fruits. Every week, the doctor would call me in for a weekly weigh-in to see how much weight I was losing. She said that the goal would be to lose 10 pounds every week. I met my doctor's expectations and cut out all



Sakeenah Syed

carbs and any cultural foods. For the first two weigh-ins I lost 20 pounds, but then I stopped losing weight. The doctor became very upset with me and said I should have been trying harder. I felt alone and thought no one around me understood what I was going through.

In 2018, I was diagnosed with polycystic ovarian syndrome (PCOS). This diagnosis was quite a bit of an “ah ha” moment for my family doctor and clarified why I was not able to lose any weight on her diet plan. This diagnosis meant that I was insulin resistant and at risk of becoming pre-diabetic. Finding this out was very scary for me and difficult to hear. Growing up, I had watched diabetes rob the lives of those closest to me. At 29, my dad was diagnosed with diabetes, and I saw

how the diagnosis robbed him of quality of life.

My diagnosis helped to explain why I would have a significantly harder time losing weight than the average person, but it made me feel like a failure. No matter how hard I tried to lose weight I felt hopeless and stuck. In 2021, this changed when I met a dietitian and behavioural therapist who helped me work towards weight loss in a holistic manner. Their ideology was to not only focus on the numbers associated with weight loss, but to focus on the mental “mind talk” associated with weight loss. For once, I felt supported by health practitioners and could see a way forward. This approach to weight loss made me realize how important it is for patients to heal not only on a physical level, but on a mental, and spiritual level as well.

As a nursing student, one of the fundamental concepts taught is how to build a therapeutic relationship with our patients, and how to help them work on healing in a holistic manner. I wanted to join DNIG as a student executive to help promote this idea of holistic healing for our patients with diabetes. Nurses have such a strong and integral role to play when it comes to helping those who struggle with diabetes and weight loss as this journey is such an emotionally difficult time for a patient. With my role in DNIG, I hope to spread more awareness of how important the role of nursing is in supporting patients with diabetes management. I hope to educate current and future nurses on how to care for all patients not only on a physical level, but on an emotional level as well. I hope to help our profession to expand its current roles in diabetes care and to help give people with diabetes the excellent support I wish I had earlier on in my life. ■

Elections! Elections!

Stay tuned next month for call for nominations for a number of positions on DNIG executive. Consider joining this dynamic group to contribute to diabetes education in Ontario and to support your colleagues who have an interest in diabetes. If you have any questions about positions or how you might like to contribute send an email to Lisa at dnig.info@gmail.com.



Upcoming Conferences

DNIG Supports Members in Ongoing Learning

2023 Kinghooper Virtual Diabetes Educator Course

April 27-29

Virtual

<https://kinghooper.com/program/diabetes-educator-course-virtual-april-2023/>

Kinghooper also offers the Diabetes Educator Course—On-Demand

The course fee is \$599 (CAD) plus tax where applicable. Upon payment you will have 60 days to view the sessions, as many times as you would like.

<https://kinghooper.com/program/diabetes-educator-course-on-demand/>

83rd American Diabetes Association Conference 2023

June 23-26

San Diego

<https://professional.diabetes.org/scientific-sessions>

2023 Diabetes Canada/CSCM Professional Conference part of Vascular 2023

Oct 25-29

Montreal

<https://tinyurl.com/22rsdpy3>





Conference Funding Application

Name

Address

City

Province

Postal Code

Phone

Email

RNAO membership #

DNIG Membership duration

Employment status Full time Part time

Employer

Please tell us about the conference you wish to attend, approximate distance and your anticipated mode of transportation:

* **NOTE:** For reimbursement of agreed upon amount, an **expense report** and all receipts are to be submitted to DNIG, no later than 1 month following conference completion. Recipients are also asked to submit a **written report** on their experience to DNIG executive to share with membership.

Please attach a 1-page document (maximum 500 words) outlining why you qualify for this funding.

This brief personal summary must include:

1. Identified professional objectives for attending the diabetes conference.
2. Identified involvement (past/present) in diabetes professional practice/DNIG.
3. Identified strategy for sharing learning with nursing colleagues.

Please supply one professional reference:

Name

Phone number

I certify that all information contained in this application is true and accurate.

Applicant signature

Date

Please send completed scanned applications and any questions to Lisa Herlehy at dnig.info@gmail.com.



Virtual Conference Funding

Virtual learning experience continue to be sponsored by DNIG throughout 2022. You are invited to submit your application for one (1) of ten (10) educational awards to attend a virtual conference, symposium, workshop or course.

These bursaries were developed to support the studies and clinical capabilities of all members. Each bursary, up to a maximum of \$500.00, will be awarded to cover virtual event registration fees.

Eligibility:

- Candidates must be DNIG members for one year or longer.
- Nine (9) non-student members and one (1) student member.
- Virtual programming is for 4 hours or longer.
- Content is relevant to the care of persons with diabetes.

Application Process Guidelines

1. Complete the application form.
2. Submit application form at least 14 days before the start of the event to dnig.info@gmail.com.
3. Selected bursary recipients will be asked to provide the official registration receipt and proof of event attendance. ■

Virtual Learning Funding Application

Name _____

Address _____

City _____ Province _____

Postal Code _____ Phone _____

Email _____

RNAO membership # _____ DNIG Membership duration _____

Employment status Full time Part time

Employer _____

Please tell us about the conference you wish to attend: _____

*** NOTE:** For reimbursement of agreed upon amount, all receipts are to be submitted to DNIG, no later than 1 month following event completion.

Please attach a 1-page document (maximum 500 words) to your application form stating your learning objectives and the relevance of the event’s information for your professional nursing activities

I certify that all information contained I this application is true and accurate.

Applicant signature _____ Date _____

Please send completed scanned applications and any questions to Lisa Herlehy at dnig.info@gmail.com.

May is Foot Health Awareness Month

Here's a review of Diabetes Canada's do's and don'ts when it comes to foot care and living with diabetes:

Can J Diabetes 42 (2018) S323



Contents lists available at [ScienceDirect](#)

Canadian Journal of Diabetes

journal homepage:
www.canadianjournalofdiabetes.com

**DIABETES
CANADA**



Appendix 13

Diabetes and Foot Care: A Checklist

DO:	DO NOT:
<ul style="list-style-type: none">• check your feet every day for cuts, cracks, bruises, blisters, sores, infections or unusual markings.• use a mirror to see the bottom of your feet if you can't lift them up.• check the colour of your legs and feet. If there is swelling, warmth or redness or if you have pain, see your doctor or foot specialist right away.• clean a cut or scratch with a mild soap and water and cover with a dry dressing for sensitive skin.• trim your nails straight across.• wash and dry your feet every day, especially between the toes.• apply a good skin lotion every day on your heels and soles. Wipe off any excess lotion.• change your socks every day.• wear a good supportive shoe.• wear professionally fitted shoes from a reputable store; professionally fitted orthotics may help.• choose shoes with low heels (under 5 cm high).• buy shoes in the late afternoon (since your feet swell slightly by then).• avoid extreme cold and heat (including the sun).• exercise regularly.• see a foot care specialist if you need advice or treatment.	<ul style="list-style-type: none">• cut your own corns or calluses.• treat your own in-grown toenails or slivers with a razor or scissors; see your physician/nurse practitioner or foot care specialist.• use over-the-counter medications to treat corns and warts. They are dangerous for people with diabetes.• apply heat to your feet with a hot water bottle or electric blanket; you could burn your feet without realizing it.• soak your feet.• take very hot baths.• use lotion between your toes.• walk barefoot inside or outside.• wear tight socks, garters or elastics, or knee highs.• wear over-the-counter insoles – they can cause blisters if they are not right for your feet.• sit for long periods of time.• smoke.



A Snapshot of Diabetes Management in Canada









Take a look at the following statistics regarding diabetes-related tests and screening across Canada. These gaps in care provide opportunities for nursing advocacy and patient education.

The biggest health burden diabetes creates is through complications like heart attack, stroke, kidney failure, or lower-limb amputation. These complications can often be prevented or delayed by screening. According to Diabetes Canada's (DC) recommendations, adults with diabetes, whether type 1 or type 2, should be screened at least once a year on a variety of measures that determine the management of their diabetes and the risk of complications. These tests include: A1C, blood pressure (BP), LDL cholesterol, and kidney function. Most adults with diabetes in Canada are not getting the recommended number of tests done at the right time.



96% of adults with diabetes in Canada have at least one result higher than the recommended level.¹

Most people are NOT getting the tests they need²

Test	Complications it can help prevent	Diabetes Canada's guidelines on recommended number of tests in a 2-year period	Percentage of people not receiving the right frequency of testing
A1C 	Blindness, amputation, kidney disease, cardiovascular disease	4-8	 83%
Blood Pressure 	Cardiovascular disease, amputation, kidney disease	2 if at target, 3+ if above target	 31%
LDL Cholesterol 	Cardiovascular disease, amputation	2	 68%
Kidney - urine ACR 	Kidney failure	2	 83%



diabetes.ca
1-800-BANTING (226-8464)



¹ Risk factors were analyzed for 4,609 adults.
² Test frequency was analyzed for 15,203 adults.

Source: IQVIA Canadian Primary Care EMR Database (Ontario), January 2018-December 2019. All IQVIA database content is based exclusively on anonymized information sourced from participating health clinics. The data in question was subjected to robust anonymization measures prior to its delivery to IQVIA, and was independently assessed against risks of re-identification to ensure an optimal protection of patient privacy.



DNIG provides:

- support for continuing nursing education
- a network for information sharing and professional collaboration
- advocacy on quality of care and professional nursing