



EMMA: EMPOWERMENT, MOTIVATION & MEDICAL ADHERENCE

Dialogue tools for diabetes consultations

In Part 1 you will find:

- + Introduction*
- + EMMA: Empowerment, Motivation & Medical Adherence*
- + Health education - the foundation and theory underlying EMMA*
- + The Way to Empowerment*
- + Some fundamental health education needs*
- + EMMA - Exercises*
- + New roles/attitudes for healthcare professionals*
- + A consultation process*
- + Bibliography*

EMMA: EMPOWERMENT, MOTIVATION & MEDICAL ADHERENCE

Dialogue tools for diabetes consultations

**EMMA: EMPOWERMENT, MOTIVATION
& MEDICAL ADHERENCE**
Dialogue tools for diabetes consultations

1. Edition

Research team: Annemarie Varming, Guðbjörg Andrédóttir,
Gitte Englund, Lone Jelstrup and Frederik Ivar Persson

Editors: Rie Duun & Ingrid Willaing

Translation: Michael Stebbing

Graphics: Katja Bjarnov Lage
Infographics: Magnus Packness
Printed by: Frederiksberg Trykkeri

© Steno Health Promotion Center and Steno Research Center,
Steno Diabetes Center, Denmark, May 2013

All rights reserved. All trademarks acknowledged.
Limited copying permitted with acknowledgement of source.

ISBN 978-87-92759-07-8

The material can be downloaded from www.stenodiabetescenter.com
For questions and comments please contact
Annemarie Varming, ARE@steno.dk or Ingrid Willaing, IWTP@steno.dk

INTRODUCTION	4
EMMA: Empowerment, Motivation & Medical Adherence	6
Health education foundation and theory underlying EMMA	7
Challenges and changes	8
The Way to Empowerment	10
Some fundamental health education needs	12
EMMA - Exercises	13
New roles/attitudes for healthcare professionals	16
A consultation process	17
Bibliography	27
 EXERCISES FOR REFLECTION AND GOAL SETTING	 29
'My Day'	32
'My Medication'	34
'My use of medicine'	36
'My Challenges'	38
'Postcard'	40
'Follow-up'	42
'Goal and Plan'	44
'Importance and Confidence'	46
'Advantages and Disadvantages'	48
 EXERCISES FOR KNOWLEDGE AND LEARNING	 51
Illustration sheets	52
Icons	55
'Blood sugar control'	57
'Symptoms of high and low blood sugar'	58
'My blood sugar'	59
'Raised blood sugar'	60
'Treating type 2 diabetes'	61
'Medication overview'	62
'Having to inject oneself'	63
'Gaining weight from insulin treatment'	64
'Low blood sugar'	65
'Long-term complications of diabetes'	66
'Preventing long-term complications'	67
'Experience of long-term complications'	68
'My relations'	69
'Good and poor support'	70
'Remember your medication'	71
 MATERIALS AND TOOLS FOR EXERCISES	 72

INTRODUCTION

To achieve a good quality of life with type 2 diabetes, it is important to feel secure, safe and relaxed in day-to-day management of the disease.

We are introducing a new concept with this material, EMMA, which has been developed to assist health-care professionals and inspire them to support the development of care for patients with diabetes, and their ability to take action themselves. EMMA is an abbreviation of Empowerment, Motivation & Medical Adherence.

EMMA focuses on optimising and implementing medical treatment in individual patients so as to achieve medical adherence and improved blood sugar control.

Systematic use of health educational exercises that actively involve patients in dialogue enables health-care professionals and patients to tackle the underlying challenges in treating and getting a balanced understanding of experience, resources and motivation. On this basis, work can be done on knowledge and learning and on setting relevant goals and planning relevant changes for individual patients. Using EMMA's specific dialogue tools makes it possible to structure a session, to address selected themes and identify what is relevant for individual patients.

The exercises in EMMA give healthcare professionals a health education basis for stepping away from their role as a traditional medical authority. EMMA provides inspiration for acting as a sparring partner, supporter and medical specialist in working with patients.

EMMA can be used in dealing with newly diagnosed patients as well as those who have had the diagnosis for a longer time.

For poorly regulated patients, EMMA can assist in actively promoting "equality in healthcare" - a key health education concept. Equality in healthcare means in this respect, focusing on the fact that patients have differing needs for support in making changes to improve their health. Some people may have sufficient resources and ability to manage and deal with complicated changes in their lives, whereas others may really have a great need for support.

EMMA's oral and written dialogue tools are supported by pictures, illustrations and statement cards with short, clear sentences for promoting reflection and dialogue. These tools appeal to different senses and different abilities so that most patients can be expected to benefit from the exercises, because the tools cater for different preconditions for learning and tackling new issues.

Methods and tools need to be continuously adjusted in line with the involvement and understanding of individual patients.

EMMA provides inspiration and specific exercises to:

- Identify, explain and correct misunderstandings about medication
- Identify challenges and obstacles that patients come across in their medical treatment
- Individualise consultations by way of patient participation and dialogue
- Improve patients' ability to cope and create empowerment

The concept was developed at SDC - Steno Health Promotion Center - in a collaboration between researchers, doctors and diabetes nurses in 2011-12.

INTRODUCTION AND BACKGROUND

PART 1 describes the background and basis for the EMMA concept. The theories and health education models on which the concept is built are described and explained briefly.

The requirements for the roles, skills and attitudes of healthcare professionals are mentioned and an example of how the concept can be organized and used in practice is presented. Finally, there are case stories as examples of how to use the dialogue tools.

REFLECTION AND GOAL SETTING

PART 2 describes exercises that are suitable, in part for initial dialogue about the challenges that diabetes causes individuals and, in part, to identify realistic goals and to plan pathways for individual patients.

KNOWLEDGE AND LEARNING

PART 3 describes a scrapbook with exercises that address in detail specific issues relating to understanding and regulating type 2 diabetes, medication and its effects, long-term complications in type 2 diabetes and experiences of, and the need for, social support. The exercises can help clarify how patients perceive and understand their situation, giving them the knowledge and learning to meet their needs.

MATERIALS AND TOOLS

PART 4 contains exercise material for use in sessions. These are materials that healthcare professionals reuse from time to time together with different patients and there are exercise sheets to be copied for each individual patient.

In the material, the person with diabetes is consistently referred to as the 'patient' instead of the correct term, 'the person with diabetes'. This has been done for linguistic purposes.

EMMA: EMPOWERMENT, MOTIVATION & MEDICAL ADHERENCE

The aim of EMMA is to create empowerment, motivation and medical adherence in patients with type 2 diabetes.

EMPOWERMENT – BEING ABLE TO

The term empowerment comes from its use in social science in the 1970s to describe oppressed groups' fight for basic rights. Nowadays, empowerment lies at the heart of the work done on health promotion in which it also characterises how patients and healthcare professionals work together to achieve positive behavioural changes. Empowerment is an important part of support for self-management for patients with diabetes or other chronic diseases. Empowerment here characterises the ability to achieve the power to act and the possibility of managing your own life with the best possible quality of life and health promoting behaviour.

The aim of EMMA is for individual patients to make informed choices on how their lives should be organized with the greatest possible self-management.

MOTIVATION – TO WANT TO

Motivation is the driving force underlying the wish to change behaviour. Inner motivation is driven by your own needs, values and feelings whereas external motivation is driven by other people, material goods, penalties or benefits. Inner motivation in those who need to change their behaviour is the most important because most people are more likely to work towards the goals they set for themselves.

EMMA provides inspiration for working on the basis of individual patients' own needs, values and feelings.

MEDICAL ADHERENCE – A PARTNERSHIP

Adherence describes to what extent a recommended treatment regimen is followed. WHO recommends 'adherence' as a more contemporary term rather than the traditional concept of 'compliance'.

Adherence also includes aspects of the treatment regimen being negotiated and agreed between patients and healthcare professionals. Adherence presupposes a partnership, or concordance, that matches the ideas underlying empowerment.

Patients with chronic disease often find it difficult to stick to the treatment regimen. Limited medical adherence can be a problem since it can affect the treatment outcome, such as HbA1c.

Improved adherence requires treatment to be adjusted to the daily routines, circumstances and resources of individual patients. 'Sense of Coherence' (SoC) describes sense of coherence in life and is measured in three dimensions: comprehensibility, manageability and meaningfulness. High SoC in patients with diabetes correlates with a higher degree of adherence to the treatment regimen and better glycemic control of blood sugar.

EMMA's aim is to improve adherence by providing support for concordance in practice and boosting individual patients' experience of the comprehensibility, meaningfulness and manageability of treatment.

HEALTH EDUCATION FOUNDATION AND THEORY UNDERLYING EMMA

A cross-theoretical approach underlies the EMMA concept in which different theories, models and health education principles are incorporated and supplement each other. The figure illustrates the

aim of EMMA and shows the sources of inspiration used when developing the EMMA concept. This is followed by a description of how the various models and theories contribute to the EMMA concept.



CHALLENGES AND CHANGES

‘The balancing person’ model describes why it is necessary to tackle both the physical and mental changes caused by chronic disease such as type 2 diabetes. During development of the EMMA concept, patients with type 2 diabetes described the changes and challenges they faced as follows:

BODILY INFIRMITIES

Many patients with type 2 diabetes see limits to physical performance in their daily lives, specifically associated with physical activity and exercise.

If patients have developed long-term complications due to their diabetes, the problems are typically with their feet, eyes and circulation.

On the other hand, some individuals with type 2 diabetes have no symptoms of raised blood sugar or diabetes. They do not feel ill and therefore often forget to take their condition into account.

LOWERED BAR

Individuals with type 2 diabetes find that they have fewer resources in their daily lives, partly because of physical infirmities and partly because of the mental challenges caused by the disease.

Some people experience major fluctuations in their level of energy which affects how they plan activities and generally affects patients’ overall situation.

CHALLENGING RELATIONS

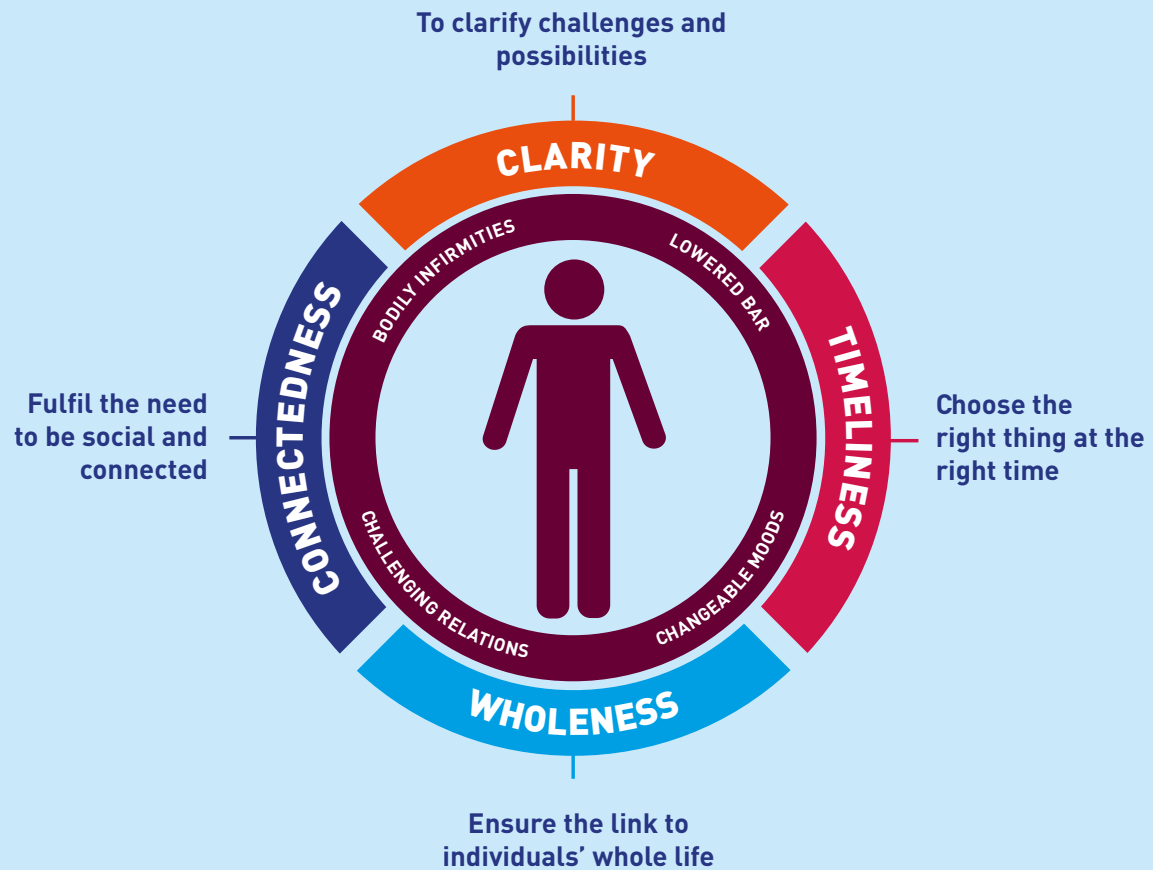
Some patients find it intimidating to tell other people that they have diabetes. They may possibly prefer to keep it concealed except for very close relations. This can limit their social interaction, with isolation and loneliness as a result. Many patients find it difficult to decide to eat healthily when they are out and are faced with less healthy options and it can be very difficult to ask other people to take diabetes into consideration.

CHANGEABLE MOODS

Acknowledging the disease and re-finding yourself after being diagnosed with type 2 diabetes can be difficult and may take time. In addition to help in understanding the disease, medication and treatment, many patients need psychological support to come to terms with the situation and mobilize the motivation to take action. Poorly regulated patients often have fewer resources for care in their daily lives since raised blood sugar can lead to fatigue, worries, depression and mood swings. Some patients also feel shame and have a bad conscience. They blame themselves for not having lived healthily enough.

Blood sugar tests can be regarded as an exam and some patients become extremely concerned and afraid of losing their sight, having a leg amputated or developing other long-term complications.

THE BALANCING PERSON



THE WAY TO EMPOWERMENT

ACTION COMPETENCE AND ACTION

All patients have different challenges and concerns and to be able to act, they need to be able to navigate around them to see the way ahead. So developing action competence is crucial. Action competence and action are key concepts in health education and derive from the concept of empowerment.

Knowledge and freedom of action are preconditions for achieving action competence and for acting. We understand action competence to mean the skills patients need to be able to manage their lives with diabetes as well as possible.

Right at EMMA's core lies the knowledge that helps individual patients to take conscious, targeted action in their lives to promote their own health. There are multiple dimensions to health-promoting knowledge: Why - the reasons for changing behaviour; Where to – about visions, dreams and wishes; What - what can be achieved and the effects of changes in behaviour; How - how it can be done and the strategy to be followed

EMMA enables healthcare professionals to make it possible for patients to become aware during consultations of the need for change. Patients are then assisted in formulating how they want to change and in planning the relevant steps. The EMMA concept is inspired by a five-stage empowerment model for setting goals: Identifying and clarifying problems, describing goals, planning activities and changes, and follow-up.

In EMMA, the idea is to build up action competence by ensuring that individual patients can influence precisely how their own health can be improved.

SETTINGS PERSPECTIVE

Developing action competence requires individual patients' settings, resources and needs to be taken into account. The settings perspective is yet another key health education determinant aimed at ensuring that the knowledge gained and when set, goals are sustainable and help in promoting healthy daily routines.

The settings perspective includes the surroundings, social relations and cultural frameworks in our daily lives and means that any change aimed at promoting health should be seen in a specific, concrete connection.

The exercises in EMMA involve the challenges and changes in daily lives that diabetes causes patients and emphasises the importance of specific, personal descriptions to pave the way in understanding changes in daily living that can enhance the quality of patients' lives.

EMMA puts the spotlight on patients' frameworks and relationships and the importance for patients' situation and their options for support.

PARTICIPATION AND DIALOGUE

Participation and dialogue are also key health education concepts that are important for patients' ownership of decisions and processes. Ownership is especially regarded as an important precondition for creating and maintaining lifestyle and behavioural changes. So it is important for patients to actively contribute when discussing ideas, solutions and decisions. On the other hand, it is not so important who proposes the various options, provided that these are then discussed and actively decided on by patients themselves or in conjunction with them.

The healthcare professional can act here as a sparring partner for patients in their development of better self-management and treatment. This type of process is an alternative to top-down and bottom-up processes and the idea is for the healthcare professional to contribute specialized knowledge on healthcare and disease, with patients contributing specialized knowledge about what would work for them in their daily lives.

Patients are invited to reflect about and formulate their own experiences and attitudes to disease, medication and changes. Special exercises support the knowledge, learning, goal setting and action planning processes.

The EMMA concept is centred around dialogue and participation by way of interactive exercises with dialogue tools.

DIFFERENT WAYS TO LEARN

As a healthcare professional, it is useful to consider that the people you meet in your consultations learn and understand information and what they are told in very different ways. So you may need to modify the way you communicate.

Fundamentally, some people understand best when things are told to them and explained orally whereas others are fundamentally visual and prefer to see

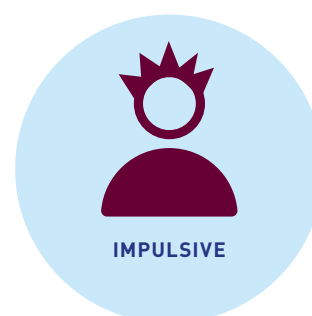
a graphic illustration, picture or text. Others best understand information and connections by having things actually in their hands and some even use their whole bodies in understanding.

Some people are quick and resolute when making decisions, others are more reflective and cautious, and others again need to talk everything through, possibly several times.

Within the field of psychology, four different basic types in learning are defined, each of which imposes specific demands on the healthcare professional in a consultation.

- Most people are globally oriented. They prefer to get new knowledge in large, coherent portions.
- The analytically-minded person often learns best by getting difficult information in small portions in a logical sequence.
- The reflecting individual always prefers to think over and process new knowledge.
- The impulsive individual is ready to try out new things immediately and learns by doing.

The exercises in the EMMA concept enable consultations to be adapted to individual patients.



SOME FUNDAMENTAL HEALTH EDUCATION NEEDS

EMMA is based on four meta-needs for health education that patients experience as part of patient education.

The Balancing Person model (see p. 9) describes the changes, dilemmas, thoughts and feelings experienced by patients with chronic conditions. On this basis, four meta-needs have been identified that patients with chronic conditions have in an educational process: Wholeness, clarity, timeliness and connectedness.

The need for wholeness can be met by:

- Connecting the past, present and future
- Seeing the person rather than the disease
- Ensuring there is a common theme

The exercises in EMMA ensure that patients' daily lives are reflected in sessions and contribute in identifying problems, in deliberations and decisions. The various exercises supplement each other and can be used in an inter-connected process centred around a common theme.

The need for clarity can be met by:

- Discussing imbalances
- Communicating relevant knowledge
- Using visual, tangible methods

The EMMA exercises are about identifying the challenges and concerns that limit individual patients in their treatment. Subsequently, relevant knowledge can be targeted and processed. Some exercises pave the way for goal setting and action planning that can be directly connected to specific concerns and challenges.

Clarity therefore relates to action competence and empowerment.

The need for timeliness can be met by:

- Focusing on individual change processes
- Giving time and space for anchoring
- Choosing the right timing

The EMMA exercises use dialogue to provide good insights into exactly where patients are in the process of recognising their situation. Several exercises use a scale tool to focus for example on how important patients find a given action or a given goal. The scales make it possible to have the patients view as a more precise starting point for the discussions and exercises.

Peace and quiet time for reflection are important in the communication process in order for the patients to learn and gain insights at their own pace.

The need for connectedness can be met by:

- Creating an environment and a personal contact that inspires trust and confidence
- Mirroring and talking about imbalances and experiences

The EMMA concept uses exercises with pictures, quotations and statements from other patients to mirror experiences and imbalances and to get dialogue going. In general, it is important to avoid disturbances such as telephones and using a PC during sessions and it is important to be respectful, and not judgmental.

EMMA - EXERCISES

The exercises in EMMA have been developed to establish dialogue and participation whilst also taking into consideration different ways of learning and patients' individual needs. Interactive exercises lie at the heart of the EMMA concept.

The concept consists of a series of visual and tangible exercises with pictures, quotations, questions, illustrations, icons and materials for note-taking. The exercises assist in:

- Specifying thoughts, difficult issues, ideas, goals and direction of travel
- Stimulating the senses and memory
- Supporting discussions on challenges and concerns
- Promoting dialogue and recognition
- Mirroring and creating a feeling of connectedness
- Supporting the creation of a new identity
- Promoting reflection and narration

The exercises each have different purposes and design and are inspired by different methods, models and theories, for example:

The medication review is used to ensure that the medical regimen is effective and safe and adapted to individual patients' needs. Four issues are regarded as being fundamental:

- To identify and correct differences between the medication taken by patients and what is stated on their medication lists.
- To identify and rectify misunderstandings and errors with respect to taking medication.
- To assess whether the medication regime could be optimized with regard to efficacy, adverse reactions and convenience for individual patients.
- To clarify what patients know about their medication, for example indications, how medication works, adverse reactions, why a drug has been

prescribed and whether patients themselves dose/ administer their medication.

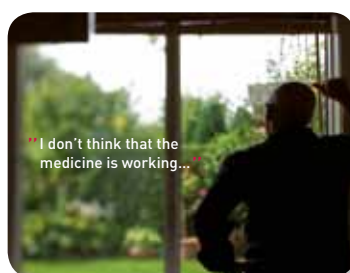
The 'My Medication' exercise in EMMA is just such a review of patients' medication regimens. The exercise can be used to adjust for mistakes and inappropriate actions and forms a good basis for talking about patients' challenges in understanding and taking their medication. Other exercises can be used to focus sharply on their challenges, such as 'My use of medicine', 'My Challenges' and 'Medication overview'.

WHO's five dimensions of adherence describe areas of importance for the extent of adherence in treating chronic disease. The five dimensions which interact with and affect each other are patient-related and socioeconomic factors, treatment-related and health factors and factors relating to the health service.

All these issues influence how individuals cope with their medication regimes.

The five dimensions are to be found in EMMA in the 'My Challenges' exercise.

The self-efficacy theory is based on the importance of belief or confidence that people have in their own ability to undertake a specific action or behaviour. Expectations arise and develop through our own experience and by reflecting on the experiences of others. Self-efficacy is an important determinant for behaviour and is used as a core component of programs for improved self-management. A simple tool for determining the extent of patients' self-efficacy consists of asking them to assess on a scale of 0 - 10 how much they believe in their ability to undertake a certain behaviour or achieve a specific goal.



Example of 'My challenges'

The scale tool is used in EMMA for example in the 'Preventing long-term complications' and 'Importance and Confidence' exercises.

The Health Belief Model focuses on the importance of belief in motivation for health behaviours:

- Belief in how vulnerable or predisposed a patient may be to a specific disease or negative health outcome
- Belief in how serious a disease is or how negative a health outcome could be
- Belief that recommended treatment regimens are effective or whether changes in health behaviours are possible and advantageous
- Belief in how prepared a patient is to confront challenges by achieving and maintaining health

It has been found that there is a link between how serious patients feel a disease is and how good their adherence is. So it is important for patients to understand the disease and its consequences.

Accordingly, EMMA includes learning exercises such as 'Blood sugar control', 'My blood sugar', 'Raised blood sugar' and 'Long-term complications of diabetes'.

Also, a correlation has been seen between less amount of talk by healthcare professionals in patient

education sessions and greater changes in the perception of the disease by patients.

EMMA generally focuses sharply on patient participation and dialogue by way of interactive exercises.

The Transtheoretical Model of Change (Stages of Change), describes five phases typically undergone by people making changes:

- Pre-contemplation – people are not thinking of changing their behaviour
- Contemplation – people are thinking of changing their behaviour
- Preparation – people plan to change their behaviour
- Action – people carry out their plan
- Maintenance – people find ways of maintaining changes

One important aspect is that getting the right help in assisting patients to reach goals depends on the stage of change they are in.

It is important to be aware that changes usually do not happen in a clear, linear process but rather in iterative cycles and with various degrees of relapse. People's readiness to change depends on the stage they are in. The precise stage is an important determinant of behaviour and this is addressed in

EMMA using for example the scale tools and the 'My Challenges' exercise.

Motivational interviewing describes different techniques of which four have been implemented in EMMA exercises:

- Patients report on a typical day. This creates patient participation, and healthcare professionals gain an insight into patients' daily lives and their social and physical contexts. The exercise is called 'My Day' in EMMA.
- Elicit-Provide-Elicit (EPE) is a technique in which information is exchanged in a way that ensures its relevance for patients. In this, the healthcare professional communicates information during dialogue with patients on the basis of what patients say about their own needs. In EMMA, several of the exercises address this strategy, for example 'My use of medicine' and 'My Challenges'.
- Exploration of ambivalence about behavioural changes and goals as a way of promoting motivation.

The exercise on 'Advantages and Disadvantages' in EMMA investigates ambivalence.

- Scale tools in which patients assess their concerns about selected issues, and confidence in being able to achieve a change on a scale from 0 - 10. EMMA uses scale tools in for example 'My use of medicine', 'My Blood Sugar', 'Treating type 2 diabetes', 'Medication overview' and 'Importance and Confidence'.

The idea underlying motivational interviewing fits well with the EMMA concept, and it is a good idea to use the following principles in sessions:

- Express empathy.
- Identify discrepancies and talk about the differences between what patients want and what they actually do.
- Support confidence in patients' abilities and express hope and optimism in a credible way, for example by identifying and talking about their skills and strengths and ways of supporting them.
- Avoid discussions and avoid opposing attitudes as a result of trying to convince patients.

EXERCISE SHEET 8 IMPORTANCE AND CONFIDENCE

IMPORTANCE

How **important** is it for me to reach the goal?
On a scale of 0 to 10, where 0 is "Not at all" and 10 is "Very"

0 |  10

Please X

steno
diabetes center

EXERCISE SHEET 8 IMPORTANCE AND CONFIDENCE

CONFIDENCE

How **confident** am I of reaching my goal?
On a scale of 0 to 10, where 0 is "Not at all" and 10 is "Very"

0 |  10

Please X

steno
diabetes center

EXERCISE SHEET 53

MY BLOOD SUGAR

Long-term blood sugar (HbA1c)

6,5	7,0	7,5	8,0	8,5	9,0	9,5 %
48	53	58	64	69	75	80 mmol/mol

Please X

What do(es) the latest reading(s) for my long-term blood sugar show?
What does that tell me about my blood sugar control?

.....

.....

.....

.....

How concerned am I about my blood sugar?
On a scale of 0 to 10, where 0 is "Not at all" and 10 is "Very"

0 |  10

Please X

steno
diabetes center

NEW ROLES/ATTITUDES FOR HEALTHCARE PROFESSIONALS

A broad, positive understanding of health is a key health education concept. In western cultures, health is often regarded as contrasting to or the opposite of illness, whereas a broader concept of health rather regards individuals as social beings and not just a physical body. The holistic, positive view of health also covers quality of life in terms of activities, social relations and good day-to-day living. EMMA provides a way to anchor a holistic, positive view of health by consciously talking about promoting health and treatment in inclusive language that brings positive associations into play. For example, talking about food and meals instead of talking about diet and nutritional plans, and by talking about specific individuals instead of 'relatives'.

The EMMA tools help organize sessions so that patients' own experiences and needs lie at the heart of planning the information and support that is provided. In so doing, healthcare professionals need to be able to juggle four different fundamental roles.

THE EMBRACER – THE EMPATHETIC PERSON

The role of the Embracer is to be empathetic and create confidence and trust. By showing presence during conversation enables the Embracer to show the openness and flexibility that make patients confident when talking about themselves and their experiences.

Being a good Embracer means:

- Being highly conscious of your own role
- Being aware of dynamic reactions in the dialogue process
- Controlling any tendency to over-exaggerated concern if this prevents patients from formulating their own experience and needs

THE FACILITATOR – THE MANAGING PERSON

The Facilitator helps provide an overview of the challenges and helps establish constructive

dialogue. Having a good overview enables the Facilitator to achieve plans, while providing the flexibility to be impulsive. Healthcare professionals acting as a facilitator may now and then break the norms for ordinary conversation by interrupting and introducing topics that can be difficult to talk about.

Being a good Facilitator means:

- Having a good overview of the EMMA material
- Training your communication skills
- Being able to structure the conversation and have an overview

THE INITIATOR – THE INSPIRING PERSON

The Initiator supports patients' motivation for action and change by creating 'Ah ha' moments in the conversation and by formulating new solutions.

Being a good Initiator means:

- Knowing about motivation and change processes
- Being good at using tools to set goals
- Being very aware of patient involvement

THE TRANSLATOR – THE PROFESSIONAL

The Translator is a classic role for healthcare professionals in appearing as competent and with superior knowledge. But precisely this role can provide pitfalls when the translator has to be able to adapt and communicate knowledge that is targeted at individual patients based on their specific needs.

Being a good Translator means:

- Making health care and medical knowledge meaningful and relevant to individual patient
- Being able to provide further details of medical knowledge as required by the conversation
- Being able to create a meaningful connection between medical knowledge and the experiences and issues that patients raise

A CONSULTATION PROCESS

Example of a process of three sessions using the EMMA exercises.

The example refers to sessions lasting 45, 45 and 30 minutes respectively.

SESSION 1

- Use the 'My Day' exercise to gain insights into patients' daily lives
- Use the 'My Medication' exercise to review and correct any immediate errors and inappropriate issues in patients' medication regimes
- Identify patients' challenges and resources with respect to their disease and medication. Use the 'My use of medicine', 'My Challenges' and the 'Postcard' exercises

SESSION 2

- Select the challenge that means most to, or most occupies, the patient and use the 'Follow-up' exercise for further work
- Use one or more exercises from Part 3 with respect to the selected challenge
- Set goals and make action plans to support what patients wish to achieve - use the 'Goal and Plan' and 'Importance and Confidence' exercises

SESSION 3

- Investigate ambivalence with respect to 'Goal and Plan', and possibly use the 'Advantages and Disadvantages' exercise
- Consider adjusting 'Goal and Plan'

SESSION 1

PATIENTS' DAY-TO-DAY RHYTHM AND ATTITUDES AND BEHAVIOUR IN RELATION TO MEDICATION

Extract of dialogue with the healthcare professional (HP) during the first consultation, which includes work on 'My Day', 'My Medication' and 'My Challenges'. The patient (P) with diabetes is a very physically active 69 year-old male.

'MY DAY' – UNCERTAINTY AND MEDICATION

HP: Please could you take us through a typical day from morning to evening.

P: I am a morning person. I like getting up at 5 or 6 a.m. Perhaps 6.30 a.m. on Sundays. Then I eat breakfast - porridge, a slice of coarse bread with home-made jam. A cup of coffee and a home-made cake. I normally go to the gym between 8 and 9 a.m.

HP: Do you go there every day?

P: When I'm not working, I go there every day. I do it to keep myself fit. I have always cycled and have never had a car. But it also affects my diabetes because if I do physical work, I do not need to take so much insulin. It also slightly affects me mentally. Neither do I take 100% of what I am meant to but if I had to live according to the directions, I would have mental problems. If I want to have an ice cream, I do so.

HP: Just as long as you are aware of the reaction.

P: The worst thing is low blood sugar. I have collapsed a couple of times - although that was some years back.

HP: But it was dramatic.

P: Yes, it definitely was. I could feel it in my neck. And then I started to shake. And I cannot remember more. They also tell me that they did not think my blood sugar was too low. I normally test my blood sugar after the gym. When I get home, I normally do a little work in the garden. The problem is that my blood sugar may well drop slightly.

HP: You do not eat anything when you get home after the gym?

P: Yes I have started to, a little. And then I have also started taking something fast-acting for lunch and supper. If I'm working, then I take nothing. And when I'm on holiday, it is too high.

HP: Don't you just take more insulin when you are on holiday?

P: No I don't dare to. But in the evening, it is high. I actually cycle a lot during our holidays but then I take apple juice with me. But it is at the back of my mind, going round and round, which is I keep my trips so short.

HP: What about the afternoon?

P: I spend that in the garden - there is lots to do. I normally eat at 6 p.m. and my meals are usually very regular. Watch a little TV. Eat a little more before I go to bed at around 10 p.m.

BLOOD SUGAR MEASUREMENT AND RESTLESS NIGHTS

HP: Do you measure your blood sugar, too?

P: Yes, I check it in the morning about two hours afterwards, that is after the gym and before eating again and about two hours afterwards, and again in the evening at supper time and two hours after that.

HP: So it's quite often but not always. And you use it to adjust your treatment?

P: Yes, as a rule. If I go to work, then I don't take insulin at midday. But before I am going to cycle home, I check it.

HP: So you go to bed around 10 p.m. - do you sleep well at night?

P: About a year ago, I started to feel jabs in my fingers. Then I started to get trigger finger, only two of them. And then I have also noted I have got some lumps. Then from one day to the next I could not bend them. So I thought I would have to ask because I could not constantly keep taking Panodil (painkillers). So I asked one day and found out it was because of the diabetes. I get up three-four times a night because of the pain in my hands.

HP: Do you feel tired when you get up?

P: No, not at all.

HP: Are there times when your days are very different?

P: Yes, if I am on holiday but you know, I am not away for several months.

'MY MEDICATION' - SKIPPING METFORMIN AND LACK OF KNOWLEDGE

HP: Did you take insulin this morning?

P: Yes, I took 18 units of slow-acting.

HP: Anything else?

P: Then I took my heart medication, blood thinning and calcium tablets.

HP: Who told you to take calcium?

P: The doctor. And every day I take fish oil and ginger. For lunch - I take a fast-acting set to 4. It is an estimate. It could be 0, it could be 2, it could be 3. In the evening, I take a fast-acting again. I take the two pills. Normally it is one. Normally, I preferably take three fast-acting and two pills.

HP: So in the morning you skip metformin?

P: Yes.

HP: Do you know how metformin works when you don't take it?

P: No.

HP: Metformin increases sensitivity to insulin so that if you take it in the morning, you need less insulin.

P: So it is better to cut down on the insulin by taking these pills?

HP: You get more out of the insulin by taking the pills. To what extent would you say you take your medication? Just mark where you are on the scale.

P: It is a little difficult. I don't take some of it.

HP: If you leave out the fast-acting medication, then what?

P: Okay, then it will be almost up here. Now you have told me that I should cut back a little on the fast-acting.

HP: Yes, but there has to be a little insulin for the metformin to work. How satisfied are you with how you take your medication? Do you think you take it as you think you should?

P: Yes.

SUMMARY AND AGREEMENT – HOMEWORK AND REFLECTION

HP: We started by reviewing your day. It is pretty regular. You use your blood sugar readings to regulate your treatment. You are physically very active. It is a large part of your treatment but it could also be a challenge for treating you. You prefer being at the slightly higher levels. You often decide not to take metformin, especially in the morning. Now I will give you an assignment to take home with you. There are two postcards. Please could you think a bit about, and perhaps make some notes for about, things you would like to talk about. And then the issue of metformin, whether you should be taking more of it or more insulin. And finally, how you eat, with the focus on food that does not make you increase so much so you have as it were little safety net.

SESSION 2

AGREE TO WORK ON BLOOD SUGAR MEASUREMENT AND DIET

Extract of dialogue from second consultation - working from the 'Goal and Plan' sheet. The respondent patient (P) is a very overweight 63 year-old female.

FOLLOW UP ON HOME WORK – GUILT AND EXCUSES

HP: In just a moment I shall be following up on what we did last time. We looked through your cards and challenges which in any event showed that you were really concerned about low blood sugar.

P: I also think I use that as an excuse so I can stuff something more in my mouth. I CONSTANTLY feel very unwell but then I tell myself it is just hypochondria. But again, I also think I use that as an excuse for not going out. I may well be ill but not like people who have..., who can't do anything.

HP: You have a disease but are you ill? Then there was one thing that you specially pointed out - that you do not like other people to know that you have diabetes.

P: Yes, it is because I feel ashamed of the disease. Because it sounds as if you can't control yourself. And that is probably right. But there is nobody who gets to look like me because they think it is fun. I would never dream of saying it.

'GOAL AND PLAN' – BLOOD SUGAR AND FEAR

HP: If you had to make some changes in doing something about your health, what would they be?

P: It would be best for me if I could go and do something about my diet. I look at being slimmer as a beauty ideal. I think it would be a good idea if you teach diabetics that it is not to be nice and slim but it is because of their health. For many years I have said that nobody should decide how I should look.

HP: Okay, so if you have to work on a challenge, is it mostly your diet?

P: Yes.

HP: I think your concern about low blood sugar is closely associated with your diet. How often do you have low blood sugar?

P: Once a month. The last time it happened was in a pharmacy, and I quickly put some sugar in my mouth.

HP: Have you ever had low blood sugar when you were unable to deal with it properly?

P: No, I can always feel it. I get more confused.

HP: Do you then take a reading?

P: It is terrible.

HP: You forget to test?

P: Yes. I try all the excuses. But there aren't any.

HP: Working on your diet and blood sugar testing could in any case deal with your anxiety.

P: Yes, because then I could always see it immediately. And if it was a little up, then just not eat.

HP: With the long-term test that you now have, your blood sugar is not desperately high so I think you might be positively surprised if you test your blood sugar once in a while.

P: If I am going to work hard on my diet, it sounds like I shall have to say goodbye to some of the good things. That after all is the main reason. We Danes are famous for having a good time, popping something in our mouths, and that is very much how it is with me.

'ADVANTAGES AND DISADVANTAGE' – FOOD FOR FUN AND GOOD OLD FRIEND

HP: If now you were to say in your present situation that what you now eat is your good old friend. What you think is the advantage of that?

P: I don't actually eat very unhealthily but what I do is eat too fast. If I learned to eat more slowly, I would also feel full sooner. It is not because I eat white bread with a thick layer of butter every day, but well, I do something wrong. Is there anybody with diabetes like I have who loses lots of weight and then can stop taking medication?

HP: It is really difficult to say whether you would be able to do. It is quite likely you would be able to stop taking insulin. But it is always difficult to predict. But in any case, it is thinkable.

P: Now I make it sound as if it is a major problem but it isn't. How could I benefit from changing my diet? Perhaps if I were to have really nutritious food, I would not be so tired.

HP: So feeling better by changing your diet?

P: Yes.

HP: Do you see any benefits as things are now? How do you feel about what you eat?

P: I don't really think about it. I enjoy eating.

HP: Disadvantages. Do you feel guilty about what you eat?

P: Yes, again that is because I feel it is my own fault. And it probably is, too. If when I was diagnosed I had gone and lost weight, I would not be here now.

HP: Perhaps if you had been slim, it would not have been discovered. You cannot blame yourself for that.

P: You can see that, whatever else we talk about, we always get back to food. That is because we know it perfectly well.

HP: So that is the cardinal point?

P: Yes, you can safely say that. Do you also think that if I test my blood sugar reasonably often, it will be able to guide me?

HP: Yes. What you can do is that you can measure if you are worried about it being too low. Or you can test it after you have eaten something and see how it works. Or test it before and after you go for a walk.

SUMMARY AND AGREEMENT – EAT BETTER AND TEST BLOOD SUGAR

HP: If you would like to work on something until next time, then it is simply your diet?

P: Yes.

HP: With respect to diet, what kind of goal would you like to set?

P: My goal would probably be to lose some kilos, not just to look better but also feel better. But I feel well enough ... Can't you hear that I am sitting making excuses all the time. After all, I decide what I put in my mouth. It would definitely be easier if you could just take a pill for it.

HP: Okay, so what about your diet and testing blood sugar.

P: And now you don't have to write more things.

HP: You can take all this home with you. Look it through. Finally, is there anything you would like to say about what being here has been like?

P: I was just thinking, what could you use that for? After all, there was no one else like me.

SESSION 3

LONG-TERM BLOOD SUGAR AND EXERCISE

Extract from dialogue with a healthcare professional (HP) from the third consultation where personal goals and plans can also be adjusted. The patient (P) is a slim, 72 year-old male.

SINCE LAST TIME

HP: It is actually a really long time since your last visit.

P: I have a bet going on with my long-term of blood sugar that it should fall. If it has not fallen now, I simply don't understand it.

HP: What has happened?

P: I have retired and become more active at my weekend cottage. And it is obvious that if I take 26 units in the morning and then go out and chop firewood, it all goes wrong before midday.

HP: Have you made other changes?

P: No, not with eating habits apart from cutting back on cholesterol. It is the physical activity that has changed.

HP: And how do you feel about that?

P: I'm really fine with it. I think, if it now really works, that is the way I shall continue to live.

HP: And you are fine with that?

P: I don't think I can do any better now.

FOLLOWING UP ON GOALS AND BACKGROUND KNOWLEDGE

HP: Last time you also noted that you would like to have a long-term test to fall from 64 to 58. How far should it go down? If you have type 2, the ideal is 48.

P: And I now have type 2?

HP: You have type 2. Even though you need more insulin, it won't change your diagnosis. If you get type 1, it means you have to have treatment from Day 1, but type 2 happens gradually.

P: I don't know what else I need to change to make things go better. I could stop smoking but that will not help the diabetes.

HP: In fact, it does have something to do with it. What we are trying to do is to prevent complications. The most common complication is cardiovascular disease

and you increase the risk of this by having diabetes and also smoking. And what else you could change... well, it seems that you have really changed a lot.

P: Yes, it is a radical transformation. The insulin I produce, how much is it?

HP: We measure C peptide and it was 467 in 2010, and now it is down at 164. Your production is now very small so your problem is probably that you lack more and more insulin. Your production is so small that you need to take insulin. But you won't get to take less insulin. How do you feel about that?

P: There's not much to be done about it.

EXERCISE AND INSULIN

HP: You can take less insulin by taking more exercise. It is possible if you take a lot of exercise and your blood sugar falls, then you may need less insulin.

P: But that is because I am burning off more?

HP: It is because the insulin works better.

P: So what is exercise? How hard must it be?

HP: It is a matter of getting your pulse up.

P: It is not just about taking long walks, my pulse must go up?

HP: It is also about taking long walks but it is important to get your pulse up.

P: That is pretty tough.

HP: But physical activity can be many things, in fact. You also use energy chopping firewood. Did you use to run?

P: I used to run a little but I have not been good at taking exercise. But what happens when the blood sugar reading is up there?

HP: What happens is that you increase your risk of complications.

REVISING PLANS

HP: Do you think you can stick with the changes you have made?

P: Yes I can. There is a difference between being in a flat and at my weekend cottage.

HP: How important is it to achieve these goals?

P: It is important. I would naturally not put my life on the line for that. I am very excited to see the new results for long-term blood sugar. Since I started on this, sometimes during the day, I used to feel a bit weary and now I don't anymore. I am actually getting into a rhythm of life.

And I sleep well at night without problems. But what you tell me about taking more exercise, there is nothing to stop me. I can perfectly well run in the morning. It is only a matter of priorities, nothing else.

HP: It hasn't changed at all. The long-acting reading is still 64.

P: I am disappointed about that, I really am. What should we do about it? Should I eat a little less at a time?

HP: I think you're doing the right thing.

P: I find it difficult to see how I can change it. Perhaps I should have something totally different in the morning to live on.

HP: You eat a fair amount for breakfast, but if you do, is that OK?

P: I have no weight problems.

HP: Exercise is actually the most effective way of getting blood sugar down.

P: I will start tomorrow morning first thing!

BIBLIOGRAPHY

- 1 Working Party (1997) From compliance to concordance: Achieving shared goals in medication taking. Report of the Working Party. London: Royal Pharmaceutical Society of Great Britain/Merck, Sharp and Dohme
- 2 WHO (2003) Adherence to long-term therapies – evidence for action. Geneva. World Health Organisation
- 3 Jensen, BB (2009a) Ch.15: Sundhedspædagogiske kernebegreber. In: Kamper-Jørgensen F, Almind G, Jensen BB (ed). Forebyggende sundhedsarbejde. 5th ed. Copenhagen: Munksgaard
- 4 Grabowski, D, Jensen, BB, Willaing, I, Zoffmann, V, Schiøtz, M (2010) Sundhedspædagogik i patientuddannelse. En litteraturbaseret gennemgang af udvalgte sundhedspædagogiske begrebers anvendelse i patientuddannelse. Steno Diabetes Center
- 5 Anderson, RM, Funnell, MM, Aikens, JE, Krein, SL, Fitzgerald, JT, Nwankwo, R et al. (2009) Evaluating the efficacy of an Empowerment-based self-management consultant intervention: Results of a two-year randomised controlled trial. *The Patient Educ*, 1(1): 3-11
- 6 Antonovsky A (1985) The life cycle, mental health and the sense of coherence. *Isr J Psychiatry Relat Sci*, 22:273-80
- 7 Cohen, M, Kanter, Y (2004) Relation Between Sense of Coherence and Glycemic Control in Type 1 and Type 2 Diabetes. *Behavioral Medicine*, 29(4):175-83
- 8 Dunn, R, Dunn, K (1978) Teaching Students Through Their Individual Learning Styles: A Practical Approach: Reston Pub.Co
- 9 Lauridsen, O, (2007) Fokus på læring – om læringsstile in dagligdagen professionelt and privat. 1. udgave: Akademisk Forlag
- 10 Engelund, G and Hansen, UM (2011) Det balancerende menneske. Sundhedspædagogisk model for patientuddannelse på tværs of diagnoser. Steno Health Promotion Center
- 11 Engelund, G, Hansen, UM, Voight, JR (2011) Den sundhedspædagogiske jonglør. Kompetenceudvikling for sundhedsprofessionelle med varetagelse af patientuddannelse på tværs af diagnoser. Gentofte: Steno Center for sundhedsfremme

- 12 Gaver, B, Dunne, T, Pacenti, E (1999) Design Cultural Probes. *Interactions*, 6(1):21-29
- 13 Nassaralla CL, Naessens, JM, Chaudhry, R, Hansen, MA, Scheitel, SM (2007) Implementation of a medication reconciliation process in an ambulatory internal medicine clinic. *Qual Saf Health Care*, 16:90-94
- 14 Pharmakon (2007) Compliance og Concordance. Uddannelseshæfte til programmet "Sikker og effektiv medicinbrug". Hillerød: Pharmakon
- 15 Pharmakon (2011) Sikker og effektiv medicinbrug for type 2-diabetikere - Færdigudvikling og evaluering af en regionalt forankret model. Version 1.1. Pharmakon
- 16 Bandura, A (1982) Self-efficacy Mechanism in Human Agency. *Am Psychol*, 37(2):122-147
- 17 Martin, LR, Haskard-Zolnierrek, KB & DiMatteo, MR (2010) Health Behavior Change and Treatment Adherence. *Evidence-Based Guidelines for Improving Healthcare*. New York: Oxford
- 18 Skinner, TC, Carey, ME, Cradock, S, Dallosso, HM, Daly, H, Davies, MJ et al. (2008) 'Educator talk' and patient change: some insights from the DESMOND (Diabetes Education and Self Management for Ongoing and Newly Diagnosed) randomised controlled trial. *Diabetic Medicine*, 25, 1117-1120
- 19 Prochaska, JO & DiClemente, CC (1982) Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, research and practice*, 19(3): 276-88
- 20 Rollnick, S, Mason, P, Butler, C (1999) *Health Behavior Change. A guide for practitioners*. Churchill Livingstone
- 21 Rollnick, S, Miller, WR, Butler, CC (2008) *Motivational Interviewing in Health Care. Helping patients change behaviour*. New York: The Guilford Press
- 22 Danish Diabetes Association. http://www.diabetes.dk/Rundt_om_diabetes/Undervisningsmaterialer/Tegninger_to_undervisningsbrug.aspx, accessed January 2012
- 23 DESMOND: Newly Diagnosed and Foundation Modules. <http://www.desmond-project.org.uk/newlydiagnosedandfoundationmodules-278.html>, accessed January 2012



EXERCISES FOR REFLECTION AND GOAL SETTING

In Part 2 you will find:

- + Exercises suitable for an initial dialogue***
- + Exercises for identifying goals and for action planning***

EXERCISES FOR REFLECTION AND GOAL SETTING

This part contains exercises to help patients reflect on their own situation and set their own relevant goals.

The exercises can also help healthcare professionals gain better insights into the situations and challenges facing patients. By understanding patients' situation and needs makes it more likely that the support and knowledge communicated by healthcare professionals will be targeted and relevant for the individual.

The exercises are divided into two groups with two different purposes - reflection and goal-setting.

REFLECTION EXERCISES

Exercises 1-6 are suitable for an introductory dialogue on the challenges experienced by patients relating to their disease and its treatment. The introductory exercises (1-6) focus especially on getting patients to reflect on their own situation and on establishing dialogue with them on the challenges and problems they experience in their daily lives.

The exercises can help identify patients' needs for support and knowledge to enable them to feel secure, safe and relaxed in day-to-day management of living with type 2 diabetes.

1. 'My Day'
2. 'My Medication'
3. 'My use of medicine'
4. 'My Challenges'
5. 'Postcard'
6. 'Follow-up'

GOAL-SETTING EXERCISES

Exercises 7-9 are suitable for helping patients during, and at the end of, a consultation process in planning and adhering to goals for change. Dialogue with healthcare professionals helps patients identify and plan their own realistic goals and to make plans for future change and action.

7. 'Goal and Plan'
8. 'Importance and Confidence'
9. 'Advantages and Disadvantages'

If the exercises show that patients need greater clarity and understanding of how to regulate type 2 diabetes, medication and its effects, long-term complications of type 2 diabetes or the need for social support, individual exercises can be supplemented with one or more knowledge exercises from the Scrapbook.

EXERCISES - DESCRIPTIONS

All the exercises give the purpose of the exercise, practical information and a step-by-step descriptions.

The practical information contains:



A suggested timeframe for how much time to allow for the exercise.



A description of the specific materials to be used in the actual exercise.



A description of circumstances and situations for which the exercise is suitable.



A description of the other exercises that an exercise could benefit from being used with and the preparations required.

The step-by-step descriptions are advisory and the way of using the exercises is flexible and may vary according to the needs of the patient or the healthcare professional.

Part 4 contains the exercise material for use during sessions.

Exercise 4 uses a series of challenge cards. The cards are reused from time to time. Material for the remaining exercises should be copied for each individual patient. All the exercise materials and guidance can be downloaded from www.steno.dk

The various exercises are described below with illustrations, objectives and step-by-step descriptions. Consider offering patients a ring binder to keep the material in.



1. MY DAY

- to gain insights into patients' daily lives

The aim of the 'My Day' exercise is to establish close contact with patients whilst also gathering valuable information in a way that is guided by patient's own focus. Patients report on their daily lives on the basis of an absolutely normal day. The exercise can be used to learn relevant details of patients' daily lives which can then form the basis for advice and strategy for subsequent treatment. In this way, dialogue boosts healthcare professionals' understanding of their patients and supports individual adaptation of the subsequent process to match patients' needs.

Use the 'My Day' sheet to illustrate the 24 hour time frame and use it to jot down notes.



Approx. 10 mins.



Can be used for introductory dialogue



'My Day' sheet
Good table space
Writing implements



The exercise can be done before or together with the 'My Medication' exercise.

Preparation: Copy the 'My Day' sheet (download/print from www.steno.dk).

EXERCISE SHEET 1 MY DAY AND 2 MY MEDICATION

MY DAY

steno
diabetes center

STEP BY STEP

1. Introduce the purpose of the exercise: To gain an overview of patients' daily lives.
2. Ask the patient: "Try telling me about a typical ordinary day so I can learn a little about you and your life. Think of a recent day, such as yesterday, and tell me what happened."
3. Take notes along the way on the 'My Day' sheet.
4. Keep an eye on the time. Ask exploratory questions if patients get too far ahead and ask about times later in the day if they start giving too many details or get off the subject. Try asking: "And what happened then?" or "What did you do afterwards?"
5. Summarise when appropriate, for example to ensure that you and patients have the same understanding of what has been said.
6. At the end, remember to ask how typical the day they have described is. Ask for example: "Are all days very different or are most of them like the one we have just talked about?"
7. During the exercise, it is important to be curious and listen carefully and insofar as possible, do so without interrupting. Avoid airing your own hypotheses and ideas. For example, open questions are often enough, such as: "What happened then?", "What did you feel?", "What did that mean for you?". The aim is for patients to have the time to talk and to tell you about situations and actions that are relevant for them.
8. In the process, remember to bear in mind what you are trying to achieve in the exercise and whether you think you have achieved it, and whether you are getting a proper picture of the patient's daily life.
9. Complete the exercise by summarizing the day and thanking the patient for having told you about it.
10. Consider following the exercise up by reviewing patients' medication (see the 'My Medication' exercise).
11. Then give patients the sheet to take home and keep a copy for yourself.

2. MY MEDICATION

- to get an insight into patients' medication in their daily lives

The aim of the 'My Medication' exercise is to learn how much overview patients have of their medication and to compare the medication list with what they actually take. Correct any mistakes, disagreements and inappropriate issues. Encourage the patients to bring their medication along to the consultation. They can then report on when they take which medicines and at what doses during the day.



Approx. 15 mins



Can be used for introductory dialogue



'My Day' sheet, good table space
Writing implements, if possible in different colours
Medication List - and medication brought from home



The exercise is used in connection with the 'My Day' and 'My use of medicine' exercises.
Can be followed by 'Medication overview' in the Scrapbook.

Preparation: Copy the 'My Day' sheet (download/print from www.steno.dk).

Send a reminder about a week before and ask your patient to bring along medication and OTC/natural remedies. Check for any information about their medication. Print the medication list.

EXERCISE SHEET 1 MY DAY AND 2 MY MEDICATION

MY DAY

steno
diabetes center

STEP BY STEP

1. To get an overview of patients' medication, why and when it is taken and whether adjustments need to be made.
2. Ask the patient: "Please tell me when you take medication during the day, how much you take and what you think it is for. Let's start with the medication you have brought with you."
3. Cross off patients' medication lists to indicate which medication patients have brought with them. Consider using colour codes to mark on the 'My Day' sheet when and which medication is taken, using the same colour code as the medication list.
4. Ask whether patients have brought along all their medication or whether some has been left at home.
5. Answer any immediate questions patients may have about their medication.
6. Immediately correct any major, acute errors and disparities between the medication list and the way patients take their medication. Give patients an updated medication list to take home with them if necessary.
7. If patients do not take all their medication, this can be addressed later as part of 'My use of medicine', 'My Challenges' and/or the Scrapbook exercises.
8. Consider asking further questions to find out how medication fits in with daily routines.
"How do you remember to take your medication?" "Where do you keep your medication?"
"How do you take your medication with you?" "How do you feel about having to take medication?"
9. If patients have forgotten their medication or forgotten some of it, try to go through by use of the medication list and what patients remember - or agree to discuss it on the phone or at a subsequent session.
10. Also consider asking when in the day patients test their blood sugar.
11. Conclude the exercise by saying that if patients need to talk more about their medication and their effects, it will be one of the issues you can decide to focus more on later, for example in 'Medication overview.'
12. Then give patients the sheet to take home and keep a copy for yourself.

3. MY USE OF MEDICINE

- to gain insight into the patient's medication utilisation

The aim of the 'My use of medicine' exercise is for patients to actively consider their own adherence by reflecting upon how they take their medication. On a scale of I 'Never' at one end and 'Always' take my medication at the other end, patients mark where they are. Patients then consider the importance of taking their medication by noting on the scale where they themselves would like to be.



Approx. 5 mins



Can be used for introductory dialogue



Scale

Good table space

Writing implements



The exercise is used together with the

'My Medication' and 'My Challenges' exercises.

Can be followed by the exercises in the Scrapbook

Preparation: Copy 'the scale' (download/print from www.steno.dk).

EXERCISE SHEET 3 MY USE OF MEDICINE

DO I TAKE MY MEDICATION?

NEVER |  ALWAYS

Please X

steno
diabetes center

STEP BY STEP

1. Introduce the purpose of the exercise: To describe and assess the way patients take their medication and the importance of them doing so.
2. For example, say to the patient: "I am now going to ask you two questions about taking medication. Please respond by putting a cross on this scale. Please be open and honest in your answers. I am here to help you, not to reproach you or pressurise you into doing something you don't want to do."
3. The first question is: "Do you take your medication?" One end of the scale is 'Never'. Put a cross by 'Never' if you never take your medication as agreed. Put a cross by 'Always' if you always take your medication as agreed. You can also put your cross elsewhere on the scale if you do not always take your medication. Where do you think you are on the scale?
4. Refer if appropriate to what has been mentioned during the 'My Medication' exercise. Say for example: "You mentioned just now that sometimes when you are going out during the day, you do not always take your medication with you."
5. The second question is: "We have now seen how you take your medication and I am now asking you how satisfied you are with that or is there anything you would like to change?" Use the scale and mark where you would like to be able to put your cross."
6. Emphasise to patients that it could be the same place that they have already crossed if that is the right place for them.
7. Scenario 1: Patients take the medication less often than they themselves are satisfied with. Ask about their motivation, for example: "Why is it you have not put your cross further up /down on the scale?" (Indicate on the scale depending on the answer)
 "Would you like us to try to find ways together to help you take your medication?"
 Scenario 2: Patients say that they are taking their medication in a way that suits them but not quite as prescribed. In asking about the patients' motivation, you could always ask: "Why haven't you put your cross there for example?" (Point to the scale, depending on the answer)
 "What would have to happen before it became important for you to be further up the scale?"
 "Where do you think I feel you should be?" "Why is that?"
 "Would you like us to take a look together at what your medication means for you and then make a plan to match it to you?"
8. The exercise can be completed by drawing attention to the importance of focusing on how patients take their medication. If patients needs to talk more about it, consider other exercises for dialogue purposes, such as 'Medication overview'.
9. Then give patients the sheet to take home and keep a copy for yourself.

4. MY CHALLENGES

- to identify the challenges that the disease and medication cause patients

The aim of the 'My Challenges' exercise is to investigate how patients perceive and reflect on having a chronic disease and being on medication.

The exercise consists of reviewing a series of cards with pictures and quotations indicating the challenges they may have with their diabetes. The challenge cards are divided into five dimensions that are significant for their level of adherence.

The purple cards describe personal issues, the red cards describe social and financial issues, the blue cards describe issues associated with treatment and the Bordeaux cards deal with issues relating to illness.

Issues relating to the health service are described on the orange cards. Let patients select the cards that apply to them. The colour codes will show where patients have special challenges.



15-20 mins.



Typically used during the introductory dialogue



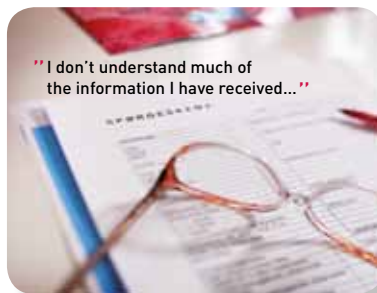
40 Challenge cards, 'Agree/Disagree' card and Task card.



Use this exercise together with the 'My use of medicine' exercise, possibly followed by the exercises in the Scrapbook

Tick box sheet with all the challenge cards.

Preparation: Copy the tick box sheets (download/print from www.steno.dk).



STEP BY STEP

1. Introduce the purpose of the exercise: To express how patients see the challenges associated with their disease and medication.
2. Place the 'I have challenges with...' task card on the table.
3. Place the 'Agree' and 'Disagree' cards on the table.
4. Give patients instructions at the same time as showing them specifically how to use the cards and place them in different piles.
Say for example: "You now have some cards with different statements about the challenges you may face as part of your illness and medication. Try to divide the cards into two piles on the table. One pile with the statements you agree with and another with the statements you disagree with. We can either do this by you reading the statements or by me reading them aloud. Which do you prefer?"
5. When all the statements have been allocated, ask patients to select the three to five cards from the 'Agree' pile which they feel are the most important.
6. If patients do not think that their feelings are covered by the statements on the cards, ask them to write their own statements on a piece of paper or to tell you what you should write down.
7. Depending on the time, the exercise could finish with patients talking about the cards they have chosen. Ask them to tell you what they understand the cards mean to them and why precisely they have selected those cards. You can also decide to revisit the statements at the next session and that in the meantime, patients can think about the challenges they experience.
8. On the tick-box sheet, put a checkmark by the statements patients have chosen as the most important. Give the sheet to the patient to take home and keep a copy for yourself.
9. Insofar as possible, use the selected challenges as the basis for working further with the patient.

5. POSTCARD

- to get patients to reflect about diabetes at home

The aim of the 'Postcard' exercise is to get patients to reflect about what good advice they feel it would be important to give to others who have got diabetes and to think about their own concerns about having it. Both questions are on the two 'postcards' that patients take home with them together with brief guidance. Patients can then reflect about the questions on the cards until the next session and could also fill in the postcards.



Approx. 5 mins.



Two postcards and guidance



Typically used in a consultation process
To be followed up at the next session



The exercise can be followed up by subsequently visiting the 'Follow-up' exercise
Can be followed by the exercises in the Scrapbook

Preparation: Copy the postcards (download/print from www.steno.dk).

EXERCISE SHEET 5 POSTCARD

POSTCARD

There is a question on each of the two postcards. The idea of the questions is that you should think about them a little before next time. On the back of the cards, you can jot down your thoughts and answers, either as a short story or as bullet points. If you do not wish to write anything, you can tell me about your thoughts on your next visit.

If you had to give good advice to someone who got diabetes, such as a good friend or one of your family, what would it be?

What worries you about having diabetes?

YOUR ANSWER:

steno
diabetes center

steno
diabetes center

STEP BY STEP

1. Introduce the purpose of the exercise: For patients to consider at home what they most need to know about having diabetes and any concerns they may have about having it.
2. Say for example: "I am now going to introduce an assignment for you to take home. I hope you will take a look at it before your next session. I will tell you briefly what the assignment is about and I will also give you brief guidance notes to take with you. You get two postcards with a question on each. The assignment is for you to think about the two questions and possibly write something down before we see each other next time."
3. Show the postcards. Read the questions aloud. The first question is: "If you had to give some good advice to a friend or someone in your family who gets diabetes, what would that be?" The second question is: "What concerns do you have about having diabetes?"
4. Tell patients that they can answer either by way of a short story or in bullet points on the postcards. If patients do not want to write, it is alright for them to prepare to talk about their thoughts at their next session.
5. Ask how patients understand the assignment. Consider getting patients to repeat the assignment in their own words.
6. Finally, ask if it is quite alright for patients to take the postcards home with them to look at and possibly complete.

6. FOLLOW-UP

- to summarise challenges and concerns

The aim of the exercise is to follow up on issues identified in the previous consultations. Hopefully, follow-up will give an overview of what patients feel about their diabetes and associated treatment by summarising the challenges and concerns that have come up earlier in the process. Finally, the aim is to identify the challenges that patients would like to work on.



Approx. 5 mins.



Typically used in a consultation process



'Follow-up' sheet
Good table space
Writing implements



Use as follow-up on various exercises
Can also be followed by exercises in the Scrapbook
and 'Goal and Plan'.

Preparation: Copy the 'Follow-up' sheet. Have the previous exercises at hand. 'Follow-up' can be downloaded/printed at www.steno.dk

EXERCISE SHEET 6 FOLLOW-UP

FOLLOW-UP

My concerns /challenges :

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

What I want to work on:

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

STEP BY STEP

1. Introduce the purpose of the exercise: To pull together everything that has happened in the process to date and consider which are the most significant concerns and challenges.
2. Briefly summarise what was discussed at previous visits, for example: "You told me about your daily routines and you told me how..... We reviewed your medication... You put yourself here on the scale and you would like to... You selected some statements which were.....We concluded by me giving you some postcards to take home for you to complete." Ask whether the patient agrees with your summary.
3. Ask openly about the process, for example: "Is there anything you have thought or wondered about or is there anything you have come across since we met last time?"
4. On the sheet, summarise patients' challenges and concerns. If possible, allow them to write on the sheet themselves. Preferably specify the challenges and separate out any problems that have got mixed up with each other. Prioritize the points according to what are most important for patients. Focus on challenges and not solutions.
5. Consider showing patients the different exercises in the scrapbook.
6. Together with the patient, decide on the problems to be worked on and which of the exercises in the scrapbook it would possibly be most relevant to use.
7. Then give patients the sheet to take home and keep a copy for yourself.

7. GOAL AND PLAN

- to set yourself a goal and plan the process towards it

The aim of the 'Goal and Plan' exercise is for patients to get help in working specifically and realistically in setting goals. The goal could be one based of the work done on the Reflection exercises and/or the Scrapbook. It could also be one that the patient identifies at the start of the 'Goal and Plan' exercise.

The back of the sheet encourages patients to think about specific obstacles. It is also relevant to consider whether support is needed during the process and what could make the process easier or could remove obstacles.



Minimum 20 mins.



Typically used in a consultation process



'Goal and Plan' sheet
and writing implements



Use the exercise to follow up on the introductory exercises or the scrapbook exercises. The exercise can be used together with the 'Advantages and Disadvantages' and/or 'Importance and Confidence' exercises

Preparation: Copy the 'Goal and Plan' sheet which can be downloaded/printed at www.steno.dk

EXERCISE SHEET 7 GOAL AND PLAN

GOAL AND PLAN

I would really like to...

1. _____

Ideas for achieving my goal:

2. _____

What I will do now is:

3. _____

The next thing I will do is:

4. _____

When? _____

I am well on the way to my goal when I...

5. _____

When? _____

What could make it easier for me?

What support do I need?

3. _____

steno diabetes center

STEP BY STEP

1. Introduce the purpose of the exercise: To focus on and set a goal for something achievable in small steps and to make a plan for how to reach the goal. The idea of the exercise is to make goals as attractive, specific and realistic as possible. Tell patients that in the 'Goal and Plan' process, the goal is typically adjusted during the process and that this is part of the exercise.
2. Review the 'Goal and Plan' sheet and give examples of what could be in the individual boxes. The theme of blood sugar is used below as an example. Say for example: "In Box 1, write what you would really like to achieve. You can choose something more general such as "I should like to get my blood sugar under control."
3. Now ask patients to complete Box 1 on the sheet by themselves but help if required.
4. Ask them to proceed to Box 2 and together think up good ideas for how to achieve the goal. Try brainstorming with patients to find ideas for different ways to achieve goals. Choose one or more ideas to take further and draw up specific actions based on these. Ask patients to write selected ideas down, such as "Remember to take medication and get more exercise." If patients find it difficult to write, help them but use their own words.
5. Ask patients to write in Box 3 what they are going to do right now on the basis of the ideas. The more specific the better, for example "To take metformin in the morning."
6. Ask patients to write the next step which should be a little more challenging in Box 4 - for example "Take blood sugar readings regularly and go for more walks."
7. Then ask patients to enter a goal in Box 5 that they would like to achieve within a short period, such as two months. Be realistic and specific, e.g. "Blood sugar in the morning must be less than 7."
8. Ask patients what obstacles they see in reaching the goal. The back of the sheet suggests thinking about specific obstacles such as "Being disturbed in the morning so I forget my metformin."
9. When the obstacles have been identified, you can go further in considering what support patients could have in the process and what could make things easier or what would remove obstacles, such as text message reminders.
10. Finish by asking patients to bring the sheet with them to the next session so you can discuss how the process of reaching goals is going and adjust them if necessary.

8. IMPORTANCE AND CONFIDENCE

- to identify the importance of change and participants' own confidence in change

The purpose of the exercise is for patients to actively consider how important the goals they have formulated are. Patients' own confidence in successfully achieving their goals is also being assessed here. The exercise consists of two separate questions dealing with the importance of achieving the goal for the patient, such as changing a habit, and their own confidence in being able to successfully make the change. 'Importance and Confidence' is used with the other exercises in which participants set goals.

The exercise consists of two scales. On the first scale patients should indicate how important it is for them to achieve the goal. The second question address how confident patients are about reaching their goals and this is marked on the second scale.

The questions ensure that participants decide to work towards realistic goals. If the goal is considered unimportant or unrealistic, it is important to adjust or change it.



Minimum 10 mins.



Importance and Confidence sheet



Typically used in a consultation process and possibly during the final session of a process.



The exercise can be used with Goal and Plan and Advantages and Disadvantages

Preparation: Copy the 'Importance and confidence' sheet, which can be downloaded/ printed from www.steno.dk

EXERCISE SHEET 8 IMPORTANCE AND CONFIDENCE

IMPORTANCE

How **important** is it for me to reach the goal?
On a scale of 0 to 10, where 0 is "Not at all" and 10 is "Very"

0 | 10

Please ✖

✖ At about 7 or above:
Going for the goal could be...

✖ Less than about 7:
Why have I put a cross by...
The fact that I put my cross...
goal to achieve?
What is required to make...
What goal could possibly be...

EXERCISE SHEET 8 IMPORTANCE AND CONFIDENCE

CONFIDENCE

How **confident** am I of reaching my goal?
On a scale of 0 to 10, where 0 is "Not at all" and 10 is "Very"

0 | 10

Please ✖

✖ At about 7 or above:
The goal could be realistic...

✖ Less than about 7:
How can it be that I put a c...
The fact that I put my cross...
What would help me to be...

steno diabetes center

STEP BY STEP

1. Introduce the purpose of the exercise: To assess whether the chosen goal is attractive and realistic.
2. Ask patients to describe their goals.
3. Then say for example: "Place a cross on the scale to show how important the goal is for you. 0 means unimportant and 10 means very important. Placing a cross can help you find out how attractive you find the goal and now it is important for you to be absolutely honest with yourself."
4. On the back of the sheet there are various additional questions on which you can base dialogue. The intention is to acknowledge patients' assessment of goals and possibly motivate them to go further if this is relevant.
5. It is important to get participants to justify high scores because the aim here is to be self-motivating. If on the other hand you ask why participants have not scored higher, they may feel pressurized to score higher and react negatively.
6. Introduce a second question which might be: "How much chance is there of you reaching the goal? 0 means 'None' and 10 means 'Very high'. The question is about whether the goals you have set yourself are realistic. So again, it is important to be honest with yourself."
7. Continue with the second scale of the exercise in the same way as for the first.
8. Conclude the exercise by drawing attention to the importance of setting attractive, realistic goals. If there are big differences between the two crosses on the scales, for example that it is important but there is little confidence, it is a matter of splitting the goal into several realistic parts and of creating confidence that the goal is achievable at some point.
9. Then let patients take the sheet home with them and keep a copy for yourself.

9. ADVANTAGES AND DISADVANTAGES

- ambivalence about change

The aim of the exercise is for patients themselves to formulate the conflict between changing or not changing specific behaviour or habits. The exercise can be used when patients have decided on following one of the other exercises, to tackle a habit or behaviour. Describing the advantages and disadvantages of the planned change will show the consequences of change as well as the status quo. When patients formulate the advantages and disadvantages and express any ambivalence that could get in the way of motivation for change, it enables them to take a more conscious choice.



About 10 mins for completing 'Advantages and Disadvantages' and dialogue about the completed boxes.



Typically used in a consultation process and possibly during the final session of a process



'Advantages and Disadvantages' sheet
Writing implements



The exercise can be used with 'Goal and Plan' and 'Importance and Confidence'

Preparation: Copy the 'Advantages and Disadvantages' sheet, which can be downloaded/ printed from www.steno.dk

EXERCISE SHEET 9 ADVANTAGES AND DISADVANTAGES

ADVANTAGES AND DISADVANTAGES

Advantages of the current situation: + + + +	Advantages of reaching the goal: + + + +
Disadvantages of the current situation: - - - -	Disadvantages of reaching the goal: - - - -

steno
diabetes center

STEP BY STEP

1. Introduce the purpose of the exercise: To describe various considerations for achieving the goals that have been set. Find out what possible obstacles there might be to the planned changes.
2. Consider saying: "You have chosen something that you would like to work on or change. But sometimes it can be difficult because we all have negative as well as positive thoughts about change. Here I have a drawing which could possibly help you. As you can see, for everyone who is slightly uncertain about change, there are advantages and disadvantages in doing something and not doing anything. Have you ever thought about that? Would you like to try and complete 'Advantages and Disadvantages' with your thoughts?"
3. Ask patients to complete the sheet by answering the question in each box. They should answer as thoroughly as possible. Let patients answer in collaboration with you. It is important for patients to complete the sheet using their own words.
4. Then discuss what has appeared. Is it surprising? Is there anything that gives pause for thought? Is the goal worth going for or is there something else you should give higher priority to?
5. Complete the exercise by asking whether 'Goal and Plan' should be adjusted.
6. Then give the sheet to the patient to take home and keep a copy for yourself.





EXERCISES FOR KNOWLEDGE AND LEARNING
– SCRAPBOOK

In Part 3 you will find:

- + Exercises dealing with understanding and regulating type 2 diabetes*
- + A description of the illustration sheets and icons*

EXERCISES FOR KNOWLEDGE AND LEARNING

We have chosen to call this part of the concept a Scrapbook. You can put pictures and make notes in a scrapbook that are important for you.. The idea of the Scrapbook is to work on the knowledge and learning that are especially relevant for individual patients. The exercises in the Scrapbook pave the way for working with the various topics, depending on individual patients' situation, knowledge, interests and perspectives.

Using the scrapbook exercises is intended to give patients greater clarity and better understanding of their type 2 diabetes and associated medication. Clarity and understanding will help increase patients' awareness of their own diabetes, whilst giving them the motivation and freedom to act to improve their health.

The scrapbook consists of a series of exercises taking a detailed look at understanding and regulating type 2 diabetes, medication and its effects, long-term complications of type 2 diabetes and social support. The exercises can help in several ways to clarify how patients perceive and act on the many aspects of living with type 2 diabetes and to guide the healthcare professional in communicating relevant information and support in a patient-centred, interactive way based on dialogue.

THE MATERIAL

The scrapbook contains the following exercises:

- S1. 'Blood sugar control'
- S2. 'Symptoms of high and low blood sugar'
- S3. 'My blood sugar'
- S4. 'Raised blood sugar'
- S5. 'Treating type 2 diabetes'
- S6. 'Medication overview'
- S7. 'Having to inject oneself'
- S8. 'Gaining weight from insulin treatment'
- S9. 'Low blood sugar'
- S10. 'Long-term complications of diabetes'
- S11. 'Prevention of long-term complications'
- S12. 'Experience of long-term complications'
- S13. 'My relations'
- S14. 'Good and poor support'
- S15. 'Remember your medication'

Many of the exercises in the scrapbook overlap and supplement each other and the idea is not that they should be done one by one. The idea is that healthcare professionals should propose a suitable exercise on the basis of the dialogue they have had with their patients about blood sugar, medication and other challenges. To do so, it is a good idea to have a good overview of the exercises in the scrapbook. Patients could also be allowed to choose for themselves.

Most of the exercises pave the way for dialogue on setting goals and action plans ('Goal and Plan' exercise, Part 2), but it is quite all right to work on several other exercises before the 'Goal and Plan' exercise. Each exercise includes an exercise sheet and on most of these, there are questions for use in structuring the discussion on issues that are most relevant for individual patients. Answers to the questions can also be noted on the exercise sheet and/or relevant icons positioned (see below). Most of the exercise sheets benefit from being used with one or more illustration sheets (see below).

The exercise sheets are in Part 4 and should be copied for every patient. All the exercise materials and guidance can be downloaded from www.steno.dk

ILLUSTRATION SHEETS

There are five illustration sheets (A, B, A+B, C and D) in the material of the scrapbook:

1. Blood sugar control

- A: Blood sugar control, normal
- B: Blood sugar control in type 2 diabetes
- A+B: Combined sheet with A and B

2. Typical symptoms of blood sugar being too high and too low

- C: Overview of symptoms

3. Long-term complications of type 2 diabetes

- D: Long-term complications of type 2 diabetes s

The illustration sheets provide overviews of selected processes, issues, factors and symptoms relevant to type 2 diabetes. The illustrations can be used for any of the exercises (S1-S15) as required to provide an overview of the topics.

It is a good idea to go thoroughly through the illustration sheets with the patients before using them as overview sheets. Three separate exercises are suitable for this: S1: 'Blood sugar control', S2: 'Symptoms of high and low blood sugar' and S10: 'Long-term complications of type 2 diabetes'. In these exercises, the illustrations are explained in detail in an interactive way using icons (see below).

The illustration sheets are shown on the following pages and are to be found in Part 4 as permanent sheets that can be used from time to time during the exercises.

ILLUSTRATION SHEETS A, B AND A+B: BLOOD SUGAR CONTROL

There are three illustration sheets on blood sugar control: A, B and A+B, which is an amalgamation of sheets A + B on the same sheet. The sheets can be used in the exercises to reinforce what individual patients already know, would like to know more about and/or what is especially relevant for individual situations. Exercise S1 can be used to review and explain illustration sheets A and B together with patients in a thorough, interactive way.

ILLUSTRATION SHEET

A: BLOOD SUGAR CONTROL - NORMAL

- 1 Consumption of food and drink.
- 2 Blood sugar increases to a greater or lesser extent depending on what we eat and drink.
- 3 The level of blood sugar can be measured.
- 4 Insulin (= keys) is released from the pancreas into the blood as blood sugar rises.*
- 5 There are insulin receptor molecules (= keyholes) on the body's cells (for example muscle, fat and liver cells).
- 6 Insulin binds to and activates the insulin receptors.
- 7 Sugar can then get into the cells.
- 8 The cells gain energy for use for example in operating muscles, biochemical processes essential for life and heat production, or it can be stored.

* Insulin is a hormone that helps sugar pass from the blood into cells.

steno
diabetes center

Illustration Sheet A:
Blood sugar control
- normal

ILLUSTRATION SHEET

B: BLOOD SUGAR CONTROL - TYPE 2 DIABETES

- 9 Insulin does not work so well if you have type 2 diabetes. When cells become insensitive to insulin, it is called insulin resistance.
- 10 Insulin resistance means that more insulin is required to get sugar into cells. The pancreas reacts by releasing more insulin.
- 11 This means that when type 2 diabetes starts, there are typically raised levels of sugar and insulin in the blood.
- 12 Metformin is a drug that boosts the effect of insulin by increasing cellular sensitivity to insulin, thus helping to reduce blood sugar.
- 13 As time passes, your own insulin production may decline so that there is not enough insulin to regulate the blood sugar.
- 14 Drugs that help boost the amount of insulin in the blood are for example GLP-1 agonists, DPP4 inhibitors and insulin analogues.
- 15 Exercise increases cellular absorption of sugar.
- 16 Drinking alcohol can give a delayed drop in blood sugar since it reduces the ability of the liver to produce sugar a long time after taking alcohol. This can lead to hypoglycaemia if you are not aware.

steno
diabetes center

Illustration Sheet B:
Blood sugar control
- type 2 diabetes

ILLUSTRATION SHEET

A+B: BLOOD SUGAR CONTROL AND TYPE 2 DIABETES

- 1 Consumption of food and drink.
- 2 Blood sugar increases to a greater or lesser extent depending on what we eat and drink.
- 3 The level of blood sugar can be measured.
- 4 Insulin (= keys) is released from the pancreas into the blood as blood sugar rises.
- 5 There are insulin receptor molecules (= keyholes) on the body's cells (for example muscle, fat and liver cells).
- 6 Insulin binds to and activates the insulin receptors.
- 7 These can bind sugar into the cells.
- 8 The cells gain energy for use for example in operating muscles, biochemical processes essential for life and heat production, or it can be stored.
- 9 Insulin does not work so well if you have type 2 diabetes. This is called insulin resistance, meaning that cells have become insensitive to insulin.
- 10 Insulin resistance means that more insulin is required to get sugar into cells. The pancreas reacts by releasing more insulin.
- 11 This means that when type 2 diabetes starts, there are typically raised levels of sugar and insulin in the blood.
- 12 Metformin is a drug that boosts the effect of insulin by increasing cellular sensitivity to insulin, thus helping to reduce blood sugar.
- 13 As time passes, your own insulin production may decline so that there is not enough insulin to regulate the blood sugar.
- 14 Drugs that help boost the amount of insulin in the blood are for example GLP-1 agonists, DPP4 inhibitors and insulin analogues.
- 15 Exercise increases cellular absorption of sugar.
- 16 Drinking alcohol can give a delayed drop in blood sugar since it reduces the ability of the liver to produce sugar a long time after taking alcohol. This can lead to hypoglycaemia if you are not aware.

steno
diabetes center

Illustration Sheet A+B:
Blood sugar control
and type 2 diabetes

ILLUSTRATION SHEET C: OVERVIEW OF SYMPTOMS

The sheet illustrates the typical symptoms of blood sugar being too high and too low. The sheet can be used as an overview for focusing on individual patients' concerns and experience of their sugar being too high and too low, and associated symptoms.

Exercise S2 can be used to review and explain illustration sheets C together with patients in a thorough, interactive way. The sheet should be used to consider individual patients' symptoms with respect to blood sugar control.

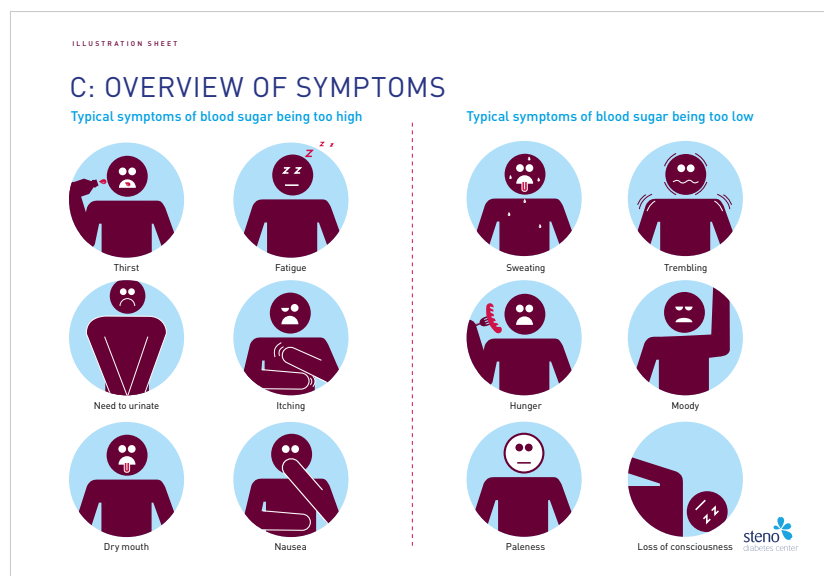


Illustration Sheet C:
Overview of symptoms

ILLUSTRATION SHEET D: LONG-TERM COMPLICATIONS OF TYPE 2 DIABETES

The sheet illustrates many of the long-term complications that can arise as a result of diabetes. The sheet can be used in relevant exercises as an overview for reviewing what individuals experience or are concerned about with respect to long-term complications of diabetes, and how these can be relieved and possibly prevented. Exercise S10 can be used to review and explain the various long-term complications in a thorough, interactive way.

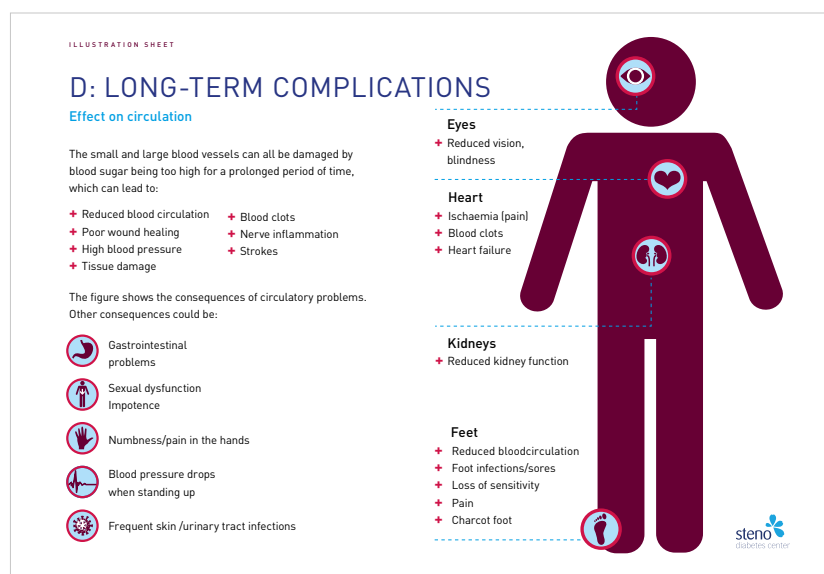
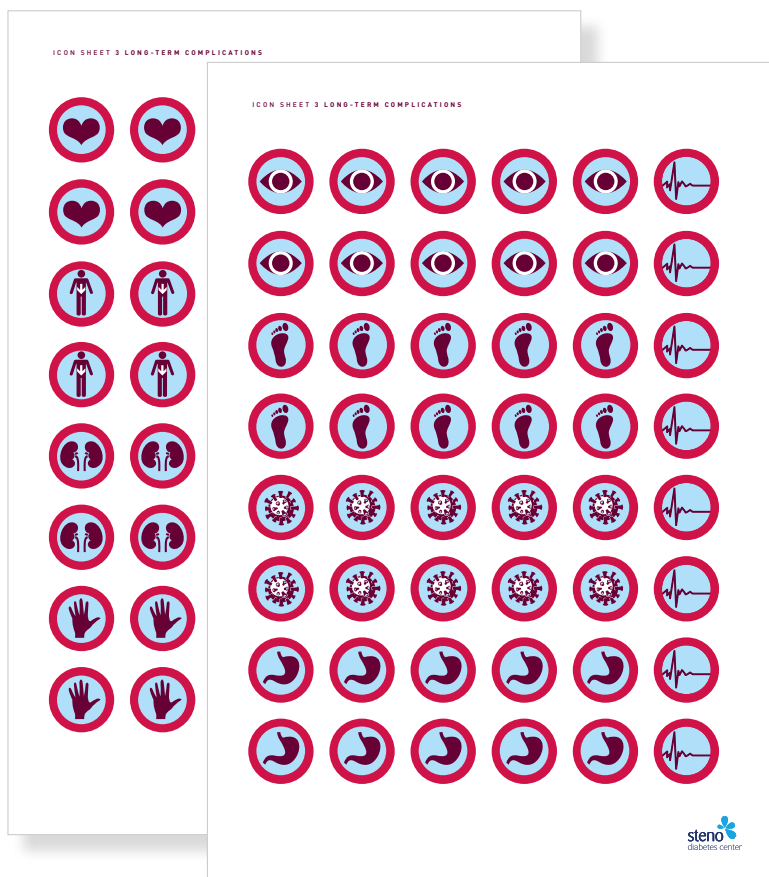


Illustration Sheet D:
Long-term complications
of type 2 diabetes



S1. BLOOD SUGAR CONTROL

THE AIM of the exercise is to explain and discuss illustration sheets A and B to give patients an overview of a range of selected processes, issues and factors that are significant for regulating blood sugar and type 2 diabetes. It is also to give healthcare professionals a sense of how much patients know and where it may be appropriate to provide further details and where to consider revisiting during a later exercise.

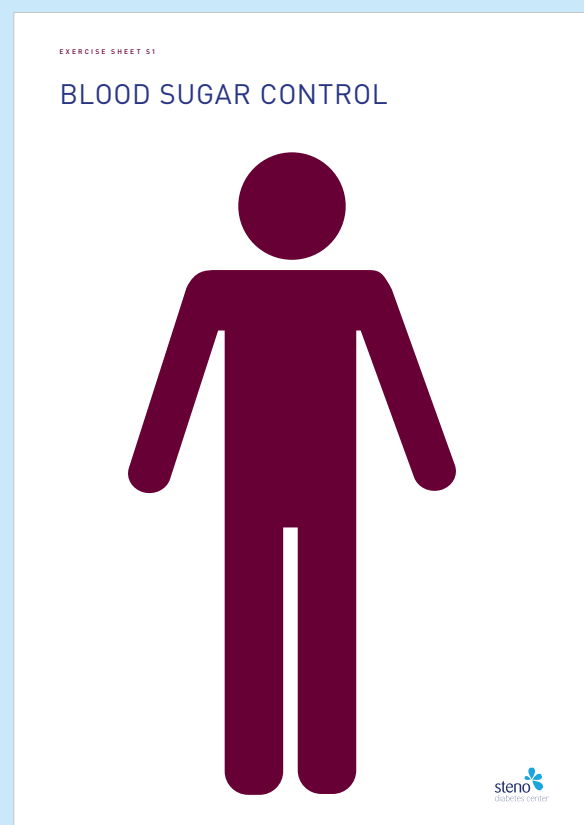
PRACTICALITIES Use exercise sheet S1, icon sheet 1 and illustration sheets A and B. Stick relevant icons on exercise sheet S1 while discussing the text by the icon on illustration sheets A and B.

Before the session, take a copy of the exercise sheet (which can be downloaded at www.steno.dk).

Give patients the completed sheets to take home and also give them copies of illustration sheets A and B or A+B.

STEP BY STEP

- Explain briefly what the exercise is about.
- The starting point should be what patients already know by considering the individual points and figures one at a time from illustration sheets A and B.
- Allow time for questions and further details when requested by patients during the review.
- Let patients stick the icons onto figures for themselves.
- It is a good idea to follow the exercise with the 'My blood sugar' exercise to focus on the patient's blood sugar control recently.
- Alternatively, the 'Raised blood sugar', the 'Treating type 2 diabetes' and/or 'Long-term complications of diabetes' exercises could be natural extensions of this exercise but other exercises could also be appropriate depending on what has come up in the process. Alternatively, go directly to 'Goal and Plan' (Part 2).



S2. SYMPTOMS OF HIGH AND LOW BLOOD SUGAR

THE AIM of the exercise is to talk about and make patients aware of the typical symptoms of high and low blood sugar. The aim is also to create awareness of any symptoms your patients may have so that they can themselves relate their symptoms to regulating blood sugar.

PRACTICALITIES Use exercise sheet S2, icon sheet 2 and illustration sheet C. While discussing the various symptoms, stick the relevant icons onto exercise sheet S2.

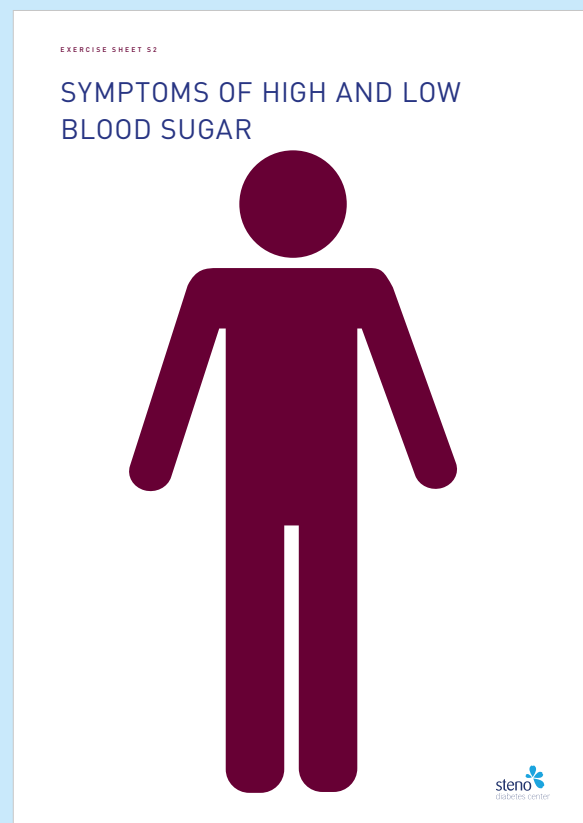
Review the various symptoms and talk about how they may appear.

Before the session, take a copy of the exercise sheet (which can be downloaded at www.steno.dk).

Give patients the completed sheet to take home and a copy of illustration sheet C.

STEP BY STEP

- Explain briefly what the exercise is about.
- Start by considering what patients already know about the different symptoms and discuss accordingly.
- Ask whether patients recognize one or more of the symptoms from their own daily lives and whether they have tried to test their blood sugar as part of their symptoms.
- Possibly revisit the issue during a future exercise, such as 'Raised blood sugar', 'Treating type 2 diabetes' and/or 'Low blood sugar'.



S3. MY BLOOD SUGAR

THE AIM of the exercise is to discuss high levels of blood sugar on the basis of patients' latest blood sugar results and how important they feel the readings are. The exercise also identifies patients' concerns about regulating blood sugar.

PRACTICALITIES Use exercise sheet S3 and possibly have illustration sheets A-D on the table for inspiration and overview. It is a good idea to have patients' latest HbA1c test ready so that you can discuss HbA1c trends over time. Note the various readings on the arrow and ask patients to reflect, talk about and note on the sheet what it tells them about regulating their blood sugar.

A scale rating of how worried patients are about their level of blood sugar focuses directly on whether they feel concerned. Dialogue may be followed up by one or more other exercises as required.

Before the session, take a copy of the exercise sheet (which can be downloaded at www.steno.dk). Give patients the completed sheet to take home and take a copy yourself.

STEP BY STEP

- Explain briefly what the exercise is about.
- If HbA1c has changed, you can ask about the changes.
- If HbA1c has risen, ask about any previous more appropriate behaviour or talk about optimising or increasing medication.
- If HbA1c has fallen, results can be maintained or further improved by talking about specific, positive changes and in that way giving patients' motivation a boost.
- If possible, allow patients themselves to write on the sheet.
- It could be a good idea to follow the 'My blood sugar' exercise with the 'Raised blood sugar' exercise.
- Alternatively, the 'Treating type 2 diabetes' and/or 'Long-term complications of diabetes' exercises could be natural extensions to the exercise, or go to 'Goal and Plan' (Part 2).

EXERCISE SHEET S3

MY BLOOD SUGAR

Long-term blood sugar (HbA1c)

6,5	7,0	7,5	8,0	8,5	9,0	9,5	%
48	53	58	64	69	75	80	mmol/mol

Please X

What do(es) the latest reading(s) for my long-term blood sugar show?
What does that tell me about my blood sugar control?

.....

.....

.....

.....

How concerned am I about my blood sugar?
On a scale of 0 to 10, where 0 is 'Not at all' and 10 is 'Very'

0 |-----| 10

Please X

steno
diabetes center

S4. RAISED BLOOD SUGAR

THE AIM of the exercise is to support a personal conversation about raised blood sugar, its symptoms and possible consequences. The idea is to relate the discussion to patients' specific situation. Depending on their focus and possible concerns and challenges, further work can be done on this issue in other exercises.

PRACTICALITIES Use exercise sheet S4 as the starting point and have illustration sheets A-D on the table for inspiration and overview. Write notes and select and affix icons that symbolise the areas that are especially relevant or interesting for the patient on the basis of the dialogue.

Before the session, take a copy of the exercise sheet (which can be downloaded at www.steno.dk). Give patients the completed sheet to take home and take a copy yourself.

STEP BY STEP

- The exercise can serve as a natural extension of exercises S1 and S2, as it goes into more detail about the importance of having raised blood sugar.
- Explain briefly what the exercise is about.
- If possible, allow patients themselves to write their answers in the boxes and stick relevant icons onto the sheet.
- Base this on what patients themselves know and have experienced.
- Allow time for questions and explanations.
- The 'Treating type 2 diabetes' and/or 'Long-term complications of diabetes' exercises could be natural extensions to this exercise, but you could also continue to 'Goal and Plan' (Part 2).

EXERCISE SHEET S4

RAISED BLOOD SUGAR

Symptoms I experience:

.....

.....

.....

.....

Why is my blood sugar too high?

.....

.....

.....

.....

What can long-term raised blood sugar lead to?

.....

.....

.....

.....

Look at illustration sheets A-D and affix relevant icons for your situation.

steno
diabetes center

S5. TREATING TYPE 2 DIABETES

THE AIM of the exercise is to discuss in more detail the treatment patients receive and the changes that may have to be made. Discussions could be on the effect of treatment and the possibilities and challenges of intensifying this and if insulin should be introduced or the dose increased.

Depending on patients' focus and any challenges, further work can be done on the issue in other exercises.

PRACTICALITIES Use exercise sheet S5 to start a discussion on any ambivalence about more intensive medical treatment and about the advantages and disadvantages of the current treatment situation. Complete the questions and then select and affix the icons that symbolise the focus areas and issues that patients feel are especially relevant.

You can focus directly on patients' motivation for intensifying treatment by determining their level of motivation and in that way see whether they recognize /acknowledge their situation. Have illustration sheets A-D on the table for inspiration and overview.

Before the session, take a copy of the exercise sheet (which can be downloaded at www.steno.dk). Give patients the completed sheet to take home and take a copy yourself.

STEP BY STEP

- Explain briefly what the exercise is about.
- If possible, allow patients themselves to write their answers in the boxes and stick relevant icons onto the sheet.
- The scale exercise focuses on whether patients are motivated to intensify their treatment.
- Use answers to support their choice of what further work should be done on.
- If patients are concerned about putting on weight as a result of insulin treatment, the 'Gaining weight from insulin treatment', exercise S8, should be introduced.
- Use exercise S9 'Low blood sugar' if patients are concerned about hypoglycaemia, or if it is a current problem for them.
- If patients wish for more details of medication, exercise S6, 'Medication overview' would be relevant.
- Consider food and drink, exercise and physical activity as part of the treatment that patients can work on.

EXERCISE SHEET S5

TREATING TYPE 2 DIABETES

Advantages of my current treatment:	Advantages of intensifying treatment:
+	+
+	+
+	+
Disadvantages of my current treatment:	Disadvantages of intensifying treatment:
-	-
-	-
-	-

Look at illustration sheets A-D and attach relevant icons for your situation.

How motivated am I to intensify treatment?
On a scale of 0 to 10, where 0 is 'Not at all' and 10 is 'Very'

0 |-----| 10

Please X

steno
diabetes center

S6. MEDICATION OVERVIEW

THE AIM of the exercise is to clarify questions associated with administering medication and its effects. There is also a discussion of reflections and concerns associated with side effects to ensure that patients are confident and motivated to use their medication.

PRACTICALITIES Base discussions on exercise sheet S6 and patients' medication. It is best if patients can bring their medication with them.

The effect of medication should be viewed with respect to regulating blood sugar insofar as relevant (e.g. insulin resistance, the body's own insulin production, food and drink, exercise, type of medication, need for new medication /higher doses). Use illustration sheet A-D for inspiration and overview.

Focus on patients' concerns about adverse reactions if relevant. Consider determining how concerned patients are on a scale from 0 to 10.

Before the session, make a copy of the exercise sheet (which can be downloaded at www.steno.dk). Give patients the completed sheet to take home and take a copy yourself.

STEP BY STEP

- Explain briefly what the exercise is about.
- Consider selecting only some of the medication patients are getting, depending on their needs and wishes.
- Talk about how they take their medication and when and how it works. Do so on the basis of what patients already know and the illustration sheets.
- If possible, get patients themselves to write about the medication in the table and stick the relevant icons onto the sheet.
- Clarify whether their concerns about side effects are based on their own experience or on anticipation and whether other people's expectations could be involved.
- On the basis of responses, assess whether more details of adverse reactions are required.
- Ask what could relieve adverse reactions and assess whether other medication might be more appropriate.

EXERCISE SHEET S6

MEDICATION OVERVIEW

Name of medication	Taken when and how	Effect	Side-effects I have had	Attach icons
				
				
				
				

Look at illustration sheets A-D and attach relevant icons for your situation.

How worried am I about side effects from medication?
On a scale of 0 to 10, where 0 is 'Not at all' and 10 is 'Very'

0 |  | 10

Please X

steno
diabetes center

S7. HAVING TO INJECT ONESELF

THE AIM is partly to discuss patients' thoughts and concerns about having to inject themselves and partly for them to consider the support that could help.

PRACTICALITIES Start with exercise sheet S7 and discuss any discomfort or concerns about having to inject themselves. In the process, write down and consider the options that could help in this situation on the basis of the examples in exercise sheet S7.

Before the session, make a copy of the exercise sheet (which can be downloaded at www.steno.dk). Give patients the completed sheet to take home and take a copy yourself.

STEP BY STEP

- Explain briefly what the exercise is about and ask what thoughts and feelings patients have about having to inject themselves.
- If possible, let patients write their responses themselves.
- Use answers to support their choice of where further work should be done.

EXERCISE SHEET 57

HAVING TO INJECT ONESELF

What do I feel about taking medication using a syringe/pen?

What could help me feel better?

I could maybe talk to somebody who already does it. Who?

I could maybe get thorough instruction. Where?

I could maybe get others to help me in the beginning. Who?

Other options?

steno
diabetes center

S8. GAINING WEIGHT FROM INSULIN TREATMENT

THE AIM of the exercise is to express and clarify any concerns patients have about insulin and putting on weight. The focus is on patients' behaviour and habits when it comes to food, drink and exercise so as to create awareness of how the three factors influence the control of insulin and weight. Depending on the outcome, the dialogue could turn to the possibility of combining insulin treatment with limited weight gain.

PRACTICALITIES Use exercise sheet S8 as a basis for discussing the need to intensify treatment with insulin by using illustration sheets A and B and the icons that are especially relevant for the patient concerned with respect to weight and weight gain (insulin resistance, their own insulin production, food and drink, exercise, new types of medication). Talk about patients' behaviour with respect to eating, drinking and taking exercise on the basis of the scale exercises. Note specific options for limiting /preventing weight gain. Have illustration sheets A-D on the table to provide inspiration and overview.

Before the session, take a copy of the exercise sheet (which can be downloaded at www.steno.dk). Give patients the completed sheet to take home and take a copy yourself.

STEP BY STEP

- Explain briefly what the exercise is about.
- If possible, let patients themselves write/make crosses and stick relevant icons to the sheet.
- Talk about the current situation using the illustration sheet and stick on relevant icons.
- Use exercise S5, 'Treating type 2 diabetes' and/or exercise S6, 'Medication overview' as starting point if you have just been working on them.
- The three scale exercises can be used to talk about patients' behaviour with respect to healthy food, drinking and exercise. For scores of less than 6-7, ask about motivation and opportunities, knowledge and resources to clarify the support that patients need.
- In the process, remember to acknowledge what patients are already doing.
- Try to identify different options for avoiding weight gain. The options may later form the basis for goals in the 'Goal and Plan' exercise (Part 2).

EXERCISE SHEET S8

GAINING WEIGHT FROM INSULIN TREATMENT

Look at illustration sheets A-D and attach relevant icons for your situation.

How healthily do I eat?
On a scale of 0 to 10, where 0 is 'Not at all' and 10 is 'Very'

0 |  10
Please X

How healthily do I drink?
On a scale of 0 to 10, where 0 is 'Not at all' and 10 is 'Very'

0 |  10
Please X

How much exercise do I do?
On a scale of 0 to 10, where 0 is 'None at all' and 10 is 'Lots'

0 |  10
Please X

What options do I have to limit gaining weight?

.....

.....

steno
diabetes center

S9. LOW BLOOD SUGAR

THE AIM of the exercise is partly to discuss patients' concerns about hypoglycaemia regardless of whether the problem is current or merely a concern, and partly to consider the options for how they can avoid it.

PRACTICALITIES Use exercise sheet S9 as the basis for talking about any symptoms and episodes of low blood sugar that patients may have had with the help of illustration sheets A, B and C. Place icons on the issues that are especially relevant for patients. Use a scale exercise to put figures on their concerns and then discuss specific episodes of hypoglycaemia and what they are already doing to avoid it. Continue the dialogue and note what more patients could do to prevent episodes of hypoglycaemia to allay their concerns. Have illustration sheets A-D on the table to provide inspiration and overview.

Before the session, take a copy of the exercise sheet (which can be downloaded at www.steno.dk). Give patients the completed sheet to take home and take a copy yourself.

STEP BY STEP

- Explain briefly what the exercise is about.
- If possible, let patients themselves write/make crosses and stick relevant icons onto the sheet.
- Possible questions to discuss the problem could be: "Is this something you have experienced yourself? How often does it happen? In what kind of circumstances? Are any of those around you worried about it?"
- The scale exercise is an indication of how important the problem is and can give a pointer to whether further work should be done on this issue.
- Work together to draw up various options for avoiding hypoglycaemia and use them possibly as a basis for describing a specific plan in the 'Goal and Plan' exercise (Part 2).

EXERCISE SHEET S9

LOW BLOOD SUGAR

Symptoms of blood sugar being too low:

Look at illustration sheets A-D and stick on icons relevant to your situation.

How concerned am I about my blood sugar being too low?
On a scale of 0 to 10, where 0 is 'Not at all' and 10 is 'Very'

0 | Please X | 10

How can I avoid it?

steno
diabetes center

S10. LONG-TERM COMPLICATIONS OF DIABETES

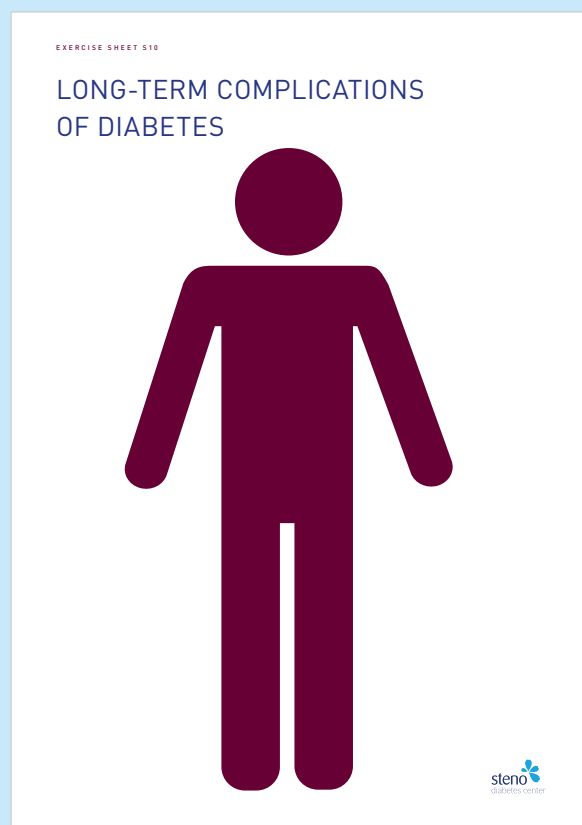
THE AIM of the exercise is to discuss typical long-term complications that can arise as a result of diabetes. The idea is to raise awareness, understanding and motivation for better control of blood sugar. The exercise can also be used to follow up on concerns expressed by the patient.

PRACTICALITIES Use exercise sheet S10, icon sheet 3 and what the patient already knows about long-term complications as your starting point. Stick the relevant icons onto the figure on the basis of the subsequent dialogue. Then review illustration sheet D and bring in the areas that have not already been discussed.

Before the session, take a copy of the exercise sheet (which can be downloaded at www.steno.dk). Give patients the completed sheet to take home and a copy of illustration sheet D.

STEP BY STEP

- Briefly explain what the exercise is about and ask patients what they know about long-term complications of diabetes.
- If possible, let patients stick the icons onto the sheet for themselves.
- Ask whether they recognise one or more complications from their own experience and what they know about preventing and relieving long-term complications. Use the answers as a springboard for a subsequent exercise that goes into more detail on one or more of the areas (exercise S11) or an exercise based on patient's own experiences, etc., such as exercise S12.



S.11 PREVENTING LONG-TERM COMPLICATIONS

THE AIM of the exercise is to take a more detailed look at one or more of the areas that can be affected by long-term complications and how to prevent and/or relieve them. It is also to find out whether patients believe in the possibility of reducing the risk of developing long-term complications. It is then possible on this basis to organise support for an understanding of cause and effect and motivation.

PRACTICALITIES Use exercise sheet S11 as a starting point and focus on the areas chosen by the patient. Consider using illustration sheet D. Sticking icons onto the illustration sheet helps patients relate to it. For each area, ask what patients know about preventing themselves from getting complications (control of blood sugar, eyes and feet, exercise, etc.). Use a scale exercise to check on their understanding of the connection between blood sugar control and complications. Have illustration sheets A-D on the table to provide inspiration and overview.

Before the session, take a copy of the exercise sheet (which can be downloaded at www.steno.dk). Give patients the completed sheet to take home and take a copy yourself.

STEP BY STEP

- Explain briefly what the exercise is about and/or ask patients about the areas they would like to explore in depth.
- If possible, let patients themselves write on the sheet and stick icons onto it.
- Exercise S12, 'Experience of long-term complications', can be used to focus more on patients' own situation or go directly to exercise 'Goal and Plan' (Part 2).

EXERCISE SHEET S11

PREVENTING LONG-TERM COMPLICATIONS

How can this area be affected by long-term complications?	What can be done to relieve or prevent long-term complications?
	
	
	

Look at illustration sheet D and attach icons for the areas you decide you want to discuss.

How much do I think I can reduce the risk of getting long-term complications of diabetes?
On a scale of 0 to 10, where 0 is 'Not at all' and 10 is 'Very much'

0 |  10
Please X

steno
diabetes center

S12. EXPERIENCE OF LONG-TERM COMPLICATIONS

THE AIM of the exercise is to express the experiences and episodes of complications from the condition that patients have had. The idea is to clarify what patients already do and what more can be done to motivate them to take action to alleviate complications.

PRACTICALITIES Use exercise sheet S12 as a basis for placing the relevant icons for patients' blood sugar regulation and current complications. Discuss this in detail by getting patients to report on how complications appear and how these affect their daily lives. Finally, identify patients' level of concern using a scale exercise. Use the exercise to identify the need for support. Also determine whether major concerns are well justified and could be considered in 'Goal and Plan', or whether patients are already doing a lot and should be confirmed in this. Determine whether no or little concern is due to a lack of understanding or confidence in the possibility of changing something. Have illustration sheets A-D on the table to provide inspiration and overview.

Before the session, make a copy of the exercise sheet (which can be downloaded at www.steno.dk). Give patients the completed sheet to take home and take a copy yourself.

STEP BY STEP

- Explain briefly what the exercise is about and ask patients about the complications they have experienced for themselves. Relate these to blood sugar regulation and other parameters over time.
- Focus on what patients know and do to help alleviate complications.
- If possible, let patients themselves write on the sheet and stick icons onto it.
- Exercise S11, 'Preventing long-term complications', can be used for a dialogue on what specifically can be done to prevent /relieve complications, or follow up using 'Goal and Plan' (Part 2).

EXERCISE SHEET S12

EXPERIENCE OF LONG-TERM COMPLICATIONS OF DIABETES

Look at illustration sheets A-D and attach relevant icons for your situation.

What experience have I myself had of long-term complications?

How concerned am I about long-term complications of diabetes?
On a scale of 0 to 10, where 0 is 'Not at all' and 10 is 'Very'

0 | 10

Please X

steno
diabetes center

S13. MY RELATIONS

THE AIM of the exercise is to help patients reflect about their experiences and needs as someone with a chronic condition compared to other people. In the exercise, patients complete a series of incomplete sentences reflecting different social relations. The exercise can help patients express how they see the support, challenges and influences they get from other people in their daily lives.

PRACTICALITIES Ask patients to complete the sentences on exercise sheet S13 – it does not matter how much they write for each sentence. The sentences should ideally all be completed to provide inspiration for subsequent dialogue. During dialogue, ask what patients regard as their greatest challenges and possibly how they dealt with these. Consider asking when they feel supported and reassured and how their experiences could be used in other circumstances.

Before the session, make a copy of the exercise sheet (which can be downloaded at www.steno.dk). Give patients the completed sheet to take home and take a copy yourself.

STEP BY STEP

- Explain briefly what the exercise is about.
- If possible, let patients write on the exercise sheet for themselves.
- The exercise can also be completed by patients at home and brought with them on their next visit.
- Patients can be encouraged to discuss the things they have written down with people they know..
- This exercise can be used together with exercise S14, 'Good and poor support' for a more detailed discussion about what is regarded as good and poor support and how patients can themselves influence situations.

EXERCISE SHEET S13

MY RELATIONS

Complete the following eight incomplete statements with the first thing that comes to mind.

For me, good to support is when ...

I get too little support from ...

Those around me worry too much about ...

What can cause me problems at home is ...

I believe that my friends think ...

It irritates me when other people ...

It is hard to resist pressure from ...

It makes me happy when other people ...

steno
diabetes center

S14. GOOD AND POOR SUPPORT

THE AIM of the exercise is to talk about the challenges experienced by the patients with respect to friends, acquaintances and relatives and their understanding of living with a chronic disease such as type 2 diabetes. The exercise encourages patients to reflect on what they feel good and poor support means to them and how they can tell other people how they can provide support and assistance.

PRACTICALITIES Use exercise sheet S14 as a basis for talking about what patients regard as good and poor attention. Preferably speak on the basis of specific examples that patients have experienced. Explore ideas and options for what they could do to attract attention, such as how they could make other people aware of their needs and wishes. Also ask whether they feel they get support and/or are comfortable with it and how their experiences could be used in other respects.

Before the session, make a copy of the exercise sheet (which can be downloaded at www.steno.dk). Give patients the completed sheet to take home and take a copy yourself.

STEP BY STEP

- Explain briefly what the exercise is about.
- If possible, let patients write on the exercise sheet for themselves.
- The exercise sheet can also be completed by patients at home and brought with them on their next visit.
- Patients can be encouraged to talk to about things they have written down with people they know.
- Ideas about what patients could do for themselves can then be included in the 'Goal and Plan' exercise (Part 2).

EXERCISE SHEET S14

GOOD AND POOR SUPPORT

For me, what is poor support?

-

-

-

-

For me, what is good support?

+

+

+

+

What can I do to get more good support?

+

+

+

+

steno
diabetes center

S15. REMEMBER YOUR MEDICATION

THE AIM of the list is to give patients an overview of the options for getting help to remember to take their medication and to guide them in choosing the most suitable way of helping them.

PRACTICALITIES Review the options for helping patients to remember on the basis of their needs and resources.

Before the session, make a copy of the list (which can be downloaded at www.steno.dk).
Give patients a copy of the list to take home.

STEP BY STEP

- Go through the points with the patient and in the further process, help translate one or more of the options into practice, possibly in the 'Goal and Plan' exercise (Part 2).
- Patients can be encouraged to talk to their families or others about the options and need for help so as to create awareness and get support in their daily lives.

EXERCISE SHEET S15

REMEMBER YOUR MEDICATION

Apotekets huskehæfte*

- **Position**
You can keep your medication somewhere you will be reminded to take it (by the coffee machine, bed, etc.).
- **Daily routines**
You can take your medication as part of a daily event (meal, brushing teeth, bedtime, etc.).
- **Calendar**
You can use the calendar function on your computer or mobile phone to remind you to renew a prescription.
- **Texting service**
A text message is a manageable solution since most people keep their mobiles to hand. You will get a reminder to take your medication. You could possibly use the pharmacy text messaging service. Get more details from the pharmacy.
- **Medication box**
Boxes are available for a day or a week and you fill them yourself. This presupposes that you remember it and that you can put your medication in or there is somebody who can do it for you. A medication box gives a good overview and is especially good for those of you who doubt whether you have remembered to take medication.
- **Alarm**
You can use the alarm function on your mobile phone or an alarm clock to remind you that it is time to take your medication. You can also get a special pill box that beeps when it is time to take medication.
- **Medication dose packs**
The pharmacy prepares your medication in packs for each time you are due to take it and in the order in which it is to be taken. This is good for those of you who find it difficult to manage your medication and for those who have difficulty remembering whether you have taken a dose. Note that not all medicines can be dose packed. Dose packs are best for stable medication.

*<http://www.apoteket.dk/-/media/Brochure/huskehæfte/huskehæfte.aspx>

steno
STENO LÆGEMIDDEL CENTRET



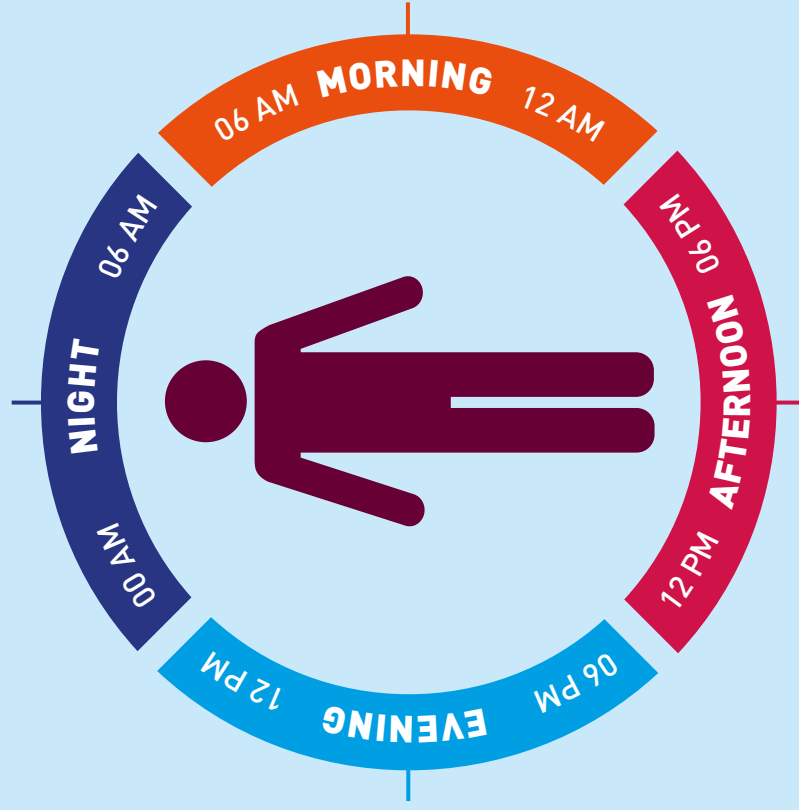


MATERIALS FOR EXERCISES

In Part 4 you will find:

- + Materials for reflection and goal setting exercises*
- + Illustration sheet, icons and exercise sheet for the exercises in the Scrapbook*

MY DAY



DO I TAKE MY MEDICATION?

NEVER

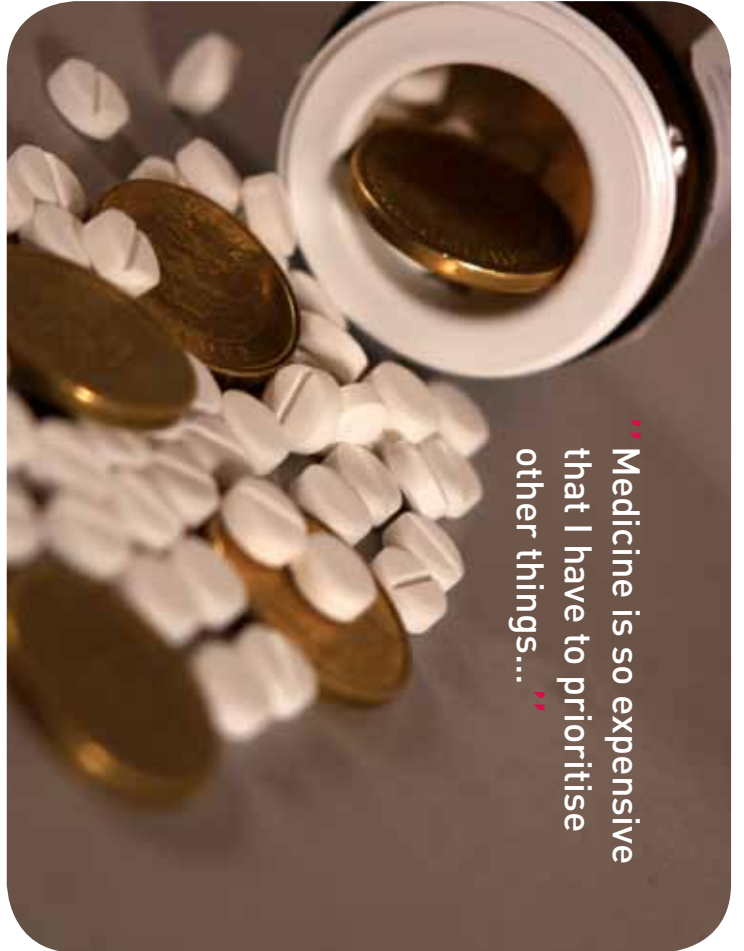
ALWAYS

Please **x**

"I do not feel that those around me understand what having a chronic illness means..."



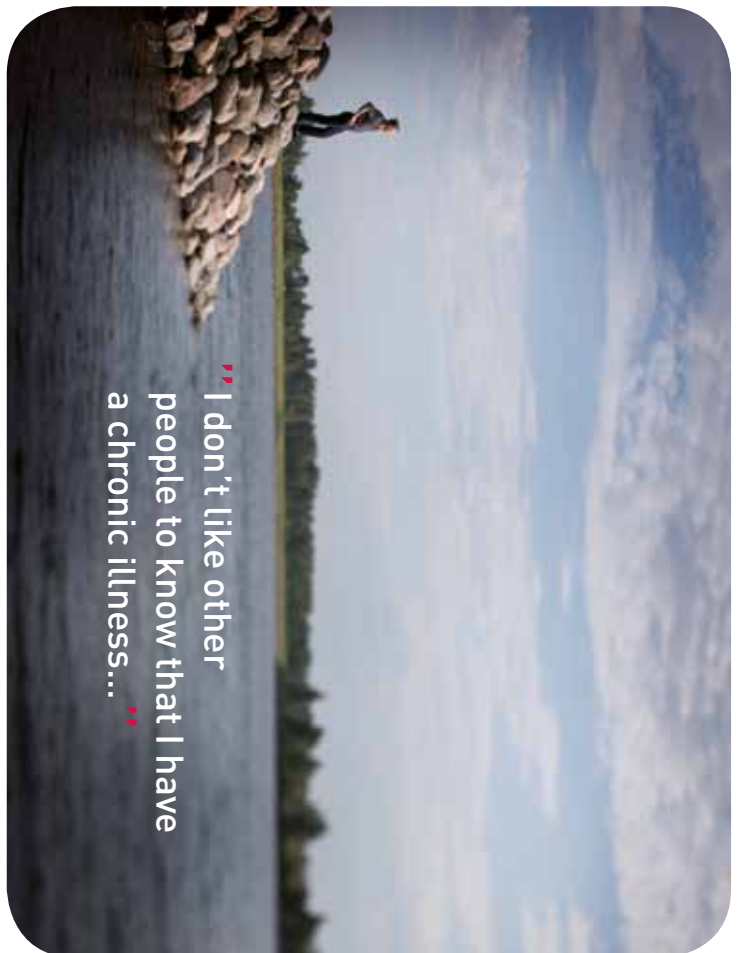
"Medicine is so expensive that I have to prioritise other things..."



"I often feel so busy that I forget to take my medicine or to fetch it from the pharmacy..."



"I don't like other people to know that I have a chronic illness..."



MY CHALLENGES



MY CHALLENGES

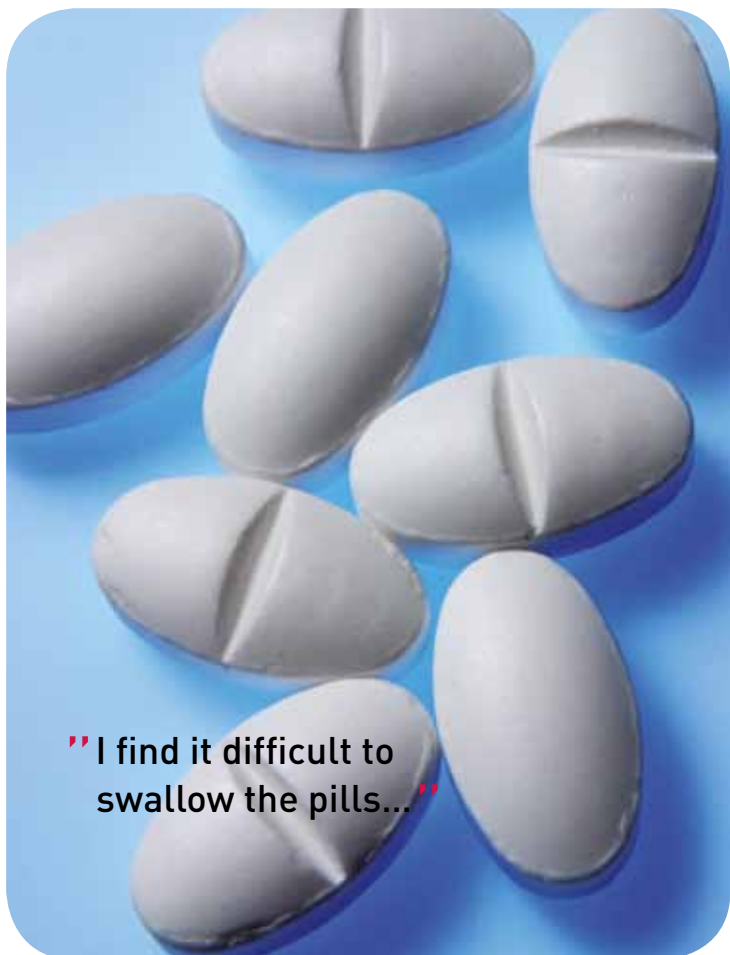


MY CHALLENGES



MY CHALLENGES





MY CHALLENGES



MY CHALLENGES

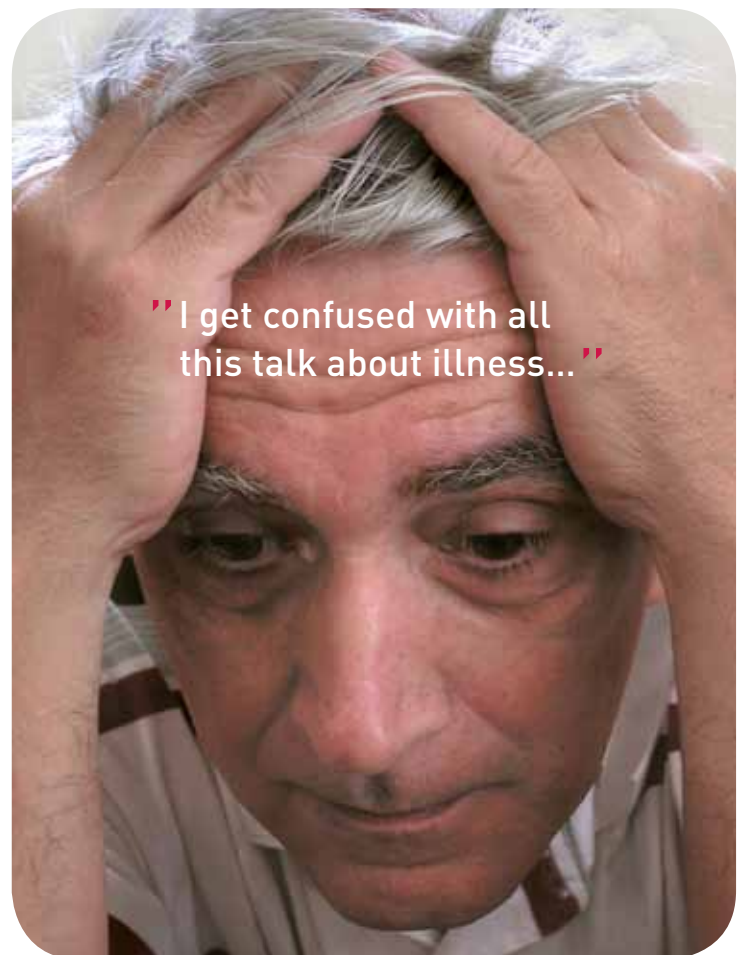
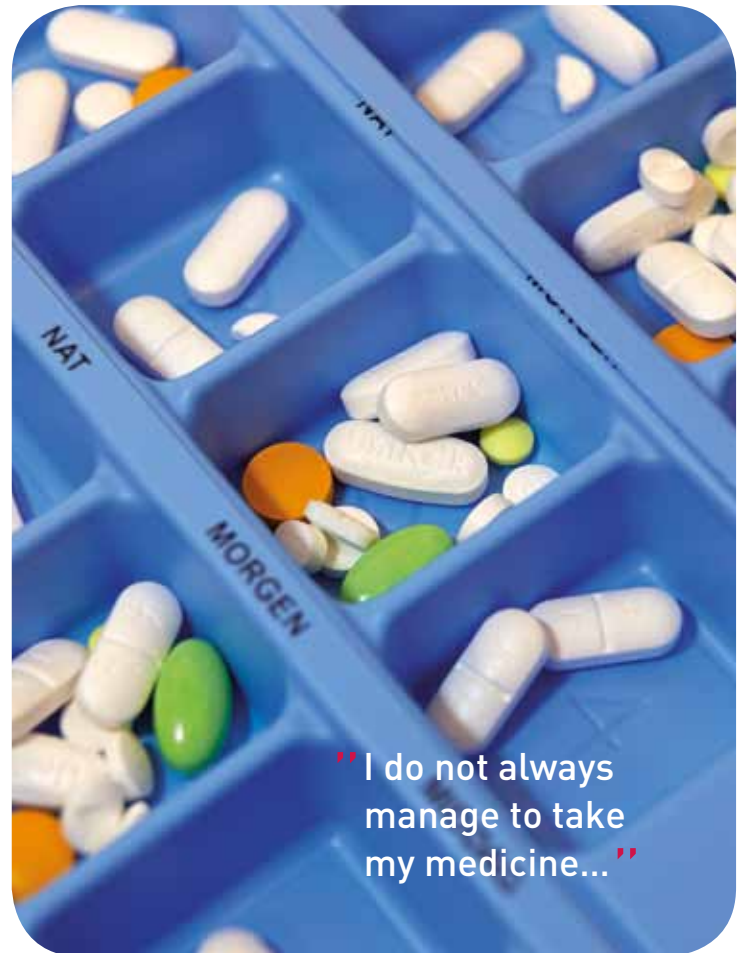
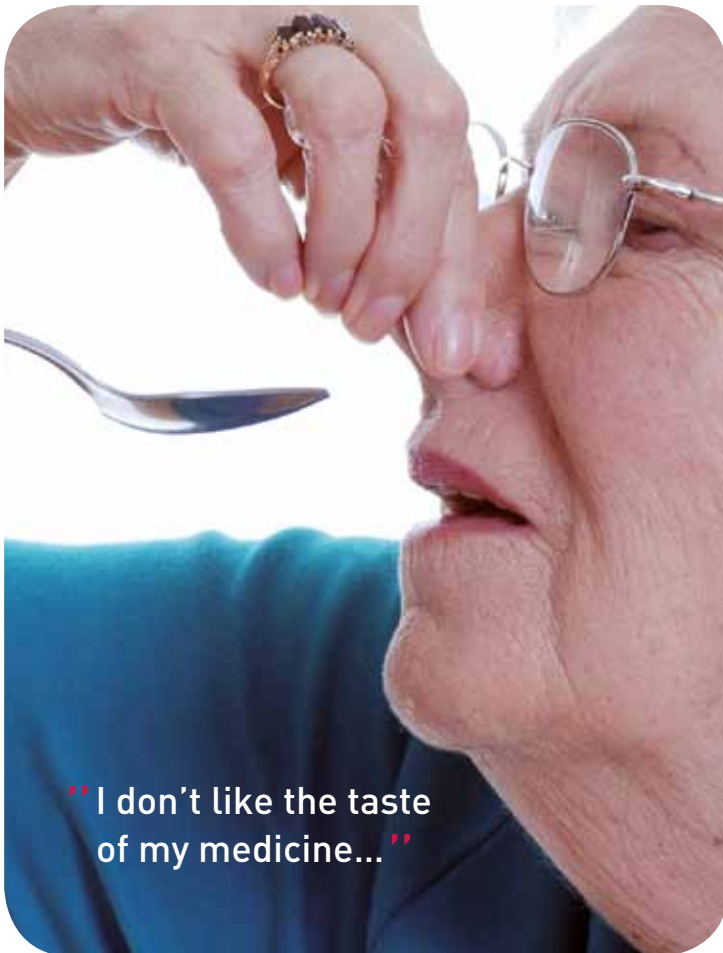


MY CHALLENGES



MY CHALLENGES





MY CHALLENGES



MY CHALLENGES

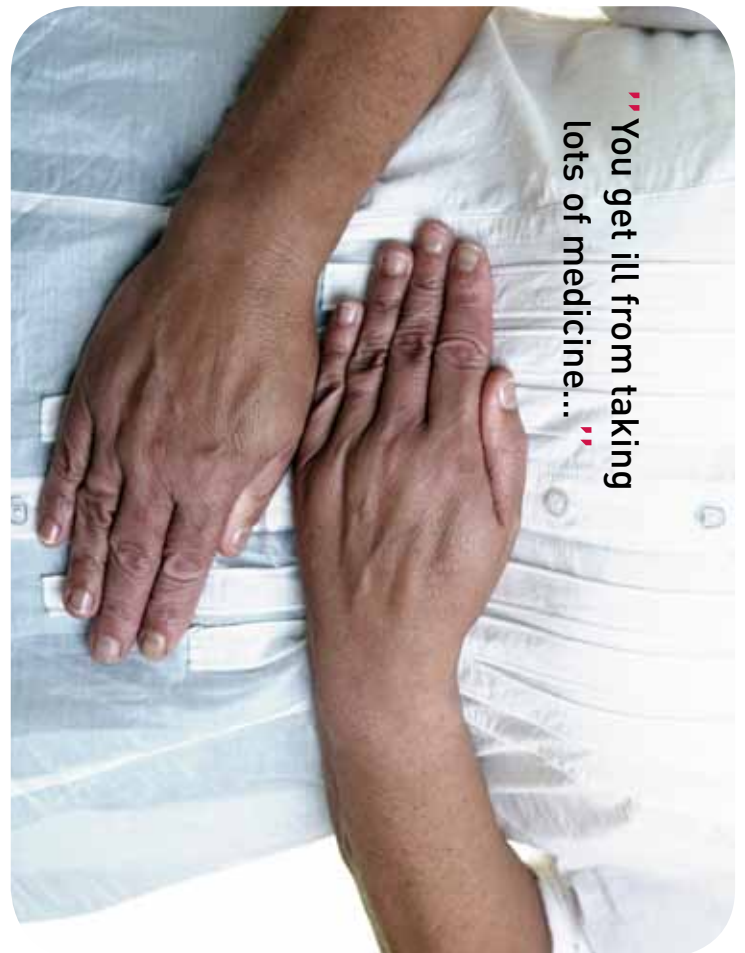
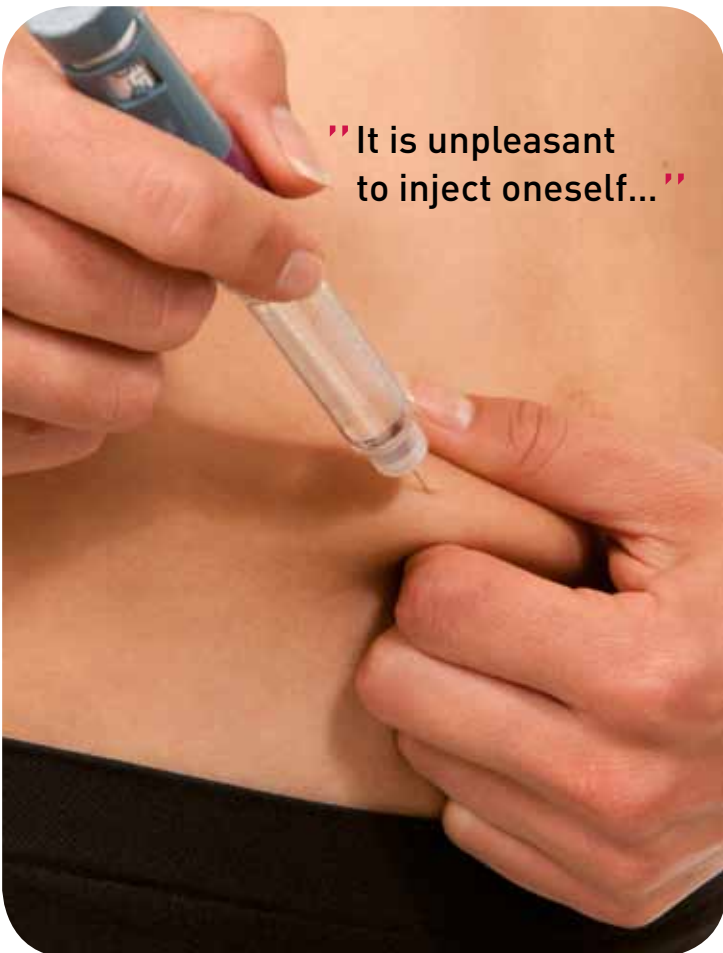
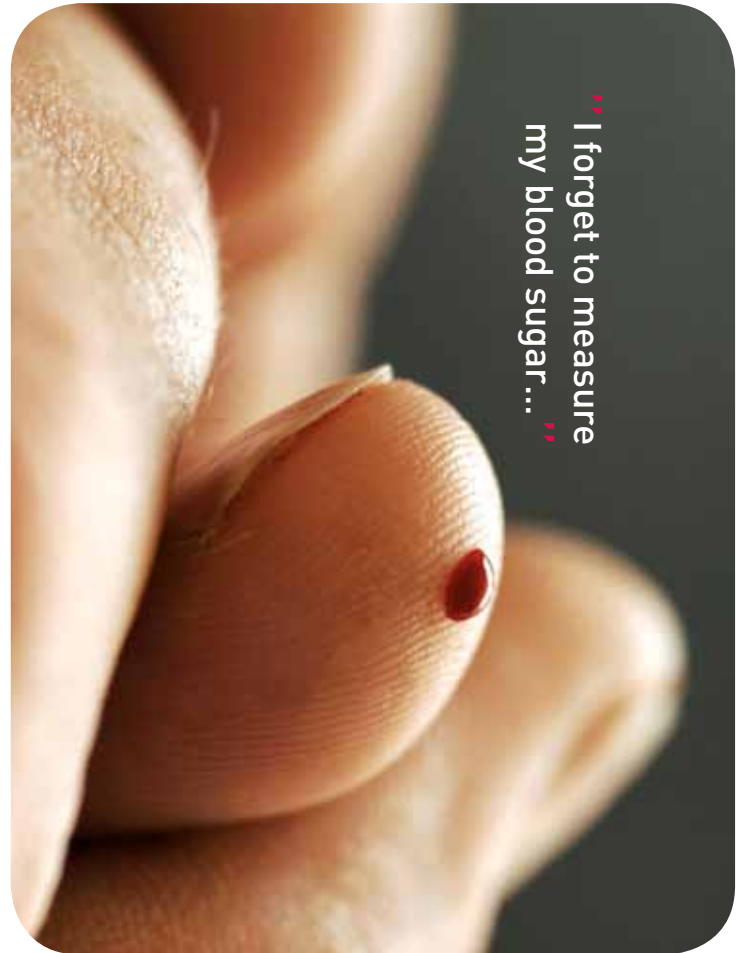


MY CHALLENGES



MY CHALLENGES





MY CHALLENGES



MY CHALLENGES

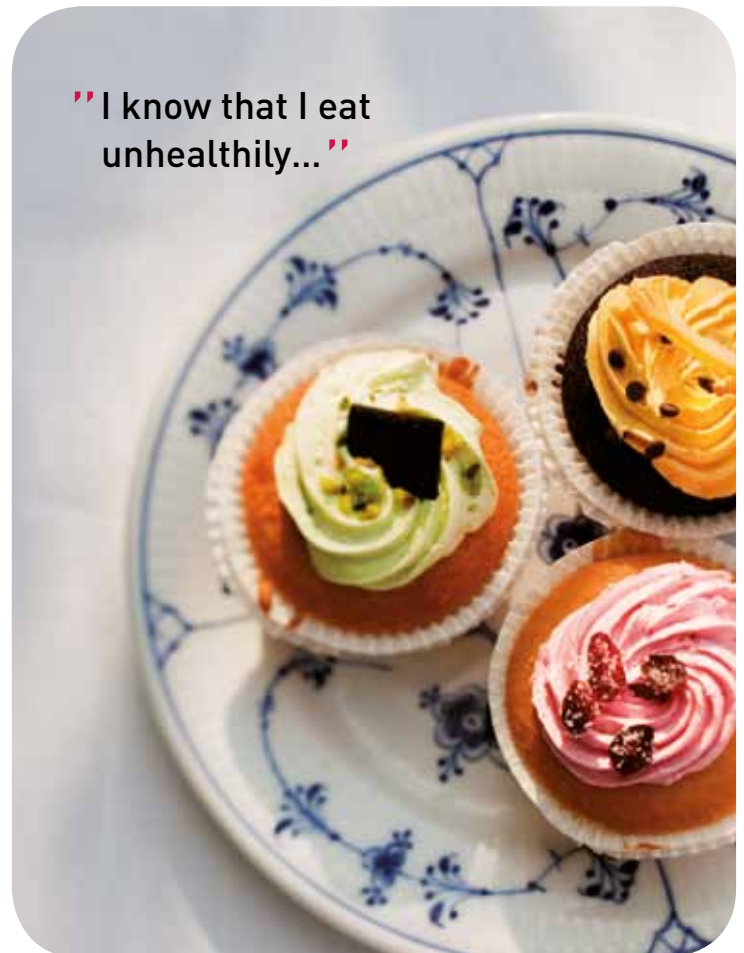
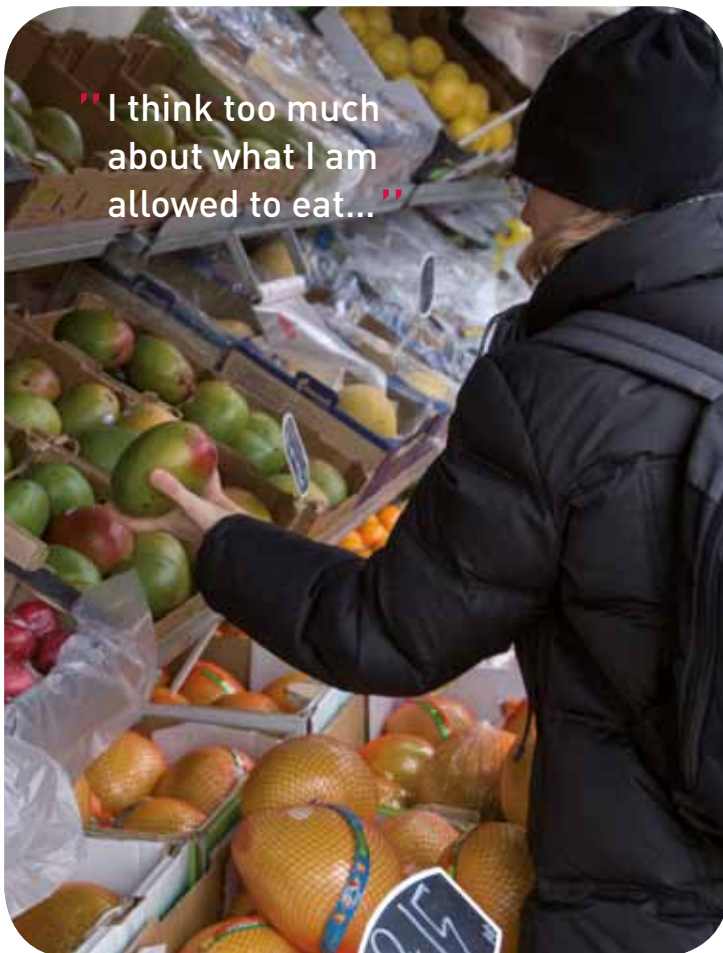
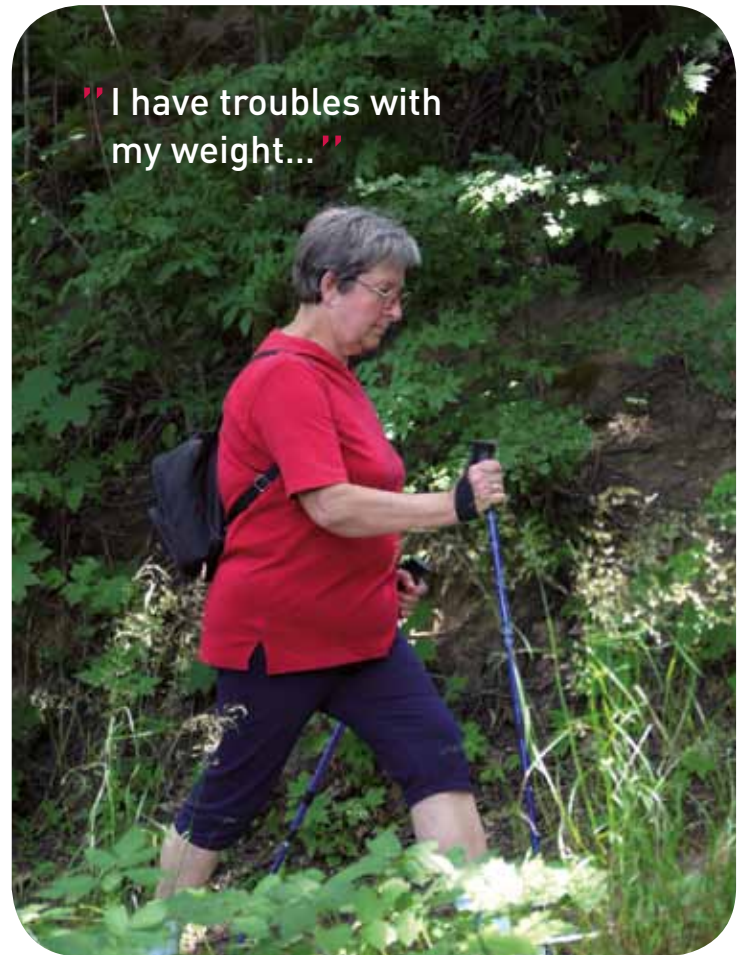
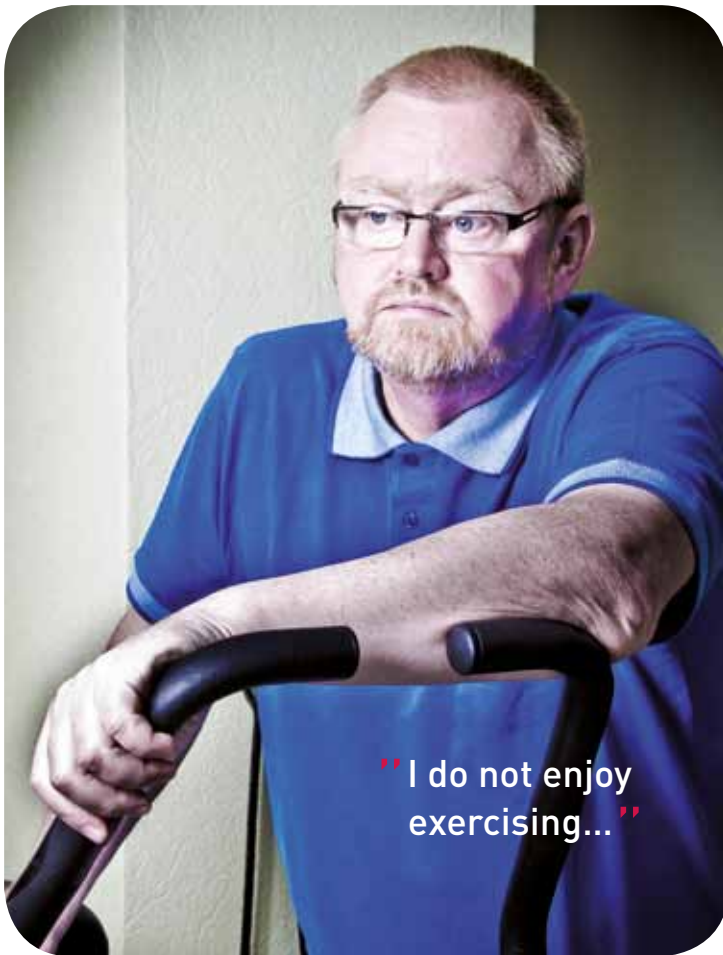


MY CHALLENGES



MY CHALLENGES





MY CHALLENGES



MY CHALLENGES

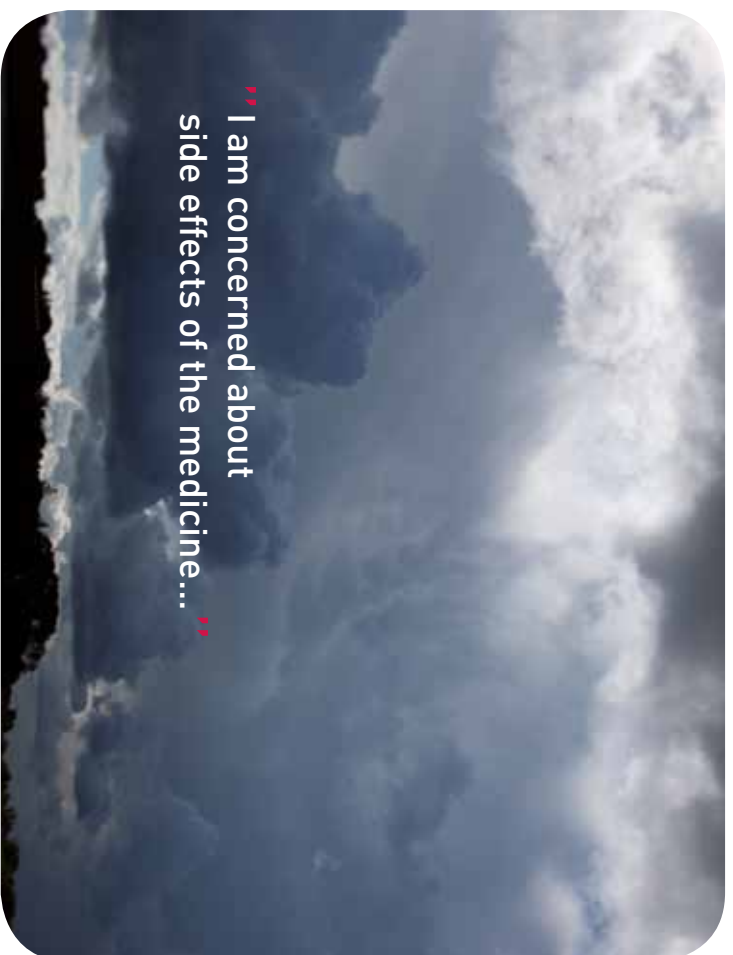


MY CHALLENGES

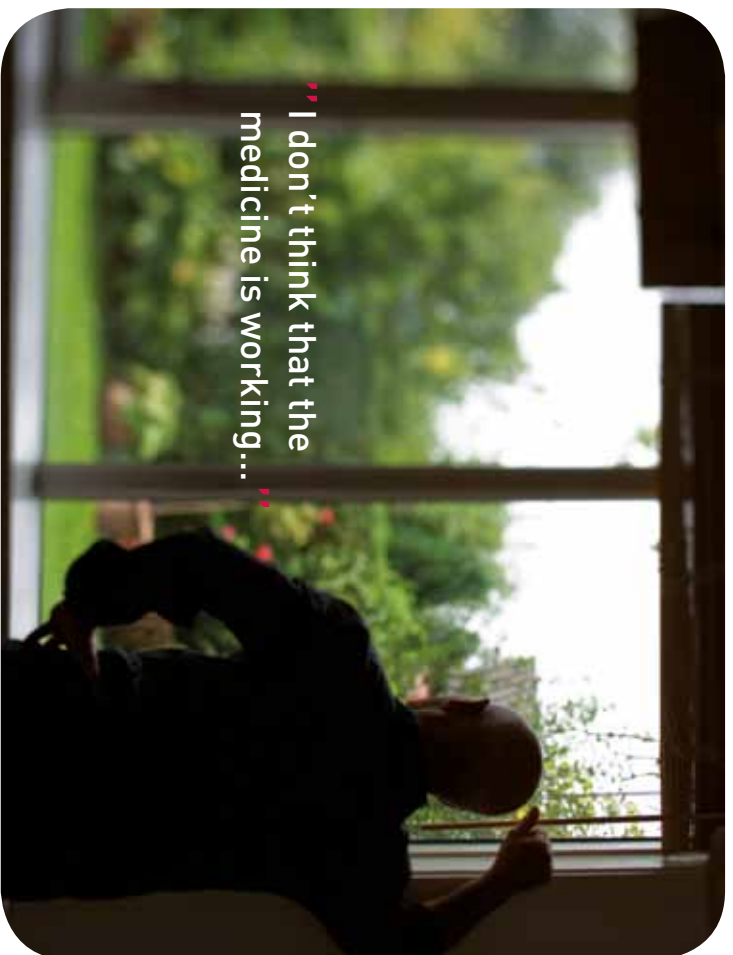


MY CHALLENGES

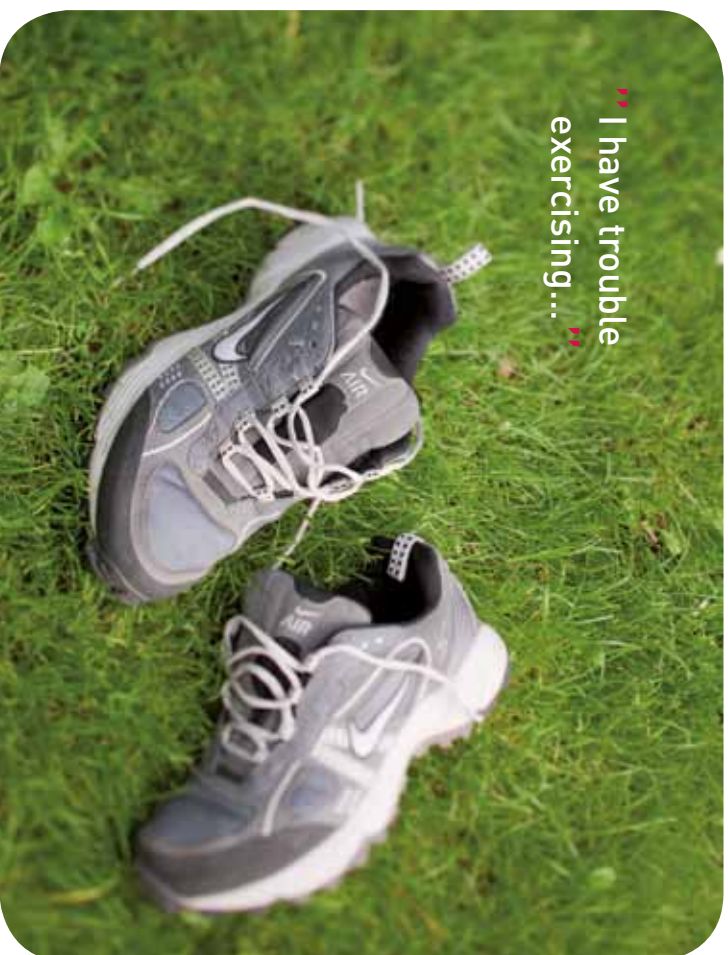




“ I am concerned about side effects of the medicine...”



“ I don't think that the medicine is working...”



“ I have trouble exercising...”



“ I am not sure whether it is good to take so much medicine at one time...”

MY CHALLENGES



MY CHALLENGES

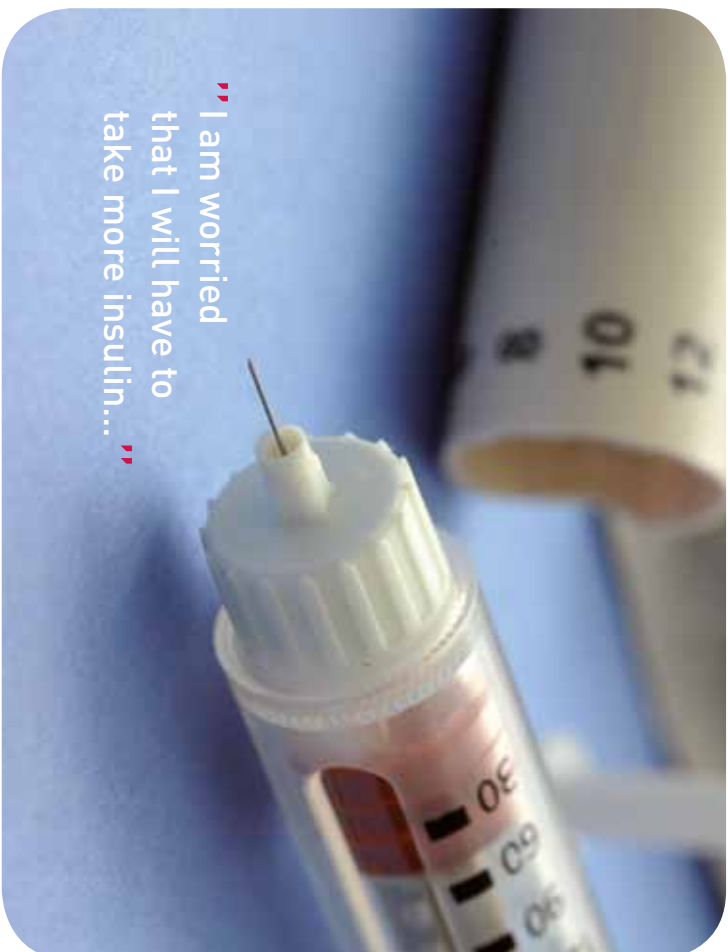
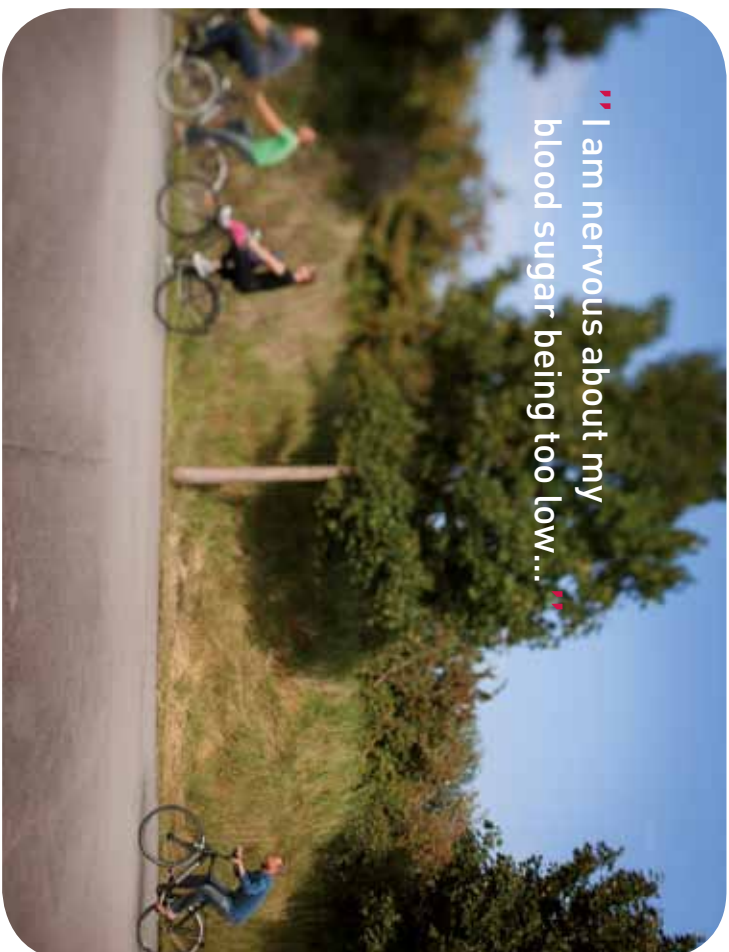
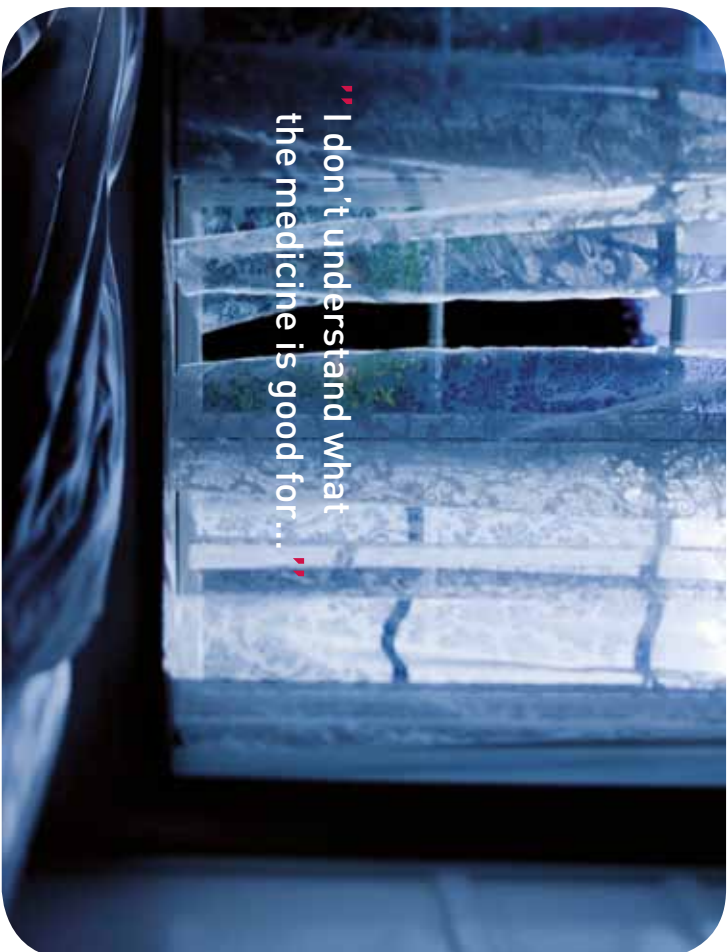
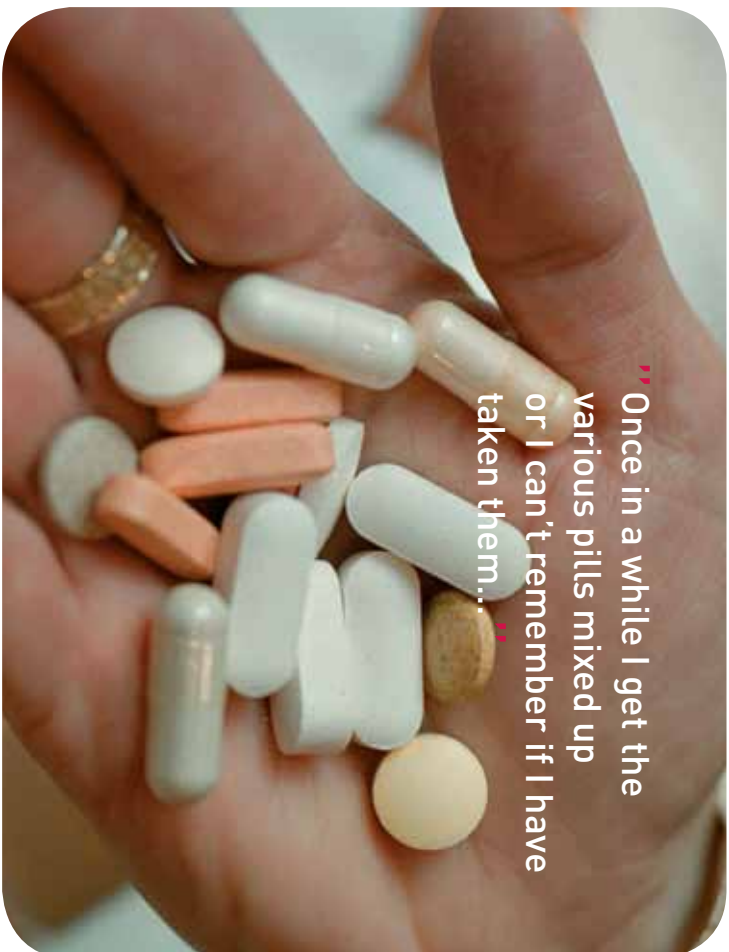


MY CHALLENGES



MY CHALLENGES





MY CHALLENGES



MY CHALLENGES



MY CHALLENGES



MY CHALLENGES

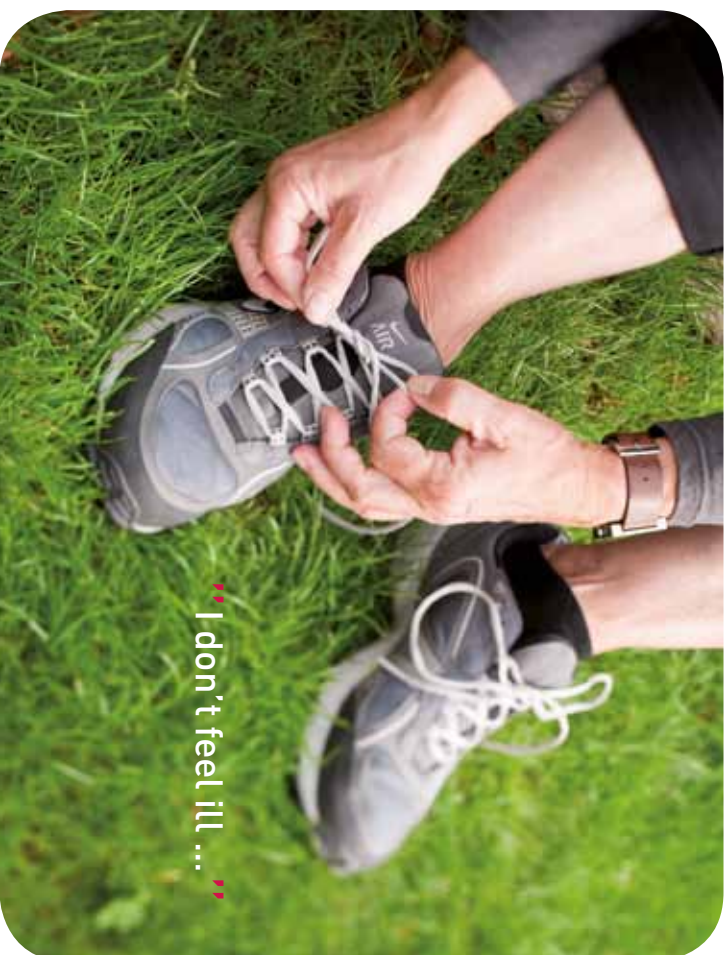




"I don't understand why
I have to take medicine
when I am well..."



"I don't think that the
medicine helps in this illness..."



"I don't feel ill ..."



"I don't need
medicine now..."

MY CHALLENGES



MY CHALLENGES



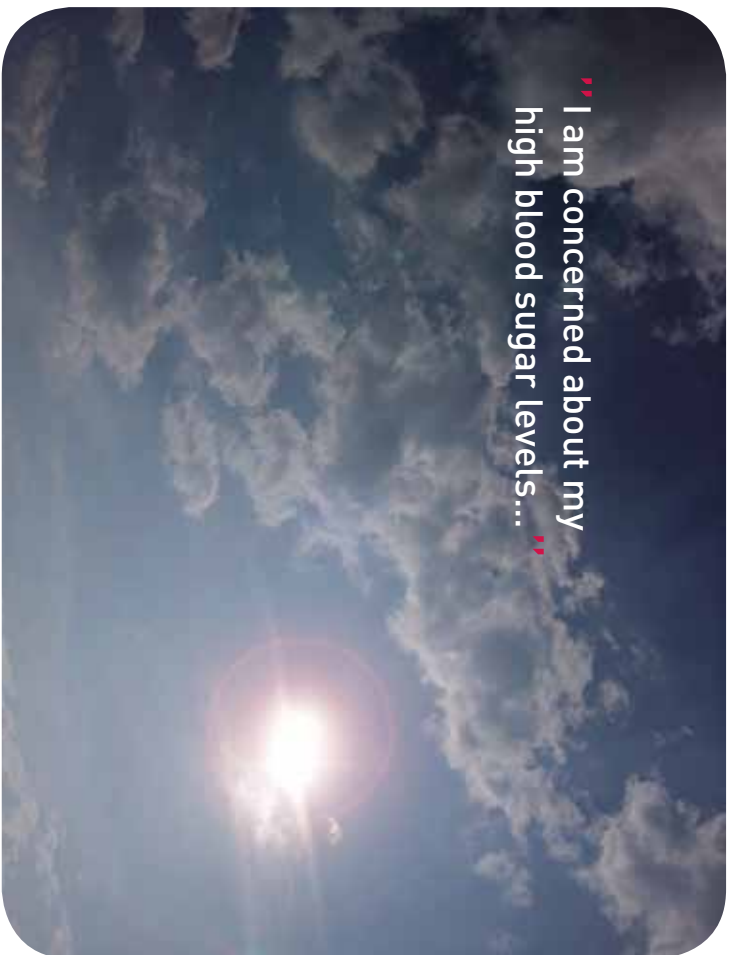
MY CHALLENGES



MY CHALLENGES



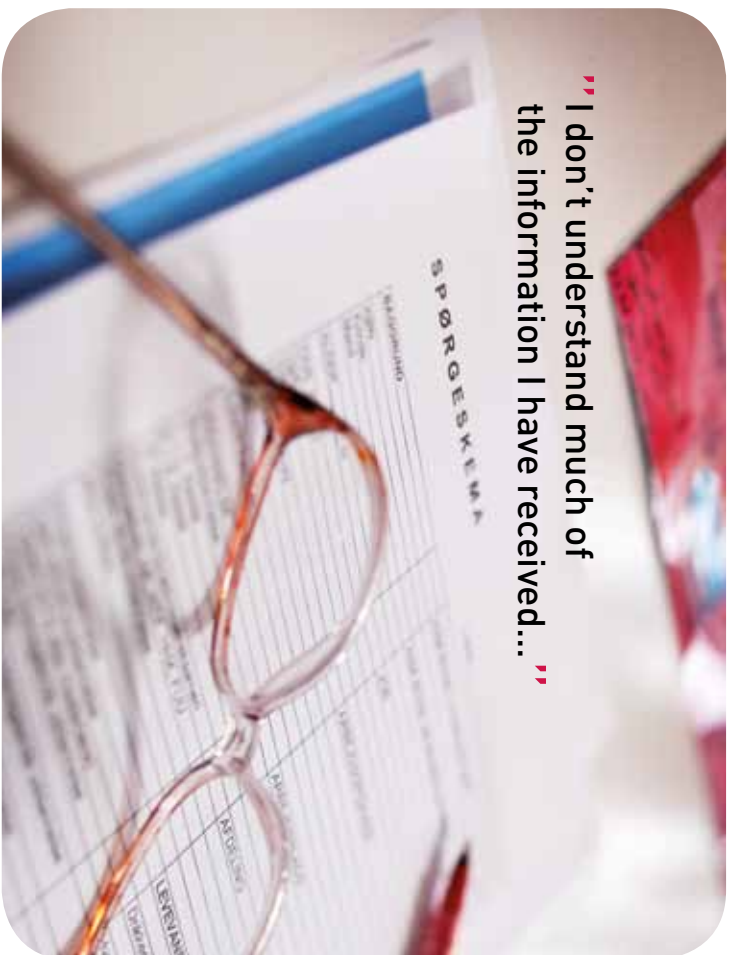
“I am concerned about my high blood sugar levels...”



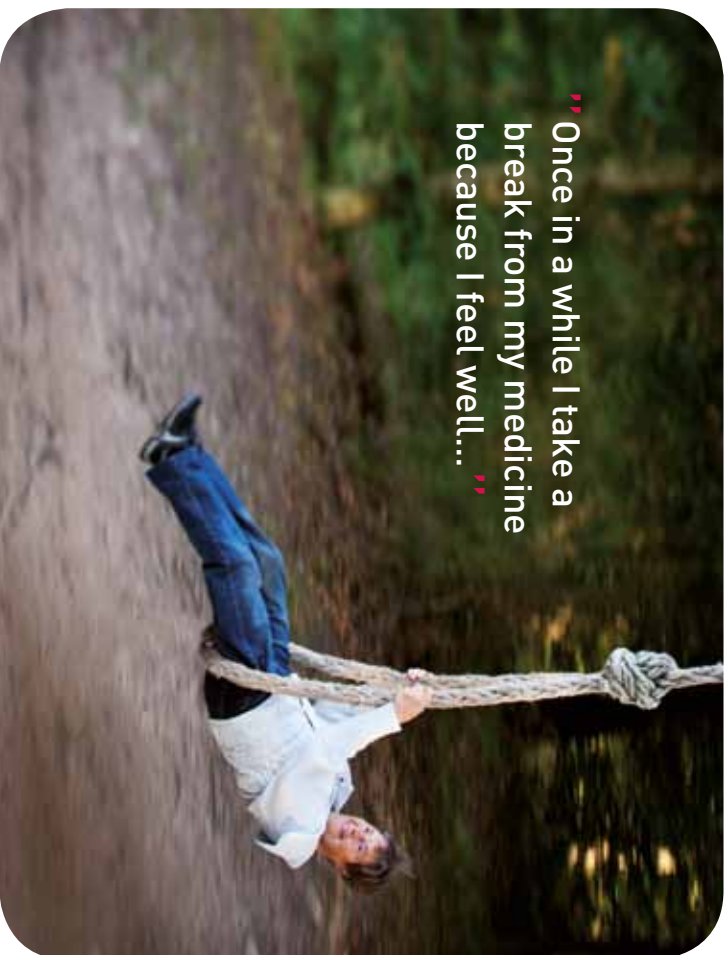
“I am worried about complications and other illnesses caused by having diabetes...”



“I don't understand much of the information I have received...”



“Once in a while I take a break from my medicine because I feel well...”



MY CHALLENGES



MY CHALLENGES



MY CHALLENGES



MY CHALLENGES

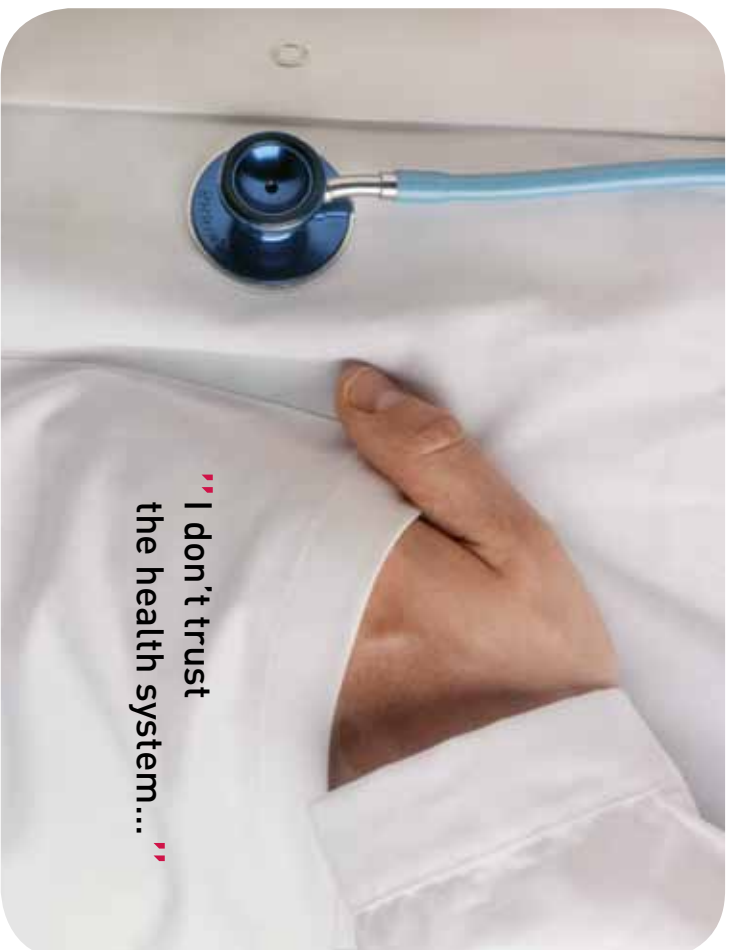




"I don't think that the things the doctor talks about, are important for me..."



"The various health care professionals don't agree on what treatment I should be having..."



"I don't trust the health system..."



"I can't communicate well with my doctor..."

MY CHALLENGES



MY CHALLENGES



MY CHALLENGES



MY CHALLENGES



I DO NOT
AGREE

I AGREE

TASK CARD

“I have challenges with...”

MY CHALLENGES



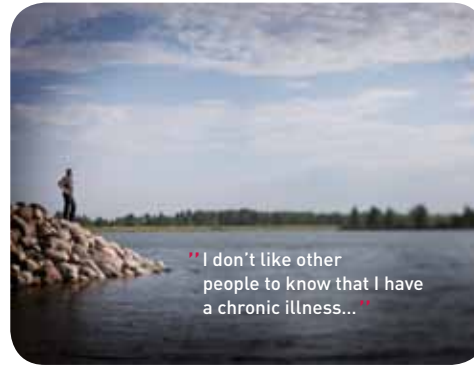
MY CHALLENGES

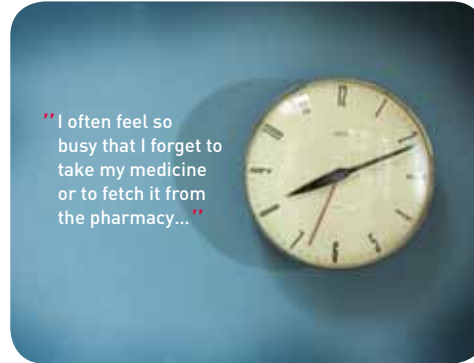
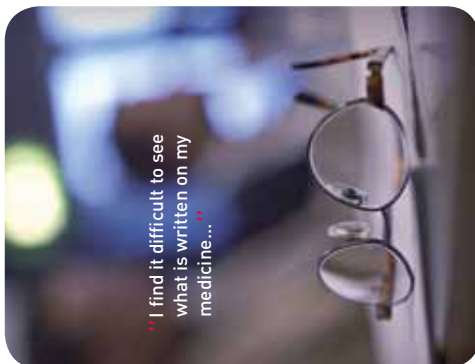


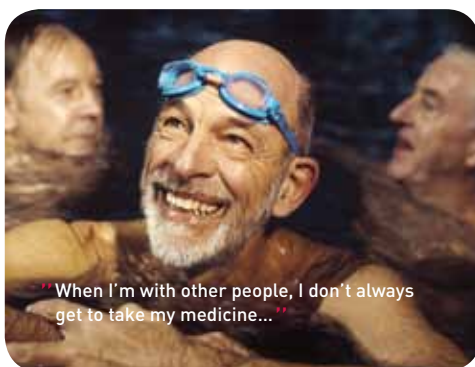
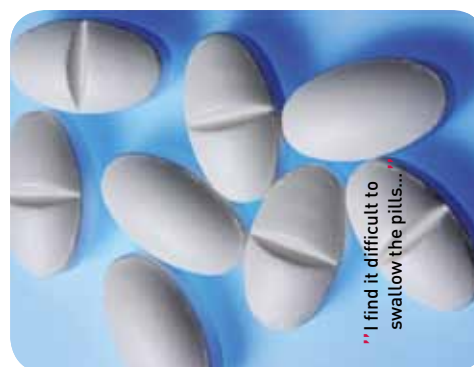
MY CHALLENGES

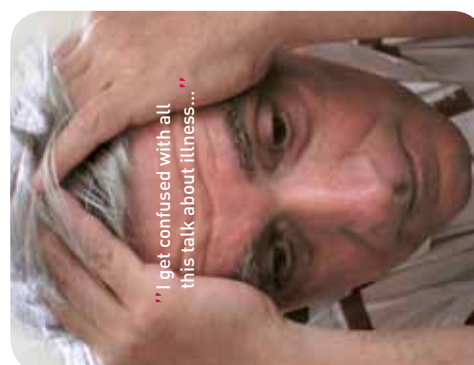


TICK BOX SHEET FOR MY CHALLENGES


☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

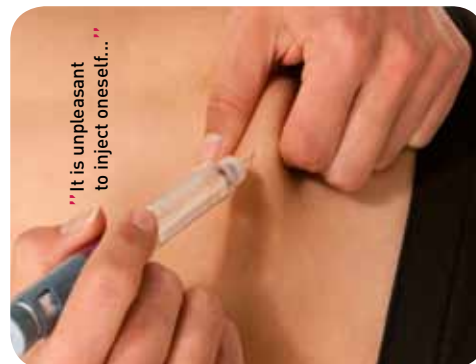
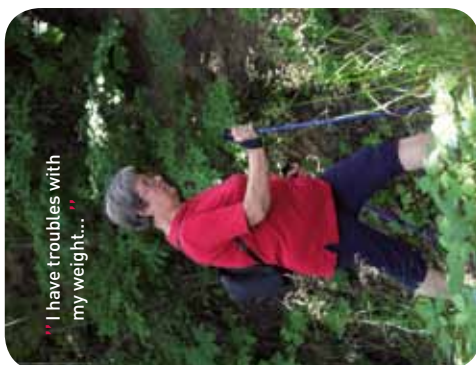
TICK BOX SHEET FOR MY CHALLENGES


☐

☐

☐

☐

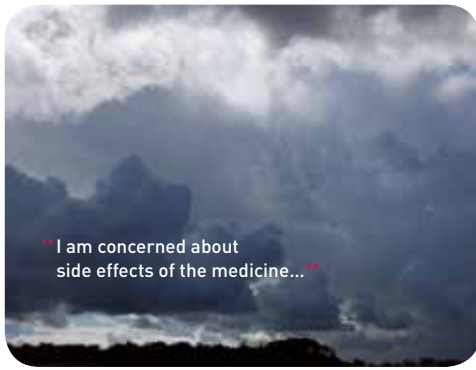
☐

☐

☐

☐

☐

☐

TICK BOX SHEET FOR MY CHALLENGES



"I am concerned about side effects of the medicine..."

☐

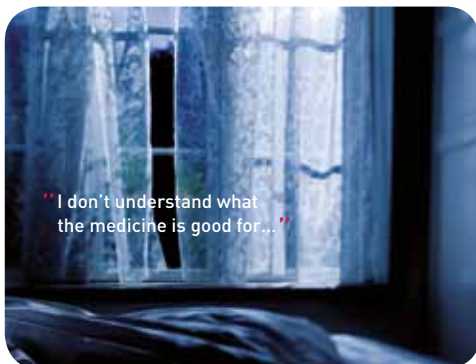

"I don't think that the medicine is working..."

☐

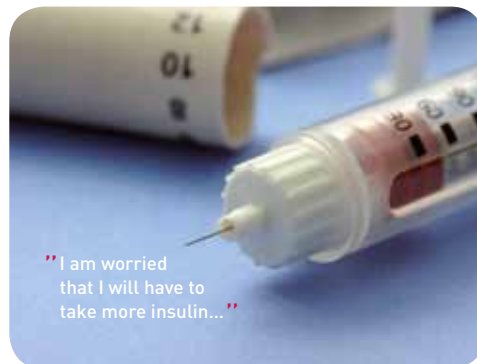

"I have trouble exercising..."

☐


"I am not sure whether it is good to take so much medicine at one time..."

☐


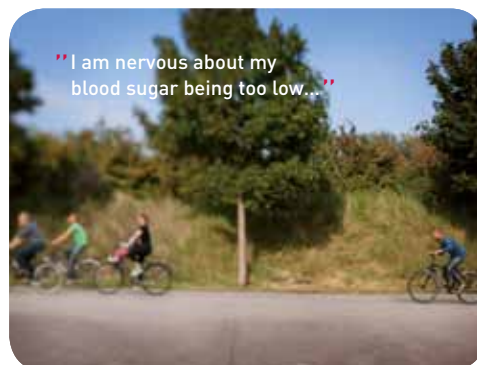
"I don't understand what the medicine is good for..."

☐


"I am worried that I will have to take more insulin..."

☐


"Once in a while I get the various pills mixed up or I can't remember if I have taken them..."

☐


"I am nervous about my blood sugar being too low..."

☐

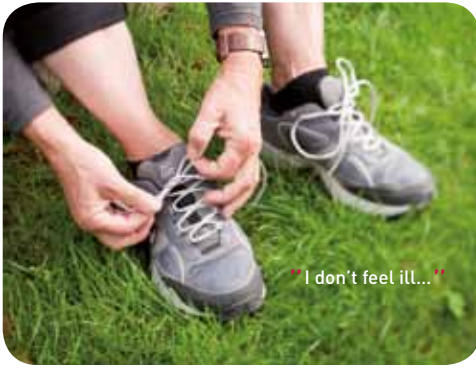

"I don't understand why I have to take medicine when I am well..."

☐


"I don't think that the medicine helps in this illness..."

☐

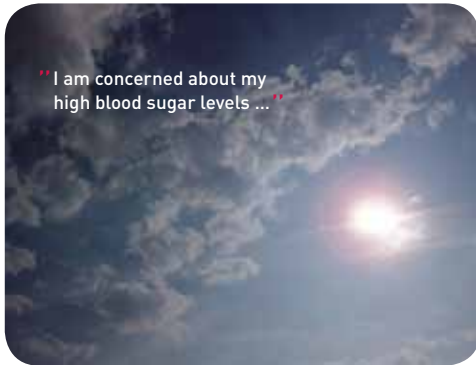
TICK BOX SHEET FOR MY CHALLENGES



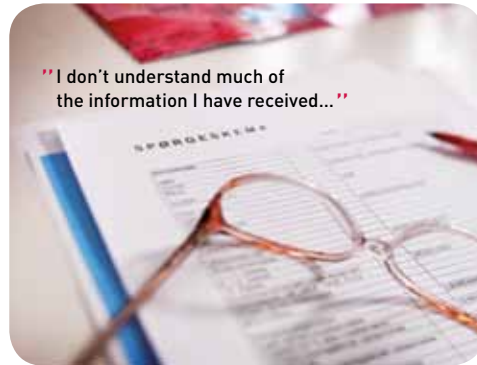
"I don't feel ill..."

☐


"I don't need medicine now..."

☐


"I am concerned about my high blood sugar levels ..."

☐


"I don't understand much of the information I have received..."

☐


"I am worried about complications and other illnesses caused by having diabetes..."

☐


"Once in a while I take a break from my medicine because I feel well..."

☐


"I don't think that the things the doctor talks about, are important for me..."

☐


"I don't trust the health system..."

☐


"The various health care professionals don't agree on what treatment I should be having..."

☐


"I can't communicate well with my doctor..."

☐

POSTCARD

There is a question on each of the two postcards. The idea of the questions is that you should think about them a little before next time. On the back of the cards, you can jot down your thoughts and answers, either as a short story or as bullet points. If you do not wish to write anything, you can tell me about your thoughts on your next visit.



If you had to give good advice to someone who got diabetes, such as a good friend or one of your family, what would it be?



What worries you about having diabetes?





YOUR ANSWER:

.....

.....

.....

.....

.....



YOUR ANSWER:

.....

.....

.....

.....

.....

FOLLOW-UP

My concerns /challenges :

+

+

+

+

+

+

+

What I want to work on:

+

+

+

+

+

+

+

GOAL AND PLAN

I would really like to...

1

.....

Ideas for achieving my goal:

2

.....
.....
.....
.....

What I will do now is:

3

.....
.....
.....
.....

The next thing I will do is:

4

.....
.....
.....
.....

When?

I am well on the way to my goal when I...

5

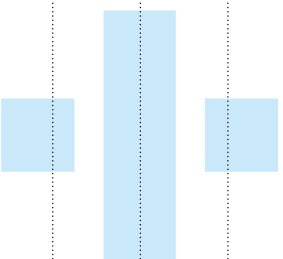
.....

When?

GOAL AND PLAN

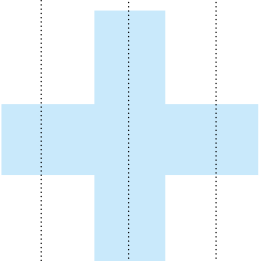
What could make it
harder to reach my goal?

1



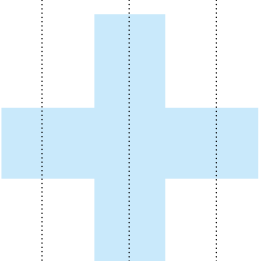
What could make it
easier for me?

2



What support
do I need?

3





IMPORTANCE

How **important** is it for me to reach the goal?

On a scale of 0 to 10, where 0 is "Not at all" and 10 is "Very"



Please ✕



CONFIDENCE

How **confident** am I of reaching my goal?

On a scale of 0 to 10, where 0 is "Not at all" and 10 is "Very"



Please ✕

IMPORTANCE

✗ At about 7 or above:

Going for the goal could be attractive.

✗ Less than about 7:

Why have I put a cross by xx and not lower than that?

The fact that I put my cross by xx, does that mean that this is a more attractive goal to achieve?

What is required to make it more attractive?

What goal could possibly be more attractive for me?

CONFIDENCE

✗ At about 7 or above:

The goal could be realistically achievable.

✗ Less than about 7:

How can it be that I put a cross by xx and not lower than that?

The fact that I put my cross by xx, does that mean that I believe I can reach my goal?

What would help me to be more confident that I can reach the goal?

ADVANTAGES AND DISADVANTAGES

Advantages of the current situation:	Advantages of reaching the goal:
+	+
+	+
+	+
+	+
Disadvantages of the current situation:	Disadvantages of reaching the goal:
-	-
-	-
-	-
-	-

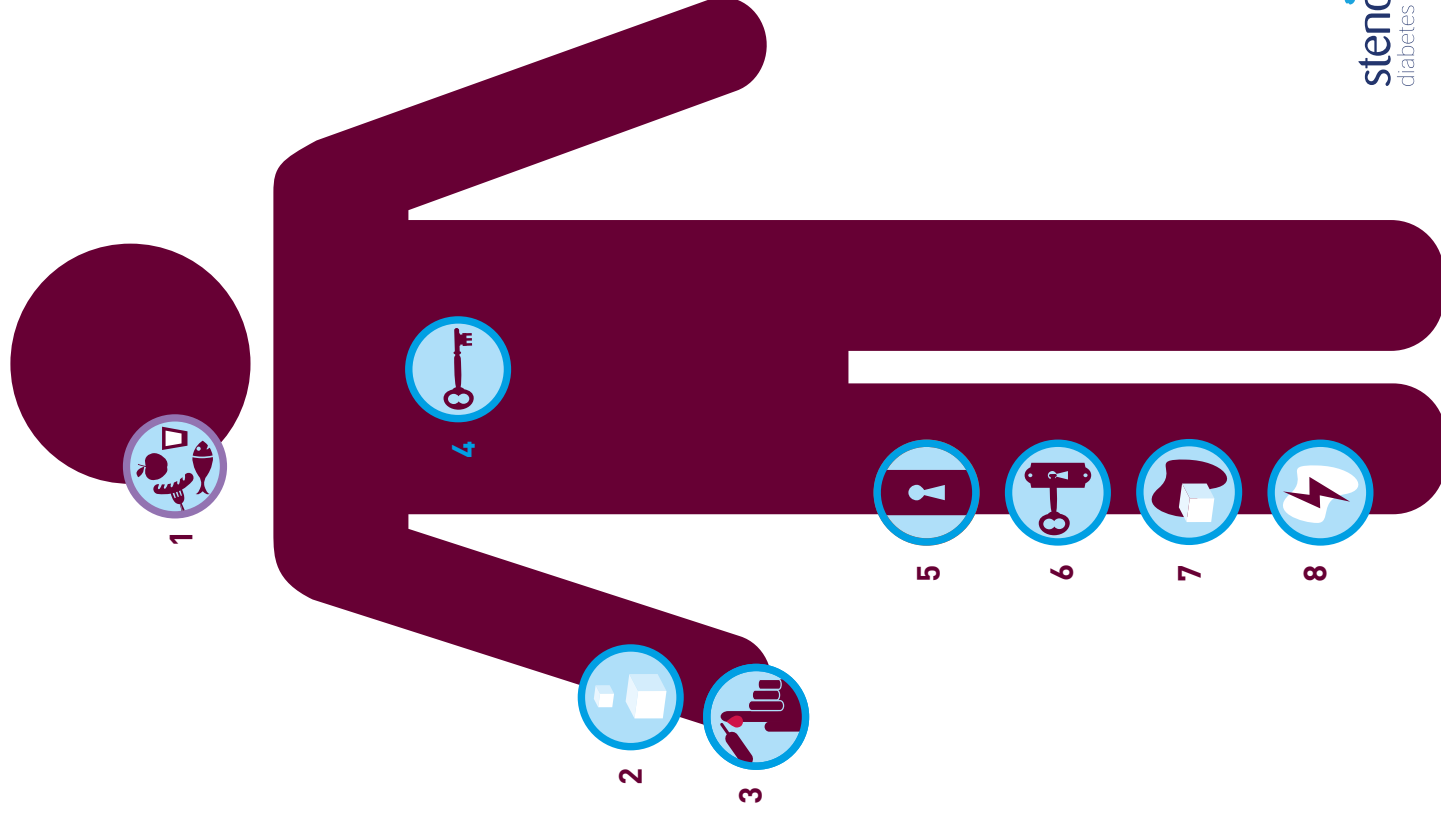


MATERIALS FOR THE SCRAPBOOK

A: BLOOD SUGAR CONTROL - NORMAL

-  **1** Consumption of food and drink.
-  **2** Blood sugar increases to a greater or lesser extent depending on what we eat and drink.
-  **3** The level of blood sugar can be measured.
-  **4** Insulin (= keys) is released from the pancreas into the blood as blood sugar rises.*
-  **5** There are insulin receptor molecules (= keyholes) on the body's cells (for example muscle, fat and liver cells).
-  **6** Insulin binds to and activates the insulin receptors.
-  **7** Sugar can then get into the cells.
-  **8** The cells gain energy for use for example in operating muscles, biochemical processes essential for life and heat production, or it can be stored.

* Insulin is a hormone that helps sugar pass from the blood into cells.



B: BLOOD SUGAR CONTROL - TYPE 2 DIABETES

- 

9 Insulin does not work so well if you have type 2 diabetes. When cells become insensitive to insulin, it is called insulin resistance.
- 

10 Insulin resistance means that more insulin is required to get sugar into cells. The pancreas reacts by releasing more insulin.
- 

11 This means that when type 2 diabetes starts, there are typically raised levels of sugar and insulin in the blood.
- 

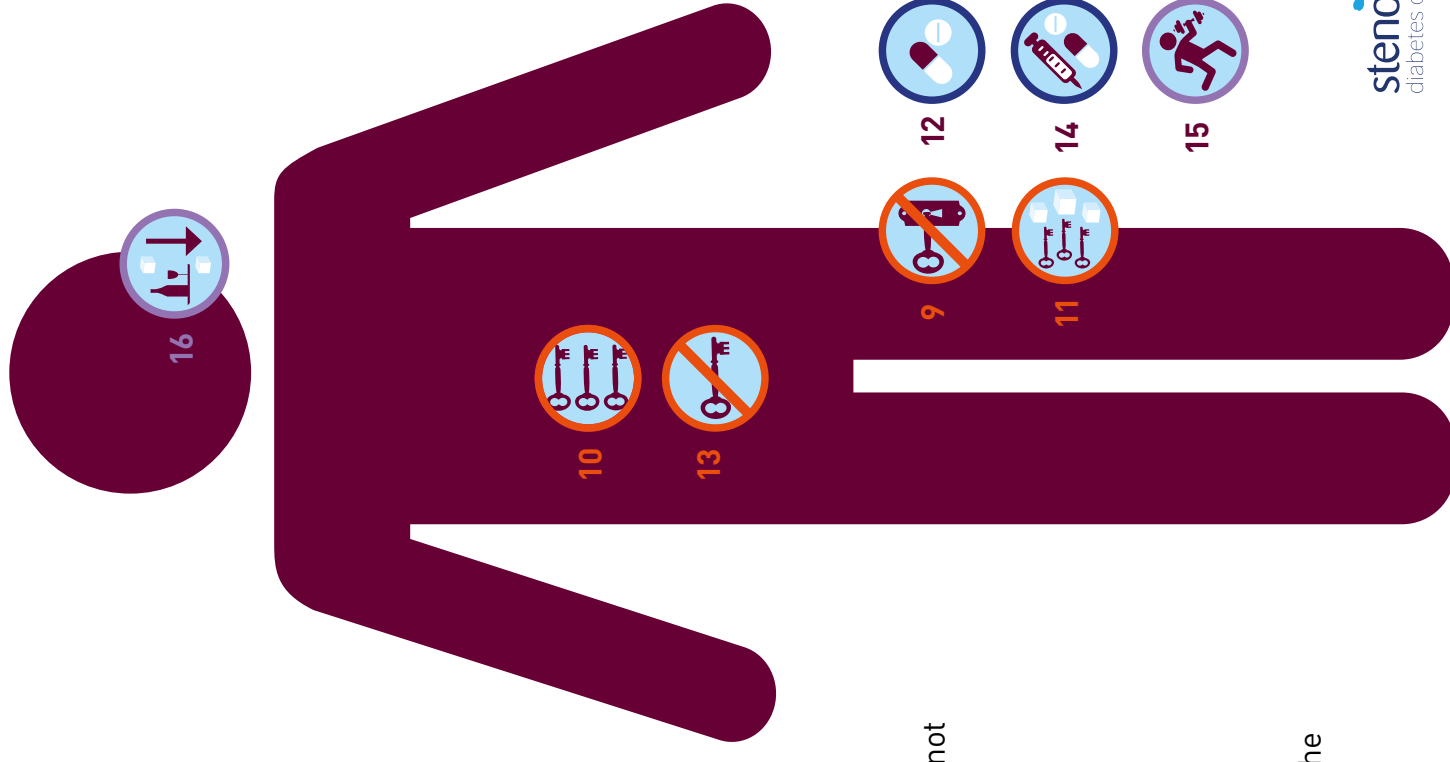
12 Metformin is a drug that boosts the effect of insulin by increasing cellular sensitivity to insulin, thus helping to reduce blood sugar.
- 

13 As time passes, your own insulin production may decline so that there is not enough insulin to regulate the blood sugar.
- 

14 Drugs that help boost the amount of insulin in the blood are for example GLP-1 agonists, DPP4 inhibitors and insulin analogues.
- 

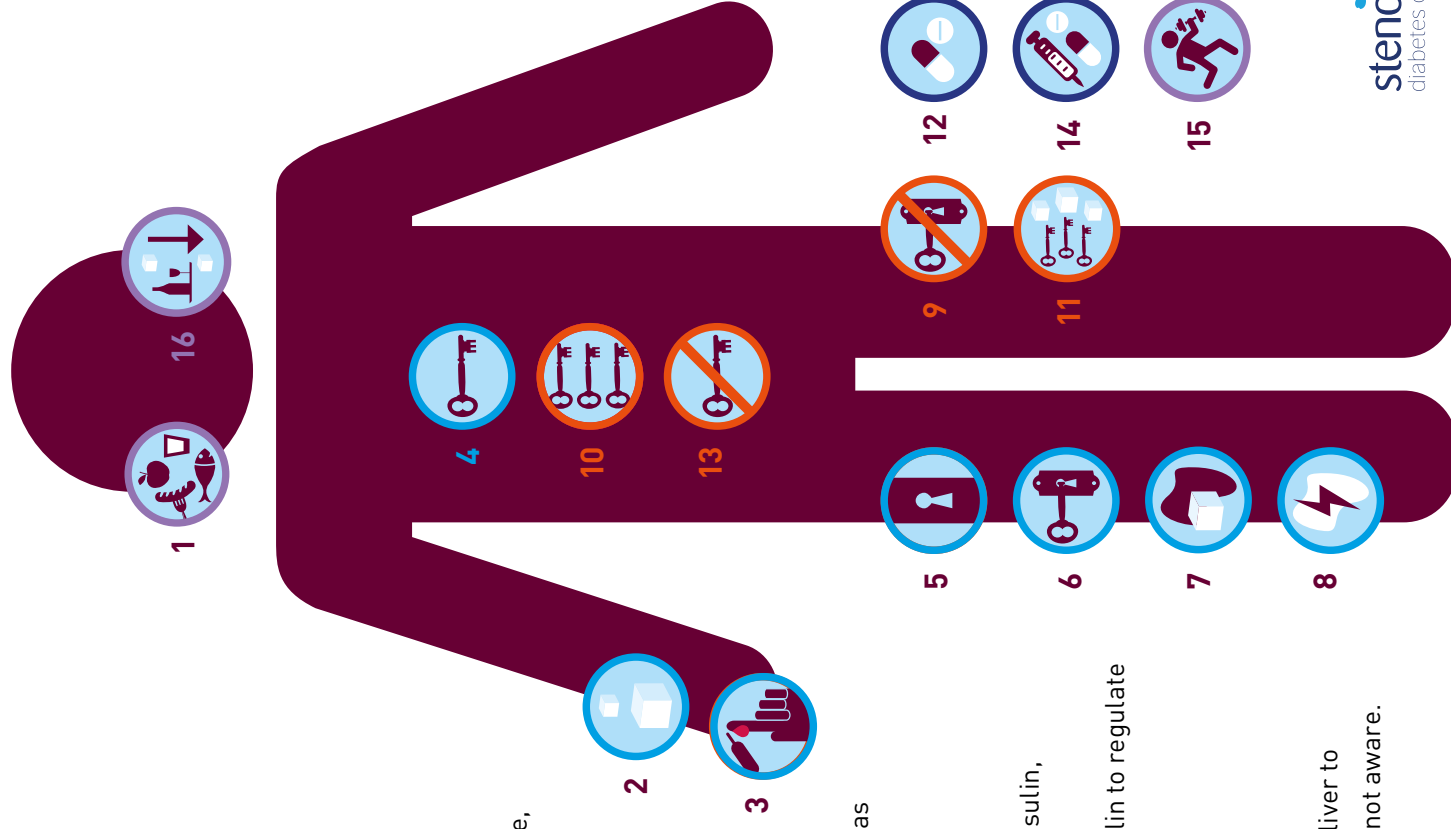
15 Exercise increases cellular absorption of sugar.
- 

16 Drinking alcohol can give a delayed drop in blood sugar since it reduces the ability of the liver to produce sugar a long time after taking alcohol. This can lead to hypoglycaemia if you are not aware.



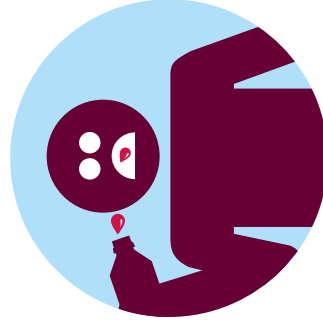
A+B: BLOOD SUGAR CONTROL AND TYPE 2 DIABETES

- 1 Consumption of food and drink.
- 2 Blood sugar increases to a greater or lesser extent depending on what we eat and drink.
- 3 The level of blood sugar can be measured.
- 4 Insulin (= keys) is released from the pancreas into the blood as blood sugar rises.
- 5 There are insulin receptor molecules (= keyholes) on the body's cells (for example muscle, fat and liver cells).
- 6 Insulin binds to and activates the insulin receptors.
- 7 These can bind sugar into the cells.
- 8 The cells gain energy for use for example in operating muscles, biochemical processes essential for life and heat production, or it can be stored.
- 9 Insulin does not work so well if you have type 2 diabetes. This is called insulin resistance, meaning that cells have become insensitive to insulin.
- 10 Insulin resistance means that more insulin is required to get sugar into cells. The pancreas reacts by releasing more insulin.
- 11 This means that when type 2 diabetes starts, there are typically raised levels of sugar and insulin in the blood.
- 12 Metformin is a drug that boosts the effect of insulin by increasing cellular sensitivity to insulin, thus helping to reduce blood sugar.
- 13 As time passes, your own insulin production may decline so that there is not enough insulin to regulate the blood sugar.
- 14 Drugs that help boost the amount of insulin in the blood are for example GLP-1 agonists, DPP4 inhibitors and insulin analogues.
- 15 Exercise increases cellular absorption of sugar.
- 16 Drinking alcohol can give a delayed drop in blood sugar since it reduces the ability of the liver to produce sugar a long time after taking alcohol. This can lead to hypoglycaemia if you are not aware.

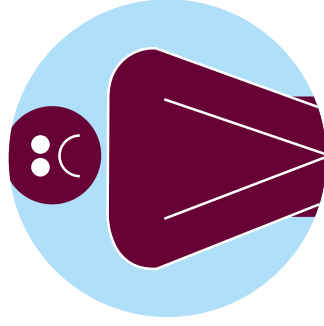


C: OVERVIEW OF SYMPTOMS

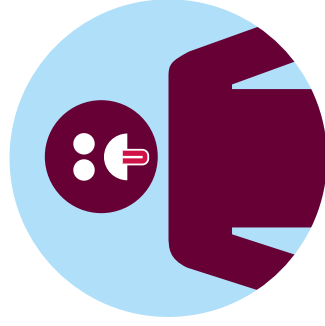
Typical symptoms of blood sugar being too high



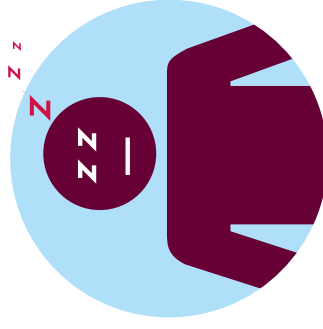
Thirst



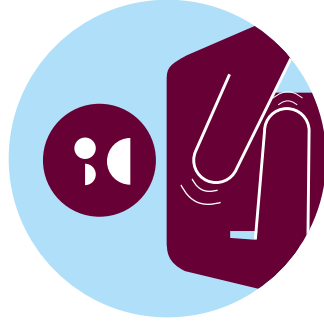
Need to urinate



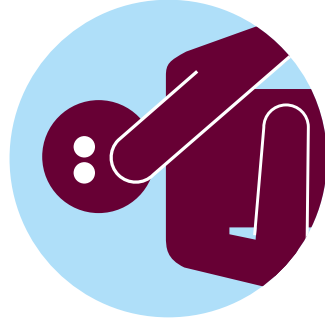
Dry mouth



Fatigue

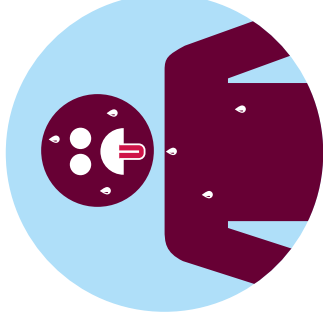


Itching

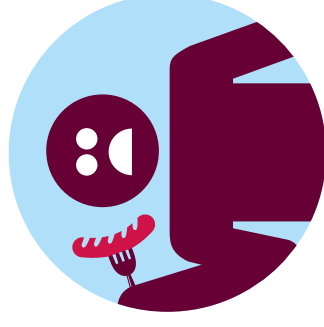


Nausea

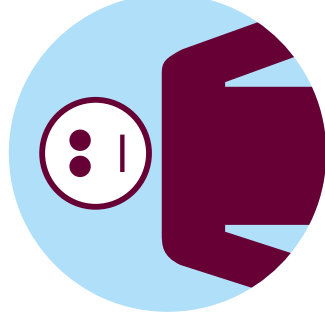
Typical symptoms of blood sugar being too low



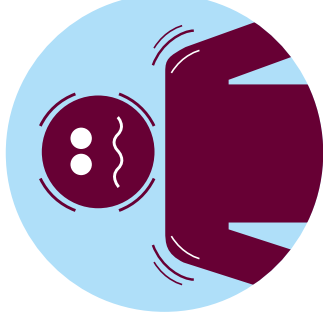
Sweating



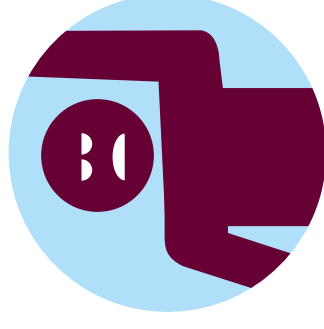
Hunger



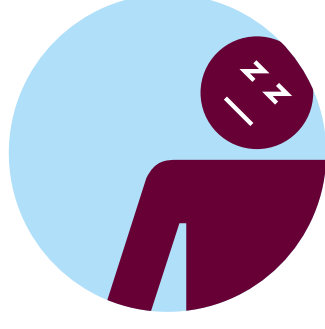
Paleness



Trembling



Moody



Loss of consciousness

D: LONG-TERM COMPLICATIONS

Effect on circulation

The small and large blood vessels can all be damaged by blood sugar being too high for a prolonged period of time, which can lead to:

- + Reduced blood circulation
- + Poor wound healing
- + High blood pressure
- + Tissue damage
- + Blood clots
- + Nerve inflammation
- + Strokes

The figure shows the consequences of circulatory problems. Other consequences could be:



Gastrointestinal problems



Sexual dysfunction
Impotence



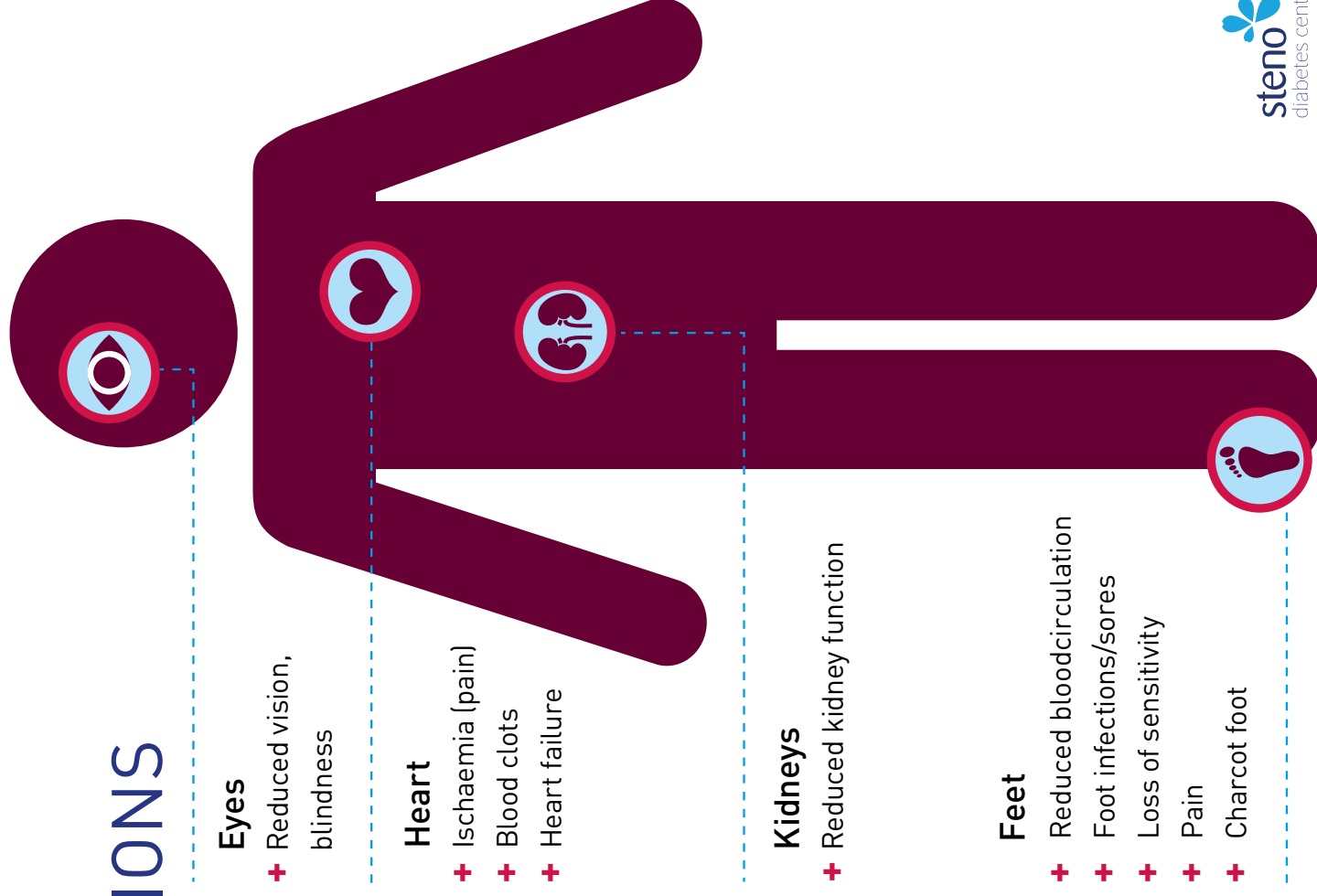
Numbness/pain in the hands

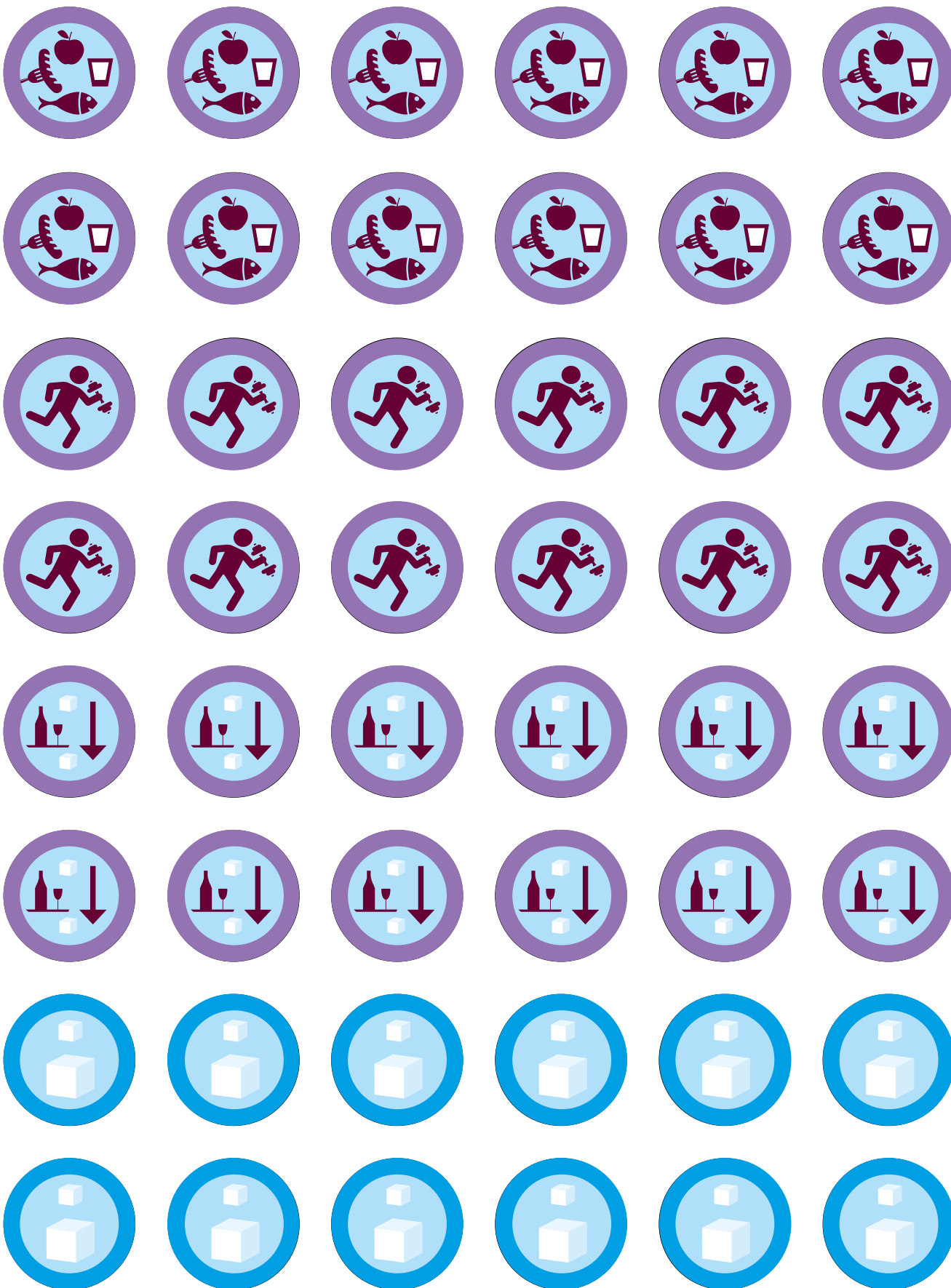


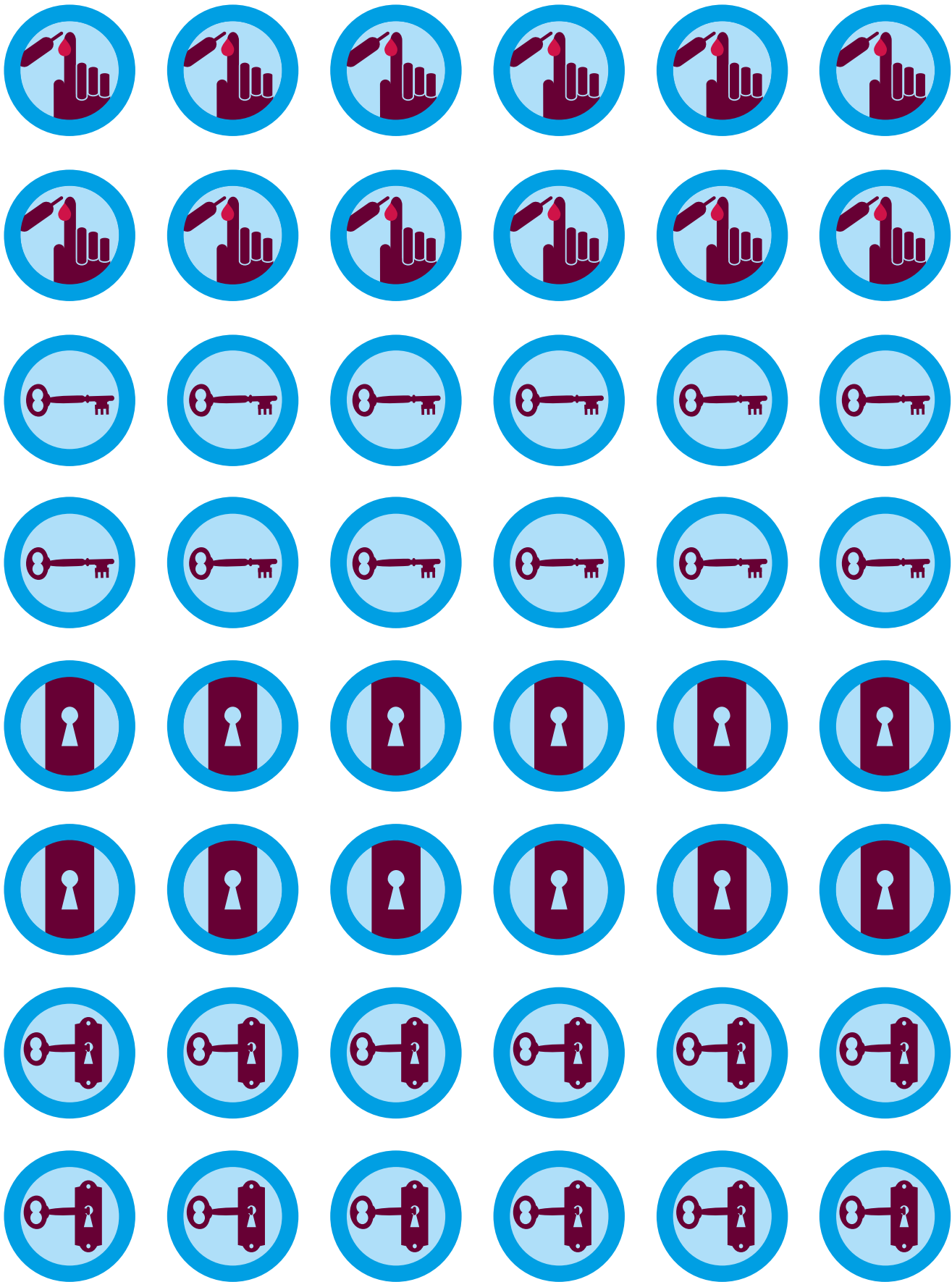
Blood pressure drops
when standing up

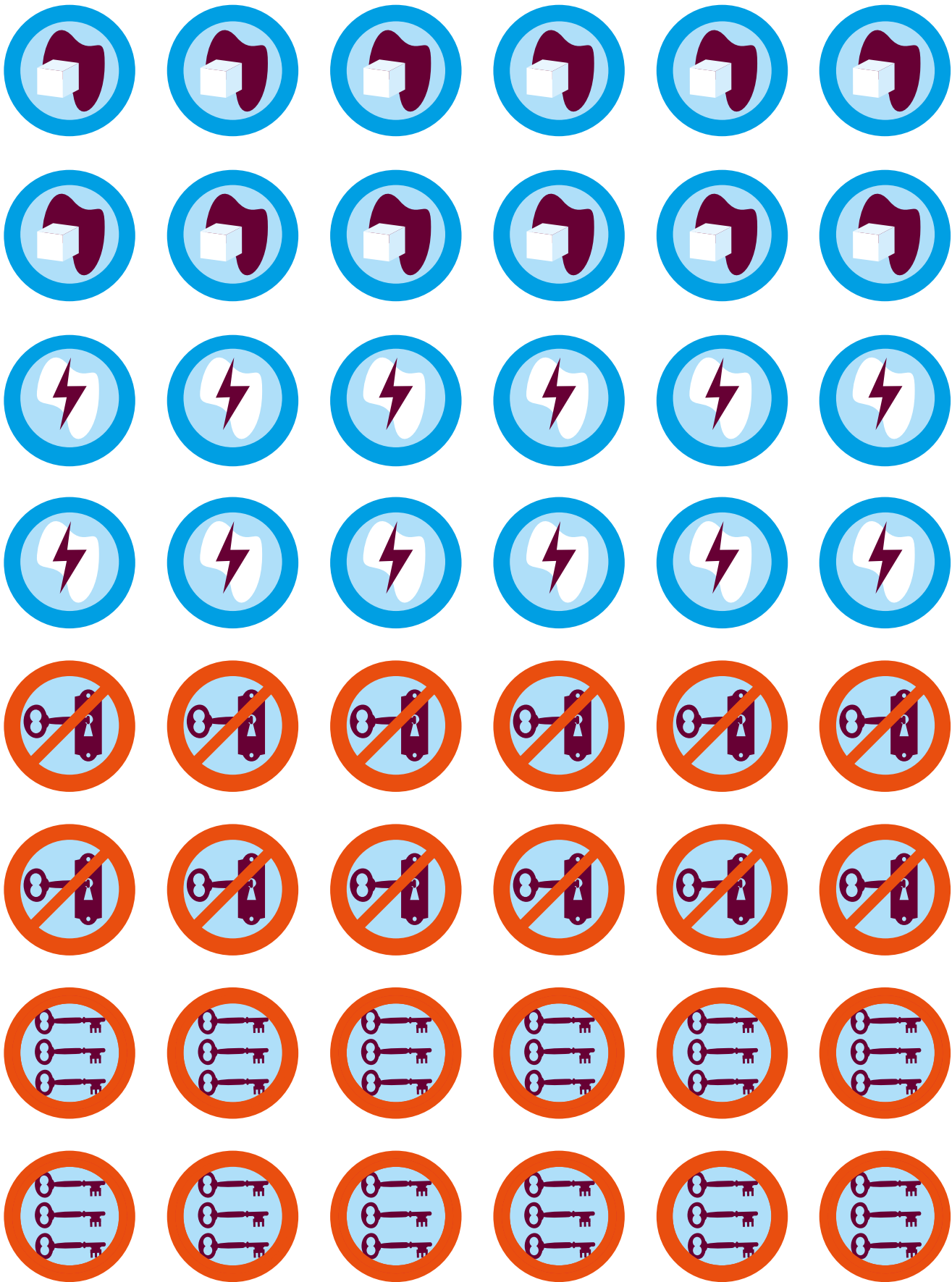


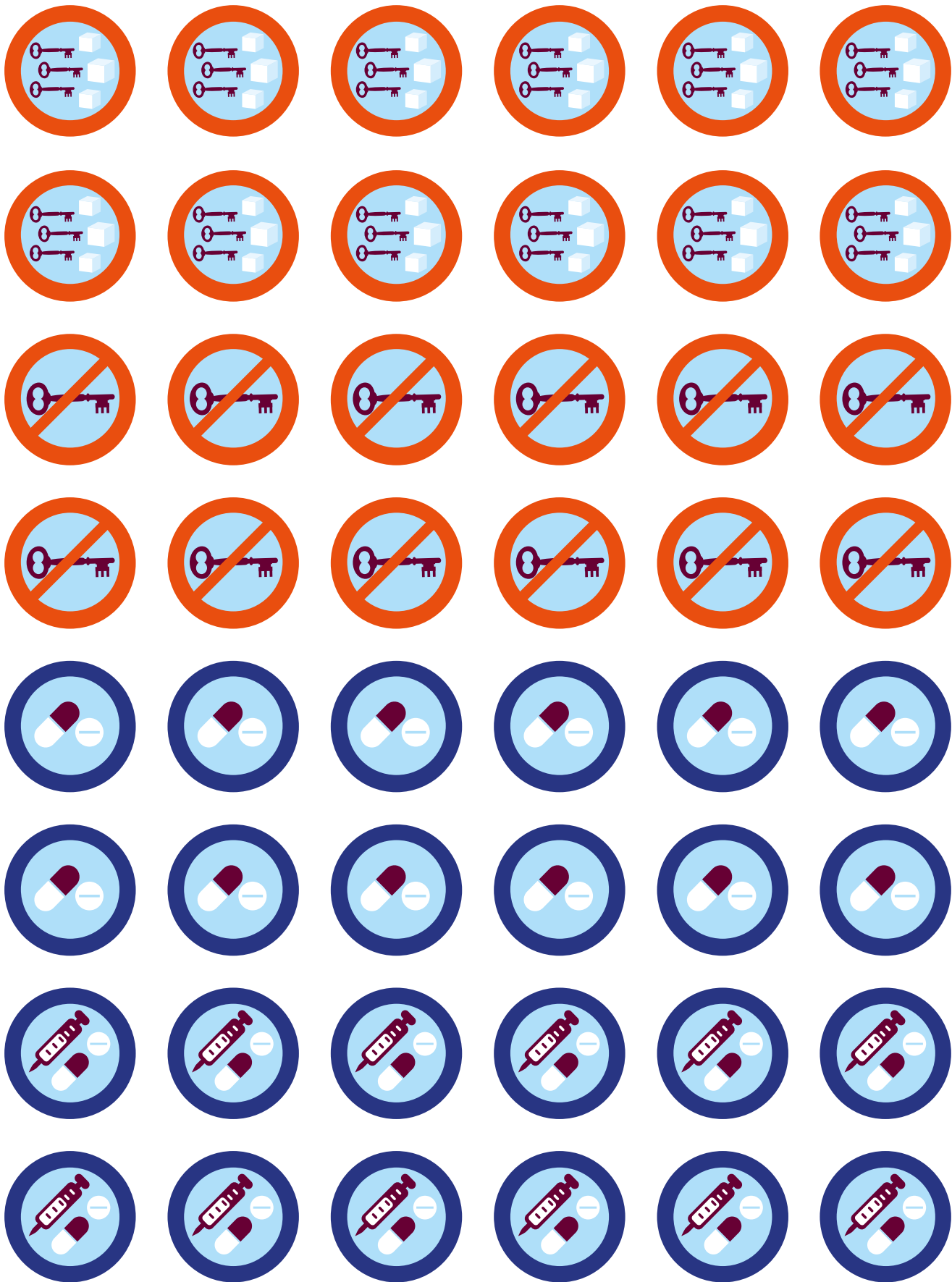
Frequent skin /urinary tract infections

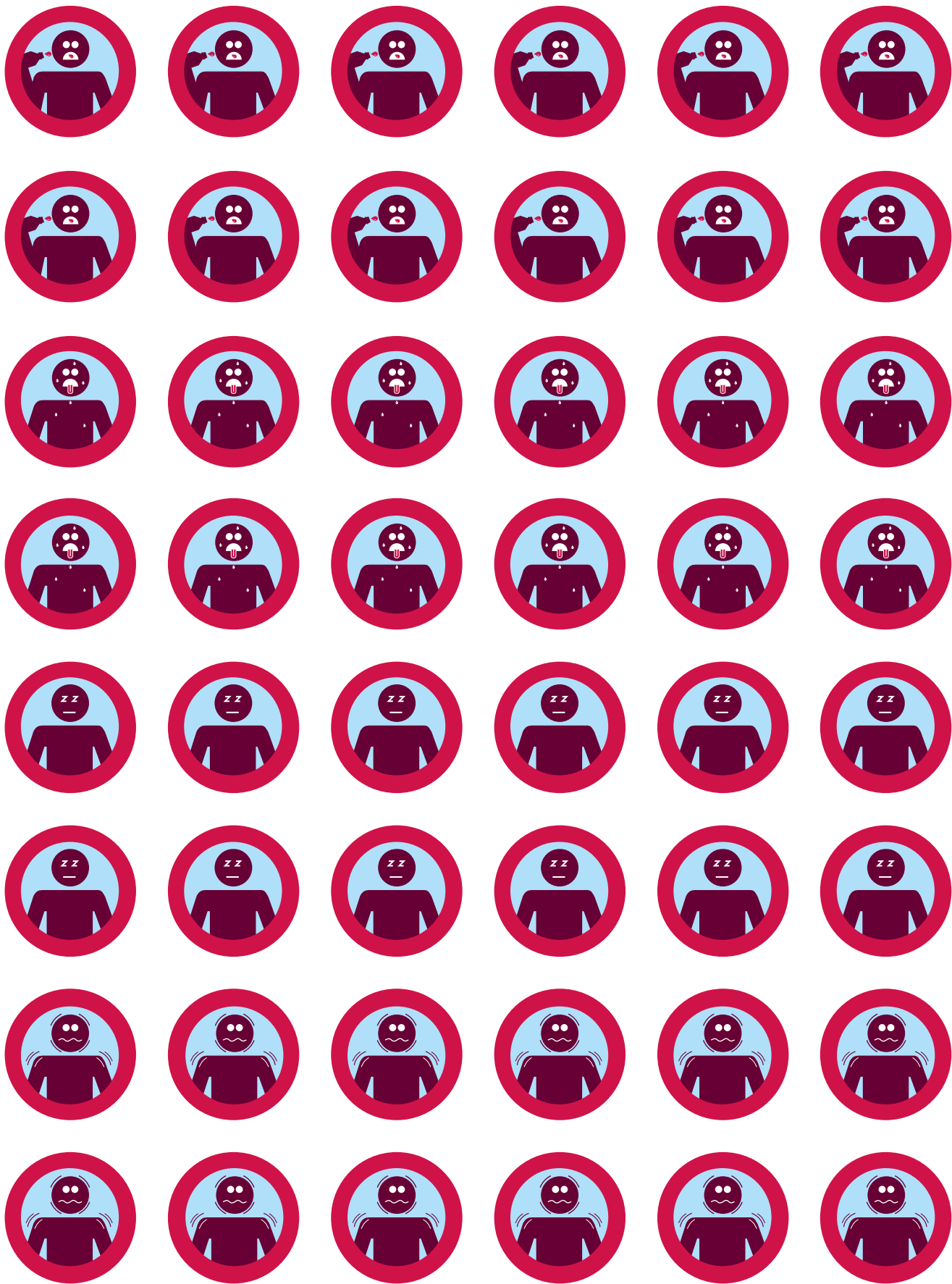


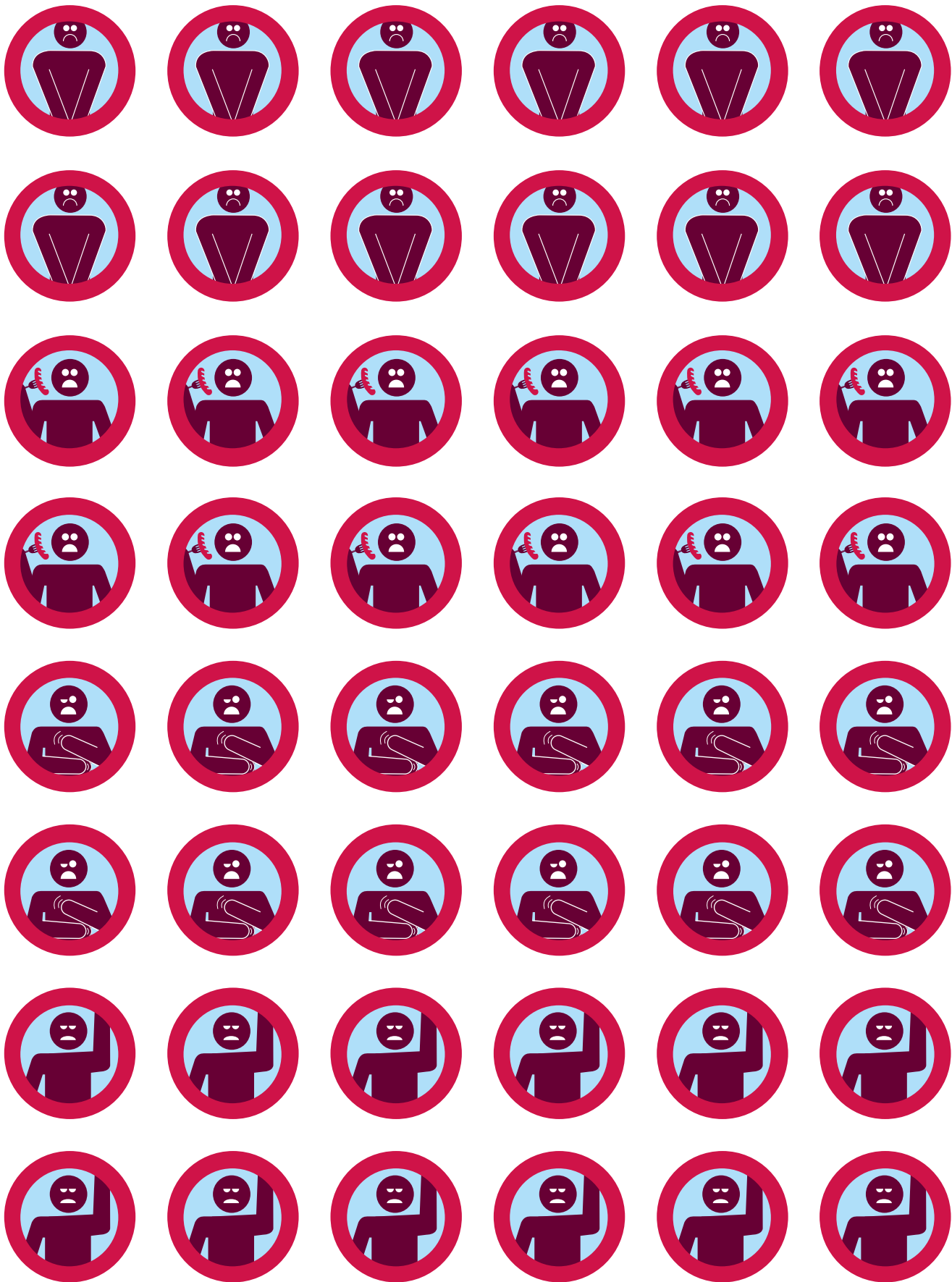




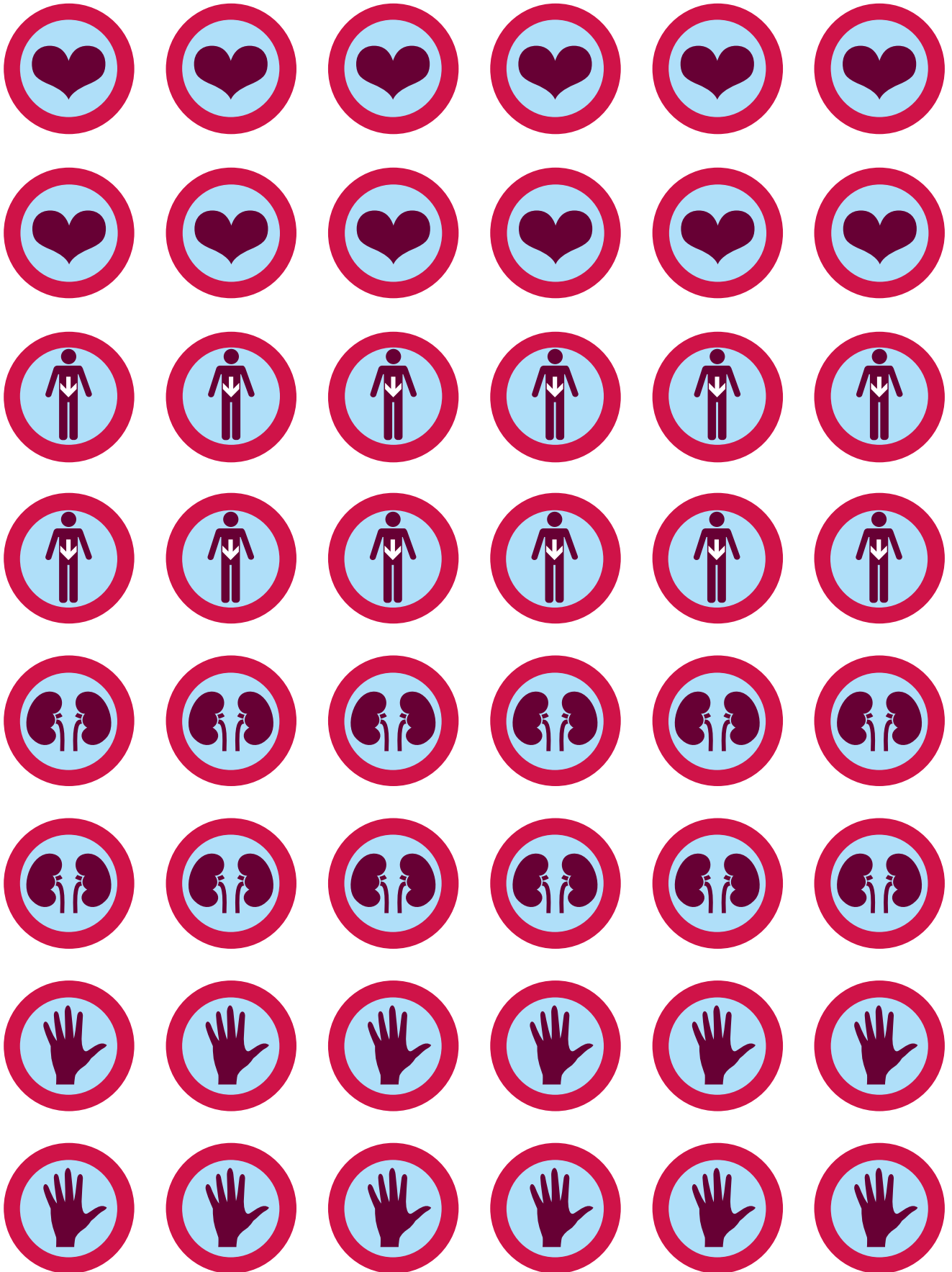


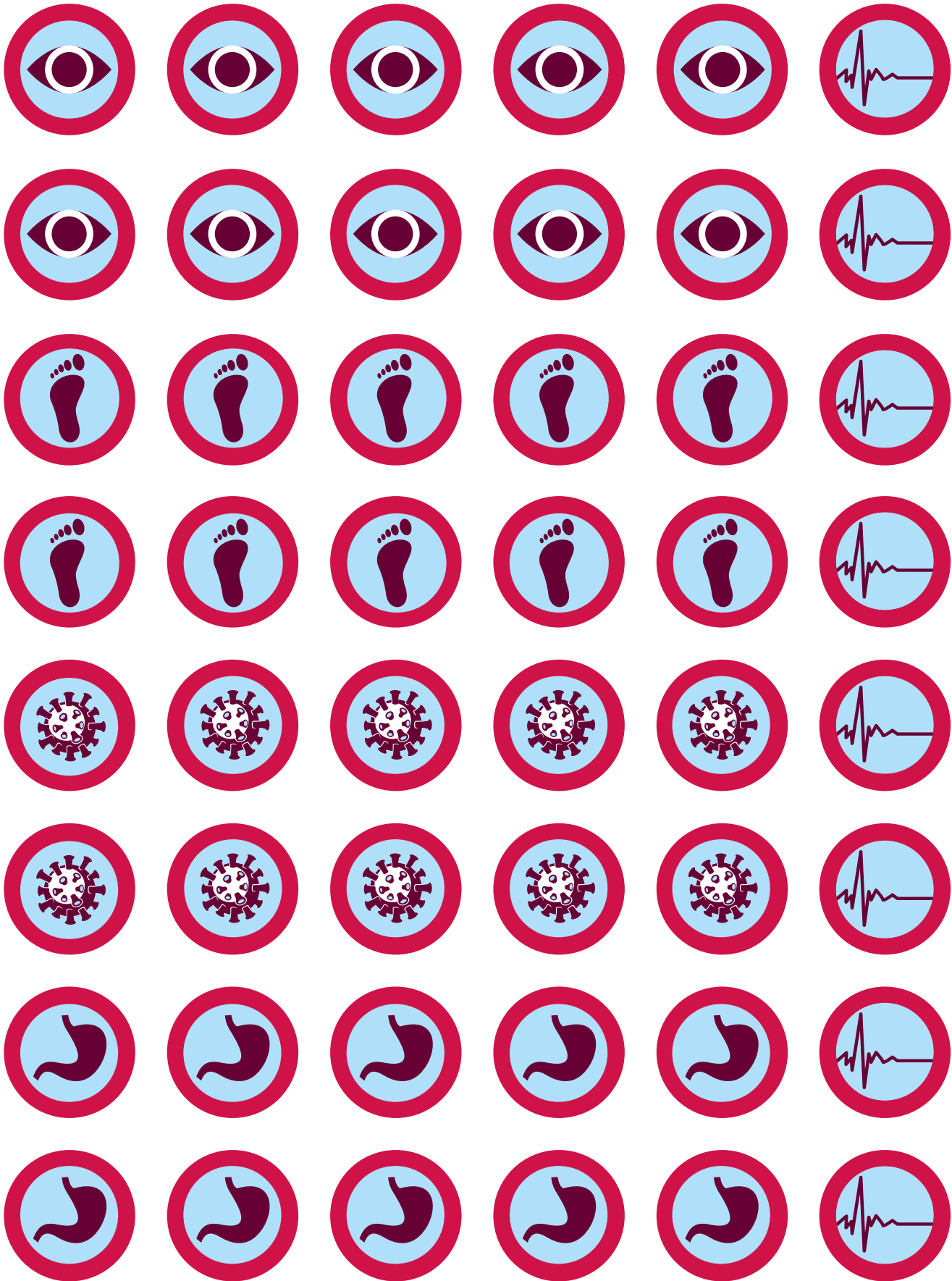




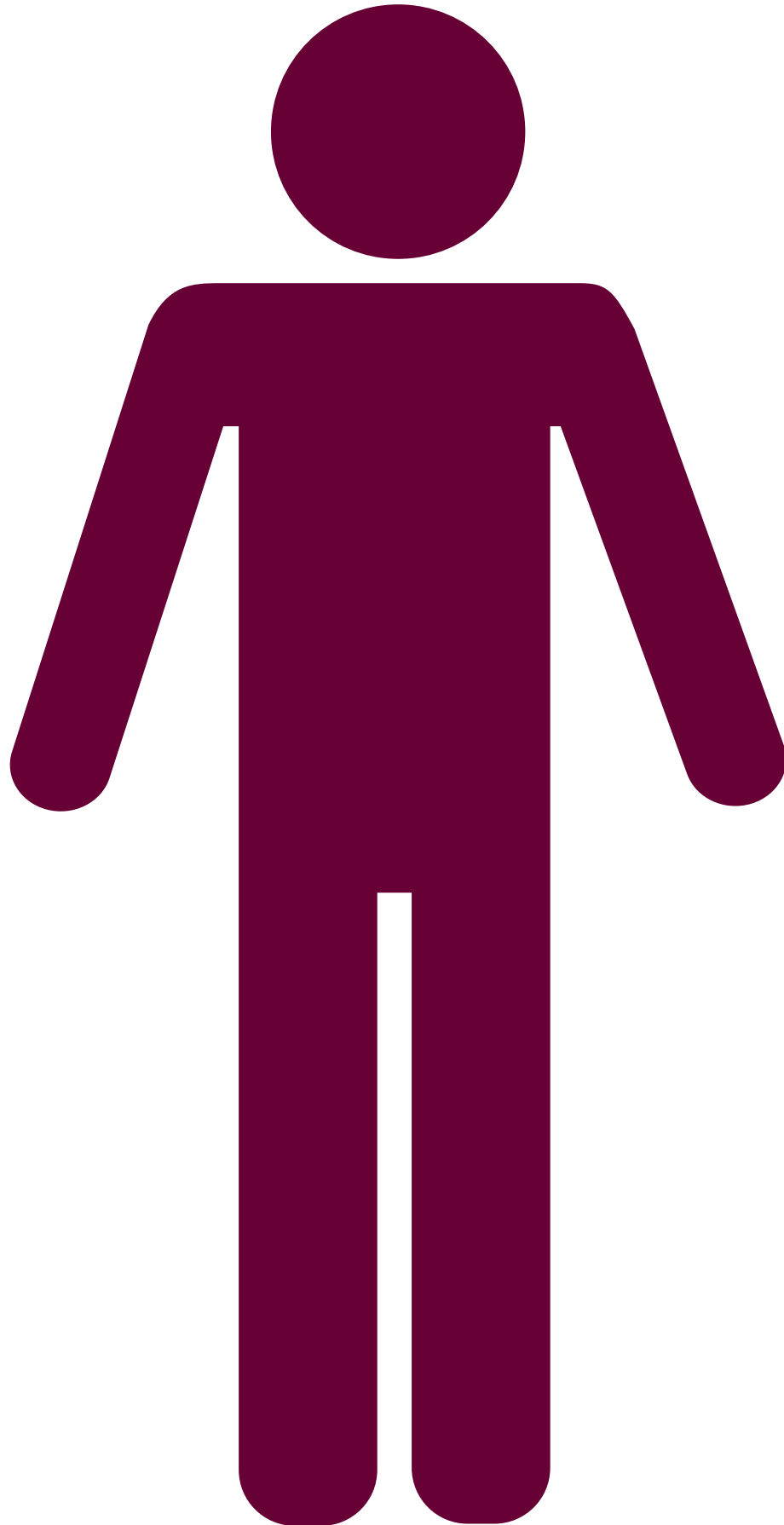




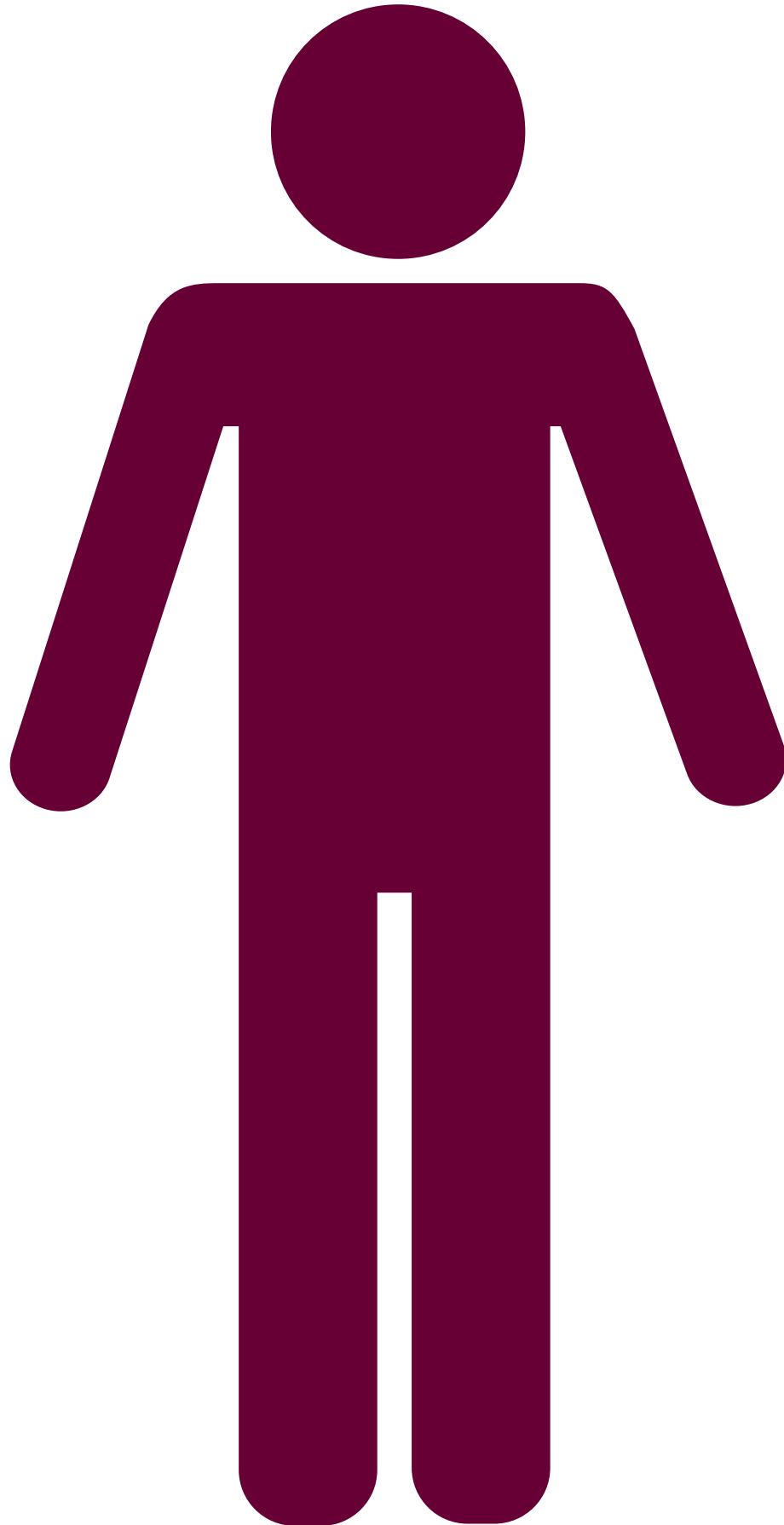




BLOOD SUGAR CONTROL

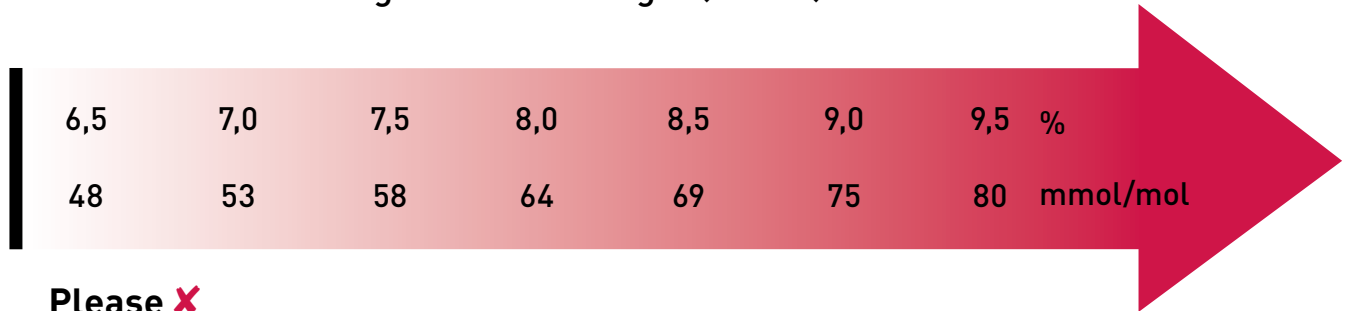


SYMPTOMS OF HIGH AND LOW BLOOD SUGAR



MY BLOOD SUGAR

Long-term blood sugar (HbA1c)



What do(es) the latest reading(s) for my long-term blood sugar show?

What does that tell me about my blood sugar control?

.....

.....

.....

.....

.....

How concerned am I about my blood sugar?

On a scale of 0 to 10, where 0 is 'Not at all' and 10 is 'Very'



RAISED BLOOD SUGAR

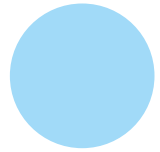
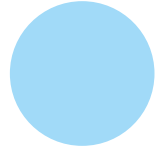
Symptoms I experience:

.....

.....

.....

.....



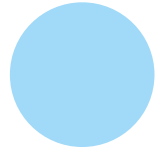
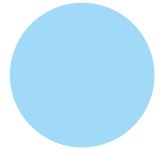
Why is my blood sugar too high?

.....

.....

.....

.....



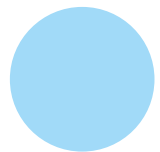
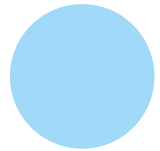
What can long-term raised blood sugar lead to?

.....

.....

.....

.....



Look at illustration sheets A-D and affix relevant icons for your situation.

TREATING TYPE 2 DIABETES

Advantages of my current treatment:

+

+

+

Advantages of intensifying treatment:

+

+

+

Disadvantages of my current treatment:

-

-

-

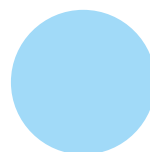
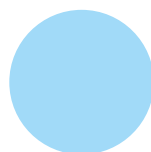
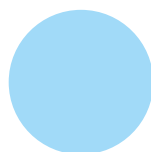
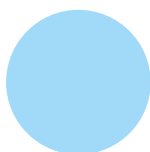
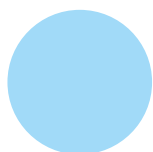
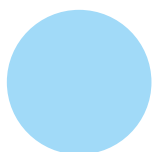
Disadvantages of intensifying treatment:

-

-

-

Look at illustration sheets A-D and attach relevant icons for your situation.



How motivated am I to intensify treatment?

On a scale of 0 to 10, where 0 is 'Not at all' and 10 is 'Very'

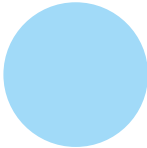
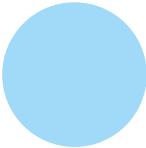
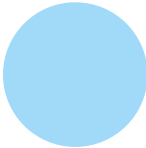
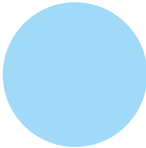
0



10

Please X

MEDICATION OVERVIEW

Name of medication	Taken when and how	Effect	Side-effects I have had	Attach icons
				
				
				
				

Look at illustration sheets A-D and attach relevant icons for your situation.

How worried am I about side effects from medication?

On a scale of 0 to 10, where 0 is 'Not at all' and 10 is 'Very'



HAVING TO INJECT ONESELF

What do I feel about taking medication using a syringe/pen?

What could help me feel better?

I could maybe talk to somebody who already does it. Who?

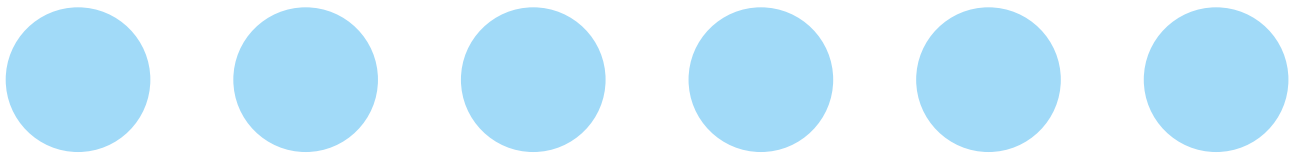
I could maybe get thorough instruction. Where?

I could maybe get others to help me in the beginning. Who?

Other options?

GAINING WEIGHT FROM INSULIN TREATMENT

Look at illustration sheets A-D and attach relevant icons for your situation.



How healthily do I eat?

On a scale of 0 to 10, where 0 is 'Not at all' and 10 is 'Very'



How healthily do I drink?

On a scale of 0 to 10, where 0 is 'Not at all' and 10 is 'Very'



How much exercise do I do?

On a scale of 0 to 10, where 0 is 'None at all' and 10 is 'Lots'



What options do I have to limit gaining weight?

.....

.....

LOW BLOOD SUGAR

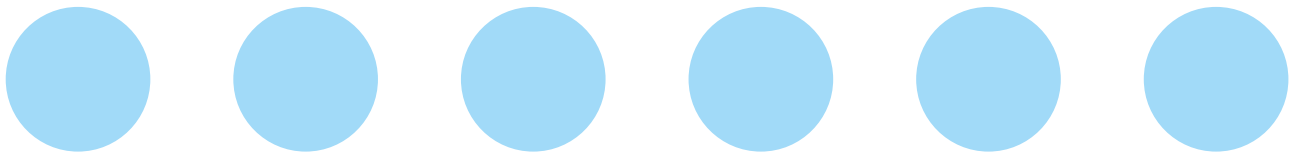
Symptoms of blood sugar being too low:

.....

.....

.....

Look at illustration sheets A-D and stick on icons relevant to your situation.



How concerned am I about my blood sugar being too low?

On a scale of 0 to 10, where 0 is 'Not at all' and 10 is 'Very'



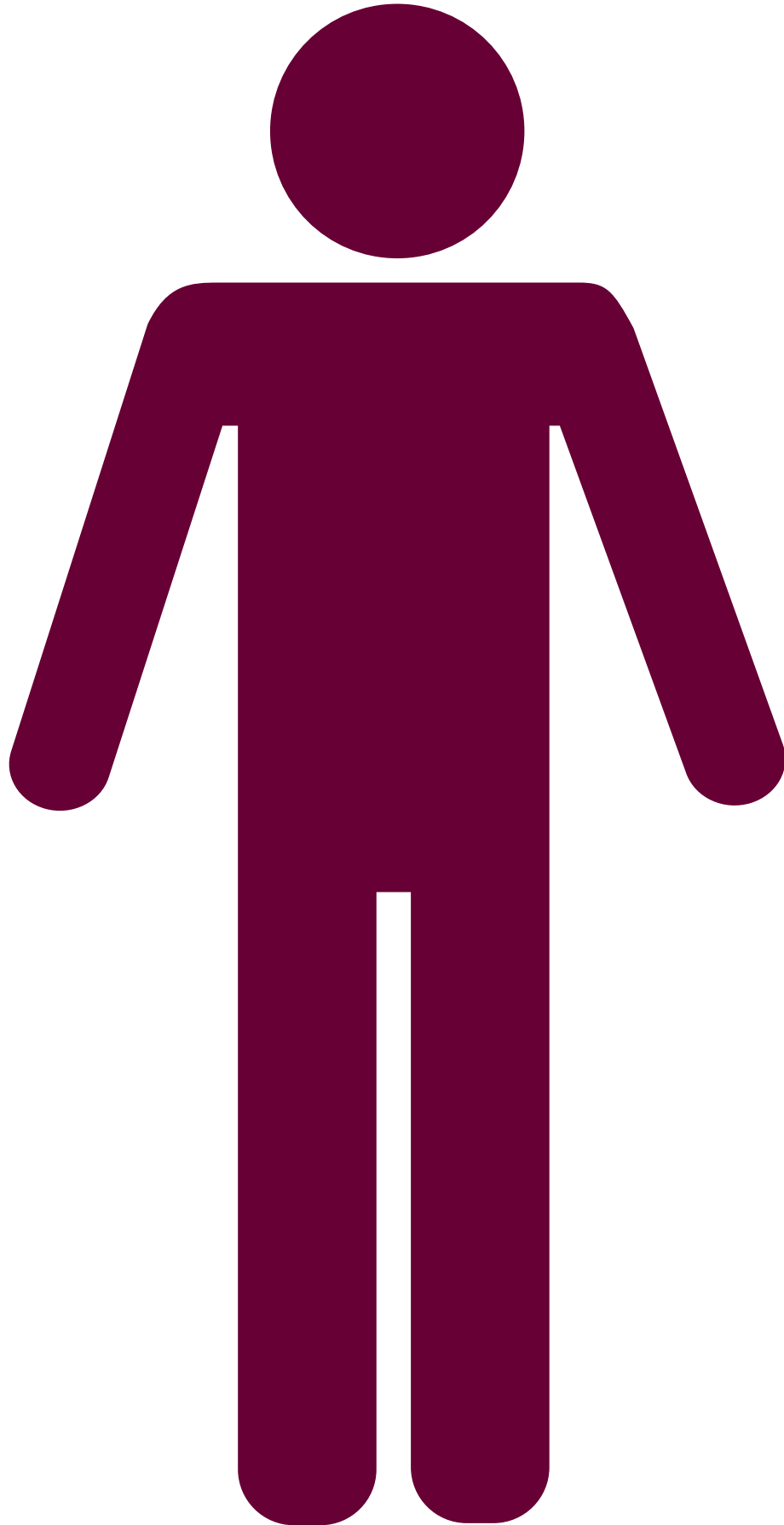
How can I avoid it?

.....

.....

.....

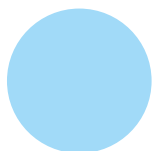
LONG-TERM COMPLICATIONS OF DIABETES



PREVENTING LONG-TERM COMPLICATIONS

How can this area be affected by long-term complications?

What can be done to relieve or prevent long-term complications?

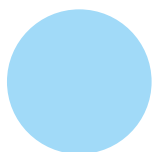


.....

.....

.....

.....

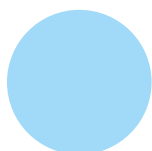


.....

.....

.....

.....



.....

.....

.....

.....

Look at illustration sheet D and attach icons for the areas you decide you want to discuss.

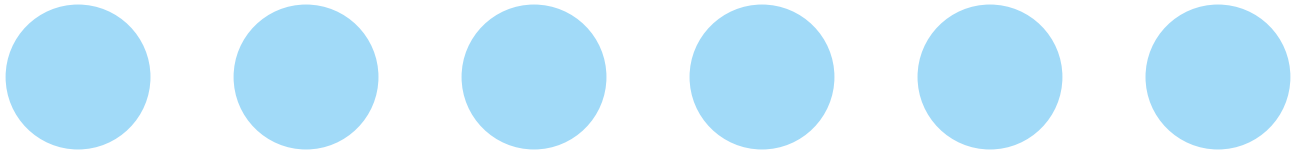
How much do I think I can reduce the risk of getting long-term complications of diabetes?

On a scale of 0 to 10, where 0 is 'Not at all' and 10 is 'Very much'



EXPERIENCE OF LONG-TERM COMPLICATIONS OF DIABETES

Look at illustration sheets A-D and attach relevant icons for your situation.



What experience have I myself had of long-term complications?

.....

.....

.....

.....

.....

.....

.....

How concerned am I about long-term complications of diabetes?

On a scale of 0 to 10, where 0 is 'Not at all' and 10 is 'Very'



MY RELATIONS

Complete the following eight incomplete statements with the first thing that comes to mind.

For me, good to support is when ...

I get too little support from ...

Those around me worry too much about ...

What can cause me problems at home is ...

I believe that my friends think ...

It irritates me when other people ...

It is hard to resist pressure from ...

It makes me happy when other people ...

GOOD AND POOR SUPPORT

For me, what is poor support?

-

-

-

-

For me, what is good support?

+

+

+

+

What can I do to get more good support?

+

+

+

+

REMEMBER YOUR MEDICATION

Apotekets huskehæfte*

- **Position**

You can keep your medication somewhere you will be reminded to take it (by the coffee machine, bed, etc.).

- **Daily routines**

You can take your medication as part of a daily event (meal, brushing teeth, bedtime, etc.)

- **Calendar**

You can use the calendar function on your computer or mobile phone to remind you to renew a prescription.

- **Texting service**

A text message is a manageable solution since most people keep their mobiles to hand. You will get a reminder to take your medication. You could possibly use the pharmacy text messaging service. Get more details from the pharmacy.

- **Medication box**

Boxes are available for a day or a week and you fill them yourself. This presupposes that you remember it and that you can put your medication in or there is somebody who can do it for you. A medication box gives a good overview and is especially good for those of you who doubt whether you have remembered to take medication.

- **Alarm**

You can use the alarm function on your mobile phone or an alarm clock to remind you that it is time to take your medication. You can also get a special pill box that bleeps when it is time to take medication.

- **Medication dose packs**

The pharmacy prepares your medication in packs for each time you are due to take it and in the order in which it is to be taken. This is good for those of you who find it difficult to manage your medication and for those who have difficulty remembering whether you have taken a dose. Note that not all medicines can be dose packed. Doses packs are best for stable medication.

*<http://www.apoteket.dk/~media/Brochure/huskehaefte/huskehaefte.ashx>

