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Diabetes Educator course with a Specialization in Indigenous Health

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Abstract

Diabetes Mellitus is a global epidemic, with 500 million people suffering globally in 2013. Patients cannot successfully manage their diabetic symptoms due to the lack of quality improvement (QI) of diabetic selfmanagement education (DSME). In 2013, this number was 3 to 5 times higher in First Nations populations.The objective of this research is to facilitate better QI and DSME in Indigenous populations across the globe by creating a free, accredited course. This course will educate sustainable health promotion techniques needed for monitoring sugars, mental illness, treating common complications, medication management, and physical and nutritional therapy, to only name a few. Research on the succession will be analysed in a Public Health practice-based research network (PBRNs) method with surveys, interviews, and statistical analysis on short-/long-term effectiveness from baseline tests. These will include: heart rate, blood pressure, mental health, medication, blood sugar levels >3 months, hyper-/hypo-glycaemia, blood circulation, ankle brachial pressure test scores, kidney function, and macrovascular, retinopathy, dermatology and nerve damage complications. These tests will be completed in a small group of remote Indigenous communities in Quebec, Canada. It is hypothesized that this will improve public health efforts of patient self-management of diabetes and its associated symptoms. With this free, accredited, accessible online course to prepare health practitioners in DSME, better glycaemic control, less hospital visits, decreased retinopathy, nephropathy, and neuropathy is expected. Diabetes is a growing problem worldwide where its incidence and prevalence are increasing at an alarming rate. Its association with several comorbidities is common, making patients more susceptible to drug related problems (DRP). As a consequence, DRPs may affect patients quality of life (QoL) and may increase their morbidity and mortality risk. The objective of this study was to assess QoL and the impact of DRPs on it. A cross-sectional study was conducted among T2D patients who were attending a tertiary care teaching hospital, Lebanon. Data was collected from medical files and patient interview. The identification DRPs were based on the Pharmaceutical Care Network Europe tool version 8.03. The QoL was assessed using Health Related Quality of Life Brief Clinical Inventory. Data was analyzed using SPSS version 23.

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