

Interprofessional Team Engagement Series

The goals of the monthly [Interprofessional Team \(IPT\)](#) Engagement Series are to learn, connect and share questions and experiences to help IPT Clinicians and Primary Care Providers to optimize how they work together in the Primary Care Networks (PCNs) to support their patients. A fictional case study and breakout rooms are used to discuss how different IPT clinicians would support a patient as a team, working closely with Primary Care Providers.



SESSION 7: A Multidisciplinary Approach to Managing Diabetes – Nov. 8, 2023

How would you support this patient?

REGISTERED DIETITIAN

Nutrition Interventions:

- Client-centred care: establish behavioural goals collaboratively, based on client's priorities and readiness to change
- To provide basic education around diabetes and metabolic targets (A1C, lipids, blood pressure)
- To address high glycemic load:
 - Quantity & quality of carbohydrates
- To address eating out:
 - Improving food choices, portion management
 - Negotiating home cooking – support grocery shopping, meal planning & food prep etc.
- To address meal schedule – timing and spacing:
 - More even carbohydrate distribution through the day

Follow up Plan:

- If needed, client can be referred to Diabetes Education Centre
- Usually 2 follow up sessions
- Internal referral to PCN Clinical Pharmacist

CLINICAL PHARMACIST

Plan:

- Encourage S.M.A.R.T. Goals re: exercise, diet, checking feet and managing stress
- Initiate metformin - consider patient's schedule and make adjustments
- SICK-DAY Plan - educate patient on medications they should stop on days when they are sick
- Review lab work in 3-6 months after initiating metformin (HgA1c), statin (LDL-C)

Follow up Plan 3 – 6 months:

- Adjust metformin/add another anti-hyperglycemic agent if required
- Adjust statin if required
- Ongoing assessment for additional relevant chronic diseases Ongoing screening for complications
- Assess immunization status and administer if required

Who attended the session?



37 Providers
7 IPT Clinicians

FICTIONAL CASE STUDY

Provider refers patient to Registered Dietitian and Clinical Pharmacist

Patient:

- 45 year old patient with he/him pronouns
- Newly diagnosed Type 2 diabetes; no other health conditions
- Positive family history of diabetes & CVD
- Height: 1.75m; Weight: 70kg – stable
- Lab work: A1C 8.5%; Chol 5.5; LDL-C 3.41; HDL-C 1.0; Non-HDL 4.5; Triglycerides 2.4; eGFR 80; ACR 1.2
- Medications: MRP recommended starting metformin and statin but client reluctant and wants to try lifestyle interventions first
- Social background: lives alone, works full time – hybrid work setting, stressful job, entertains clients

Patient history and intake:

- Limited food skills – eats out or gets takeout for most meals
- Trying intermittent fasting – does not eat breakfast, eats large lunch and dinner meals
- Alcohol intake: related to work & clients; at least 2 drinks per occasion & more on weekends
- Physical activity: more active in the summer with outdoor activities, little to no physical activity in the winter. Uses transit but less walking since working from home part time

Did you miss the event? [Click Here](#) for a recording of the case study

SESSION FEEDBACK

91.2%

Would refer a patient with similar circumstances

90.9%

would recommend the sessions to colleagues

97%

would attend another session

"The case study was very relevant to many of the patients I treat. I find that the IPT Multi-disciplinary team really helps my diabetic patients and collaboratively we are able to provide the best possible treatment."

-Primary Care Provider

NEXT SESSION: December 13th

A Multidisciplinary Approach to Supporting Patients with Depression Symptoms

Interprofessional Team Engagement Series

A Multidisciplinary Approach to Diabetes

November 8th, 2023

DIABETES RESOURCES for Providers & Patients

[Diabetes Canada Virtual Diabetes Classes](#)

[Diabetes Canada YouTube Channel](#)

[Diabetes Educators Calgary](#)

[ABCDEs of Diabetes Care](#)

[Diabetes Canada Clinical Practice Guidelines](#)

[Stay Safe When you Have Diabetes Tool](#)

[S.M.A.R.T. Goals for Diabetes](#)

[Diabetes Medication Decision Aid](#)

[Health Link BC](#)

[Self Management BC](#)