

Report Guyana LFAC/ISPAD workshop held August 16-18 in Georgetown

The workshop went extremely well. All of the participants were very engaged. The additional input and participation from Glynis Beaton, head of the Guyana Diabetes Association, and Dr. Indira Bhoj, resident in Family Medicine, in addition to that of Dr. Ricardo, the only endocrinologist in Guyana, made it a uniquely Guyanese workshop. Of course, the workshop would not have been possible without the organization, advice, and input re: speakers of the NCD Director of the MOPH, Dr. Kavita Singh. Anica Sanoir, RN, CCDE from Trinidad, helped make it even more Caribbean!

Forty-two doctors, nurses, and pharmacists participated representing all the 10 regions of Guyana, according to Dr. Singh. The health care professionals at the workshop will be those responsible for the February 2018 rollout for NPH and R (to replace 70/30) for those with type 1 diabetes. They will be conducting regional workshops that will be partly funded by the Ministry of Public Health (MOPH). They will be the teachers for their regions and need to submit reports as soon as they return, to ask for funds for the trainings.

The pre- and post-tests were hard to evaluate. We graded them all. Three questions were mistakenly repeated twice, meaning 3 others were left out completely. Even though the wording of many questions was altered pre-workshop and questions removed that we were not going to cover during the workshop, changes need to be made. Most people did marginally better the second time around. We reviewed all the questions at the end, and they were useful as teaching points.

The evaluations were overwhelmingly positive.

Highlights/suggestions:

- 1) Make small groups for teaching on insulin action, insulin adjustment, and insulin administration. Having worksheets with sample cases and having people figure out what changes to make in insulin to improve blood glucose levels would have been helpful. We did this as a large group but small groups would have been better. Perhaps this should be a standard at these workshops.
- 2) "Everything was useful. Personal experiences of the young people with diabetes was an eye opener – it makes you more aware of the importance of management". This thought was echoed by many participants. The Young Leaders were basically heroes. Each of 4 of them talked about his/her daily life with diabetes to a group of about 10 participants. I think this type of session should be standard for all ISPAD workshops.
- 3) "Best conference I've ever attended."
- 4) Presentations were very clear.
- 5) More time is needed for the conference itself (some said a week)
- 6) More on DKA.
- 7) Many thought reviewing "key points" at the end of the workshop was very valuable. At the end of each talk key learnings were solicited from that talk and noted on butcher's paper in full view of participants. At the end of the workshop, we reviewed all the pages as a group.

- 8) Anica Sanoir, diabetes educator, brought a video from Sanofi-Aventis on how to give shots by pen that participants enjoyed. They asked for more videos.
- 9) People asked for time to have small group discussions about the challenges in each region and how to tackle them.



Summary:

- 1) A group of pharmacists, nurses, and doctors from one region will contact all their children and young people with type 1 diabetes immediately following the workshop to go over learnings. Presentations were copied on flash drives at participant's request.
- 2) Dr. Bhoj will use her health center for community engagement, including forming a support group and giving lectures.
- 3) One MD suggested that people use What'sApp and Facebook to disseminate information. Plans were made to print out the DKA warning signs poster and place it in the her MCH clinic, since lots of young people come through there.
- 4) HbA1c access is a problem in Guyana. There is some capacity, however, more needs to be done. It would be useful to be able to measure microalbuminuria locally.
- 5) It was very helpful for Anica Sanoir to be a member of the faculty, being from the Caribbean. It is essential to include a certified diabetes educator in these workshops.
- 6) We have offered mentorship to local health professionals.
- 7) We advised Guyana to follow the WHO guidelines for essential medications. NPH is not on their formulary.
- 8) The nutrition component should be expanded to include discussion of locally available foods, and incorporate at least two one hour sessions

Debra Cohen, MD

Volunteer

IDF Life for a Child Program, September 4, 2017

