Abstract

Diabetes is an increasingly common life-long condition, which has significant physical, psychological and behavioural implications for individuals. Self-management of type 1 and type 2 diabetes can be complex and challenging. A collaborative approach to care, between healthcare professionals and patients, is essential to promote self-management skills and knowledge to help patients engage in shared decision making and manage any difficulties associated with a diagnosis of diabetes.

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Keywords

blood glucose, blood glucose management, diabetes, diabetes care, diabetes mellitus, glycaemic control, self-management, type 1 diabetes, type 2 diabetes

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Aims and intended learning outcomes

This article aims to provide an insight into some of the challenges associated with self-management of diabetes and strategies that can be used to improve patient outcomes. Healthcare professionals can engage in partnership working with people with diabetes to improve self-management of the condition and to identify when such individuals require additional support. After reading this article and completing the time out activities you should be able to:

- Identify common self-management requirements in patients with diabetes.
- Recognise when an individual might require support with self-management of diabetes.
- Discuss the importance of empowering patients to take control of their health and maintain glycaemic control.
- Describe how you can incorporate solution-focused approaches into your practice to assist adults with diabetes.

Introduction

Diabetes is a common, long-term condition primarily resulting from a deficiency or complete lack of insulin secretion or resistance to insulin. This article focuses on people with type 1 and type 2 diabetes in the primary and secondary care settings. According to Diabetes UK (2015a) the prevalence of diabetes is more than three times higher than the prevalence of all cancers, and is increasing rapidly. There are 3.9 million people in the UK with diabetes and 9.6 million people in England are at high risk of developing type 2 diabetes (Diabetes UK 2015a, 2015b).

The costs associated with diabetes are substantial and include provision of medication and care, as well as the treatment of often
preventable complications. Diabetes care accounts for 10% of the annual NHS budget, which equates to £10 billion per year or £1 million per hour, and 80% of costs relate to the treatment of preventable complications such as renal disease, cardiovascular disease, cerebrovascular disease, neuropathy causing potential foot ulceration and amputation, and retinopathy causing potential blindness (Hex et al 2012, Diabetes UK 2015a).

Diabetes is a significant public health issue and healthcare professionals require appropriate knowledge and skills to help individuals manage the condition. Complete time out activities 1 and 2.

Complications associated with diabetes

Suboptimal blood glucose control and, in particular, a raised HbA1c (glycated haemoglobin), is associated with the development of microvascular complications such as retinopathy, nephropathy and neuropathy (The Diabetes Control and Complications Trial/Epidemiology of Diabetes Interventions and Complications Study Research Group 2005). However, Nalysnyk et al (2010) suggested that glucose variability, characterised by extreme glucose excursions, may be a predictor of diabetes-related complications, independent of HbA1c levels in individuals with type 2 diabetes.

The circadian rhythm of hormones in humans is related to glucose variability and insulin action. Alterations in the circadian rhythm can lead to increased risk of developing metabolic syndrome (a combination of diabetes, high blood pressure and obesity) (Staels 2006) and type 2 diabetes (Wang et al 2012). This increases the risk of macrovascular complications, including cardiovascular disease and cerebrovascular disease. Therefore, diabetes management includes optimal glycaemic control and, if necessary, the treatment of hypertension, hyperlipidaemia and hyperglycaemia to reduce the risk of developing metabolic syndrome.

Ultimately, the effects of diabetes will differ between individuals. Therefore, diabetes care and management regimens need to be developed on an individual basis, with consideration of the person’s circumstances and lifestyle (Phillips and Phillips 2011, Scambler et al 2012). Some people can achieve good diabetes control with minimal effort, while others may find self-management of the condition challenging. Healthcare professionals need to recognise when individuals require additional support to improve self-management of the condition (Phillips and Wright 2010).

Challenges associated with self-management of diabetes

Diabetes management can be challenging and dependant on a number of variables and, as a result, blood glucose levels can fluctuate on a daily basis. Therefore, despite the individual’s best efforts, they can experience difficulties in maintaining glycaemic control. A lack of understanding of the condition, complex treatment regimens, and psychosocial issues such as stress, anxiety and depression can also complicate the management of diabetes. Generally, management of the condition includes the need to monitor blood glucose levels, food intake, medication and physical activity (Schunk et al 2015).

People with type 1 diabetes are required to monitor blood glucose levels and carbohydrate intake, adjust insulin doses accordingly, and be aware of the signs and symptoms of hypoglycaemia. Alongside meeting the demands of daily life, diabetes management can place additional pressure on the individual (Dunning 2014). Increased work pressure, presence of a cold or infection or generally ‘feeling under the weather’ can also affect blood glucose control.

Type 2 diabetes is progressive, therefore medication taking, monitoring of physical activity and diet, and weight management are essential to ensure optimal diabetes control (Bilous and Donnelly 2010, Dunning 2014). The likely introduction of blood glucose monitoring (Holt 2014) and the need for insulin for ongoing diabetes management requires careful consideration by individuals as well as healthcare professionals (Phillips 2012).

In the majority of cases, individuals will be expected to self-manage their condition. However, maintaining glycaemic control can be difficult and may be influenced by physical, social and environmental factors, some of which may not be in the person’s control. Individuals may feel that their ability to manage their condition is being scrutinised by healthcare professionals, so collaborative working is essential to ensure optimal diabetes management and patient outcomes (Phillips 2012). Healthcare professionals should adopt a collaborative and non-judgemental approach and provide support and education when required (Davies 2014, Nursing and Midwifery Council 2015).
Rankin et al (2011) explored patients’ reasons for finding diabetes management challenging. They found that individuals lacked knowledge and understanding of their condition for a number of reasons, including diagnosis at a young age and assumption of decision-making responsibility by parents, lack of engagement with information, transitions in care, inconsistency in information provision and lack of awareness that knowledge was poor or incomplete. Rankin et al (2011) identified the importance of nurses providing consistent and individualised education at every patient contact to try to ameliorate any knowledge deficits which may impede self-management.

**Blood glucose monitoring and treatment regimens**

Holt (2014) suggested that blood glucose monitoring can be empowering for individuals, enabling them to feel in control of their condition. However, it was also noted that individuals can become frustrated when they are unable to understand their blood glucose readings and make the necessary treatment adjustments.

Individuals with diabetes need to be made aware of the importance of avoiding hypoglycaemia, since it can result in impaired cognitive function. Symptoms may include weakness, headache, hunger, ataxia, anxiety and confusion. Hypoglycaemia may occur suddenly, but if left untreated, can result in delirium, coma and death. Therefore, regular blood glucose monitoring and setting of realistic blood glucose targets, especially for people who are frail or living alone, are important to avoid hypoglycaemia (Phillips and Phillips 2012, Heller and Chow 2014).

People with type 1 and type 2 diabetes are largely responsible for controlling their blood glucose levels on a daily basis. Some people experience difficulties in achieving blood glucose control and Garcia-Perez et al (2013) suggested that regular reviews with individuals to ascertain whether modifications to the number and frequency of therapies prescribed are required, alongside patient-focused education to support self-management skills, may improve overall competence and confidence in this area.

Medication for people with type 2 diabetes is important to ensure optimal self-management of the condition. Suboptimal adherence to diabetes treatment may occur as a result of complex treatment regimens and long-term multi-therapies, side effects of medications, and insufficient or confusing information provided by healthcare professionals (Antoine et al 2014). It is important that healthcare professionals work closely with patients to ensure that they understand their treatment regimens and modify these in line with the needs of patients.

Problem-solving skills are an essential component of diabetes self-management, particularly in relation to blood glucose control and dealing with unexpected glycaemic variability during unforeseen illness, for example. Agema and Sherifali (2012) considered problem-solving a core behaviour in diabetes self-management since it augments and upholds other self-management decisions for individuals and is linked with blood glucose control and reducing glycaemic variability (Wang et al 2012). Problem-solving approaches enable individuals to identify solutions that are appropriate for their needs and circumstances. This empowers patients to be in control of their condition and might also improve self-efficiency and compliance with management regimens.

**Complete time out activity 3**

**Psychosocial and socio-economic factors**

Diabetes is a life-long illness that can affect all aspects of an individual’s life. For some people, the condition is manageable and has little effect on day-to-day life. For others, diabetes management may be associated with significant and life-altering change. The psychological effect of diabetes can mean that individuals are more susceptible to anxiety and depression, which can affect self-esteem (Katon 2010).

Comorbid diabetes and depression is increasingly common and can create additional challenges for individuals. According to Mayo (2015), while individuals are largely in control of their condition, diabetes is influenced by various factors that can make it a ‘demanding condition to manage psychologically and behaviourally. This may lead to frustration and avoidance behaviours that are not conducive to effective diabetes control’. It is essential that healthcare professionals are aware of the potential link between diabetes and depression and ensure that treatment of both conditions is prioritised. Effective communication between the patient and healthcare professional and partnership working is important to identify such self-care and self-management challenges, and provide appropriate advice and support.
Individuals with diabetes often report that they attach more importance to diabetes information when they are unwell compared to when they are well, perhaps because they want to enjoy their lives without being reminded of their disease (Rankin et al 2011). It has been reported that, teenagers, in particular, can ‘block out’ health promoting messages and diabetes information in an attempt to lead a normal life (Rankin et al 2011). This can place individuals at increased risk of hyperglycaemia and potential hospital admission as a result of escalating inter-concurrent illnesses (Holt 2009). To improve the uptake of information among patients and prevent diabetes-related complications, healthcare professionals need to think about how they can best engage patients in health education and promotion, ultimately improving individuals’ self-management of diabetes.

Socio-economic factors can also affect self-management of diabetes. For example, people who live in deprived areas or who are from low income households are two and a half times more likely to develop diabetes-related complications compared to adults in more affluent areas with higher incomes (Graham 2007, Dunning 2014). These individuals may have limited access to the resources necessary to manage their condition successfully, such as nutritionally-balanced food.

Healthcare professionals need to acknowledge and address the socio-economic factors that might impede the successful management of diabetes and support patients to improve their health outcomes. This might involve referring individuals to appropriate professionals or resources for additional assistance, such as social support services.

Health literacy

Health literacy is the ability to access, understand and use healthcare information to aid decision making and comply with treatment regimens. Health literacy includes functional, interactive, critical and numeracy skills, all of which have a role in diabetes management. Functional skills include the ability to read and write, interpret documents and complete blood glucose monitoring diaries. Interactive skills include being able to speak, and to listen to and interpret health information. Critical skills include making follow-up appointments and attending glucose monitoring appointments. Numeracy skills include the ability to read and interpret food labelling, monitor blood glucose levels and carbohydrate intake, and adjust insulin doses.

Davies (2014) suggested that understanding how diabetes weaves into the complexity of an individual’s life is crucial to optimise diabetes self-management, in addition to recognising the many factors associated with suboptimal blood glucose control. Dewalt et al (2004) identified that one in four people in the UK lack well developed literacy skills. People with learning disabilities or those with severe and enduring mental health problems require additional support to manage their condition.

Al Sayah et al (2012) acknowledged that diabetes care and self-management is complex and often demanding. This is further complicated for individuals with low literacy levels who might require additional support and alternative educational approaches. Low levels of health literacy are often common among people whose first language is not English, people with low income levels and/or education and those who are disadvantaged socio-economically (Everest and Phillips 2015). It is important that healthcare professionals take the time to ensure that these individuals are able to understand treatment instructions, appointment slips, care plans, ongoing treatment appointments and education leaflets. Using family members of the patient as translators or translation services and ensuring that health education is available in different languages and formats may be helpful.

Information overload can be a problem for some individuals and assimilation of self-care requirements, especially at diagnosis of both type 1 and type 2 diabetes, requires careful planning in response to the individual’s needs. Suboptimal adherence to treatment regimens among people with type 2 diabetes has been attributed to potential misunderstandings of both the seriousness of the condition and the differences in understanding between patients and healthcare professionals (Nam et al 2011). Therefore, taking the time to listen to individuals and acknowledge their understanding of what it means to them to have diabetes can enable people to feel more in control of their condition, help healthcare professionals to identify patients’ support and educational needs, and encourage active decision making (Phillips 2014).

Complete time out activity 4

Language use

Living with diabetes can present complex and demanding challenges for individuals who may, as a result, become frustrated, angry,
overwhelmed and distressed (Phillips 2014). Additionally, Polonsky et al (2005) found that people with diabetes often feel discouraged and judged by healthcare professionals, particularly when something goes wrong or they are unable to control their blood glucose levels.

The language used by healthcare professionals can be viewed as demotivating. Speight et al (2012) suggested that language use can be inappropriate, for example describing a person’s glycaemic control as ‘poor’ or ‘bad’ or suggesting that people are ‘failing’ to follow advice or are ‘non-compliant’. Speight et al (2012) claimed that the terms ‘non-compliant’ and ‘non-adherent’, which are sometimes used to describe people with diabetes, suggest the individual is uncooperative or irresponsible. However, despite people’s best efforts, diabetes control can be variable and may be influenced by factors that the individual has little control over, such as hormones, stress, medications and illness (Speight et al, 2012, Mayo 2015).

Healthcare professionals need to recognise, acknowledge and understand the numerous factors that influence diabetes self-care and self-management. It is important to adopt a non-judgemental and supportive approach to the care of patients with type 1 and type 2 diabetes to encourage patients to become actively involved and interested in decision making and self-management.

Labelling the person as a diabetic rather than an individual with diabetes should be avoided. Emphasis should be on the person rather than the condition. Emotive language should also be avoided. Describing individuals as ‘suffering from diabetes’ has negative connotations and suggests that people are powerless and that living with diabetes successfully is not achievable (Speight et al 2012). The use of terms such as ‘poor control’ may confer feelings of failure (Khattab et al 2010, Khan et al 2011). The term ‘suboptimal’ might be preferable. Greenfield et al (2011) suggested that describing an individual as ‘failing to meet targets’ can make the person feel that their efforts to control their condition are not being valued or recognised.

Some people with type 1 diabetes have expressed a sense of being judged with regard to their diabetes self-management and often feel a sense of blame if they find it difficult to manage their condition (Hill et al 2014). In addition, many people have expressed that when they have been unwell, their diabetes is usually considered to be the cause and there is a lack of consideration of other factors.

Patients can find this frustrating since this implies mismanagement of their condition. This is an example of where the language used by healthcare professionals should be carefully considered to avoid attaching blame and fault to individuals.

Over-use of medical jargon can result in a power imbalance, leading to distrust or an over-reliance on healthcare professionals who are assumed to ‘know best’ (Paterson 2001). The use of medical jargon can mean that patients do not engage with the information being imparted and that they do not understand what they need to do to manage their condition successfully. Therefore, healthcare professionals need to consider not only the type of information they deliver, but also how they do this and particularly the language they use.

**Complete time out activity**

**Whole-person approach**

Individuals with diabetes should be encouraged to engage in active decision making and problem-solving since they are largely in control of and responsible for daily care and management of their condition (Fisher et al 2012). Therefore, healthcare professionals have an important role in ensuring individuals can access diabetes education, promoting self-management skills, and helping individuals to recognise their goals, values, beliefs and priorities. Healthcare professionals need to recognise that diabetes self-management can be complex and that despite the individual’s best efforts, achieving optimal glycaemic control may not always be possible. This should be discussed with the patient, particularly at the point of diagnosis, so that individuals do not feel that they are failing or are to blame when they are unable, despite their best attempts, to control their blood glucose levels.

Barnard et al (2012) referred to the burden of diabetes, whereby the condition affects individuals’ health as well as their social functioning and quality of life. Barnard et al (2012) suggested adopting a ‘whole-person’ approach to care and recognising and respecting the person’s central role in their self-care and ongoing diabetes management, particularly as individuals are the primary decision makers. Healthcare professionals should respect individuals’ choices, offering support regarding their diabetes management, but not enforcing this, and listening to individuals. Information prescriptions – prescriptions designed to give people with diabetes the information they need.
to understand, engage with and improve their health – can be used to support care planning and behaviour change (Diabetes UK 2015c). This is particularly important when enabling a patient who has been admitted to hospital to regain control of their diabetes (Holt 2009).

Rates of hospital readmission within 28 days for people with diabetes are 59% higher than for those without diabetes; thus opportunities to help people manage their condition at home and to prepare people with diabetes for discharge through education and pre-discharge planning are being missed on many occasions (Dean 2014). A whole-person approach involves empowering patients to use knowledge of their circumstances, needs and skills to help tailor self-management care plans so that they have the confidence to manage their condition successfully and avoid unnecessary hospital admissions.

**Solution-focused approaches**

Diabetes care can be delivered effectively in partnership with individuals and their families. Healthcare professionals need to recognise teachable moments and engage in effective person-centred care to encourage individual participation in decision making and informed choice. Hajos et al (2011) recognised that increased patient autonomy and shared decision making are fundamental to achieve optimum outcomes for people with diabetes. While acknowledging that living with diabetes can be complex, a dynamic partnership approach between healthcare professionals and individuals can enhance self-management skills and foster respect. Through shared decision making, healthcare professionals can help individuals understand the importance of the choices they make, since people with diabetes are ultimately responsible for the advice they follow and the recommendations they implement. The person-centred care ethos is fundamental to successful healthcare delivery and healthcare professionals need to identify how they can apply this ethos to their practice to empower individuals to be responsible for their care (The Kings Fund 2014).

Using solution-focused approaches to diabetes care can help nurses to relinquish their potentially paternalistic role and engage in partnership working with people with diabetes. Healthcare professionals need to ask individuals with diabetes what matters most to them and what they need in terms of support and advice to enable them to manage their condition successfully. Rather than suggesting solutions which may be inappropriate or unrealistic, healthcare professionals should help patients to identify their skills and abilities and to use their experience to manage their condition. Solution-focused approaches acknowledge that people generally have the strength, resources and problem-solving skills to identify solutions, particularly since they are experts in their own lives. Adopting this approach in diabetes care enhances independence and active decision making among people with diabetes and avoids the rather unsuccessful approach of healthcare professionals telling patients what to do.

People with diabetes generally assume an active and voluntary role in their treatment. Therefore, the healthcare professional’s role is to encourage patients to become actively involved in decision making to foster productive interaction, enhance patient participation, and develop care and self-management plans that take into account the physical and psychosocial needs of the patient (Hajos et al 2011). These care plans also need to be flexible to meet the changing requirements of individuals throughout their lives.

**Conclusion**

Self-management of diabetes is complex and involves the interplay of many factors, some of which the individual has little control over. Consideration of the individual’s unique experience of living with diabetes is important to engage in collaborative working to enable self-management and provide appropriate advice and support. The over-use of medical jargon can compromise the effectiveness of education, engagement in self-management and partnership working, which underpin effective diabetes care. Ascertaining the individual’s understanding of their condition and ensuring education is provided in a consistent and individualised manner is essential for individuals to retain valuable diabetes information.

Healthcare professionals have a significant role in helping individuals to cope with the demands of living with diabetes by acknowledging the physical, psychosocial and socio-economical factors that can affect self-management and helping individuals to identify appropriate solutions when required.
References


Antoine S, Pieper D, Mathes T, Elkemann M (2014) Improving The Adherence of Type 2 Diabetes Mellitus Patients with Pharmacy Care: A Systematic Review of Randomized Controlled Trials. www.biomedcentral.com/1472-6823/14/53 (Last accessed: October 30 2015.)


The Kings Fund (2014) People in Control of Their Own Health and Care: The State of Involvement. tinyurl.com/o8fmphs (Last accessed: October 30 2015.)

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### Diabetes

**TEST YOUR KNOWLEDGE BY COMPLETING SELF-ASSESSMENT QUESTIONNAIRE 825**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Correct Answer</th>
</tr>
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<tbody>
<tr>
<td>1. Diabetes occurs as a result of:</td>
<td>a) Deficiency of insulin secretion</td>
<td>❏</td>
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<td>b) An absence of insulin secretion</td>
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<td>c) Resistance to insulin</td>
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<td>d) All of the above</td>
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<td>2. Which of the following is not a microvascular complication of diabetes?</td>
<td>a) Cardiovascular disease</td>
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<td></td>
<td>b) Retinopathy</td>
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<td>c) Nephropathy</td>
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<td></td>
<td>d) Neuropathy</td>
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<td>3. Metabolic syndrome is:</td>
<td>a) Disorder of the pancreas</td>
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<td></td>
<td>b) Disorder of the circulatory system</td>
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<td>c) Combination of diabetes, high blood pressure and obesity</td>
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<td></td>
<td>d) Combination of diabetes and hypertension</td>
<td>❏</td>
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<td>4. Which statement is correct?</td>
<td>a) Symptoms of diabetes are the same among individuals</td>
<td>❏</td>
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<td></td>
<td>b) Diabetes management regimens should be developed on an individual patient basis</td>
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<td></td>
<td>c) Glycaemic control is always achievable</td>
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<td></td>
<td>d) Blood glucose levels do not fluctuate daily</td>
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<td>5. A challenge associated with diabetes self-management is:</td>
<td>a) Lack of understanding of the condition</td>
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<td></td>
<td>b) Complex treatment regimens</td>
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<td></td>
<td>c) Psychosocial issues</td>
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<td></td>
<td>d) All of the above</td>
<td>❏</td>
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<td>6. For patients with comorbid diabetes and depression:</td>
<td>a) Depression should be treated only</td>
<td>❏</td>
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<td></td>
<td>b) Diabetes should be treated only</td>
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<td></td>
<td>c) Treatment of depression and diabetes should be prioritised</td>
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<td></td>
<td>d) Medication should not be considered</td>
<td>❏</td>
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<td>7. Which of the following is a common symptom of hypoglycaemia?</td>
<td>a) Ataxia</td>
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<td></td>
<td>b) Erythema</td>
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<td>c) High levels of ketones in the urine</td>
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<td>d) Increased urination</td>
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<td>8. One of the following is not an interactive skill in health literacy:</td>
<td>a) Interpreting health information</td>
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<td>b) Adjusting the dose of insulin</td>
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<td>c) Ability to listen</td>
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<td></td>
<td>d) Discussing health information</td>
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<td>9. When discussing wide variations in glycaemic control, which term is preferred?</td>
<td>a) Poor control</td>
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<td></td>
<td>b) Bad control</td>
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<td></td>
<td>c) No control</td>
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<td></td>
<td>d) Suboptimal control</td>
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<td>10. In diabetes care, healthcare professionals should:</td>
<td>a) Adopt a paternalistic role</td>
<td>❏</td>
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<td>b) Use emotive language</td>
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<td>c) Empower patients</td>
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<td></td>
<td>d) Use medical jargon</td>
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**How to use this assessment**

This self-assessment questionnaire (SAQ) will help you to test your knowledge. Each week you will find ten multiple-choice questions that are broadly linked to the CPD article. Note: there is only one correct answer for each question.

- You could test your subject knowledge by attempting the questions before reading the article, and then go back over them to see if you would answer any differently.
- You might like to read the article to update yourself before attempting the questions.

When you have completed your self-assessment, add it to your professional portfolio. You can record the amount of time it has taken. Space has been provided for comments.

You might like to consider writing a reflective account, see page 62.

**Report back**

This activity has taken me _______ hours to complete.

Other comments: ________________________________

______________________________

______________________________

______________________________

Now that I have read this article and completed this assessment, I think my knowledge is:

- Excellent ❏
- Good ❏
- Satisfactory ❏
- Unsatisfactory ❏
- Poor ❏

As a result of this I intend to:

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