

# First Nations Diabetic Foot Workshop



BY  
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In Canada, the prevalence of diabetes is three to five times higher in the Aboriginal population than in the non-Aboriginal population.<sup>1</sup>

In March 2009, in response to a request from First Nations, Inuit and Aboriginal Health (FNIAH) (Ontario Region, Health Canada), the Canadian Association of Wound Care held a workshop for nurses who work with First Nations people.

Working with co-ordinator Valerie Muchenje from FNIAH, we met with several First Nations nurses to discuss needs and review content for the workshop. An interprofessional team consisting of nurses Heather Orsted and Pat Coutts, physician David Keast, chiroprapist Mariam Botros and Renée Thomas-Hill, a First Nations elder, worked together to create the program to help the nurses navigate through the complex world of an Aboriginal person with diabetes. Thomas-Hill is the First Nations elder for the Southern Ontario Aboriginal Diabetes Initiative (SOADI). She was instrumental in assisting our team with the ethnic and cultural adaptations required to fully assist with quality-of-life issues that would enable greater adherence to treatment recommendations.

Through support from FNIAH, 48 nurses attended the CAWC's Toronto S1 and S2 and then spent a third day focused on the prevention and management of diabetic foot complications as they relate to First Nations people. During the S1 and S2, the participants learned theory and assessment skills. To build on this knowledge, the third day involved case-based learning using the Inlow 60-second Diabetic Foot Screen tool (see article page 40).

### Beyond Traditional Learning

When we think of learning, we often think of knowledge and skill development. This, however, was an excellent adventure in reflecting on new knowledge and new



Workshop leaders Mariam Botros, Valerie Muchenje, David Keast, Heather Orsted, Renée Thomas-Hill and Pat Coutts.

skills and then moving toward the development of attitudes and behaviours that really allow for a consolidation of best practice into an internal belief system.

During the day we had a surprise visit from a nurse's young patient who had lived the experience we had been discussing (he had been in the hotel as part of another conference). This was a great learning experience for all as he described how important his elders had been to him as a teenager when he had to come to terms with his diabetes management.

Another enlightening moment came when watching a video by Thomas-Hill entitled "Come Play with Me." This video is used to guide children toward a healthier lifestyle that will help them to avoid diabetes.

This expanded experience of the S-Series proved very valuable to all, as it allowed for a tailoring of learning toward a special population. Specific populations require specific knowledge, and involving a First Nations elder taught us much about the importance of culture. It showed us that knowledge and skills often remain the same, but that changes in attitudes and behaviours are key elements in implementing best practice. ☺

### References

1. Young TK, Reading J, Elias B, O'Neil JD. Type 2 diabetes mellitus in Canada's First Nations: Status of an epidemic in progress. *CMAJ*. 2000;163:561-566.

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Under the Breast, prior  
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**Figure 2:**  
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