

Diabetes management for allied health: Dietetics review – type II diabetes

Host site dietitian – Andrea: Hi, it's Andrea from Mackay.

Recipient site allied health assistant – Kelly: Hi Andrea, I've got you here for an appointment. I've already weighed her, so just let me know when you need that info, okay?

Host site dietitian – Andrea: Wonderful, thanks for that. How are you going today Jenny?

Client – Jenny: Hi! Really good. Thank you.

Host site dietitian – Andrea: That's wonderful. So, we caught up for the first time about six weeks ago, not long after you'd received your diagnosis of type II diabetes and we ran through some general information about how the foods that you eat play a role in managing your diabetes. Did you have any questions from that?

Client – Jenny: Um, I suppose, I'm just, yeah, the carbs is a bit hard to give them up. Yeah, so probably how much of it can I still include in my diet?

Host site dietitian – Andrea: Yeah wonderful. We'll go over that a bit more today. I guess the point of our appointment today is just to check in, see how everything is going and see if we can make any more changes to the way that you're eating, just to help really optimise how you're going with managing your blood sugar levels. So we'll certainly talk more about the carbohydrates and what you do or don't need to give up. So that's wonderful.

I'll just grab that weight for Jenny today, Kelly.

Recipient site allied health assistant – Kelly: No problem. So, we weighed her. She's ninety kilos.

Host site dietitian – Andrea: Wonderful, thanks for that. So, it seems like your weight has stayed pretty stable since your last appointment. So that's great to see that you haven't put any on.

Alright, so what I'd like to do now is just run through what you've been eating on a normal day, since we caught up six weeks ago.

Last week we really focused on which foods contain carbohydrates and we talked about how important it is to have that even spread of your carbohydrates across the day. So certainly, we don't want you to be cutting those things out all together because having those carbohydrates regularly at meals and snack times is important for keeping your blood sugar levels within that correct range. But certainly, thinking about the portion sizes is important. So, we talked about wanting to aim for about three to four portions per main meal and one to two at a snack. So, if you're having say a piece of fruit at morning tea, that's excellent. That's one serve of carbohydrates. So, you are doing really well there. With your lunch, if you're just having the meat and salad, it sounds like you're actually not having any carbohydrates there at all. So, we could actually look at including something in there. Maybe if you wanted to have a serve of your pasta or if you wanted to have some leftover spaghetti. That would be something we could certainly look at.

Did you have any questions before we wrap up today?

Client – Jenny: No, I don't think so. It's been great.

Host site dietitian – Andrea: No? Okay, wonderful. So, what I would like to do is I'd like to catch up with you again in about six weeks, to see how you're going with some of those changes and to see whether some of those things have changed a little bit as well with having some of those stress management strategies from the psychologist.

So, we'll do that again by video conference. I'll get the girls to send out an appointment letter and time for that one and we'll try to work it in around your lunch break.

Client – Jenny: Excellent, thank you.

Host site dietitian – Andrea: Okay, thanks Jenny.

Client – Jenny: Thank you very much.

Host site dietitian – Andrea: Bye.

What telehealth intervention did you provide today?

Host site dietitian – Andrea: So, today the treatment I did with Jenny was a review appointment, where we looked at what she was eating now, and I provided some education around the dietary management of type II diabetes, and we made some changes to what she was eating to help her better manage that.

So, I would see anyone who is in an outreach facility via telehealth, preferably via videoconference.

Do you have to modify your intervention to provide it via telehealth?

So, the treatment that we would provide via telehealth would be very similar to that that we'd provide face-to-face. One key difference would be though that we would get the nurse or the allied health assistant who's sitting in with the client to weigh them before our appointment, just to make things run a bit more smoothly.

What are the benefits of providing this intervention via telehealth?

So, we find that telehealth works really well with people with diabetes. It takes a lot of pressure off them, in terms of not having to travel in for appointments. And it means that we're still able to see them as frequently as we need to, to provide the best clinical outcome. If they had to travel in for each appointment, we wouldn't be able to see them as often. And it works quite well for us as well because most of what we do is relying on that discussion with the person.

Are there any improvements that could be made to your telehealth service?

So, I guess one difficulty that we do have at times with using telehealth for this population is that all of our services are delivered via telehealth and there is no dietitian at the other end. And that sometimes means that we miss out a little bit in terms of developing that relationship with the recipient site and improving their understanding about what dietitians do and how we do it.