AGP CASE STUDY COMPETITION

13 January 2019

1. Background and Description

This competition is to acknowledge and reward case studies that address contemporary issues in the practice of diabetes care, diabetes education and self-management involving the use of a flash glucose monitoring system and ambulatory glucose profile.

2. Format

- Entries to be submitted in writing in a narrative format of length not more than 600 words
 - Number of Entries: A maximum of three (3) case studies per applicant

3. Scope

A submitted case study must include **principles of person-centered care** (see Appendix) while discussing the use of flash glucose monitoring with ambulatory glucose profile

Please address any of the following questions in your submitted case study:

- 1. How have the patient's outcomes (clinical or non-clinical) improved with this technology?
- 2. How has the technology been used to make a difference to a patient's quality of life?
- 3. How has the technology changed practice for an individual health professional or the diabetes care team?
- 4. How has it helped to prevent an adverse event?
- 5. Describe any challenges patients have found with this technology. What has been done as a consequence?

4. Template

Introduction

- Details of person with diabetes (de-identified)
- Medical and diabetes history
- What issues/problems were encountered and managed? Is this the rationale for using flash glucose monitoring or problems with using flash glucose monitoring?

Education or management provided

- o How did you address the issues/problems?
- o What are the outcomes?
- o How did the person respond to solutions?

Discussion of results

- o Discuss outcomes of intervention. What worked? What didn't work?
- Compare with existing literature where relevant

Conclusion

- o Applicability to other people with diabetes
- o Implication for the practice of diabetes care, diabetes education and self-management

5. Judging Process

- 1. Reviewing panel to select 5 shortlisted case studies
 - 2. These 5 will be invited to present and discuss their case studies orally using PowerPoint slides at the <u>ADES</u> event on 27 July 2019 (15 minute presentation + 2 minute Q&A)
 - 3. Panel of judges will award the winners based on the selection criteria
 - 4. Results and award ceremony will be at end of the event

6. Prize Structure

- Two (2) Top Prizes
 - \$4000.00 sponsorship to attend IDF Congress 2019, Busan, Korea Three (3) Consolation Prizes
 - \$500.00 sponsorship to attend professional development activities

7. Timeline



8. Terms and Conditions

- - Submissions must include any principle(s) of person-centred care while discussing one of the four identified issues.
 - 2. Case studies submissions must be completed to president@ades.org.sq by midnight 31 May 2019. Following which no further submissions to this Competition will be accepted.
 - 3. Submissions over the limit (i.e. 600 words for written case study) will not be considered.
 - 4. Submissions must de-identify details of the person in the case study to ensure confidentiality. This means neither names nor initials, locations mentioned in the submissions, e.g. 'a 32-year-old woman with newly diagnosed type 1 diabetes attended our health service for ...'.
 - 5. Submissions must follow APA 6th edition referencing style.
 - 6. Awards are not transferable and cannot be exchanged for cash.
 - 7. Selected case studies will be published on ADES website
 - 8. Members of the Reviewing Panel are not eligible for this competition.

9. Appendix: Principles of person-centred care

- 1. I focus on the person and their goals and overall wellbeing.
 - 2. I'm respectful of the person's culture and health beliefs.
 - 3. I respect the person's decisions about their health care and include carers and family members (with the person's consent).
 - 4. I proactively outline care options and known health benefits, risks, access and costs.
 - I check each person has understood, agrees with and can action their self-managed care.
 - I review outcomes and use the person's experiences, needs, preferences and values as the basis for planning the next period of self-management and professional care.
 - 7. I communicate with the person's other health providers to facilitate holistic care (with the person's consent).
 - 8. I partner with the person so they can communicate with key people in their life to support environments that are non-discriminatory, safe and supportive.