This document is designed to be used by diabetes educators to assess their learning needs and progress in relation to Continuous Subcutaneous Insulin Infusion referred to as Insulin Pump (IP).

*Section 1 relates knowledge and providing information prior to commencing or changing IP*

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| --- | --- | --- | --- |
| **COMPETENCY** | **None**  | **Gaining** | **Achieved** |
| Have knowledge of NICE indications for IP |  |  |  |
| Able to discuss with people considering a pump the advantages on IP |  |  |  |
| Able to inform people of the disadvantages of IP therapy  |  |  |  |
| Advise people of potential risk associated with IP therapy |  |  |  |
| Explain the basic concept of how the pump will deliver insulin to meet the Individual’s needs (type of insulin, basal and bolus settings)  |  |  |  |
| Inform people of the current IPs supported at Kings  |  |  |  |
| Demonstrate each IP device providing explanation of |  |  |  |
| **COMPETENCY** | **None**  | **Gaining** | **Achieved** |
|  Details of battery, recharge, water resistance  |  |  |  |
|  Details of insulin delivery process including cannula |  |  |  |
|  Medtronic cannula and infusion sets |  |  |  |
|  Pod differences EROS DASH and Omnipod 5 |  |  |  |
|  Ypsopump cannula and infusion sets  |  |  |  |
|  TSlim cannula and infusion sets |  |  |  |
|  Advanced function capabilities eg temp targets  |  |  |  |
| Have a knowledge of each pumps Hybrid Closed Loop (HCL) functionality |
|  Can explain the concept of how HCL works |  |  |  |
|  Knows the continuous blood glucose monitor (CGM) with IP |  |  |  |
|  Know the name of each pumps HCL and its interface requirements – pump / handset / smart or android phone  |  |  |  |
|  Know the interfaces required to enable each pumps HCL  |  |  |  |
| Can provide detail on each HCL algorithm applying the CARES Framework (2019) notably, targets, user variable each pump in HCL mode and options to adapt the HCL algorithm  |
|  Medtronic / SmartGurd |  |  |  |
|  Omnipod / SmartGlucose  |  |  |  |
|  Ypsopump and DANA / Cams AP FX |  |  |  |
|  TSlim CIQ |  |  |  |
| Explain the pathway for pump assessment and time requirements for commencing the pump and training commitment  |  |  |  |
| Identify IP candidates NOT suitable for a group start * Consider psychological/emotional/medical history
* Review historical medical notes
* Physical disabilities – impacting dexterity/vision/memory
 |  |  |  |
| Identify IP candidates who would benefit from a group start BUT HIGH RISK* Close monitoring Diabetes Eye Disease
* Renal function
* Extra nutritional support ie Gastroparesis, active foot disease
* History of neuropathy
* Dialysis or failed SPK
 |  |  |  |
| Able to sign post people to further information from DTN-Education Platform and IP companies  |  |  |  |
| Know the Standard Operating Procedure (SOP) for Pump assessment  |  |  |  |
| Undertake a Pump Assessment (pump ready) adhering to the SOP |  |  |  |
|  Spent time with the IP coordinator to understand procurement and ordering |  |  |  |

*Section 2 relates to training and support provided by educator while starting/changing IP*

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPETENCY** | **None**  | **Gaining** | **Achieved** |
| Able to calculate safe starting insulin pump settings and explain these  |  |  |  |
| Advise on the changes to background insulin 12 – 24 hours prior IP start  |  |  |  |
| Prepare for IP session 1 including pre pump information despatched  |  |  |  |
| Deliver session 1 IP start group  |  |  |  |
| Input and support the inputting of IP settings |  |  |  |
| Able to confirm basal and bolus settings active   |   |  |  |
| Activate and check alarms, alerts and safety function active   |  |  |  |
| Advice on temporary basal as necessary   |   |  |  |
| Advice on need for bolus at time of starting pump   |   |  |  |
| Counsel on management hyperglycaemia and Sick Day Rules in manual mode |  |  |  |
| Counsel on hypoglycaemia treatment options when using IP in manual mode |  |  |  |
| With addition of Continuous Blood Glucose Monitoring  |
| Able to teach application of CGM  |  |  |  |
|  Dexcom |  |  |  |
|  Guardian 4 |  |  |  |
|  Freestyle libre  |  |  |  |
| Able to link the CGM to the IP |  |  |  |
| **COMPETENCY** | **None**  | **Gaining** | **Achieved** |
| Know the data sharing platform for each CGM |  |  |  |
| Set up data sharing platform accounts and advise people how to connect  |  |  |  |
|  Have completed training on each HCL for  |  |  |  |
|  SmartGuard |  |  |  |
|  Cams AP FX |  |  |  |
|  Control IQ |  |  |  |
|  SmartGlucose (omnipod) |  |  |  |
| Advise people of the specific process for each pumps HCL training |  |  |  |
| Able to check, activate and deactivate HCL |  |  |  |
| Teach people using HCL on the management of |  |
|  Hypoglycaemia  |  |  |  |
|  Managing unexplained hyperglycamia , Sick Day rules and ketones  |  |  |  |
| Provide review progress of people having recently started IP |  |  |  |
| Deliver tSlim teleconsultation supporting first TSlim set change |  |  |  |
| Competent to deliver session 2 IP Start  |  |  |  |
| Competent to deliver session 3 IP Start  |  |  |  |
| Able to establish if data sharing platform is linked |  |  |  |
| Aware of OPA follow up requirements and these are in place |  |  |  |

*Section 3 relates to review people using IP therapy in addition to usual T1 diabetes review*

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPETENCY** | **None**  | **Gaining** | **Achieved** |
| Access all data sharing platforms for CGM and IP  |  |  |  |
| Can review and interpret data to identify blood glucose patterns / anomalies to explore with IP user |  |  |  |
| Identify safe and appropriate self-management of the IP by the user in relation to set change  |  |  |  |
| Identify safe and appropriate self-management of the IP by the user in relation to bolus administration  |  |  |  |
| Identify and assess interruptions to usual basal insulin delivery i.e suspensions (manual or automatic) use temporary settings |  |  |  |
| Can support people changing basal and bolus settings in on the pump  |  |  |  |
| Identify safe and appropriate management of hypoglycaemia |  |  |  |
| **COMPETENCY** | **None**  | **Gaining** | **Achieved** |
| Able to recalculate basal doses for people on HCL for occasions when manual mode is needed  |  |  |  |
| Identify safe and appropriate management hyperglycaemia |  |  |  |
| Aware daily living advice relating to  |  |  |  |
|  Travel |  |  |  |
|  Going for investigations  |  |  |  |
|  Going into hospital  |  |  |  |
| Top trouble shooting – 1. Reasons for hyperglycaemia
2. Emergency management when IP fails
3. Cannula/Sensors fall off
4. Skin allergies
5. Alarm fatigue
6. Changes in weight
7. IP management when pursing NEW or one off activities : mountain climbing/running marathons/adventure holidays
8. End of life care and support
9. Care planning when transitioning off the insulin pump
 |  |  |  |

Self Assessment Number and Date:­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discussion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next Actions:\_

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Next self assessment:

Please keep a record for PDR and share with line manager