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*

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| **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*

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| **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