

A LETTER TO PATIENTS WITH DIABETES

A Message to Those Who Live With Diabetes

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(Brief History)

March 1975	Graduated from Tohoku University Medical School
June 1975 ~ March 1977	Internship in the Internal Medicine Department at Ohara General Hospital (Fukushima)
April 1977 ~ April 1981	Internal Medicine III Department at Tohoku University Medical School (under the guidance of Professor Yoshio Goto)
May 1981	Director of the Internal Medicine Department at Miyagi Prefecture First Social Insurance General Hospital
October 1982	Director of the Internal Medicine Department at Tohoku Welfare Pension Hospital
April 1985	Principal Director of the Internal Medicine Department at Tohoku Welfare Pension Hospital
April 1988	Chief Executive Director of the Internal Medicine Department at Tohoku Welfare Pension Hospital
June 1991 ~ present	Kenichi Yamada Internal Medicine Clinic

(Current memberships)

Japan Academic Society of Internal Medicine

Japan Diabetes Academy

EASD

Miyagi Prefecture Diabetes Countermeasures Promotion Committee

Director of Miyagi Treatment Systems (NPO)

**Advisor to Kenichi Yamada Internal Medicine Clinic Patients'
Association**

**Director of Kenichi Yamada Internal Medicine Education Research
Center**

**Tohoku Medical and Pharmaceutical University Hospital Doctors'
Association**

**Director of Tohoku University Medical School Internal Medicine III
Department Alumni Association**

(Professional Associations)

2006 ~ 2010	Associate Professor, Clinical Studies in Endocrinology and Metabolism, Tohoku University Graduate School of Medicine
1998 ~ 2012	Director of Miyagi Prefecture Doctors' Association, Shiogama Chapter
2012 ~ 2014	Chief Director of Miyagi Prefecture Doctors' Association, Shiogama Chapter
1999 ~ 2012	Director of Regional Medicare Action Committee for the Shiogama Block
1999 ~ 2005	Shiogama Block Medical Care Support Policy Committee
2017	Japan Diabetes Academy, Medical Paper Award Selection Committee

"The very first hurdle you must clear after you are diagnosed with diabetes is the barrier of denial; you have diabetes, it is not the end of the world. Next, you need to acquire knowledge of the disease,

develop an optimal action plan and then act on your plan. Finally, you will need to evaluate the results of your action to decide if the plan needs adjustment or if you need to come up with a new action plan. This cycle of acknowledging the fact that you have diabetes, formulating a best action plan, executing the plan and then evaluating the progress will be an ongoing, recurrent process. Your continuing effort will be supported by your family and medical professionals. Let's think of sailing as a good metaphor for this whole endeavor. You are the captain of a ship (your life) and the medical professionals involved in your treatment may collectively be thought of as light from a lighthouse, providing guidance to keep you on course. Before anything else you have to learn how to read navigational charts in order to find the best route to your destination (good health). For a newly diagnosed patient, this means learning everything you need to know about diabetes and mastering self-management skills. You steer your ship in order to reach a safe port, not merely to practice skillful maneuvers. In other words, the primary significance of your effort is in reaching your destination, i.e., achieving your goals. You are bound to encounter obstacles before you arrive in a safe harbor. Such obstacles may be likened to storms and submerged rocks lurking ahead of your ship as it sails through treacherous waters. For a person living with diabetes, stress, changes in personal circumstances and complications of the disease may be some of the imminent threats that can hinder your progress. You might find a certain obstacle overwhelming and dealing with it simply too much. You might feel powerless and think that you will never reach your destination. Many people with diabetes experience similar feelings. At these crisis times, remember; you are not alone! This is, however, a critical point in your journey and it is important that you stop, take a deep breath and take stock of your situation. It may be time to do some soul-searching and make the best possible choice under the

circumstances. In other words, you need to be able to take control of the pitching ship.

I feel that the above metaphor an effective aid in diabetes education. At the very core of diabetes education lies a total commitment to providing full support to diabetes patients so that they can implement optimal self-management. The true essence of diabetes education is found in a process through which the patient and his or her medical support team keep taking joint steps toward a goal.

In the following pages, I would like to reflect on what I have learned, experienced and created while working as a clinical doctor specializing in diabetes treatment over the past 40 years.

1) Implementation of Educational Program for Out-Patients

I was tasked with creating a new diabetes treatment system that would provide comprehensive diabetes education for in-patients and out-patients at the hospital I was assigned to through the University Hospital in 1981. In preparation for the system launch, I visited the Jocelyn Diabetes Center, considered a pioneer in the treatment of diabetes, to learn how they ran their in-patient education system. I was very impressed by their progressive team-care approach and education program. I revisited the Jocelyn Diabetes Center in 1991, after I opened a diabetes clinic specializing in out-patient treatment in Tagajo City, adjacent to Sendai. By the time of my second visit, the Jocelyn Diabetes Center had become an institution with exclusive focus on out-patient treatment through an even more comprehensive curriculum. I was very inspired by their program, which was designed to draw out the potential in each patient.

Upon returning from this visit, I launched my own education program. The educational program became gradually fuller and has become a comprehensive system of education that, today, includes

diabetes classes, fitness classes, cooking classes, periodic newsletters, recipe books, patient peer-support newsletters, joint walks, lectures, training sessions, workshops and concerts. This education system continues to evolve.

2) USA – Japan Meeting on Diabetes Education

Doctor Masakazu Hattori (then Associate Professor at Harvard University Medical School) and Doctor Yasuko Uchiumi, who were kind enough to take me under their wings during my visits to the Jocelyn Diabetes Center, organized the USA – Japan Meeting on Diabetes Education, through which Japanese medical professionals would have the opportunity to work with personnel from the Jocelyn Diabetes Center and other diabetes medical specialists from the USA to formulate optimal approaches toward diabetes education. The USA – Japan Meeting on Diabetes Education had its first meeting in 2002. For me, participating in this event reaffirmed how important the team approach to diabetes treatment is and how crucial it is to have solid criteria for objective evaluation of diabetes education. In 2007, the USA – Japan Meeting on Diabetes Education evolved into the USA – Japan Meeting on Prevention of Diabetes and Complications Through Self-Management and Education, which covers the entire spectrum of diabetes treatment, and Dr. Eiichi Araki, Dr. Atsunori Kashiwagi, Dr. Tadashi Kobayashi and Dr. Hidetsugu Katsuraya greatly contributed to robust discussions held under the aegis of the Meeting. It also gave me an opportunity to befriend Dr. Jane Kadohiro (former AADE Chairperson) and Drs. Katie Winger and Melinda Maryniuk, who were jointly awarded the Outstanding Educator of The Year award from The American Diabetes Association. I have been lucky enough to count them as friends who have always been generous with information and advice. Dr. Kadohiro's special lecture in September 2017 during her visit to Sendai marked a very significant occasion for me.

3) Our Original Diabetes Dialogue Map

I took part in the three-hour workshop on the "US Diabetes Conversation Maps" held by the ADA in June 2006. The US Diabetes Conversation Maps, a set of five large maps each measuring approximately 3' x 6', were designed to enable each participant to acquire accurate knowledge and optimal self-care skills, as participants, sitting around the maps answered questions asked by facilitators. After the workshop, I learned that there was no plan for developing a Japanese version of the maps and immediately decided to create our own original map at the clinic. This is how Kenichi Yamada Internal Medicine Clinic came to create its own diabetes dialogue map (the original map was created by Itsuko Yamada, the managing director of the Kenichi Yamada Internal Medicine Clinic Education Center in August 2006. See Fig. 1). The creation of this diabetes education map, we came to realize later, would greatly change our approach to diabetes education. The introduction of the map in patient education allowed us to discover how effective and gratifying teamwork can be as the patient and the clinic staff members all became involved in creating new educational tools to be used in conjunction with the map.

The diabetes education map was first introduced in the diabetes classes held at the clinic. The diabetes dialogue map is an educational communication tool designed so as to create a free and invigorating learning environment. It is essential that the patient be cognizant of his own issues in relation to diabetes in order for the patient to become capable of successful diabetes self-management. To help the patients develop higher levels of self-awareness, we incorporated nine essential self-awareness pointers in the map. These pointers are; 1. You have just been diagnosed with diabetes, 2. What is your diagnosis in more specific terms? 3. What are your diabetes symptoms? 4. Any complications? 5. What can you do to achieve better control? 6. Diet, physical exercise and medicine, 7. Free

yourself from stress, 8. Issues unique to yourself 9. Your dreams and goals. The pointers are placed at various points on the map, along a gently winding road that leads to the very top of a hill, where the patient's dreams and goals are fulfilled. We prepared this map in the form of a laminated A4-size placemat so that it could be used by the patients during lunchtime in the diabetes education classes. In conjunction with the diabetes dialogue map, we compiled textbooks that provide patients with the detailed information in correspondence to the individual self-awareness pointers so as to encourage patients to take initiative in their own diabetes learning. We also incorporate the dialogue map in treatment sessions for newly diagnosed patients and senior patients with cognitive deficiencies.

Having used the dialogue map for years in the diabetes education classes, we realize that while the US Diabetes Conversation Maps aim to help the patient acquire knowledge and skills for diabetes self-management, our dialogue map is a communication tool to be used by both the patient and the medical care providers so that the patient himself acquires the skills to talk about his or her own diabetes condition in his own words.

4) Evolution of the Diabetes Dialogue Map

I had an opportunity to give a poster presentation of our diabetes dialogue map in the Diabetes Therapeutic Patient Education Conference (TPE) held in Budapest in 2008. Dr. Jean Philippe Assal, Professor Emeritus at Geneva University Medical School and longtime chair of the Diabetes Education Study Group of the European Academic Society of Diabetes (EASD), found the dialogue map to have significant potential in "liberating the mind of the patient with diabetes, as his experiences, his diabetes conditions and his emotions are projected onto the map". Since this initial encounter, Dr. Assal has been a great inspiration and mentor to me. We have jointly looked into how the dialogue map could be utilized in other

applications through our discussions via Skype and workshop at Dr. Assal's research center in Geneva and Grimentz in Switzerland. In the workshop, 14 participants, including patients, medical professionals (doctors, nurses and pharmacists), an educator and an artist, discussed at length the potential of the dialogue map as an educational tool as well as its characteristic features, cultural background and artistic elements, from diverse angles.

5) Diabetes Dialogue Map and PRISM (pictorial representation of illness and self-measure)

Dr. Assal proposed dual use of the diabetes dialogue map and PRISM (see Fig. 2) for synergetic treatment effect. I visited Dr. Stefan Buchi, the creator of PRISM (1999), then Professor of Psychiatry at Zurich University, Switzerland, in 2012, who was kind enough to directly train me in the use of PRISM. PRISM is a tool, which is an A4 size whiteboard with a yellow circle (representing the patient) with a 7 cm diameter set at a fixed position in the lower right area, and the patient places a 5 cm-diameter circle (representing the patient's illness) at a position chosen by himself. The patient then explains his thoughts, emotions and physical conditions that made him choose the particular position to put the red circle. The medical care provider is able to obtain objective data by recording the patient's narrative and measuring the distance between the patient and the illness (self-illness separation: SIS). The diabetes dialogue map and PRISM are similar in that they are both visual media. When they are used in conjunction with each other, the patient reacts to them in clearly similar manners. We have learned that the dual use of these tools enables the patient to achieve better recognition of his conditions with better clarity and achieves an outcome that can be evaluated in an objective manner based upon numerical data, i.e., the SIS. Subsequently, we started collecting data on the dual use of the dialogue map and the PRISM in clinical applications through

collaboration with our medical staff members back in Japan, by recording the patient's narratives. To date we record the individual patient's narratives and use the tools to provide optimal treatment and guidance to our patients. In all our endeavors we have been generously supported by Dr. Buchi and Dr. Assal.

Dr. Stefan Buchi, Dr. Jean Philippe Assal, Tiziana Assal, Kenichi Yamada and Itsuko Yamada jointly gave a presentation entitled Diabetes Dialogue Map and PRISM, a compilation of the findings that had been collected in the International Diabetes Federation Congress held in Melbourne in 2015.

6) Kenichi Yamada Internal Medicine Clinic Education Center

At Kenichi Yamada Internal Medicine Clinic we consider an integrated educational program system and a teamwork approach to diabetes education to be the very foundation of successful diabetes treatment. In order to facilitate systematic analysis of the data accumulated so as to enable ourselves to provide better care and guidance to our patients, we opened an education research center near West Park in Sendai in 2012.

The Education Center provides opportunities for the clinic patients to meet for peer-support discussions, and for medical professionals working at other medical institutions as well as at the clinic to hold study sessions. It also provides open access to pharmaceutical representatives. The educational center is open to the general public on Thursdays, as well. The Education Center has been responsible for organizing visits to the Canadian Diabetes Association Victoria Chapter, and meetings with Canadian certified diabetes educators in Vancouver. It has played a crucial role in promoting information exchange with overseas doctors via Skype and in creating materials for conference presentation.

The lectures given by Dr. Jane Kadohiro in 2017 was translated into Japanese by the Education Center. The Education Center also

created presentation slides and materials in the Japanese version.

What I have learned in the years of working with patients with diabetes can be summarized in three simple words; "take joint steps". According to Dr. Assal, a medical professional who jointly takes steps with the patient always remembers that he must be there for the patient, must be able to carry out fruitful dialogue with the patient, must trust the patient and be trusted by the patient, must be clear, must be courageous and must have the stamina to carry on. Over the years these words by Dr. Assal became the guiding philosophy of this Education Center.

(Excerpts)

(1) "A Message to Those Who Live With Diabetes by Kenichi and Itsuko Yamada, published by KK Longsellers, 2000: page 1-2

(2) PRISM A Novel Visual Metaphor for Measuring Personally Salient Appraisals, Attitudes and Decision-Making: Qualitative Evidence Synthesis. PLOS ONE 11(5):e0156284, [https://doi.org/10,1371/journal.pone.0156284](https://doi.org/10.1371/journal.pone.0156284) by Tom Sensky and Stefan Buchi (2016)

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Kenichi Yamada (2008) The Art and Science of Diabetes Education - my friend Dr. Areti Philotheou

Diabetes Treatment Master 6: 320-323

· Kenichi Yamada (2010) From Treatment Centered Around the Patient To Treatment That Moves Forward Together With The Patient

Practice 27:30 ~32

· Kenichi Yamada (2010) Partnership Built on Collaboration

Practice 27:138 ~140

· Kenichi Yamada (2010) Socratic Dialogue – From Dialogue to Hope

Practice 27: 258~261

- **Kenichi Yamada (2014) When You Start Narrating Life With Diabetes
~ Diabetes Dialogue Map
Diabetes Treatment Master 12: 337-379**
- **Kenichi Yamada (2016) Diabetes Patient Education
Diabetes Monthly 8:49 ~ 57**