

Good morning, Mr.President, Prof. Toti Florian, ladies and gentlemen, esteemed guests and dear friends,

What an incredible honour to be receiving the Guido Ruffino Prize today in this glorious city!

The Diabetes Dialogue Map and the integrated approach to diabetes education that combines the map with the pictorial representation of illness and self-measure, widely known as PRISM, for which I am being recognized, are both the fruit of partnerships, some developed organically through working relationships, others planned strategically and yet others born out of sheer good luck. So I feel the true recipients of this wonderful prize are all the people who, through friendship, collaboration and mentorship, have helped and inspired me over the years; Prof.Jean-Philippe Assal, the people at his foundation, the educators at the Joslin Diabetes Center, Prof.Stefan Buchi, the creator of PRISM who trained me in its use, my husband Dr.Kenichi Yamada, the staff members at the Kenichi Yamada Internal Medicine Clinic, the crew at the Education Center of Kenichi Yamada Internal Medicine Clinic, and above all, the people who live with diabetes. It is my privilege to be part of this community of

dedicated and supportive professionals and individuals and talk to you as their representative.

(Video starts)

It all started with a small painting, accompanied by a short poem, which I put up on a white wall in the waiting room of a new clinic Kenichi opened back in 1991. A few weeks later, I replaced it with a new painting. 27 years on and some 500 pieces later, it is still the most meaningful link that connects me with the visitors to the clinic.

My involvement in the diabetes education program Kenichi had started at the clinic deepened in 1999 after our visit to the Joslin Diabetes Center, where I met and was much impressed by the passionate educators. The clinic's original program gradually expanded to include patients' meetings, peer counselling sessions, lectures, cooking classes, fitness classes, weekend walks, newsletters, concerts, workshops and the publication of our own textbooks.

In 2006, Kenichi and I took part in the ADA workshop on effective application of the U.S. Diabetes Conversation Map Education Program.

Our original map was informed by what we saw at that workshop. While the U.S. Conversation Maps were intended for use as an educational aid to help patients acquire knowledge and skills needed for self-management of their issues, I decided I wanted to create a tool, or rather a medium through which patients could talk about their conditions in their own words. A medium with a relatable image that would gently draw a patient in, encouraging him to narrate his own story. We called it the Diabetes Dialogue Map.

The Diabetes Dialogue Map, produced in the form of a laminated A-4 size placemat, was first introduced in the diabetes classes for newly diagnosed patients at the clinic. It was designed so as to create a free and invigorating learning environment. To our delight, most patients responded very positively to this communication tool. We discovered it worked particularly well as an individual intervention aid, and in the treatment of patients with complications, such as cognitive impairment and autism.

In the ensuing years, Kenichi and I had opportunities to give poster presentations on the diabetes education program and the Dialogue Map; at the TPE in Florence, the IDF in Cape Town, the TPE in Budapest and

again at the IDF in Montreal. It was on one of those occasions we met Prof. Assal, whose wisdom and guidance we continue to cherish to this day.

The Dialogue Map has been evolving, through discussions and workshops held in Grimentz and Geneva under Prof. Assal's leadership, through training sessions for integrated education program development provided by Prof. Buchi and through constant communication between Switzerland and Japan via Skype and email. The dual use of PRISM and the Diabetes Dialogue Map for treatment, initially proposed by Prof. Assal, has proven to have a synergetic effect.

The presentation entitled "Diabetes Dialogue Map and PRISM", a compilation of the findings collected over the years, was given at the International Diabetes Federation Congress held in Melbourne in 2015 as a joint undertaking by a great team of people, including Prof. Assal, Prof. Buchi, Tiziana Assal, and Kenichi Yamada. And what a joy it was for me to be part of this group!

I am very gratified and at the same time very humbled that the Dialogue Map helps diabetes patients narrate their unique, individual stories from

their own perspectives. The patient's narrative is a portal that invites us in to join him on the journey he's undertaken. It invites others to come in, interact, listen, challenge, empathize and engage in a dialogue. It also liberates the narrator to change and move toward a goal of his own choice, but it firmly reminds him that he can't go it alone, since he is, like everybody else, only human and needs a steadying hand or a shoulder to lean on when his steps falter. No man is an island. I should know, as the Dialogue Map certainly would not have been nurtured into what it is today and I would most definitely not be standing here in front of you today if I had been going it alone.

So I'd like to conclude my speech with a salute to the people who have helped me along the way, and to all of you here who walk alongside others, always ready to provide support as their fellow travellers. Thank you very much for letting me share my story with you.