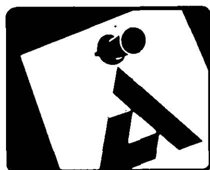
Organization Section



Quality Recognition for Diabetes Patient Education Programs

Review Criteria for National Standards From the American Diabetes Association

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I. NEEDS ASSESSMENT STANDARDS

A successful program is the product of a flexible policy based on the needs of the community it is intended to serve. Because the diabetes caseload varies from one institution to another, each institution should assess its own needs and match its resources to the needs of its caseload. The needs assessment should be performed initially to guide the management of the program and to form the basis for program planning. It should be a continuing process that will allow the program to adapt to changing service requirements. In addition to the needs of the program, the needs of the individual patient should be assessed to provide the basis for the instructional program offered to each patient. The person with diabetes is recognized to be an equal partner in all aspects of the educational process.

A. Facility

Standard

The facility shall assess its diabetic caseload to determine the allocation of personnel and resources to serve the instructional needs of the caseload.

Review Criterion

1. The applicant annually determines the case mix of diabetes patients to be educated.

Standard

There shall be a reasonable match between caseload requirements and resources allocated.

Review Criteria

2. For lectures, resources are provided to support the appropriate caseload.
3. Demonstration class size is limited to 16 people (including patient and family members) per instructor.
4. Return demonstration session is limited to 4 people per instructor.

B. Program

Standard

An individualized and documented ongoing assessment of needs shall be developed with the patient's participation. This shall include medical history, present health status, previous diabetes education, health services utilization, associated medical conditions or risk factors, diabetes knowledge, skills, attitudes, self-assessment, identification of support system, barriers to learning, and financial status.

Review Criteria

5. On enrollment of each patient in the program, a needs assessment is conducted that includes the items specified above.
6. Each patient's needs assessment is a permanent part of his/her written education record or is included in the medical record.

Standard

The needs assessment shall be the basis for the education program delivered to each patient.

Review Criterion

7. A written individualized education plan based on the needs assessment is developed. The person with diabetes is a participant in this process, and the written plan is shared with him/her before instruction.

II. PLANNING STANDARDS

Planning is an essential component of a diabetes patient education program. The planning process should describe the program's goals and objectives, target audience, setting (inpatient, outpatient), patient-referral mechanisms, procedures, and evaluation methods. This process should be a cooperative effort involving people with diabetes as well as health professionals.

A. Facility

Standard

The facility shall have a written policy that affirms patient education as an integral component of quality diabetes care.

Review Criterion

8. The applicant has a written statement concerning diabetes patient education that is consistent with the goals and intentions of the standards.

B. Program

Standard

The participants in planning shall include health professionals involved in the care and education of people with diabetes and their families.

Review Criterion

9. An advisory committee is formed to oversee the diabetes patient education program. Members of the committee must include at least one physician, nurse (or qualified diabetes health educator), dietitian, and consumer.

Standard

The planning process shall define, in the following order, program goals and objectives, target audience, patient access mechanisms, instructional methods, resource requirements, patient follow-up mechanisms, and evaluation.

Review Criteria

10. Program goals and objectives: The applicant provides goals and measurable objectives of the diabetes patient education program. These should be consistent with the goals and intentions of the standards.
11. Target audience: The applicant specifies the age range of the patients, the types of diabetes patients the program serves, or any unique characteristic of the patients (e.g., language barriers, learning disabilities).
12. Patient access mechanisms: The applicant defines how a patient gains access to the patient education program. Methods of access include health professional referral, health care agency referral, or patient self-referral.
13. Instructional methods: The applicant identifies the instructional format (i.e., one-to-one, classroom, group, self-instruction modules, etc., or any combination of these) for each of the curricular areas.
14. Resource requirements: The applicant identifies the space, staffing, budget, and instructional materials that are part of the patient education program.
15. Patient follow-up mechanisms: The applicant identifies its patient follow-up methods.
16. Evaluation: The applicant identifies the program evaluation mechanisms.

III. PROGRAM MANAGEMENT STANDARDS

Effective management is required to implement a patient education program successfully. Various health care professionals are involved in the total care of people with diabetes. Clear lines of authority and efficient systems for communication should be established among everyone involved in the program. The ultimate responsibility for all aspects of program management should rest with one person designated the *program coordinator.* In addition, an advisory committee should be established to assist the coordinator and other members of the program staff in setting policy and managing the program.

A. Facility

Standard

The facility shall designate a coordinator responsible for all aspects of the program.

Review Criteria

17. The coordinator is a health professional who either holds a current valid license or registration. In addition, certification or a health-related degree from an accredited educational institution is desirable.
18. The coordinator completes an education program (minimum 24 hours) that includes instruction in the content areas listed under Standard VIB as well as in educational principles.
19. The coordinator annually completes a minimum of 6 hours of continuing education in diabetes and educational principles.
20. The coordinator is responsible for:
    a. liaison between the advisory committee and facility administration
    b. planning and participating in orientation of diabetes patient education personnel
    c. providing and/or coordinating in-service education for diabetes patient education personnel
    d. participating in the preparation of the program budget
    e. evaluating program content and effectiveness
    f. coordinating program curriculum.

Standard

The organizational relationships, lines of authority, staffing, and operational policies shall be defined.

Review Criteria

21. The placement of the diabetes patient program within the organizational structure of the institution is defined.
22. The line of authority of the program coordinator is defined.
23. The approval mechanisms for both policy and program changes within the facility are defined.

B. Program

Standard

A standing advisory committee with both medical and community/consumer representation shall be established.

Review Criteria

24. The advisory committee's responsibility is to recommend policy, review curriculum, and provide advice concerning the diabetes patient education program.
25. Advisory committee members attend at least 2 meetings a year.

IV. COMMUNICATION/COORDINATION STANDARDS

Several levels of communication are essential to the effective coordination of the program. Physician or nurse educator leadership and participation are necessary to ensure the integration of patient education into the treatment regimen. A physician should be identified to serve as the liaison between the education program coordinator and the medical staff. In addition, the institution should maintain regular channels of communication with its staff and the community it serves to inform diabetes patients and their families about the availability of the program. All information on the patient's educational experience should be incorporated into the permanent medical or educational record.

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A. Facility

Standard

The facility shall select a physician to serve as liaison between the program coordinator and the medical staff.

Review Criterion

26. The physician's liaison activities include:
    a. attendance at advisory committee meetings
    b. communication of new developments and activities of the program to the medical staff, administration, and the medical community
    c. communication of input from medical staff, administration, or the medical community to the program coordinator and advisory committee.

Standard

The facility shall regularly inform its staff and the diabetes patients (and potential diabetes patients) it serves of the availability of its diabetes patient education program.

Review Criteria

27. The applicant informs its staff twice yearly of the availability of the program, its content, and the referral process.
28. Newly employed health care professionals are informed of the institution's diabetes patient education program during orientation.
29. The applicant identifies a communication system that informs the target population of available patient education services. For inpatient programs, the target audience is all patients with diabetes at the time of admission. For outpatient programs, the target audience is the general public, physicians, and referral agencies in the service area.

B. Program

Standard

All information about the patient's educational experience shall be incorporated into the patient's permanent medical or educational record maintained by the institution.

Review Criteria

30. The program establishes a diabetes education record that documents the educational experience and becomes a part of the patient's permanent medical or educational record.
31. The documentation of the educational experience includes:
    a. preprogram assessment
    b. patient education plan
    c. content, dates delivered, instructors identified
    d. postprogram assessment
    e. plan for follow-up.

Standard

The role of each education team member shall be clearly defined, and the intercommunication between each shall be documented in the patient's record.

Review Criteria

32. Members of the diabetes patient education staff have written job descriptions that state their responsibilities for patient care and patient instruction.
33. Education team members use the patient's permanent record to communicate about the patient's diabetes education.

Standard

There shall be written evidence of coordination between different care settings.

Review Criterion

34. On completion of the education program, and with the patient's permission, the patient's permanent medical or educational record is made available to other health care settings. On request, a copy of the educational record is also given to the patient.

V. PATIENT ACCESS TO TEACHING STANDARDS

It should be the policy of the institution to facilitate access to patient education for the target audience specified in the plan. This is promoted by a commitment to inform patients and staff routinely about the availability and benefits of patient self-care programs. Diabetes patient education should be regularly and conveniently accessible, and the instructional program should be able to respond to patient-initiated requests for information. The program permits referral by health professionals, health care agencies, or individual patients. The instructional design encourages active patient participation.

A. Facility

Standard

The facility shall have a policy to inform patients routinely about the benefits and availability of patient education.

Review Criterion

35. See criterion 29.

B. Program

Standard

The program shall be regularly and conveniently available.

Review Criteria

36. For health care institutions, individualized education services at diagnosis or times of crisis are available.
37. Diabetes patient education programs are offered at least quarterly or as the caseload warrants.

Standard

The program shall be responsive to patient-initiated requests for information and/or participation in the program's activities.

Review Criterion

38. A person is designated within the program to be responsible for receiving and answering patient-initiated requests during business hours.

VI. CONTENT/CURRICULUM STANDARDS

The individual needs assessment provides the basis for the instructional program offered to each patient. The assessment should be documented and should include all relevant information regarding the patient's treatment, education, and support systems. Responsibility for various facets of the assess-

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ment can be divided among the instructional team members. Curriculum and instructional materials should be appropriate for the specified target audience, taking into consideration the type and duration of diabetes and the age and learning ability of the individual. Both curriculum and available community resources should be reviewed and updated periodically. The institution should provide the program with adequate space, personnel, budget, and materials.

A. Facility

Standard

The facility shall provide space, personnel, budget and instructional materials adequate for the program.

Review Criterion

39. Space, personnel, budget, and instructional materials are available in the institution to support each content item identified in Content/Curriculum (VIB).

Standard

The facility shall periodically assess the availability of community resources.

Review Criterion

40. The applicant, at least once every 3 years, assesses public, private, and nonprofit health agencies within the service area for their potential contribution toward improving diabetes education. This assessment includes the name, address, and telephone number of each identified resource.

B. Program

Standard

The program shall be capable of offering information on each of the following content items as needed:

a) general facts
b) psychological adjustment
c) involvement of the family
d) nutrition
e) exercise
f) medications
g) relationship between nutrition, exercise, and medication
h) monitoring
i) hyperglycemia and hypoglycemia
j) illness
k) complications (prevent, treat, rehabilitate)
l) hygiene
m) benefits and responsibilities of care
n) use of health care systems
o) community resources

Review Criterion

41. Each program content area has written and measurable behavioral objectives, a content outline, a designated instructional method, instructional materials, and a means of evaluating the achievement of objectives.

Standard

The applicant shall specify the mechanism by which the curriculum shall be reviewed, approved, and updated.

Review Criterion

42. The curriculum is annually reviewed and approved by the advisory committee and modified accordingly.

VII. INSTRUCTOR STANDARDS

Qualified personnel are essential to the success of a diabetes patient education program. Each institution should be responsible for identifying and evaluating its instructors. Instructors should be skilled professionals with recent experience and training in both diabetes and educational principles. The number of instructors should be proportional to the caseload requirements.

A. Facility

Standard

The facility shall identify appropriate instructional personnel and ascertain their competence.

Review Criteria

43. Instructors are health professionals who either hold a current valid license or registration. In addition, certification or a health-related degree from an accredited educational institution is desirable.
44. Primary instructional personnel must complete a diabetes education program (minimum of 24 hours) that includes educational principles.

Standard

The numbers of personnel identified shall be suitable for the diabetic caseload within the institution.

Review Criterion

45. Appropriate resources are provided to support the case mix. See criteria 2–4.

Standard

Instructors shall be allotted sufficient time to accomplish the educational objectives.

Review Criterion

46. The number and type of instructors are appropriate to the case mix, with adequate time for teaching provided. The teaching process must include program planning, implementation and instruction, documentation of the patient educational experience, and participation in program development and evaluation.

B. Program

Standard

A comprehensive diabetes patient education program has instructors skilled in teaching the curriculum of the program.

Review Criteria

47. See criterion 32.
48. Instructors annually complete a minimum of 6 hours of continuing education in diabetes and educational principles.

VIII. FOLLOW-UP STANDARDS

Follow-up services are important because diabetes requires a lifetime of proper care. The facility should provide follow-up services that include periodic reassessment of the patient's

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knowledge and skills and offer supplementary educational services when warranted. Written communication between the program staff and the primary care physician is essential for ongoing identification of the patient's needs. This is especially appropriate in regard to referral for early diagnosis and treatment of the complications of diabetes. Referral to community resources may also provide ongoing support for long-term psychosocial needs and behavior-modification skills. If a patient changes care settings, the institution should request the patient's permission to send his/her records to the new health care setting.

A. Facility

Standard

The facility shall transmit the educational record to other appropriate health care settings when a patient transfers his/her care responsibilities.

Review Criterion

49. See criterion 34.

B. Program

Standard

The program shall provide follow-up services for those patients who wish to maintain continuity of education within the institution. These services shall include:

a. periodic reassessment of knowledge and skills
b. timely reeducation based on reassessment
c. communication with the primary-care provider about the need for professional and nonprofessional services.

Review Criteria

50. The applicant informs and encourages the patient to utilize education follow-up services.
51. Patients who return for follow-up receive knowledge and skill reassessment.
52. Follow-up services/education needs are communicated to the primary-care provider.

IX. EVALUATION STANDARDS

The facility should review the educational program periodically to ascertain that it continues to meet the national standards. This review should be conducted by the advisory committee. The results of this review should be used in subsequent program planning and modification. An assessment of each patient's needs and progress should also be conducted at regular intervals.

A. Facility

Standard

The applicant shall review periodically the performance of the instructional program and ascertain that it continues to meet national standards.

Review Criterion

53. The advisory committee and appropriate institutional officials conduct and record a yearly internal review of the program.

B. Program

Standard

The program shall conduct and record an individualized assessment of each patient's original needs and progress at regular intervals.

Review Criteria

54. See criteria 5, 6, 30, and 31.

Standard

The program shall be reviewed continually for both process and outcome, and the results of this evaluation shall be used in subsequent planning and program modification.

Review Criteria

55. Program process measures used for ongoing evaluation include but are not limited to:
    a. yearly review of the curriculum
    b. program description
    c. target population
    d. number of participants.
56. Program outcome measures of patient knowledge and skills are based on the program's stated objectives.
57. Results of process and outcome evaluations are utilized in program modifications.

X. DOCUMENTATION STANDARDS

Program planning and evaluation should be documented to provide the basis for future program development and modification. All information about the patient's educational experience should be documented in the patient's permanent medical or educational record, as should communication among treatment and education professionals.

A. Facility

Standard

All aspects of the evaluation program shall be recorded by the facility and reviewed periodically to ascertain that national standards are being maintained.

Review Criterion

58. See criterion 53.

B. Program

Standard

All aspects of the educational program offered to each patient shall be recorded in that patient's permanent medical or educational record as maintained by the facility.

Review Criteria

59. See criteria 6, 7, 30, and 31.

A copy of the National Standards, as published by the National Diabetes Advisory Board, is available on request. Please write to the American Diabetes Association, Division of Scientific and Medical Programs, 1660 Duke St., Alexandria, VA 22314.

ADA FUTURE MEETINGS

34th Postgraduate Course: January 26–28, 1987, Orlando Marriott Resort, Orlando, Florida.

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47th Annual Meeting: June 4–9, 1987 (Scientific Sessions, June 7–9, Indianapolis Convention Center), Indianapolis, Indiana.

35th Postgraduate Course: January 13–15, 1988, Marriott's Desert Spring Resort, Palm Desert, California.

48th Annual Meeting: June 9–14, 1988 (Scientific Sessions, June 12–14, New Orleans Convention Center), New Orleans, Louisiana.

SELF-BLOOD GLUCOSE MONITORING

The American Diabetes Association will sponsor a consensus development conference on Self-Blood Glucose Monitoring on November 17–18, 1986, at the Crystal City Gateway Marriott Hotel in Washington, DC. Topics to be covered will include: technical issues (design and accuracy), training, and medical impact. A consensus document will be prepared at the close of the meeting. Attendance at the conference is open to the public. Individuals who wish to make brief scientific presentations should submit abstracts to the ADA by September 15. For abstract forms and meeting information, contact Sharon Alleyne, Scientific & Medical Programs, American Diabetes Association, 1660 Duke Street, Alexandria, Virginia 22314.

SEMINAR ON EFFECTIVE PATIENT TEACHING

The American Diabetes Association, Texas Affiliate, will offer a one-day seminar on effective patient education techniques on Saturday, September 13, 1986, from 8:30 a.m. to 4:45 p.m. at the Dallas/Ft. Worth Airport Marriott in Irving, Texas. The program will use diabetes education as the model but will focus on teaching skills and techniques applicable to all areas of patient teaching. The seminar is intended for all health care professionals involved in patient education and is approved for continuing education credits by the Texas Nursing Association, Texas Dietetic Association, and the American Academy of Physicians Assistants. The registration fee is $25.00 and includes lunch. For more information, call Daniel Snare at ADA, Texas Affiliate, P.O. Box 14926, Austin, TX, 78761. Tel.: (512) 343-6981.

AN ANALYTICAL MEANS TO NORMOGLYCEMIA

The American Diabetes Association, New York Diabetes Affiliate, Inc., and The Diabetes Control Foundation will offer the course "Diabetes Mellitus: an Analytical Means to Normoglycemia" in New York City October 9–11, 1986. This course is designed for physicians and all health care professionals involved in the management of patients with diabetes. The objectives of the course are to teach practitioners the principles and practices necessary to develop their own programs of intensive diabetes control. For further information please contact Daniel Lorber, MD, Normoglycemia Course Director, New York Diabetes Affiliate, Inc., 505 Eighth Avenue, New York, NY 10018. Tel.: (212) 947-9707.

PRACTICAL MANAGEMENT OF DIABETES

The Clinical Society of the American Diabetes Association and the New York Diabetes Affiliate, Inc., will sponsor a course for primary-care physicians entitled "Practical Management of Diabetes" on September 21, 1986, at Mt. Sinai Medical School in New York City. Topics of the lectures, workshops, and case presentations will focus on the office management of diabetes and its complications, care of the hospitalized patient, dietary issues, drug interactions, and contemporary insulin management. The course is approved for Category I AMA credit. Application has also been made for continuing education credit with the American Academy of Family Physicians. The registration fee is $40.00, which includes admission to the course, registration packet, luncheon, and coffee break. For further information contact the American Diabetes Association, New York Diabetes Affiliate Inc., 505 Eighth Avenue, New York, NY 10018. Tel.: (212) 947-9707.

UVA/ADA CONFERENCE

The University of Virginia, the American Diabetes Association, and American Diabetes Association Virginia Affiliate, Inc., will cosponsor an International Conference on Research and Therapeutic Issues in Diabetes on October 6–9, 1986, at the Omni Hotel in Charlottesville, VA. Topics to be covered include: biology of metabolic regulation, etiopathogenesis of diabetes, metabolic physiology and pathophysiology, and clinical diabetes. In addition to lectures by well-known diabetes investigators, ample time will be provided for formal and informal discussions. For further information please contact: Ms. Mary Ann McMahon, University of Virginia Diabetes Research and Training Center, Box 448 Jordan Hall, Charlottesville, VA 22908.

DIABETES EDUCATION UPDATE AND PRACTICUM

"Diabetes Education Update" is an intensive, week-long workshop for nurses, dieticians, and diabetes educators involved in teaching, treating, and counseling people with diabetes and their families. The workshop will be held September 8–12, 1986 at the Hilton Inn East in Wichita. Sponsoring the workshop are the Kansas Affiliate of the American Diabetes Association, Inc., the University of Kansas Regional Diabetes Center at Wichita, and the Diabetic Treatment Center at the St. Joseph Medical Center. Approved for 30 h CEC for nurses and dieticians, the fee is $225 ($375 when co-enrolled in the practicum immediately following the workshop).

"Diabetes Education Practicum" will immediately follow the workshop (September 16–20, 1986), and will focus on actual patient teaching, interviewing, and evaluating. These sessions will be held at the St. Joseph Medical Center in Wichita; fees and CEC are the same as for the workshop. For more information, contact the ADA Kansas Affiliate at 2312 East Central, Wichita, Kansas 67214. Tel: (316) 265-6671 or (800) 362-1355.

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NORTH DAKOTA AFFILIATE FALL SYMPOSIUM

The North Dakota Affiliate of the American Diabetes Association is hosting its eleventh annual fall symposium November 7, 1986, in Grand Forks, North Dakota. The postgraduate course is titled, "Complications of Diabetes Mellitus: Prevention and Treatment." The symposium is sponsored by the American Diabetes Association, North Dakota Affiliate, Inc., the Fargo (ND) Veterans Administration Center, and the University of North Dakota School of Medicine. Continuing education credits have been approved by the American Medical Association, The North Dakota Nurses Association, the National Federation of LPNs, the American Dietetic Association, the American Academy of Family Physicians, and the UND Division of Continuing Education. Registration fees are $10 for students, residents, or interns; $25 for ADA members; and $35 for non-ADA members. Fees include lunch and syllabus. Registration deadline is October 31, 1986. For more information contact the ADA–North Dakota Affiliate at 101 N. 3rd St., Grand Forks, ND. Tel.: (701) 746-4427.

DIET AND EXERCISE IN NON-INSULIN-DEPENDENT DIABETES MELLITUS

A consensus development conference on the role of diet and exercise in non-insulin-dependent diabetes mellitus (NIDDM) will be held at the National Institutes of Health (NIH) in Bethesda, MD, December 8–10, 1986. Non-insulin-dependent diabetes (also called adult-onset or type II diabetes) is the most common form of diabetes, affecting an estimated 10 million Americans. The cornerstone of treatment for this type of diabetes is not insulin or other drug therapy but rather the adoption of certain healthy living habits. Two of the most prominent life-style components are diet and exercise. This conference will address the significance and recommended use of dietary modification and exercise in the treatment and prevention of this disease. After 2 days of presentations by medical experts and discussion by the audience, a consensus panel will weigh the scientific evidence and formulate a draft statement in response to the following key questions:

- What is the significance of excess body fat in the patient with NIDDM? How can weight reduction best be achieved and maintained?
- What are the appropriate components of the dietary prescription for patients with NIDDM?
- What are the benefits and risks of exercise in patients with NIDDM? How should exercise be prescribed?
- What is the evidence that weight control, diet, and/or exercise can prevent NIDDM?
- What are the directions for future research?

On the final day of the meeting, the consensus panel chairman will read the draft statement before the conference audience and invite comments and questions. To register for the conference or to obtain further information, contact Sharon Feldman, Prospect Associates, Suite 500, 1801 Rockville Pike, Rockville, MD 20852. Tel.: (301) 468-6555.

"DIABETES EDUCATION—BRIDGING THE GAP"

The Professional Health Workers Section of the Canadian Diabetes Association will host the 1986 annual PHWS meeting, whose workshops will center on the theme of treating diabetes in people of multicultural backgrounds, as well as other concerns health professionals may have in their care of the diabetic patient. The PHWS convention will take place in Vancouver on October 10–11, 1986, coinciding with Expo '86. Further information can be obtained from Marjorie Veroba, National Chairman, PHWS of CDA, 78 Bond Street, Toronto, Ontario, M5B 2J8, Canada.

DIABETES IN AMERICA

The National Diabetes Data Group, NIH, has published a compilation and assessment of the scope and impact of diabetes in the United States entitled *Diabetes in America* (NIH Pub. No. 85-1468). The 32 chapters deal with epidemiology (incidence, prevalence, risk factors, sociodemography, mortality), complications (eye, kidney, DKA, heart disease, hypertension, stroke, peripheral vascular disease, pregnancy, infections, disability), medical care (therapy, hospitalizations, ambulatory care, nursing home patients), and economic aspects (health insurance, medical care costs). The volume is 680 pages and contains 95 illustrations and 513 tables. It can be obtained for $23 from the National Diabetes Information Clearinghouse, 2115 East Jefferson St., Rockville, Maryland 20850.

22ND EASD CONGRESS

The European Association for the Study of Diabetes will be holding its 22nd Congress in Rome, Italy, on September 16–20, 1986. (EASD Satellite Symposium on hypoglycemia will be held September 22–23.) All non-EASD members interested in presenting abstracts should contact the London Secretariat at EASD, 10 Queen Anne Street, London WIM OBD, United Kingdom.

Also being held in Rome during Autumn 1987 is the Diabetic Complications '87 International Symposium, covering such topics as pathogenetic mechanisms of microvascular disease, including ocular microvascular disease, and pathologic changes in early stages of nephropathy. More information with regard to format and schedule can be obtained through the Organizing Committee, Diabetic Complications '87, c/o Instituto Gregorio Mendel, P.zza Galeno 5, I-00162 Rome, Italy.

UREMIC DIABETIC—1987: STATUS REPORT, SATELLITE SYMPOSIUM TO INTERNATIONAL CONGRESS OF NEPHROLOGY

The Uremic Diabetic—1987: Status Report, Satellite Symposium to the Xth International Congress of Nephrology, will take place in Jerusalem, Israel, August 2–5, 1987. Main topics will include the following: Pathogenesis, Pathophysiology, Tissue Immunology, Glycosylation, Epidemiology and Registry Reports, Hemodialysis, Peritoneal Dialysis, Trans-

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plantation, Glycemic Control, Ethics and the Future, Histology, Homoral Control. Abstracts must be submitted by March 15, 1987. For further information, contact the Secretariat, P.O.B. 50006, Tel-Aviv 61500, Israel. Tel: (03) 654571. Telex: 341171 KESN IL.

INTERNATIONAL CONGRESS ON OBESITY AND INTERNATIONAL CONFERENCE ON DIET AND NUTRITION TO RUN CONCURRENTLY

The 5th International Congress on Obesity will be held in Jerusalem, Israel, on September 14–19, 1986, concurrently with the 2nd International Conference on Diet and Nutrition on September 14–18, 1986. Deadline for abstracts for both is May 1, 1986. All correspondence regarding guidelines and general information for the Obesity Congress should be addressed to Dr. S. H. Blondheim, Chairman, P.O. Box 983, Jerusalem 91009, Israel. For information about the Nutrition Conference, contact Dr. Crystal Horwitz, Chairlady, at the above address. Tel: (02) 527335; (02) 533717; (02) 536151(3149). Telex: 341171 KENS IL.

INTERNATIONAL DIABETES FEDERATION EDUCATIONAL FOUNDATION

Training Fellowships and Technical Visit Grants (1987). International Diabetes Education has established the IDF Educational Foundation to coordinate and support educational and training activities.

Training Fellowships. A network of centers in Europe will accept IDF Fellows under this scheme, which aims at providing education and training facilities to young experts from developing countries in the field of practical care and management of diabetes mellitus. Partial or full support for travel from the country of origin to the educational center will be provided by the IDF Educational Foundation. Free board and lodging will be made available by the educational center(s). The period of training may vary from 3 to 6 months in one or more centers.

Technical Training Visit Grants. The objective is to provide opportunities to clinical or laboratory scientists working in the field of diabetes to undertake short visits of up to 4 weeks to centers outside their own to acquire specific techniques or skills to advance their own research or patient care activities toward strengthening diabetes-related programs of the parent institution, center, or unit. Grants will be provided only for clearly specified, individual training goals. All are eligible to apply, but preference will be given to younger persons with proven merit and work record. Financial support will cover the most economic round-trip transportation costs and reasonable subsistence allowance during the training period.

Application forms are available on request from the IDF Executive Office, should be completed by the candidate, and supported by an endorsement of the Head of the institution or university. Deadline for submission of applications is October 31, 1986. All applications must be submitted to Ms. N. Stiels, Secretary, International Diabetes Federation, International Association Centre, 40 Washington Street, B-1050 Brussels, Belgium.

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