





# Podcast Episode Fact Sheet

Podcast Series	<b>Diabetes Residency Education Series</b>
Episode Title	<b><i>Diabetes and Stages of Change</i></b>
Personnel	<p>Interviewer: <a href="#">Betsy Goebel Jones</a>, EdD; Interviewee: <a href="#">Lance Evans</a>, PhD</p> <div style="display: flex; justify-content: space-around; align-items: center;">   </div> <p style="text-align: center;">&lt;&lt;Dr. Evans      &lt;&lt;Dr. Jones</p> <p style="text-align: center;"><a href="#">Department of Family Medicine, TTUHSC, Lubbock</a></p>
Recorded	April 3, 2006; Department of Family Medicine, Lubbock
Episode Description	This episode outlines the stages of behavior change and discusses the importance of assessing patients' readiness for change, as is often required by a diagnosis of diabetes.
Learning Objectives <i>The listener should be able to:</i>	<ol style="list-style-type: none"> <li>1. Explain why behavior change is important to diabetic patients</li> <li>2. Explain the stages of change model</li> <li>3. Describe how the stages of change model is applicable to behavior change with diabetic patients</li> <li>4. Assist diabetic patients with appropriate behavior change</li> </ol>
Content Outline	<p>Question/Answer format (Jones interviews Evans)</p> <ul style="list-style-type: none"> <li>• Overview of Diabetic Nephropathy</li> <li>• Screening for kidney disease</li> <li>• Treatment recommendations &amp; lab value targets</li> <li>• New drugs</li> </ul>
Application of the episode content to practice	<ol style="list-style-type: none"> <li>1. Patients facing a diagnosis of diabetes often must change behavior to improve their health—lose weight, improve diet, stop smoking, be compliant to medication, test for glucose, etc.</li> <li>2. Changing behavior is not easy, but before physicians can assist their patients with behavior change, physicians must understand &amp; assess their patients' stage and readiness for change</li> </ol>
Podcast Pearl Topic	High intake of calcium (1200 mg) and vitamin D (800 iu), particularly from supplements, may lower the risk of diabetes by 33%
Personnel	Ron Cook, DO
Comments	Published to iTunes 4/4/06

References

O'Connell D. Behavior change. In: Feldman MD, Christensen JF, Behavioral medicine in primary care: A practical guide. New York: McGraw-Hill, 2003.

Prochaska JO. How do people change, and how can we change to help many more people change? In: Hubble MA, Duncan BL, Miller SD, The heart & soul of change: What works in therapy. Washington, DC: American Psychological Association, 1999.

Konkle-Parker DJ. A motivational intervention to improve adherence to treatment of chronic disease. J Am Acad Nurse Pract, 2001;13(2):61-68.

Institute of Medicine Committee on Behavioral and Social Sciences in Medical School Curricula (Vanselow NA; Chair). Improving medical education: Enhancing the behavioral and social science content of medical school curricula. Washington, DC: National Academies Press, 2004.

Pittas AG, Dawson-Hughes B; Li T, Van Dam, RM, Willett, WC, Manson JC, Hu, FB. Vitamin D and Calcium Intake in Relation to Type 2 Diabetes in Women. Diabetes Care 29:650-656, 2006