

You can obtain 3 CEU's for reading the article "CARBOHYDRATE COUNTING IN TYPE 1 DIABETES MELLITUS: DIETITIANS' PERCEPTIONS, TRAINING AND BARRIERS TO USE" and answering ALL the accompanying questions with a pass mark of 70% or more.

This article has been accredited for CEU's (ref. no. DT/A01/P00008/2022/00006)

HOW TO EARN YOUR CEUs

- 1) Register at <https://www.mpconsulting.co.za>.
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- 3) Click on "Journal CPD".
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- 6) Visit <https://www.tandfonline.com/toc/ojcn20/current> to access the relevant CPD article.
- 7) Answer ALL the accompanying questions in the CPD questionnaire.
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Only online questionnaires will be accepted.

Activity 165

1. Carbohydrate counting has been shown to:
 - a) Improve glycaemic control as well as quality of life and can be taught by any health care professional with clinical expertise in the field.
 - b) Improve glycaemic control as well as quality of life and can be self-taught.
 - c) Improve glycaemic control as well as quality of life but must be taught by someone who has clinical expertise in this field, such as an experienced registered dietitian.
2. According to Gillespie et al, level 3 carbohydrate counting is designed primarily for:
 - a) People with type 1 diabetes mellitus (T1DM) and type 2 diabetes mellitus (T2DM) that require a basic level of carbohydrate counting.
 - b) People with T1DM on intensive insulin regimes who use insulin-to-carbohydrate ratios.
 - c) People who have mastered level 1 carbohydrate counting and desire further skills pertaining to blood glucose patterns and food intake.
3. Identify the correct statement:
 - a) Carbohydrate counting is recommended as standard care for the management of T1DM in the United States of America (USA) only.
 - b) Carbohydrate counting is recommended as standard care for the management of T1DM in the United Kingdom (UK) only.
 - c) Carbohydrate counting is recommended as standard care for the management of T1DM in the USA and UK.
4. The crude prevalence of diabetes in KwaZulu-Natal (KZN) is approximately:
 - a) 12.9%
 - b) 34.1%
 - c) 54.2%
5. The study population included:
 - a) Dietitians who were registered with the Health Professions Council of South Africa (HPCSA) and working in private settings only within the KZN province at the time of the study.
 - b) Dietitians who were registered with the HPCSA and working in private settings and community service within the KZN province at the time of the study.
 - c) Dietitians who were registered with the HPCSA and working in government and private settings within the KZN province at the time of the study.
6. The self-administered questionnaire used in this study was answered:
 - a) Face-to-face
 - b) Electronically
 - c) Through mail
7. Identify the correct statement:
 - a) 36.2% and 55.1% of dietitians worked in the private and public sectors, respectively.
 - b) 6% of dietitians worked in both the private and public sectors.
 - c) 36.2% and 55.1% of dietitians worked in the public sector and private sectors, respectively.
8. There was significant agreement among the dietitians that carbohydrate counting was:
 - a) Useful as a dietary management approach.
 - b) Not an essential part of the dietary management of T1DM.
 - c) Not a difficult concept for patients with T1DM to understand.
9. Identify the correct statement:
 - a) Dietitians significantly agreed with the statement that they received adequate training in carbohydrate counting in their undergraduate degree.
 - b) Dietitians significantly agreed that their undergraduate training adequately prepared them for educating a patient with T1DM.
 - c) Dietitians significantly disagreed with the statement that they had received specialised training in the dietary management of diabetes.
10. Dietitians significantly agreed that all of the following were barriers to their use of carbohydrate counting in the management of diabetes, except:
 - a) Lack of experience in the practice of carbohydrate counting.
 - b) Lack of confidence to use carbohydrate counting.
 - c) Lack of glucometers.
11. Identify the correct statement:
 - a) 27.5% of dietitians slightly agreed that they would attend a teaching/training session in the use of carbohydrate counting if it was available to them.
 - b) 46.4% of dietitians strongly agreed that they would attend a teaching/training session in the use of carbohydrate counting if it was available to them.
 - c) 5.8% of dietitians slightly disagreed that they would attend a teaching/training session in the use of carbohydrate counting if it was available to them.
12. Identify the incorrect statement:
 - a) 31.9% of dietitians disagreed that they lacked experience in the practice of carbohydrate counting.
 - b) 21.7% of dietitians strongly agreed that they lacked experience in the practice of carbohydrate counting.
 - c) 11.6% of dietitians slightly disagreed that they lacked experience in the practice of carbohydrate counting.
13. This study highlights the following:
 - a) The need for further training in the area of carbohydrate counting for dietitians, starting at an undergraduate level.
 - b) The need for less training in the area of carbohydrate counting for dietitians, starting at an undergraduate level.
 - c) The need for further training in the area of carbohydrate counting for dietitians, starting at a post-graduate level.
14. All of the following were identified as study limitations, except:
 - a) It is possible that some dietitians in KZN were not invited to participate in the study.
 - b) It was impossible that the participant looked up the answers to the survey.
 - c) Addressing T1DM specifically, may have limited the number of responses received.
15. This study concluded that:
 - a) Dietitians from KZN who participated in the study had a positive perception towards the use of carbohydrate counting in the dietary management of T1DM.
 - b) Dietitians from KZN who participated in the study had a negative perception towards the use of carbohydrate counting in the dietary management of T1DM.
 - c) Dietitians from KZN who participated in the study had a neutral perception towards the use of carbohydrate counting in the dietary management of T1DM.