

# EPiC Reflect: Diabetes



EPiC can be used to explore your data and reflect on your current practice, either as an individual or as a practice team.

## Purpose

Reflecting in this way may help you to have more effective conversations with patients and colleagues, to set goals, and to incorporate your learning into everyday practice. You can download and save this document, then upload it to your professional development learning record upon completion.

## How to complete this reflection activity

This activity encourages you to reflect on your current practice and to set goals and establish the actions you will take to achieve these goals. We have provided some examples to assist you.

Download this document and save it to your device, then work your way through each of the reflection examples and type your notes in the spaces provided in the editable table below.

For each of the four data stories listed in the table below ([Prevalence](#), [Medicines](#), [Concurrent medicines](#), and [Medicines Possession](#)):

- in the first column of the table, think about the points to consider (or make up your own)
- in the second column, type what the data show you
- in the third column, record your learning notes, reflection notes, and your proposed actions.

You will see that we have provided example answers in each column to help you formulate your notes. You can use these and/or add your own thoughts.

This reflection activity has been endorsed by the RNZCGP and PSNZ for continuing professional development purposes.

<b>Points to consider for each data story</b>	<b>What do these data show?</b>  View the EPiC data displays and write notes for yourself and/or your practice in this column, as per the examples below.	<b>Your learning, reflections, and actions</b>  Write your notes in this column, using the examples below as prompts.  <b>Learning notes:</b> What are possible conclusions I can draw from the data?  <b>Reflection notes:</b> What do the data make me think about my current practice?  <b>Actions:</b> Are there any changes I could make to my practice in response to these data?
<b>Prevalence</b>		
<p>How many patients do I have with diabetes? How many patients does my practice have with diabetes?</p> <p>Is there a group of my patients, or patients within my practice, with higher-than-expected prevalence of diabetes who would benefit from tailored diabetes services?</p>		

## Medicines

Which three diabetes medicines do I most commonly prescribe? How does my prescribing compare to my practice peers?

When I filter these data by ethnicity, deprivation or age, how does the prescribing look? For example, do the groups have similar prescribing patterns or are they very different?

Is there anywhere I could make enhancements to the diabetes medicines I prescribe? For example, are there patients that I could consider for the newer diabetes medicines – empagliflozin and dulaglutide?

### Concurrent medicines

Do I have a high proportion of patients on three or more medicines? How does this compare to patients nationally?

If I have patients taking three or more medicines, would some of these patients benefit from treatment escalation? For example, to one of the new diabetes medicines or insulin.

## Medicines possession

Compared with my practice peers, how has the possession of diabetes medicines been for my patients over the last 12 months? Do some patient groups have poorer medicine possession than others?

How does age affect medicine possession for my patients? For those of my practice?

How could I improve the medicine supply for my patients? Which group(s) do these data show would benefit most?

Overall reflection on my diabetes care