OBSERVATIONS OF GOUNSELLERS

Dr. A. Sood

Department of Medicine, AH India Institute of Medical Sciences, New Delhi

Certain observations made during the camp merit consideration. Firstly, although the division of the campers into groups was made on the basis of age and sex, yet some children were in the groups, in which they did not feel comfortable. The result was that the group never remained together in various activities including outings and at mealtimes. Heterogeneity in age 9-21 years, socio-economic and educational status probably were the various factors responsible for this. Among these, age is a variable which can be regulated.

Approximately 90 percent of the children showed some response to midnight flashlight check carried out for hypoglycemia. Among the non-responders, no midnight hypoglycemia could be demonstrated by blood glucose measurement using a dextrometer, thus giving a few false positive results. The valve of such a test needs further evaluation.

During the course of the camp, most of the children did not have very good diabetic control. Poor diabetic control before the camp started, unexpected physical activity and variation in the palatibility and the timing of the meals were perhaps among the various factors responsible for this, Strict discipline to regulate physical activity is neither feasible nor desirable in a camp of such a nature; yet rough guidelines to quantify physical activity and change the meal pattern or insulin dose accordingly should be worked out, taught and followed. Also, the diabetic control of each child should be perfected prior to the camp, by an intensive outpatient interaction.

One of the purposes of the camp is to make a child proficient in self-adjustment of insulin dosage. By the end of the camp each child should attempt to decide his/her own dose of insulin. Taking this as a basis, the counsellor/ medical staff should interact with each child individually and discuss with the child the principles of insulin dose regulation. This has been found to be an effective method of teaching.

Medical record keeping during the camp, needs streamlining. A daily note on each camper should he entered by the counsellor at night. This should include copying of the day's events, blood and urine sugar values and the insulin dose of each camper from his/her log book into the case-file. This will help in better analysis of the medical status of the campers later on.

Proper scheduling of the various activities is essential to get maximum benefit from a brief camp. Limited facilities can sometimes stand in the way of a good schedule. For example, many campers having to use one toilet in the morning delayed breakfast, which then used to upset the day's routine. Rectification of such organisational problems will further improve the camp's daily working.

Finally, one of the most delicate tasks for the counsellor is to maintain discipline and yet not stiffle the atmosphere, and to maintain a festive mood and yet not lose the purpose of the camp. Personally, what I have learnt from the camp is invaluable. It is like treating your own disease. The problems encountered were novel, when compared to the hospital situation. It made one realise how it feels to be a diabetic. It would be worthwhile to consider using this type of camps for elective training programmes for interested medical students, interns and residents.

Drs. R. Narang and A. Narang
Dept. of Pediatrics, Post graduate Institute of Medical Education and Research, Chandigarh

Camp MM-88s, a method of teaching, learning and introspection for "juvenile" diabetes, though an extensively used modality was a novel idea for a developing country with all the inherent drawbacks, and was an instant success. This success could be easily judged by the intensity of involvement of medical and paramedical workers on one hand and the diabetic children and their parents on the other. It did bring out the feeling of oneness amongst all the participants, and an active awareness of the usefullness of life in spite of the handicap of the disease process. It was also a novel experience of the medical team about childhood diabetes in its totality; the depth of inexperience in organising such venture was obvious.

In the background of comradeship and a supportive environment, the children learned about various aspects of diabetes, including the effects of hypoglycemia and how these episodes occurred, and where they went wrong in their own management. They could appreciate the delicate balance between diet, insulin and exercise. Although many children had hypoglycemic episodes, none of them suffered any serious problems. The camp had the best achievement on the child psychology and alleviated some from the depression of chronic illness.

Better orientation of counsellors, better prior rapport amongst medical and paramedical team with the participants, and better/earlier appraisal about, the medical and personal history of children could have made the short duration camp more useful, with opportunity for more intensive individual counselling. Participation of diabetic children in the day to day running of the camp (especially after knowing their talents and capabilities) would have helped in better organisation and overall management of camp. Participants in groups can be given the challenge of competitiveness in cleanliness, hygiene, knowledge, skills and optimal disease management, through awards, prizes etc.,. Educational material, if provided before the camp, can be more usefully utilised, with more group discussions in smaller groups (with augmented counsellor involvement), rather than 'informal' classroom appraisal on health care and diabetes self-managements. Psychological problems and their remedial actions, and certain aspects of nutrition need more vigorous attention.