



INSULLIANCE

INSULLIANCE MENTOR EXPECTATIONS AND GUIDELINES

Our Philosophy: We believe that individuals with diabetes can do anything they want, and that helping them draw on their own ideas and interests is the fastest and most effective path to successful ownership and management of their situation.

Goals of Insulliance Program:

- To provide information and support to patients and their families
- To review resources in more detail and assist with referrals.
- Concrete assistance (e.g., diabetes journals)

1. **Time commitment:** 2-4 hours/week, 8-16 hours/month

- Mentors will receive volunteer hours through (sign-in sheet located in the Volunteer Office, third floor of main hospital or on Google Calendar) and also through the Insulliance program (sign in on contact sheet – name of patient you met with, duration of meeting, and a sentence commenting on the visit)
- Should a mentor be unable to make it to his/her shift, he/she is expected to inform us 24 hours prior to the scheduled shift, and is encouraged to find an alternate mentor to fill in.

2. **Mentor Shifts:** Outpatient and inpatient

- Endocrinology Clinic Referrals (outpatient): M/T/Th/F
 - 9AM – 12 PM
 - 1PM – 4 PM
- On call Referrals (inpatient): M/T/W/Th
 - 5PM – 7PM
- Mentors will be alerted 24 hours in advance if there is a patient to be seen.

3. **Meeting Protocol:**

- Introduce yourself
- Explain your role
- Start where the family/patient is...
- Offer resources
- Follow-up contact is decided by you and the family

4. **Keep in mind:**

- You are “cheerleaders”
 - Focus on strengths and accomplishments!

- **Maintain good boundaries**
- Know the difference between compassion and “connection through misery”
- Share your experience when necessary to assist the mentee
- **Do not give medical advice**
- **Do not hog the conversation**
- Be aware that thoughts and feelings are communicated verbally and non-verbally
 - Provide reassurance and support with a non-threatening, and non-judgmental attitude while avoiding comparisons.
- Practice active listening techniques:
 - Ask open-ended questions such as “I don’t think I understand” or “Can you talk about what you mean by...?”
 - Make sure your specific questions are to clarify what the other person wants to communicate, not what you want them to say
 - Allow time for silence and contemplation, calm silence can build trust, try to feel comfortable with that silence
 - Listen within the framework of the other person’s purpose and needs; sometimes, light social conversation may be leading to a concern

5. **Be alert to red flags:**

- Anything that interferes with the patient’s health medically and emotionally, for example:
 - “I’ve stopped taking insulin”
 - “I have given up”
 - “I don’t care what happens”
 - Any extreme emotional reactions
 - Any reports of someone being hurt or abused
- Contact Kaavian about any concerns, questions, or red flags
- Please remember to respect the confidentiality of the patient and family

6. **Contact information:**

- Kaavian Shariati: kaavian.shariati@ucsf.edu