## Final Year Medical Student Diabetes Questionnaire

MS4 Survey

Researchers at SUNY Upstate Medical University are conducting a survey to understand how well 4th year medical students are prepared to evaluate and manage diabetes mellitus, one of the most common chronic diseases in adults. Our goal is to identify again confidence and knowledge concerning the management of diabetes so that appropriate modifications in the curriculum can be proposed.

We are asking all 4th year medical students to complete this survey. This should take you approximately 5 minutes to complete. All responses will be kept confidential and you will never be identified. Completion of this survey is completely voluntary.

| Age in Years:   |          |  |  |  |
|---|----------|--|--|--|
| What is your gender?  |          | Female Male Non-binary/Other I prefer not to answer  |  |  |
| What is your race? Check all that apply.  |          | White   Black or African American   Asian   Asian   American   Asian   American   Amer |  |  |
| What ethnicity?   |          | I am of Latinx/Hispanic origin I am not of Latinx/Hispanic origin I prefer not to answer   |  |  |
| What is your first choice specialty for reside your specialty requires a transitional or prel year, please list both the prelim specialty at final specialty of choice. | liminary |  |  |  |
| Do you or did you:  |          |  |  |  |
| Have diabetes of any type?  | Yes<br>○ | No<br>O  |  |  |
| Have any close friends or relatives with diabetes of any type?  | 0        | 0  |  |  |
| Ever take an elective course in endocrinology or diabetes?  | 0        | 0  |  |  |
| Participate in the endocrinology club?  | 0        | 0  |  |  |

| How valuable were the following                                 | Definitely not valuable | Not very valuable | Neutral | Somewhat<br>valuable | Very valuable | Not applicable |
|---|-------------------------|-------------------|---------|----------------------|---------------|----------------|
| Required MS1 course/lectures                                    | 0                       | 0                 | 0       | 0                    | 0             | 0              |
| Required MS2 course/lectures                                    | 0                       | 0                 | 0       | 0                    | 0             | 0              |
| Diabetes SPECIAL elective                                       | 0                       | 0                 | 0       | 0                    | 0             | 0              |
| 3rd year Clerkships in Internal<br>Medicine and Family Medicine | 0                       | 0                 | 0       | 0                    | 0             | 0              |
| Medicine or Family Medicine Al                                  | 0                       | 0                 | 0       | 0                    | 0             | 0              |
| Endocrinology/Diabetes elective                                 | 0                       | 0                 | 0       | 0                    | 0             | 0              |
| Other   | 0                       | 0                 | 0       | 0                    | 0             | 0              |

If you wish to describe other courses or learning experiences that taught you about diabetes, please do

|  | Definitely not<br>confident | Not very<br>confident | Neutral | Somewhat<br>confident | Very confiden |
|--|-----------------------------|-----------------------|---------|-----------------------|---------------|
| How confident are you in<br>diagnosing an adult with<br>diabetes?  | 0                           | 0                     | 0       | 0                     | 0             |
| How confident are you in<br>prescribing/adjusting<br>medications used to treat a<br>person with Type 1 diabetes? | 0                           | 0                     | 0       | 0                     | 0             |
| How confident are you in<br>prescribing/adjusting<br>medications used to treat a<br>person with Type 2 diabetes? | 0                           | 0                     | 0       | 0                     | 0             |
| How confident are you in managing diabetic ketoacidosis?   | 0                           | 0                     | 0       | 0                     | 0             |
| How confident are you in diagnosing and treating diabetic nephropathy?   | 0                           | 0                     | 0       | 0                     | 0             |
| How confident are you in setting<br>individual goals for people with<br>diabetes regarding glycemic<br>control?  | 0                           | 0                     | 0       | 0                     | 0             |

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| To help us identify knowledge gaps, please answ                                       | wer the following:  |
| Which of the following supports the diagnosis of diabetes mellitus?                   | hemoglobin A1c 6.8% and fasting glucose 110 mg. hemoglobin A1c 6.5% and fasting glucose 132 mg. hemoglobin A1c 6.3% and fasting glucose 136 mg.   |
| Glargine insulin is:  | long-acting<br>Intermediate-acting<br>rapid-acting  |
| In general, a rapid-acting subcutaneous insulin<br>injection has peak action at       | 0.5-3 hours<br>4-8 hours<br>6-10 hours  |
| Commercially available insulin pumps:   | oneed to be surgically inserted are filled with NPH insulin are filled with a rapid-acting insulin use basal insulin only   |
| The definition of hypoglycemia is a blood glucose level less than:                    | ○ 50 mg/dl<br>○ 70 mg/dl<br>○ 80 mg/dl<br>○ 100 mg/dl   |
| The target blood glucose range for healthy adults with diabetes before a meal is:     | 80-180 mg/dL<br>100-200 mg/dL<br>80-130 mg/dL   |
| In order to avoid diabetic ketoacidosis, when a person with type 1 diabetes is NPO:   | discontinue all insulin continue basal insulin continue only sliding scale insulin  |
| When using multiple daily insulin injections, rapid-acting insulin is best used:      | to meet basal insulin requirements to cover ingested carbohydrates supplement to correct hyperglycemia to cover ingested carbohydrates and as a supplement to correct hypoglycemia  |
| Diabetic ketoacidosis can develop in:   | type 1 diabetes only type 2 diabetes only both type 1 and 2 diabetes none of the above  |
| A person with diabetic nephropathy is most likely to have an                          | urine albumin: creatinine ratio of ≥30 mg/G Cr<br>and be prescribed losartan or ramipril<br>urinalysis with 2+ protein and hematuria and be<br>prescribed losartan or ramipril<br>urine albumin: creatinine ratio of 15 mg/G Cr and<br>be prescribed amlodipine |
| GLP-1 receptor agonists are particularly helpful in adults with type 2 diabetes with: | obesity heart disease pancreatitis obesity and heart disease  |

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| A 58-year-old obese adult has type 2 diabetes treated with metformin and his hemoglobin ALC (ALC) remains above goal. His weight has not changed despite having met with a dietitian 3 months ago and having increased his physical activity. He wants help losing weight. You do the following: | Add glipizide Add basal insulin Add semaglutide Add sitagliptin   |  |
| A 36-year-old woman with type 1 diabetes takes insulin<br>glargine daily and insulin aspart with meals. Glucose<br>levels during the day and bedtime are acceptable but<br>typoglycemia at 3 a.m. is reported and awakens her<br>from sleep. You advise her to:                                  | Decrease insulin aspart with dinner     Stop exercising     Decrease insulin glargine dose     Stop insulin glargine  |  |
| A 28 year-old man takes insulin plargine daily and insulin lipso with meals. He reports the following glucose levels (mg/dL):  Before Ernakfast (130) Before Lunch (131) Before Lunch (181) Before Lunch (181) Was advise him to:  | Decrease insulin glargine     Decrease insulin ispro with dinner     Decrease insulin lispro with Junch     Decrease insulin lispro with breakfast  |  |
| A 25-year-old woman is taking once daily insulin glargine and pre-meal insulin aspart. Her blood glucose levels throughout the day are Before Breakfax! (80) Before Lunch (140) Before Dinner (124) Bedime (250) You advise her to:  | Increase insulin glargine     Decrease insulin glargine     Increase insulin apart with dinner     Decrease insulin apart with dinner     Decrease insulin glargine and increase insulin aspart with dinner |  |
| Optional: What suggestions do you have for additional<br>or better approaches to prepare medical students to<br>provide care for adults with diabetes?   |   |  |