What Is Our Legacy?
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Legacy (n): Something that has come from a predecessor or the past.¹

A few months ago, I was at a gathering of about 20 diabetes clinician-educators. We introduced ourselves, as is common practice. It was startling to me that all of the educators in the room had been in practice for more than 20 years. We had all entered the field of diabetes education within 2 years of each other in the late 1970s or early ’80s.

What was special about that time? First, teams of health care professionals had been pulled together primarily by pediatric endocrinologists who had the vision to see the overwhelming challenges facing families of children with type 1 diabetes. They recognized that multi-specialty teams were a necessity for these families to successfully manage diabetes.

Technology was also advancing. Self-monitoring of blood glucose was becoming available, which greatly changed what people with diabetes needed to be taught. Now people with diabetes had tools to help them make decisions with their diabetes care team.

The Diabetes Control and Complications Trial (DCCT) began in 1983, and multidisciplinary teams were formed to carry it out. The team approach was pivotal to the success of that landmark trial. The health care professionals on these teams—nurses, dietitians, physicians’ assistants, behaviorists—were the backbone of the DCCT and key to its success.

The American Association of Diabetes Educators was founded in 1974 and helped to promote the value of diabetes educators.

Even more startling than the number of years these individuals had been involved in diabetes research and education was the revelation that some would not choose to do it again. Given the chance to go back in time, they said, they would not only decline to enter the field of diabetes, but also decline to become health care professionals at all.

What a tragedy! This incident led me to ask myself, “Where is our next generation? What is our legacy? What have we, the leaders in diabetes education, the ones with more than 20 years of experience in the field, done to ensure that we will leave a legacy? Are we being supportive of new diabetes educators, clinicians, and researchers? For those of us who still love what we do, are we sharing that love? If not, how can we start?”

I feel so blessed to have been a part of a new nursing specialty area. I have been given the opportunity not only to collaborate with people with diabetes and their families, but also to share my knowledge with other health care professionals. In few other medical specialties does the team approach have the rich meaning it has developed in the field of diabetes care.

I have also been given the opportunity to travel, to learn new skills, and to strengthen skills I have developed over the years. I learn something new every day. Unfortunately, this disease allows us to stay current in many areas including, but not limited to, cardiology, nephrology, neurology, ophthalmology, and psychology.

Originally, I wanted this editorial to challenge each reader to go out and inspire another individual to be a nurse, clinician, researcher, or diabetes educator. But then I realized that we are already leaving a legacy every day. Every day, we work with people who have diabetes. Every day, we share vital information with other health care professionals. Every day, we are leaving a legacy of improved methods of care.

Like a brick against my head, the realization hit me that tomorrow would not look like today, just as yesterday did not look like today. What has made us a special group of health care providers is that we have met each challenge, each change in the landscape of today, with vision. The ways in which we provide diabetes self-management education have changed markedly over the years. Today, we provide the bulk of our education in outpatient rather than inpatient settings. Our efforts have been streamlined and our workforce downsized.

Recently, we have recognized that we must provide evidence-based, community-based diabetes care and education. And new systems are evolving to meet those needs. Montori and Smith² propose a “collaborative planned-care model with redefined roles for specialist (endocrinologist) interacting with the primary health care team in the provision of diabetes care.” This primary health care team includes nurse educators and advanced practice specialists.

And so I return to my original question. Where is the next generation of diabetes educators? The educators are out there. There are now more than 10,000 diabetes educators nationwide. But that is still not nearly enough to provide the collaborative relationship needed with the more
than 16 million Americans with diabetes and their families.

I encourage you thus: Keep recruiting. Share with these recruits the challenges and opportunities that you have faced as a diabetes educator. Share the vision of a time when all people with diabetes will have had an opportunity to collaborate with a diabetes educator. Share with them the feeling you get in the moment when a person with diabetes says, “Thank you. No one has ever taken time to explain that the way you did. I get it.” In doing so, you will not only be furthering our cause and supporting our legacy. You will also be making some of the best friends and closest colleagues you will have in the field of diabetes.

References
