Look Who’s Talking

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My initial plan for this editorial was to share my concern regarding the lack of inclusion of members of the diabetes team in the development and implementation of professional education programs. I was frustrated as I received symposia announcements surrounding the Scientific Sessions of the American Diabetes Association (ADA) meeting this summer.

The announcements came with enticing titles, such as “Improving Glucose Control: Breathing New Life Into Therapy for People With Diabetes” and “Exploring New Strategies for Reducing Cardiovascular Risk Factors in Patients With Diabetes.” Yet, to my knowledge, only one corporate-sponsored symposium out of 32 included a nurse, dietitian, behaviorist, or pharmacist presenter.

Our corporate partners likely would say they are meeting the needs of their prescribers. But we all know that it takes more than a prescription to implement a new medication or treatment strategy. Frequently, other members of the health care team can, in fact, meet these needs as well as, if not better than, the physician speakers. Some of us do write prescriptions, and others encourage patients to ask questions about particular medications. Often, nurse coordinators have far more first-hand experience with patients and their responses to new medications or treatments than do physicians.

I would like to see the team more fully represented. There are very capable presenters among my colleagues, including nurses, dietitians, pharmacists, behaviorists, and exercise specialists. Would it not be refreshing to see some of these colleagues at the podiums presenting information about behavioral strategies to improve cardiovascular risk, their experiences with medications, or strategies for improving medication adherence? Why are these professionals so rarely asked to speak?

In addition to the specific content they present, these programs offer a tangible message about the importance of the multidisciplinary health care team to diabetes care. If nurses, dietitians, and other team members are not included, then the team approach to diabetes care is given only lip service, at best. These programs model medical education. It is time for a change.

Recently, I received an announcement of an ADA teleconference sponsored by a pharmaceutical company. Titled “Managing Diabetes and Its Co-Morbidities: A Review of the Clinical Practice Recommendations,” this program’s stated target audience included physicians, nurses, nurse practitioners, and physician assistants. The faculty were all physicians. Who was presenting the nutrition guidelines? The exercise recommendations? What an opportunity this could have been to share the value of patient education and to showcase the roles of all of the team members who are available to patients with diabetes across the country.

I am equally frustrated by symposia for nurses that are organized by pharmaceutical companies and, again, feature primarily physician presenters. Why is this? Our physician colleagues likely would not attend a program featuring solely nurse presenters. Are nurses involved in planning these programs? Are nurses, dietitians, and behavioral scientists attending them? Would there be fewer of these programs (or more team-inclusive programs) if we chose not to attend?

I mentioned at the outset that my initial frustration was the lack of team representation at the 32 symposia offered at the recent ADA Scientific Sessions. But as I delved into this issue, I realized that it is far greater and more serious than that. The crux of the problem remains the separation of professions and our failure as a community to really embrace the team approach to diabetes care—even after all these years.

For this failure, there are many reasons too numerous to address at present. Another day for that. For today, let us limit our call to action to focus solely on changing the face of professional education.

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Professional and continuing education programs need to be designed for their audience. Nurses want to see their nurse colleagues presenting. There are many excellent nurse researchers, clinicians, and educators who are familiar with the relevant literature and are well published.

Various qualified disciplines should be incorporated into symposia and medical education programs. A program titled “Breathing New Life Into the Treatment of Type 2 Diabetes” logically needs to incorporate more than physiology and medication information. It must include insights from educators, nutritionists, and behaviorists.

I recently had the privilege of participating in a diabetes program for
endocrine fellows. This program included two physicians, a nurse, a dietitian, a behaviorist, and a person with diabetes. For some attendees, it was a first introduction to the team concept.

The From Research to Practice section of this issue (p. 147–168) focuses on depression and its impact on the development of diabetes and on patients’ ability to carry out self-care behaviors. Guest editors Patrick J. Lustman, PhD, and Ray E. Clouse, MD, note that 20% of men and 40% of women with diabetes suffer from depression and that depression precedes the development of diabetes by 8–10 years in 90% of patients diagnosed with diabetes. How are we going to stop this epidemic if we do not learn from our colleagues in the behavioral sciences? We must utilize them as resources as we strive to prevent diabetes and improve outcomes. Our patients need access to them within the framework of the diabetes team.

Speak Up
If you have an opportunity to recommend a colleague to be a speaker at a program, do it. If you have an opportunity to speak at a professional workshop, take it. If the program does not include speakers from the appropriate disciplines, do not attend. Let continuing education providers know what you expect. Comment when asked. If a program did not meet your needs, tell its organizers what would have met your needs.

Change the Face of Education
Speaking up is easy compared to addressing the systems issues that discourage the acceptance of the team approach. Addressing these will take more time and a unified voice. We are not there yet. But each of us has a professional responsibility to advance our profession. We owe it to ourselves, to our colleagues, to our students, and most of all to our patients.

The quality of diabetes care in the United States today is not good. To make a difference in the lives of people with diabetes, we, as members of the health care team, and our corporate partners need to work together more than ever. Bringing this epidemic under control will require all of us working together and valuing each other and the integral roles we each play.