

Diabetes nursing conference sets goals for the future



Fiona Kirkland

I am a diabetes specialist nurse who has been in post for 2 years and I have received an excellent induction into the role and full support of my peers. To attend the conference 'Diabetes Specialist Nursing — Where Now', organised by the *Journal of Diabetes Nursing* in London on 12 February, was very timely for me. As was described in the discussion that took place, when a nurse begins in the role, the diversity is shocking, but it is also exciting; the possibilities are endless and are matched by ever-growing enthusiasm.

When I arrived at the conference, I was a little apprehensive about the angle the day would take. Would it be a group of nurses indulging in self-gratification or would it be more positive and constructive? Over 120 delegates participated in the discussions and open debate and it was the dynamic and interactive style of the conference that allowed everyone an opportunity to share their point of view and to hear that of others.

The topics included leadership, education, role progression and, the section that seemed to me to be most important, the need to market our role; to find out the expectations of others and then either to fulfil these needs or to educate others so that their expectations of us are realistic in the area in which we work and wish to develop. The importance of the development of

leadership was emphasised: why it is needed, the qualities that should be displayed by a leader, and the fact that the manager of the team is not necessarily the leader.

I felt that I benefited tremendously from the day. I was able to look at myself and the profession with clearing eyes. Goals began to appear ahead which still needed more definition but the way was clear for all of us to each of those goals.

If we feel undervalued, we have only ourselves to blame for allowing ourselves to become victims. We should leave behind the medical model of care, having the courage to use both this and other models only when the need to use them is there.

We are skilled professionals in our own right with unchallenged expertise and experience. We should provide accurate documentation on the work that we do so that we can not only value ourselves but we can also prove our worth. Now is the time for all us to 'gel' and move forward with shared aims and standards — a time for others to join us to support in our ever-expanding roles, without feeling threatened but in the knowledge that our profession is secure with strong underpinning standards, education and structure.

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Protocols and guidelines: a tool for insulin adjustment



Eileen Padmore

I am writing in response to Katrina Woolley's useful and informative article on clinical guidelines as a tool for insulin adjustment (*Journal of Diabetes Nursing* Vol 3, No 1: 26–30). She has put a huge amount of effort into researching the topic and as a discussion on the pros and cons of guidelines and protocols it was useful.

My concern arises when she asserts that 'secure practice, professional accountability and ultimately the safeguarding of the patient and DSN is paramount' but fails to make reference to the current DoH guidelines on group protocols (DoH, 1998). It could be argued that simple insulin adjustments do not require the group protocol

treatment but then what do we mean by 'simple' and don't patients often require more radical alterations that would be better covered by protocol? Crown 2(i) was intended to give us an interim structure for best practice and if we are concerned about safety we would be wise to follow the national guidelines.

Incidentally, since Katrina's article went to press, the debate about protocols and guidelines has been widened by the publication of the final Crown 2 report which recommends that the practice of dependent prescribers should be informed by clinical guidelines. See page 37 for further discussion on the report.

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Please send your letters and comments to The Editor, *Journal of Diabetes Nursing*,
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