

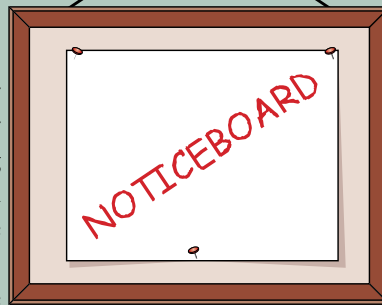


Do you ever wonder if other people are doing the same as you and that you might just be re-inventing the wheel?

Now is your chance to find out by using the

*Debbie Hicks,
Nurse Consultant in
Diabetes, Enfield*

Noticeboard section in the *Journal of Diabetes Nursing*. As a member of the journal's editorial board, I have for some time now wanted to create an opportunity for myself and other nurses involved in diabetes care to pose a quick question or share a fleeting thought with other healthcare professionals without having to write a whole article or phone round an array of colleagues.



The idea of Noticeboard is much the same as an internet message board where people can place requests, thoughts, ideas – in fact anything they want to share – as a brief message on this page. We at the journal will then encourage other readers to comment in the next issue, thereby enhancing ongoing debate

and discussion but with a minimum of effort on the part of participants.

Easy and efficient way to share ideas

The great advantage of the journal's monthly frequency is that we can be reactive to the needs of our readers. We hope that Noticeboard represents an easy and efficient way to share ideas and to receive answers to questions you want answered.

Community matrons working in diabetes

Q I am a DSN Community Matron for the Vale of Aylesbury PCT covering complex cases which require a holistic approach to deal with social, cultural and other factors. I would like to contact other community matrons who are working in this specialist field of diabetes, to share experience and provide mutual support.

Sue Foster, DSN Community Matron, Vale of Aylesbury PCT

If you have any thoughts to post on the Noticeboard or simply want to be put in touch with Sue, use the contact details at the bottom of this page.

Education for people with diabetes

Q I would like to make contact with DSNs who are providing education programmes for people with diabetes, other than DAFNE, DESMOND or X-PERT.

Elaine Lawrence, DSN, Cannock Chase PCT

If you have any thoughts to post on the Noticeboard or simply want to be put in touch with Elaine, use the contact details at the bottom of this page.

Memory aids for insulin injections

Q I am a Clinical Psychologist working with a person with diabetes and memory impairment. Is anyone aware of any memory aids to help people with diabetes to take insulin?

I would like some way of helping the individual in question to have some sort of cue – visual or otherwise – that an insulin dose has been taken (rather like the empty compartment labelled Monday on a dosette box acts as a reminder that a person has taken that day's medication).

I am suggesting to the person I am working with a vibration alarm on a wrist watch as a reminder to take the insulin each morning, but I would ideally then like a back-up system that acts as a cue that an insulin dose has been taken, if the individual cannot remember later in the day, to ensure that the dose is not taken twice.

Any thoughts would be gratefully appreciated.

*Alison Ryan, Chartered Clinical Psychologist,
Watford and Three Rivers NHS PCT*

Please send any responses to the above or future questions or comments to Debbie Hicks at NOTICEBOARD, 15 Mandeville Courtyard, 142 Battersea Park Road, London, SW11 4NB (email: notice@sbcommunicationsgroup.com or fax 020 7627 1570)



The 'DSN dilemma'

Q *Something has been occupying my thoughts for some time and it is a subject which I suspect other diabetes specialist nurses must ponder. The 'DSN dilemma' I speak of is that of the way in which we explain, or choose to explain, the seriousness and potentially debilitating effect diabetes can have on a person's life. As nurses, much of our work involves trying to motivate people with diabetes to achieve better glycaemic control. But how well do we carry out this 'duty of care' and how forcefully should we make our point? It is often difficult to pitch a consultation correctly and each person will deal differently with diagnosis of diabetes. As a 'rookie' DSN I was so keen to impart all my knowledge to helpfully(?) enlighten my patients about this condition.*

I recently received a GP referral: a 17-year-old girl with newly presenting type 1 diabetes, who arrived red-eyed and bewildered. I soon discovered that she had a fierce determination not to listen to, or do, anything which I or any other healthcare professional might suggest. My point here is that sensitivity to our patients' needs is vital and any explanation of potential complications to this young person would, of course, have been totally inappropriate. For the curious, this girl is now self-injecting confidently (if not happily) and the long road of self-discovery with the inevitable 'yo-yoing' of rebellion and acceptance lies ahead.

My own personal feeling is that we should be sensitive, certainly, but also clear, realistic and, above all, honest with our patients. I would be interested to hear other views on this 'dilemma'.

Angela Flanagan, DSN, St George's Hospital, London

A This dilemma will be familiar to many DSNs. My own view is that utilising conceptual frameworks such as those based on empowerment theory and Maslow's Hierarchy of Needs (Nolte, 1976) can guide practice within these difficult and often uncomfortable interactions. Honesty is cited as a fundamental element of empowerment but this approach also recognises that honesty needs to be imparted in a sensitive, meaningful way in order to result in a positive outcome.

Maslow's Hierarchy allows us to acknowledge the emotional and sociocultural needs of people living with diabetes as well as the physical and intellectual. Using these frameworks and engaging in regular, critical reflection on my own and colleagues' practice doesn't end these dilemmas and challenges, but does allow them to be managed in a more effective way.

Eileen Turner, Nurse Consultant, King's College Hospital, London

Nolte A (1976) The relevance of Abraham Maslow's work to health education. *Health Education* 7(3): 25-7

A The general feeling among the DSNs I work with is that this is such an individual process that there is no easy answer. We are all supposed to know the theory of 'breaking bad news', but the practice is vastly different and has to be tailored to individual need. Long-term complications are perhaps the hardest thing to predict and it may be that we push people with diabetes even further into denial by what we say.

Timing is also individual. Some can absorb information from the onset of the condition, but others will require a gradual approach over weeks, months or even years.

I think the answer, unfortunately, is 'no easy answer'.

Gill Freeman, Diabetes Facilitator, Stepping Hill Hospital, Stockport