

The future of diabetes nursing



Victoria Alabraba



Angela Mills

On this page and the one following, two nurses who are relatively new to their diabetes nursing posts give their views on how the Journal of Diabetes Nursing has helped them in shaping their practice, and what they hope to gain from it over the next 100 issues.

I entered the world of diabetes nursing 4 years ago, and worked as a DSN for three and a half years in Birmingham. My experience there was mainly outpatient based with some inpatient work, but I was also involved in diabetes research and clinical trials.

I have recently relocated to Liverpool, and am now working as an inpatient diabetes nurse educator and have been in post for two and a half months.

Currently two of us cover all of the wards within the hospital, as well as the two other NHS Trusts on site. Patient referrals come via the bleep system, and I am responsible for prioritising and managing the caseload of patients. I meet the education needs of people with diabetes, and this ranges from explaining a new diagnosis of the condition, through to initiating or changing insulin therapy. Patient assessment is a large part of my role, and this can be extremely challenging in the inpatient setting. Following assessment I then make clinical decisions on how best to provide education and support to the individuals who I see. I am also responsible for reviewing, changing and initiating peoples' diabetes treatments, and involving them in their care. My role also includes ward-staff education, and contribution to ongoing service development.

The *Journal of Diabetes Nursing* helps me to keep up-to-date with the current issues within diabetes nursing. Since diabetes is an ever-changing specialty, I believe it is vitally important to be informed of current developments to provide people with diabetes with the best care possible. I have a great interest in how other teams across the country are developing their services, and it helps me to think about different ways

of working and how best to look after the individuals I see. The journal has also helped me in the past when preparing for interviews and during my non-medical prescribing course when writing assignments. I was also lucky enough to have my first article published in the *Journal of Diabetes Nursing* in 2005 (Munslow, 2005).

Although I've been in the diabetes specialist area for a few years, I am new to the inpatient setting and I am now experiencing new learning needs. There are many challenges in looking after people with diabetes who are acutely unwell, and this acute illness can have a huge impact on diabetes control and management.

It would be really great to see some more inpatient-based information in the journal, perhaps even an inpatient supplement. I am keen to see articles from other inpatient DSNs around the UK who may have examples of good or innovative practice to share. I would like to learn from these examples and help to develop myself within my new and exciting role. I have a particular interest in the timing and administration of insulin in the hospital setting, and it would be useful to see whether the challenges we face here are the same for everyone and how best to move forward with service development in the future. ■

Victoria Alabraba

Munslow V (2005) Post-transplant diabetes mellitus after Liver transplantation. *Journal of Diabetes Nursing* 9: 106-9

Angela Mills' commentary can be found overleaf.

Victoria Alabraba is a Diabetes Nurse Educator and Angela Mills is a DSN, University Hospital Aintree, Liverpool.

For the past 10 months I have been employed as a DSN at Aintree University Hospital. This is my first permanent DSN post, and my role is predominately focused on outpatient care. I manage my own caseload and nurse-led clinics, with referrals coming not only from medical consultants but also from members of the multidisciplinary teams in both primary and secondary care. In addition, I run a cardiovascular-risk factor reduction clinic, which is a new challenge for me.

As a “new to post” specialist nurse, one of my main objectives is to enhance my clinical knowledge. The *Journal of Diabetes Nursing* has proved invaluable in enabling me to do this. I find the articles hugely informative, the content well-written and there is a good variety of subjects in each edition. The articles are easy to digest and not too scientific, but always very professional and evidence-based. It keeps me up-to-date in the ever-changing world of diabetes. Most of the articles relate to practical issues of diabetes care, and provide recommendations that can often be easily implemented to improve the person with diabetes’ hospital or clinic experience. I feel that the journal is written by clinical professionals for clinical professionals. I would personally like to see more articles on maturity-onset diabetes of the young, weight management and cardiovascular risk factors.

The *Noticeboard* section provides access for us to discuss ideas, ask for advice or to enable us to share best practice with colleagues around the country. I feel that this is under used, and that complex scenarios could be poised and answers could be sent from colleagues across the country.

As stated in the Diabetes UK and the Association of British Clinical Diabetologists survey 2009, “The DSN has a key role in providing ongoing and specialist support to people as part of the multidisciplinary team”, and I feel that the *Journal of Diabetes Nursing* certainly helps me to fulfil this by allowing me to increase my knowledge base. ■

Angela Mills

Diabetes UK, Association of British Clinical Diabetologists (2009) *At a Glance: Specialist Diabetes Services: Roles and Responsibilities of Diabetes Specialist Nurses. Diabetes UK and ABCD Survey 2009*. Diabetes UK, London

If you would like to put forward your thoughts on what you would like to see in future issues of the journal, then please contact the editorial team at: jdn@sbcommunicationsgroup.com