Comment

Lend support to the golden geese of diabetes nursing



any thanks to the group of DSNs who wrote the excellent comment article 'DSNs: Are you a sheep a queen bee or a goose?' (Journal of Diabetes Nursing 2(4): 127).

Sometimes I think that we are not so much medically driven as medical copyists. To follow the medical model is the quick fix, easy option. Unfortunately that not only disempowers patients but also the doctors with whom we work. They are trained into a diagnostic/prescriptive focus of care which often must seem like a straight jacket.

One way out is to work alongside enlightened DSNs who have confidence in their roles as proactive health professionals and who can provide alternative perspectives on patient behaviour and

management. It can be tough to do this against the healthy cynicism and s c e p t i c i s m bred into most diabetologists!



The illustration that accompanied the comment article in the last issue.

For this reason alone it is vital that we look for good leaders and support them. What chance have any of us if we attack the 'goose' who moves to the front or fail to recognise when they are exhausted and it is someone else's turn to lead?

Let's get into the air and start flying! There are exciting roles on the horizon for specialist nurses but we still have a long way to go.

Who is the leader of pack?



hat an excellent article in your last issue, under the heading 'DSNs: Are you a sheep a queen bee or a goose?'. How very accurate the analogies are. I am sure we can all identify with one or more of these categories.

It seems a shame, however, that it was written by

some 'hounds'; animals that are very courageous when in a pack formation — assured of anonymity — but never wanting to perform, and be identified, individually.

For those of us who are professionally involved in the field of diabetes, it would have been interesting to know who it was that submitted such a thought provoking piece.

DSNs must promote the value of academic study



he results of the questionnaire run through the Journal of Diabetes Nursing and published last time (2 (4): 101) indicated that some DSNs appeared very negative about degrees, suggesting that a degree-level qualification might be valued above or even instead of

experience — I do not believe that this is true.

However, nor have I ever met anyone who has undertaken a degree who has not subsequently reflected on the benefit they have gained from any health related degree pathway, within which diabetes-focused work can be undertaken.

DSNs should rightfully be involved in local diabetes education, strategic district planning and moving their services forward, all of which require more than patient skills alone. We must continue to promote the value of academic study to our employers and our DSN colleagues, as a way of enhancing both personal and professional development. The struggle of some DSNs to find time and funding through their employment for academic study raises concern, and we must continue our attempts to gain recognition as to the value of such study.