

DSNs need to improve colleagues' knowledge of diabetes



Jane Houghton

Last month I attended the presentation, by the Royal College of Nursing Diabetes Forum, of their new publication about people with type 2 diabetes and how to change their treatment to insulin when the need arises (Royal College of Nursing, 2004).

It was an excellent presentation, but everyone was taken aback when a nurse in the audience asked the question: 'What are type 1 and type 2 diabetes? Is type 2 diabetes another form of insulin-dependent diabetes?'

The speakers explained the difference between insulin-dependent and insulin-requiring diabetes, and their relationship to type 1 and type 2 diabetes. The nurse replied that they sounded like what used to be known as maturity-onset and juvenile diabetes. Now she understood.

Gaps in paediatric ward nurses' knowledge of diabetes

One of the articles in this supplement, by Emma Thomas, a clinical nurse specialist in paediatric diabetes, is an audit of paediatric ward nurses' knowledge of diabetes.

The findings revealed a worrying shortfall in their knowledge of many aspects of diabetes. Although disappointing, these results will not come as a surprise to many of us, and they would probably be similar for most types of healthcare professionals, even though diabetes is a very common condition, seen in every age group from neonates to the elderly, and in every speciality, as well as in our personal lives.

Ongoing education essential

One of the concerns of the *National Service Framework for Diabetes* (Department of Health, 2001, 2003) was education. As new research findings are made known and recommended treatments change, ongoing education becomes essential for all staff.

However, among staff not working directly in diabetes care, there is a great deal of apathy, which is understandable, as they have so many other pressures and

targets to meet. Consequently, few of these staff attend voluntary study days. Diabetes is not top of their agenda, they have little interest in it and probably fear it a little.

Educating our colleagues

As diabetes becomes more and more common among younger age groups, we have to look at ways of improving the care we provide to this group. One way is to improve diabetes knowledge among those not working directly in diabetes care. Some areas have already devised ways of doing this.

I would be very interested in hearing from health professionals who have devised successful systems for educating their colleagues, so that we can share their systems.

Cystic fibrosis related diabetes

The second article in this supplement, by Judith Campbell, a paediatric diabetes nurse specialist, and Mark Bone, a consultant paediatrician, is a review of cystic fibrosis and diabetes. It is only in the last 20 years or so that children with cystic fibrosis have lived into adulthood in significant numbers. As this number increases, so too does the number of young people with this condition who have the added misfortune to develop secondary diabetes.

The treatment of cystic fibrosis related diabetes is complicated by the more important needs of their primary condition, such as dietary needs. They may even need overnight supplementary feeds. They still make up only a very small proportion of most diabetes clinics, so it is extremely helpful to read how these individuals are cared for in this clinic. ■

Royal College of Nursing (2004) *Starting Insulin Treatment in Adults with Type 2 Diabetes*. RCN, London

Department of Health (2001) *National Service Framework for Diabetes: Standards*. DoH, London

Department of Health (2003) *National Service Framework for Diabetes: Delivery Strategy*. DoH, London

Jane Houghton is a Nurse Consultant at Royal Preston Hospital and Chair of the RCN Paediatric and Adolescent Diabetes Special Interest Group.