A Diabetes Educator's Role in Psychosocial Issues

An interview with Shawn Hillman, RN diabetes educator at Zeeland Community Hospital

Question: What does a diabetes educator do? What does your typical day of work consist of?

Answer: *My normal day consists of one-on-one appointments with diabetic clients to discuss any issues they may have, like problems with meters or pumps, or the need for insulin dose or medication adjustment. I read their blood glucose levels and glycosolated hemoglobin levels by synching their pump to my computer in order to see if they've been taking good care of their diabetes. The amount of appointments depends on what the patient wants or needs.*

Once or twice a month, I teach a group diabetes and group pre-diabetes class at the Zeeland Hospital Diabetes Center. I also take part in my community by visiting with school staff members and nursing home faculty to make sure that their diabetic charges are receiving proper care. I also appear on a radio show where listeners can call in and ask me diabetes-related questions.

Q: Do you see a lot of patients struggle with the diagnosis of diabetes? What do you do or say to help them cope?

A: *Many people feel shocked and overwhelmed at first. I support my patients by reinforcing the idea that they will feel much better once their blood glucose is under control. I make the patients feel autonomous by showing them how they can monitor their blood sugars using a glucometer, and showing them that they have control over their health. Many patients reach a turning point when they realize they can have an impact on their readings by what they eat and how often they exercise.*

The new diabetics also go through a learning process through our program that helps them adjust. They first get assessed one-on-one with me where I take a health history and explain their blood sugar levels. They then attend 2 sessions of 3 1/2 hour classes over the next couple of weeks to learn the basics of diabetes, like proper nutrition, medications, and signs and symptoms of hypo or hyperglycemia. One month later, they attend a one hour long group nutrition class. Two months later is a one-on-one follow-up, followed by a group follow-up session nine months later. By the end of this process, the majority of people feel adjusted to their illness.

Q: Do your classes specifically focus on psychosocial adjustment? How do you handle any issues?

A: *Yes, we teach stress management techniques and talk about depression. The patients rate their depression symptoms on two separate occasions, and we discuss the importance of talking to a health care worker about it. Every diabetic is encouraged to bring a support person along to meetings with them, and we stress the importance of having someone to go to when things get too hard. I like to tell patients that we can't always change the stress we feel, but we can change the way we react to things. This is where we teach coping skills, such as deep breathing and relaxation techniques. I encourage taking baby steps and focusing on only one thing at a time, like exercise or diet. Checking blood sugars is always encouraged, because that is usually what gets patients involved since they can actually see the results of their actions.*

Q: **How prevalent are psychosocial and emotional issues in your line of work? Do you see this as an important and significant concern?**

A: *Oh, it's definitely a big concern when there are adjustment issues or problems with denial. I often see resistance, anxiety about complications, depression, and how it can affect the family. These issues usually subside as the diabetic gains more education and sees and feels the family's support. That is one thing I can say for this community: I definitely see a lot of support, which is just awesome!*

Q: Is current research and evidenced-based practice an important part of your job? Have you ever changed your teachings or practice based on new findings?

A: *Yes, the American Diabetes Association updates their Standards of Care every year to match evidenced-based practice, and we incorporate the changes immediately. The most significant change happened about five years ago when the blood glucose diagnostic numbers that indicate diabetes were changed. A hot topic right now is whether or not to give insulin to patients in the hospital with elevated glucose levels, even if they normally do not run high or do not have diabetes.*

Q: How do you instill hope in your patients?

A: *I make them feel empowered by showing them that they can affect their own health. I give them the tools and knowledge they need, help them incorporate changes into their lives, and see those blood glucose levels come down and become better controlled over time. I tell everyone that failing is normal, and that they are not alone. I'm kind of "old school" and stick to the notion that they will heal better and feel better if their diabetes is well-controlled.*