



# Learning from the experts



Diabetes nurses from all over Europe, and even globally, are well versed in the need to learn as much as they can about diabetes. Although there are

still educational restrictions in some countries we know from recent SEND findings that many of us are educated to Masters' level and beyond, and that we specialise in diabetes knowledge and practice. The broad range of presentations at the FEND conference – from diabetes screening through to managing complications – all add to our learning, and are testament to our expertise. FEND's commitment to education is also evident by the numbers waiting to attend the European Nurses Diabetes Collaborative University Project (END-CUP) and the support for a Chair of Clinical Diabetes Nursing at King's College London. Long may this continue! Education remains key to our understanding of diabetes, both in terms of management and prevention.

Diabetes programmes for healthcare professionals are hard to access in some parts of Europe, as well as further afield, and many of our colleagues make do with impromptu courses arranged locally and perhaps infrequently. This is another reason why membership of FEND is so important. Free membership qualifies the holder to receive this journal – the only journal dedicated to diabetes nurses in Europe – which keeps us up to date on recent findings, such as the article by Day in this issue of *European Diabetes Nursing* (*EDN*; pages 82–87) on new type 2 diabetes mellitus (T2DM) treatments, and also on important policy decisions.

## A valuable resource

We don't always have to wait for formal educational courses in diabetes – as important as these are. We have a resource on our own doorstep if we make the time to listen and evaluate. This resource is rich in experience

and is present in abundance – your patients. One important aspect of our education is appreciating fully the daily impact that diabetes may have on people's lives and the multifactorial way people go about coping with this condition.

There is always something to learn from these experts. At a recent diabetes self-help group, for instance, one carer gave an excellent PowerPoint presentation on how to inform people about local diabetes services. After talking to the carer we are now jointly proposing a research bid to a local charity to see if we can put this excellent resource into every primary care practice in the locality. This is user research in action, and often our best research comes from engaging with patients and listening to them.

## Engaging with patients and carers

The need to engage more fully with people with diabetes and their carers is reflected in the other papers selected for this edition of *EDN*. Brooks *et al* (pages 95–98) amply demonstrate the importance of understanding the key words used in diabetes – for example; 'risk' has a different meaning for patients compared to professionals. Clarke *et al* (pages 88–94) also highlight gender differences in perceived support and self-efficacy, which may indicate the need for a more user-focussed perspective in the design of diabetes education for newly diagnosed people with T2DM. Finally, Parsian and Dunning (pages 99–103) explore definitions of spirituality and its importance in adopting coping styles for young people with type 1 diabetes mellitus (T1DM).

This edition of *EDN* provides a good spectrum of diabetes knowledge, but in particular we hope that it will give you the inspiration to look at your own area of practice and learn from the experts on your doorstep.

**Gillian Hood and HJM (Bert) Vrijhoef**

Co-Editors, *EDN*



## Letters

We would be pleased to receive any comments you may have on articles published in this issue of *European Diabetes Nursing* or any practice points or ideas you would like to share with readers. We will consider publishing any correspondence in future issues.

Please send your comments to: The Editor, *European Diabetes Nursing*, The Atrium, Southern Gate, Chichester, West Sussex PO19 8SQ.