



What do you want to achieve in 2010?



Ask anyone what their new year's resolutions are (current or past) and chances are you will hear one or more of the following: to lose weight, exercise more, quit smoking, eat more healthily, relax more, spend more time with my family or friends, get a job, or stick to a budget. These are all good intentions, and sound commitments, but not necessarily well defined achievable actions that will yield results. Resolutions typically require changing your behaviour; doing things differently on a steady basis. This means forming new habits. Did you know it takes at least three to four weeks to form a new habit? And, it is not a straight road to success, you will stumble on your way. Whether you get back up and continue towards your goal depends on you: your commitment, how important the goal is to you, and how compelling your motivation is. So each resolution is deeply personal and each 'resolver' has his or her very individual level of commitment and impediments. In developing an achievable and sustainable resolution, you need a clear vision statement and goals, which are defined SMART: specific, measurable, action-oriented, realistic, and time specific.

How likely is it that you will define a resolution which reads as follows: *I will consistently engage in delivering patient-centred care, so the needs of patients I see will come first, no decision or action will be taken without the patient, and every patient is the only patient.* Based on these three maxims, Dr Don Berwick has proposed a new definition of patient-centred care: 'the experience (to the extent the informed, individual patient desires it) of transparency, individualisation, recognition, dignity, and choice in all matters, without exceptions, related to one's person, circumstances, and relationships in health-care'.¹ Berwick fears the loss of humanity if he should become a patient and argues that patient-centred care is

a dimension of high care quality in its own right, not just because of its connection with other desired aims, like safety and effectiveness. He suggests a simple way to begin working on a resolution, as defined above, by asking the following question at the end of most interactions: 'Is there anything at all that could have gone better today from your point of view in the care you experienced?' And then, listen and learn.

Patient-centred care and diabetes nurses

For this edition of EDN we selected papers that reflect patient needs. Jansà *et al.* (pages 24–28) show how Spanish patient education was adjusted to better meet the needs of Moroccan patients living in Barcelona. Paddison (pages 29–33) reports on the Diabetes Family Support and Conflict scale and recommends this instrument to assess diabetes-related family support and family testing. The paper by Mackay *et al.* (pages 34–36) describes how a patient information booklet was developed to support patients in understanding the hyperglycaemic effect of steroid treatment. To implement the findings of these papers in practice the paper by Graue *et al.* (pages 10–15) is of interest. They argue that postgraduate training to search and to critique scientific literature should be linked to the students' workplace, in order to support the transfer of best evidence into practice.

We trust this edition of EDN once again provides our readers with papers on highly relevant themes in diabetes care, and we hope it serves as a valuable resource in making your resolutions even more SMART.

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Reference

1. Berwick DM. What 'patient-centered' should mean: confessions of an extremist. *Health Affairs* 2009; **28**(4): w555–w565.



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, UK.