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 synchronizing 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 symp-