

# Diabetes Education Leadership Should Develop Over a Career

Written by Brian Hoyle

In a keynote address, Angela McBride, PhD, RN, Indiana University School of Nursing, Indianapolis, Indiana, USA, argued that akin to the way medical advancements are altering the manner in which patients with diabetes are treated, the development of Certified Diabetes Educators (CDEs) is changing.

In the 20th century, health care was more episodic, had a fee-for-service structure, and relied primarily on the educational background of health care providers (HCPs). Today, health care delivery is more integrated and geared toward transitioning patient to other treatments or discharge, and payment is contractually arranged (ie, capitated payment). Health care is also increasingly reliant on evidence-based protocols, with care shifting as HCPs, with differing expertise (eg, CDEs), become involved.

Historically, health care tended to vary depending on patient needs; however, now, with the increased number of HCPs—upward of 30—a patient may contact daily, the emphasis is on eliminating unnecessary variation to help maximize the continued high-level care among the various HCPs. Health care was also individualized and process oriented, whereas now, it is increasingly evidence based and more standardized. Individualization is now tailored to patients who have more challenging health circumstances, with care dependent on the expertise of a particular HCP. Additionally, although health care used to depend on timing and location, these limitations are less important now because of information technologies such as telemedicine.

The paradigm shift in health care delivery has also involved a change in the academic preparation and in the required teaching skills of HCPs. The era of lecture-based rote learning of facts and attaining degrees has transitioned to an emphasis on “learning how to learn” and using these learning skills to continuously acquire knowledge over subsequent decades to develop expertise. Knowledge acquisition for health care performance and leadership continues long after the awarding of a degree.

A multifaculty collaborative environment that harnesses the varied expertise to best deal with the given challenges, including diabetes education, has supplanted the academic environment of 50 years ago, which had little interfaculty interaction. Dr. McBride acknowledged that currently, a major factor of research is clinical need and funding, instead of the professional interest of the researcher, a predominant factor several generations ago.

Leadership in diabetes education involves seeking the input of a variety of different experts in a way that promotes collaborative efforts, rather than the traditional command-and-control administrative approach, with mentoring finished by the time academic tenure is achieved. The present realities of health care in general and diabetes care in particular call for a new breed of leader, who defines clear, accountable responsibilities for each team member and integrates reliable systems-based work flows into routine care provision.

A leader’s role in diabetes care consists of helping put digital tools that assist in decision making into practice, track adherence to therapy, and provide real-time updating of patient records. On the human side, a leader fosters an environment in which HCPs are committed to improving health care, even with the reality of financial restrictions. In Dr. McBride’s view, CDEs have already embraced this new reality, which positions them at the center of health care as envisioned by the Institute of Medicine (IOM) [IOM. *Best Care at Lower Cost: The Path to Continuously Learning Health Care in America*. Washington, DC: The National Academies Press, 2013]. She highlighted the quality reports issued by the IOM which discuss the importance of teaching lessons crucial to health care delivery that are efficient, effective, and continuously improving.

According to Dr. McBride, leadership is not about a person’s day-to-day activities, and it differs from administration. Instead, an effective leader harnesses a team aiming to spur

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transformational change. Modern leadership involves stages of responsibility and focus, which can all be aided by mentoring (Table 1).

The so-called gadfly stage is particularly important in inciting change. Freed of the restrictions of past academic and board positions, a leader can speak more forcefully about issues (eg, diabetes awareness and policy) than might have been possible in prior decades. And even in the twilight stage of a career, mentoring can be valuable, with the mentor helping the leader participate in national-level discussions, in which their views can help enact policy changes that can benefit many people.

Although the changing landscape of leadership is causing concern in other disciplines, the future of CDEs is bright, according to Dr. McBride. This positions CDEs to take advantage of opportunities that lie ahead, such as orchestrating system-level change and participating, building, and leading the study of 21st-century teams (Table 2).

Of the 20 TEDMED Great Challenges (<http://www.tedmed.com/greatchallenges>), CDEs have the skills and direct involvement in 13: the role of patients, managing chronic illness, obesity, whole-patient care, making prevention popular, medical communication, fostering

Table 1. Stages and Needed Mentoring in a Leadership Career

Stage	Needed Mentoring
<ul style="list-style-type: none"> <li>Preparation</li> </ul>	<ul style="list-style-type: none"> <li>Individual short- and long-term relationships</li> </ul>
<ul style="list-style-type: none"> <li>Independent contributions</li> </ul>	<ul style="list-style-type: none"> <li>Development of institutional mentoring structures</li> </ul>
<ul style="list-style-type: none"> <li>Development of home setting</li> </ul>	<ul style="list-style-type: none"> <li>Nomination to national programs</li> </ul>
<ul style="list-style-type: none"> <li>Development of health care and profession</li> </ul>	
<ul style="list-style-type: none"> <li>Gadfly (wise person) stage</li> </ul>	

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the adoption of best practices, addressing health care costs, the impact of poverty on health, wellness, sleep deprivation, promoting active lifestyles, and the impact of stress.

Dr. McBride concluded that HCPs' knowledge "about the diabetes continuum" will assist in leadership in terms of the medical transitions that are coming with the era of accountable care organizations.

Table 2. Top 10 Future Leadership Opportunities for CDEs

Orchestrate system-level change	<ul style="list-style-type: none"> <li>Build cultures of safety, learning, and change</li> <li>Design work, workplace, and facilitative structures and processes</li> <li>Demonstrate solutions for major, common population-based problems (eg, diabetes)</li> </ul>
Participate in, build, lead, and study 21st-century health care teams	<ul style="list-style-type: none"> <li>Act as interprofessional</li> <li>Harness the collective wisdom through teamwork</li> </ul>
Delivering health care outcomes that are fundamentally important	
Conduct comparative effectiveness research	<ul style="list-style-type: none"> <li>Use assistive devices and technologies</li> <li>Create strategies for behavior change</li> <li>Oversee changes in organizational structure</li> </ul>
Develop information systems for patients and providers	
Help with transition to different stages of health care	
Coaching an aging population	<ul style="list-style-type: none"> <li>Assess daily living activities</li> <li>Manage chronic conditions</li> <li>Manage pain and symptoms</li> <li>Have conversations with patients</li> <li>Help family caregivers</li> </ul>
Help develop new health care partnerships	
Promote the idea that all health care policy boards should have a director with expertise as a CDE	
Promote the 21st-century view of a CDE	

CDE=Certified Diabetes Educator.