Helping patients learn to live with diabetes

Theresa Smyth says nurses such as those in her team are pivotal to good management of the condition over the long term.

Following a patient from initial diagnosis through the various milestones of their life is among the major attractions of working in diabetes for consultant nurse Theresa Smyth.

“In other fields, a patient comes onto a ward and is eventually discharged, so you often don’t see them again,” says Ms Smyth, who has worked at University Hospitals Birmingham NHS Foundation Trust throughout her career. “But because this is a long-term condition, you’re with them the whole way, helping to make a difference as they learn to live with diabetes.”

Working in acute care

After qualifying in 1990, Ms Smyth was nursing on a medical ward for a couple of years when she realised that around half of her patients had diabetes. Wanting to find out more, she took a post on a diabetes ward. “I loved it so much that I stayed in the specialty,” she recalls.

Eventually the ward became a specialist centre and she was promoted, before opting to become a lecturer practitioner at Birmingham City University, working one day a week at the trust. “But I missed the patient side of things,” says Ms Smyth. When a post as a nurse consultant was advertised, she applied and has been working in the role for the past 11 years.

As one of around two dozen diabetes consultant nurses in England, she is in the minority who work in acute care rather than the community. Nurses are pivotal to good management of the condition, she believes. “For all our patients, we stress that it’s something they control, rather than it controlling them,” says Ms Smyth, who manages a team of 16 nurses.

‘Nurses are at the forefront of care. We are setting the scene of their life with diabetes. For some it can be a huge shock, as they are having to administer insulin injections four times a day straight away. But we can help to empower them through reassurance, that it’s not going to ruin their life and they can manage it themselves.’

Another of the role’s appeals is the opportunity to work as part of a multidisciplinary team. ‘No one individual or profession can manage diabetes on their own,’ she says. ‘It’s a team approach, involving everyone from consultants to podiatrists and dieticians.’

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With at least half her time spent in clinical practice, she has maintained her university links. She ran two modules in diabetes last year, with plans to develop undergraduate and master’s degree modules, working with a newly employed associate lecturer in diabetes.

Research is also important to Ms Smyth. Her specialist interests include pre-conception, pregnancy, multicultural issues and end of life care for people with diabetes.

“I’d like to do more of it in the future, especially involving nurses,” she says. “There are a lot of medical studies and research from pharmaceutical companies, but much less from a nursing perspective.”

Among the trust-wide initiatives she has helped to drive is ‘diabetes – back to the floor’. This involves visiting general wards to look at how patients who also have diabetes are being managed.

“It’s about quality assurance,” explains Ms Smyth. In practice, it involves everything from checking that patients are having adequate blood glucose monitoring and that their blood sugar levels are being acted on, to looking at fridges to make sure insulin is being stored properly and talking to staff to see if their knowledge is up to date.

“If there are areas that need improvement, we can give immediate feedback, looking at what we can do to support them,” she says.

“We emphasise the positive aspects too, so if staff are doing things well we will praise them.

“It works – there has been a reduction in incidents since it began, and staff value it.”