**Diabetic Medicine February 2016**

**Headlines**

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| Culturally sensitive education shows consistent benefits over standard care | Diabetic Ketoacidosis in the UK and China |
| Safety of an artificial pancreas | Obstructive sleep apnoea and the risk of diabetic retinopathy |
| Who gains from a pump? | Should aspirin be given twice daily? |

Artwork

**Woman with diabetes wearing an artificial pancreas**



**Caption:** M495/0097 RM  Woman with diabetes wearing an artificial pancreas

**Free articles**

1. Editorial
2. Systematic Review x 2
3. Review
4. Lawton et al Who gains clinical benefit from using insulin pump therapy?

**Editorial**

**Education and training: the key to success in diabetes care**

When I was a registrar, I attended an endocrinology training event in Copenhagen set up in honour of Henning Andersen. While we, as the delegates, learned about growth hormone, the faculty had an opportunity to learn how to teach. I do not recall much of what was taught about growth hormone but I do remember the educationalist, who was facilitating the meeting, saying, “That humans can learn is an undisputed fact but whether humans can teach is an interesting hypothesis that requires further testing”.

A theme that runs through much of this month’s issue of Diabetic Medicine is education, or perhaps more correctly training. Education involves receiving or giving systematic instruction to help the individual think critically and increase knowledge (1). It provides theory, understanding and an appreciation of values. By contrast, training is the process of teaching or developing specific skills and knowledge to improve specific competency, often through practice. It has specific goals of improving capability, capacity and performance. While there is clearly overlap between education and training, the distinction becomes apparent if you consider the father who is supposed to have said: “If my daughter told me she was getting sex education in school I’d be pleased. If she told me she got sex training I’d go straight to the police” (1).

This month’s editor’s choice is a qualitative study from the “Relative Effectiveness of Pumps over MDI and Structured Education” (REPOSE) trial (2). Lawton and colleagues undertook in depth interviews with the healthcare professionals who delivered the trial. The staff appreciated that while insulin pumps offer a more sophisticated means of delivering insulin, the increased technical complexity requires training and motivation if the pump is to be used effectively. Previously these healthcare professionals had tended to select individuals for pump therapy based on their perceptions about whether the person with diabetes possessed the necessary personal and psychological attributes to make the most of the pump technology. During the course of the trial, the staff described how these assumptions about suitability had been challenged as they witnessed people whom they would not have recommended succeeding with a pump. “That humans can learn is an undisputed fact….”

Given the ever increasing evidence of the effectiveness of diabetes education, it is a travesty to see how few people ever receive training. The Diabetes Attitudes Wishes and Needs study reported that less than a half of people with diabetes and less than a quarter of their family members had received any diabetes education (3,4). There are many professional and lay barriers to the update of diabetes education and it would be interesting to know if people were more or less like to take up these opportunities if the word training was substituted for education.

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1. Rickman P. Education vs Training. <https://philosophynow.org/issues/47/Education_versus_Training>
2. Lawton et al, Who gains clinical benefit from using insulin pump therapy? A qualitative study of the perceptions and views of health professionals involved in the Relative Effectiveness of Pumps over MDI and Structured Education (REPOSE) trial. DME12879
3. Nicolucci A, Kovacs Burns K, Holt RI, Comaschi M, Hermanns N, Ishii H, Kokoszka A, Pouwer F, Skovlund SE, Stuckey H, Tarkun I, Vallis M, Wens J, Peyrot M; DAWN2 Study Group. Diabetes Attitudes, Wishes and Needs second study (DAWN2™): cross-national benchmarking of diabetes-related psychosocial outcomes for people with diabetes. Diabet Med. 2013 Jul;30(7):767-77.
4. Kovacs Burns K, Nicolucci A, Holt RI, Willaing I, Hermanns N, Kalra S, Wens J, Pouwer F, Skovlund SE, Peyrot M; DAWN2 Study Group. Diabetes Attitudes, Wishes and Needs second study (DAWN2™): cross-national benchmarking indicators for family members living with people with diabetes. Diabet Med. 2013 Jul;30(7):778-88