Combining Clinical Diabetes and Clinical Research

Claresa Levetan, MD

Editor's note: *In the "Practice Profiles" department of* Clinical Diabetes, *we spotlight clinicians who have chosen to dedicate a significant portion of their time to the care of patients with diabetes.*

When did you first get interested in the health care field?
Even in elementary school, I was interested in helping people. As I learned more about the various health care opportunities, I settled on nursing as a career.

Where did you get your nursing degree?
I earned a bachelor's degree in nursing from Oral Roberts University in Tulsa, Okla., and a master's degree in nursing from the University of Oklahoma in Oklahoma City.

How did you first get interested in diabetes?
During a medical rotation in diabetes education, I was fascinated by the challenges people face in coping with diabetes.

Did you work in other areas before you went into diabetes nursing?
My earlier experiences in medical-surgical units and nursing informatics provided a good foundation for diabetes care.

What struck you most about working with patients with diabetes?
Diabetes is a long-term condition that invades every aspect of a person's life. Managing daily life with diabetes is a constant juggling act. I also enjoy the long-term relationships you can develop working with people with diabetes.

Who? Laura Want, RN, MSN, BC-ADM

What? A certified diabetes educator and certified clinical research coordinator who is board certified in advanced management.

Where? MedStar Clinical Research Center, Washington, D.C.

How and when did you get interested in becoming a certified diabetes educator (CDE)?
Elliott Joslin has often been quoted as saying that the person with diabetes who knows the most lives the longest. Diabetes education and diabetes management have been inseparable from the earliest days.

The advent of self-monitoring of blood glucose and new diabetes medications in the late 1970s and early 1980s expanded the need for diabetes education. At the same time, diabetes educators recognized the need to provide high quality education as well as a means to identify qualified educators. Those of us in diabetes education were eager to seek the CDE certification when it was first available in 1986.

How did you become interested in research?
Each advancement in diabetes care has improved life for those with diabetes, but these advancements also fuel my desire for even better tools to manage diabetes. Diabetes research offers me a means to make a difference and to help people with diabetes.

For physicians and nurses interested in taking part in clinical trials in their offices, what are the first steps?
My first suggestion would be to talk with colleagues who are active in research. Research trials have specific procedures and require great attention to detail. There are also many courses available on conducting clinical research. Clinical trials of medical devices, such as new glucose meters, are often less complicated than drug trials and a good starting point for research. Ask meter and pharmaceutical representatives and colleagues about research opportunities.

What does it mean to be a board certified–advanced diabetes manager (BC-ADM)?
The American Association of Nurse Credentialing offers this new academic track with certification for nurses, pharmacists, and dietitians who have master's degrees and extensive diabetes experience.

What is involved in becoming a certified clinical research coordinator (CCRC)?
There are two organizations for research professionals. The Association of Clinical Research Professionals offers certification for clinical research coordinators for individuals in research facilities, and for clinical research associates (CCRA) for individuals in sponsoring companies and contract research organizations. The Society of Clinical Research Associates offers certification for clinical research professionals (CCRP). All of these exams require at least 2 years of research experience and

extensive knowledge of clinical research practices.

You are also involved in counseling patients. What have you found to be the most common fears of patients with diabetes?
Many people hear horror stories about diabetes. Blindness and renal failure are problems many people with diabetes fear most. Unconscious hypoglycemia is another big fear.

What other common themes do you find in working with patients with diabetes?
Preventing long-term complications is most people's main goal. The next goal is balancing diabetes and everyday life. They feel out of control in their lives, and they are tired of trying to fit their lives around diabetes.

How do you think busy physicians can better serve their patients with diabetes?
Making referrals to diabetes educators can help patients and save physicians time. Diabetes educators help patients implement their physician's diabetes management recommendations. For example, physicians seldom have the time to teach someone when and how to take insulin, but uneducated patients will require more office visits and extra physician time. A diabetes educator can teach patients how to take insulin; how to balance food, activity, and insulin; how to manage hypoglycemia; and when to contact the physician for medication adjustment.

What do you think needs to be changed most in health care today?
The depersonalization seen in managed care presents special problems for diabetes, where one size definitely does not fit all. We need cost-effective ways to individualize care.

In your opinion, what percentage of patients with diabetes would benefit from a visit to a diabetes educator?
Everyone with diabetes can benefit from an individualized assessment and education in self-management of diabetes.

Many of your patients have type 1 diabetes. What is missing in the delivery of care to type 1 diabetic patients?
The Diabetes Control and Complications Trial (DCCT) taught us that tight blood glucose control is the key to minimizing long-term complications. As helpful as the new insulin analogs are, we still cannot normalize blood glucose without the complications of hypoglycemia and weight gain. We need new tools and delivery systems to help us accomplish this.

What is missing in the care of patients with type 2 diabetes?
Like the DCCT in type 1 diabetes, the U.K. Prospective Diabetes Study showed us that tight control matters in type 2 diabetes. Some people with type 2 are taking three or four oral agents plus insulin. They spend a good part of the day keeping up with their medications and monitoring, but they still do not have their diabetes under control. We need safe, more effective medications for type 2 diabetes.

Look 10 years into the future. What do you hope will be different for patients with diabetes?
My fairy-tale hope is to be out of a job because we have a cure. More realistically, whereas insulin and oral agents have made diabetes survivable, I hope we will have better tools that will make diabetes more livable.

When you are not at work, what projects and activities keep you busy?
I am busy with my family and church. I also enjoy travel and volunteer work in my community.

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Note of disclosure: *At the time of this writing, Dr. Levetan was employed by MedStar, Inc., which also employs Laura Want, RN, MSN, BC-ADM, the subject of this profile.*