

# Ensuring Our Future

Stephen A. Brunton, Editor-in-Chief

The pandemic of diabetes is accelerating at an alarming rate; however, my concern is that the education of future clinicians is not keeping up. Although resident physicians are managing patients with diabetes in both inpatient and outpatient environments, their prior formal education has been limited. There is minimal or no exposure to the breadth of therapeutic options as outlined in guidelines from the American Diabetes Association and the American Association of Clinical Endocrinologists. There is minimal knowledge and experience with newer drug classes such as dipeptidyl peptidase 4 inhibitors, glucagon-like peptide 1 receptor agonists, and sodium–glucose cotransporter 2 inhibitors. Metformin and sulfonylureas are the basis of therapy in many of these residency programs, and the complexities of insulin management remain challenging to many. This situation deprives our patients of medical advances and current thinking.

One effort to address this issue is an annual conference on contemporary diabetes management that is convened by the Primary Care Education Consortium for chief residents in family medicine. Through this conference, now in its 12th year, 65 third-year residents from around the United States gather for a weekend of comprehensive education. The experience starts on a Friday with the application of an insulin pump (loaded with saline) and a continuous glucose monitoring system for

each resident and continues with lectures and workshops throughout the weekend. Each meal served during the conference comes with nutrition information with which the residents are supposed to calculate their appropriate “insulin” dose.

The impact of this experience is profound! After their intensive educational experience, these physicians exhibit dramatic changes in knowledge, attitudes, and skills and experience renewed enthusiasm and greater confidence in partnering with their patients to optimize the management of diabetes.

But what about other trainees who do not have the opportunity to participate in this conference? What is their exposure to state-of-the-art diabetes care? With limited formularies in most teaching hospitals, even endocrine fellowship programs are not able to provide their fellows with adequate exposure to and experience with newer therapies.

If we are to address the current needs of people with diabetes, let alone the growing numbers in the future, there is an urgent need to improve and expand the education of medical students and residents. This needs to be a priority. Our patients' futures are at stake.

## Duality of Interest

The author is Executive Vice President of the Primary Care Education Consortium. No other potential conflicts of interest relevant to this article were reported.

Primary Care Metabolic Group, Los Angeles, CA

Corresponding author: Stephen A. Brunton, [sbrunton@pceconsortium.com](mailto:sbrunton@pceconsortium.com)

<https://doi.org/10.2337/cd18-0035>

©2018 by the American Diabetes Association. Readers may use this article as long as the work is properly cited, the use is educational and not for profit, and the work is not altered. See <http://creativecommons.org/licenses/by-nc-nd/3.0> for details.