

Cathy Fischer, MPH, RD, CDE

Nutrition Diabetes Educator



What is your job title?

Nutrition Diabetes Educator

Where do you work (setting and/or company)?

Hurley Diabetes Center/Hurley Medical Center, Flint, MI

How long have you been at this job?

Almost 13 years

Please describe your job (including typical role, population served and anything else you feel is important in understanding the job):

I teach adults with diabetes—both individuals and groups—about various aspects of diabetes self-management, including meal planning, exercise, medications, blood glucose monitoring and preventing complications. I also see patients with kidney disease before they might need dialysis (stages 3-4).

I enjoy translating what might seem to be confusing or contradictory dietary recommendations into practical, easy-to-follow steps. I work with patients in all ages and stages of adulthood and diabetes: type 2, type 1, those with insulin pumps, continuous glucose monitors, etc.

Does your job require any additional schooling or education?

My job requires that I pass the Certified Diabetes Educator (CDE) exam—soon to be Diabetes Care and Education Specialist—within 3 years of hire.

What are possible places of employment for your position?

RDs who are diabetes specialists work in various roles, usually in hospitals or outpatient education centers, such as Hurley Diabetes Center. The two organizations that certify diabetes education programs are AADE (American Association of Diabetes Educators) and ADA (American Diabetes Association); each has a list of recognized programs that hire RDs, RNs and other diabetes care professionals.

What is your favorite thing about your job?

Even though I approach every patient with the same toolbox of potential educational tools, each person is unique and his/her diabetes is unique. I like matching the appropriate approach with the individual, whether I see him/her one-on-one or in a

group. My greatest compliment recently was from a class participant who said she felt as though I was meeting her individual needs even though she was in a group setting.

What is your least favorite thing about your job?

My least favorite part of the job is probably charting. I see patients individually for an hour—or groups for 2 hours—and then need to document what was discussed in the electronic medical record. The Academy, ADA and Hurley requirements for charting seem to grow every year, thereby increasing the time required for documentation. But when the patient returns, I always appreciate what I've taken the time to write down, so it's worth the effort.

Why/how did you choose your field and how did you get into it?

I chose dietetics after taking a required introductory nutrition class as a freshman in college (I'd intended to be a veterinarian); I did well in the class and realized that I preferred working directly with people. During my dietetic internship, I was interested in diabetes education, but it was done on an inpatient basis back then and I wanted to work with patients outside the hospital—mainly to establish rapport over time and to help them when they're at home, eating what they typically eat. I was also bothered by the concept of diabetes patients' "compliance" (btw, we don't use that language any more) and did my internship project on the focus on compliance as a deterrent to diabetes behavior change.

What is your educational background?

I spent two years at the University of Vermont, two more at Michigan State, graduating with a BS in dietetics. My dietetic internship was at Hurley Medical Center (yes, I have come full circle). I did a master's in public health—in health behavior and health education—at University of Michigan in Ann Arbor because I needed the time and mental space to research nondieting approaches to eating (long before intuitive eating or Health at Every Size existed).

What is your job/work background?

After my internship, I worked in various outpatient capacities, including with pregnant women in a Medicaid clinic, with general medical patients in a federally-funded health center, and in a teen health center. After my master's program in public health, I opened a private practice with patients with eating disorders, but my main interest at that time was teaching normalized eating to chronically dieting women. That segued into a similar capacity at a YMCA (many of which now offer diabetes prevention programs) and finally into my current position at Hurley Diabetes Center. We teach a healthy eating variation of carb counting that focuses on "enough" carbs rather than carbohydrate restriction.

Do you do any volunteer work?

I am not doing any volunteer work currently, but in the past I have presented to various dietetic internships and community groups about the dangers of dieting, Health at Every Size and normalizing eating habits as well as eating for diabetes.

What do you like and what do you not like about the field in general?

In my position in diabetes care and education, I am able to combine what I know (and what I've learned through experience) about health behavior and health education with my interest in helping people where they're "at". I love watching people become more confident about diabetes self-management and make changes that impact their quality of life.

I don't like that the resources that diabetes educators offer are underutilized and often under-appreciated. I let patients know that we have more time to spend on one or two diseases whereas their doctors only have a short amount of time for many conditions. We can augment what doctors provide.

What do you think are the most important things for students and/or new RDs to know?

Listen to your patients. Pay attention to what they tell you—verbally and nonverbally.