

Melinda Maryniuk

Ms. Maryniuk received the American Diabetes Association's "Outstanding Educator in Diabetes" award.



1. What influenced you to become a diabetes educator?

After finishing graduate school and my dietetic internship over 25 years ago, my first employer was the Joslin Diabetes Center (JDC). I was not looking for a diabetes educator job; rather I was one of two dietitians hired on Diabetes Research and Training Center funding to help train New England dietitians about diabetes. When funding ceased, JDC hired us as full-time dietitians.

Diabetes education brought together my interests in education, teaching, behavior change, nutrition and wellness. Despite my various positions and moves over the years, I remain connected to diabetes education.

2. What is your area of expertise, and what message(s) do you deliver to other diabetes educators?

I am interested in making educational messages meaningful and realistic. I seek to make educational experiences creative, hands-on and practical. I urge educators to have patients demonstrate a skill instead of lecturing about it. Pouring dry cereal from a carton box into a bowl, for example, is a better way to discuss portion size than pointing to a rubber food model.

In the second half of my career, most of my diabetes education activities have been directed toward other educators. I want dietitians to develop evidence-based meal plans that are built around the patient's lifestyle and eating preferences. I help educators practice communication skills where they listen to and guide the patient to solve their own problems. We learn from our colleagues in behavioral medicine regarding empowerment and keeping the patient the central component of the team, and I deliver those messages as well.

3. How does your work affect the quality of life for patients?

My effort and emphasis in diabetes education is to have educators impart more than skills and knowledge to their patients. Additionally – and perhaps more importantly – I work with educators to help them convey messages of hope and give patients confidence. Educators should reduce messages linked to fear, guilt and blame. Helping educators communicate hopeful messages will improve patient's quality of life.

4. What has been the most important accomplishment of your career? What are your goals for the future?

Over the past 15 years, I have helped oversee the opening and operations of nearly 20 outpatient JDC affiliates. The large number of patients potentially benefiting from diabetes education and the more than 100 diabetes educators with whom I have had the pleasure of working is rewarding.

I also contribute to volunteer associations. My 3-year term as a founding editor of the *Diabetes Care and Education Practice Group* newsletter started with personally typing, printing, folding, stapling and hand-stamping them for 200 dietitian members. Now the highly respected peer-reviewed, professionally published title reaches over 6,000 members. I also served a 3-year term as chair of the American Diabetes Association Education Recognition Committee and helped change the application and auditing processes. Overseeing the assurance of quality diabetes education programs is extremely rewarding and personally satisfying.

In the future, I hope to bring my skills to more areas around the globe that are in need of diabetes education and program planning services. I have taught in Brazil and Japan, and Joslin opened a diabetes education program in Bahrain.

5. What is your strategy for developing the skills of clinicians, both in the United States and internationally?

When I train diabetes clinicians, I remember that the principles of patient education, communication and adult learning apply to this group as well. Clinicians need to verbalize their own ideas to improve challenging practice situations. Clinicians need reminding that there is not one right way to do many of the skills and behaviors associated with diabetes care; they need to be guided by outcomes instead of how outcomes are being achieved. ■