



The Scope of Practice, Standards of Practice, and Standards of Professional Performance for Diabetes Educators

Introduction

The Scope of Practice, Standards of Practice, and Standards of Professional Performance for Diabetes Educators has been developed by the AADE to define the scope, role, and minimal level of quality performance of the diabetes educator; to differentiate diabetes education as a distinct healthcare specialty; to promote diabetes self-management education and training (DSME/T) as an integral part of diabetes care; and to facilitate excellence. Representing the expertise and experience of a multidisciplinary task force of health professionals representative of the AADE membership and an extensive review process embracing a broad spectrum of practice areas, this document supports the specialty by:

- Stimulating the process of peer review,
- Promoting documentation of the outcomes of DSME/T,
- Encouraging research to validate practice and improve quality DSME/T and diabetes care,
- Engaging in a process of critical examination of current diabetes educator practice and professional performance, and
- Complementing other practice-related documents that address the delivery of DSME/T by diabetes educators and roles of other healthcare practitioners who are members of the diabetes care team.

Diabetes education is unique in that its practitioners come from a variety of health disciplines. Diabetes educators remain individually accountable to the standards set by the discipline and by national, state, local, and institutional regulations that define and guide professional practice. This document serves to guide diabetes educators' practice regardless of their professional discipline.

Background

Living well with diabetes requires active, diligent, effective self-management of the disease.¹ Self-management is an important concept to emphasize because persons with diabetes make choices and act on choices that affect their health on a regular and recurring basis. Similarly, people with pre-diabetes must be engaged in recognizing and addressing individual risk factors and acting on choices that affect their health. Effective self-management is a process that includes learning the body of

knowledge relevant to the disease state, defining personal goals, weighing the benefits and risks of various treatment options, making informed choices about treatment, developing skills (both physical and behavioral) to support those choices, and evaluating the efficacy of the plan toward reaching self-defined goals.

DSME/T is impacted by the rising number of cases of pre-diabetes, metabolic syndrome, and diabetes in the United States; the possibilities of preventing and delaying the onset of type 2 diabetes; and the value of early and aggressive diabetes management.

The Diabetes Epidemic

Today, 23.6 million people in the United States have diabetes—17.9 million diagnosed cases; in addition there are an estimated 5.7 million undiagnosed cases.¹ The number of persons with diabetes represents 7.8% of the total US population and 10.7% of the population older than 20 years. Most people with diabetes (90%-95%) have type 2 diabetes.²⁻³ Worldwide, the number of people with diabetes is expected to increase by 35% by the year 2025.²

The CDC estimates that 57 million American adults meet the diagnostic criteria for pre-diabetes.¹ Pre-diabetes increases the risk for developing diabetes and is an independent risk factor for cardiovascular disease.³⁻⁶ Despite improvements in diabetes treatment, a recent report concluded that the proportion of adults in the United States with diagnosed type 2 diabetes that is controlled is inadequate and less favorable today than in previous years.^{7,8} Diabetes remains the leading cause of new blindness, renal failure, and nontraumatic amputations in the United States. Hypertension, dyslipidemia, and obesity are highly associated with diabetes and pre-diabetes, as are other cardiovascular, cerebrovascular, and peripheral vascular diseases.^{1,9} The annual economic burden of diabetes was estimated at more than \$174 billion (direct and indirect costs) in 2007.^{1,9}

Diabetes Prevention

There are no proven methods to prevent or delay type 1 diabetes, although studies are underway and more are planned. There is, however, evidence suggesting that type 2 diabetes can be prevented or delayed. The Diabetes Prevention Program showed a 58% relative reduction in the progression from pre-diabetes to diabetes in the lifestyle group (which received intensive nutrition and exercise counseling) as well as a 31% relative reduction in the group treated with metformin.^{10,11} A Finnish study likewise demonstrated a 58% relative reduction in progression to diabetes in intervention group subjects; these subjects were encouraged to lose weight, reduce dietary fat and saturated fat intake, increase fiber intake, and participate in regular exercise.¹² Additional research examining the impact of lifestyle intervention in the area of diabetes and obesity will continue to inform practice.

Identifying people at risk for diabetes is the critical first step in preventing the disease.¹³ The term pre-diabetes was adopted in 2002 to describe impaired glucose tolerance or impaired fasting glucose, to

promote awareness of the importance of pre-diabetes screenings, and to spread the encouraging news that diabetes may be preventable.¹⁴

Physical and behavioral characteristics used to identify persons at risk for diabetes and pre-diabetes include obesity, sedentary lifestyle, history of hypertension, dyslipidemia, family history of diabetes, gestational history, and ethnicity. These risk factors may be assessed by various means, many of which align with DMSE/T.^{4,14,15} Formal diagnosis of pre-diabetes or diabetes (in the absence of overt diabetes symptoms and elevated blood glucose levels) is made with a fasting plasma glucose test, oral glucose tolerance test or A1C.³

Effective, safe, and low-cost interventions for preventing diabetes include changing nutrition and physical activity behaviors.¹⁶ Medications are also effective, and while not without risk, side effects are minimal. Use of a single agent for prevention may negate the need for multiple agents to treat overt diabetes and reduce future costs associated with diabetes complications. While prevention strategies are not without cost or resources, they are proven to be worthwhile.¹¹

Diabetes Educators

Diabetes educators are healthcare professionals who have experience in the care of people with diabetes and have achieved a core body of knowledge and skills in the biological and social sciences, communication, counseling, and education. Mastery of the knowledge and skills to become a diabetes educator is obtained through formal, practical and continuing education, individual study, and mentorship. The role of the diabetes educator can be assumed by professionals from a variety of health disciplines, including, but not limited to, registered nurses, registered dietitians, registered pharmacists, physicians, mental health professionals, podiatrists, optometrists, and exercise physiologists.¹⁶

The diabetes educator is an integral partner in the diabetes care team.^{16,17} The diabetes educator understands the impact of acute or chronic problems on a person's health behaviors and lifestyle and on the teaching/learning process.^{16,18} Such appreciation is essential for the development of a comprehensive plan for continuing education and cost effective, self-care management.

All diabetes educators, no matter their discipline, provide all aspects of DSME/T. It is recognized that members of the various healthcare disciplines who practice diabetes education bring their particular focus to the educational process. This widens or narrows the scope of practice for individual educators as is appropriate within the boundaries of each health profession, which may be regulated by national or state agencies or accrediting bodies. Regardless of discipline, the diabetes educator must be prepared to provide clients with the knowledge and skills to effectively manage their diabetes. Diabetes educators must possess a body of knowledge that spans across disciplines to provide comprehensive DSME/T.

Multi-level Diabetes Education Team

The multi-level diabetes education team approach recognizes the key role of the advanced level educator as well as the importance and contributions of lay health and community workers who are uniquely positioned to collaborate with diabetes educators and other healthcare providers to improve the quality of diabetes care in communities.¹⁷⁻²⁰ Given the diversity of DSME/T providers and skill levels, it is necessary to delineate levels of practice for the delivery of DSME/T. The diabetes education team can be characterized by five distinct levels of care that are differentiated by educational preparation, credentialing, professional practice regulations, and the clinical practice environment, as follows:

- Level 1, non-healthcare professional,
- Level 2, healthcare professional non-diabetes educator,
- Level 3, non-credentialed diabetes educator,
- Level 4, credentialed diabetes educator, and
- Level 5, advanced level diabetes educator/clinical manager.

Within this context, the American Association of Diabetes Educators (AADE) supports the role of diabetes community health workers (CHWs) as integral to the healthcare team; the practice of the CHW is outside the scope of this document. Please see the AADE position statement and related white paper for more information.^{20,21}

All diabetes educators are encouraged to work toward formal certification. Level 4 and 5 diabetes educators are healthcare professionals who choose to specialize in diabetes care and meet the requirements to become a certified diabetes educator (CDE®) or board certified in advanced diabetes management (BC-ADM), respectively. These classifications are differentiated by educational preparation, formal credentialing, professional practice regulations, and the clinical practice environment. (Appendix 1) Certification as a CDE® or BC-ADM does not supersede the scope of practice that is outlined by the individual professional license. Attention must be given to the scope of practice of each professional as to assignment of skills, duties, and policies of each setting.

Other Roles for Diabetes Educators

Diabetes educators may also assume responsibilities beyond providing DSME/T to individuals. Program management; case management; clinical management; healthcare consultancy with other providers, organizations, industry; public and professional education; public health and wellness promotion; and research in diabetes management and education are all important roles assumed by diabetes educators.

Diabetes Self-Management Education/Training (DSME/T)

DSME/T is the formal process through which persons with or at risk for diabetes develop and use the knowledge and skill required to reach their self-defined diabetes goals.^{22,23} Diabetes self-management is also appropriate for individuals with pre-diabetes. The terms diabetes self-management education (DSME) and diabetes self-management training (DSMT) are often used interchangeably; the later term,

however applies to the service that is covered and reimbursed by the Centers for Medicare and Medicaid Services. Diabetes educators provide more than training—they provide education. Because CMS and some other payers reimburse only for “training” and are unwilling to pay for “education,” AADE embraces both terms to reflect the accuracy of what is provided to the patient along with the pragmatism required by payer coverage and reimbursement policies.

The scope and standards outlined in this document are meant to guide the individual diabetes educator’s practice. Conversely, *The National Standards for Diabetes Self-Management Education* (NSDSME), which might be considered a companion to this document, is chiefly concerned with the structure, processes, and outcomes of diabetes education programs.²⁴ DSME/T is frequently provided within the context of accredited diabetes education programs that meet specific quality criteria and are eligible for reimbursement by Medicare and other third party payors.

DSME/T:

- Is guided by the best available science-based evidence.
- Incorporates the needs, goals, and life experiences of the person with or at risk of diabetes.
- Supports other healthcare providers through a continuum of interventions, ranging from knowledge and skills to supporting behavior change and clinical co-management.
- Optimizes the health of people with diabetes, thereby allowing them to lead more productive lives at work, home, and in the community.
- Recognizes the importance of cost-effective diabetes prevention and management as a way to maximize healthcare resources.
- Provides value for every dollar invested.

DSME/T is defined as an interactive, collaborative, ongoing process involving the person with diabetes and the educator(s).^{23,24} The process includes the following:

- Assessing of the individual’s specific education needs
- Goal setting to identify the individual’s specific diabetes self-management goals
- Planning
- Implementing the education and behavioral intervention directed toward helping the individual achieve identified self-management goals, and
- Evaluating/monitoring the individual’s attainment of identified self-management goals and clinical outcomes.¹⁹

DSME/T will vary according to the needs of the person with or at risk for diabetes, the educator's practice setting, and the local environment. Acute and ambulatory settings, community-based facilities, and pharmacy settings as well as electronic media can be used effectively for both individual and group education. Group education is a teaching method in which two or more individuals with a common disease state or medical diagnosis participate in activities facilitated by educators and/or healthcare providers. Regardless of the setting, DSME/T should be an accessible, planned, individualized, documented, and evaluated activity.^{24,25}

The AADE7™ Self-Care Behaviors²⁵

- Healthy eating
- Being active
- Monitoring
- Taking medications
- Problem solving
- Healthy coping
- Reducing risks

The DSME/T curriculum focuses on self-care behaviors and behavior change, both of which are necessary for effective self-management of the diabetes.²⁴ The AADE7™ Self-Care Behavior construct outlines the seven behaviors that are essential elements of DSME/T.²⁵ Diabetes self-management support (DSMS), which is provided by diabetes educators, is an essential adjunct to DSME/T.^{24,26}

The primary goal of diabetes education is to provide knowledge and skill training that help individuals identify barriers and to facilitate problem-solving and coping skills to achieve effective self-care behavior and behavior change.^{26,27} Measurement of DSME/T outcomes includes behavioral, clinical, utilization and quality metrics; the NSDSME require both continuous quality improvement and outcomes measurement.^{24,28-30} This measurement should be conducted for individuals and in the aggregate, at least twice: 1) pre-intervention; and 2) post-intervention; additional follow-up measurements are ideal and should be applied as appropriate to the practice setting.^{24,27-30} By collecting, tracking and assessing data on behaviors and clinical indicators, educators are able to determine their effectiveness with individuals and populations, compare their performance with established benchmarks, and measure and quantify the unique contribution that DSME/T plays in the overall context of diabetes care.³⁰

The Standards of Practice for Diabetes Educators

The standards of practice for diabetes educators are guidelines for healthcare professionals and others involved in health care for persons with or at risk for diabetes. These Standards describe the level of competency set for the practice of diabetes education. The standards of practice for diabetes educators are defined in Table 1.

From these standards, a diabetes educator gains:

- A framework for professional practice,
- Guidelines with which to assess the quality of their practice, and
- Direction for improving practice.

Persons with or at risk for diabetes gain:

- A basis for forming expectations of the DSME/T experience and
- A means to assess the quality of DSME/T services provided.

Healthcare professionals who do not specialize in diabetes management gain:

- Information about the role of the diabetes educator,
- An appreciation of the importance of DSME/T as an integral component of the clinical care of the person with or at risk for diabetes, and
- A way to assess the quality of DSME/T services provided.

Insurers, policy makers, purchasers, employers, government agencies, industry, and the general public gain:

- A description of the specialized services provided by diabetes educators,
- An understanding of the importance of DSMT to improve quality of life and healthcare outcomes for persons with or at risk for diabetes, and
- A description of how processes and outcomes of DSMT are systematically collected and evaluated.

Additional publications that further define guidelines for specific levels of educators and disciplines can be found in the following publications:

- "Guidelines for the Practice of Diabetes Education"¹⁹
- "Scope and Standards for Diabetes Education by Nurses"³¹
- "ADA Standards of Practice and Standards of Professional Performance for Registered Dietitians in Diabetes Care"^{22,32}
- "Scope and Standards for the Practice of Diabetes Education by Pharmacists"³³

Table 1: Standards of Practice for Diabetes Educators

Standard 1: Assessment	The diabetes educator conducts a thorough, individualized assessment of the person with or at risk for diabetes. The assessment process requires ongoing collection and interpretation of relevant data
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<p>Measurement Criteria</p>	<p>The diabetes educator:</p> <ul style="list-style-type: none"> • collects assessment data in a systematic and organized fashion from the person with diabetes and, as appropriate, from family members, significant others, members of the client’s social support network, existing medical records, and referring healthcare providers. • addresses the following topics in the assessment: <ul style="list-style-type: none"> ○ health and medical history ○ nutrition history and practices ○ physical activity and exercise behaviors ○ prescription and over-the-counter medications ○ complementary and alternative therapies and practices ○ factors that influence learning such as education and health literacy levels, perceived learning needs, motivation to learn, readiness and health beliefs ○ diabetes self-management behaviors, including experience with self-adjusting the treatment plan ○ previous DSME/T, actual knowledge, and skills ○ physical factors including age, mobility, visual acuity, hearing, manual dexterity, alertness, attention span, and ability to concentrate or special needs or limitations, requiring accommodations or adaptive support, and use of alternative skills ○ psychosocial concerns, factors, or issues including family and significant other and social supports ○ current mental health status ○ history of substance use including alcohol, tobacco, and recreational drugs ○ occupation, vocation, education level, financial status, and social, cultural, and religious practices ○ access to and use of healthcare resources <hr/> <ul style="list-style-type: none"> • addresses the following topics when assessing persons with pre-diabetes: <ul style="list-style-type: none"> ○ knowledge of pre-diabetes and risks associated with pre-diabetes ○ understanding of the role of weight loss and weight management through nutrition modification and healthy eating in the management of pre-diabetes ○ habits and behaviors associated with physical activity and understanding of the role of physical activity in management of pre-diabetes ○ motivation for maintaining positive behavioral change.
<p>Standard 2: Goal Setting</p>	<p>The diabetes educator works with the person with or at risk for diabetes to identify mutually acceptable goals. The goals reflect information obtained through the assessment process. Goals should be specific, measurable, attainable, realistic, and timely.</p>

<p>Measurement Criteria</p>	<p>The diabetes educator:</p> <ul style="list-style-type: none"> • expresses goals in clearly defined terms with measurable outcomes • defines specific behavioral objectives and actions in an educational setting • develops goals that are consistent with accepted diabetes practice guidelines • considers known and perceived risks and benefits of the proposed goal • develops goals with consideration to resources available to the client • defines goals that are appropriate to the client’s state of health • redefines goals as needed to best meet the client’s needs
<p>Standard 3: Planning</p>	<p>The diabetes educator develops the DSME/T plan to attain the mutually defined goals to achieve desired outcomes. The plan integrates current diabetes care practices and established principles of teaching and learning. The plan is coordinated among the diabetes healthcare team members, the person with or at risk for diabetes, his or her family, significant others, and other relevant support systems, and the referring provider.</p>
<p>Measurement Criteria</p>	<p>The diabetes educator:</p> <ul style="list-style-type: none"> • addresses specific desired goals and outcomes • identifies and describes specific instructional strategies to be used, which reflect the needs, skills, abilities, learning style, and preferences of the client (strategies may include but are not limited to discussion, demonstration, role-playing, and simulations) • demonstrates respect for the client’s culture, lifestyle, and health beliefs • uses measurable, behaviorally focused terms • recognizes the DSME/T plan as dynamic, and the plan reflects inevitable changes in clients’ needs and goals • describes the process to be used for evaluation of effectiveness • recognizes DSME/T as a lifelong process because of the chronic nature of the disease, evolving knowledge related to management of diabetes, and changing needs, desires, and abilities of the person with or at risk for diabetes
<p>Standard 4: Implementation</p>	<p>The diabetes educator provides DSME/T according to the defined plan and desired goals and outcomes. Implementation may involve collaboration with other professional and community resources and services.</p>

<p>Measurement Criteria</p>	<p>The diabetes educator:</p> <ul style="list-style-type: none"> • provides an accessible, safe, and appropriate environment for DSME/T • uses teaching materials appropriate to the learner’s age, culture, learning style, and abilities • structures DSME/T to progress from basic safety and survival skills to advanced information for daily self-management and improved outcomes • addresses basic diabetes self-management skills, including safe medication use, meal planning, self-monitoring of blood glucose, and recognizing when and how to access resources and professional services • provides increasingly advanced DSME/T, based on the person’s needs and goals, on topics including healthy eating, being active, preventing and managing chronic complications, psychosocial adjustment, developing problem-solving skill, adjusting treatment regimens (including insulin and oral diabetes medications), stress management, travel situations, and pattern management • provides opportunities for peer support • integrates the DSME/T plan into the overall plan of care • shares the diabetes educational plan and progress with referring providers • establishes means for follow-up and continuity of DSME/T, including referrals to other providers • may provide group education for DSME/T to foster support, encouragement, and empowerment through the sharing of experiences
<p>Standard 5: Evaluation</p>	<p>The diabetes educator evaluates individual outcome measures for each person with diabetes, aggregate outcome measures for the program, and the quality and outcomes of DSME/T according to the 5 Standards for Outcome Measurement defined by AADE.</p>

Measurement Criteria	<p>The diabetes educator:</p> <ul style="list-style-type: none"> • measures behavior change as a unique outcome measurement for DSME/T • determines the effectiveness of DSME/T in the AADE7™ diabetes self-care behavior measures at individual, program, and population levels • evaluates diabetes self-care behaviors at baseline and then progress towards attainment of individual goals at regular intervals • assesses the continuum of outcomes, including learning, behavioral, clinical, and health status, to demonstrate the interrelationship between DSME/T and behavior change in the care of individuals with diabetes • uses individual outcomes to guide the intervention and improve care for that client and uses aggregate population outcomes to guide programmatic services and for continuous quality improvement activities for the DSME/T and the population it serves • establishes with the client, a personalized follow-up plan for ongoing diabetes self-management support (DSMS)
Standard 6: Documentation	The diabetes educator establishes a complete and accurate record of the client's DSME/T experience and follow up DSMS.
Measurement Criteria	<p>The diabetes educator:</p> <ul style="list-style-type: none"> • documents all components of DSME/T (assessment, planning, implementation, and evaluation) • clearly identifies short-term, intermediate-term, and long-term goals/outcomes • organizes the DSME/T record to allow for tracking of relevant individual goals and outcomes • ensures that the DSME/T assessment, plan, outcomes, and prior implementation and encounters, including the DSMS, are accurate and available to others involved in the client's care, as appropriate (e.g., to other members of the DSME/T team, to the client's primary provider, or to the referring provider) • organizes documentation to facilitate prospective, concurrent, and retrospective scientific and economic analyses • ensures that documentation of specific client information and any release thereof complies with the federal Health Information Portability and Accountability Act (HIPAA)³⁴

In addition to these Standards of Professional Performance for Diabetes Educators, several specific disciplines, including nurses, pharmacists and dietitians have developed Standards of Professional Performance.^{19,31,32, 33}

Summary

The Scope of Practice, Standards of Practice, and Standards of Professional Performance for Diabetes Educators supports the work of diabetes educators and others dedicated to excellence in the care of persons with or at risk for diabetes and related conditions. As the understanding of diabetes, the treatment options, and the demand for diabetes services increase, the diabetes educator must be prepared to critically evaluate and challenge current practice standards and guidelines and be willing to explore new avenues to improve both processes and outcomes of diabetes care. Similarly, the scope and standards defined in this document have and will continue to evolve to meet the needs of diabetes educators and other health professionals and, above all, to foster excellence of DSME/T to the benefit of persons at risk for and those with diabetes.

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APPENDIX 1

Credentialing Options for Diabetes Educators

Certified diabetes educators (CDE®), in addition to fulfilling the requirements of a diabetes educator, meet the academic, professional, and experiential requirements set forth by the National Certification Board for Diabetes Educators (NCBDE).²⁶ As part of the application process, a diabetes educator must document that he or she meets all the criteria for certification. An accepted applicant must demonstrate competency in the required body of knowledge and skills by passing an online examination. NCBDE defines the criteria for certification as a diabetes educator, conducts the examination and awards the certificate for those who meet all criteria. See <http://www.ncbde.org/> for additional information.

Board Certification in Advanced Diabetes Management (BC-ADM) is an advanced credential that is available to members of more than one discipline. Nurse practitioners, clinical nurse specialists, dietitians, and registered pharmacists may apply. The BC-ADM incorporates skills and strategies of DSME/T into the more comprehensive clinical management of people with diabetes. Differences in the preparation, scope, and practice of diabetes educators (certified or not) and BC-ADMs may make dual credentialing desirable for some. For example, a diabetes educator or CDE® may also have the BC-ADM credential, provided he or she meets the academic and practice requirements for BC-ADM certification. See <http://www.diabeteseducator.org/ProfessionalResources/Certification/BC-ADM/> for additional information.

APPENDIX 2

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APPENDIX 3

The Standards of Professional Performance for Diabetes Educators

Standard 1: Quality of Care

The diabetes educator engages in an ongoing, systematic evaluation of the quality of care and the effectiveness of his or her own professional performance. The National Academy of Science's Institute of Medicine has defined quality in health care as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."³¹ The diabetes educator must consider both what is done (the content of the care) and how it is done (the process of care).

Measurement Criteria

The diabetes educator:

- demonstrates excellence and professionalism in the practice of DSME/T through actions that are consistent with established professional practice guidelines and established local, state, and federal regulations;
- participates in quality improvement activities;
- identifies both process and outcome measures;
- systematically reviews, evaluates, and documents both processes and outcomes of DSME/T and diabetes self-management support (DSMS);
- implements appropriate actions to address discrepancies between planned processes and expected outcomes and actual processes and outcomes; and
- advocates for the provision of diabetes care and education as part of public policy.

Standard 2: Professional Performance Appraisal

The diabetes educator appraises his or her own performance to identify areas of strength and areas for improvement and to develop a plan for improvement and growth.

Measurement Criteria

The diabetes educator:

- engages in planned, systematic self-evaluation at regular intervals to identify professional strengths and weaknesses;
- seeks and uses input from colleagues and clients in the self-evaluation process;
- identifies and describes specific needs for professional development;
- develops a plan for professional development and sets goals for further development;

- documents findings and monitors professional appraisal and plans for professional development; and
- synthesizes and uses the results of professional development self-evaluation to make recommended changes relating to workplace policies, procedures and protocols.

Standard 3: Professional Development

The diabetes educator assumes responsibility for his or her own professional development and pursues continuing education to develop and maintain DSME/T knowledge and skills.

Measurement Criteria

The diabetes educator:

- develops, implements, and evaluates a plan for professional growth based on findings from the
- performance appraisal;
- pursues professional continuing education, progressing from basic through advanced curricula; strives to meet academic, professional, and experiential requirements and to achieve and maintain certification with-in the diabetes specialty and documents professional development activities, which facilitates ongoing monitoring and awareness of progress to achieve personal and professional goals; and
- takes active leadership roles within the local, state and national diabetes community.

Standard 4: Collegiality

The diabetes educator recognizes and respects the unique knowledge and experience of professional colleagues from a variety of disciplines.

Measurement Criteria

The diabetes educator:

- shares his or her unique diabetes knowledge and skills with colleagues (healthcare providers in related disciplines, students, interns, or other individuals in training) and policy makers involved in diabetes care programs, particularly when new therapies, information, and technological advancements in diabetes care occur;
- acknowledges and supports aspects of DSME/T provided by other team members;
- contributes to the development of students, interns, and other trainees through formal education and mentorship;
- collaborates with colleagues and clients to influence public policy so that quality and availability of DSME/T are improved; and

- provides constructive feedback to colleagues regarding practices to improve diabetes care.

Standard 5: Ethics

Ethical decisions and actions reflect the interests of the person with or at risk for diabetes. The AADE code of ethics represents the values of the diabetes education profession and provides guidance for professional behavior.³²

Measurement Criteria

The diabetes educator:

- respects and upholds basic human rights;
- demonstrates professional integrity;
- maintains patient confidentiality;
- discloses all potential or perceived conflicts of interest when appropriate;
- respects the uniqueness, dignity, and autonomy of each individual;
- accepts responsibility and accountability for professional competence; and
- reports illegal, incompetent or impaired practice.

Standard 6: Collaboration

The diabetes educator is one member of a group of professionals with shared responsibility for promoting and providing quality care to persons with or at risk for diabetes (the educator's clients).

Measurement Criteria

The diabetes educator:

- participates in developing and maintaining a multidisciplinary team that may include (but is not limited to) nurses, dietitians, pharmacists, other health professionals, referring providers, and members of the community with special interest or expertise relative to the care of persons with or at risk for diabetes;
- articulates the role of the diabetes educator to the client, multidisciplinary team members, referring providers, and others;
- recommends and promotes public policy changes and changes in the community setting to help individuals successfully prevent and/or live with diabetes;
- works in partnership with the client, his or her family, significant others, and other healthcare providers to define outcomes and processes to achieve them;
- promotes positive conflict resolution strategies to resolve differences;
- promotes delivery of consistent information among clients and healthcare providers;
- provides referrals for appropriate follow-up; and

- shares the diabetes education plan and progress with referring providers and other members of the diabetes care team.

Standard 7: Research

The diabetes educator critically evaluates and applies research findings to enhance practice. The educator participates in DSME/T-related research when appropriate.

Measurement Criteria

The diabetes educator:

- seeks and critically evaluates research to enhance practice; and
- applies research findings to develop or revise policies, procedures, practice guidelines, protocols, education, behavior change strategies, and clinical pathways.

When appropriate, the diabetes educator:

- identifies and prioritizes research problems,
- identifies sources and applies for funding for research questions,
- promotes research through alliances and collaborations with other professions and organizations,
- conducts research activities in compliance with human subject protection and HIPAA regulations, and
- reports research findings.

Standard 8: Resource Utilization

The diabetes educator uses resources effectively and efficiently.

Measurement Criteria

The diabetes educator:

- identifies available and needed resources to support a personal plan for professional development,
- identifies available and needed resources to facilitate DSME/T and DSMS
- provides a teaching environment that addresses client privacy, safety, and accessibility; space requirements for teaching activities and storage of materials; and client comfort, including but not limited to adequate lighting, ventilation, and furniture,
- assists the person with diabetes and his/her family and significant others to identify and secure appropriate and available services to address health-related issues and needs
- incorporates available and emerging technologies into the DSME/T process,

- ensures that additional professional and support staff are appropriately trained to meet the needs of the client population,
- systematically documents resources used (including personnel, funds, materials, equipment, and space),
- justifies the need for additional resources through careful documentation of the impact of the resource on defined program goals, and
- provides information regarding appropriate and available diabetes care resources and services to clients, their support systems, and other professionals.