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## **ADEA National Standards of Practice for Credentialed Diabetes Educators**

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## 2 Acknowledgements

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The ADEA also acknowledges the following supporting documents in the development of the National Standards of Practice for Credentialed Diabetes Educators:

- American Association of Diabetes Educators (1998) *The Scope and Standards of Diabetes Nursing* American Nurses Association Washington DC
- American Association of Diabetes Educators (1999) *The Scope of Practice / Standards of Practice for Diabetes Educators* Net On Line Services
- Australian Diabetes Educators Association (1991) *National Standards of Practice for Diabetes Educators* Canberra ACT
- Australian Diabetes Educators Association (1994) *National Guidelines for Safe Practice for Diabetes Nurse Educators* Canberra ACT
- Australian Diabetes Educators Association (2001) *National Core Competencies for Diabetes Educators* Canberra ACT
- Australian Diabetes Educators Association (2001) *National Standards for Diabetes Education Programs* Canberra ACT
- Australian Diabetes Educators Association (2001) *Role of the Diabetes Educator in Australia* Canberra ACT
- Australian Diabetes Educators Association (2001) *Code of Conduct* Canberra ACT

### 3 Introduction

The Australian Diabetes Educators Association (ADEA) is a national multidisciplinary organisation for health professionals committed to providing quality diabetes education and care services. The ADEA as a professional organisation accepts a responsibility to set and promote high professional standards in diabetes education and practice and to enhance the professional competence of its members.

**The ADEA believes the role of the credentialled diabetes educator in providing diabetes education, clinical care, research, policy development, service planning and management is essential to the future health of people with diabetes, people at risk of diabetes and the wider community.**

Standards of practice provide credentialled diabetes educators with a consistent point of reference that can be used as a basis for developing education tools, quality assurance programs, diabetes care guidelines, orientation procedures and peer review and support systems. This Standards of Practice document was developed to outline the nationally acceptable level of practice for credentialled diabetes educators in Australia.

The National Standards of Practice for Diabetes Educators was one of the strategies developed by the Australian Diabetes Educators Association (ADEA) to promote quality in the professional practice of diabetes education, and to enhance outcomes for people with diabetes.

The National Standards of Practice for Diabetes Educators complimented, extended and expanded the practice standards already in place for other health professional organisations. They were in addition to, and to be read in conjunction with, the standards expected for all relevant health professionals.

**Credentialled Diabetes Educators (CDEs) are health professionals qualified to practise in a range of health disciplines including nursing, dietetics, podiatry, pharmacy, medicine, and exercise physiology. CDEs have a core body of knowledge and skill in the biological and social sciences, principles of teaching and learning, communication and counselling, as well as experience and advanced knowledge in the care of people with diabetes and those at risk of diabetes, and have diabetes education included in the scope of their employment (1).**

**An ADEA CDE is a full member of the ADEA, has completed an ADEA accredited post-graduate diabetes education course and a period of supervised clinical practice and activities that fulfil the continuing education and professional development requirements of the ADEA Credentialling Program (1).**

ADEA encourages and recommends that all health professionals practicing in a diabetes education role:

1. Attain the experience and the academic and professional requirements necessary to be a Credentialled Diabetes Educator.
2. Maintain a portfolio of evidence to demonstrate continuing competence and professional development specific to the diabetes education role.

The Standards aim to provide:

1. CDEs with:
  - direction to assess and improve the quality of their practice
  - a framework within which to practice.
2. Consumers with:
  - a means of assessing the quality of diabetes education services provided to people with diabetes
  - a basis for forming expectations of diabetes education.
3. Other health care professionals and services with:
  - an understanding of the role of a CDE
  - a framework for assessing the quality of a diabetes service
  - an understanding of diabetes education as an integral component of diabetes care.
4. Policy makers with:
  - a description of the specialised educational services provided by a CDE
  - information about the process of diabetes education in developing self-care management skills
  - an awareness of the importance of diabetes education in improving quality of life and health care outcomes for people with diabetes.

ADEA encourages providers and designers of diabetes health care to read this document and consider how the Standards apply to their situation.

The Standards were initially developed in 1991. This review confirms their place as an important document defining the practice of credentialed diabetes educators in Australia.

## 4 The Practice of the Credentialed Diabetes Educator

### 4.1 Standard 1 – Client Assessment

A systematic approach is used to conduct a thorough, individualised assessment with the person with diabetes, their families and others to enable an appropriate education plan to be developed.

#### The Credentialed Diabetes Educator

- 1.1 ensures a planned assessment is undertaken that includes knowledge, attitudes, self-care potential, family/social supports, cultural background, and physical and social stresses
- 1.2 utilises factors such as metabolic control, previous education, knowledge, and self-care when planning, implementing and evaluating education
- 1.3 establishes education programs that are based on the following principles:
  - a) education programs have documented aims and objectives
  - b) teaching modules have documented aims and objectives stated in measurable terms
  - c) all education plans are reviewed and evaluated at least annually
- 1.4 ensures clients are given the opportunity for follow-up education and review
- 1.5 ensures clients are referred to other health professionals as necessary
- 1.6 ensures education programs reflect evidence based knowledge and practice of diabetes care
- 1.7 accesses a recognised interpreter service to communicate with non-English speaking clients where such a service is required.

### 4.2 Standard 2 – Resources

The educational setting is conducive to learning, within the context of available resources and with awareness of cultural background.

#### The Credentialed Diabetes Educator

- 2.1 ensures the teaching environment is accessible, safe and provides privacy
- 2.2 ensures teaching materials(including written information provided) and teaching aids meet the individual client's needs

- 2.3 ensures the role, functions, facilities and services provided are documented and distributed within the organisation, to other health care facilities, medical practitioners, health workers and throughout the community.

### 4.3 Standard 3 – Educational Outcomes

A documented educational plan reflects current diabetes care practices, appropriate teaching/learning principles, a flexible approach to teaching and respect for lifestyle, cultural background and health beliefs.

#### The Credentialed Diabetes Educator

- 3.1 ensures the educational intervention, behavioural objectives, and client goals are defined in collaboration with the client
- 3.2 ensures a content outline is contained within the education plan
- 3.3 ensures there is evidence of regular evaluation of learning objectives and redefinition of objectives as necessary
- 3.4 utilises current research and evidence based care
- 3.5 ensures the evaluation of the diabetes education process includes assessing the impact of education on the client, the institution and the community
- 3.6 utilises evaluation measures such as:
- changes in knowledge, attitude, skills and behaviour e.g, smoking cessation, defined self-management tasks, blood glucose monitoring, foot care
  - changes in physiological measures e.g, HbA1c, BMI/waist measurements, lipid profiles, blood pressure, microalbuminuria
  - improvements to service delivery e.g, presentations to Emergency Room, risk reducing behaviours, length of stay, group and 1-1 services.

## 5 Professional Responsibility and Accountability

### 5.1 Standard 4 – Professional Practice

The CDE is either registered with the appropriate registration board or, where no such registration board exists, is recognised as being qualified to practice by the appropriate national professional association, assumes responsibility for their professional development and pursues continuing education to ensure their practise remains current, reflects the needs of the community and the ADEA credentialling program.

#### The Credentialed Diabetes Educator

- 4.1 undertakes an appropriate course of study to supplement their basic professional education and experience
- 4.2 remains current with accepted evidence based techniques and knowledge
- 4.3 maintains documentation of professional development activities that reflect ADEA credentialling and re credentialling process e.g. maintains a professional portfolio
- 4.4 participates in ethical research relating to diabetes care and education, and incorporates evidence based care into practice
- 4.5 seeks to incorporate the appropriate changes based on the results of annual self-evaluation and peer review into practice
- 4.6 is accountable and responsible for their practice at all times.

### 5.2 Standard 5 – Quality Management

A quality management program, appropriate to the clinical environment is used to monitor and evaluate the practice of the CDE.

#### The Credentialed Diabetes Educator

- 5.1 ensures a quality management plan is developed, documented and evaluated on a continual basis
- 5.2 ensures a quality management program includes evaluation of the structure, process and outcomes of a service provided by the CDE. The program includes:
  - data to monitor client care
  - assessment of data to identify trends/deficits in client care provided by the service/individual practitioner
  - remedial action taken to address identified deficits

- evaluation of remedial actions
- dissemination of results to appropriate stakeholders

5.3 ensures a written quality management program that describes:

- the objectives and expected outcomes of the program
- assessment methods and time lines
- key stakeholders, colleagues and target groups
- a mechanism for reporting results
- strategies for implementing changes based on the evaluation

5.4 ensures a quality management program is presented to the appropriate level of administration on a regular basis.

## 6 Organisational Policies and Procedures

### 6.1 Responsibility and Accountability

### 6.2 Standard 6 – Organisational Structure

**There is an organisational structure with a documented philosophy and objectives that are used as a guide for planning, implementing and evaluating all aspects of diabetes care.**

#### **The Credentialed Diabetes Educator**

- 6.1 ensures the diabetes education philosophy is consistent with that of the health agency
- 6.2 ensures the diabetes education service has clear lines of responsibility, authority and communication
- 6.3 ensures the philosophy, objectives and organisational structure is reviewed at least every 2 years in consultation with all team members.

### 6.3 Standard 7 – Policies and Procedures

Policies and procedures provide the framework that enables the objectives of the diabetes education service to be achieved.

#### The Credentialed Diabetes Educator

- 7.1 utilises the multidisciplinary team when developing policies and procedures
- 7.2 ensures there are documented policies and procedures that:
  - reflect agreed evidence based professional guidelines
  - reflect national and/or international standards of practice.
  - are adaptable to the requirements of individual clients
  - are presented in a format accessible to diabetes educators
  - are discussed when orientating new staff to a service
  - are reviewed and update at least every 2 years.

## 7 References

1. **Australian Diabetes Educators Association.** *Role of the Diabetes Educator in Australia.* Canberra : ADEA, 2001.