

**Standard 5**

National Standard	Essential Highlights	Interpretive Guidance	Checklist
<p><b>Standard 5: DSMES Team</b></p> <p><i>At least one of the team members responsible for facilitating DSMES services will be a registered nurse, registered dietitian nutritionist, or pharmacist with training and experience pertinent to DSMES, or be another health care professional holding certification as a diabetes educator (CDE®) or Board Certification in Advanced Diabetes Management (BC-ADM). Other health care workers or diabetes paraprofessionals may contribute to DSMES services with appropriate training in DSMES and with supervision and support by at least one of the team members listed above.</i></p>	<p>The evidence supports an inter-professional team approach to diabetes care, education, and support.</p> <p>Current research continues to support nurses, dietitians, and pharmacists as providers of DSMES responsible for curriculum development.</p> <p>Expert consensus supports the need for specialized clinical knowledge in diabetes and behavior change principles for DSMES team members.</p> <p>Registered nurses, registered dietitian nutritionists, pharmacists, and members of health care disciplines that hold a certification as a CDE or BC-ADM can perform all the DSMES services including clinical assessments.</p> <p>Diabetes paraprofessionals, e.g. medical assistants, community health workers, peer educators, etc. can instruct, reinforce self-management skills, support behavior change, facilitate group discussion, and provide psychosocial support and ongoing self-management support.</p> <p>Paraprofessionals must receive continuing education specific to the role they serve within the team and must directly report to the quality coordinator or one of the qualified DSMES team members.</p> <p>For services outside the expertise or scope of the professional or paraprofessional, there is a mechanism in place to ensure that the participant is referred to the appropriate health care professionals.</p>	<p><i>Standard 5 focuses on the members of the DSMES team, their training and credentials.</i></p> <p><b>Maintenance of Credential</b> Professional educators must maintain their current credentials. Professional team members must document appropriate continuing education of diabetes-related content, which can include chronic disease management, diabetes specific or related content, behavior change, marketing, and healthcare administration.</p> <p><b>Paraprofessionals</b> Paraprofessionals with additional training in DSMES effectively contribute to the DSMES team. Paraprofessional team members need continuing education specific to the role they serve within the team and clear documentation of that training. Examples of this training can include structured training such as the AADE Career Paths, Stanford, or DEEP, other state-specific certification training programs in diabetes. Another example can be training designed by an organization and should include competencies specific to the paraprofessional's role in DSMES. A resource for paraprofessional competencies can be found in the Competencies for Diabetes Educators and Diabetes Paraprofessionals at <a href="https://www.diabeteseducator.org/docs/default-source/practice/practice-resources/comp003.pdf?sfvrsn=2%20%20%20%20praclev2016.pdf">https://www.diabeteseducator.org/docs/default-source/practice/practice-resources/comp003.pdf?sfvrsn=2%20%20%20%20praclev2016.pdf</a> Training obtained within the required timeframe may also fulfill the continuing education requirement for paraprofessionals.</p> <p><b>Documentation of Continuing Education</b> Documentation of continuing education must be on an official transcript or copies of CE certificates; a listing or spreadsheet generated by the team member is not adequate.</p> <p>Documentation must be collected annually based upon calendar year or accreditation date, but must be consistent throughout the 4-year accreditation cycle. Initial accreditation</p>	<p>12. Documentation explaining a mechanism for ensuring participant needs are met if needs are outside of the diabetes professional or paraprofessional's scope of practice and expertise</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><b>Professional Team Members</b></p> <p>13. Document that at least one of the team members is an RN, RD or pharmacist with training and experience pertinent to DSMES, OR a member of a health care discipline that holds certification as a CDE or BC-ADM</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>14. Evidence of current credentials for every professional team member including valid licensure, registration and/or certification</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>15. Evidence of at least 15 hours of diabetes-related continuing education annually for all professional team members OR evidence of current CDE or BC-ADM credential.</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><b>Paraprofessional Team Members</b></p> <p>16. Must demonstrate previous experience or training, in diabetes, chronic disease, health and wellness, community health, community support, healthcare, and/or education</p> <p>methods either through a resume or certificate.</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>17. Evidence of at least 15 hours of diabetes-related continuing education annually specific to the role they serve within the team</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>18. Documentation that the diabetes paraprofessional directly reports to the quality coordinator (if a healthcare professional) or one of the professional DSMES team members</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
		requires credits to be obtained within the 12 months prior to applying for accreditation.	

**DSMES Team:**

***At least one of the team members responsible for facilitating DSMES services will be a registered nurse, registered dietitian nutritionist, or pharmacist with training and experience pertinent to DSMES, or be another health care professional holding certification as a diabetes educator (CDE®) or Board Certification in Advanced Diabetes Management (BC-ADM). Other health care workers or diabetes paraprofessionals may contribute to DSMES services with appropriate training in DSMES and with supervision and support by at least one of the team members listed above.***

## AADE Interpretive Guidance:

### **Standard five focuses on meeting the needs of the population the DSMES serves through qualified instructional staff and outside referrals as needed.**

Expert consensus supports the need for specialized diabetes and educational training beyond academic preparation for the primary instructors on the diabetes team. A number of studies have endorsed a multi-disciplinary team approach to diabetes care, education, and support, reflecting the evolving health care environment.

- Continuing education for instructional staff needs to be diabetes-specific, diabetes-related, and/or behavior change self-management education strategies-specific (e.g., AADE7 self-care behaviors)
- Lay health, community workers and peer counselors or educators may contribute to the provision of DSME instruction and provide DSMS if there is documentation of their having received training in diabetes self-management, the teaching of self-management skills, group facilitation, and emotional support.
  - The annually reviewed and updated documentation of appropriate training needs to be signed by the program coordinator. This documentation must be available for review and because this level staff may not qualify for Continuing Education. Documentation can be a certificate of completion or a competency checklist. CHW must receive training on an annual basis specific to their role.
  - A system is in place that ensures supervision of the services the CHW provides. The nature of this supervision by a named diabetes educator or other health care professional and professional back-up to address clinical problems or questions beyond their training must be documented.
  - This supervision can be in person, by phone using a protocol for suggesting follow-up with the diabetes educator or other health care professional.
- Mechanisms for meeting needs outside a scope of practice includes: referrals to other practitioner and/or partnering with a professional with additional expertise (e.g., exercise physiologist or behavioral specialist) and is clearly documented.

## Documentation Requirements for Standard 5:

The components for this standard are:

### **Professional Team Members:**

- Documentation explaining a mechanism for ensuring participant needs are met if needs are outside of the diabetes professional or paraprofessional's scope of practice and expertise
- Document that at least one of the team members is an RN, RD or pharmacist with training and experience pertinent to DSMES, OR a member of a health care discipline that holds certification as a CDE or BC-ADM
- Evidence of current credentials for every professional team member including valid licensure, registration and/or certification
- Evidence of at least 15 hours of diabetes-related continuing education annually for all professional team members OR evidence of current CDE or BC-ADM credential.

### **Paraprofessional Team Members:**

- Must demonstrate previous experience or training, in diabetes, chronic disease, health and wellness community health, community support, healthcare, and/or education methods either through a resume or certificate.
- Evidence of at least 15 hours of diabetes-related continuing education annually specific to the role they serve within the team
- Documentation that the diabetes paraprofessional directly reports to the quality coordinator (if a healthcare professional) or one of the professional DSMES team members

### **A policy to address needs of participants that are outside the scope of practice or expertise of current DSMES team members.**

- The policy can include a list of providers to refer to, such as a dietitian or specialist provider, or can be a statement that participant will be referred to PCP with recommendation for referral for specific need.
- Policy should be separate from the job description.

### **Professional Team Members:**

- Include copies of current licenses, registrations, certifications for each professional team member
- Include a job description for professional team members that reflects specialized clinical knowledge in diabetes and behavior change principles
- Include an official transcript or copy of CE certificates for 15 hours of diabetes-related CE obtained within the 12 months prior to the application, OR a copy of a CDE or BC-ADM certificate for each professional team member.

### **Diabetes-related CE can be in any of the following areas:**

- Chronic disease management
- Diabetes-specific content
- Diabetes related content, such as that related to common comorbidities, complications
- Behavior change
- Marketing
- Healthcare administration

*Note: Anyone who teaches less than 10% of the time can be considered a guest speaker and is not required to submit licensure or CE certificates and does not need to be listed as an instructor.*

### **Paraprofessional Team Members:**

Education methods:

- Training can be structured, such as Stanford, DEEP, AADE career paths or other state-specific certification training
- Training can be designed by an organization with competencies specific to the paraprofessional's role in DSMES and may count towards the required CE hrs.
- Use [Competencies for Diabetes Educators and Diabetes Paraprofessionals](#) as a reference

### **Community Health Workers (CHW)**

Community Health Workers—also known as community health advocates, lay health advisors, lay health educators, community health representatives, tribal diabetes educators, peer health promoters, community health outreach workers, and promotores de salud—are frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served. By definition, a community health worker is a member of the community they serve, and thus are uniquely skilled to serve as bridges between community members and healthcare services because they:

- live in the communities in which they work,
- understand how to translate “medical talk” to community members,
- explain the community perspective to providers
- communicate in the language of the people in their communities

CHWs understand the cultural buffers, such as cultural identity, spiritual coping, and traditional health practices that can help community members cope with stress and promote positive health outcomes. A critical asset of programs that engage CHWs is that they build on already existing community network ties that contribute to the acceptance and sustainability of effective community programs.

If CHWs are part of your program's team, there needs to be documentation that they are directly supervised by, the named diabetes educator(s) in the program.

When a Community Health Workers (CHW) is a part of the DSMT team, there must be documentation of successful completion of a standardized training program for CHWs and additional and on-going training related to diabetes self-management. Training includes scope of practice relative to role in DSMT.

**AADE has several available training tools on its [website](#):**

- **Fundamentals of Diabetes Care** - a self-paced, 6-module online program that focuses on training medical assistants, licensed practical nurses, and other healthcare technicians to deliver appropriate level diabetes care to patients within their practice setting. Technicians who complete the program will be better prepared to assist patients with diabetes and refer them to DSME.
- **ABCs of Diabetes Education** - a self-paced, 6-module online course that focuses on the essential knowledge and skills needed by non-diabetes educator clinicians who want to enhance their ability to work with patients with diabetes. Nurses, dietitians, and pharmacists should consider this interactive course as one of the first steps towards becoming a diabetes educator.