Standard 6

Curriculum:

A curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcomes, will serve as the framework for the provision of DSMES. The needs of the individual participant will determine which elements of the curriculum are required.

AADE Interpretive Guidance:

Standard six specifies curriculum teaching strategies utilized. Programs using a purchased curriculum must describe how the curriculum has been adapted to meet the needs of the population served.

- The curriculum is a reference for the team
- Allows consistent messages to be delivered no matter who is teaching
- Provides “lesson plan” for all members of team, in case primary instructor is out

While the content areas listed in the essential elements provide a solid outline for a diabetes education and support curriculum, it is crucial that the content be tailored to match each individual's needs. This includes adaptation as necessary for the following: Assessed need, age and type of diabetes (including prediabetes and diabetes in pregnancy), cultural factors, health literacy and numeracy, comorbidities, and learning style preferences. The content areas must also be adapted and modified to fit the program’s practice setting.
Documentation Requirements for Standard 6:

The components for this standard are:

☐ Documentation of an evidence-based curriculum that is reviewed at least annually and updated as appropriate to reflect current evidence, practice guidelines and cultural appropriateness

Evidence of a Written Curriculum:

• Provide a picture of the cover of the curriculum you are using
• Provide a receipt showing purchase of an approved curriculum
• If self-created, provide curriculum and allow extra time for AADE review of curriculum

Examples of published curricula include:

AADE Diabetes Education Curriculum
Life with Diabetes
The Conversation Maps
Type 2 Basics

If Curriculum is self-created:

Must have references reflecting current evidence and practice guidelines

A curriculum is defined by having 4 components and is a framework; individual instructor style and examples may vary:

1. Evidence-based content
2. Learning objectives
3. Method of Delivery that uses problem-solving approaches, is participant-centric and involves active learning
4. Method for evaluating learning

Content of curriculum should cover the following areas at a minimum (see www.diabeteseducator.org for more detail on the AADE7™ Self-Care Behaviors):

• Pathophysiology and treatment options
• Healthy eating
• Being Active
• Medication usage
• Monitoring, including pattern management, interpretation of patient-generated health data
• Preventing, detecting, and treating acute complications
  1. Hypoglycemia
  2. Hyperglycemia
  3. DKA
  4. Sick days
  5. Severe weather or crisis supply management/disaster preparedness
• Preventing, detecting, and treating chronic complications
  1. Immunizations
  2. Eye
  3. Foot
  4. Dental
  5. Kidneys
• Healthy coping
Problem solving

AADE does have free handouts available to download on our website for each one of the AADE7™ Self-care behaviors. These handouts may be used to supplement your program but are not a curriculum. The handouts are available in both English and Spanish.


Creative, patient-centered, experience-based delivery methods—beyond the mere acquisition of knowledge—are effective for supporting informed decision-making and meaningful behavior change and addressing psychosocial concerns. Approaches to education that are interactive and patient-centered have been shown to be effective.

Additional Resources

- DEAP webinar on DSMES Curriculum Design and webinar slides