

# Competencies for Diabetes Care and Education Specialists

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## Purpose

Diabetes care and education specialists provide collaborative, comprehensive, and person-centered care and education to people with diabetes and cardiometabolic conditions. The implementation of the vision for the specialty has prompted the need to reexamine the knowledge, skills, and abilities necessary for diabetes care and

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education specialists in today's dynamic health care environment. The purpose of this article is to introduce an updated set of competencies reflective of the profession in this dynamic health care environment. Diabetes care and education specialists are health care professionals who have achieved a core body of knowledge and skills in the biological and social sciences, communication, counseling, and education and who have experience in the care of people with diabetes and related conditions. Members of this specialty encompass a diverse set of health disciplines, including nurses, dietitians, pharmacists, physicians, mental health professionals, podiatrists, optometrists, exercise physiologists, physicians, and others. The competencies are intended to guide practice regardless of discipline and encourage mastery through continuing education, individual study, and mentorship.

## Conclusion

This document articulates the competencies required for diabetes care and education specialists in today's dynamic health care environment as they pursue excellence in the specialty.

## Introducing the Diabetes Care and Education Specialist

When the Association of Diabetes Care & Education Specialists (ADCES), previously referred to as the American Association of Diabetes Educators (AADE), developed its 2018 strategic vision, ADCES acknowledged that the term *diabetes educator* provided stakeholders with the impression that services were limited to education. The term *diabetes educator* was not reflective of the innovative clinical care, education, management, and support offered by the specialty.

Consequently, ADCES, with support from a branding agency, conducted 4 rounds of research to validate the need for a change in title and to identify new titles that appropriately encompass the breadth and scope of services. Quality in-depth interviews were conducted with regulatory stakeholders, payers, and sister associations, which included the Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services, American Diabetes Association, Certification Board for Diabetes Care and Education, National Association of Chronic Disease Directors, American Academy of

Family Physicians, America's Health Insurance Plans, Academy of Nutrition and Dietetics, American Pharmacist Association, Endocrine Society, and Diabetes Advocacy Alliance. Additionally, 2200 health care professionals and consumers participated in a survey online, which represented nurses, dietitians, diabetes educators, nurse practitioners, mental health practitioners, physicians, physician assistants, pharmacists, physical therapists/rehabilitation therapists/exercise physiologists, health care executives, those holding the board certified advanced diabetes management (BC-ADM) and certified diabetes educator (CDE) credentials, faculty/postdoctorate, and people with prediabetes and diabetes.

Based on this research, ADCES defined *diabetes care and education specialist* (DCES) as the new title for the specialty. Refer to Table 1 for a complete definition. Effective January 22, 2020, the name of the organization changed to the Association of Diabetes Care & Education Specialists.

## Overview of the Competencies for the Diabetes Care and Education Specialist

As described in an earlier version of the competencies and still applies today, diabetes care and education specialists are health care professionals who have achieved a core body of knowledge and skills in the biological and social sciences, communication, counseling, and education and who have experience in the care of people with diabetes and related conditions. Members of this specialty encompass a diverse set of health disciplines, including nurses, dietitians, pharmacists, physicians, mental health professionals, podiatrists, optometrists, exercise physiologists, physicians, and others. The competencies are intended to guide practice regardless of discipline and encourage mastery through continuing education, individual study, and mentorship. The ADCES recommends all diabetes care and education specialists pursue board certifications, such as the Certified Diabetes Care and Education Specialist (CDCES), previously referred to as Certified Diabetes Educator (CDE) and/or BC-ADM.

Diabetes care and education specialists remain individually accountable to the standards set by their disciplines and by national, state, local, and institutional regulations that define and guide professional practice.

Competencies for diabetes paraprofessionals will be addressed in a separate publication.

Table 1

## Evolution and Definition of the Diabetes Care and Education Specialist

1973-2019

Diabetes educator: A knowledgeable and supportive advocate and coach who provides person-centered education to people with diabetes

2019-present

Diabetes care and education specialist: An expert who, as an integral member of the care team, provides collaborative, comprehensive, and person-centered care and education people with diabetes and related conditions.

## Purpose of Competencies for the Diabetes Care and Education Specialist

The purpose of this document is to:

- serve as a master list of the foundational knowledge, skills, and abilities to perform the role of diabetes care and education specialist;
- provide a framework for interprofessional practice that extends beyond disciplines;
- activate self-assessment for continual improvement of knowledge, skills, and abilities;
- maintain a standard for the specialty, encouraging diabetes care and education specialists to use the full extent of their education, training, and experience within their scope of practice;
- inform stakeholders of the breadth and scope of the specialty.

## Evolution of Competencies

In 1992, a workgroup was formed under the aegis of AADE to provide high professional standards for diabetes education and practice. The end result was the publication, *The Scope of Practice for Diabetes Educators and the Standards of Practice for Diabetes Educators*.<sup>1</sup>

Created in 1999 and published in 2000, this document was updated and renamed *The 1999 Scope of Practice for Diabetes Educators and the Standards of Practice for Diabetes Educators*.<sup>2</sup>

In 2005, AADE expanded this document to become *The Scope of Practice, Standards of Practice, and Standards of Professional Performance for Diabetes Educators*.<sup>3</sup> Its intent was to “define the scope, role, and minimal level of quality performance of the diabetes educator; to differentiate diabetes education as a distinct

health care specialty; to promote diabetes self-management training (DSMT) as an integral part of diabetes care; and to facilitate excellence in DSMT.”<sup>3</sup>

In 2007, two workgroups were assembled to achieve (1) the creation of guidelines for the practice of diabetes self-management education, (2) a defined career pathway in diabetes education, and (3) identification of key knowledge, skills, and abilities of the diabetes educator. As a result, two documents were created: (1) *AADE Guidelines for the Practice of Diabetes Self-Management Education and Training*<sup>4</sup> and (2) *Competencies for Diabetes Educators: A Companion Document to the Guidelines for the Practice of Diabetes Education*.<sup>5</sup> The AADE guidelines established 5 practice levels, and the competencies defined the skills and knowledge necessary at each level of practice.

In 2011, *The Scope of Practice, Standards of Practice, and Standards of Professional Performance for Diabetes Educators*<sup>6</sup> was revised.

In 2014, *AADE Guidelines for the Practice of Diabetes Self-Management Education and Training* was retitled to *Diabetes Educators Practice Levels*.<sup>7</sup> The 5 levels were updated to Diabetes Educator, Levels 1-3 and Diabetes Educator Associate, Levels 1-2. *Competencies for Diabetes Educators: A Companion Document to the Guidelines for the Practice of Diabetes Education* was retitled *Competencies for Diabetes Educators: A Companion Document to the Diabetes Educators Practice Levels*.<sup>8</sup> Both documents were updated to reflect the changes in diabetes self-management education and support (DSMES), health care delivery, and updates to clinical management with a focus on prediabetes. The competency document<sup>9</sup> and practice level document<sup>10</sup> were reviewed and revised again in 2016.

In 2019, AADE convened a workgroup of varied types of professionals and a diverse set of practice settings to examine the latest version of *Competencies for*

Table 2

## Evolution of Competencies

1992: <i>The Scope of Practice for Diabetes Educators and the Standards of Practice for Diabetes Educators</i> <sup>1</sup>
2000: <i>The 1999 Scope of Practice for Diabetes Educators and the Standards of Practice for Diabetes Educators</i> <sup>2</sup>
2005: <i>The Scope of Practice, Standards of Practice, and Standards of Professional Performance for Diabetes Educators</i> <sup>3</sup>
2009: <i>AADE Guidelines for the Practice of Diabetes Self-Management Education and Training</i> <sup>4</sup>
2009: <i>Competencies for Diabetes Educators: A Companion Document to the Guidelines for the Practice of Diabetes Education</i> <sup>5</sup>
2011: <i>The Scope of Practice, Standards of Practice, and Standards of Professional Performance for Diabetes Educators</i> <sup>6</sup>
2014: <i>Diabetes Educators Practice Levels</i> <sup>7</sup>
2014: <i>Competencies for Diabetes Educators: A Companion Document to the Diabetes Educators Practice Levels</i> <sup>8</sup>
2016: Revisions made to both the <i>Competencies for Diabetes Educators: A Companion Document to the Diabetes Educators Practice Levels for Diabetes Educators &amp; Diabetes Paraprofessionals</i> <sup>9</sup> and <i>Practice Levels for Diabetes Educators and Diabetes Paraprofessionals: A Companion Document to the Competencies for Diabetes Educators &amp; Diabetes Paraprofessionals</i> <sup>10</sup>
2020: <i>Competencies for Diabetes Care and Education Specialists</i>

*Diabetes Educators and Diabetes Paraprofessionals*<sup>9</sup> and *Practice Levels for Diabetes Educators and Diabetes Paraprofessionals*.<sup>10</sup> The objective of the revision was to evaluate and revise the competencies to meet the current needs and future trajectory of the specialty, with emphasis on language choice and the goals and pillars of the strategic vision. To accomplish this task, the workgroup explored the competencies across 22 national and international health care organizations and applied the 6 concepts of the vision to identify gaps in competencies. The evolution of competencies is outlined in Table 2.

Unique to this revision, the ADCES conducted a modified Delphi study to validate the proposed set of competencies. In the Delphi method, responses are summarized after each round and redistributed for discussion in the next round.<sup>11</sup> Rounds are repeated until expert consensus is reached. Given the interprofessional nature of the specialty, this research method was deemed most appropriate to combine the diverse needs and voices of experts into a solid set of competencies. Multiple rounds of surveys were used to shape the competencies to the final set. Considering the new title of the specialty, the workgroup debated the use and value of the practice levels. Exploration of practice levels outside of the working group was deemed necessary, so an online survey was developed and sent to the ADCES Diabetes Education Accreditation Programs (DEAPs) and Communities of Interest (COIs). The 385 survey responses indicated that the practice levels held minimal use and perceived value. Based on the workgroup's input and further validated with these supplementary

data, the workgroup determined that the current revision would specifically address competencies for diabetes care and education specialists.

## Revisions to Competencies

The intent of this revision was to:

- align with the ADCES vision framework<sup>12</sup>;
- utilize language that is person-centered and free from judgment<sup>13</sup>;
- recognize the role of the diabetes care and education specialist as part of the interprofessional team;
- proactively add competencies that are essential to meet the current and projected demands of stakeholders;
- streamline statements to competency-based statements solely pertaining to the diabetes care and education specialist.

## Alignment With Vision

The competencies have been revised to align more closely with the vision of the ACDES, as shown in Table 3.

## Domains

The domains have been updated to underscore specific sets of knowledge, skills, and abilities critical to fulfilling the role of a diabetes care and education specialist and are described in Table 4.

Table 3

Pillars of Vision

Pillar of Vision	How Has the Vision Been Incorporated Into the Revised Competencies?
1. Drive integration	<p>Competencies related to clinical management and clinical practice of the AADE7 Self-Care Behaviors have been merged into Domain 1, Clinical Management Practice and Integration.</p> <p>Diabetes care and education specialists are integral members of the interprofessional team,<sup>a</sup> which is composed of multiple health workers from different professional backgrounds who work together with patients, families, care partners, and communities to deliver the highest quality of care possible. The benefits of interprofessional education and collaborative practice are well established.<sup>b</sup> Given the nature of the specialty, diabetes care and education specialists are already experienced in functioning on an interprofessional team and integrating the clinical and behavioral components of care into their practice.</p>
2. Include related conditions	<p>When applicable, competencies have been expanded to include populations beyond those with prediabetes and diabetes to include cardiometabolic conditions.</p> <p>Cardiometabolic conditions include obesity, prediabetes, diabetes, and the full cardiometabolic spectrum. Cardiometabolic conditions encompass both microvascular damage, including but not limited to the eyes, kidneys, and nerves, and macrovascular damage to the cardiovascular system (ie, heart attack, stroke, and insufficient blood flow to the legs).<sup>14</sup></p> <p>Diabetes-related complications include cardiometabolic conditions as well as complications specific to diabetes type, such as those related to mother and baby in gestational diabetes, and acute conditions, such as hypoglycemia, diabetes-related ketoacidosis, and hyperosmolar hyperglycemic state. These conditions are within the scope of the diabetes care and education specialist.</p>
3. Focus on behavioral health	<p>Competencies have specifically acknowledged the role of behavioral health as a critical component of the services provided by diabetes care and education specialists.</p> <p>The behavioral health pillar of the new ADCES vision is defined within a behavioral and emotional health/well-being framework for the person with or at risk for diabetes and cardiometabolic conditions and their family/caregivers. Behavioral and emotional health/well-being concepts include:</p> <ul style="list-style-type: none"> <li>• care and education that address the impact of emotions on health and well-being outcomes, including activation for diabetes self-management or prevention behaviors;</li> <li>• a complementary role with care and education for associated cardiometabolic and other conditions, including mental health and substance use that warrant referral or specialized care;</li> <li>• outcomes that are optimally prioritized in collaboration with the person with or at risk for diabetes at all types of care settings and are facilitated by practitioners from the full care team spectrum, including but not limited to mental health professionals.</li> </ul> <p>Behavioral health competencies are not only relevant for ongoing care from individual practitioners within the specialty of diabetes care and education but also represent competencies for ongoing care to be embraced at the clinic or setting level.</p>
4. Leverage technology	<p>Competencies have specifically been developed to promote adoption of technology-enabled care and underscore the importance of its role in care and delivery.</p> <p>Technology spans devices, hardware, and software used by people to improve care and outcomes. This includes glucose meters, continuous glucose monitors, insulin pumps, automated insulin delivery systems, data-sharing platforms, digital therapeutics such as smartphone mobile apps, and wearable devices such as activity trackers and biometric monitors. It also includes technologies that are integrated into clinical care, such as electronic health records, personal health records and patient portals, telehealth, videoconferencing platforms, text messaging, and electronic communications. The volume and breadth of available devices, apps, platforms, and systems continue to multiply, which requires diabetes care and education specialists to collaborate with people with diabetes and cardiometabolic conditions, health care providers, and industry to stay current. This expertise positions the diabetes care and education specialists to lead the adoption of the technology of today and prepare for the technology of tomorrow.</p>

(continued)

Table 3

(continued)

Pillar of Vision	How Has the Vision Been Incorporated Into the Revised Competencies?
5. Promote person-centered care	The title and content of Domain 3 reflect a renewed focus on person-centered care. Diabetes care and education specialists provide care that is respectful of and responsive to an individual's preferences, needs, and values and empowers the individual to share values to guide clinical decision-making. <sup>c</sup> This domain of competencies identifies multiple factors to consider when assessing and individualizing care for the person or population.
6. Achieve Quadruple Aim	Competencies have been connected to a driving force behind the work performed by diabetes care and education specialists, the Quadruple Aim. The Quadruple Aim expands the Triple Aim proposed by the Institute for Healthcare Improvement <sup>15</sup> of improving the patient experience, improving population health (outcomes), and decreasing the cost of care to include the fourth aim of improving the work life of health care providers, including clinicians and staff. <sup>16</sup>
<p>Abbreviation: ADCES, Association of Diabetes Care &amp; Education Specialists.</p> <p><sup>a</sup>Interprofessional teams are different than multidisciplinary or interdisciplinary teams, in which health workers could be from different disciplines within the same profession (eg, endocrinologist, cardiologist, podiatrist, neurologist, and ophthalmologist).</p> <p><sup>b</sup>Adapted from definition of interprofessional practice.<sup>17</sup></p> <p><sup>c</sup>Adapted from definition of patient centered.<sup>18</sup></p>	

Table 4

Updates to Domains

<b>Domain 1: Clinical Management Practice and Integration</b>
The diabetes care and education specialist integrates knowledge and skills into clinical practice applying principles of pathophysiology, epidemiology, clinical management, and self-management of diabetes and cardiometabolic conditions.
<b>Domain 2: Communication and Advocacy</b>
The diabetes care and education specialist advocates for and communicates about improved quality of care and outcomes for those living with, at risk for, and affected by diabetes and cardiometabolic conditions.
<b>Domain 3: Person-Centered Care and Counseling Across the Life Span</b>
The diabetes care and education specialist partners with individuals to deliver care and education conducive to behavior change and improved quality of life for self-management of diabetes and cardiometabolic conditions across the life span.
<b>Domain 4: Research and Quality Improvement</b>
The diabetes care and education specialist contributes to research and quality improvement activities and applies current research and evidence-based care to guide practice.
<b>Domain 5: Systems-Based Practice</b>
The diabetes care and education specialist applies business principles, systems practice, and population health management to support achievement of the Quadruple Aim (reduced costs, better outcomes/population health, improved patient experience, and improved work life for health care providers). <sup>16</sup>
<b>Domain 6: Professional Practice</b>
The diabetes care and education specialist engages in lifelong learning and serves as a role model of professionalism.

## Application and Use

Diabetes care and education specialists comprise a unique specialty. Potential and current diabetes care and

education specialists bring their own health-discipline-specific training and expertise to the specialty. The competencies build a framework for the specialists to converge on a common set of knowledge, skills, and

abilities. It is the responsibility of the individual practitioner to self-assess knowledge, skills, and abilities to determine areas for growth.

For those seeking to become diabetes care and education specialists, each domain provides an entryway into the specialty, and the competencies lay the foundation of knowledge, skills, and abilities necessary for using the designation of diabetes care and education specialist.

For those seeking to grow in their roles as diabetes care and education specialists, the competencies provide a framework for self-evaluation. Based on their findings, diabetes care and education specialists can then self-direct paths for skill enhancement, lifelong learning, and professional growth, which also enhances the professional development of the specialty.

For stakeholders, including but not limited to team members, payers, employers, and clients, these competencies provide insight into roles and responsibilities as

well as capabilities of diabetes care and education specialists. These competencies are not intended to be job descriptions, although they may support an individual's role expansion as part of the interprofessional team. Specific roles should also consider the requirements of the system, the practice setting, and the professional scope of practice.

### Navigation of Competencies

A prerequisite to a competency is the acquisition of knowledge. Each competency has been carefully developed to illustrate a distinct knowledge set, skill, or ability.

Competencies have been placed under one of the six domains fully described in Table 5, although specific knowledge, skills, and abilities may be applicable in multiple domains as identified. Then Table 6 and 7 include competencies at a glance from 2 of the 6 vision pillars.

Table 5  
Competencies for Diabetes Care and Education Specialists

Domain 1: Clinical Management Practice and Integration

The diabetes care and education specialist integrates knowledge and skills into clinical practice for pathophysiology, epidemiology, clinical management, and self-management of diabetes and cardiometabolic conditions.

CLINICAL MANAGEMENT OF DIABETES AND CARDIOMETABOLIC CONDITIONS	
1.1	Describes the differences in disease risk factors, diagnosis, treatments, and progression of diabetes and cardiometabolic conditions across the life span
1.2	Explains physiology of glucose metabolism and pathophysiologic mechanisms responsible for the development of diabetes and cardiometabolic conditions
1.3	Describes pathophysiology, risk factors, presentation, and management of acute hyperglycemia, hypoglycemia, hyperosmolar hyperglycemic state, and diabetes-related ketoacidosis
1.4	Applies pathophysiologic knowledge of diabetes and cardiometabolic conditions to direct diabetes care, education, and support
1.5	Applies current principles of clinical practice guidelines to prediabetes, diabetes, and cardiometabolic conditions
1.6	Examines health and health care disparities of vulnerable individuals
1.7	Uses health information technology to optimize care of individuals and populations
CLINICAL PRACTICE: HEALTHY COPING	
1.8	Integrates individuals' behavioral and emotional health into the plan of care
1.9	Assists individuals with recognition of barriers and implementation of strategies for healthy coping
1.10	Assesses for the presence of diabetes distress, depression, eating disorders, and other mental health concerns
1.11	Integrates knowledge of healthy coping with assessment findings to appropriately refer people to behavioral specialists
1.12	Facilitates the development of coping skills in people with diabetes and cardiometabolic conditions

(continued)

Table 5

(continued)

<b>CLINICAL PRACTICE: REDUCING RISKS</b>	
1.13	Applies knowledge of diabetes-related complications and associated risk factors for education, prevention, and management
1.14	Implements risk-reduction strategies to minimize actual and potential risks related to common diabetes-related complications
1.15	Implements prevention strategies to assist individuals with diabetes and cardiometabolic conditions at care transition points
1.16	Assists individuals with recognition of barriers and implementation of strategies to effectively reduce the risk of diabetes and diabetes-related complications
<b>CLINICAL PRACTICE: TAKING MEDICATION</b>	
1.17	Explains administration technique, dosing, frequency, side effects, storage, expiration, benefits of medication taking, and possible interactions for medications used to treat diabetes and cardiometabolic conditions
1.18	Evaluates appropriateness of medications for diabetes and cardiometabolic conditions
1.19	Evaluates medications, over-the-counter agents, and dietary supplements for potential interactions
1.20	Assists individuals with recognition of barriers and codevelops strategies for uninterrupted medication use
1.21	Applies knowledge of the health care system and person's medications to facilitate uninterrupted access to medications, devices, and supplies necessary to self-manage diabetes and cardiometabolic conditions
<b>CLINICAL PRACTICE: HEALTHY EATING</b>	
1.22	Applies nutrition knowledge, cultural and socioeconomic considerations, and person's preferences to assess and individualize meal plans
1.23	Describes general components of healthy eating, such as food sources of macronutrients, label reading, portion sizes, and meal planning
1.24	Explains relationship between food, activity, medication, and clinical outcomes, such as blood glucose, lipids, blood pressure, and weight
1.25	Explains components of healthy eating patterns, such as including nonstarchy vegetables in the meal plan, minimizing added sugars and refined grains, and choosing whole foods instead of processed foods
1.26	Compares and contrasts various eating patterns useful for the management of diabetes and cardiometabolic conditions
1.27	Assists individuals with recognition of barriers and implementation of strategies for healthy eating
<b>CLINICAL PRACTICE: MONITORING</b>	
1.28	Explains available tools used for monitoring, such as self-monitoring of blood glucose, continuous glucose monitoring, and mobile applications, and appropriate techniques for accurate collection of patient-generated health data (PGHD)
1.29	Interprets data generated from monitoring tools
1.30	Translates data findings into actionable recommendations based on the plan of care
1.31	Applies knowledge of monitoring to provide guidance on achievement of treatment goals
1.32	Assists individuals with recognition of barriers and implementation of strategies for effective monitoring
<b>CLINICAL PRACTICE: BEING ACTIVE</b>	
1.33	Understands the role and impact of physical activity and fitness in prevention and treatment of diabetes and cardiometabolic conditions
1.34	Applies knowledge of exercise-related glucose excursions to provide recommendations for aerobic, resistance, and other physical activity
1.35	Assists individuals with recognition of barriers and implementation of strategies to promote physical activity
1.36	Modifies recommendations for physical activity based on factors such as pregnancy, age, body mass index, weight management goals, and macrovascular and microvascular complications of diabetes
<b>CLINICAL PRACTICE: PROBLEM SOLVING</b>	
1.37	Employs collaborative problem-solving methods to identify and resolve gaps in the plan of care
1.38	Utilizes knowledge of problem solving and goal setting to develop appropriate and realistic plans of care
1.39	Develops person-centered plan of care consistent with available support systems and physical, developmental, and cognitive levels
1.40	Assists individuals with recognition of barriers and implements strategies for effective problem solving

*(continued)*



Table 5

(continued)

**Domain 2: Communication and Advocacy**

The diabetes care and education specialist advocates for and communicates about improved quality of care and outcomes for those living with, at risk for, and affected by diabetes and cardiometabolic conditions.

<b>COMMUNICATION</b>	
2.1	Communicates with sensitivity and respect in all encounters
2.2	Listens actively and communicates empathetically to effectively connect with individuals, groups, and communities
2.3	Confidently communicates to promote change when necessary
2.4	Communicates effectively through writing, presentations, reports, and public speaking
2.5	Uses evidence-based educational materials and theories consistent with person's chronological and developmental age, health literacy/numeracy level, cultural or ethnic background, and physical or cognitive abilities
2.6	Uses principles of health literacy and numeracy as appropriate to frame communication
2.7	Competently and confidently uses technology to optimize care
2.8	Uses effective counseling techniques such as motivational interviewing and shared decision-making for collaborative goal setting
2.9	Collaborates with person to develop and prioritize behavior goals aligned with the integrated treatment and support plan
2.10	Collaborates with the person to assess progress towards goals and modifies interventions accordingly
2.11	Leads or participates in meetings; local, state, or national groups; or associations effectively and efficiently
2.12	Provides constructive feedback when appropriate to improve care delivery and performance of the interprofessional team
<b>ADVOCACY</b>	
2.13	Develops strategies to promote the role of the diabetes care and education specialist
2.14	Advocates for the value of services offered by diabetes care and education specialists, including programs focused on management, education, prevention, and support of diabetes and cardiometabolic conditions
2.15	Communicates to stakeholders the current health impact of prediabetes, diabetes, and cardiometabolic conditions in their practice setting, community, county, region, state, and/or nation
2.16	Collaborates with stakeholders on a local, regional, or national level to improve access to and quality of care and education for diabetes and cardiometabolic conditions
2.17	Partners with wellness and community stakeholders to support the prevention and management of chronic diseases, including prediabetes, diabetes, and cardiometabolic conditions
2.18	Collaborates with the interprofessional team to align best practices with person-centered goals
2.19	Models advocacy for safe, high-quality, and person-centered care

**Domain 3: Person-Centered Care and Education Across the Life Span**

The diabetes care and education specialist partners with individuals to deliver care and education conducive to behavior change and improved quality of life for self-management of diabetes and cardiometabolic conditions across the life span.

<b>ASSESSMENT</b>	
3.1	Assesses person's skills and knowledge level, education, health literacy/numeracy, culture, readiness to learn, preferred learning style and language, barriers to learning, financial barriers, confidence and skills with technology use, and support needs
3.2	Identifies appropriate community support for ongoing diabetes self-management

(continued)

Table 5  
(continued)

<b>ASSESSMENT</b>	
3.3	Evaluates person's interest and access to support network
3.4	Identifies technology tools that are well suited to person's preferences and plan of care to support an improved quality of life
3.5	Evaluates individual's physical and cognitive abilities to perform daily self-management activities and identifies tools, including adaptive aids, to facilitate effective self-management
<b>CARE DELIVERY FOR INDIVIDUAL</b>	
3.6	Provides evidence-based diabetes and cardiometabolic education to persons across the life span
3.7	Uses the AADE7 Self-Care Behaviors as a framework to teach, reinforce, and evaluate self-management skills
3.8	Facilitates an individualized education plan focused on achieving and sustaining behavior change and improved quality of life
3.9	Develops effective age-specific services using principles of health literacy and numeracy, learning, and behavior-change theories
3.10	Applies knowledge of technology and person's interest in and comfort with technology to select most appropriate tools
3.11	Addresses social determinants of health to facilitate quality care
3.12	Applies health behavior and learning theories to inform, motivate, and support the person throughout the life span
3.13	Facilitates individual problem solving to overcome barriers to self-management
3.14	Adapts behavioral approaches to meet evolving needs of the person
3.15	Integrates the inclusion of a support network into person's care
<b>CARE DELIVERY FOR POPULATION</b>	
3.16	Demonstrates appropriate participatory teaching methods in delivery of education
3.17	Participates in care coordination, including access to resources

#### Domain 4: Research and Quality Improvement

The diabetes care and education specialist contributes to research and quality improvement activities and applies current research and evidence-based care to guide practice.

<b>RESEARCH AND QUALITY IMPROVEMENT</b>	
4.1	Uses technology/databases to search and find publications and appropriately filter data
4.2	Promotes a culture of collaborative inquiry to advance diabetes knowledge and care
4.3	Participates in the development, use, and evaluation of clinical pathways, standards of care, and practice guidelines according to assigned role
4.4	Complies with all appropriate guidelines to create a safe environment to conduct research
4.5	Applies basic principles of research to contribute to the evidence base of the specialty
4.6	Synthesizes information to identify trends in research for application in practice
4.7	Applies critical thinking skills to evaluate research and quality improvement findings
4.8	Disseminates research findings for translation into practice
4.9	Contributes to the development and execution of quality improvement and research projects to advance diabetes care and education
4.10	Applies the evaluation process to diabetes care and education services
4.11	Responds to data in a systematic and iterative fashion, refines and implements plan, and studies results, as modeled in Plan-Do-Study-Act
4.12	Designs quality improvement processes

(continued)

Table 5

(continued)

Domain 5: Systems-Based Practice

The diabetes care and education specialist applies business principles, systems practice, and population health management to support achievement of the Quadruple Aim<sup>16</sup> (reduced costs, better outcomes/population health, improved patient experience, and improved work life for health care providers).

<b>BUSINESS MANAGEMENT</b>	
5.1	Understands impact of organizational culture and team dynamics on process and outcomes
5.2	Demonstrates effective development and management of the workforce
5.3	Identifies program goals, objectives, and resources to produce optimal outcomes for diabetes care and education services
5.4	Identifies a business plan that supports quality diabetes care and education services
5.5	Aligns diabetes-related services with the mission and strategic initiatives of practice settings and system
5.6	Applies business principles to support the fiscal sustainability of programs and services related to diabetes care and education services
5.7	Evaluates key performance indicators, including return on investment of programs/services
5.8	Utilizes cost-effective approaches in services provided without sacrificing quality
<b>SYSTEMS PRACTICE</b>	
5.9	Understands and applies the basic principles of health information technology
5.10	Applies appropriate value-based model to account for the uniqueness of each health delivery system
5.11	Drives the coordination of services for diabetes and cardiometabolic health across facilities, practice settings, and/or systems
5.12	Identifies systems-based errors and implements data-driven solutions
5.13	Analyzes health care systems to optimize delivery of care to individuals and populations
5.14	Creates innovative strategies to achieve the Quadruple Aim
5.15	Develops processes to improve transitions of care
5.16	Develops processes to ensure appropriate self-management education is provided during the episode of care
5.17	Develops processes to ensure access to resources needed for self-management at the time of transition
5.18	Advocates for appropriate and timely adjustments in plans of care to prevent therapeutic inertia
<b>POPULATION HEALTH MANAGEMENT</b>	
5.19	Participates in the design and/or implementation of initiatives to improve population-based outcomes
5.20	Utilizes population health needs assessments to design effective services
5.21	Applies principles of public health and/or population health management in designing diabetes care and education services

Domain 6: Professional Practice

The diabetes care and education specialist engages in lifelong learning and serves as a role model of professionalism.

<b>LIFELONG LEARNING</b>	
6.1	Contributes to a workplace culture that supports lifelong learning
6.2	Demonstrates positive self-care to support professional growth and development
6.3	Effectively uses an interprofessional network for knowledge acquisition and sharing as well as professional growth
6.4	Engages in systematic and ongoing self-reflection and self-evaluation and sets goals to improve knowledge and skills as a professional

(continued)

Table 5

(continued)

<b>LIFELONG LEARNING</b>	
6.5	Actively pursues lifelong learning to improve the specialty and the quality of life of people with, affected by, or at risk of diabetes and cardiometabolic conditions
6.6	Serves as a mentor or preceptor to accelerate learning potential of students and colleagues in their knowledge and skills of diabetes care and education
6.7	Serves as a subject matter expert in diabetes technology for the care team
6.8	Identifies opportunities to use technology to improve quality of life
6.9	Serves as a valued resource for the interprofessional team, organizations, and the public in topics related to diabetes care and education
6.10	Contributes to the development of position papers, guideline development, or other literature to advance the specialty
<b>PROFESSIONALISM</b>	
6.11	Applies knowledge of patient privacy and confidentiality laws, regulations, and code of ethics to guide practice
6.12	Takes responsibility and accountability for performance
6.13	Promotes a culture of collegiality and respect among the members of the care team
6.14	Accepts constructive feedback graciously
6.15	Uses creativity, innovation, and critical thinking in practice
6.16	Embraces use of technology to improve care and delivery
6.17	Practices within scope and refers to team members as appropriate

Table 6

## Technology at a Glance

Updates across the domains in technology underscore specific sets of knowledge, skills, and abilities critical to fulfilling the role of a diabetes care and education specialist and are highlighted in the table.

1.7	Uses health information technology to optimize care of individuals and populations
1.28	Explains available tools used for monitoring, such as self-monitoring of blood glucose (SMBG), continuous glucose monitoring, and mobile applications and appropriate techniques, for accurate collection of patient-generated health data
1.29	Interprets data generated from monitoring tools
2.7	Competently and confidently uses technology to optimize care
3.1	Assesses person's skills and knowledge level, education, health literacy/numeracy, culture, readiness to learn, preferred learning style and language, barriers to learning, financial barriers, confidence and skills with technology use, and support needs
3.4	Identifies technology tools that are well suited to person's preferences and plan of care to support an improved quality of life
3.10	Applies knowledge of technology and person's interest in and comfort with technology to select most appropriate tools
4.1	Uses technology/databases to search and find publications and appropriately filter data
5.9	Understands and applies the basic principles of health information technology
6.7	Serves as a subject matter expert in diabetes technology for the care team
6.8	Identifies opportunities to use technology to improve quality of life
6.16	Embraces use of technology to improve care and delivery

Table 7

## Emotional Well-Being at a Glance

Updates across the domains in emotional well-being underscore specific sets of knowledge, skills, and abilities critical to fulfilling the role of a diabetes care and education specialist and are highlighted in the table.

1.8	Integrates individuals' behavioral and emotional health into the plan of care
1.9	Assists individuals with recognition of barriers and implementation of strategies for healthy coping
1.10	Assesses for presence of diabetes distress, depression, eating disorders, and other mental health concerns
1.11	Integrates knowledge of healthy coping with assessment findings to appropriately refer people to behavioral specialists
1.12	Facilitates the development of coping skills in people with diabetes and cardiometabolic conditions
3.1	Assesses person's skills and knowledge level, education, health literacy/numeracy, culture, readiness to learn, preferred learning style and language, barriers to learning, financial barriers, confidence and skills with technology use, and support needs
3.2	Identifies appropriate community support for ongoing diabetes self-management
3.3	Evaluates person's interest and access to support network
3.12	Applies health behavior and learning theories to inform, motivate, and support the person throughout the life span
3.15	Integrates the inclusion of a support network into person's care

## Call to Action

The Association of Diabetes Care & Education Specialists is committed to performing ongoing assessments of the competencies and the needs of members, clients, and stakeholders to ensure that the specialty is able to adapt to the dynamic health care environment and meet the evolving needs of the people served by diabetes care and education specialists.

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