

Examination Content Outline

I. Assessment of the Diabetes Continuum (59)

- A. Learning (19)
- Goals and needs of learner
 - Learning readiness (attitudes, developmental level, perceived learning needs, etc.)
 - Preferred learning styles (audio, visual, observational, psychomotor, etc.)
 - Technology literacy and use (devices, software, apps, virtual coaching, patient portals, etc.)
 - Challenges to learning (concrete vs. abstract thinking, literacy and numeracy, language, cultural values, religious beliefs, health beliefs, psychosocial and economic issues, family dynamics, learning disabilities, etc.)
 - Physical capabilities/limitations (visual acuity, hearing, functional ability, etc.)
 - Readiness to change behavior (self-efficacy, value of change, etc.)
- B. Health and Psychosocial Status (19)
- Diabetes-relevant health history (diagnosis/presentation, duration, symptoms, complications, treatment, etc.)
 - General health history (family history, allergies, medical history, etc.)
 - Diabetes-specific physical assessment (biometrics, site inspection, extremities, etc.)
 - Data trends (laboratory and self-collected)
 - Current use of technology (meters, pumps, sensors, apps, software, etc.)
 - Treatment fears and myths (hypo/hyperglycemia, causes, complications, needles, weight gain, etc.)
 - Family/caregiver dynamics and social supports
 - Substance use (alcohol, tobacco, marijuana, caffeine, etc.)
 - Life transitions (living situation, insurance coverage, age related changes, etc.)
 - Mental health status (adjustment to diagnosis, coping ability, etc.)
 - Challenges to diabetes self-care practices (cognitive, language, cultural, spiritual, physical, economic, etc.)
- C. Knowledge and Self-Management Practices (21)
- Disease process
 - Eating habits and preferences
 - Activity habits and preferences
 - Monitoring (blood glucose, ketones, weight, etc.)
 - Record keeping (blood glucose, food, activity, etc.)
 - Medication taking habits (prescription, nonprescription, complementary and alternative medicine, etc.)
 - Use of health care resources (health care team, community resources, etc.)
 - Risk reduction (cardiovascular, etc.)
 - Problem solving
2. Instructional methods (discussion, demonstration, role playing, simulation, technology-based platforms, etc.)
3. Goals for lifestyle changes (S.M.A.R.T. goals, AADE-7, etc.)
- B. Educate Based on Individualized Care Strategies (35)
- General topics
 - Classification and diagnosis
 - Modifiable and non-modifiable risk factors
 - Pathophysiology (auto-immunity, monogenic, insulin resistance, secondary diabetes, cardiometabolic risks, etc.)
 - Effects and interactions of activity, food, medication, and stress
 - Drug and non-drug treatment options (access, risk/benefit, etc.)
 - Immunizations
 - Therapeutic goals (A1C, blood pressure, lipids, quality of life, etc.)
 - Laboratory test interpretation (A1C, lipids, renal and hepatic function tests, etc.)
 - Evidence-based findings for decision support (Diabetes Prevention Program, Diabetes Attitudes Wishes and Needs study, clinical trials, etc.)
 - Living with diabetes and prediabetes
 - Healthy coping (problem solving, complications, life transitions, etc.)
 - Psychosocial problems (depression, eating disorders, distress, etc.)
 - Role/Responsibilities of care (individual, family, team, etc.)
 - Social/Financial issues (employment, insurance, disability, discrimination, school issues, etc.)
 - Lifestyle management
 - Record keeping (blood glucose logs, food records, etc.)
 - Safety (sharps disposal, medical ID, driving, etc.)
 - Hygiene (dental, skin, feet, etc.)
 - Monitoring
 - Glucose (meter selection, continuous glucose sensing, sites, etc.)
 - Ketones
 - A1C
 - Blood pressure and weight
 - Lipids and cardiovascular risk
 - Renal and hepatic (function studies, microalbuminuria, serum creatinine, etc.)
 - Nutrition principles and guidelines
 - American Diabetes Association (ADA) and Academy of Nutrition and Dietetics nutrition recommendations (meal planning, macro/micronutrients, etc.)
 - Carbohydrates (food source, sugar substitutes, fiber, carbohydrate counting, etc.)
 - Fats (food source, total, saturated, monounsaturated, etc.)
 - Protein (food source, renal disease, wound care, etc.)
 - Food and medication integration (medication timing, meal timing, etc.)
 - Food label interpretation (nutrition facts, ingredients, health claims, sodium, etc.)
 - Alcohol (amount, precautions)
 - Weight management (adult and childhood obesity, failure to thrive, fad diets, etc.)

- i) Special considerations (food allergies, food aversion, gastroparesis, celiac disease, metabolic surgery, etc.)
 - j) Dietary and herbal supplements
 - 5. Activity
 - a) ADA and American College of Sports Medicine recommendations
 - b) Benefits, challenges, and precautions (comorbid conditions, post exercise delayed onset hypoglycemia, etc.)
 - c) Activity plan (aerobic, resistance training, etc.)
 - d) Adjustment of monitoring, food, and/or medication
 - 6. Medication management
 - a) ADA, European Association for the Study of Diabetes (EASD), American Association of Clinical Endocrinologists (AACE) guidelines
 - b) Medications (insulin, oral and injectable medications, administration, side effects, etc.)
 - c) Delivery systems (pump therapy, devices, etc.)
 - d) Medication adjustment
 - e) Interactions (drug-drug, drug-food, etc.)
 - f) Non-prescription preparations
 - 7. Acute complications: causes, prevention and treatment
 - a) Hypoglycemia
 - b) Hyperglycemia
 - c) Diabetic ketoacidosis (DKA)
 - d) Hyperosmolar hyperglycemic state (HHS)
 - 8. Chronic complications and comorbidities: causes, prevention and treatment
 - a) ADA Clinical Practice screening recommendations
 - b) Eye disease (retinopathy, cataracts, glaucoma, etc.)
 - c) Sexual dysfunction
 - d) Neuropathy (autonomic, peripheral, etc.)
 - e) Nephropathy
 - f) Vascular disease (cerebral, cardiovascular, peripheral, etc.)
 - g) Lower extremity problems (ulcers, Charcot foot, etc.)
 - h) Dermatological (wounds, yeast infection, ulcers, etc.)
 - i) Infection (genitourinary tract, pulmonary, skin and soft tissue, etc.)
 - j) Dental and gum disease
 - k) Comorbidities (hypertension, heart disease, depression, cognitive dysfunction, thyroid disease, celiac disease, obesity, sleep apnea, polycystic ovarian syndrome, etc.)
 - 9. Problem Solving and Other Management Issues
 - a) Honeymoon period, dawn phenomenon
 - b) Hypoglycemia unawareness
 - c) Pump, device, and sensor
 - d) Sick days
 - e) Surgery and special procedures
 - f) Changes in usual schedules (shift, religious, cultural, etc.)
 - g) Travel
 - h) Emergency preparedness
 - i) Physical capabilities and limitations (visual acuity, hearing, functional ability, etc.)
 - j) Assistive and adaptive devices (talking meter, magnifier, etc.)
 - k) Pre-conception planning, pregnancy, post-partum, and gestational diabetes
 - l) Special populations (pediatric, adolescence, geriatric, etc.)
 - m) Transitions of care (pediatric, young adult, care settings, etc.)
 - n) Substance use (alcohol, tobacco, marijuana, caffeine, etc.)
 - o) Disparities (economic, access, sex, ethnicity, geographic, mental capabilities, etc.)
 - C. Evaluate, Revise and Document (26)
 - 1. Weight, blood glucose patterns, eating habits, medication management, activity
 - 2. Self-reports and/or device downloaded reports
 - 3. Evaluate the effectiveness of interventions in:
 - a) achievement and progress toward goals
 - b) self-management skills
 - c) psychosocial adjustment
 - d) unexpected challenges (loss of insurance, job change, etc.)
 - 4. Individual's plan for the continuum of care with health care team and follow-up education and support
 - D. Referral, Support, and Follow-Up (9)
 - 1. Issues requiring referral
 - a) Education (diabetes, diabetes prevention program, peer, group vs. individual, behavioral, etc.)
 - b) Medical Nutrition Therapy
 - c) Exercise
 - d) Lifestyle coaching
 - e) Behavioral health
 - f) Learning disabilities
 - g) Medical care (foot care, dilated eye exam, pre-conception counseling, family planning, sexual dysfunction, etc.)
 - h) Risk reduction (smoking cessation, obesity, preventative services, etc.)
 - i) Medication management
 - j) Sleep assessment
 - k) Financial and social services
 - l) Discharge planning, home care, community resources (visual, hearing, language, etc.)
 - 2. Support (community resources, care managers, peer, prescription assistance programs, etc.)
 - 3. Communication between diabetes educator and health care team
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- A. Education Services Standards (8)
 - 1. Apply National Standards for Diabetes Self-Management Education and Support (NSDSMES)
 - a) Perform needs assessment (target population, etc.)
 - b) Develop curriculum (identify program goals, content outline, lesson plan, teaching materials, etc.)
 - c) Choose teaching methods and materials for target populations
 - d) Evaluate program outcomes (number of people served, provider satisfaction, patient satisfaction, effectiveness of diabetes education materials, etc.)
 - e) Assess patient outcomes (behavior changes, A1C, lipids, weight, quality of life, emergency department visits, hospitalizations, work absences, etc.)
 - f) Perform continuous quality improvement activities
 - g) Maintain patient information and demographic database
 - B. Clinical Practice (18)
 - 1. Apply practice standards (AACE, ADA, Endocrine Society, etc.)
 - 2. Implement and support population management strategies
 - 3. Identify medical errors and employ risk mitigation strategies
 - 4. Mentor staff (clinical and non-clinical) and/or lay leaders in need of education
 - 5. Advocate formulary management of diabetes medications and supplies
 - C. Diabetes Advocacy (2)
 - 1. Promote primary and secondary diabetes prevention strategies in at risk individuals and populations
 - 2. Participate in community awareness, health fairs, media