

STUDENT NAME: _____

UNIVERSITY: _____

YEAR: _____

Student Placement Record Booklet

Graduate Certificate Courses in Diabetes Education
and Management



Your trusted partner in diabetes care

Graduate Certificate Courses in Diabetes Education and Management Placement Record Booklet

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Abstract

This document provides the means by which each tertiary institution and the hospitals and health professionals who host students during placement can record student skill observation and development regardless of the location of the course being undertaken. The provision for consistency across all course providers is essential to ADEA's requirement to ensure all graduates are prepared for specialty diabetes practice and fulfil the criteria for initial credentialling when (and if) the time comes.

Key words

Clinical placement

Graduate Certificate of Diabetes Education and Management

Tertiary institutions

Hospitals and Health Service personnel

Australian Diabetes Educators Association (ADEA)

Course Accreditation and Standards of Practice (CASP) Committee

Credentialed Diabetes Educator (CDE)

Placement supervisor

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About ADEA

The Australian Diabetes Educators Association (ADEA) is the peak national organisation for multidisciplinary health professionals who are committed to the provision and excellence of quality, evidence-based diabetes education, care and management with over 2,100 members working in all sectors and across all locations.

ADEA aims to improve the health and wellbeing of people with diabetes by:

1. Accrediting postgraduate courses where eligible multidiscipline health professionals can achieve academic qualifications to become a diabetes educator
2. Assessing diabetes educators based on their qualifications, skills, knowledge and experience through the credentialling and recredentialling programs
3. Supporting multidisciplinary health professionals through its various continuing professional development programs, including mentoring, education and research
4. Developing and updating relevant policies, standards of practice and clinical guidelines for diabetes education practice in Australia

For more information, visit our website at www.adea.com.au.

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Introduction

ADEA expects that graduates from an ADEA accredited Graduate Certificate course will be able to demonstrate foundation level knowledge and skills in diabetes education and management. This includes assessment of the person with diabetes, appropriate education, support and management through person-centred care. It also includes acknowledgement of the role and individual scope of practice of the interdisciplinary team involved in the care and management of someone with diabetes, and appropriate referral to other health professionals as required.

Each Graduate Certificate course accredited by ADEA's course accreditation processes is required to include learning opportunities of both a theoretical and a practical nature.

This Student Placement Record booklet provides the means by which each Tertiary Institution and the hospitals and health services personnel who host students during placement can record how students have been exposed to practical diabetes care skills regardless of the location of the course being undertaken. The provision for consistency across all course providers is essential to ADEA's requirement to ensure all graduates are prepared for novice diabetes educator practice and able to work towards achieving the criteria for initial credentialling when (and if) the time comes.

The learning opportunities provided by clinical placement during the time as an enrolled student provides the opportunity for students to consolidate theoretical information and practice skills and knowledge with supervision. Exposing students to a variety of diabetes education and management interventions across different practice settings is essential. It aims to enable students to identify the unique roles of the interdisciplinary team and develop respect for the unique contribution each discipline brings to diabetes care while also helping students establish a beginning range of contacts that can then provide them with a foundation for establishing professional support networks for their future practice.

Regardless of the primary discipline from which students may come, ADEA supports the premise that CDEs are an interdisciplinary workforce who work within their individual scope of practice. As such, ADEA expects that all students be afforded the opportunity for clinical placement experience regardless of their primary discipline.

Students can be supervised by diabetes educators either within or outside of their primary discipline. The placement supervisor should either be a CDE themselves or have a direct-line manager who is a CDE. Placement Supervisors who are not CDE's should be appropriately qualified and experienced, and appointed to the placement supervisor role at the discretion of the relevant Course Coordinator.

It is expected that when organising and arranging placements, Tertiary Institutions give priority and consideration to students whose primary discipline is eligible for credentialling status. <https://www.adea.com.au/credentialling/initial-credentialling/primary-discipline/>

The ADEA expects that all graduates eligible for credentialling, now and in the future, must graduate with the theoretical knowledge and practical skills to meet the National Competencies for Credentialed Diabetes Educators.

This Student Placement Record Booklet should be used in conjunction with the most current version of additionally relevant ADEA documents:

- Role and Scope of Practice for Credentialed Diabetes Educators in Australia (2015)
<https://www.adea.com.au/about-us/our-publications/>
- National Competencies for Credentialed Diabetes Educators (2017)
<https://www.adea.com.au/about-us/our-publications/>
- Credentialling guidelines and information
<https://www.adea.com.au/credentialling/how-to-become-a-cde/>

- Individual relevant professional scope of practice guidelines and standards for the students' primary discipline

ADEA recognises that graduates from a Graduate Certificate course will need to continue to develop competency and expertise in diabetes education, care and management through ongoing continuing education and professional development, mentoring and experience across all the domains of practice of a CDE's role.

HOW TO USE THIS RECORD BOOKLET

Students enrolled in a Graduate Certificate course will be able to access the Record Booklet via their own specific University online systems, as directed by the Course Coordinator and/or relevant University staff.

The Booklet will also be available on the ADEA website. <https://www.adea.com.au/lifelong-learning/accredited-post-graduate-certificates-in-diabetes/>

The Tertiary Institution will provide additional information relating to how their specific placement will be organised for enrolled students, and how to liaise with the relevant hospital or health service. The Tertiary Institutions are responsible for ensuring placement supervisors are provided with information and support to undertake their role in supervising clinical placement for students.

It is recommended that this Booklet be maintained as one document in either electronic and/or hard copy. Where signatures need to be entered, scanning of pages is acceptable.

Submission of the Placement Record Booklet should be undertaken as per each Tertiary Institution's instructions and academic requirements for their internal assessment purposes.

It is recommended that students keep a copy of the completed record book (electronic and/or hard) for future reference.

CLINICAL PLACEMENT REQUIREMENTS

Each of the following five (5) sections must be completed across the Clinical Placement learning time/s.

1. Hours to be completed

- A minimum total of 60 hours placement is required
 - 40 hours of on-site formal clinical placement, preferably in one location/venue with one Placement Supervisor
- PLUS**
- 20 additional hours of professional practice exposure.
-
- Clinical placement location criteria include those where there are maximum opportunities for students to experience a variety of diabetes clinical scenarios. These include people with different types of diabetes, across the various life stages (children and adolescents to adults and the elderly), people at various diabetes experience stages (the newly diagnosed to those with advanced complications) and individuals from different communities and cultural backgrounds (including Aboriginal and/or Torres Strait Islander peoples).
 - This formal clinical placement is generally organised by or in conjunction with the tertiary institution where the student is enrolled. ADEA have no responsibility for arranging this aspect.
 - Formal clinical placement must occur during the last 3 to 6 months of the course after sufficient theoretical knowledge has been gained and deemed achieved by academic assessments.
 - Professional practice exposure hours constitute any combination of the acceptable options, a list of which can be found in Appendix 1.
 - The additional 20 hours of professional practice exposure should be self-managed and initiated by the student. Additional guidance if required should be sought from the relevant tertiary institution. This aspect can be commenced from the start of the course.
 - The element of clinical exposure is designed to provide additional practical and hands-on experiences as well as to guide, consolidate and reinforce a coordinated approach to continuous professional development (CPD) for future diabetes professional practice, credentialling and recredentialling documentation management.

2. Learning objectives

- Each student must formulate a minimum of five (5) individual SMART learning objectives prior to beginning their clinical placement.
- Learning objectives should be relevant to the learning opportunities available at the location/venue where placement will be undertaken.
- Learning objectives should be discussed with the Placement Supervisor at the commencement of the placement or before, and agreed upon with a signature validating this has occurred.

3. Diabetes Care Elements

- The practical aspects of diabetes education are inherent to competent practice development. While ADEA accepts that skill development is a continual process, there are foundation diabetes care aspects that are inherent to the novice level practice of diabetes education that must be included as part of the clinical practice experience.
- Students will observe diabetes care skills demonstrated by the Placement supervisor during their regular day-to-day diabetes education practice.
- Students should be encouraged to undertake and practice skills themselves under the direct supervision of the placement supervisor.
- It is recommended that students demonstrate **all** aspects on the core diabetes care elements log under supervision.

- Alternatives to student demonstration under supervision include:
 - Participation together with placement supervisor in care activity with discussion- student and placement supervisor complete the Diabetes Care Element and discuss upon completion
 - Simulation or role play with discussion- a Diabetes Care Element scenario is simulated with the student and the placement supervisor or staff in tertiary institution
 - Student observation with discussion*- student observed the placement supervisor complete the Diabetes Care Element and discussed upon completion
 - Not seen or done*- diabetes care element not seen or done by student,

*For Diabetes Care Activities observed with discussion or not seen or done: it is highly recommended that the student review current literature, best practice guidelines and/or education resources related to the Diabetes Care Element (these activities can put toward to 20 hours of professional practice exposure)

4. Self-reflection

- During clinical placement, students are required to consider their own individual attitude, performance and abilities within the real world of diabetes education practice.
- Self-reflection encourages critical examination of own knowledge and scope of practice, and aims to promote a new understanding of events and experiences across the clinical practice domain.
- The process of reflection can result in ideas and actions that may not otherwise surface in order to facilitate and improve ethical, effective, safe and competent practice.
- Students should share and discuss reflections with the placement supervisor at the conclusion of the placement. Having an objective and constructive contribution to self-reflection in the form of peer or colleague review is a very valuable and important aspect of quality performance in diabetes care.

5. Final Sign-off

- At the completion of the on-site formal clinical placement experience, the Placement Supervisor must provide feedback to the student in the form of a verbal discussion and written comments.
- Tertiary institutions will review and record this as part of their individual academic requirements.
- This should not be either protracted nor superficial, but a summary of the placement experiences documented throughout this Record Booklet.

INDIVIDUAL LEARNING OBJECTIVES

Students need to formulate a minimum of five (5) **SMART** individual learning objectives prior to beginning their clinical placement.

Specific, Measurable, Attainable, Relevant, Time-based

The placement supervisor must discuss objectives with the student, agree with them and sign this page.

| | |
|----------|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |

| Date | Name of Placement Supervisor | Professional Discipline | Signature |
|-------------|-------------------------------------|--------------------------------|------------------|
| | | | |

| Date | Name of Student | Signature |
|-------------|------------------------|------------------|
| | | |

CLINICAL PLACEMENT LOCATION DETAILS AND TIME LOG

Details regarding the 40 hour on-site clinical placement and relevant supervisory personnel must be recorded here.

| | |
|------------------------------|--|
| Diabetes Service name | |
| Address | |

| | |
|---------------------------------------------|--|
| <i>Placement Supervisor</i> Name | |
| Professional discipline | |
| Email | |
| Phone | |

| | |
|----------------------------------------------------------------------------------|--|
| <i>Placement Supervisor</i> Name <small>[if more than one]</small> | |
| Professional discipline | |
| Email | |
| Phone | |

DIABETES CARE ELEMENTS LOG

Graduate capabilities form the beginning for those embarking on a career in diabetes education and are the core elements expected of all those who complete and graduate from an ADEA accredited Graduate Certificate course. These form the foundation that new novice graduates must be able to demonstrate in any practical diabetes care environment. They are listed in Appendix 2.

Discipline-specific knowledge and capabilities, critical thinking, problem solving, self-management and teamwork are at the heart of the core diabetes care elements listed below that must be included as part of the placement.

INSTRUCTIONS

- Students are expected to observe a wide variety of core diabetes care skills demonstrated by the placement supervisor/s.
- Students can be supervised by diabetes educators either within or outside of their primary discipline.
- The placement supervisor should either be a CDE themselves or have a direct-line manager who is a CDE.
- Placement Supervisors who are not CDE's should be appropriately qualified and experienced, and appointed to the placement supervisor role at the discretion of the relevant Course Coordinator.
- Students should be encouraged to demonstrate all Diabetes Care Elements under the direct supervision of (and under the discretion of) the placement supervisor.
- It is encouraged and recommended that **all** aspects on the core diabetes care elements log are at least observed in real clinical settings. If opportunities are not available for this, then strategies such as simulation or role play with discussion can be used as an alternative while on placement (or student to arrange with tertiary coordinator). The care elements with a shaded box in the 'Not seen or done' column of the log are elements that **MUST** be addressed in some way.
- A telephone or telehealth observation (consultation) opportunity is an acceptable alternative.

For Diabetes Care Elements not demonstrated or observed by the student: It is highly recommended that the student review current literature, best practice guidelines and/or education resources related to these elements (these activities can put toward to 20 hours of professional practice exposure)

- Each aspect should be checked off by placing an 'X' in the appropriate spot according to the following classifications and signed by the placement supervisor:

| | |
|----------|-------------------------------------------------------------------------|
| D | Demonstrated under supervision |
| P | Participated together with placement supervisor in care activity |
| S | Simulation or role play with discussion |
| O | Observed with discussion |
| N | Not seen or done |

A shaded box in the 'Not seen or done' column indicates a care element that **MUST** be addressed, and therefore 'Not seen or done' is not an option.

DIABETES CARE ELEMENTS LOG RECORD

| Core diabetes care elements | D | P | S | O | N | Placement Supervisor Name | Placement Supervisor Primary Qualification | Signature | Date |
|-------------------------------------------------------------------------------------|---|---|---|---|---|---------------------------|--------------------------------------------|-----------|------|
| Clinic/team meeting | | | | | | | | | |
| Client case discussion | | | | | | | | | |
| Newly diagnosed consultation (T1 or T2) | | | | | | | | | |
| NDSS eligibility and forms | | | | | | | | | |
| Group based structured self-management education session (eg DESMOND, SMART, DAFNE) | | | | | | | | | |
| Use of BGM, including safety precautions and structured timing of SMBG | | | | | | | | | |
| BG results review and advice | | | | | | | | | |
| Healthy eating education session | | | | | | | | | |
| Individual 1:1 education session | | | | | | | | | |
| T2 medication review & discussion with prescriber regarding changes (if required) | | | | | | | | | |
| Insulin initiation & injection technique | | | | | | | | | |
| Hypoglycaemia education | | | | | | | | | |
| Hyperglycaemia, sick days and ketone checking education | | | | | | | | | |
| Insulin dose adjustment education (T1 and/or T2) | | | | | | | | | |
| Review of injection technique | | | | | | | | | |
| Pump download review & analysis plus advice | | | | | | | | | |
| CGM download review & analysis plus advice | | | | | | | | | |
| Foot assessment and advice | | | | | | | | | |
| Complications screening discussion | | | | | | | | | |
| Emotional health assessment consultation | | | | | | | | | |

| Core diabetes care elements | D | P | S | O | N | Placement Supervisor Name | Placement Supervisor Primary Qualification | Signature | Date |
|---------------------------------------------------------------------------------|------------------------------------------------------------|----------|----------|----------|----------|----------------------------------|---------------------------------------------------|------------------|-------------|
| GDM clinic or consultation | | | | | | | | | |
| Pre-existing diabetes in pregnancy clinic or consultation | | | | | | | | | |
| Observe a Multidisciplinary consultation – other than own profession | | | | | | | | | |
| Paediatric clinic or consultation | | | | | | | | | |
| Explore specialty diabetes services: aged care, cancer/chemotherapy, palliative | | | | | | | | | |
| Surgery with diabetes – elective and/or emergency; pre-op, peri-op, post-op | | | | | | | | | |
| Travel information for people with diabetes | | | | | | | | | |
| | Add any additional experiences in the spaces below: | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SELF REFLECTION

The following provides a number of items/questions that should be used to guide the self-reflection process during the clinical placement experiences. Responses should be more than yes/no answers.

Students should share and discuss their reflections with the supervising CDE at the completion of the placement time, and earlier if needed.

1. How effectively were you able to consolidate your theoretical learning while on placement?

What additional theory would have been valuable?

2. Were you able to achieve all of your learning objectives?

If not, why?

3. Identify three (3) things that went well (give specific examples). Consider what it was about the things that went well that made you feel that.

4. Identify three (3) areas you feel you need to develop further (be specific)

5. Take one of the areas you felt you would like to develop further and write a brief action plan. Self-reflection is an ongoing process and is most beneficial when it is used to support continued development in a particular area. Remember to be SMART with your action plan and goal setting.

Action plan headings could include:

- Which area will you continue to develop?
- How could I achieve this?
- What might stop me?
- What can I do to overcome these barriers?

FINAL SIGN-OFF

Overall summary comments and reflections on the student's time on placement in the service/venue.

Placement Supervisor comments:

Student comments:

Placement Supervisor signature:

Student signature:

Date:

Appendix 1 – Professional Practice exposure suggestions

The following list includes a variety of ways that the extra 20 hours of professional practice exposure can be achieved.

It is not exhaustive, and students may think of something else and should seek prior approval from their course coordinator.

- Attendance at scheduled University course residential or onsite workshops/classes.
- Attend a diabetes professional conference, seminar or workshop.
- Attend a diabetes product or drug information session, dinner or webinar.
- Attend a diabetes camp (as a volunteer or supernumerary diabetes educator).
- Undertake a 'WOW' (watch others work) *observation* day or days with a CDE from a *different* discipline to their own.
- Attend an ADEA state branch meeting.
- Complete an ADEA podcast, webinar or online module.
- Complete a National Prescribing Service (NPS) online case study.
- Complete one of the insulin pump company online modules.
- Attend and assist (volunteer) with community activities (e.g. during National Diabetes Week).
- Attend and assist (volunteer) with activities organised by other health professionals (e.g. Health Promotion Officers, Aboriginal Health Workers).
- Attend and/or present at a diabetes journal club meeting.
- Complete review current literature, best practice guidelines and/or education resources related to the Diabetes Care Elements

Appendix 2 – Expected Graduate Attributes

The following attributes are those deemed necessary for all graduates of accredited graduate certificate of diabetes education courses to fulfil:

1. Critical thinking skills and understanding of diabetes self-management education and diabetes management in a chronic disease context.
2. Problem solving and decision-making skills in order to respond to clinical and professional challenges in diabetes management.
3. A commitment to research and quality improvement to build the evidence to support the delivery of high-quality care that improves outcomes for people with prediabetes and diabetes.
4. A commitment to an interdisciplinary team approach to support optimal person-centred care.
5. Knowledge and application of ethical and legal principles related to diabetes education and management.
6. Knowledge of and ability to integrate the physical, psychological, social, political, financial, environmental and cultural determinants of health and disease in order to provide person-centred and quality diabetes self-management education and care.
7. Skills necessary for lifelong learning, which include the critical analysis of literature from a variety of sources, and reflective practices skills.
8. Information technology skills that will allow the student to function in the ever-emerging technology and social media environment.
9. Effective written, oral and interpersonal communication skills in academic, professional and health care contexts.
10. A commitment to contributing to the safe, effective and efficient delivery of diabetes services and programs that support successful self-management of prediabetes and diabetes.
11. Cultural competence: an ability to engage with diverse cultural and Indigenous perspectives in both global and local settings.