

**THE CANADIAN DIABETES EDUCATOR  
CERTIFICATION BOARD**

**HOW TO GUIDE  
2012**

**FOR CERTIFICATION MAINTENANCE  
BY CREDIT PORTFOLIO**



**APPLICATION DEADLINE  
FEBRUARY 1, 2012**



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## Introduction

Since 1991, the Canadian Diabetes Educator Certification Board (CDECB) has operated the Certified Diabetes Educator (CDE) program. The program allows eligible health professionals to become Certified Diabetes Educators, maintain their certification, and be recognized as diabetes specialists. After initial CDE certification, a CDE is required to perform certification maintenance every 5 years. Initially, the only option for certification maintenance was to rewrite the CDE exam.

In 2000, the viability of an alternate certification maintenance process was examined. After an extensive review of the certification maintenance requirements used by other professional organizations, and a statistical review of CDEs who maintained certification by exam, the process of Certification Maintenance by Credit Portfolio was developed. A pilot project was done to test the processes and credit system prior to implementation<sup>1</sup>.

Today, CDEs may perform Certification Maintenance by either writing the CDE exam or complying with the requirements of the Credit Portfolio process.

This two part guide for C.D.E. Certification Maintenance by Credit Portfolio provides you with all the information and tools required to successfully complete Certification Maintenance by Credit Portfolio. Part 1 provides an overview and details of the Credit Portfolio process. Part 2 provides examples of completed forms and detailed information on the accepted activities.

This guide, associated guidelines and forms are also posted on the CDECB website, [www.cdecb.ca](http://www.cdecb.ca). Please check the website on a regular basis for any notification of revisions to the guidelines. You can also obtain a print copy of this guide and forms through the CDECB office - please include your mailing address with your request to:

Coordinator, CDECB  
2878 King Street  
Caledon, Ontario. L7C 0R3

Phone: 905-838-4898      FAX: 905-838-4899

E-mail: [cdecb@sympatico.ca](mailto:cdecb@sympatico.ca)

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<sup>1</sup> Jones H, Whiting J, Belton A. Maintenance of Certified Diabetes Educator Status by Portfolio: Evidence for Accessibility, Relevance, Validity and Sustainability. Can. J. Diabetes. 2008;32(1):20-28.

# Part 1

## The Credit Portfolio Process

Certified Diabetes Educators (CDEs) are required to perform Certification Maintenance (CM) once every five years just prior to the expiration of their CDE certificate. The objective of the Credit Portfolio (CP) option is to provide a voluntary, accessible, valid and relevant process for Certification Maintenance (CM). It recognizes the relevance of lifelong learning on professional development and provides CDEs an alternative to performing CM by exam.

The CM by CP process is based on a system of credits earned for professional development activities that either enhance competency or demonstrate professional leadership. During your credit collection period, you compile a portfolio by documenting these credits on the forms provided by CDECB. Blank Word and PDF forms are available on the CDECB website, [www.cdec.ca](http://www.cdec.ca). It is important to pay attention for any additional documentation, such as certificates of attendance, that may be required and to make sure these are also included in your portfolio.

The choice is up to you as to whether you write the exam or use the credit portfolio option for CM.

To apply for CM by CP you must fill out the application and credit summary form and send it to CDECB before the application deadline; February 1<sup>st</sup> of the year your CDE certificate expires.

All credit summaries are reviewed by the audit committee. After the credit summaries are reviewed, a pre-determined percentage of CM by CP candidates are selected to send in their portfolios to the audit committee. Once notified, these candidates will have three weeks to send in three copies of their portfolio.

Results for the CM by CP process are mailed out at the same time as those for the exam.

### Advice on Building your Portfolio

While you do not apply for certification maintenance until just prior to the expiration of your CDE certificate, if you are thinking about using the credit portfolio process, it is best to work on your portfolio continuously during your five year credit collection period. It can be difficult to find records and recall activities done several years ago. Also, take note of who might be required to sign your documentation. It is easier to get a signature just after an activity is completed than to wait until your portfolio is due. To help you get started, refer to Appendix A, *Organizing Your Portfolio*.

You **must** be registered with your professional regulatory body **and** be a CDE in order to collect credits.

If you are interested in the credit portfolio option for maintaining your CDE credential, **start organizing** your documentation and portfolio **NOW!** Building a credit portfolio is intended to be a slow, steady "marathon", not a three week "sprint". The three week period audited candidates have to send in their portfolio is solely intended to give sufficient time for photocopying and mail delays.

The portfolio you submit for audit should match the credit summary form you submitted with your application. By submitting an application and credit summary form for Certification Maintenance by Credit Portfolio, you are certifying that your portfolio is complete and ready to be submitted for audit.

## Blank Forms

To receive a package of the pre-printed forms, send your request to the CDECB office. The contact information can be found in the introduction of this guide.

To download the forms go to [www.cdec.ca/index.php?id=CM\\_howtguide](http://www.cdec.ca/index.php?id=CM_howtguide)

Forms are available in both Word and PDF formats. The Word format forms can be opened, edited and saved on your computer. The PDF forms must be printed and the information written on the form. You can download either single forms as required or all the forms in one package.

There are no blank forms in this guide other than the CM by CP application and the credit summary forms (appendix E).

## Collecting Credits

### Credit Collection Period

Your credit collection period is the five year period where you build your credit portfolio by saving the necessary documentation, getting the required signatures and keeping track of overall credits. It is not necessary to collect any particular number of credits per year. If you take a leave of absence, for instance a maternity leave for one year, you still have four working years to collect credits. Of course, you can still collect credits while you are on leave.

You may only earn credits for professional development activities that take place during your credit collection period. Any credits claimed for activities that occur before, or end after your credit collecting period **will not be accepted.**

The start of your credit collection period depends on how you earned your current CDE designation.

As you must be a CDE in order to collect credits, if you've earned your CDE by exam for the first time then you may begin collecting credits from **June 1<sup>st</sup>** of the year you obtained your CDE designation. This date also applies to anybody who's CDE status had lapsed and then was regained by writing the exam.

If your current CDE designation was obtained by CM, begin collecting credits from **February 1<sup>st</sup>** of the year of your last certification maintenance.

For all candidates, **January 31<sup>st</sup>** of your certification maintenance year marks the end of when you can collect credits. Your certification maintenance year is the year that your CDE certificate expires.

Table 1 summarizes the credit collection period for CDEs who initially certified, or regained their CDE designation, by exam in 2007 through 2011. Table 2 summarizes the credit collection period for CDEs who underwent CM in 2007 through 2011.

Table 1: Credit Collection period for CDEs who initially certified, or regained their CDE designation, by exam in 2007 through 2011.

<i>Year CDE did initial exam</i>	<i>Certification Maintenance Year</i>	<i>Credit Collection Period</i>	
		<i>June 1<sup>st</sup></i>	<i>January 31<sup>st</sup></i>
2007	2012	2007	2012
2008	2013	2008	2013
2009	2014	2009	2014
2010	2015	2010	2015
2011	2016	2011	2016

Table 2: Credit collection period for CDEs who underwent certification maintenance in 2007 through 2011.

<i>Year CDE did Certification Maintenance</i>	<i>Certification Maintenance Year</i>	<i>Credit Collection Period</i>	
		<i>February 1<sup>st</sup></i>	<i>January 31<sup>st</sup></i>
2007	2012	2007	2012
2008	2013	2008	2013
2009	2014	2009	2014
2010	2015	2010	2015
2011	2016	2011	2016

## Credit Type Definitions

This guide refers to three types of credits: required, submitted and accepted. They are interrelated and it is important to understand what we mean when we refer to them.

Required Credits refers to the credit threshold for successful CM by CP. The number of Required Credits for your CM year is available on the CDECB website. Currently, it is 250 for those required to perform CM in 2012 to 2015.

As the name implies, Submitted Credits refers to the credits that you submitted on the credit summary form that you sent in with your application. If you are selected to submit your portfolio, it must match and support the credits you claimed on your credit summary form. The credit summary and portfolio will be compared. In the case of major discrepancy we may only accept the lowest submitted credit values for that category.

Accepted Credits refers to the credits that the audit committee accepts from those that you have submitted. When the sum of accepted credits equals or exceeds the required credits, you have achieved CM.

## The 50% rule

In order to ensure diversity in the activities used for certification maintenance, **no more than 50% of the required credits will be accepted from any one of the six major activity categories.**

Under the 50% rule, we accept a maximum of 125 credits from each of the six major activity categories towards the 250 required credit threshold for CM. It also means that you must **submit credits in at least two major categories.**

However, you are allowed to submit as many credits as you wish in each of the six major activity categories. Depending on your portfolio, submitting more than 125 credits per category allows for a reserve in case some credits are not accepted.

## The Six Major Categories of Activities

The activities for credit have been divided into six major categories, each containing a variety of activities.

1. Practice Review and Self-Assessment.
2. Organized Learning.
3. Personally Designed Learning.
4. Educational/Developmental or Teaching.
5. Publications, Research and Quality Improvement.
6. Professional Leadership.

While you must collect credits from at least 2 major categories, you do **not** need to collect credits in each major category. Part 2 of this guide provides a detailed description of the activities within the six major categories.

**Credit Summary Form Example**

In general, once you complete your credit summary form, your category total table on the last page will look like one of the examples below:

Candidate A:

ACTIVITY	SUBMITTED CREDITS	AUDIT COMMITTEE USE ONLY
1: Practice Review/Self-Assessment Total		
2: Organized Learning Total		
3: Personally Designed Learning Total	200	
4: Educational Development/Teaching Total	135	
5: Publications, Quality Improvement & Research Total		
6: Leadership Total		
7: Pilot Project Total		
<b>TOTAL SUBMITTED CREDITS</b>	<b>335</b>	

Candidate B:

ACTIVITY	SUBMITTED CREDITS	AUDIT COMMITTEE USE ONLY
1: Practice Review/Self-Assessment Total		
2: Organized Learning Total		
3: Personally Designed Learning Total	125	
4: Educational Development/Teaching Total	125	
5: Publications, Quality Improvement & Research Total		
6: Leadership Total		
7: Pilot Project Total		
<b>TOTAL SUBMITTED CREDITS</b>	<b>250</b>	

Candidate C:

ACTIVITY	SUBMITTED CREDITS	AUDIT COMMITTEE USE ONLY
1: Practice Review/Self-Assessment Total		
2: Organized Learning Total		
3: Personally Designed Learning Total	200	
4: Educational Development/Teaching Total	100	
5: Publications, Quality Improvement & Research Total		
6: Leadership Total		
7: Pilot Project Total		
<b>TOTAL SUBMITTED CREDITS</b>	<b>300</b>	

Candidate D:

ACTIVITY	SUBMITTED CREDITS	AUDIT COMMITTEE USE ONLY
1: Practice Review/Self-Assessment Total	20	
2: Organized Learning Total	10	
3: Personally Designed Learning Total	200	
4: Educational Development/Teaching Total	95	
5: Publications, Quality Improvement & Research Total	10	
6: Leadership Total	0	
7: Pilot Project Total	0	
<b>TOTAL SUBMITTED CREDITS</b>	<b>335</b>	

At first glance it would appear that all the candidates are successful at Certification Maintenance. They all have submitted at least 250 credits.

However, candidate "C" would be unsuccessful at certification maintenance. Remember, all credit summaries are reviewed. Under the 50% rule, a maximum of 125 credits can be accepted from any one category towards the 250 required credit threshold. Candidate "C" has 225 acceptable credits, which is below the 250 required credit threshold. They would not be successful in maintaining their CDE status. The result of the review of candidate "C"'s credit summary is shown below.

Candidate C:

ACTIVITY	SUBMITTED CREDITS	AUDIT COMMITTEE USE ONLY
1: Practice Review/Self-Assessment Total		
2: Organized Learning Total		
3: Personally Designed Learning Total	200	125
4: Educational Development/Teaching Total	100	100
5: Publications, Quality Improvement & Research Total		
6: Leadership Total		
7: Pilot Project Total		
<b>TOTAL SUBMITTED CREDITS</b>	<b>300</b>	<b>225</b>

When the auditors review a portfolio, some credits may be deemed ineligible for credit. Assume that candidates "A", "B" and "D" forgot to get a form signed in category 4 and five credits are disallowed. The result of the audit is summarized below.

Candidate A:

ACTIVITY	SUBMITTED CREDITS	AUDIT COMMITTEE USE ONLY
1: Practice Review/Self-Assessment Total		
2: Organized Learning Total		
3: Personally Designed Learning Total	200	125
4: Educational Development/Teaching Total	135	125
5: Publications, Quality Improvement & Research Total		
6: Leadership Total		
7: Pilot Project Total		
<b>TOTAL SUBMITTED CREDITS</b>	<b>335</b>	<b>250</b>

Candidate B:

ACTIVITY	SUBMITTED CREDITS	AUDIT COMMITTEE USE ONLY
1: Practice Review/Self-Assessment Total		
2: Organized Learning Total		
3: Personally Designed Learning Total	125	125
4: Educational Development/Teaching Total	125	120
5: Publications, Quality Improvement & Research Total		
6: Leadership Total		
7: Pilot Project Total		
<b>TOTAL SUBMITTED CREDITS</b>	<b>250</b>	<b>245</b>

Candidate D:

ACTIVITY	SUBMITTED CREDITS	AUDIT COMMITTEE USE ONLY
1: Practice Review/Self-Assessment Total	20	20
2: Organized Learning Total	10	10
3: Personally Designed Learning Total	200	125
4: Educational Development/Teaching Total	95	90
5: Publications, Quality Improvement & Research Total	10	5
6: Leadership Total	0	
7: Pilot Project Total	0	
<b>TOTAL SUBMITTED CREDITS</b>	<b>335</b>	<b>250</b>

Candidates "A" and "D" would still be successful at certification maintenance while candidate "B" would not as they did not submit extra credits. While only 125 credits can be accepted from any given major category, submitting more than 125 credits per category allows for a reserve in case some credits are not accepted. **You are strongly advised to SUBMIT EXTRA CREDITS IN CASE SOME ARE DISALLOWED. Always assume that your portfolio will be audited.** If you are selected for audit, your portfolio must match and support the credits you claimed on your summary form.

## Applying for Certification Maintenance by Credit Portfolio

### Preparing your Portfolio for Submission

As a final step in building your portfolio, you are required to prepare your portfolio for submission.

Your portfolio must be collated and organized in the order of activities as shown in the How to Guide. Once organized, all the pages of your portfolio must be numbered sequentially. The total number of pages of your portfolio must be indicated on the first and second pages of your portfolio.

This will help us in several ways. It will help ensure that your portfolio remains intact during handling. The auditors will be able to confirm that they have received all the pages of your portfolio. The auditors will also have a page number to refer to when discussing your portfolio.

You may also benefit by being able to ensure that the three copies of your portfolio are complete.

### Application Form and Summary

Your application must include:

- A completed Application form (1 copy). You must use the current Application form. (Appendix E)
- Your Credit Summary form in duplicate (2 copies). You must use the detailed 4 page form. (Appendix E)
- Full fee payment.
- A copy of your current registration certificate/card with a regulated health profession.
- If you are claiming 5 credits for the CDECB Competencies Review or the DES Best Practice sessions at the 2007 CDA Professional Conference, you must include a copy your certificate of attendance with your Application/Credit Summary Form.

If your application form is not complete and legible, your application will not be processed. It will be returned to you. It is your responsibility to ensure that your e-mail address, phone number(s), and mailing address are accurate, legible and up to date. On the application form you must indicate if any of your contact information has changed since your last certification. CDECB will confirm any change in contact information. Failure to keep your contact information up to date with CDECB may result in loss of your CDE status.

Once submitted, we do not accept changes to your credit summary. The credit summary form you submit with your application should be an accurate summary of your portfolio which you are prepared to submit for audit. By submitting an application and credit summary form for CM by CP, you are certifying that your portfolio is complete and ready to be submitted for audit.

Do **not** send in your portfolio with your application and credit summary form. Any candidate who submits their portfolio with their application will have their portfolio returned to them. Only candidates who receive a Portfolio Submission Notification are required to submit their portfolios.

### Mailing Address

Certification Maintenance  
CDECB  
2878 King Street  
Caledon, Ontario. L7C 0R3

### February 1<sup>st</sup> Application Deadline

CDECB does not mail out reminders that your CDE designation is about to expire. The deadline to submit your application and summary form for CM by CP is **February 1<sup>st</sup>** of your certification maintenance year. Your CM year is the year that your CDE certificate expires. Applications postmarked after February 1<sup>st</sup> will not be accepted and will be returned, without exception.

CDECB will send out an acknowledgement of receipt of the application and credit summary form and a receipt for fees paid by regular mail. This will not occur until mid-March. CDECB will not confirm receipt of any application by phone or e-mail. You are strongly urged to use registered mail or other traceable services to send in your application and summary. Should your application go astray, this will be your proof that you sent it in on time.

After February 1<sup>st</sup>, if you have applied for Certification Maintenance by Credit Portfolio you may not change your mind and elect to write the exam.

### Fees

The following fees are applicable for the CM by CP option:

These fees may be paid by VISA, MasterCard, cheque or money order payable to CDECB.

Certification Maintenance by Credit Portfolio Option	\$ 450.00
Duplicate receipt	\$ 20.00
Issuing a certificate in a name other than the name you submitted on the application form or duplicate certificate	\$ 25.00

Your application will not be processed until the applicable fee(s) are paid. If you do not pay your fee(s) by February 1<sup>st</sup>, we will assume that you have elected not to perform CM.

If you wish to appeal the decision of the audit:

Audit Appeal fee	\$ 75.00
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For any account subject to an NSF charge, payment of the applicable fee(s) and penalty must be made by a certified cheque or money order.

NSF checks or other declined payment penalty	\$25.00
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## **Audit Committee Review of CM by CP Applications**

### **Audit of Credit Summary Forms**

All credit summaries are reviewed by the audit committee. They check that there are enough acceptable credits to meet the required credits threshold.

### **Audit of Portfolios**

#### **Selection**

After the credit summaries are reviewed, a pre-determined percentage of CM by CP candidates are selected to send in their portfolios to the audit committee.

#### **Portfolio Submission Notification and Submission Deadline**

If you are chosen to send in your portfolio, you will receive an e-mail notification stating that you have been selected to send in your portfolio and your Portfolio Submission Notification letter as an attachment.

Next, within the week we will send you your Portfolio Submission Notification letter by Canada Post Xpresspost™ requiring a signature. A copy of your Application Confirmation and fee receipt will be included in the mailing as well.

CDECB will use the e-mail address and postal address on your application form to contact you. It is your responsibility to ensure these are accurate and up to date. No deadline extensions will be granted if the e-mail or post is undeliverable or unread for any reason except for CDECB error.

Your portfolio must be received by CDECB with a postmark that is no later than the deadline mentioned in the letter. You will have at least three weeks to send it in.

Portfolios postmarked after the deadline will not be accepted and will be returned, without exception. You will not be successful at certification maintenance. You are strongly urged to use registered mail or other traceable services to send in your portfolio. Should your portfolio go astray, this will be your proof that you sent it in on time.

Once received, the CDECB office will match your credit summary that accompanied your application with your portfolio.

Remember, no questions regarding the admissibility of credits for your portfolio will be answered from February 1<sup>st</sup> to May 30<sup>th</sup>. Your portfolio is supposed to be complete and ready to be submitted as of January 31<sup>st</sup>.

### Key points to remember if you are selected to send in your portfolio

1. If you receive notice to send in your portfolio, take note of the deadline for CDECB to receive it. Late submissions will not be accepted. You are strongly urged to use registered mail or other traceable services to send in your portfolio. Should your application go astray, this will be your proof that you sent it in on time.
2. Do not submit another credit summary form. The CDECB office will attach the credit summary form that you submitted with your application to your portfolio.
3. Your portfolio must be collated and organized in the order of activities as shown in the How to Guide. Once organized, all the pages of your portfolio must be numbered sequentially. The total number of pages of your portfolio must be indicated on the first and second pages.
4. Your portfolio must be submitted in triplicate. Do not send in original documents.
5. Each page describing an activity listed in this Guide includes a box titled "Required Documentation to Retain and Submit only if Audited" - this is the documentation required to accompany your portfolio. If the correct documentation is not received, credit **will not** be given for the activity.
6. Where a signature is requested, please ensure it is included. Credit will not be given for an activity requiring a signature if the signature is missing.
7. Do not put documents in plastic sleeves. This just adds time and frustration for the auditors.
8. You may not send in documentation after the portfolio submission deadline. You will not be asked to supplement your portfolio if you are missing some credits. You do not get a second chance on the exam, nor do you get a second chance with the audit.

### The Portfolio Audit Process

Each credit summary and portfolio chosen for audit are independently reviewed by 2 auditors. The credit summary and portfolio will be compared. In the case of major discrepancy we may only accept the lowest submitted credit values for that category. The documentation for the submitted credits will be reviewed.

The results are returned to the Credit Portfolio Assistant who collates them. If the auditors reach a unanimous decision, that becomes the result of the audit for that candidate. In the case of a pass/fail situation the summary and portfolio are reviewed by a 3<sup>rd</sup> auditor.

To avoid any conflict of interest, the auditors are required to reveal if they recognize any names on their lists.

## **Result Notification**

You will be notified by mail of your result at the same time all the other candidates are notified, usually in early July. The CDECB office will not confirm the result of any CM by CP by e-mail or phone.

### **Successful Candidates**

If you are a successful candidate, you can continue to use the CDE designation after your name until the expiration date on your new certificate. The name on the certificate will be printed exactly as your name appears on your application form. There is a fee for issuing a duplicate certificate or one in a different name from that on your application. You may also elect to begin building your portfolio for your next CM by CP.

### **Unsuccessful Candidates**

If you are an unsuccessful candidate, you will no longer be able to use the Certified Diabetes Educator credential after the expiration date of your current certificate. You will receive a report on your portfolio with your letter. You may apply for certification as a Certified Diabetes Educator by meeting all requirements for initial certification and passing the exam. Certification Maintenance by Credit Portfolio will not be an option as you will not have "current CDE" designation.

## **Appealing the Results of the Audit**

The results of the audit cannot be appealed. Appeals can only be made based on irregularities in the Certification Maintenance process, within 30 calendar days of notification of CM results. You must send in a letter detailing the nature of the appeal along with the appeal fee to CDECB. The fee will be refunded if the appeal is successful. CDECB will acknowledge the appeal within 15 calendar days of its receipt. A complete description of the appeal process will accompany the acknowledgement letter.

## **Revocation of Certification**

Certification will be revoked for any of the following:

- Falsification of any information.
- Revocation, suspension or other disciplinary action by the individual's professional regulatory body.
- Proven unethical practice of diabetes education.
- Utilizing credits obtained by a person other than oneself.

Appendix C contains frequently asked questions regarding the audit process.

## Part 2

### Using the Professional Development Activities for Credit

In this section a detailed description of the activities within each of the six categories is provided. The description provides the following information:

- a definition and description of the activity including brief examples
- criteria for each activity
- documentation which you must retain in your portfolio for the audit process
- number of credits for the activity
- a sample form completed for each activity

As there are a wide variety of potential activities, please read this section over carefully to become familiar with the organization of the professional development activities. The variety of activities were selected to recognize the diversity of learning and professional activities that CDEs, in all parts of the country, in different professions and with different opportunities may engage in as part of their professional life. Take note of the required documentation and signatures that a CDE must keep in a portfolio. For some activities a signature of a manager is required. Although it is possible to have the activity signed off by another CDE, preference is given for a manager's signature

CDECB regularly reviews the Activities eligible for credit, taking into consideration feedback from CDEs. Please e-mail the Credit Portfolio Committee to make a request to include an activity not yet listed. **Submit this and any other questions you may have by Jan 15<sup>th</sup> to guarantee a response before the application deadline.** For the fastest response use the email: [creditportfolio.cdecb@sympatico.ca](mailto:creditportfolio.cdecb@sympatico.ca) . Please note that between February 1<sup>st</sup> and May 30<sup>th</sup> we are unable to respond due to our processing of the current year's applications.

## Eligibility of Activities for Credit

Professional development activities that either enhance competency or demonstrate professional leadership can be used to earn credits. The current list of CDE competencies can be found in Appendix B.

Some activities done by CDEs are not eligible for credit. The following list contains examples of activities that will not receive credit.

- Education provided directly to people with diabetes, families, those at-risk to develop diabetes, no matter where the education is provided - hospital, community centre, home, community location or diabetes summer camp. These activities are considered part of your working life, not professional development or learning.
- Public events such as health fairs, community fairs, diabetes fairs or picnics, pharmacy fairs or displays, health promotion presentations in schools or similar venues where basic diabetes information is presented/reviewed.

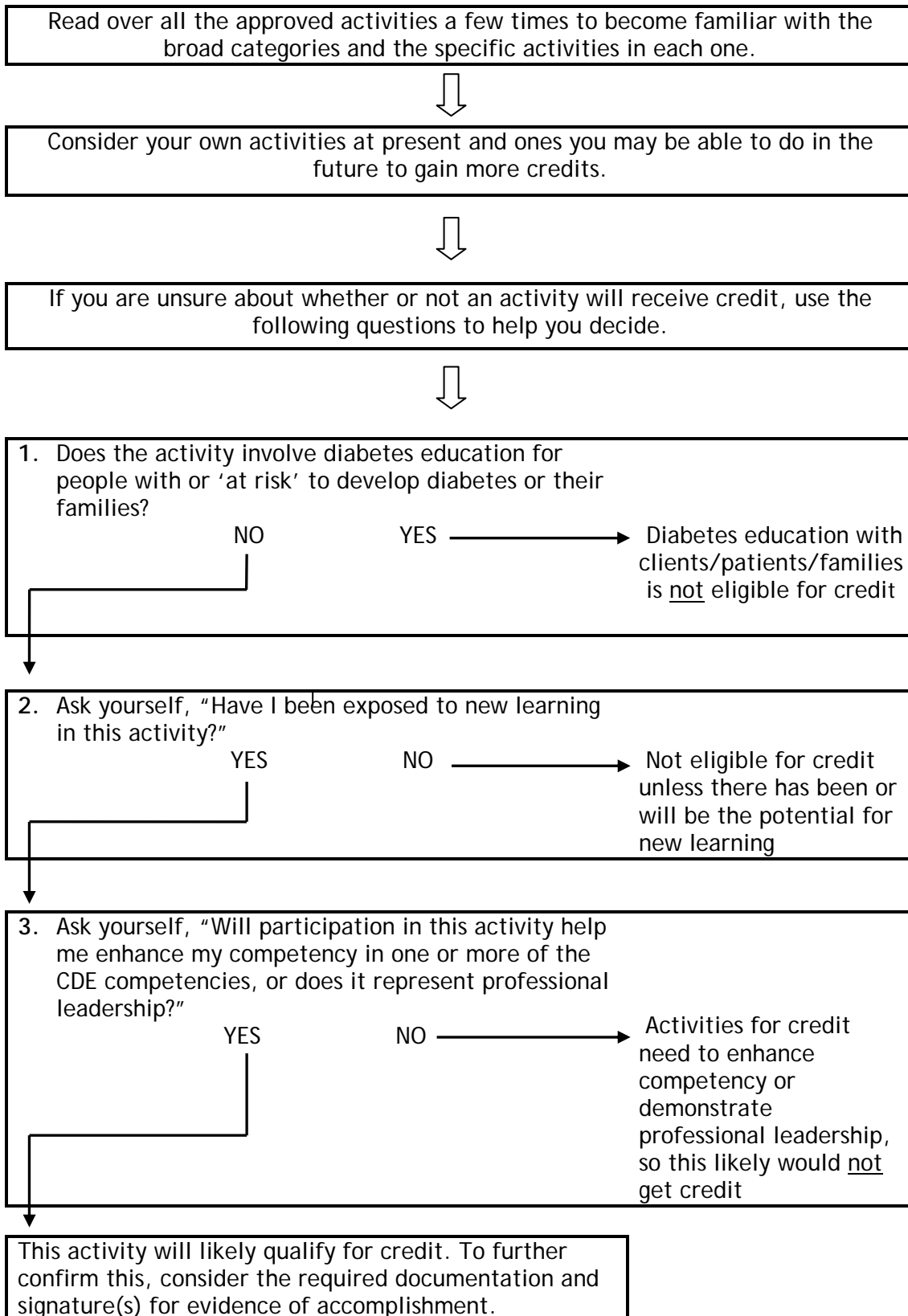
Use the guide on the next page to help you assess your activities and their potential for credit

### What should I do if I am still unsure?

If you are unsure how to categorize a learning activity for credit please contact us at [creditportfolio.cdecbsympatico.ca](mailto:creditportfolio.cdecbsympatico.ca). This is a special email for CDE questions, do not use the regular CDECB email. Be as concise as possible with your situation. You may be asked to include a copy of any decision from [creditportfolio.cdecbsympatico.ca](mailto:creditportfolio.cdecbsympatico.ca) in your portfolio.

Please note that no questions will be answered between February 1<sup>st</sup> and May 30<sup>th</sup>. We are unable to respond due to our processing of the current year's applications.

### Activity Assessment Guide



## CATEGORY 1 - Practice Review/Self-Assessment Activities

### 1A External Review of CDE Practice

This is a formal process of external review of the clinical practice of a CDE. The review may include one or more of the following:

- Observation of the CDE in his/her practice
- Chart reviews
- Performance appraisal by Manager/Supervisor or someone familiar with the CDE's practice

Credit is only awarded to the CDE who has an external review completed of his/her practice.

Criteria:

- The CDE competencies must be considered in the review
- Summary of the audit/review must be done by someone other than the CDE

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
Documentation of review signed by reviewer - see sample form on next page.	Maximum of 5 credits per year

FORM 1A: EXTERNAL REVIEW OF  
CDE PRACTICE

NAME: Jennifer Brown  
CTFNO: 0000000001  
CREDITS THIS PAGE: 5

SAMPLE FORM

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Date of External Review of Practice: *February 13, 2009*

Please indicate by checking, all which apply as part of the review of practice

- Competencies were used as part of the review
- Review included observation of practice and used specific criteria for assessment
- Review included a chart audit and used specific criteria for assessment
- Review was a performance appraisal by employer and used specific criteria for assessment

Date review was discussed with CDE *July 14, 2009*

Signature of reviewer: *SBlack*

Name [please print] *Sue Black*

Position *Manager, Diabetes Program*

Relationship to CDE *Manager*

**1B  
Self-Assessment of  
Learning Needs**

This is a formal process of self-assessment completed by the CDE and externally audited

Criteria:

- Must consider the CDE competencies. After February, 2009 must use the revised competencies, see Appendix B. For learning plans done prior to this date, the previous competencies are acceptable.
- May use the CDE's professional body's self- assessment if there is evidence the competencies have been considered
- May use the form provided by CDECB - see sample on the next page
- Self-assessment must include a learning plan with
  - Competencies related to identified learning need
  - Learning objective(s)
  - Planned learning method(s) and activities
  - Indicators of successful completion must be identified

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
<p>Completed learning plan signed by your Manager or by another CDE who is familiar with your practice.</p> <p>You can write 1-3 learning objectives per year. Use a new form each year, date the form by year. A maximum of five Form 1B, Self-Assessment of Learning Needs, will be accepted for credit in a five year certification maintenance cycle.</p> <p>See sample form on next page.</p>	<p>Maximum of 10 credits per year (whether you have 1, 2 or 3 learning objectives)</p> <p>NOTE: Credit is given for completing the activities in your learning plan in Activity 3A</p>

**FORM 1B:  
SELF ASSESSMENT AND LEARNING  
PLAN DEVELOPMENT**

**NAME** Jennifer Brown  
**CTFNO:** 0000000001  
**CREDITS THIS PAGE** 10

SAMPLE FORM

The Self-Assessment may be done annually by the CDE and signed by the Manager or another CDE familiar with the CDE's practice [for those who are self-employed].

**YEAR:** 2009

**Identify Your Learning Needs**

To determine your learning needs in the next year consider:

- The competencies for diabetes education - are there gaps in your knowledge or skill level?
- Controversies/clinical issues or problems in your professional practice or feedback from external review of practice (1A)
- Your desire for more information, understanding from reading, discussion with colleagues, attendance at an educational event

LEARNING NEEDS	Related CDE Competency [see bullets above]
1. <i>What is schizophrenia? What learning methods are best with these clients? How are others working with them?</i>	<i>CDE competency #4K Now have more clients in my practice being diagnosed with schizophrenia, some pre-diabetes and some with diabetes.</i>
2. <i>What are the changes in the new meal planning system? What will they mean to my practice?</i>	<i>CDE competency #2F New system for release in March 2007</i>
3. <i>Need to increase my proficiency in calculating carbohydrate: insulin ratios and working with clients using this</i>	<i>CDE competency #3 - beyond basic competency Attended session at CDA professional conference and would like to implement in my practice but lack experience and confidence</i>

If you have more needs to identify, make additional copies of this worksheet

**How do you plan to address your learning needs? Tick as many as apply and add others as needed.**

LEARNING METHODS	LEARNING NEED #1	LEARNING NEED #2	LEARNING NEED #3
Audio/video			
Continuing education event		✓	
Discussion with colleagues	✓		
Reading articles	✓	✓	✓
Organized clinical learning experience			✓
Planned literature search + summary			
Internet search	✓		

**How will you know when you have this knowledge and/or skill?**

LEARNING NEED #1	LEARNING NEED #2	LEARNING NEED #3
<i>Able to develop a teaching guide for schizophrenia and diabetes</i>	<i>Able to do food calculations and teach clients with comfort and confidence using new meal planning system Beyond the Basics</i>	<i>Able to work with clients and do calculations correctly, increased confidence in skill</i>

Signed: Manager Black OR CDE \_\_\_\_\_ CFTNO: \_\_\_\_\_  
ANOTHER CDE MAY SIGN ONLY IF MANAGER UNAVAILABLE TO SIGN

## CATEGORY 2 - Organized Learning Activities

### 2A Short Term Learning Events

A variety of learning events are available for credit in this category. Examples include:

- Conferences
- Workshops
- Seminars
- Lectures
- Telehealth or Telemedicine programs
- Webcasts
- Study group or journal club
- Rounds
- Inservices
- Industry sponsored education events
- DES Chapter sponsored education events
- Short courses such as web-based ones for pharmacists, dietitians or insulin pump training programs

Sponsors for these events may include: CDA, ADA, AADE, college or university, health care institution or community agency, professional association or industry

Criteria:

To qualify for credit the learning event must have direct relevance to diabetes education care or treatment. Use the competencies as a guide

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
Learning events of 4 hours or less are self-reported on Form 2A (see sample) and <u>no</u> additional documentation is required.	1 credit per hour, Ex: if you attend a 3-hour diabetes workshop, you obtain 3 credits. If the event length includes part of an hour, round up to the next full credit. For example 1.5 hours would be counted as 2 credits.
Learning events of more than four hours duration required verification of attendance such as certificate or a receipt confirming sessions attended. Also record the event on Form 2A.	1 credit per hour or part of an hour to a maximum of 6 credits per day.  Remember all credit claims over 4 require certificate of attendance.  No more than six credits can be counted for one day.

<p><b>SPECIAL EXAMPLE:</b></p> <p>The following conferences count as 18 credits <u>with required certificate of attendance: CDA; ADA or AADE and IDF (Montreal), 2009.</u>          No workshop/conference will be more than 18 credits no matter the length          Credits for the pre-conference workshops will be:</p> <ul style="list-style-type: none"> <li>• ½ day - 2 credits, <u>no documentation required.</u></li> <li>• full day - 4 credits, <u>no documentation required.</u></li> </ul> <p>You may not claim more than 4 credits for the pre-conference day</p>	<p>To obtain credit, CDE must provide proof of attendance in the portfolio</p>
<p><b>SHORT COURSES</b>, not part of a formal academic program (see 2B), may be claimed for credit. Examples include:</p> <ul style="list-style-type: none"> <li>• Insulin pump training program/certification [only one program may be counted] - retain copy of certificate</li> <li>• Continuous blood glucose monitoring course (only one program may be counted) retain copy of certificate</li> <li>• training program /Workshop &gt; 1 day which is diabetes related with a single theme or topic focus, but not diabetes specific/diabetes only content</li> <li>• short self-study courses often provided on-line for professionals such as pharmacists, dietitians, must be diabetes related. For dietitians this includes:             <ul style="list-style-type: none"> <li>○ Nutrition Dimension Inc,</li> <li>○ DRI modules (moved from 2B). Count each course/module separately. For each course or module taken, retain proof of completion to submit if you are audited</li> </ul> </li> </ul> <p><b>NOTE:</b> <i>If you are uncertain if a course qualifies in this category, <u>fax 905-838-4899 or e-mail creditportfolio.cdecb@sympatico.ca and provide course details and a website if possible</u></i></p>	<p>5 credits with documentation of completion</p> <p>Each course may be counted only once in 5 years</p>

**FORM 2A  
SHORT TERM LEARNING  
EVENTS**

**NAME :** Jennifer Brown  
**CTFNO:** 0000000001  
**CREDITS THIS PAGE:** 28

SAMPLE FORM

DATE	NAME OF EVENT	TOPIC	LENGTH [hours]	CREDITS	DOCUMENTATION IN PORTFOLIO [for audit]
Feb 21 2009	Telehealth presentation	Initiation of Insulin Therapy	2.5	3	
Mar 11 2009	DES Annual Workshop	Physical Activity and Type 2 Diabetes	7	6	✓
Jan 23 2010	Webcast - from CDA professional conference	Mindless Eating: Why We Eat More Than We Think	1	1	
Aug 1-4 2010	AADE Annual Conference	Multiple topics	4 days	18	✓

**Example:** Claiming maximum of 6 credits per day and putting documentation in portfolio.

**Example:** 'rounding up' credits from 2.5 to 3. Less than 4 credits so no documentation is needed.

**2B  
Formal Courses**

Courses may be either academic or non-academic. Examples of academic courses are those taken through a recognized academic institution (university or college) or professional institution and may include courses such as:

- Adult education
- Research design
- Critical appraisal
- Pharmacology
- Diabetes Education courses such as those provided by The Michener Institute (Toronto); Northern Diabetes Health Network at Cambrian College (Sudbury) or Confederation College (Thunder Bay); SIAST (Saskatchewan)<sup>1</sup>

Examples of non-academic courses include:

- Self-study program through CDA for Building Competency in Diabetes Education, *The Essentials (2009)* or *Advancing Practice (2010)* *Past editions will be accepted as long as completed within the five year credit collection period.*

Criteria:

Courses must

- Be related to the CDE competencies
- Have project work, papers or examination requirements

NOTE: DRI program has moved to 2A (5 credits/module)

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
Document courses taken on Form 2B Documentation of successful completion of course (official transcript of marks, certificate). See sample form on the following page.	10 credits per course completed.

<sup>1</sup>Michener Institute:

- |  |                 |
|--|-----------------|
| Successful completion of assignments 1,2,3 | 10 credits each |
| Successful completion of workshops 1,2     | 10 credits each |
| Successful completion of final exam        | 10 credits      |

SAIST Institute:

- |   |                            |
|---|----------------------------|
| Successful completion of assignments and/or exams | 10 credits for each module |
| Clinical experience                               | 10 credits                 |

Northern Diabetes Program Course

- |  |                            |
|--|----------------------------|
| Successful completion of each program course | 10 credits for each course |
|--|----------------------------|

**FORM 2B:  
FORMAL COURSES**

**NAME:** Jennifer Brown  
**CTFNO:** 0000000001  
**CREDITS THIS PAGE:** 20

SAMPLE FORM

NAME OF COURSE OR MODULE	INSTITUTION OR ORGANIZATION	COURSE HAD (CHECK ALL WHICH APPLY)			DATE COMPLETED	DOCUMENTATION IN PORTFOLIO [for audit]
		EXAM	PROJECT	PAPER		
Building Competency in Diabetes Ed	CDA	✓			Dec 2009	✓
Assignment #1	The Michener Institute		✓	✓	March 2009	✓

### CATEGORY 3 - Personally Designed Learning Activities

**3A  
Report of self-study  
plan developed in 1B**

You may use the learning plan outcome sheet provided by CDECB (see next page) or you may use a similar form developed by your professional college as long as it includes all the elements required in the CDECB format

Both the learning plan (1B) and the outcome sheet must be retained for credit and be submitted if you are audited. Only five Form 3A Forms can be counted for credit in a certification maintenance cycle. Use a new form each year, date the form by year.

Criteria:

- You must demonstrate successful completion of the learning plan
- You may also use the activities done as part of completing the learning plan for credit in other sections as long as they meet the stated criteria

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
Completed learning plan outcome sheet with year of Learning Plan and completion date.  See sample form on next page.	5 credits per year for completing all the activities in your learning plan

SAMPLE FORM

**FORM 3A:**  
**Report of Self Study Plan**  
**From 1B**

**NAME:** Jennifer Brown  
**CTFNO:** 000000001  
**CREDITS THIS PAGE:** 5      **YEAR:** 2009

**LEARNING NEED #1 – Check learning methods below which apply**

Audio/video		Organized clinical learning experience	Internet search	<input checked="" type="checkbox"/>
Continuing education event		Planned literature search + summary	Discussion with colleagues	<input checked="" type="checkbox"/>
Reading articles	<input checked="" type="checkbox"/>			
<b>Brief summary of learning</b> Spoke with diabetes educator in North Shore who has experience with these clients, combined that with reading and developed a plan for follow-up and working with local community mental services.				
<b>What will be different in your practice as a diabetes educator?</b> These clients will get better care as I have a better understanding of their condition, have an organized follow-up plan and have started to work with local mental health services.				

**LEARNING NEED #2– Check learning methods below which apply**

Audio/video		Organized clinical learning experience	Internet search	
Continuing education event	<input checked="" type="checkbox"/>	Planned literature search and summary	Discussion with colleagues	
Reading articles	<input checked="" type="checkbox"/>			
<b>Brief summary of learning</b> Aware of the major changes in Beyond the Basics and why they have been made. Local inservice by dietitian helped me to understand what these changes will mean in my practice.				
<b>What will be different in your practice as a diabetes educator?</b> Now current with the information being given to clients with diabetes in our community and can reinforce information given by the dietitian.				

**LEARNING NEED #3 – Check learning methods below which apply**

Audio/video		Organized clinical learning experience	Internet search	<input checked="" type="checkbox"/>
Continuing education event		Planned literature search + summary	Discussion with colleagues	
Reading articles	<input checked="" type="checkbox"/>			
<i>Observed another CDE + she audited my first 10 charts.</i>				
<b>Brief summary of learning</b> Reading the information in the CDA resources and The Essentials and Advanced Practice, doing practical applications gave good background information. Observing the CDE helped me to develop both the skill and confidence. Her feedback when auditing my charts refined my skill.				
<b>What will be different in your practice as a diabetes educator?</b> Will be able to increase the services offered to my clients and give them greater flexibility in diabetes management.				

Date completed: 12 December 2009

**3B**  
**Self-study through reading, videos, CDs, audiotapes**

Credit is given for **professional level** self-study through journal articles, books, videos, CDs, audiotapes and internet reading.

Journal Articles:

- Must be from a peer-reviewed journal to count for credit - see information at the end of this section regarding determination of a “peer reviewed journal”
- See the table of peer reviewed journals on the CDECB website [www.cdecb.ca](http://www.cdecb.ca)
- Examples of frequently read peer reviewed journals include:
  - *Canadian Journal of Diabetes*
  - *Diabetes Care*
  - *The Diabetes Educator*
- Examples of non-peer reviewed publications **not** eligible for credit include:
  - *Diabetes Dialogue*
  - *Diabetes Forecast*
  - *Canadian Diabetes*

Internet Reading

- Internet reading may be counted for credited if the article/site content is professional-level and the CDE equates the learning to reading a print professional journal article. A complete citation must be provided which includes address of the website; title (or brief description) and date cited.
- Examples which represent an acceptable internet reading include:
  - Boynton PM, Greenhalgh T. Selecting, designing, and developing your questionnaire. *BMJ* [serial on the internet]. 2004 [cited 2007 Jul 20]; 328:1312-1315 <http://bmj.com/cgi/content/full/328/7451/1312> .
  - No author [cited 2007 Jul 20] <http://www.ihl.org/IHI/Topics/ChronicConditions/Diabetes/> reviewed full section on diabetes to learn about quality improvement projects which could be adapted to our program.
- Examples of internet reading which are **not** accepted includes CDA or ADA public education.

Criteria:

- All self-study must be of professional level materials
- All self-study must be diabetes related. If you are unsure, review the CDE competencies

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
<p>Documentation of all self-study items on Form 3B or 3B for books.</p>	<p>½ credit per article read, website, CD, video or audiotape</p>
<p>[NOTE:after September, 2009, if you have already included books read on Form 3B_books, you do <u>not</u> need to re-copy any entries already made on the old form. Start a new form for future books read]</p>	<p>4 credits per book read and <i>starting 2011</i> include 1 sentence to explain new learning. Do <i>not</i> provide a summary of the book. See example; Form 3B, Self-Study - books read, page 35.</p>
<p>Retain results of post-test for articles, as applicable</p> <p>See sample form on next page.</p>	<p>1 credit per article with post-test</p> <p>Reading an entire issue of <i>The Diabetes Communicator</i> is 1 credit</p> <p>EXCEPTION: when reading the Canadian Journal of Diabetes,</p> <ul style="list-style-type: none"> <li>• 2003 Clinical Practice Guidelines (CPGs), count ½ credit per article read or 12.5 credits for the entire issue if you read it completely.</li> <li>• For the 2008 CPGs, count ½ credit per article or 18.5 credits if you read it completely</li> </ul> <p>The exception applies only to these issues and journal.</p>

Peer Reviewed Journals:

CDECB has now posted on its website a table of over 300 journals - check there first. The list is in alphabetical order and, for each entry, indicates if the journal is peer-reviewed or not.

If you are reading a journal not on the list and unsure if the journal is peer-reviewed, send an e-mail question to [creditportfolio.cdecbsympatico.ca](mailto:creditportfolio.cdecbsympatico.ca)

FORM 3B:  
 SELF STUDY - reading, videos,  
 CDs, audiotapes

NAME: Jennifer Brown  
 CTFNO: 0000000001  
 CREDITS THIS PAGE: 5.5

SAMPLE FORM

Author	Journal/Book Title/CD, Video or Audiotape name, Name of web article or section read	ARTICLES: Vol. (issue), pgs BOOK/CD/ VIDEO OR AUDIO TAPE: Publisher INTERNET: web address	Year of Publication OR Date Accessed for www	Credits
Example: article Gilbert RE, Fulcher G	Canadian Journal of Diabetes	Reduction in Fear of Hypoglycemia in Subjects ... 32(2), 101-106	2008	1/2
	Diabetes Improvement Projects	Example internet: <a href="http://www.ihl.org/IHI/Topics/ChronicConditions/Diabetes/">http://www.ihl.org/IHI/Topics/ChronicConditions/Diabetes/</a>	cited 23jan09	1/2
Example internet: Boynton PM, Greenhalgh T	Selecting, designing, and developing your questionnaire.	BMJ [serial on the internet]. 2004; 328: 1312-1315	cited 20Jul 2009	1/2

Note examples of how to record internet reading including date cited/read.

The year of publication does not have to be within your 5 year certification maintenance cycle, but it does need to actually be read during that 5 year cycle.

**FORM 3B:**  
**SELF STUDY - Books Read**

Name: Jennifer Brown  
 CTFNO: 0000000001  
 CREDITS THIS PAGE: 4

AUTHOR	TITLE	PUBLISHER	YEAR OF PUBLICATION	NEW LEARNING FROM THE BOOK 1-2 SHORT SENTENCES ONLY	CREDITS
EXAMPLE: Prochaska JO, Norcross JC, Diclemente CC	Changing for Good: A Revolutionary six stage program for overcoming bad habits and moving your life positively forward	Avon Books, New York	1994	<ul style="list-style-type: none"> <li>Greater understanding of the theory behind the concepts for Stages of Change</li> </ul>	4

Do NOT provide a summary of the book. The sentence you provide should be to let us know what new learning occurred as a result of reading this book.

## **CATEGORY 4 - Educational Development/Teaching Activities**

Several of the activities in Category 4 are projects which are in-depth and continue over a period of time. See activities 4A, 4C, 4D

To be considered for credit, remember the following:

- The CDE who is claiming credit must be involved in all aspects of the project: both the development and evaluation
- The project must be completed before credits can be claimed.
- If time of a project spans two credit collection time periods for certification maintenance, claim the credits in the credit collection period when the project is completed.

### EXAMPLE:

- Development of an education resource starts in 2009. Project including the evaluation is completed in 2011
  - CDE due for certification maintenance in 2010 - cannot count project for credit as it is not completed
  - CDE begins collecting credits in February, 2010 for next 5 year certification maintenance cycle and may count the completed project for credit in the cycle 2010 to 2015.
- For all completed projects, fill in the appropriate activity form and keep in your portfolio in case you are audited.

**4A  
Development and  
evaluation of new  
diabetes related  
educational  
materials and  
resources**

Included in this section are:

- Patient education teaching materials and resources developed or significantly modified and evaluated for/by employer, CDA or other academic or health care institution, including industry
- Materials developed and evaluated by CDA’s National Nutrition Committee are included here
- Creation of websites for diabetes education [refers to the diabetes content, not the technical aspects of website development]

Examples:

- Writing a manual for parents of children newly diagnosed with diabetes
- Development of a teaching tool for use of insulin pen
- Working member of a committee developing/evaluating new nutrition resources

NOTE: Review of materials developed by others, as a peer reviewer, is found in 5I

Criteria:

- The development and evaluation may be done as an individual or as part of a team of which CDE is a member.
- For credit, the CDE must be involved in **all aspects** of development and evaluation of the material or resource and be able to identify his/her specific contributions.
- **NOTE:** the evaluation must be completed to qualify for credit.
- Complete documentation is required as specified in Form 4A

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
<p>Documentation as required in Form 4A. <b>The form must be signed by Manager or another CDE</b></p> <p>See sample form on next page.</p>	<p>15 credits per resource developed and evaluated</p>



**4B  
Preceptorship of  
Student or New  
Diabetes Educator**

A formal education program of 5 days or more duration that must include needs assessment, learning objectives and evaluation of learner by a CDE.

**Criteria:**

- Preceptorship must be diabetes related
- There must be documentation about the learning program including needs assessment, objectives and evaluation including an evaluation done by the CDE
- Each type of preceptorship program **may only be counted once in 5 years**; for example,
  - One preceptorship of a dietetic internship in DEC;
  - One preceptorship of a nursing student
  - One preceptorship of new diabetes educator

NOTE: 4B does not include a short (less than 5 days) orientation to diabetes education or its services for students or health professionals, see 4E

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
<p>Completed documentation using the CDECB form or the equivalent. If not using the CDECB form, all the required elements must be included. <b>The form must be signed by Manager or another CDE and person preceptored, if possible</b></p> <p>See sample form on next page</p>	<p>15 credits for each type of preceptorship program</p>


**FORM 4B:**  
**PRECEPTORSHIP FOR STUDENTS OR**  
**NEW DIABETES EDUCATOR**

**NAME:** Jennifer Brown  
**CTFNO:** 0000000001  
**CREDITS THIS PAGE:** 15  
**DATE:** MONTH: August YEAR: 2009

SAMPLE FORM

<b>Type (Preceptorship of Student or Diabetes Educator)</b>
<i>Preceptorship of new diabetes educator.</i>
Program is diabetes related <u>  X  </u> yes <u>  </u> no
<b>Briefly describe the needs assessment of the student / new diabetes educator</b>
<i>Program is competency based. New educator does a self-assessment on knowledge, skill and attitude competencies. Discusses the assessment with precepting team (nurse/dietitian) and together they formulate the learning objectives.</i>
<b>Briefly describe the learning objectives of the student / new diabetes educator</b>
<i>Educator was already familiar with group education processes, but had self-rated low in the diabetes specific competencies for knowledge and skill. The overall objective was to achieve the basic level competencies (attached) within the first six months of employment in DEC.</i>
<b>Briefly describe the evaluation design</b>
<i>For each competency the new educator completes practical written activities using The Essentials and additional activities provided by our program. The educator also has "assignments" to hand in to the precepting team - case studies. Also the new educator is observed working with clients in specific competency areas - does a self-assessment and also gets feedback from the precepting team member. The new educator and precepting team decide together when the educator has met a competency and the 'evidence of accomplishment' is reviewed by the Manager.</i>
<b>What was your role in the preceptorship with student/new educator?</b>
<i>Dietitian preceptor for new educator. Provided guidance on all nutrition related competencies and some of the education and psychosocial competencies. Worked collaboratively with new staff member and nurse educator.</i>

**Signed:**

Program Director/Manager: Print name: \_\_\_\_\_ Signature:   
 Date: April 30, 2009

OR

CDE: \_\_\_\_\_ CTFNO: \_\_\_\_\_ Date: \_\_\_\_\_  
ANOTHER CDE MAY SIGN ONLY IF MANAGER UNAVAILABLE TO SIGN

Student/New Diabetes Educator:  
 [if possible]

Date: April 30, 2009

**4C  
Development or  
Significant Revision  
of a Program for  
Preceptorship of  
Students or New  
Diabetes Educators**

The creation or significant revision of a formal education program of 5 days or more duration which must include needs assessment, learning objectives and evaluation of learner by a CDE.

**Criteria:**

- The development or significant revision may be done as an individual or as part of a team.
- For credit, the CDE must be involved in **all** aspects of development/revision and be able to identify his/her specific contributions.
- Complete documentation is required as specified in Form 4C.

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
<p>Documentation as required in Form 4C. <b>The form must be signed by a Manager or another CDE.</b></p> <p>See sample form on next page.</p>	<p>15 credits per program developed or revised.</p>


**FORM 4C**  
**DEVELOPMENT or SIGNIFICANT REVISION**  
**OF A PROGRAM FOR PRECEPTORSHIP FOR**  
**STUDENTS OR NEW DIABETES EDUCATOR**

SAMPLE FORM

NAME Jennifer Brown  
 CTFNO: 000000001  
 CREDITS THIS PAGE 15  
 DATE PROJECT COMPLETED:  
 MONTH: August YEAR: 2009

NOTE: The information provided should not exceed one page. Do not use font smaller than 10 pt.

<b>Name of Program</b>
<i>Competency-Based Diabetes Program for New Diabetes Educators</i>
<b>Briefly describe the needs assessment used in the development/revision of the program</b>
<i>Needs assessment included: reviewing the job description and expectation of a diabetes educator in the first year of employment in a DEC, review of client needs, focus group held with current diabetes educators with varying experience in diabetes education. CDEE competencies were also reviewed by the focus group and designated as basic, intermediate or advanced for the new employee.</i>
<b>Briefly describe the learning objectives of the program as developed/revise</b>
<i>At the completion of the basic program the new diabetes educator will</i> <ul style="list-style-type: none"> <li>• <i>demonstrate the knowledge required in each of the competency areas including both knowledge about diabetes education and care</i></li> <li>• <i>demonstrate the skills required for each competency in both individual and group client education</i></li> <li>• <i>demonstrate the attitude competencies when working with clients individually or in groups and with diabetes educator colleagues and staff member</i></li> </ul>
<b>Briefly describe the program as developed/revise</b>
<i>New educator completes a self-assessment and discusses with Manager and precepting nurse educator/dietitian</i> <i>Together they create a program of self-study from the core program which includes reading, practical exercises, observation of precepting educators and support client education opportunities with feedback.</i>
<b>Briefly describe the evaluation design for the program as developed/revise</b>
<i>Program evaluation includes - written feedback from new educator and preceptors at the completion of each learning module, short interviews mid-program, at completion and six months later by an educator not involved in preceptorship to assess program component effectiveness. Specific questions were developed.</i>
<b>What was your role in the development/revision of the program?</b>
<i>I was the dietitian CDE preceptor. Was involved in development of the program and took a lead role with nurse educator to create competencies, moderated the focus group, assisted with analysis and co-wrote the program with nurse educator.</i>

Signed: Manager: Print Name: \_\_\_\_\_ Signature: 

OR

CDE: \_\_\_\_\_ CTFNO: \_\_\_\_\_  
 ANOTHER CDE MAY SIGN ONLY IF MANAGER UNAVAILABLE TO SIGN

**4D  
Development  
and/or revision and  
evaluation of a  
patient or  
professional  
education program**

Programs considered in this section include formal interventions such as classes, telephone protocols, videos, computer learning programs, self- learning manuals etc.

Professional education programs are formal interventions with goals, objectives, a variety of learning methods and evaluation, for example:

- A formal competency based diabetes education program for Home Care nurses in diabetes

The development and evaluation may be done as an individual or team.

Criteria:

- The development/revision and evaluation may be done as an individual or as part of a team.
- For credit, the CDE must be involved in **all aspects** of development/revision and evaluation of the material or resource and be able to identify his/her specific contributions.
- **NOTE:** evaluation must be completed to qualify for credit.
- Complete documentation is required as specified in Form 4D.

REQUIRED DOCUMENTATION TO RETAIN AND SUBMITTED ONLY IF AUDITED	CREDITS OBTAINED
<p>Documentation as required in the Form 4D. <b>The form must be signed by a Manager or another CDE.</b></p> <p>See sample form on next page.</p>	<p>15 credits per program developed and evaluated.</p>

**FORM 4D:  
DEVELOPMENT or REVISION AND  
EVALUATION OF A PATIENT OR  
PROFESSIONAL EDUCATION PROGRAM**

**NAME:** Jennifer Brown  
**CTFNO:** 0000000001  
**CREDITS THIS PAGE:** 15  
**DATE PROJECT COMPLETED:**  
**MONTH:** August **YEAR:** 2009

**NOTE:** The information provided should not exceed one page. Do not use font smaller than 10 pt.

<b>NAME OR TITLE OF PROGRAM</b>
<i>Practice based support for primary care physicians by diabetes educators.</i>
<b>Briefly describe the needs assessment which led to the development of the program</b>
<i>Need for the program was identified by:</i> <ul style="list-style-type: none"> <li>• <i>Diabetes educators - minimal client follow-up post basic education program</i></li> <li>• <i>Physicians - specific physicians identified interest in team practice, additional support</i></li> <li>• <i>Survey of clients re their interest in the service, potential benefits</i></li> <li>• <i>Review of literature on diabetes educators working in primary in other locations e.g. UK</i></li> </ul>
<b>Briefly describe the program, objectives, development methods</b>
<i>Objectives:</i> <ul style="list-style-type: none"> <li>• <i>To provide continuing diabetes education and support to people with diabetes/families in conjunction with visits to a primary care provider</i></li> <li>• <i>To work collaboratively with primary care physicians to support use of CPGs, ongoing care and management of diabetes and related conditions (complications, hypertension)</i></li> </ul> <p><i>Program design was tailored to each practice and minimum criteria were established for seeing clients in primary care. Educators used common tools for data collection and all introduced the CPG care flow sheet into the primary care practice. Educators spent 10-12 months in each practice.</i></p>
<b>Briefly describe the evaluation design for the new program</b>
<i>Major evaluation components were</i> <ul style="list-style-type: none"> <li>• <i>Client satisfaction surveys at end of each visit x 6 months</i></li> <li>• <i>10% of clients were interviewed by external person within 2 weeks of their visit</i></li> <li>• <i>All educators and most physicians participated in interviews at the completion of project</i></li> <li>• <i>Data collection included both process indicators (satisfaction, team functioning etc.) and clinical and behavioral indicators</i></li> </ul>
<b>What were the results of the evaluation [provide a brief description]</b>
<i>All (clients, physicians, educators) satisfied with service in same location, communication and convenience for clients. Major behavior changes: increase in frequency of blood glucose monitoring, reduction in fat intake and greater frequency of screening tests for diabetes complications. Clinical indicators: average decrease in A1C was 1.4%, 88% had lipids at target [67% pre-service]; 45% of clients had BP at target [32% pre-service] and 100% of clients referred to ophthalmology [78% pre-service] In addition 34 clients were started on insulin through the primary care practice. The team function scores were measured pre, mid-point and at the end - improved over time - specific issues were identified which will help ongoing service in primary care.</i>
<b>Who worked on the development/evaluation of the program?</b>
<i>Core team of diabetes educators developed the service model, had assistance from Research Services in the design of evaluation and with statistical analysis. One member wrote the final report and everyone contributed to review and recommendations.</i>
<b>What was your role in the development/evaluation of the program?</b>
<i>Member of the core team - active in promoting service, doing background reading, collected data as part of service, reviewed drafts of report and helped to write the recommendations and revise the service model.</i>

Signed: Manager 

OR CDE: \_\_\_\_\_ CFTNO \_\_\_\_\_  
ANOTHER CDE MAY SIGN ONLY IF MANAGER UNAVAILABLE TO SIGN

#### 4E

#### Short presentations or teaching

Short presentations or teaching that is diabetes-related and represents new learning for the CDE. The audience for these presentations may include:

- Health professional practitioners
- Students
- Public presentations which are not related to the CDE's regular diabetes program or service and are beyond basic diabetes education (new learning)

NOTE: If these presentations require additional reading / research by the CDE, claim credit under 3B

Examples of acceptable presentations include:

- Presenting at a journal club of health professionals (new learning by reading current articles on topic)
- Presenting an inservice to students on a diabetes-related topic (new learning by updating knowledge, researching/reading related to the topic and presented at a level beyond client education)
- Giving a short presentation as part of a local workshop to Home Care Nurses (new learning by updating knowledge, researching/reading related to the topic and presented at a level beyond client education)
- Updating peers following the annual CDA conference (new learning from the conference and requires CDE to understand and explain information and perhaps related to/apply to clinical situations)

Examples of presentations **NOT** considered acceptable:

- Public presentation, service group or TV appearance to explain risk factors for type 2 diabetes (basic diabetes prevention information)
- Presentation to teachers on behalf of a child who is starting school (related to regular diabetes program)
- Presentation on diabetes medications to a local diabetes support group (basic diabetes education)
- Community presentation to people newly diagnosed with diabetes (basic diabetes education)
- Grocery store tour for the public or people with diabetes (basic diabetes education)

Criteria:

- Presentation or teaching must be diabetes specific
- The preparation of the presentation **MUST** involve new learning for the CDE
- Each presentation topic can be counted only once in 5 years, unless there has been significant revision. For example, the same presentation may be given to different audiences (dietitians and pharmacists), but could only be counted once

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
<p>Documentation of presentations or teaching with required information on Form 4E</p> <p>NOTE: Be sure to list the learning objectives for each presentation.</p> <p>See sample form below.</p>	<p>5 credits per presentation or teaching</p>

NOTE: If you are audited, send only the completed Form(s) for 4E. Do not include copies of presentations or program brochures

**FORM 4E:  
SHORT PRESENTATIONS OR  
TEACHING**

**NAME:** Jennifer Brown  
**CTFNO:** 0000000001  
**CREDITS THIS PAGE:** 10

**SAMPLE FORM**

DATE	TOPIC	LEARNING OBJECTIVES	AUDIENCE			CREDITS
			Health Professionals	Students	Public	
Jan 25/09	<i>Advanced Carbohydrate Counting - theory and practice</i>	<i>To learn the carbohydrate content of foods and calculate the carbohydrate content of meals.</i>		✓		5
Nov 8/09	<i>Insulin Adjustment for Home Care Nurses</i>	<i>To understand the principles of insulin adjustment including creating insulin grids for clients</i>	✓			5

**4F  
Presentation as  
part of a  
professional  
conference**

A professional body, academic or healthcare organization, or industry must sponsor the conference. The annual national CDA Professional Conference and DES conferences are included. Presentations may include: workshop session, seminar, plenary session, research abstracts or poster presentations (For other presentations see 4E).

Repeat sessions can only be counted once. A poster presentation and an oral presentation on the same topic, but at different venues, will each receive credit.

Examples of acceptable presentations:

- Presentation of a session at diabetes conference sponsored by the provincial diabetes program.
- Poster session at the CDA/DES Annual Professional Conference.
- Workshop for health professionals on stages of changes sponsored by a pharmaceutical company.

Example of presentation which is not acceptable:

- Presentation at CDA sponsored public forum or expo.

Criteria:

- Conference presentation must be diabetes related.
- Sponsoring organization must be from the list above.
- Presentations may be individual or as part of a panel or team.
- Presentation can't be related to the activities considered as part of your working life.

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
<p>Documentation of presentation on the Form 4F. Include a copy of the conference brochure or published abstract in your learning portfolio. If you received evaluation results, keep this in your portfolio.</p> <p>See sample form on next page.</p> <p><i>NOTE: If you are uncertain if a presentation qualifies in this category, e-mail or fax CDECB and provide details and a committee member will review and help you decide.</i></p>	<p>10 credits per conference presentation.</p>

**FORM 4F:  
PRESENTATION AS PART OF A  
PROFESSIONAL CONFERENCE**

**NAME: Jennifer Brown  
CTFNO: 000000001  
CREDITS THIS PAGE: 10**

SAMPLE FORM

DATE	CONFERENCE TITLE	PRESENTA-TION TITLE	CO-PRESENTERS	LEARNING OBJECTIVES	METHODS USED	(✓) IF EVALUATED
May 15, 2009	Provincial Nurses' Assoc. Conference  ✓ brochure filed	Multidisciplinary approach to mgmt. of women with pre-existing diabetes, planning pregnancy	Pregnancy and Diabetes Team, IWK Health Center, Halifax, N.S.	- understand the role of each team member in mgmt. - the importance of frequent follow-up - goals of mgmt -expected outcome	Power point presentation using case studies and Q&A following session	✓ Session was evaluated. Results filed for reference.

**4G  
Teaching or tutoring in a course in an academic or recognized institution**

Teaching or tutoring in a course that is more than 2 class sessions. Recognized institutions may include health professional or healthcare organizations. Teaching/tutoring may also be through distance education.

Examples of tutoring: academic diabetes education course.

Criteria:

- The course content must be diabetes related.
- Teaching or tutoring courses which are repeated can only be counted once in 5 years unless there has been significant revision.

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
<p>Documentation of teaching/tutoring as indicated on the Form 4G. <b>Manager or teaching/tutoring supervisor must sign each entry.</b></p> <p>See sample form on next page.</p>	<p>10 credits per course or year of tutoring.</p>

**4H:  
Writing examination questions for regulatory body**

A formal process of writing examination questions and directed by a regulatory body.

Criteria:

- The questions must be diabetes related.

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
<p>Include in learning portfolio letters of invitation to participate or similar documentation from regulatory body. Document on Form 4H.</p> <p>See sample form on next page.</p>	<p>5 credits per year.</p>

**FORM 4G:**  
**TEACHING OR TUTORING IN A COURSE**  
**IN AN ACADEMIC OR RECOGNIZED**  
**INSTITUTION**

**NAME:** Jennifer Brown  
**CTFNO:** 0000000001  
**CREDITS THIS PAGE:** 10

SAMPLE FORM

DATE	COURSE TITLE INSTITUTION	LENGTH	COURSE OBJECTIVES	ROLE OF CDE	SIGNED MANAGER FACULTY
<i>April 30, 2009</i>	<i>Advanced Diabetes Education Course, Closeby University</i>	<i>10 weeks</i>	<i>At completion of course learner will describe diabetes self- management demonstrate skill in facilitating self- management skills with people with diabetes as documented in the course syllabus</i>	<i>Tutor for 10 students in the program. Checked in with each student 2x during program, responded to student requests, marked assignments</i>	

**FORM 4H**  
**WRITING EXAMINATION QUESTIONS FOR**  
**REGULATORY COLLEGE**

**NAME:** Jennifer Brown  
**CTFNO:** 0000000001  
**CREDITS THIS PAGE:** 5

DATE OF ACTIVITY	NAME OF REGULATORY COLLEGE	INVITATON LETTER IN PORTFOLIO [for audit]
<i>March 2010</i>	<i>College of Pharmacists, North Overshoe, continuing education exam</i>	<i>✓</i>

**CATEGORY 5 - Publications, Quality Improvement and Research Activities**

**5A  
Peer reviewed  
publications**

This activity includes publication, or accepted for publication, of papers, modules or book chapters which have been peer reviewed [see 3B for explanation of peer reviewed].

Criteria:

- The publication must be diabetes related.

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
<p>Document the name of paper/module/book chapter with complete reference information on Form 5A. Put a copy of the letter of acceptance for publication, if applicable, in your credit portfolio.</p> <p>See sample form below.</p>	<p>15 credits per publication</p>

FORM 5A  
PEER-REVIEWED PUBLICATIONS

NAME: Jennifer Brown  
CTFNO: 0000000001  
CREDITS THIS PAGE: 15

PUBLICATION DATE	COMPLETE REFERENCE FOR PUBLICATION	ACCEPTANCE LETTER IN PORTFOLIO [for audit]
<p>March, 2009</p>	<p><i>Smith B, Jones T The History of Diabetes Education in Canada. Can J Diabetes. 2009;34(3):3-6.</i></p>	<p>✓</p>

**5B  
Non-peer reviewed  
publications and  
peer reviewed case  
studies or letters**

Activity includes publication of papers, pamphlets, internet articles, and book chapters. Case studies or letters, even if they are in a peer-reviewed journal, are considered in this activity.

Examples of publications may include:

- Diabetes Communicator (DC)\*
- Diabetes Dialogue
- The Diabetes Communicator (TDC)

Criteria:

- The publication must be diabetes related.

\*If the article in DC is original writing with references and not a synopsis of something written previously or a review of another author or a review of websites, books or conferences then it will be accepted for more credit in this section.

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
<p>Document the name of paper/module/book chapter with complete reference information on Form 5B. Put a copy of the letter of acceptance for publication, if applicable, in your learning portfolio.</p> <p>Original referenced article in <i>Diabetes Communicator</i> and appropriate documentation For 5B (see * above)</p> <p>See sample form below.</p>	<p>5 credits per publication</p> <p>8 credits per publication</p>

**FORM 5B  
NON-PEER REVIEWED PUBLICATIONS AND  
PEER-REVIEWED CASE STUDIES OR  
LETTERS**

**NAME Jennifer Brown  
CTFNO: 000000001  
CREDITS THIS PAGE 8**

SAMPLE FORM

PUBLICATION DATE	COMPLETE REFERENCE FOR PUBLICATION	ACCEPTANCE LETTER IN PORTFOLIO [for audit]
<p>March, 2010</p>	<p><i>Bailey TS, Brown F Practical Tips for Teaching Women with Gestational Diabetes. The Diab Communicator.2010;3(2):3-4.</i></p>	<p style="text-align: center;">✓</p>

**5C  
Publication of books  
(peer- reviewed)**

Books published or accepted for publication.

Criteria:

- The content of the book must be diabetes related.

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
<p>Document the complete reference for the book on Form 5C. Give a brief description of the peer review process. Include a letter of acceptance for publication, if applicable, in your learning portfolio.</p> <p>See sample form on next page.</p>	<p>20 credits per publication.</p>

FORM 5C  
 PUBLICATION OF BOOKS  
 (peer-reviewed)

NAME Jennifer Brown  
 CFTNO 000000001  
 CREDITS THIS PAGE 20

SAMPLE FORM

PUBLICATION DATE	COMPLETE REFERENCE FOR PUBLICATION	BRIEF DESCRIPTION OF PEER REVIEW PROCESS	ACCEPTANCE LETTER IN PORTFOLIO [for audit]
<i>March, 2010</i>	<i>White C, Reading P Using Motivational Interviewing in Diabetes Education. Long Range Publications, Southby, Manitoba. 2007</i>	<i>Drafts of the publication were reviewed by University Professor trained in subject area; 3 diabetes educators who have training in subject and 3 who have no training in this area. All reviewers were given specific criteria for their review.</i>	✓

**5D  
Involvement in  
quality  
improvement or  
research projects**

**Proposal writing  
component**

The CDE must be part of the core team for research or QI involving a diabetes specific project.

Criteria:

- The project may be done as an individual or as part of a team.
- For credit, the CDE must be involved in **all aspects** of the proposal writing and be able to identify his/her specific contributions.
- Project must be diabetes specific
- The proposal writing or charter for quality improvement component must be completed to submit for credit.

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
Completion of Form 5D  See sample forms on next page.	20 credits per proposal. A proposal may only receive credit once

<b>FORM 5D: (Research) INVOLVEMENT IN RESEARCH PROJECTS - PROPOSAL WRITING</b>	<b>NAME:</b> Jennifer Brown <b>CTFNO:</b> 000000001 <b>CREDITS THIS PAGE:</b> 20 <b>DATE COMPLETED:</b> <b>MONTH:</b> August <b>YEAR:</b> 2009	SAMPLE FORM
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**NOTE:** The information provided should not exceed one page. Do not use font smaller than 10 pt.

<b>NAME OR TITLE OF PROPOSAL</b>
<i>Community Diabetes Workers (CDWs): Partners in Diabetes Education</i> X research project <input type="checkbox"/> quality improvement project
<b>Briefly state the problem or issues which led to the research project</b>
<i>Aboriginal clients with diabetes with live in the inner city frequently do not access services of the DEC and if they do attend usually do not participate in follow-up. Significant increase in diabetes in this population, which is often also dealing with poverty and associated issues, transient in the city.</i>
<b>Briefly state the project objectives</b>
<i>To provide a basic, individual, culturally sensitive diabetes education for urban dwelling Aboriginal people with diabetes.                  To examine the role of Community Diabetes Workers in diabetes education and assisting clients to access other resources in the city for support.                  To determine education and clinical outcomes pre and post intervention by the CDWs.</i>
<b>Briefly describe the design for the project.</b>
<i>Recruitment will be done through family physicians and community organizations for adults (over age 18) with diabetes who meet the study inclusion criteria. After consent and initial assessment of current self-care practices, knowledge and skills and clinical parameters, participants will be randomized into the intervention (visits by a CDW for 6 months) or control group (usual care). Follow-up measurements will be done in 6 months. Those in the control group will then receive the intervention and serve as their own controls (pre/post study).</i>
<b>Who worked on the proposal for the project?</b>
<i>Researchers included University professors from Community Health and Nursing. Two nurse educators from the DEC were also on the research team and were actively involved in the proposal development and writing.</i>
<b>What was your role in the proposal development?</b>
<i>One of the nurse educators and was fully involved in all aspects of the research project development. Chaired research team meetings to discuss issues, literature review, proposal writing and funding application.</i>

Signed: Manage/Researcher:  Position: Manager OR

CDE: \_\_\_\_\_ CFTNO \_\_\_\_\_  
 ANOTHER CDE MAY SIGN ONLY IF MANAGER UNAVAILABLE TO SIGN

FORM 5D (QI)  
 INVOLVEMENT IN QUALITY IMPROVEMENT  
 - CREATING THE PROJECT CHARTER

NAME: Jennifer Brown  
 CTFNO: 0000000001  
 CREDITS THIS PAGE: 20  
 DATE COMPLETED:  
 MONTH: August YEAR: 2009

<b>NAME OR TITLE OF QI PROJECT</b>
<i>Improving Outcomes for People with type 2 diabetes referred for education and to a medical specialist</i>
<b>Briefly state the problem or issues which led to the QI project</b>
<i>No previous method to track outcomes and no specific processes to ensure quality education or medical review. Unable to provide continuing follow-up due to referral volumes</i>
<b>Briefly state the QI project aim</b>
<i>By xxx, people with type 2 diabetes referred for services will have</i> <ul style="list-style-type: none"> <li>• <i>The offer of an initial visit within three weeks of their referral with one team member [sooner if triage criteria give a higher priority to the referral]</i></li> <li>• <i>Be provided with access to ongoing support and follow-up over six months by diabetes team members and community based services</i></li> <li>• <i>A discharge time and plan with both the client and physician receiving a copy of the plan</i></li> </ul>
<b>Briefly describe the key measures for the project (outcome, process, balancing)</b>
<p><i>Outcome:</i></p> <ul style="list-style-type: none"> <li>• <i>90% of people with diabetes have a minimum of a 1% decrease in A1C</i></li> <li>• <i>75% will have A1C <math>\leq</math> 7%</i></li> <li>• <i>75% will have LDL and total cholesterol at CDA targets</i></li> <li>• <i>90% of clients will have set at least one goal for self-management using the LWCC steps documented in chart</i></li> </ul> <p><i>Process:</i></p> <ul style="list-style-type: none"> <li>• <i>Utilization of community resources</i></li> <li>• <i>Workings days between referral and first appointment offer</i></li> <li>• <i>Number of clients with a specific discharge plan sent to family physician and client</i></li> <li>• <i>Number of clients with recorded behaviour changes (bg monitoring, healthy eating, insulin start)</i></li> </ul> <p><i>Balancing:</i></p> <ul style="list-style-type: none"> <li>• <i>Client and staff satisfaction with services</i></li> </ul>
<b>What was your role in the charter development?</b>
<i>Participated in all team meetings and decision making. Assisted with writing and reviewed documents and provided input along with other team members.</i>

Signed: Manage/Researcher:  Position: Manager OR

CDE: \_\_\_\_\_ CFTNO \_\_\_\_\_  
 ANOTHER CDE MAY SIGN ONLY IF MANAGER UNAVAILABLE TO SIGN

**5Ei  
Involvement in a  
research project**

There are three parts to 5E. It is only necessary to complete one of these options (research, quality improvement or policy/ procedure) for credit.

**Implementation,  
data analysis,  
interpretation and  
dissemination  
phases**

The CDE must be part of the core team for research or QI involving a diabetes specific project

Criteria:

- The development and evaluation may be done as an individual or as part of a team.
- For credit, the CDE must be involved in **all aspects** of implementation, data analysis, interpretation and dissemination phases and be able to identify his/her specific contributions.
- Project must be diabetes specific
- Project must be completed to submit for credit

**5Eii  
Development of  
Policies and  
Procedures**

**5Eiii  
Involvement in a  
quality  
improvement  
project**

Development of policies and procedures can be included as part of quality improvement.

Criteria: as above for QI or research project.

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
RESEARCH PROJECT Completion of Form 5Ei	15 credits per project or policy
DEVELOPMENT OF POLICY + PROCEDURES Completion of Policy and Procedure Form 5Eii	
QUALITY IMPROVEMENT PROJECT Completion of Quality Improvement Form 5Eiii	
See sample forms on three next pages.	

FORM 5E i  
 INVOLVEMENT IN RESEARCH PROJECTS -  
 IMPLEMENTATION, DATA ANALYSIS,  
 INTER-RETATION + DISSEMINATION  
 PHASES

NAME: Jennifer Brown  
 CTFNO: 0000000001  
 CREDITS THIS PAGE: 15  
 DATE PROJECT COMPLETED:  
 MONTH: August YEAR: 2009

SAMPLE FORM

NOTE: The information provided should not exceed one page. Do not use font smaller than 10 pt.

<b>NAME OF RESEARCH PROJECT</b>
<i>Community Diabetes Workers (CDWs): Partners in Diabetes Education</i>
X research project <input type="checkbox"/> quality improvement project
<b>What were the objectives?</b>
<i>To provide a basic, individual, culturally sensitive diabetes education for urban dwelling Aboriginal people with diabetes.</i> <i>To examine the role of Community Diabetes Workers in diabetes education and assisting clients to access other resources in the city for support.</i> <i>To determine education and clinical outcomes pre and post intervention by the CDWs.</i>
<b>Briefly describe the <u>major</u> findings as a result of the research project</b>
<i>Clients who were seen by the Community Diabetes Workers had compared to the usual service group: a higher level of satisfaction with service; lower A1Cs (<math>p &lt; 0.05</math>); better knowledge of self-care skills (n.s.); tested their blood glucose more often (<math>p &lt; 0.05</math>)</i>
<b>What will be the impact of these findings?</b>
<i>The use of CDWs has the potential to enhance service and quality of care for 'hard to reach' clients. The process evaluation demonstrated the need for a structured orientation and ongoing education program and regular follow-up for supervision and support of the workers. Study accepted for presentation at CDA professional conference and will also be presented at Health Region for funding.</i>
<b>Who worked on the research project implementation, analysis, and interpretation?</b>
<i>Researchers included University professors from Community Health and Nursing. Two nurse educators from the DEC were also on the research team and included in implementation, and interpretation of results.</i>
<b>What was your role in the research program?</b>
<i>One of the nurse educators fully involved in all aspects of the research project. Chaired research team meetings to discuss planning and eventually results. Will present on behalf of the team at CDA.</i>

Signed: Manager/Researcher:  Position: Manager OR

CDE: \_\_\_\_\_ CFTNO \_\_\_\_\_

ANOTHER CDE MAY SIGN ONLY IF MANAGER UNAVAILABLE TO SIGN

**FORM 5E ii**  
**POLICY AND PROCEDURE DEVELOPMENT**

**NAME:** Jennifer Brown  
**CTFNO:** 0000000001  
**CREDITS THIS PAGE:** 15  
**DATE PROJECT COMPLETED:**  
**MONTH:** August **YEAR:** 2009

SAMPLE FORM

**NOTE:** The information provided should not exceed one page. Do not use font smaller than 10 pt.

<b>NAME OF POLICY/PROCEDURE</b> [note wording shortened to policy in the document]
<i>Management of Hypoglycemia During Hospitalization</i>
<b>What needs prompted the development of the policy?</b>
<i>Complaints from people with diabetes about inappropriate treatment of hypoglycemia during their hospitalizations [access to glucose, amount recommended, access to bg monitoring equipment] Brief review of usual hypoglycemia management on inpatient units, including short knowledge quiz done by staff members on 6 inpatient units. [staff found not to be current with CDA guidelines]</i>
<b>Summary of research done to develop the policy.</b>
<i>Working group formed representing managers, staff, clinical educator and DEC to - Review of CDA guidelines - Contacted 4 other hospitals to review their policies and procedures</i>
<b>Summary of the policy implementation and evaluation process.</b>
<i>Implementation plan developed including posters on all units, unit in-services to nursing, medical and dietetics staff members. Follow-up audit on units in 3 months and 3-question survey with a random sample of inpatients with diabetes. Results indicated change in practice with minor areas of reinforcement needed.</i>
<b>Who worked on the development/implementation/evaluation of the policy/ procedure?</b>
<i>Working group as above did the design for all phases - development, implementation and evaluation.</i>
<b>What was your role in the development/implementation/evaluation of the policy?</b>
<i>Chaired the committee and did the majority of the writing. Assisted with data collection in the evaluation and analysis/review of the results.</i>

Signed: Manager 

CDE \_\_\_\_\_ CFTNO \_\_\_\_\_  
 ANOTHER CDE MAY SIGN ONLY IF MANAGER UNAVAILABLE TO SIGN

FORM 5Eiii:  
INVOLVEMENT IN QUALITY IMPROVEMENT  
PROJECT - IMPLEMENTATON

NAME: Jennifer Brown  
CTFNO: 0000000001  
CREDITS THIS PAGE: 15  
DATE PROJECT COMPLETED:  
MONTH: August YEAR: 2009

SAMPLE FORM

<p><b>NAME OF QUALITY IMPROVEMENT PROJECT</b> <i>Improving Outcomes for People with type 2 diabetes</i></p>
<p><b>What was the project aim (from charter)?</b></p>
<p><i>By xxx, people with type 2 diabetes referred for services will have</i></p> <ul style="list-style-type: none"> <li>• <i>The offer of an initial visit within three weeks of their referral with one team member [sooner if triage criteria give a higher priority to the referral]</i></li> <li>• <i>Be provided with access to ongoing support and follow-up over six months by diabetes team members and community based services</i></li> <li>• <i>A discharge time and plan with both the client and physician receiving a copy of the plan</i></li> </ul>
<p><b>Briefly describe the <u>major</u> Plan/Do/Study/Act cycles in the project</b></p>
<p><i>Pre-implementation PDSA cycles were done to test the materials with feedback from staff and potential clients. In the first four months of implementation, PDSA cycles were done to further test the processes and forms being used - with each cycle changes and improvements were made. After 8 months, data was collected for all process measures and early results for outcome measures. Client and staff satisfaction surveys were completed. Telephone interviews were done with 10% of clients who had completed the program. After 14 months, all of the above data measures were collected again to form the final results of the quality improvement project.</i></p>
<p><b>What were the <u>major</u> results for the measures in the project charter?</b></p>
<p><i>Outcome:</i></p> <ul style="list-style-type: none"> <li>• <i>88% of people with diabetes had a minimum of a 1% decrease in A1C</i></li> <li>• <i>65% had A1C ≤ 7%</i></li> <li>• <i>76% had LDL and total cholesterol at CDA targets</i></li> <li>• <i>90% of clients set at least one goal for self-management</i></li> </ul>
<p><i>Process:</i></p> <ul style="list-style-type: none"> <li>• <i>58% of clients used community resources</i></li> <li>• <i>Average of 14 Working days between referral and first appointment offer</i></li> <li>• <i>98% clients with a specific discharge plan sent to family physician and client</i></li> <li>• <i>98% of clients with recorded behaviour changes</i></li> </ul>
<p><b>Balancing:</b></p> <ul style="list-style-type: none"> <li>• <i>Client + staff satisfaction positive; several suggestions to improve program.</i></li> </ul>
<p><b>What was your role in the QI program?</b></p>
<p><i>Assisted with final chart audits; reviewed and discussed results as part of team and presented to other program staff members. Part of the team which used these results to implement program changes and create a new program quality improvement charter.</i></p>

Signed: Manager:  Position: Manager

OR CDE: \_\_\_\_\_ CFTNO \_\_\_\_\_  
ANOTHER CDE MAY SIGN ONLY IF MANAGER UNAVAILABLE TO SIGN

**5F**  
**Editorial Board,**  
**editor or associate**  
**editor for diabetes**  
**related**  
**professional**  
**journal**

Activity relates only to peer-reviewed professional journals.

**Excluded:** Industry sponsored and non-peer reviewed journals such as Canadian Diabetes.

Criteria:

- The publication must be diabetes related.

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
In your learning portfolio include letter of appointment as editor, assistant editor and a brief description of your role.  See sample form below.	10 credits per year

**FORM 5F**  
**EDITORIAL BOARD, EDITOR OR**  
**ASSOCIATE EDITOR FOR DIABETES**  
**RELATED PROFESSIONAL JOURNAL**

**NAME:** Jennifer Brown  
**CTFNO:** 0000000001  
**CREDITS THIS PAGE:** 10

DATE	JOURNAL	ROLE AND BRIEF DESCRIPTION	APPOINTMENT LETTER IN PORTFOLIO [for audit]
<i>January 2009</i>	<i>Canadian Journal of Diabetes</i>	<i>Associate editor. Responsible for working with Editor and committee to develop the journal content plan, recruiting authors and monitoring the peer review process</i>	✓

**5G  
Development of  
best practice  
guidelines or clinical  
practice guidelines,  
member of an  
expert panel**

The best practice or clinical practice guidelines must be produced by an established academic, professional or health care institution/association.

Criteria:

- The guidelines must be diabetes related.
- The CDE must be responsible for developmental processes, literature review, analysis, documentation and writing.

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
<p>In your learning portfolio include a copy of the letter of invitation to participate on the expert panel and briefly describe your role.</p> <p>See sample form below.</p>	<p>20 credits per year</p>

**FORM 5G:  
DEVELOPMENT OF BEST PRACTICE  
GUIDELINES OR CLINICAL PRACTICE  
GUIDELINES, MEMBER OF AN EXPERT  
PANEL**

**NAME: Jennifer Brown  
CTFNO: 0000000001  
CREDITS THIS PAGE: 20**

DATE	GROUP PRODUCING GUIDELINES	ROLE AND BRIEF DESCRIPTION	APPOINTMENT LETTER IN PORTFOLIO [for audit]
<i>January 2009</i>	<i>Canadian Diabetes Association</i>	<i>Member of expert panel on blood glucose monitoring. Responsible for literature review, grading evidence and writing and edit drafts, including recommendations, with 2 other panel members.</i>	✓

**5H  
Program evaluation  
- design and  
implementation**

A formal process of conducting a program evaluation either through an external process or using your own evaluation against best practice guidelines.

Examples of acceptable external processes include:

- Program evaluation as part of CCHSA accreditation.
- Program evaluation as part of the CDA's National Recognition Program.

Criteria:

- The program under review must be diabetes specific.
- The CDE must **demonstrate his/her role in the evaluation process and must be actively involved in all aspects of the program evaluation.**
- The minimum expectation for program evaluation is a peer review process.

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
<p>Documentation of the program evaluation process, outcomes using Form 5H. CDE must also indicate his/her role in the process.</p> <p>See sample form on next page.</p>	<p>20 credits per program evaluation.</p>

FORM 5H:  
PROGRAM EVALUATION  
- DESIGN AND IMPLEMENTATION

NAME: Jennifer Brown  
CTFNO: 0000000001  
CREDITS THIS PAGE: 20  
DATE PROJECT COMPLETED:  
MONTH: August YEAR: 2009

NOTE: The information provided should not exceed one page. Do not use font smaller than 10 point.

<b>NAME OF PROGRAM EVALUATED</b>
<i>Gestational Diabetes Program at DEC in Faraway, Canada</i>
<b>What method was used for the program evaluation?</b>
<input type="checkbox"/> Part CCHSA organization accreditation <input type="checkbox"/> Participated in the CDA/DES National Recognition Program <input checked="" type="checkbox"/> Designed our own program evaluation - please list objectives 1. <i>To determine the impact of the program on outcomes of pregnancy</i> 2. <i>To determine the adequacy [convenience, coordination, overall satisfaction] of the service from the perspective of the clients</i>
<b>Briefly describe the program evaluation process used</b>
<i>Objective 1: Reviewed 2003 Clinical Practice Guidelines to determine criteria for 'outcomes of pregnancy' - designed a data collection form and asked participating hospitals to complete a chart audit. Objective 2: Designed a focus group process, facilitated by an external person, and invited 10 mothers who had been through the program in the past year to attend. Provided childcare, transportation, and snack for the group.</i>
<b>Briefly describe the <u>major</u> findings as a result of the program evaluation</b>
<i>Objective 1: - 89% of women had screening for GDM done within 24-28 weeks gestation - 92% of women had babies at term with a birth weight &lt;9 lbs. - 34% of women participated in the post GDM follow-up service and screening Objective 2: - Women were generally satisfied with program services and particularly appreciated the coordination between Home Care and Hospital services or tertiary referral service - Women found community-based services convenient - Women found the experience demanding and, at times frightening, even though they commented frequently about the supportive staff members - Most women said they did not feel the need of follow-up postpartum, felt good, had difficulty getting extra appointments and did not like the idea of being tested again.</i>
<b>How does your program plan to use these findings?</b>
<i>Greatest challenge is in the postpartum follow-up. We plan to discuss the results with the community health nurses, the community liaison workers and physicians. We believe we can find alternatives for testing, but also need to spend more time talking with clients, ensuring we understand their feelings on this issue, but also providing better information and support. Plan to hold another focus group 12 months after we develop and then implement our new strategies.</i>
<b>Who worked on the evaluation of the program?</b>
<i>Involved staff were: dietitian and diabetes nurse educator for the GDM program. We consulted with others involved in the program through the hospital, literature and an external consultant for the focus group.</i>
<b>What was your role in the evaluation of the program?</b>
<i>As the diabetes nurse educator helped to develop the evaluation plan, participated in development of the focus group questions, reviewed the data from the chart audit and focus group and co-wrote the recommendations. Will also be involved in the follow-up plan.</i>

Signed: Manager



OR CDE \_\_\_\_\_ CTFNO: \_\_\_\_\_

ANOTHER CDE MAY SIGN ONLY IF MANAGER UNAVAILABLE TO SIGN

**5I  
External Reviewer  
for provincial,  
national or  
regional resources**

**Criteria:**

- The competencies must be considered in the review.
- Specific review criteria must be used.

**Examples where CDE may be an external reviewer:**

- best practice or Clinical Practice Guidelines (CPG's).
- **full** research grant proposals; does not include 'letters of intent'.
- reviewer of CDECB exam questions.
- peer reviewer for journals, books, abstracts or posters.
- reviewer for National Nutrition Committee new or revised materials.
- member, Diabetes Dialogue editorial board.

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
Letter/email inviting CDE to be a reviewer.  See sample form below.	5 credits per external review performed.

**FORM 5I:  
EXTERNAL REVIEWER for PROVINCIAL,  
NATIONAL OR REGIONAL RESOURCES**

**NAME:** Jennifer Brown  
**CTFNO:** 0000000001  
**CREDITS THIS PAGE:** 10

DATE	ORGANIZATION	ROLE AND BRIEF DESCRIPTION	INVITATION LETTER or EMAIL IN PORTFOLIO [for audit]
<i>January 2009</i>	<i>Canadian Diabetes Association National Nutrition Committee</i>	<i>Volunteered to review a draft version of the new meal planning system - Beyond the Basics and provide written comments. Also asked to seek comments from colleagues.</i>	✓
<i>February 2009</i>	<i>Provincial Diabetes Program</i>	<i>Volunteered to review the insulin adjustment guide template, which was developed by a provincial working group.</i>	✓

## **CATEGORY 6 - Leadership Activities**

### **6A Professional Leadership in Diabetes Education**

The CDE, in a professional role, guides or directs the decision making process of a group resulting in an enhancement of diabetes education knowledge or practice.

Examples of positions where a CDE may demonstrate professional leadership include:

- Regional, provincial or federal advisory/task forces
- Some DES, CDA boards and executive or standing committees.
- Some local committee/group work can receive credit if the CDE's membership is beyond the usual job expectations and the CDE can demonstrate leadership and outcomes.

Attendance at the DES Leadership Forum **cannot** be claimed for credit here. Please claim credit for any diabetes-related sessions that were part of the forum in section 2A short term learning events.

Being a member of a committee does **not** automatically equate to credits. The CDE must demonstrate **both professional leadership and be able to describe specific outcomes**

Criteria:

- Group or committee must be diabetes related.
- CDE must demonstrate leadership role.
- CDE must demonstrate outcomes resulting from his/her leadership.

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
<p>Document leadership and outcomes on Form 6A. Include a letter of appointment, if applicable.</p> <p>If the leadership position is the same for more than one year, complete Form 6A for <u>each</u> year in the position including specific role and annual outcomes.</p> <p>See sample form on next page.</p>	<p>20 credits per group per year.</p>

FORM 6A  
PROFESSIONAL LEADERSHIP IN  
DIABETES EDUCATION

NAME Jennifer Brown  
CFTNO 000000001  
CREDITS THIS PAGE 20

SAMPLE FORM

NOTE: The information provided should not exceed one page. Do not use font smaller than 10 point.

Name of Group/Position Held: <i>Regional Diabetes Working Group, Member</i>
Year for which credit is being claimed: <i>2009</i>
Purpose of the Group/Committee: <i>Working Group has developed a diabetes plan for health region and is funded through a small annual budget from the provincial government. Three priorities chosen for this year and a working group formed for each one.</i>
Describe your leadership role with this group: <i>Member of the 3-person coordinating committee, which oversees the operations of the plan, monitoring progress and liaises with Administration. Chair of working group which extended diabetes education services into primary care with family physicians as a pilot project with evaluation. Coordinated meetings of working group, liaison with evaluation support personnel, wrote draft of final report and facilitated discussion of recommendations.</i>
Describe the outcomes achieved as a result of your leadership: <i>Progress made with all 3 projects, two are completed and have evaluations done with final reports and recommendations. Group continues to coordinate several diabetes-related activities. Working group on diabetes ed services in primary care had positive outcomes and is now partnering with another group to enhance and continue service, extend evaluation to include behavioural and clinical outcomes.</i>
<input checked="" type="checkbox"/> in portfolio letter of appointment/or invitation to participate [optional]
Signed by Manager or Individual who can verify the CDE's leadership role and outcomes:  Name: [PRINT] <u><i>S. Black</i></u> Position: <u><i>Chair, Regional Diabetes Working Group</i></u> Signature: <i>SBlack</i>

**6B  
CDE Acting as an  
Expert and/or  
Advisor**

CDE is invited or appointed to a professional committee/task force as an expert resource person on a topic(s) related to diabetes education or care.

Examples may include:

- CDE is invited to an expert committee to evaluate a teaching tool, involving several meetings.
- CDE invited to a hypertension working group to provide diabetes expertise.
- CDE sits on a regional or national CDA committee to provide expert advice on diabetes or diabetes education (for example, DES Standards Review Program Committee).

Criteria:

- Expertise or advice provided as an expert by the CDE must be diabetes related.
- Expertise or advice is beyond reviewing developed materials such as pamphlets or new materials from the National Nutrition Committee. See 5I to obtain credit as a reviewer.

REQUIRED DOCUMENTATION TO RETAIN AND SUBMIT ONLY IF AUDITED	CREDITS OBTAINED
Documentation of purpose of the committee/task force; expertise or advice provided by the CDE.  See sample form on next page.	10 credits per group per year.

FORM 6B: NAME: Jennifer Brown  
CDE ACTING AS AN EXPERT AND/OR ADVISOR CTFNO: 0000000001  
CREDITS THIS PAGE: 10

NOTE: The information provided should not exceed one page. Do not use font smaller than 10 point.

Name of Group/Position Held: <i>Working Group on Diabetes in the Elderly</i>
Year for which credit is being claimed: <i>2009</i>
Purpose of the Group/Committee: <i>Develop guidelines for long term care facilities in the Health Region for the care and treatment of people with diabetes</i>
Describe the expertise you have provided to this group in the past year: <i>Gave a presentation on the relevant aspect of the Clinical Practice Guidelines, assisted with interpretation of CPGs into practices in LTC, reviewed policies and procedures developed by the group for accuracy and congruence with CPG and current literature.</i>
<input checked="" type="checkbox"/> in portfolio letter of appointment/or invitation to participate

## **Summary of Appendices**

### **A. Organizing Your Portfolio**

This Appendix provides ideas and suggestions for developing a portfolio.

### **B. List of Competencies**

This Appendix lists the current (revised 2007) CDE competencies for use as a reference.

### **C. Audit Process - Frequently Asked Questions**

This Appendix provides answers to questions frequently asked by CDEs about the audit process.

### **D. Summary of Changes to the Credit Portfolio Process, 2006-11**

Since the Credit Portfolio process started in 2006, feedback from CDEs and others have prompted changes to clarify and adjust credit activities. All significant changes have been summarized in this Appendix.

### **E. Certification Maintenance by Credit Portfolio Application and Summary of Credits.**

A blank copy of the Certification Maintenance by Credit Portfolio Application and Credit Summary form.

All Appendices can be downloaded from:  
[www.cdec.ca/index.php?id=CM\\_howtoguide](http://www.cdec.ca/index.php?id=CM_howtoguide)

## **APPENDIX A - Organizing your Portfolio**

Accurate documentation of completed activities is an important part of maintaining your credit portfolio. Details can easily be forgotten if not properly recorded and stored over the five-year period that you're building your credit portfolio. Do not try to commit the details to memory or wait until the final year to organize your activities.

Here are a few ideas for accurately recording and storing the information you will be required to have available for auditing purposes:

1. Purchase a binder with tabbed inserts, with attached pocket folders if possible.
  - a. Label each tab according to the activity groups (example Practice Review/ Self-assessment, Organized Learning, etc.).
  - b. When an activity is completed, record all the pertinent information pertaining to the activity in the appropriate section.
  - c. Store any Certificates of Attendance, test/exam results, peer evaluations etc. in the pocket portion. (as identified in the reporting forms for each activity).
  - d. After the Credit Portfolio is completed, the information can be easily retrieved and transferred to the Credit Summary Form.
  - e. As well, if audited, the required documents can easily be retrieved and matched to the Activity.
  
2. If using a computer, a database can be developed and stored in a similar manner.
  - a. One suggestion is making a file under My Documents with your favourite Word Processor or Spreadsheet program.
  - b. Try naming the new file as either CDECB or something related to the Certification Maintenance Credit Portfolio that will make it easy for you to find the file again.

Then you can download the activity forms in the appendix and use these forms to record and store your activity records.
  - c. Be sure to add a way to check off a few things: if you received a certificate or verification of attendance, the place you filed the certificate and a copy of conference/workshop agendas. The copy of the agenda will have dates, topic names, length of time, etc. that will come in handy in the future or if your entry is audited.

Written records can be stored in file folders (or an accordion file) for retrieval if necessary.
  
3. Be sure to enter the information in a timely manner so that details of the activity will not be forgotten.
  
4. All forms must be completed with the appropriate information to obtain full credit for the 'learning activity'.

## APPENDIX B - Certified Diabetes Educator Competencies

COMPETENCY NUMBER	COMPETENCY ** The term "Diabetes" shall include "Prediabetes", where applicable**
<b>1.0 Pathophysiology</b>	
1.A	Describes the basic pathophysiology of diabetes including characteristic signs and symptoms.
1.B	Distinguishes between the major types of diabetes in terms of etiology, prevention, defining characteristics and incidence, and prevalence.
1.C	Identifies normal and abnormal blood glucose ranges in fasting and post-prandial states.
1.D	Describes the effect of insulin and the counter-regulatory hormones.
1.E	Describes the effects of nutrition and exercise on blood glucose.
1.F	Identifies the risk factors which contribute significantly to the micro-vascular, macrovascular and neurological complications of diabetes.
1.G	Identifies the appropriate responses to a client's questions concerning the genetic transmission of diabetes.
1.H	Identifies the effects of hormonal changes at different life stages on blood glucose levels.
1.I	Identifies the diagnostic criteria for all types of diabetes.

<b>2.0 Nutrition</b>	
2.A	Assesses nutrition education needs.
2.B	Identifies appropriate nutrition strategies for persons with diabetes.
2.C	Plans individualized nutrition strategies to accommodate life cycle stages, socio-economic and other lifestyle factors (e.g. shift work, physical activity, travel, alcohol and delayed meals).
2.D	Plans nutrition strategies to accommodate nutritional needs for persons with diabetes who also have secondary complications.
2.E	Describes the following nutritional issues in relation to diabetes management: glycemic index, nutrient values of food, fats, fibre, and artificial sweeteners.
2.F	Describes the rationale and use of the <i>CDA's Beyond the Basics: Meal Planning for Healthy Eating, Diabetes Prevention and Management</i> .
2.G	Estimates the food choice value of foods based on nutrition information provided.
2.H	Describes the rationale for and the use of the "carbohydrate counting" method.
2.I	Identifies nutrition strategies to manage "sick days".

<b>3.0 Self-Care Management</b>	
<b>3.1 Medications</b>	
3.1.A	Describes different types of oral medications used to treat diabetes in terms of action, sources, indications for use, side effects, safe administration and precautions.
3.1.B	Describes different types of insulin in terms of action, sources, indications for use, side effects, safe administration and precautions.
3.1.C	Describes the rationale for common insulin regimens.
3.1.D	Describes various insulin delivery systems and their advantages or disadvantages.
3.1.E	Identifies factors that affect subcutaneous insulin absorption.
3.1.F	States current recommendations for the care and storage of insulin during everyday use and travel.
3.1.G	Understands responses to situations in which an insulin adjustment is recommended.
3.1.H	Identifies the effects of prescription medications commonly used by people with diabetes.
3.1.I	Identifies the effects of non-prescription remedies commonly used by people with diabetes.

<b>3.2 Hypoglycemia</b>	
3.2.A	Describes hypoglycemia in terms of signs, symptoms, causes, treatment and prevention.
3.2.B	Identifies hypoglycemia unawareness in terms of presenting symptoms, potential causes, diagnostic methods and treatment plan.
3.2.C	Recognizes a potential Somogyi effect and dawn phenomenon and describes appropriate interventions.
3.2.D	Describes how to alter the treatment plan to prevent or respond to hypoglycemia.
3.2.E	Provides information on MedicAlert identification.

<b>3.3 Activity</b>	
3.3.A	Describes the benefits and risks related to various types of physical activity for individuals with type 1 and type 2 diabetes and identifies strategies to deal safely with physical activity.
3.3.B	States the potential effect(s) of physical activity on blood glucose levels, in euglycemic, hypoglycemic and hyperglycemic states.

<b>3.4 Urine Monitoring</b>	
3.4.A	Describes the clinical recommendations of urine testing for ketones and microalbuminuria.

<b>3.5 Blood Glucose Monitoring</b>	
3.5.A	Describes the purpose, potential benefits and appropriate scheduling of SMBG.
3.5.B	Describes the purpose and methods of quality control for SMBG.
3.5.C	Describes the factors contributing to variances and acceptable levels of variance, between SMBG and laboratory results.
3.5.D	States the definition, interpretation, purpose and recommended frequency of A1C testing.
3.5.E	Given case situations with blood glucose levels, medication doses, meal plan and activity levels, analyzes the relationship between them, identifies the need for alteration(s) and recommends an appropriate course of action.
3.5.F	Describes acceptable protocols for the use of blood testing devices used outside of home or health-care institutions (e.g. day care settings).

<b>3.6 Hyperglycemia</b>	
3.6.A	Differentiates between hyperglycemia, diabetic ketoacidosis and hyperosmolar hyperglycemic state (HHS) in terms of pathophysiology, etiology, progression in signs and symptoms and intervention and prevention.
3.6.B	Identifies appropriate self-care action to take during a period of concurrent illness.

<b>3.7 Foot Care</b>	
3.7.A	Describes presenting symptoms, potential causes, diagnostic methods and treatment plans related to problems that may be present with feet.
3.7.B	Describes strategies to prevent foot problems.

<b>3.8 Safety</b>	
3.8.A	Provides information on safe disposal of "sharps".
3.8.B	Discusses infection control issues related to diabetes equipment.

<b>3.9 Research</b>	
3.9.A	Discusses the findings and implications of current major research to practice

<b>4.0 Psychosocial / Lifestyle</b>	
4.A	Assess the relationship between social and socio-economic support systems, environment and daily living with diabetes.
4.B	Identifies potential psychosocial strengths and barriers to diabetes self-care.
4.C	Identifies the impact of diabetes on life events, including interpersonal relationships, vocation, education and recreation.
4.D	Differentiates between characteristics of normal grieving and depression (related to diabetes) requiring psychological consultation/intervention.
4.E	Uses communication strategies to promote therapeutic interaction.
4.F	Discusses potential effects of substance abuse on diabetes self-care.
4.G	Identifies potential destabilizing effects of stress on blood glucose and approaches to self-care.
4.H	Describes possible alterations in sexual function, contributing factors and potential interventions.
4.I	Describes strategies and information that can be used to facilitate decision-making for contraception.
4.J	Discusses the impact of cultural background and beliefs on adaptation to diabetes and self-care practices.
4.K	Identifies psychological disturbances and devises educational plans for individuals with these disturbances.
4.L	Identifies possible feelings or attitudes held by the person with diabetes at various stages in the life cycle and describes appropriate interventions.
4.M	Identifies strategies for facilitating behaviour change.

<b>5.0 Special Situations</b>	
5.A	Identifies aspects of assessment, education and management that are unique to the elderly.
5.B	Devises an educational plan for a person with psychomotor/sensory deficits and diabetes.
5.C	Identifies aspects of assessment, education and management that are unique to children and/or adolescents with diabetes.
5.D	Identifies aspects of assessment, education and management that are unique to pregnant women with type 1, type 2 or gestational diabetes.
5.E	Identifies conditions in which diabetes may be a secondary complication.
5.F	Describes the potential chronic complications of diabetes in terms of pathophysiology, associated risk factors, frequency, recommendations for screening, prevention, management and education.
5.G	Outlines activities to facilitate safe travel.
5.H	Describes the principles and application of intensive diabetes management.
5.I	Describes strategies for dealing with preparation for surgery or diagnostic tests.

<b>6.0 Education Theory</b>	
6.A	Applies principles of learning to the development of teaching plans.
6.B	Adapts educational strategies based on principles of motivation for learning.
6.C	Applies principles of education.
6.D	Acknowledges and plans activities for people with different learning styles.
6.E	Identifies principles of program development.
6.F	Identifies appropriate use, advantages and disadvantages of various teaching methods and tools.
6.G	Differentiates between cognitive, affective and psychomotor behavioural objectives.
6.H	Defines components of a quality improvement process for diabetes education.
6.I	Describes the Standards for Diabetes Education in Canada and applies them in program development.
6.J	Describes the components of the Transtheoretical Model of Behaviour Change and applies this model in developing teaching/counselling strategies

## APPENDIX C: AUDIT PROCESS FAQ's

*I would like to know for certain - in the event my credits do not meet the requirement for my re-certification, am I eligible to write the exam in the same year? Will I lose money? According to the information provided, I do not get confirmation from the credit portfolio until June or July of the year I apply for certification maintenance by credit portfolio.*

If your credits do not meet the requirements for [your] certification maintenance by credit portfolio, you will not be granted certification status and you will no longer be recognized as a Certified Diabetes Educator.

As you will be notified of the certification maintenance audit results after the date of the examination, you are not eligible to exercise both options (exam and credit portfolio) in the same year. If you do not achieve certification maintenance by credit portfolio, you may apply to write the examination in the following year. The credit portfolio option will not be available to you until you have once again successfully written the exam.

*If I am concerned that some of my credits may not be allowed, do I have any options?*

- Write to CDECB before January 15<sup>th</sup> and ask about activities you are questioning.
- You can submit more than the required credits (we would suggest about 20-30% more). Extra credits will not count for more, but do give the auditors something to fall back to if some activities are deemed ineligible for credit. The audit committee only looks at what is submitted; they will not request or evaluate further information if the Portfolio is deficient.

*What if I was away on holidays and did not receive the audit notification (I remained away for the whole time)?*

Once you have chosen the Credit Portfolio option to maintain your certification and you have sent in the application, all of your supporting documents should be ready for copying in the event you are audited. If your audited documents are not received by the date identified, you will lose this opportunity to maintain your certification.

To prevent this from happening, if you are taking an extensive holiday during this time frame, when you submit your application and summary sheet also submit a letter of explanation. In the letter of explanation provide the contact information of a person who has possession of your documents and information on how to contact them, in the event that you are selected to be audited. They then could submit your necessary documents on time on your behalf. Please do not submit all of your documentation at the time of submitting your application, it will be returned to you. See question below.

*Can I submit all my documentation with my application for certification maintenance by Credit Portfolio and Credit Portfolio Summary Form prior to the February 1<sup>st</sup> deadline?*

The answer is No. Only submit your credit portfolio documentation to the CDECB office after receiving a letter informing you that you are being audited. Complete instructions how and when to submit the documentation will be in that letter. If you send your audit documentation with your application and summary sheet it will be returned to you regardless if you are selected for audit or not.

*Will I receive a confirmation that my portfolio arrived at the CDECB office?*

Once your portfolio has been received at the CDECB office, you will be notified by regular mail sent to the address you provided in the Application. You can expect this confirmation in and around mid-March.

*Why are three copies of my portfolio required for the audit process? Can I submit on-line?*

One of the copies is retained at the CDECB office and the other two are forwarded to the auditors. On-line submissions are not possible at this time.

*Will I receive feedback on the audited documents submitted?*

You will be provided details pertaining to the audited documents ONLY if you are unsuccessful at maintaining your certification.

## APPENDIX D - Summary of Changes to CDE Credit Portfolio for Certification Maintenance 2006-11

The option to maintain CDE status by credit portfolio began in 2005-06. As with any new process, feedback and evaluation are critical to review and improve the program. As a result of questions from CDEs, their feedback through surveys and the input of volunteer CDEs on the Credit Portfolio and Audit committees, changes have been made to the program. Please read this document carefully, share it with your colleagues and if you have questions contact us, preferably by e-mail, at [creditportfolio.cdec@sympatico.ca](mailto:creditportfolio.cdec@sympatico.ca)

NOTE: If you started collecting credits prior to this issue of the How To Guide, you do NOT have to re-do anything, your forms and credits will be accepted. It may be to your advantage to use some of the new credit options.

### 2011 Changes

- The three types of credits referred to in the guide are defined.
- The use of a more detailed submitted credit summary form is introduced.
- One copy of the Application form and two copies of the Submitted Credit Summary form are to be submitted instead of all in triplicate.
- Requirement to prepare your portfolio for audit introduced.
- Clarification that only your portfolio is to be submitted if you're selected to send it in. A second credit summary sheet is not be submitted.
- Three week portfolio submission period introduced.
- Use of the Signature Requirement Form no longer required.
- End of 2011 changes.

### Self-Assessment of Learning Needs [Activity 1B]

Remember each learning need must relate to one or more of the CDE competencies listed in the Appendix of the How To Guide and documented on Form 1B. The Form was revised in 2007-08 to clarify this. Use one Form 1B for each year credits are claimed. Put the year on the form. **If you have used a previous version of the Form in past years, this will be accepted.** CDEs must use the revised competencies (2009) listed in the current version of the How To Guide as the basis for learning plans developed in Activity 1B.

### Short Term Learning Events: [Activity 2A]

To manage credits for events, which include partial hours, count one credit per hour. If the event length includes part of an hour, round **up** to the next full credit. For example 1.5 hours would be counted as 2 credits.

### Credits for the CDA professional conference: [Activity 2A]

The CDA professional 3-day conference remains eligible for 6 credits per day, total of 18 credits with appropriate documentation. Many CDEs attend some or all of the pre-conference day sessions. Credit for the pre-conference day will be:

- CDA pre-conference up to ½ day - 2 credits, no documentation required
  - CDA pre-conference more than ½ day - 4 credits, no documentation required
- You may not claim more than 4 credits for the pre-conference day.

Remember all credit claims over 4 require documentation of participation.

**Credits for ADA, AADE and IDF professional conferences: [Activity 2A]**

Credits have been assigned to the above professional conferences. All will receive a maximum total of 18 credits. Any major conferences or workshops will be capped at a maximum of 18 credits.

**Short courses eligible for credit has expanded: [Activity 2A]**

Short courses, not part of a formal academic program [see 2B], may be claimed for credit. Examples include: insulin pump training (only one program may be counted); short self-study courses often provided on-line for professionals such as pharmacists, dietitians, must be diabetes related. For dietitians this includes Nutrition Dimension Inc, DRI modules. Count each course/module separately. For each course or module taken, retain proof of completion to submit if you are audited.

**NOTE:** *If you are uncertain if a course qualifies in this category, email to the credit portfolio address and provide course details and a website if possible/applicable.*

**Webcasts [Activity 2A] *new in 2007-08***

Webcasts have been added to 2A as an activity option.

**Self-study through reading, videos, CDs, audiotapes: [Activity 3B]**

- A clarification - reading the Canadian Journal of Diabetes Care with the Clinical Practice Guidelines, Vol 32, Suppl 1, September 2008 - count ½ credits per article in the journal. If the whole issue is read this will be 18.5 credits. **This is the only journal/issue which may be counted as a total.**
- An addition - reading an entire issue of *The Diabetes Communicator* is **one credit**.
- Internet reading has been added as an option for this Activity - section 3B - *new in 2007-08*
- Reading books - *beginning February, 2010* to claim 4 credits for reading a book, use new form in 3B and indicate, in 1-2 short sentences or bullets, your new learning from reading the book. DO NOT write a summary of the book.

**Short presentations or teaching: [Activity 4E]**

There has been a re-write of this activity to clarify the type of presentation or teaching which is eligible for credit. This activity area generated many questions from CDEs.

In summary, to be eligible for credit, the preparation of the presentation or teaching cannot be usual diabetes educator practice and must involve new learning for the CDE. Please refer to the CDECB website and the most current edition of the How To Guide. In addition, a new form to document credits has been developed.

**NOTE:** *If you have already started to use the 2006 form, you may continue to use it until a new page is required, then please switch to the current form.*

**Presentation as a part of a professional conference: [Activity 4F]**

To assist CDEs to decide if their presentation qualifies, the word professional has been added to the title and more examples are provided in the description of the activity. See the How To Guide for more detail.

2008-09: A poster presentation and an oral presentation on the same topic, but at different venues, will each be eligible for credit in Activity 4F.

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**NOTE:** *If you are uncertain if a presentation qualifies in this activity, e-mail [creditportfolio.cdecb@sympatico.ca](mailto:creditportfolio.cdecb@sympatico.ca) and provide details and a Committee member will review and help you decide.*

### **Non-peer reviewed publications and peer reviewed case studies or letters:**

[Activity 5B]

The items listed in the title will continue to receive 5 credits per publication.

A new section has been added to this activity for *some* publications in *The Diabetes Communicator* [TDC]. If the article in TDC is original writing with references and not a synopsis of something written previously or a review of another author or a review of websites, books or conferences, it will be accepted for 8 credits in this section.

Other submitted articles in TDC will continue to be eligible for 5 credits.

### **External Reviewer for provincial, national or regional resources:** [Activity 5I]

2011 - A clarification was added - for research grant proposals, the review must be for the full grant application; review of letters of intent is not included.

### **CDE Acting as an expert and/or advisor:** [Activity 6B]

Membership on the DES Standards Review Program Committee has been added to this activity for credit.

### **Use of Interactive WORD Forms:**

We have taken note of CDE concerns about these forms. They are no longer "locked" so the spaces will expand as you type. Please read each form carefully and provide only the documentation which is requested.

When you are asked for one page, there is no penalty if your description exceeds a page by a few lines. Please respect the preferred length of documentation.

### **Calculating Your Total Credits:**

Tips for calculating your total credits:

- Certification maintenance by credit portfolio requires 250 qualified credits from the past five years. You can submit extra credits in case some are not counted.
- Remember no more than 50% of the total number of credits can come from one of the six major categories of activities.
- If you are claiming 5 credits for the CDECB Competencies Review or the DES Best Practice sessions at the 2007 CDA Professional Conference, you must include your certificate of attendance with your Application/Credit Summary Form.

## APPENDIX E

### Certification Maintenance by Credit Portfolio Application

PLEASE PRINT CLEARLY. *Complete both pages. CDECB reserves the right **not** to process applications where the following information is not provided, is not legible or your credit summary is not enclosed with this application.*

#### Part 1: Personal Information

PLEASE ENTER YOUR NAME AS YOU WISH IT TO APPEAR ON YOUR CERTIFICATE

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_  
INCLUDE AREA CODE INCLUDE AREA CODE

FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
INCLUDE AREA CODE PRINT CLEARLY

Please indicate if your  Address,  Phone Number,  E-Mail and/or  Name has changed since your last certification.

Previous Name \_\_\_\_\_

**Professional Status** (CHECK ONE):

- Pharmacist    Physician    Physiotherapist    Registered Dietitian  
 Registered Nurse    Registered Psychologist    Registered Social Worker  
 Other \_\_\_\_\_

Regulatory Body \_\_\_\_\_  
YOU MUST INCLUDE A PHOTOCOPY AS PROOF OF CURRENT REGISTRATION

Number \_\_\_\_\_

Is this your first time doing certification maintenance? (check one)

- Yes: I wrote the exam for initial certification in \_\_\_\_\_ (YEAR)  
 No: I last did certification maintenance by (check one)  
 exam in \_\_\_\_\_ (YEAR)       credit portfolio in \_\_\_\_\_ (YEAR)

-Complete parts 2 and 3 on next page.-

Certification Maintenance by Credit Portfolio Application: continued

**Part 2: Payment of Certification Maintenance Fee - \$450.00**

I have enclosed a (check one)  cheque or  money order payable to CDECB  
(NSF charge \$25.00)

-OR-

Provide information below for (check one)  Visa or  MasterCard payment.

**Card Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_/\_\_\_\_

**Cardholder's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
*For Credit Card ONLY*

**Part 3:**

***I hereby confirm that all information I have provided is correct. I understand and agree to abide by all CDECB policies pertaining to its Certified Diabetes Educator Credit Portfolio Process, as described in the most recent How to Guide.***

***By submitting this application, I am certifying that my credit portfolio is complete and ready for submission.***

***CDECB reserves the right to confirm/publish the name of any Certified Diabetes Educator. If you do not wish this information released, you must notify the CDECB Office in writing.***

***CDECB may distribute materials from third parties such as educational organizations and industry, who wish to promote special events and/or inform diabetes educators of new products and resources for diabetes management. Prior to such distribution, CDECB reviews all materials to ensure are relevant to the practice of diabetes education. If you prefer not to receive these mailings, please advise the CDECB Office in writing.***

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Do not forget to submit:**

- Two copies of your Credit Summary Form with your application.
- A copy of your current professional registration.
- Documentation for Special Credits (if applicable), see #7, Credit Summary.

**Credit Summary Form**

Name: \_\_\_\_\_

CTFNO: \_\_\_\_\_

Please enter the credits you are submitting in the appropriate location. You must fill out the detailed submitted credit tables below. All empty cells will be considered to be zero. You must submit all 4 pages in duplicate with your CM by CP application.

Section 1. Practice Review/Self-Assessment			
Activities	Documentation Required	Submitted Credits	AUDIT COMMITTEE USE ONLY
1A External Review of CDE Practice	Signature Reviewer Yes__ No__		
1B Self-Assessment of Learning Needs	Signature MNGR/CDE Yes__ No__		
<b>1: Practice Review/Self-Assessment Total</b>			

Section 2. Organized Learning			
Activities	Documentation Required	Submitted Credits	AUDIT COMMITTEE USE ONLY
2A Short Term Learning Events	Transcript/certificate receipt, as needed Yes__ No__		
2B Formal Courses	Transcript/certificate Yes__ No__		
<b>2: Organized Learning Total</b>			

Section 3. Personally Designed Learning			
Activities	Documentation Required	Submitted Credits	AUDIT COMMITTEE USE ONLY
3A Report of self-study plan developed in 1B	None		
3B Self-study through reading, videos, CD's, audiotapes	None		
<b>3: Personally Designed Learning Total</b>			

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**Credit Summary Form; continued**

Name: \_\_\_\_\_

CTFNO: \_\_\_\_\_

<b>Section 4: Educational Development/Teaching</b>			
<b>Activities</b>	<b>Documentation Required</b>	<b>Submitted Credits</b>	<b>AUDIT COMMITTEE USE ONLY</b>
<b>4A</b> Development and evaluation of new diabetes related educational materials and resources	Signature MNGR/CDE Yes____ No ____		
<b>4B</b> Preceptorship of Student or New Diabetes Educator	Signature MNGR Yes____ No ____		
<b>4C</b> Development or significant revision of a program for preceptorship of students or new Diabetes Educators	Signature MNGR/CDE Yes____ No ____		
<b>4D</b> Development and /or significant revision and evaluation of a patient or professional education program	Signature MNGR/CDE Yes____ No____		
<b>4E</b> Short presentations or teaching	None		
<b>4F</b> Presentation as part of a professional conference	Brochure		
<b>4G</b> Teaching or tutoring in a course in an academic or recognized institution	Signature MNGR/Supervisor Yes____ No____		
<b>4H</b> Writing examination questions for a regulatory body	Letter of invitation		
<b>4: Educational Development/Teaching Total</b>			

**Credit Summary Form; continued**

Name: \_\_\_\_\_

CTFNO: \_\_\_\_\_

<b>Section 5: Publications, Quality Improvement &amp; Research</b>			
<b>Activities</b>	<b>Documentation Required</b>	<b>Submitted Credits</b>	<b>AUDIT COMMITTEE USE ONLY</b>
5A Peer reviewed publications	Letter of acceptance		
5B Non-peer reviewed publications and peer reviewed case studies or letters	Letter of acceptance		
5C Publication of books (peer-reviewed)	Letter of acceptance		
5D Involvement in quality improvement or research projects	Signature MNGR/Researcher Yes____ No____		
5E Involvement in quality improvement or research project --Implementation, Data Analysis, Interpretation and Dissemination Phases.-Policy & Procedure Development	Signature MNGR/Researcher Yes____ No____		
5F Editorial Board, editor or associate editor for diabetes-related professional journal	Letter of appointment		
5G Development of best practice guidelines or clinical practice guidelines, member of an expert panel	Letter of invitation		
5H Program Evaluation - design & implementation	Signature MNGR Yes____ No____		
5I External Reviewer for Provincial, National or Regional Resources	Letter of appointment		
<b>5: Publications, Quality Improvement &amp; Research Total</b>			

How To Guide: C.D.E Certification Maintenance by Credit Portfolio  
**Credit Summary Form; continued**

Name: \_\_\_\_\_

CTFNO: \_\_\_\_\_

Section 6: Leadership			
Activities	Documentation Required	Submitted Credits	AUDIT COMMITTEE USE ONLY
6A Professional Leadership in Diabetes Education	Letter of appointment Signature MNGR Yes____ No____		
6B CDE Acting as an Expert and /or Advisor	Letter of appointment		
<b>6: Leadership Total</b>			

Section 7: Pilot Project			
Activities	Documentation Required	Submitted Credits	AUDIT COMMITTEE USE ONLY
2007 CDA Professional Conference: <ul style="list-style-type: none"> <li>• CDECB Competencies Review</li> <li>• DES Best Practices Review</li> </ul>	Certificate of Attendance		
<b>7: Pilot Project Total</b>			

You must summarize the total submitted credits from each category above in the table below.

ACTIVITY	SUBMITTED CREDITS	AUDIT COMMITTEE USE ONLY
1: Practice Review/Self-Assessment Total		
2: Organized Learning Total		
3: Personally Designed Learning Total		
4: Educational Development/Teaching Total		
5: Publications, Quality Improvement & Research Total		
6: Leadership Total		
7: Pilot Project Total		
<b>TOTAL SUBMITTED CREDITS</b>		

I certify this summary accurately summarizes my portfolio: \_\_\_\_\_  
 Signature