

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
DIVISION OF CHRONIC DISEASE AND INJURY CONTROL  
DIABETES, DEMENTIA AND KIDNEY SECTION**

**DIABETES SELF-MANAGEMENT  
EDUCATION PROGRAM GLOSSARY**

**(For terminology not defined within Standards)**

**annual program plan:** A written document that defines and guides the activities of the DSME for an identified twelve-month period. The plan should include objectives for the next year; participant access, including identification of the target population (particularly if it differs from the previous year), and follow-up mechanisms; resource requirements (including personnel, budget, equipment, and curriculum) and outcome measure(s) chosen and the means of measuring and evaluating the outcomes.

**annual program review:** A written document that describes the evaluation process conducted by the DSME and advisory body for an identified twelve-month period. This process includes: analysis and review of goals and/or objectives established for the DSME entity; analysis and review of participant access data and follow-up rates and other relevant data; review of the mission statement and appropriateness to DSME operations; review of the organizational structure to assess if the current structure is meeting the needs of the DSME operations and participants; analysis and review of participant population data and how the DSME entity is meeting the needs of the population it is serving; adequacy of resources, including personnel, budget, equipment and curriculum; evaluation of the effectiveness of DSME entity based on participant outcome measures and other outcome measurement data.

**approved provider of continuing education contact hours:** Providers of continuing education programs who are accredited by professional entities that are recognized as having the authority to credential health care professionals.

**assessment:** A continuous process of data collection and analysis to determine a need, define a problem and/or individualize an educational plan and to evaluate a response or outcome.

**behavior change goal:** A written plan that describes the participant's intent to change specific behavior with the expectation that the action will result in improved health, decreased risk factors, and/or enhanced quality of life. The behavior change goal is personally relevant and is measurable.

**budget:** A financial statement that identifies probable revenues and expenditures for program operation for a particular period of time. The statement includes program indirect and direct costs. The direct costs are the operating expenses such as salaries, materials and training; the indirect costs include overhead expenses such as benefits, rent, or utilities. The budget identifies costs for all staff (program coordinator, instructors, resource instructors); equipment such as audiovisual equipment (videotape machine, overhead projector, other); teaching materials (books, pamphlets, brochures for participant and staff use); supplies (monitors, syringes, lancets, other); staff orientation and ongoing education; space; and any other pertinent items.

**certification:** The process by which a program is found to meet the Michigan Diabetes Self-Management Education Program Standards, becomes a Michigan Certified Diabetes Self-Management Education Program, and is eligible for Medicaid reimbursement.

**certified diabetes educator:** A Certified Diabetes Educator (CDE) is an individual who has successfully met the requirements of the National Certification Board for Diabetes Educator to become a CDE.

**component:** A specific population group or specialized treatment modality within the DSMEP that has distinguishing characteristics requiring specific education content and/or teaching methodologies.

**continuous quality improvement (CQI):** A proactive cyclical process that focuses on preventive problem solving and provision of exemplary service and that involves collection and analysis of data to determine discrepancies between care provided and standards and/or benchmarks.

**curriculum:** A standardized outline of the content to be taught that reflects the target population. It serves as the framework for teaching and can also be utilized to depict the individual participant's educational plan and record. The outline is adapted to the specific needs of the individual or group as applicable and includes educational objectives, instruction methods, and the mean(s) of determining whether the participant has met his/her educational objectives.

**demographic data:** Statistics representing differences within any general population. These differences represented typically include: Size and density, fertility, mortality, growth, age distribution, migration, and vital statistics (statistics concerning births, marriages, divorces, separations, and deaths based on registrations of these). And the interaction of all of these with social and economic conditions.

**diabetes self-management education program:** Programs designed to teach people with diabetes and their support persons diabetes self-management skills and lifestyle changes to effectively manage diabetes and avoid or delay the complications associated with diabetes. As such, this is often considered the cornerstone of treatment for all people with diabetes.

**educational objectives:** Desired outcomes expected to be met by participants at the completion of a particular teaching session.

**education plan:** A written presentation of what the participant must learn that includes how the instruction will be provided and evaluated (i.e. includes measurable learning objectives and behavioral goal/s). The plan interfaces with the curriculum in that the Learning Objectives identified on the education plan correlate with the content areas on the curriculum.

**education record:** Documentation of the participant's progress through the education program, indicating what was taught when and identifying the participant's response.

**guest instructor:** An instructor who is not ordinarily part of the DSMEP and who presents a selective, narrow component of the program on an occasional, non-routine basis.

**instructional methods:** The techniques used to provide diabetes self-management education which may include individual or group lecture; discussion; demonstration; return demonstration; development of individualized plans such as exercise and diet; audiovisual aids; reading materials; and interactive computer programs.

**interpretive guidelines:** Explanations to assist in the interpretation or meaning of the review criteria necessary to meet the national standard/s.

**marketing:** The process of designing the program's services in terms of the target population's needs and desires to result in maximum use of services for the purpose of achieving the program's objectives. . The process involves use of effective mechanisms to inform and motivate potential participants, families, physicians, staff and the community about the benefits, availability and costs of the program.

**outcome measure:** The measure of a result or consequence that may stem from DSME interventions.

**National Standards for Diabetes Self-Management Education Programs:** Standards, which reflect recent research and current health care trends. In 1993, the National Diabetes Advisory Board charged the American Diabetes Association (ADA) to coordinate a task force to review and revise the National Standards for Diabetes Patient Education Programs, from 1991. The most recent standards were published by the ADA in January 2000.

**participant-based outcome:** A health or quality of life indicator for DSMEP participants that may be the result of sustained change in self-care behavior (e.g. HbA1c, a measure of quality of life such as absence of depression, blood pressure, low density lipids).

**participant behavioral outcome:** Self-care behavior that may be the result of participation in the diabetes self-management education program (e.g. physical activity, blood glucose monitoring, consumption of less saturated fats, counting carbohydrates daily). This type of outcome generally indicates the intermediate effects of DSME and is measured 1-6 months after completion of the DSMEP.

**participant record:** Formal, permanent and confidential agency documents that include, as applicable, the medical authorization for the classes, participant assessment; education plan with behavioral change goal/s; education record; referrals; follow-up contacts; referrals; communication with the referring physician or other health care professional; and other documents that are required by the program's sponsoring organization or certification/recognition program.

**policies:** A guideline to explain how goals will be achieved and that define the general course and scope of activities permissible for goal accomplishment.

**procedures:** A manner of taking action; way of conducting or implementing policies.

**program coordinator:** The individual who has overall responsibility for the operation of the diabetes self-management education program, including supervision of program staff, program planning, implementation and evaluation. May also teach in the program.

**program instructor:** Health care professionals and paraprofessionals who routinely teach in the diabetes self-management education program and who meet the requirements outlined in the National Standards for Diabetes Self-Management Education and in the State Certification Standards.

**program review:** The process by which diabetes self-management education programs are evaluated by MDCH to determine if they meet the Michigan Diabetes Self-Management Education Program Standards. This review is comprised of two parts: a review of the program manual and a site visit.

**recommendation:** A change/addition suggested as appropriate, satisfactory or beneficial to use, but not a requirement for certification.

**requirement:** A condition that must be met for certification or recertification. It is the performance demanded of a person or program in accordance with certain fixed regulations or expectations and imposes an obligation on the person or program to complete the requirement.

**resume:** A summary of an individual's education background and professional experiences.

**review criteria:** The measure/s used to judge adherence to the Michigan Diabetes Self-Management Education Program Standards.

**sponsoring organization:** The organization that funds the DSME entity.

**standard:** An accepted, authoritative rule or principle used as a model for excellence and correctness.

**target population:** The individuals or group of individuals for who the educational services are intended.

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