

# CODE OF CONDUCT FOR ASSOCIATION OF DIABETES EDUCATORS (SINGAPORE)

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#### INTRODUCTION

The Code of Conduct For Diabetes Educators in Singapore was developed by the Association of Diabetes Educators (Singapore) (ADES) to guide diabetes educators in their professional conduct. The code and the interpretative statements provide a framework for professional practice in Singapore by members of ADES. The code requires the professional to have a responsibility for maintaining and promoting acceptable standards of diabetes care and education without discrimination to ethnic group, religion, socioeconomic status, nationality, political affiliation, age or sex.

In developing a code of conduct for diabetes educators, ADES has demonstrated its commitment to assist the professionals in their effort to achieve accountability.

#### CODE OF CONDUCT FOR DIABETES EDUCATORS IN SINGAPORE

- 1. Provides service to the client regardless of socioeconomic status.
- 2. Renders services, taking cultural issues, spiritual belief and individual's values into considerations.
- 3. Conducts education and care to maintain client's privacy, confidentiality and dignity.
- 4. Safeguard the health care and safety of the clients and the public when there is conflict of interest.
- 5. Assumes responsibility and accountability for professional's judgments and actions.
- 6. Maintains competence in diabetes education and practice.
- 7. Improves standards of diabetes care and education.
- 8. Collaborates with members of the health professions and the community in meeting the health needs of the public.
- 9. Refrains from canvassing and advertising which may be incompatible with

the ethical principles of the profession.

10. Avoids abuse of the relationship between educator and client.

#### CODE OF CONDUCT FOR DIABETES EDUCATORS

### **Interpretative Statements**

- 1. Provides service to clients regardless of socioeconomic status.

  Educators shall conduct diabetes education in a manner that maintains the client's self-respect dignity and needs.
- 2. Renders services taking cultural issues, spiritual beliefs and individual's value into consideration.

  Educators shall ensure that diabetes care and education is delivered as planned with regard to the client's values, customs and spiritual belief.
- Conducts education and care to maintain the client's privacy, confidentiality and dignity.
   Educators shall uphold the client's right to privacy, shall hold in confidence

personal information and be prudent in sharing this information.

4. Safeguard the health care and safety of the clients and the public when there is conflict of interest.

Educators shall be responsible and fully aware of the laws, code of conduct and medical policies, which govern the practice of health professionals.

5. Assumes responsibility and accountability for the professional's judgments and actions

Responsibility refers to the duty and obligation of professionals towards the client. Accountability refers to being able to justify one's action.

- 6. Maintains competence in diabetes education and practice.
  - Educators shall hold individual responsibility in participating in activities that contribute to the ongoing development of diabetes education. They shall continually update their knowledge and skills to maintain competence.
- 7. Participates in the profession's efforts to implement and improve standards of diabetes care and education.

Individual educator has responsibility for upholding the standards of

diabetes care in accordance with national guidelines.

8. Collaborates with members of the health professions and the community in meeting the health needs of the public.

Educators shall disseminate information about resources and facilities available locally. As liaison officers, they shall provide healthy lifestyles to the general community.

9. Refrains from canvassing and advertising which may be incompatible with the ethical principles of the profession.

The educators' participation in canvassing and advertising shall be perceived as unethical activity for personal gains, which may jeopardize the public opinion of the Association of Diabetes Educators (Singapore). The educators shall be fully aware of adhere to the above, failing which, action may be taken by the Association.

10. Avoids abuse of the relationship between educators and clients.

Educators shall avoid abuse of their relationship with clients and any privileged access to clients' properties, residence or workplace.



# STANDARD OF PRACTICE FOR DIABETES EDUCATORS

#### **PREFACE**

The National Standards of Practice for the Association of Diabetes Educators (Singapore) is formulated:

- 1. To establish and maintain a Standard for diabetes education.
- 2. To assure quality in professional practice of diabetes education. Individual diabetes educator is responsible for adhering to these Standards.

In developing Standards of Practice, ADES has demonstrated its commitment to promoting an improved quality of life for people with diabetes and their families. We encourage health care providers to read this document and consider how the Standards can apply to their situation.

#### STANDARD OF PRACTICE FOR DIABETES EDUCATIONS

#### Standard 1

A systematic approach issued to gather information from the client to assess client's educational needs.

# Guidelines on needs assessment

Obtain the following information:

- 1. Medical/social history such as occupation, family structure and financial status.
- 2. Previous and current medication.
- 3. Dietary history.
- 4. Current mental health status.
- 5. Lifestyle practices such as exercises, smoking, alcohol consumption.
- 6. Physical and psychological factors e.g. visual acuity, manual dexterity etc.
- 7. Barriers to learning.
- 8. Previous diabetes education, actual knowledge and skills.

#### Standard 2

The educational plan is developed from information obtained from the needs assessment and based on the nursing process assessment, planning, implementation and evaluation.

## Guidelines on planning

The educational plan includes the following:

- 1. Goals of educational intervention
- 2. Content outline
- 3. Teaching methods and audio-visual aids
- 4. Learner outcome

#### Standard 3

The diabetes educator will provide individualized education based on basic survival skills, progressing to advanced information for daily self-care.

The individualized educational plan includes:

- Basic survival skills.
  - Safe practices of medication administration
  - Meal planning
  - Self monitoring for glycemic control
  - Recognition of when to access professional assistance
  - Management of acute complications, i.e., hypoglycaemia and hyperglycemia

- 2. In-depth information for self-care management:
  - Importance of lifestyle changes e.g. exercises, stop smoking, reduce alcohol consumption etc.
  - Foot care
  - Sick day management
  - Travel tips
  - Pregnancy and contraception
  - Fasting and other religious practices
  - Eating out
  - Reading food labels
  - Stress management

3. Continuing diabetes education

This includes use of resources such as:

- Diabetic Society of Singapore
- Touch Diabetes Support
- Diabetes Centres
- Public health educational opportunities

### Standard 4

The diabetes educator will participate in at least an annual review of the quality and outcome of the education process.

# Guidelines

- 1. Consistent with current National Guidelines
- 2. Use outcome measures such as:
  - Improvement in HbA1c level
  - Change in lifestyle
  - Reduced hospitalization
  - Weight management

#### **BIBLIOGRAPHY**

- 1. International Standards for Diabetes Education, International Diabetes Federation, 2009
- 2. The Scope of Practice, Standards of Practice, and Standards of Professional Performance for Diabetes Educators, American Association of Diabetes Educators, 2011
- 3. National Standards of Practice for Credentialled Diabetes Educators, Australian Diabetes Educators Association, 2014
- 4. Clinical Practice Guidelines of Diabetes Mellitus in Singapore, Ministry of Health 2014.