


**Welcome – we will start at 11:30 PST**

**Preparing for Certified Diabetes Care and Education Specialist Exam (CDCES) 2020**

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President, Diabetes Education Services



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**Topics**

- ▶ Updated Definitions
- ▶ Certified Diabetes Care and Education Specialist
  - ▶ Eligibility requirements
  - ▶ Exam content
  - ▶ Study strategies
  - ▶ Test taking tips
  - ▶ [Resources](#)



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**2020 Diabetes Cert Name Updates**

- ▶ **Organization:** Certification Board for Diabetes Care and Education (CBDCE) (Formerly NCBDE)
- ▶ **Designation:** Certified Diabetes Care and Education Specialist (CDCES)
- ▶ **Examination:** Certification Examination for Diabetes Care and Education Specialists
- ▶ Association of Diabetes Care and Education Specialist (ADCES)



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## Preparing For the CDCES\* Exam

- Eligibility requirements
- Test Updates
- Get ready for success



*\*The use of DES products do not guarantee successful passage of the CDCES exam. The Certification Board of Diabetes Care and Education (CBDCE) does not endorse any preparatory or review materials for the CDCES exam, except for those published by CBDCE.*

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## Some Notes of Clarification

- ▶ Diabetes Ed Services has no relationship with Certification Board for Diabetes Care & Education (CBDCE) For more info visit [www.NCBDE.org](http://www.NCBDE.org)

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## CDE® Coach App – Download Success



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Standards of Care  
Meds PocketCards  
Question of the Week  
Online Course Viewing



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## Why Take the CDCES Exam?



- ▶ Demonstrates to people with diabetes, employers, and third party payers that the CDCES possesses distinct and specialized knowledge, thereby promoting quality of care for patients with diabetes.
- ▶ CDCES is the recognized standard for competence in diabetes self-management education.
- ▶ Given the diabetes epidemic, access to CDCESs is critical

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## What is a CDCES?

A Certified Diabetes Care and Education Specialist is a health professional who possesses comprehensive knowledge of and experience in diabetes prevention, prediabetes, and diabetes management.



The CDCES educates, supports, and advocates for people affected by diabetes, addressing the stages of diabetes throughout the lifespan.

The CDCES promotes self-management to achieve individualized behavioral and treatment goals that reduce risks and optimize health outcomes

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## 2020 - Professional Practice Experience Must meet all

- ▶ A minimum of two years (to the day) of professional practice experience in the discipline under which one is applying for certification

AND

- ▶ Minimum of 1,000 hours of professional practice experience within the past 4 years in diabetes self-management education with a minimum of 40% (400 hours = about 8 hrs a week) accrued in the most recent year preceding application.

AND

- ▶ Minimum of 15 clock hours of continuing diabetes education within 2 years prior to applying for certification.

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## Professional Practice Definition

- ▶ Program development
- ▶ Program management
- ▶ Public health/community surveillance
- ▶ Volunteer activities
- ▶ Diabetes related research
- ▶ Clinical roles in diabetes industry
- ▶ Case management
- ▶ Professional education
- ▶ Consultant roles to industry or other providers

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## Professional Degree, DSME Practice Hours, plus CE

- ▶ Only experience occurring AFTER completing your professional degree can be counted toward the Professional Practice Experience requirement.
- ▶ Need 1000 hours of DSME Practice Hours
- ▶ If on Unique Qualifications Pathway, need 2000 hours of DSME



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## Unique Qualifications Pathway –

- ▶ Designed for health professionals holding an advanced degree in a health related area/concentration
- ▶ This pathway has different eligibility requirements and involves a “pre-application” process plus 2000 hrs DSME.
- ▶ For more: [info@CBDCE.org](mailto:info@CBDCE.org) or call 877 -239- 3233



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**From CBDCE Handbook**

**2020 Initial Certification Requirements' Review**  
Please review before completing application.

NOTE: The Certification Examination for Diabetes Care and Education Specialists is designed and intended for health professionals who have responsibilities that include the direct provision of diabetes education (DE), as defined by CBDCE. Refer to Definition of Diabetes Education section, page 3.

\*This review list represents a summary of requirements. See pages 6-8 for all details.

**Step 1:**

- 1. As a clinical psychologist, registered nurse, occupational therapist, optometrist, pharmacist, physical therapist, physician, podiatrist, master certified health education specialist, certified clinical exercise physiologist, registered dietitian, dietitian nutritionist, or registered PA, is your license, certification or registration current, active and unrestricted?

**OR**

Do you hold a minimum of a master's degree in social work from a United States college or university accredited by a nationally recognized regional accrediting body?

**OR**

If you do not meet either of these, you are encouraged to investigate CBDCE's Unique Qualifications Pathway. Please visit our website for more information on that pathway.

**Step 2:**

- 2. Has your practice experience occurred within the United States or its territories?
- 3. Has all your practice experience occurred since you met requirement #1 above?
- 4. Do you have a minimum of 2 calendar years (to the day) of practice experience since you received the license, registration or advanced degree as outlined above?
- 5. Have you accrued 1000 hours of practice experience in diabetes education (DE) within the last 4 years?
- 6. Has a minimum of 40% (or 400 hours) of the 1000 hours of DE practice experience been accrued within the past year?
- 7. Does your practice experience include at least some or all in the diabetes education process: assessment, education plan, interventions, ongoing support, monitoring and communication of participant progress, documentation, and development of DSMES services/administration?
- 8. The Examination Content Outline (ECO) identifies what is covered on the Exam. Reminder that regardless of discipline, knowledge (and the ability to apply that knowledge) is necessary across all areas of the ECO. Have you reviewed the ECO and assessed your knowledge across the ECO?
- 9. Have you completed (within the past 2 years) a minimum of 15 hours of continuing education activities\* applicable to diabetes and provided by or approved by a provider on our list of Recognized Continuing Education Providers?

If the answer to any of the above questions is "no", you are not ready to apply for the Certification Examination for Diabetes Care and Education Specialists.

Before submitting an application, please refer to the application checklist on page 26 in the instruction section of the Handbook.

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**Quick Question – Multiple answers**

The CDCES exam includes which of the following philosophies?

- a. Motivate people to make lifestyle changes
- b. Empower individuals to improve diabetes self-management
- c. Consider individuals needs, goals and life experiences
- d. Help all people with diabetes achieve an A1c less than 7%
- e. Collaborate and provide ongoing care

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**Diabetes Self-Management Education and Support (DSMES)**

- ▶ All people with prediabetes and diabetes should participate in DSMES to facilitate the knowledge, skills and ability necessary to self-manage their diabetes.
- ▶ DSMES provides support to implement and sustain skills and behaviors needed for ongoing self-management.



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## Diabetes Self Management Ed Benefits

- ▶ Improves knowledge
- ▶ Lowers A1c
- ▶ Lose weight
- ▶ Improved quality of life
- ▶ Reduced all cause mortality
- ▶ Reduced health care costs



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## Diabetes Self Management Ed Benefits

- ▶ Increased primary care and preventive services
- ▶ Less frequent use of acute care and hospital admissions
- ▶ More likely to follow best practice recommendations (esp those with Medicare)
  - ▶ Only 5-7% of Medicare recipients receive DSME)



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## DSME Overall Objective

- ▶ **Participant Centered**
- ▶ Support informed decision making
- ▶ Problem solving
- ▶ Active collaboration to improve clinical outcomes and quality of life
- ▶ Avoid judgmental words that increase feelings of shame and/or guilt
- ▶ Choose words and phrases that put people first
- ▶ Avoid shame and blame

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## Poll Question

Which phrase best represents the principles for communicating with and about people living with diabetes?

- A. John is non-adherent to his insulin regimen and is not taking his insulin as prescribed
- B. John is in denial about his diabetes and frequently skips his insulin
- C. John is taking his insulin about 50% of the time
- D. John doesn't seem to care about his diabetes control at this time

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## Language of Diabetes Education

### Old Way

- ▶ Control diabetes
- ▶ Test BG
- ▶ Patient
- ▶ Normal BG
- ▶ Non-adherent, compliant

 American Diabetes Association Diabetes Care.

### New Way

- ▶ Manage
- ▶ Check
- ▶ Participant
- ▶ BG in target range
- ▶ Focus on what they are accomplishing

*What we say matters*

The Use of Language in Diabetes Care and Education  
Diabetes Care 2017;40:1833-1838. DOI: 10.2337/171111  
© 2017 American Diabetes Association. All rights reserved. This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

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## Free Resources – Free Webinars

### Language & Diabetes | FREE Webinar & Resources



#### What we say matters.

As educators, advocates, spouses, friends, and providers, our use of language can deeply affect the self-view of people living with diabetes everyday.

The language used in the health care setting is immensely important in determining the success of the interaction and long term relationships.

*Thoughtful communication provides a sense of support and empathy and moves both provider and person with diabetes toward greater satisfaction and success.*

Based on powerful research, there is growing movement within diabetes education and beyond, to rethink the words we use and the approaches we take when providing counsel to people with diabetes.

Let's lift people up by choosing language that is non-judgmental and person centered.

Enjoy our free Language and Diabetes FREE Mini-Webinar to learn more and take your communication to the next level!



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## Definition of Diabetes Education

- ▶ It is a component of a comprehensive plan of diabetes care.
- ▶ The process incorporates the needs, goals and life experiences of the person with prediabetes or diabetes and is guided by evidence-based standards.
- ▶ Should include practical problem-solving approaches and collaborative care, address psychosocial issues, lifestyle change, and strategies to sustain self-management.

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## Definition of Diabetes Education

**Assessment:** Participant's needs are identified with assessment & support of educator



**Education Plan:** Individualized plan that reflects participant's self-management goals, current evidence and practice guidelines. Includes criteria for evaluating outcomes.



**Interventions:** The educator delivers options to assist participants in meeting self-management goals.



**Ongoing Support:** The educator provides options for ongoing support and resources. The support option is selected by the participant to meet self-management goals



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## Definition of Diabetes Education

**Participant Progress:** Educator monitors and communicates whether participant is achieving self-management goals and other outcome(s) to evaluate effectiveness of interventions. Additional assessments are based on participant's needs across lifespan.



**Documentation:** Assessment, education plan, intervention, and outcomes are documented in participant's health record.



**Services Development/Administration:** Development and administrative activities performed as part of DSMES services



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### Critical Points to Provide Self-Management Education

- ▶ At diagnosis
- ▶ Annually to assess education, nutrition and emotional needs
- ▶ When new complicating factors arise that influence self-management
- ▶ Transitions in care



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### Applying to take the CDCES Exam

At the time of your online application you will receive:

- ▶ On-line notification of either approval
- ▶ Or that you have been selected for audit
- ▶ If you are submitting a paper application, call AMP if it has been more than 4 weeks since application was mailed and you have not received notice of receipt or audit. Call the AMP at (913) 895-4600



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### What is included in audit if requested?

- ▶ Licensure
- ▶ Documentation of Professional Practice Experience –
  - ▶ A journal of weekly hours of providing DSME
  - ▶ Supervisor to verify
- ▶ CE course verification
- ▶ Employment verification signed by supervisor



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## Test Taking Window

- ▶ The exam is administered on an ongoing basis
- ▶ Once application approved, candidates must schedule their testing appointment within a 90 day window on a date of their choosing
- ▶ schedule an appointment to take the examination on a first-come, first-served basis through AMP's online scheduling system
- ▶ See application booklet for more details



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## When will I get my results?

- ▶ You will receive your test results the same day
- ▶ You can retake the test as many times as needed
- ▶ Cost –
  - ▶ 1<sup>st</sup> time \$350
  - ▶ Renewal - \$250



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## Scoring the Exam

- ▶ Reported as raw and scaled scores
  - ▶ Raw score: number of right answers
  - ▶ Scaled score: statistically derived from the raw score
- ▶ Total score determines pass/fail and is reported as a scaled score ranging between 0 and 99
- ▶ To pass: 70 scaled score units



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### CDCES Exam First Time Pass rates

- ▶ 2009 – 69 % (test changed based on work study analysis and computerized)
- ▶ 2010 – 69%
- ▶ 2011 -65%
- ▶ 2012 – 63.5%
- ▶ 2013 – 67 and 69%
- ▶ 2014 - 66 and 67%
- ▶ 2015 - 62 and 64% (test updated)
- ▶ 2016 – 67%
- ▶ 2017 – 66%
- ▶ 2018 – 67%

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### Exam Details

- ▶ Questions are linked directly to a task or tasks.
- ▶ Each question is designed to test if the candidate possesses the **knowledge necessary to perform the task or has the ability to apply it to a job situation.**
- ▶ 25 of the 200 questions are new - but are **not** counted in the determination of individual examination scores.



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### Quick Question – Multiple answers

What are some study strategies that will help you succeed?

- a. Focus your study time on topics you are confident in.
- b. Take as many practice tests as possible
- c. Read as many books on diabetes as possible
- d. Develop a study plan and block off study time.
- e. Teach the content to someone else

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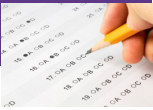
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## Overview of CDCES Exam



- ▶ Composed of 200 multiple-choice, objective questions with a total testing time of four (4) hours.
- ▶ Based on job analysis completed in 2018, which surveyed diabetes educators about the tasks they performed.
- ▶ Exam outline updated in July 2019

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### 2020 Certification Examination for Diabetes Care and Education Specialists

#### Examination Content Outline

- I. Assessment of the Diabetes Continuum (59)**
- 1. Goals and needs of learner
  - 2. Learning readiness (attitudes, developmental level, perceived learning needs, etc.)
  - 3. Preferred learning styles (audio, visual, observational, experiential, etc.)
  - 4. Technology literacy and use (devices, software, apps, virtual coaching, eLearning, etc.)
  - 5. Challenges to learning (distance vs. on-site) thinking, literacy and numeracy, language, cultural values, religious beliefs, health beliefs, psychosocial and economic issues, family structure, learning disabilities, etc.)
  - 6. Physical characteristics (visual acuity, hearing, functional ability, etc.)
  - 7. Readiness to change (barriers, self-efficacy, value of change, etc.)
- II. Health and Psychosocial Status (19)**
- 1. Diabetes-related health history (diagnosis/presentation, duration, symptoms, complications, treatment, etc.)
  - 2. General health history (family history, allergies, medical history, etc.)
  - 3. Diabetes-specific physical assessment (vitals, site inspection, sensation, etc.)
  - 4. Data trends (diabetes and self-reported)
  - 5. Current use of technology (meter, pumps, sensors, apps, software, etc.)
  - 6. Treatment team and myths (psychosomatic, causes, complications, needles, weight gain, etc.)
  - 7. Family/manager dynamics and social supports
  - 8. Functional and cultural differences (language, values, etc.)
  - 9. Life transitions (living situation, insurance coverage, age-related changes, etc.)
  - 10. Mental health status (adjustment to diagnosis, coping ability, etc.)
  - 11. Challenges to diabetes self-care practices (cognitive, language, cultural, spiritual, physical, economic, etc.)
- III. Knowledge and Self-Management Practices (21)**
- 1. Safety habits and preferences
  - 2. Activity habits and preferences
  - 3. Monitoring (blood glucose, meters, strips, etc.)
  - 4. Record keeping (blood glucose, food, activity, etc.)
  - 5. Medication (insulin, oral medication, response, complementary and alternative medicine, etc.)
  - 6. Use of health care resources (health care team, community resources, etc.)
  - 7. Role education (individual, etc.)
  - 8. Problem solving
- IV. Interventions for Diabetes Continuum (10)**
- 1. Instructional methods (discussion, demonstration, role playing, simulation, technology-based platform, etc.)
  - 2. Goals to resolve change (SMART goals, ASSESS, etc.)
  - 3. Educate Based on Individualized Care Strategies (IE)
- V. General Topics**
- 1. Classification and diagnosis
  - 2. Modifiable and non-modifiable risk factors
  - 3. Pathophysiology (auto-immunity, hormones, insulin resistance, secondary diabetes, endocrinopathies, rarer, etc.)
  - 4. Ethics and interactions of activity, food, medication and stress
  - 5. Drug and non-drug treatment options (access, risk/benefit, etc.)
  - 6. Therapeutic goals (HbA<sub>1c</sub>, blood pressure, lipids, quality of life, etc.)
  - 7. Laboratory test interpretation (A1C, lipids, renal and hepatic function tests, etc.)
  - 8. Evidence-based findings for disease support (Diabetes Prevention Program, Diabetes Attitudes, Wishes and Needs study, etc.)
  - 9. Living with diabetes and implications
  - 10. Health equity (gender, safety, complications, life expectancy, etc.)
  - 11. Psychosocial problems (depression, eating disorders, stress, etc.)
  - 12. Responsibilities of care (individual, family, team, etc.)
  - 13. Social/cultural issues (segmentation, insurance, disability discrimination, school issues, etc.)
  - 14. Lifestyle management
  - 15. Record keeping (blood glucose logs, food records, etc.)
  - 16. Safety (personal, medical, driving, etc.)
  - 17. Hygiene (dental, skin, feet, etc.)
  - 18. Monitoring
  - 19. Glucose meter selection, continuous glucose sensing, risks, etc.)
  - 20. A1C
  - 21. General process
  - 22. Sleep position and weight
  - 23. Lipids and cardiovascular risk
  - 24. Lipids and health (lipid panel, statins, microalbuminuria, serum lipoprotein, etc.)
  - 25. Nutrition (protein and guidelines)
  - 26. American Diabetes Association (ADA) and Academy of Nutrition and Dietetics nutrition recommendations (meal planning, macro/micro nutrients, etc.)
  - 27. Carbohydrate (food intake, sugar substitutes, fiber, carbohydrate counting, etc.)
  - 28. Food (food source, food label, nutrient, monounsaturated, etc.)
  - 29. Protein (food source, food label, nutrient, animal, etc.)

EXAMINATION CONTENT

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## Exam Content - Assessment

- ▶ Assessment (59)
  - ▶ Learning (19)
  - ▶ Health and Psychosocial Status (19)
  - ▶ Knowledge and Self-Management Practices (21)



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## Exam Content - Intervention

- ▶ Intervention (89)
  - ▶ Collaboration with Individual, Family, Caregiver, and Healthcare Team (18)
  - ▶ Educate based on individualized care strategies (35)
    - ▶ Meds, MNT, acute and chronic complications, problem solving
  - ▶ Evaluate, Revise and Document (26)
  - ▶ Follow-up, support and referral (9)



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## Exam Content – Disease Management

- ▶ Education and Program Standards (28)
  - ▶ Education services standards
  - ▶ National Standards for Diabetes Self Management Education and Support (8)
  - ▶ Clinical Practice (18)
    - ▶ Inpt and Outpt Standards for ADA, AACE
  - ▶ Promote Diabetes Advocacy (2)
- ▶ For detailed outline look in Testing Handbook



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## Linked-In Post directly from CBDCE

posted on Linked In 2015

- ▶ Exam questions are tied directly to a task on the exam content outline.
- ▶ A helpful idea- think outside your area of practice or population when reviewing the exam content outline
  - ▶ work with an adult population - think about pediatrics or gestational –
  - ▶ or mainly Type 1 population - think about Type 2 population.
- ▶ Look for resources (whether say c.e. activities or hard copy/online resources) that will help you address those areas of weakness.
- ▶ Hope that helps and best of luck!



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### Articles to Review

**ADA Standards of Care 2020** - This yearly publication by the American Diabetes Association outlines the goals of care for diabetes management. Since it is evidence based, it includes a useful summary of the trials and research that the goals are based on. A must read if you are entering the diabetes field or preparing to take the CDEES or BC-ADM Exam.

**Purchase ADA Standards of Care 2020 Booklet** - 520

**Screening and Diagnosis of Diabetes Mellitus 2020** - One page cheat sheet that summarizes screening, risk status and diagnostic criteria for diabetes.

**Pharmacologic Approaches to Glycemic Treatment 2020**. This hyperglycemia road map details strategies to achieve glucose control for both Type 1 and Type 2 Diabetes. Section 8 of Standards of Care, 2020

**AADE Comprehensive Type 2 Diabetes Management Algorithm 2019**. This link provides the **complete executive and slide set summary** by an American Association of Clinical Endocrinologists/American College of Endocrinology Consensus Panel on Type 2 Diabetes Mellitus. If you are taking the CDEES or BC-ADM exam, we encourage students to be familiar with the slide content that reviews diabetes management.


**Language & Diabetes. What we say matters!** [Resource page]  
Language is powerful and can have a strong impact on perceptions as well as behavior. This mini webinar and article provides recommendations for language used by health care professionals and others when discussing diabetes through spoken or written words whether directed to people with diabetes, colleagues, or the general public, as well as research questions related to language and diabetes.

**2017 National Standards for Diabetes Self-Management Education and Support** - A joint position statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. An important document to review for those providing Diabetes Self-Management Education or those considering take the certification exam.

**AADE - White Paper on Continuous Subcutaneous Insulin Therapy 2018** - This paper outlines the topics that should be covered by diabetes educators when teaching patients and families or significant others about insulin pump therapy.

**AADE 7th Self-Care Behaviors** - A must read for anyone entering the field of Diabetes or as a reference for those already in the field. These 7 Self-Care Behaviors™ provide a framework for patient centered diabetes self-management education and training (DSME/T) and care.

# What to Study?



Get started-Preparing for CDEES Exam Free webinar

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**ONLINE UNIVERSITY**

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# Get Started Tab

Start Your Journey

"Becoming a Certified Diabetes Care and Education Specialist (CDEES) is one of the best professional and personal decisions I have ever made." - Coach Beverly Thomas, MS, MEd, CDEES, BC-ADM


Ready to take your Diabetes knowledge to the next level?

We believe in our success! Prepare for the exam, earn your CE's, gain confidence as an educator and more!

Preparing for the CDEES Exam?

Based on student feedback and 15 years of CDEES coaching experience, Coach Beverly recommends the following material for CDEES Exam success.

10 Step to Succeed | Pass the CDEES  
Coach Beverly's Study Kits



Books & Teaching Tools  
**SHOP AND SAVE**

Looking to study through our Online University?

Diabetes Education Services Online University Courses are an excellent way to study for your exam anytime and anywhere that is convenient for you. You will have immediate access to your courses 24 hours after your purchase date. Each individual online course includes a 30-minute video presentation, articles, practice test, and additional resources.

View our Online University Course Catalog

1-Year Subscription Package: 40 Diabetes Education - 08.99 USD  
CDEES Study Guide - Level 1, 2, 3 - 30.99 USD

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## Diabetes Ed Course – Earn 32 CES



Virtual DiabetesEd Specialist Program  
Earn 30+ CEs | Starts April 7, 2020

- ▶ **20 CEs for the Virtual Program plus**
- ▶ **13 Bonus Online Courses, Earn 13.0 CEs –**
- ▶ Content that *best* helps you succeed
- ▶ Instructors: Coach Bev, Diana Isaacs, Dana Armstrong

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## Taking the Exam

- ▶ Questions
- ▶ Answers
- ▶ Pitfalls



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## Reading too Fast Pitfalls

- ▶ Choosing a “good” answer, but not the right one for the **stem**
  - ▶ *key intent of question*
- ▶ Failing to read an important words (always, never, most, probably, usually)
- ▶ Choosing an answer you did not understand because the others seem too easy



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## Empowerment Errors

- ▶ Focusing on the medical need rather than the psychosocial needs
- ▶ Failing to keep in mind the patient's characteristics (age, type of diabetes, etc.)
- ▶ We are supporting efforts toward behavior change.



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## Thinking Pitfalls

- ▶ Imagining a right answer and getting thrown when it is not among the choices
- ▶ Over thinking question/answers
- ▶ Choosing an answer that did not fit the situation
- ▶ Using the goals in your clinical setting. Focus on national goals.



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## Take a Practice Test – Learn how to “work” test questions

- ▶ Weed through the details
- ▶ Make sure you REALLY understand key intent of question
- ▶ Find the stem
  - ▶ Identifies key intent of the question
- ▶ Read all the options or answers
- ▶ Eliminate obvious wrong answers
- ▶ Select **BEST** option



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## Look for Clues in The Answers

- ▶ Answers with the following words are usually **incorrect**: always, never, all, none, only, must, and completely
- ▶ Answers with the following words are usually **correct**: seldom, most, generally, tend to, probably, usually



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## Getting to the Right Answers

- ▶ Do not leave any answers blank
- ▶ Look for clues in the question
- ▶ Don't get lured in by juicy answers
- ▶ Avoid imposing your life experience into the question/answer
- ▶ Keep breathing – Get up and move
- ▶ Even simple math problem should be worked out on scratch paper



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## Three Types of Questions

- Recall – facts, principles, procedures
- Application – ie – application of knowledge that varies based on pt characteristics
- Analysis – integration or synthesis of a variety of concepts or elements (ie evaluating complex problems with many variables.



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## Sample Question -1

▶ A patient is admitted to the hospital with elevated glucose levels with a strong family history of diabetes. She is started on fluid replacement and is placed on a clear liquid diet. Her father is in the room and is very concerned. Which of the following would suggest a diagnosis of new onset type 1 diabetes vs type 2 diabetes?



- A. Hyperglycemia
- B. Polyuria
- C. Ketosis
- D. Polydipsia

application

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## Sample Question 2

▶ MJ has type 1 diabetes and wants to know the possible complications that can result from hyperglycemia during the first trimester of pregnancy. Which of the following complications can result from 1<sup>st</sup> trimester hyperglycemia?

- A. macrosomia
- B. vascular defects
- C. shoulder dystocia
- D. spina bifida

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## Vignette Style Question

▶ Read the following vignette to answer the next 3 questions.

▶ A 47 yr old man with newly diagnosed type 2 diabetes. Additional known information.

- ▶ Married, with 2 teenagers
- ▶ Professor with a BMI of 32
- ▶ Started on Metformin 500mg BID
- ▶ Father died of kidney failure secondary to diabetes



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### Vignette Style Question 1

- ▶ Given what you know about this person, what emotions would you expect him to express?
  - A. Fear of hypoglycemia
  - B. Reluctance to start on insulin
  - C. Panic disorder
  - D. Fear of complications

▶ analysis

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### Vignette Style Question 2

- ▶ What is most likely to be a potential barrier to lifestyle change?
  - A. Difficulty exercising
  - B. Excessive alcohol intake
  - C. Teenage children
  - D. Long work hours



▶ analysis

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### Vignette Style Question 3

- ▶ He requests information about healthy eating. Which meal planning approach best suits this individual until he can see a registered dietitian?
  - A. Explore possibility of metabolic surgery
  - B. Eliminate all concentrated sweets
  - C. Eat 3 meals a day with snacks in between
  - D. Mediterranean Diet

▶ application

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### Sample Question 3

Metformin is an antidiabetic agent different than that of sulfonylurea drugs. Some features of the drug are that it:

- A. Stimulates insulin secretion and increases hepatic glucose production.
- B. Causes hypoglycemia
- C.  Lowers hyperglycemia in persons with diabetes, but does not lower blood glucose levels in people without diabetes.
- D. Results in weight gain and increase in plasma glucose levels.

recall

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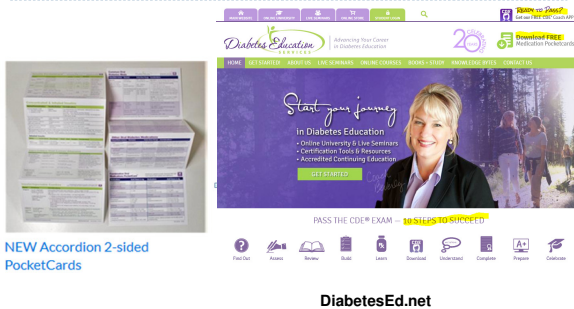
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### Med and Insulin PocketCards



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### Sample question 4

A person with type 2 is on a twice daily dose basal/bolus insulin and complains of waking up with morning headaches. If the fasting capillary BG is 291, this person should be advised to:

- A. Increase evening dose of basal insulin
- B. Increase morning dose of bolus insulin
- C.  Check 3am blood glucose
- D. Eliminate bedtime snack

analysis

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## Study Habits

- ▶ Find your best time of day to study
- ▶ Determine your learning style
  - ▶ Auditory – discussion, study groups, tapes
  - ▶ Visual – books, handouts, notes, videos
  - ▶ Kinesthetic – workshops, demonstration
- ▶ Set up a study space
- ▶ Set up a study plan
  - ▶ Schedule your time
  - ▶ Make an appointment with yourself



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## Study Group

- ▶ Set a location, time and schedule
- ▶ Have an agenda
- ▶ Set the rules
  - ▶ Everyone does their share
  - ▶ Everyone commits to attend
- ▶ Can be a great source of moral support and can help decrease test anxiety



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## Study Time

- ▶ Review of what you know: 30 to 40%
- ▶ Learning new materials: 60 to 70 %
- ▶ CDCES prep courses, flash cards & sample tests
- ▶ Teach the content to someone else
- ▶ Use down time/waiting time productively



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## Knowledge = Confidence

- ▶ Most important aspect of test taking
- ▶ Knowing the content will improve your confidence
- ▶ As you study your knowledge base expands



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## 213 Test Questions



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Whether you are preparing for the updated CDCEES or BIC-ADM exam, this test taking toolkit is designed to prepare you for success. This toolkit includes two courses with over 200 practice questions to help you prepare and simulate the exam. Our exams incorporate changes to the CDCEES content outline (starting July 1, 2019), including a more intensive focus on technology, social issues, and emergency readiness, plus, we have added a FREE bonus course, Language and Diabetes - What we say matters (D.S.C.E.). Coach Beverly added this course because she believes it contains critical content for the exam and for our clinical practice!

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## Combating Test Anxiety

- ▶ Positive thinking and affirmations
- ▶ Use relaxation techniques we teach pts
- ▶ Take practice exam
- ▶ Rest well night before
- ▶ Know how to get to test site
- ▶ Arrive at exam room early
- ▶ Know your stuff – self-study or courses



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## CDCES Success Page

Here are some of our CDCES Success Stories!



"I was so thankful to have these resources to prep for my CDCES exam. I passed on the first try! I found the prep so overwhelming, that I honestly did not know where to start. Beverly's program maps out a clear study path, and provides excellent resources. For me, having the audio and visual presentations were key to helping me remember the information. Beverly has an excellent teaching style, and an encouraging spirit. Her sample questions were so similar to the actual test questions. I highly recommend this program and have suggested it to several of my peers. Thank you, thank you, thank you, Beverly!"

Laura Maynard, RN, BSN, CDCES

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