



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

Beverly Thomassian, RN, MPH, BC-ADM, CDCES
President, Diabetes Education Services



Diabetes Education SERVICES

Topics

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



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)



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.*

Some Notes of Clarification

A New Name for the CDE Credential

The Certified Diabetes Educator (CDE) designation is now the Certified Diabetes Care and Education Specialist (CDCES). Let's show people with or at risk for diabetes and the healthcare community who the new CDCES are!

About the CDCES

The CDCES community has never been more essential. Help us spread the word about the credential.

[Learn more.](#)

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

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

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

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.

Professional Practice Definition

- ▶ Diabetes Self-Mgmt Education
- ▶ 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

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



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 or call 877-239-3233



Diabetes Self Management Ed Benefits

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



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)



DSME Overall Objective

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

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

Language of Diabetes Education

Old Way

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



The Use of Language in Diabetes Care and Education
Diabetes Care 2017;40:1017-1018. DOI: 10.2337/dci.17.1017
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New Way

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

What we say matters

Free Resources – Free Webinars

Lifting People Up With Our Words | 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 every day.

Intentional communication is a powerful tool that can uncover trauma, identify barriers, and move both the provider and person with diabetes toward a greater understanding of the issues involved.

The language used in the health care setting is immensely important in determining trust, mutual respect, and meaningful long-term relationships.

Many people with diabetes have experienced injustice, trauma, marginalization, and are often struggling with feelings of shame and blame.

- Let's lift people through our commitment to careful listening.
- Let's choose the language that is person-centered and free from judgment.
- Let's empower our interactions by identifying and addressing trauma and the impact of social determinants.

FREE Webinar – Lifting People Up

Watch 2020 Updated Webinar Now



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.

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



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



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



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



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



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



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 –
 - ▶ 1st time \$350
 - ▶ Renewal - \$250



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



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%
- ▶ 2019 – 70%



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.

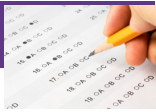


Quick Question – Multiple answers

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

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

2020 Certification Examination for Diabetes Care and Education Specialists

Examination Content Outline

- I. Assessment of the Diabetes Continuum (59)
 - A. Learning (19)
 1. Goals and needs of learner
 2. Learning readiness (attitudes, developmental level, perceived learning needs, etc.)
 3. Prelearning factors (rules, beliefs, visual, observational, experiences, etc.)
 4. Technology literacy and use (devices, software, apps, virtual coaching, patient portals, etc.)
 5. Challenges to learning (cognitive vs. affective thinking, literacy and numeracy, language, cultural values, Hispanic/Latino, health beliefs, psychosocial and economic issues, family dynamics, learning disabilities, etc.)
 - B. Physical assessment (19)
 1. Physical assessment (vision, hearing, functional ability, etc.)
 2. Response to change (anxiety, self-efficacy, value of change, etc.)
 - C. 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, skin, mucous membranes, etc.)
 4. Data trends (diagnostic and self-collected)
 5. Current use of technology (printers, scales, sensors, apps, software, etc.)
 6. Treatment barriers and myths (psychosocial, causes, complications, lifestyle, weight gain, etc.)
 7. Family/peer dynamics and social supports
 8. Insurance (enrollment, status, insurance coverage, age-related changes, 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.)
- II. Knowledge and Self-Management Practices (21)
 1. Safety habits and preferences
 2. Activity habits and preferences
 3. Monitoring blood glucose (sensors, weight, etc.)
 4. Recording 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. Risk reduction (avoidable, etc.)
 8. Problem solving
- III. Interventions for Diabetes Continuum (10)
 1. Instructional methods (discussion, demonstration, role playing, simulation, technology-based platforms, etc.)
 2. Goals to break changes (SMART goals, AACD, etc.)
 3. (Exclude Based on Individualized Care Strategies (IC))
 4. General topics
 - a) Classification and diagnosis
 - b) Modifiable and non-modifiable risk factors
 - c) Pathophysiology (autoimmunity, non-genetic, insulin resistance, secondary diabetes, endocrinopathy, etc.)
 - d) Effects and interactions of activity, food, medication, and stress
 - e) Drug and non-drug treatment options (access, risk/benefit, etc.)
 - f) Immunizations
 - g) Therapeutic goals (HbA1c, blood pressure, lipids, quality of life, etc.)
 - h) Laboratory test interpretation (A1C, lipids, renal and hepatic function tests, etc.)
 - i) Evidence-based findings for decision support (Diabetes Prevention Program, Diabetes Attitudes Wishes and Needs study, clinical trials, etc.)
 5. Living with diabetes and pre-diabetes
 - a) Health using problem-solving, complications, life transitions, etc.
 - b) Psychosocial problems (depression, eating disorders, anxiety, etc.)
 - c) Role/responsibilities of care (individual, family, team, etc.)
 - d) Social/demographic issues (employment, insurance, disability, discrimination, school issues, etc.)
 - e) Unstable management
 - f) Recent testing (blood glucose logs, food records, etc.)
 - g) Safety (proper disposal, medication, driving, etc.)
 - h) Hygiene (dental, skin, feet, etc.)
 6. Monitoring
 - a) Glucose (meter selection, continuous glucose sensing, risks, etc.)
 - b) A1C
 - c) Blood pressure and weight
 - d) Lipids and cardiovascular risk
 - e) Urinary and cardiovascular risk
 - f) Serum lipoproteins, etc.
 7. Nutrition principles and guidelines
 - a) American Diabetes Association (ADA) and Academy of Nutrition and Dietetics nutrition recommendations (meal planning, macro/micronutrients, etc.)
 - b) Carbohydrate (food sources, sugar substitutes, fiber, carbohydrate counting, etc.)
 - c) Total food sources (total, saturated, monounsaturated, etc.)
 - d) Protein and other food sources (protein, etc.)

EXAMINATION CONTENT

Exam Content - Assessment

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



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)



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

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!



Recommended Articles

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 CDCES or BC-ADM Exam.

Purchase ADA Standards of Care 2020 Booklet

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 in 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**

ACE Comprehensive Type 2 Diabetes Management Algorithm 2020 - 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 CDCES 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 provide recommendations for the 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 taking 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-

What to Study?

Exam Prep > Start Your Journey > Preparing for CDCES Exam Free webinar

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[Future CDCES - Click Here!](#)

Preparing for BC-ADM Exam?

[Future BC-ADM - Click Here!](#)

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Taking the Exam

- ▶ Questions
- ▶ Answers
- ▶ Pitfalls



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



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.



Thinking Pitfalls

- ▶ Imaging 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.



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



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



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



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).



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

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 1st trimester hyperglycemia?

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

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



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

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

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

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

Med and Insulin PocketCards



NEW Accordion 2-sided
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[illegible]

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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

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



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



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



Knowledge = Confidence

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



213 Test Questions



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DESCRIPTION REVIEWS

Title: Test Taking Toolkit

See our [Test Taking Toolkit & AACE Review Guide 5th Edition](#) for even more questions and even more savings!

Whether you are preparing for the updated CDCES or BC-ADM exam, this test taking toolkit is designed to prepare you for success. This toolkit includes two exams with over 200 practice questions to help you prepare and simulate the exam. Our exams incorporate changes to the CDCES 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 our say matters! (D & S Club Coach Beverly added this course because she believes it contains critical content for the exam and for our clinical practice!

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

"I passed my CDE exam this past Saturday, and honestly, it was because of your course materials. I am so, so thankful that you do what you do. You are so good at your job. I couldn't have done it without your review course. I truly mean it when I say, THANK YOU. It has been a ride, but since I started your course in October, it provided me with the tools that I needed for success. Thank you from the very bottom of my heart."

Neda Kashanian, RD, CSP, CDCES



"After getting laid off as Clinical Manager, I realized I wanted to go back to working with Diabetes as I had done for years. Helping people living with diabetes to regain their health is rewarding and challenging. But passing the CDCES? I hadn't taken a large test since my internship more than 2 decades ago! (Yes I'm aging myself!) My friend recommended Coach Beverly's Boot Camp and Beverly became my companion and motivational coach for four months. The good news is I passed on the first try...the bad news I miss the sound of her voice every day! I can't wait to work with diabetes and take my knowledge to my community."

Thank you, Coach Beverly- you're an inspiration, and your program was so informative!"

Sheri Weitz, RD, CDCES

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