



## Preparing for Certified Diabetes Care and Education Specialist Exam (CDCES) 2021

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



Diabetes Education  
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## DiabetesEd.net Website Orientation

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Welcome to the first step toward achieving diabetes certification. We are so glad you are joining us and look forward to helping you on your journey.

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#### Preparing for CDCES Exam?

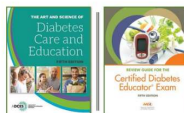
Future CDCES - Click Here!

July 8, 2021

#### Preparing for BC-ADM Exam?

Future BC-ADM - Click Here!

April 8, 2021




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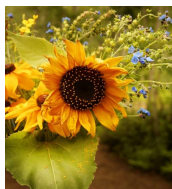
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## Topics – Prep for CDCES 2021

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




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## 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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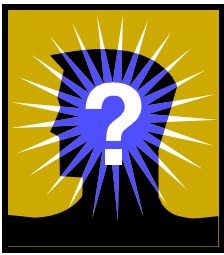
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## Why Take the CDCES Exam?

- ▶ Demonstrates to people with diabetes, employers, and third party payers that the CDCES possesses distinct and specialized knowledge, thereby promoting quality of care for persons with prediabetes and diabetes.
- ▶ CDCES is the recognized standard for competence in diabetes self-management education.
- ▶ Mastery of knowledge
- ▶ 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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## 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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## CDCES = Mastery Level

- |  |  |
|--|--|
| ▶ Practice-based certification   | ▶ CDCES provides formal recognition of   |
| ▶ Requires individuals to accrue professional practice experience prior to applying. | specialty practice and mastery of knowledge  |
| ▶ This practice experience is necessary to master the knowledge                      | ▶ Provides validation of demonstrated dedication to Diabetes Care and Education (DCE). |

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## Professional Practice Definition

- |  |   |
|--|---|
| ▶ Diabetes Self-Mgmt Education         | ▶ Diabetes related research                       |
| ▶ Program development                  | ▶ Clinical roles in diabetes industry             |
| ▶ Program management                   | ▶ Case management                                 |
| ▶ Public health/community surveillance | ▶ Professional education                          |
| ▶ Volunteer activities                 | ▶ 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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### Definition of Diabetes Education

- ▶ It is a component of a comprehensive plan of diabetes care.
- ▶ Involves the person with prediabetes and or diabetes, caregivers and specialists
- ▶ Ongoing process of facilitating the knowledge, skill, and ability necessary for self-care, as well as activities that assist a person in implementing and sustaining the health practices to manage on an ongoing basis, beyond or outside of formal self-management training.



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## Definition of Diabetes Education

- ▶ Process incorporates the needs, goals and life experiences of the person and is guided by evidence-based standards.
- ▶ Includes practical problem-solving approaches and collaborative care.
- ▶ Address psychosocial issues, lifestyle change, and strategies to sustain self-management



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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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## Diabetes Care & Education Includes:

**Assessment:** Participant's needs are identified. Process is led by the participant with assessment of support of specialist.

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



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



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



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## Definition of Diabetes Education

**Participant Progress:** Specialist 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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- ▶ 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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**The Use of Language in Diabetes Care and Education**  
Jane K. Dickinson, Susan J. Gorman, Melinda D. Mangrulkar, Catherine A. O'Brien, Jane K. Kadohiro, Richard A. Jackson, Nancy D'Amico, Brenda Montgomery, Kelly L. Clark and Martha M. Funnell  
Diabetes Care 2017 Oct 03;40(10):1581-1587. <https://doi.org/10.2337/dci.17-0081>

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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%
- ▶ 2019 – 70%



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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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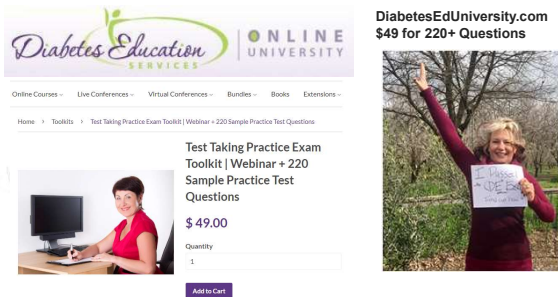
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## 220 Test Questions – Assess your Knowledge



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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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## 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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## Test Timing of Diabetes Advancements

- ▶ CBDCE Recognizes that the advancement and dissemination of new diabetes information may not occur at the same rate in different areas of the United States.
- ▶ **CBDCE has developed the following policies.**
- ▶ **One Year** – New medical advances, guidelines, or pharmaceuticals will be included in CDCES Exam no sooner than one year after the information is released.
- ▶ **Immediately** – New diagnostic criteria or specific guidelines impacting diabetes care and education and/or treatment of diabetes which are released nationally and identified as effective immediately may be including in the examination at any time.




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### Recommended Articles

**ADA Standards of Care** – This yearly publication by the American Diabetes Association outlines the national goals of care based on the latest research for diabetes management. This is one of the most important guidelines to read as a Certified Diabetes Care and Education Specialist.

**Purchase ADA Standards of Care 2021 booklet:**

**Screening and Diagnosis of Diabetes Mellitus 2021** – One page cheat sheet that summarizes screening, risk status, and diagnostic criteria for diabetes. Great for your office and as a study tool.

**Pharmacologic Approaches to Glycemic Treatment in 2021**. 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

**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.

**Med Cheat Sheets 2021 | Hypertension, Lipids, and Neurology** These summary sheets are helpful for your clinical practice and preparing for certification exams. For exam success, be familiar with the general concepts, (side effects and precautions) of these medications.

**AADE 7™ 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/TE) and care.

**AADE 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 exams, we encourage students to be familiar with the slide content that reviews diabetes management.

**2019 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.

## What to Study?



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

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## Level 3 - Boot Camp

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## Taking the Exam

- ▶ Questions
- ▶ Answers
- ▶ Pitfalls



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## Empowerment Errors

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



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## 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.



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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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### 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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Glucagon 2 mg/mL (2 mg/1 mL)	1 mL (2 mg)	0.1 mg/kg (0.5 mL of 0.2 mg/mL)	Repeat in 15 min if no response.
Glucagon 3 mg/mL (3 mg/1 mL)	1 mL (3 mg)	0.1 mg/kg (0.3 mL of 0.3 mg/mL)	Repeat in 15 min if no response.
Glucagon 4 mg/mL (4 mg/1 mL)	1 mL (4 mg)	0.1 mg/kg (0.25 mL of 0.4 mg/mL)	Repeat in 15 min if no response.
Glucagon 5 mg/mL (5 mg/1 mL)	1 mL (5 mg)	0.1 mg/kg (0.2 mL of 0.5 mg/mL)	Repeat in 15 min if no response.
Glucagon 10 mg/mL (10 mg/1 mL)	1 mL (10 mg)	0.1 mg/kg (0.1 mL of 1 mg/mL)	Repeat in 15 min if no response.

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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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Free Webinar on Test Taking  
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Questions

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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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## 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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## 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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## Join US on Social Media / Blogs



- ▶ <https://www.facebook.com/DiabetesEducationalServices>
- ▶ <https://twitter.com/CDECoach>
- ▶ <https://www.instagram.com/cdcescoach/>
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## You are Going to Do Great!



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