



Topics • Qualifications to take the exam • Applying for exam • Exam content • Study strategies • Test taking tips • Resources **Dubtes Sheation**

Why Take the BC-ADM Exam?



- Validates a healthcare professional's specialized knowledge and expertise in the management of people with diabetes.
- May provide future opportunities to work more independently and be reimbursed for advanced level care?



Diabetes Education

Role of BC-ADM

Skillfully manages complex patient needs and assists patients with therapeutic problem-solving. Within their scope of practice, the BC-ADM:



- Adjust medications,
- ► Treat & monitor acute & chronic complications and co conditions
- Counsel patients on lifestyle modifications
- Address psychosocial issues,
- Participate in research and mentoring.



Quick Question

- What best describes the difference between a CDCES and a BC-ADM?
- A. BC-ADMs are responsible for increased complexity in decision making
- ▶ B. A bachelor's degree or higher is required to obtain a CDCES
- ► C. The main difference is that BC-ADM's prescribe medications based on diagnosis
- D. With an advanced degree, BC-ADM's are qualified to set up an independent practice



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CDCES Vs BC - ADM

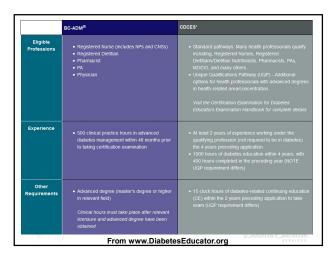
CDCES

- Supports and educates people with prediabetes and diabetes to understand and self-manage
- Individualize behavior and treatment goals to optimize health outcomes.

BC-ADM

- ▶ Must have Master's
- Management of diabetes and comorbidities
- Increased complexity of decision making





DiabetesEd Specialist Course



- ▶ Content that best helps you succeed
- ▶ Join Coach Beverly and a Team of Experts
- Proof of COVID vaccine required

Diabetes Education

Bev's Perspective – CDCES since 1992

- First took BC-ADM exam in 2001 (before kids)
- Strong background in inpt management
- Passed test but opened another professional door – expanded my perspective, encouraged learning
- Created Critical Assessment Course as result
- Member of ANCC team, provided "Review Course"
- ▶ Retook exam in 2006
- Renewed by completing a bunch of stuff -2011
- Declined to participate in committee to update exam in 2011 (although I really wanted to)
- Renewed again in 2016 and 2021 renewal



Maintaining Certification BC-ADM

- ▶ BC-ADM Exam Sat for exam twice, then policy changed.
 - ▶ Renew every 5 years by completing:
 - ▶ CE activities (75 CE's)
 - Academic Credits
 - Presentations
 - ▶ Publication & Research
 - Preceptor / Mentor
 - → Professional Service

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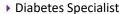
Board Certification –Advanced Diabetes Management (BC-ADM) Description

- "The depth of knowledge and competence in advanced clinical practice and diabetes skills affords an increased complexity of decision making which contributes to better patient care."
 - Excerpted from AADE website



Recent Roles

- Diabetes Program Manager
 - Inpatient diabetes management
 - ADA Recognized Outpt Program
 - Outcome Measurement
 - · Training of Staff
 - Policies and Procedures
 - Teach Classes
 - Write articles



- Consultant to providers
- CV Risk Management
- Work on process improvement
- Starting support group
- Staff training
 Medication
 Adjustments





Becoming a BC-ADM



..provides opportunities for health care professionals to expand their roles beyond traditional boundaries and to demonstrate their effectiveness in performing at an advanced level of practice

Anne Daly, MS, RD, BC-ADM, CDE

VANCED Practice in Diabetes Care Diabetes Spectrum January 2003 vol. 16 no. 1 24-26

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2021 - Qualifications

Clinical licensure plus advanced degree as outlined

AND

▶ 500 clinical practice hours in advanced diabetes management within 48 months prior to taking the exam





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Your questions

- For the 500 hours, what is considered advanced diabetes management?
- ▶ How do you document your hours?
- ▶ As a CDCES (CDE), how will this expand my role?
- Is the AADE version of the BC-ADM Exam is very much like the CDCES Exam?



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Advanced Level Activities of BC-ADM

- Management skills such as
- medication adjustment,
- medical nutrition therapy,
- exercise planning,
- counseling for behavior management and psychosocial
- Attaining optimal metabolic control in the diabetic client may include treatment and monitoring of acute and chronic complications.
- Research and mentoring



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Application Process

- Complete app 60 days prior to desired testing month
- Window to apply for Summer
- May 1- Take test in June
- Window to apply for Winter
 - November 1- Take test in December
- Once you receive confirmation of eligibility
 - schedule an appointment to take the examination on a first-come, first-served basis through Castle's online scheduling system



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Applying to take the BC-ADM Exam



First, register with Scantron Approved Testing Centers

- www.castleworldwide.com/aade
- ▶ Apply online
- ▶ Applications accepted on a continual basis
- A percentage of candidates will be audited to ensure compliance with eligibility criteria.
- Questions?
 - ▶ ibt@castleworldwide.com
 - **)** (919) 572-6880

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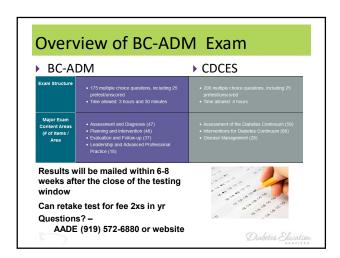
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What application materials do I need to submit?

- ▶ Completed application including
 - Proof of Licensure
 - Documentation of 500 Advanced Practice Clinical Hours (within last 48 months)
- Diploma of Master's level (or higher)
- Payment
 - ▶ ADCES (AADE) Members = \$600
 - Non ADCES Members = \$900
 - Recertification \$500 / \$800 + 1000 practice hours + professional development







Exam Details 25 of the 175 questions are pretest questions and are not counted in the determination of individual examination scores. Candidates score is based solely on the 150 scored questions

213 Questions – Test Taking Toolkit

- > 213 Question Practice Exam
- Includes 108 multiple choice test questions written by Coach Beverly inspired by the American Diabetes Standards of Care. Plus 105 general questions.
- Designed to test your knowledge of the 16 Critical Content areas and help prepare you for the Exam.



\$49.00 - Includes 213 Questions plus Test Taking Tips Online Course



Exa	m Blue Print		
(Con	nplete exam outline can be found in the ${f Q}$	andidate H	(andbook)
Categ	ory Domains of Practice	No. of Que	stions Percent
1	Assessment and Diagnosis	47	31%
II	Planning and Intervention	48	32%
111	Evaluation and Follow-up	37	25%
IV	Leadership andAdvanced Professional Practice	18	12%
	Total	150	100%
			50.14

I - Assessment & Diagnosis – 47 questions Subdomains listed below

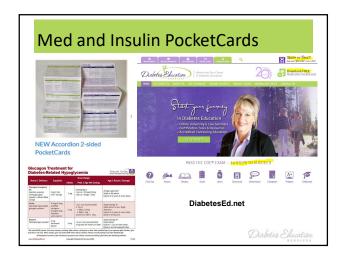
- ▶ Therapeutic interviews 4
- ▶ History, physical exam across lifespan 6
- ▶ Physiology and pathophysiology relating to prediabetes, diabetes and comorbidities 5
- ▶ Self-care behavior, mental health assessment 5
- ▶ Health care resource assessment 3
- ▶ Standards of diabetes care ADA /AACE 5
- ▶ Analysis of complex data sets 5
- ▶ Screening and diagnostic criteria 4
- ▶ Synthesis of information from test/assess 6
- ▶ Differential diagnosis/ problem list 4

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II. Planning and Intervention - 48

- ▶ Standards of Care re: intervention 8
- ▶ MNT and Exercise prescription 7
- ▶ Pharmacologic therapy 10
- ▶ Surgical Options for DM Management 4
- ▶ Technology Options (Pump, CGM, etc) 7
- ▶ Individualization/ Priority of Care 7
- ▶ Collaboration, Referral and Coordination 5





Evaluation and Follow-Up - 37



- ▶ AADE 7 Self-Care and Goal Setting 6
- ▶ Standards of Care AACE, ADA 8
- ▶ Outcome and treatment results 8
- ▶ Goal Achievement (SMART) 7
- ▶ Plan Modification 8



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Leadership and Professional Practice -18

 Regulatory, accreditation/recognition disease management, reimbursement and standards - 5



- ▶ Program development and CQI 3
- National Health Initiatives, Prevention and Public Health
- Scholarship (research, dissemination, mentoring) – 4
- ▶ Community Programs / Outreach -4

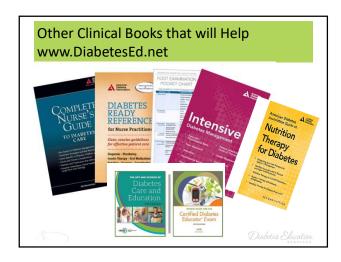


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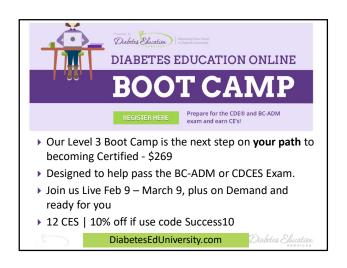
Your questions

- What standards are used? ADA, AACE and from which year?
- ▶ What are the most important study tools?
 - ▶ ADA and AACE Stds / Clinical Guidelines
- ▶ Nurses Complete Guide to Diabetes Care
- ▶ Levels 1-3 and Test Taking Toolkit
- What is best source of info on newer diabetes medications?
- ▶ Passing score?
- ▶ Passing rate? ~ 70%

The AADE E	C-ADM uses t	he following sca	ale:
	Minimum	Maximum	Passing
	Score	Score	Score
BC-ADM	200	500	350







DiabetesEdUniversity.com Diabetes Education | ONLINE BC-ADM Prep Bundle | Levels 2, 3, & 4 Earn 39+ CEs | \$449 Beverly has custom designed this course bundle to prepare you for the BC-ADM Exam. From a student who passed her CDE and BC-ADM exam in 2019 "There are a bit more medication questions, but I just took your level 3 and level 4 Bootcamp plus I read over the Standards of Your classes do well at recognizing the key points to the Standards of Care as well as getting to know those 'juicy' answers that the questions on the test provide to trick you. The main study guides for me were the ADA Standards of Care and your PowerPoints, pod casts, and the 100 question practice Even though I have been living with Type 1 Diabetes for 29 years and counting, you still need to know key points with Diabetes Care as patient centered care as well as the ADA Standards of Care." Resources - DiabetesEd.net Nurses Guide to Diabetes Care. 3rd edition - Book (2017). Childs, B. (editor). An excellent reference for all health care professionals providing advanced level diabetes care and treatment. Great Study tool **Links to Summary Pages** ▶ Medications for Lipid Management ▶ Medications for Hypertension Management of Neuropathy ▶ Diabetes Medication PocketCards ▶ Online Courses

Sample Question -1 • A healthy adolescent with 2 year history of type 1 DM returns for a quarterly appt. For the past month, he has experienced abdominal pain and diarrhea after some high carb meals. An advanced diabetes manager's first intervention is to order a: A. 72-hour fecal fat collection B. Colonscopy C. Stool Sample D. Transglutaminase Autoantibody Test

Poll Question 2

- Mrs. S is having trouble sleeping and complains of waking up with frequent nightmares. Her insulin dose includes 5-8 units of Novolog at breakfast and dinner and 12 units of NPH bedtime. She complains that her before bed blood sugar is often greater than 300, so she takes extra insulin before going to bed to bring it down. What is your best response?
- a. Instruct Mrs. S to decrease the NPH insulin by 2 units to prevent nocturnal hypoglycemia.
- b. Contact provider and request to discontinue NPH and start Lantus instead.
- Assess if Mrs. S is having a snack before checking her bedtime blood glucose level.
- d. Instruct how to safely adjust her dinner time Novolog to prevent hyperglycemia at bedtime.

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Poll Question 3

- The American Diabetes Association recommends universal screening for at risk pregnancies as soon as possible after the confirmation of pregnancy. Criteria for high risk include:
 - a. glycosuria, BMI 30+, > 25 years of age, strong family history of diabetes
 - the same risk factors for type 2 as listed in the ADA standards of medical care.
 - c. BMI 30+, >35 years of age, member of high-risk ethnic group, strong family history of diabetes.
 - d. Glycosuria, > 25 years of age, member of high-risk ethnic group, strong family history of diabetes

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Poll Question 4

- Hyperglycemia during hospitalization is associated with poor outcomes due to
 - Decreased insulin resistance, increased insulin secretion and increased counterregulatory hormones.
- b. Increased free fatty acids, ketones, lactate, inflammatory cytokines.
- c. Increased nitric oxide levels
- d. Increased risk of alkalosis



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5. A 40-year-old female patient has a 10-year history of diabetes

- Injects 16 units of NPH and 8 units lispro (Humalog) before breakfast, and 8 units of NPH, and 4 units of lispro (Humalog) before dinner. BG pattern is:
 - ▶ fasting blood glucose is 100
 - pre-lunch is 240 mg/dL;
 - pre-dinner is 210 mg/dL
 - bedtime is 150 mg/dL.

The advanced diabetes manager recommends:

- a. Adding 2 units of Humalog before breakfast.
- b. Adding 4 units of Humalog before dinner.
- c. Adding 2 units of Humalog before lunch.
- d. Decreasing the evening NPH insulin by 2 units.



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Sample Question 6

Mr. L takes 16 units glulisine before breakfast and lunch. He takes 16-20 units before dinner depending on BG levels. Mr. L also takes 42 units of glargine at hs. How many vials of glulisine does he need a month?

- A. **1.5 vials**
- в. 2 vials

16 + 16 + 20 = 52 units a day 52 units x 30 days = 1560 units

c. **2.8** vials

1000 units per vial = 2 vials

D. 3 vials

Sample question 7

- ▶ A 54-yr-old male, BMI 32 with type 2 diabetes, A1c 10.3%, smokes cigarettes and not exercising. Meds include Glipizide, Metformin and levothyroxine. Given his risk status, which 3 classes of meds should he be taking according to ADA?
- a. Insulin, aspirin and ACE Inhibitor.
- b. TZD, ARB and bolus insulin.
- c. Beta blocker, insulin analog and statin.
- d. Insulin, statin, aspirin



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Sample question 8

Current recommendations for screening for Type 2 diabetes and prediabetes in asymptomatic young adults include:

- a. Individuals with a HDL of 52 mg/dl
- b. Individuals with a history of Addison's disease
- c. Offspring with a parent with type 1 diabetes
- d. Women with polycystic ovary disease



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Sample question 9

RS observes Ramadan and fasts from sunrise to sunset. RS is 13 years old, has type 1 diabetes, uses an insulin pump and CGM. RS's insulinto-carb ratio is 1:12 and correction is 1:45. Basal settings range from 0.5 -1.2 units an hour. What would be the best recommendation for RS to keep blood sugars in target range during Ramadan?

- a. See if RS can get a note from their doctor to allow eating during the day $% \left(x\right) =\left(x\right) +\left(x\right) =\left(x\right)$
- b. Take bolus insulin when RS eats a meal or snack
- c. Decrease basal insulin rate by 50% during periods of fasting
- d. Monitor urine ketones at least twice a day



