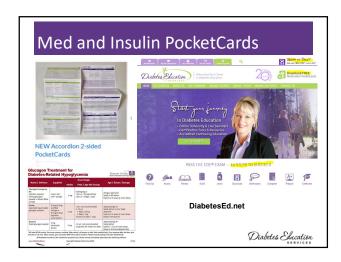


Topics

- Qualifications to take the exam
- ▶ Applying for exam
- ▶ Exam content
- Study strategies
- ▶ Test taking tips
- ▶ Resources







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 needs and assists with therapeutic problemsolving.

Within their scope of practice, the BC-ADM:



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



Diabetes Education

Professional Qualifications to take BCADM- excerpted from ADCES Bc-ADM EXAMINATION REQUIREMENTS Bligbility Candidates must complete the following requirements before submitting an application. See the eligibility criteria details following the chart for additional information. Eligibility City of the chart for additional information. Austral for physician Assistant Physician Assistant Physician Current, active physician active physician

CDCES Vs BC - ADM

CDCES

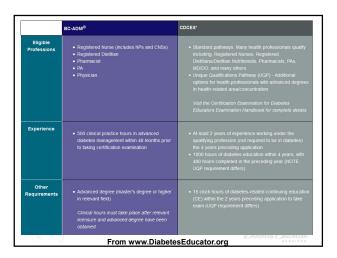
- Supports and educates people with prediabetes and diabetes to understand and self-manage
- Individualize behavior and treatment goals to optimize health outcomes.

BC-ADM

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



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



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

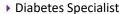
- "The depth of knowledge and competence in advanced clinical practice and diabetes skills affords an increased complexity of decision making which contributes to better care."
 - · Excerpted from AADE website





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







..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



2022 - 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





Diabetes Education

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?



Diabetes Education

Advanced Level Activities of BC-ADM

- Management skills such as
- medication adjustment,
- medical nutrition therapy,
- exercise planning,
- counseling for behavior management and psychosocial issues.
- 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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Applying to take the BC-ADM Exam



- ▶ An online application is available through the ADCES candidate registration system at ADCES Candidate Access (scantronassessment.com)
- Applications accepted on a continual basis

Deadlines
Candidates are strongly encouraged to complete their applications at least 60 days prior to their desired testing date. There are two testing windows per year – June and December. The deadline for registration for the June window is May 1 and the deadline for the December window is November 1.

Application Received By:	Application (Including \$50 Late Fee) Received By:	Testing Window:	
May 1	May 15		
November 1	November 15	December	



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) with attestation
- Diploma of Master's level (or higher)
- Payment
 - ADCES (AADE) Members = \$600
 - Non ADCES Members = \$900
 - ▶ Recertification \$500 / \$800 + 1000 practice hours + professional development



BC-ADM Exam Details



Steps to Becoming a







https://diabetesed.net/preparing-to-take-bc-adm-webinar-and-resource-page/

Results will be mailed within 6-8 weeks after the CLOSE of the testing window

Can retake test for fee 2xs in yr

Test guestions? - ADCES (919) 572-6880 or

https://www.diabeteseducator.org/education/certification/bc_adm



Test NOW at Scantron Site or Live Online Proctoring (LOP)

Scheduling and Cost Information for BC-ADM Exam Changes

1. Charges for Changes in Scheduling

When you get your notification to schedule email from Scantron, click on the link to schedule online and you will be provided with the option to select either an onsite Scantron site or the live online protocring option (LOP). If you schedule for the LOP option, and then decide you want to reschedule to an onsite Scantron site, there is no charge. However, if you schedule for an onsite Scantron site, there is no charge. However, if you schedule for an onsite Scantron site, then want to reschedule to an LOP, there's a \$50 rescheduling fee.

LIVE ONLINE-PROCTORED TEST ADMINISTRATION

https://www.diabeteseducator. org/docs/default-source/education-and-career/certification/scheduling-and-cost-information-for-bc-adm.pdf?sfvrsn=fba69858_2

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
- ▶ Results are based on a scaled score
- ▶ Passing rate~ 70%

The AADE BC-ADM uses the following scale:

	Minimum	Maximum	Passing	
	Score	Score	Score	
BC-ADM	200	500	350	



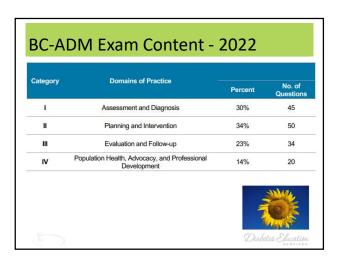
213 Questions – Test Taking Toolkit

- > 213 Question Practice Exam
- ▶ Includes 4 tests of 50 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 Critical Content areas and help prepare for the Exam.



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





Assessment & Diagnosis – 45 questions Subdomains listed below Therapeutic interviews – 4 Comprehensive assessment of PWD – 5 Physiology and pathophysiology relating to prediabetes, diabetes and comorbidities – 5 Self-care behavior, mental health assessment - 4 Social determinants of health - 4 Standards of diabetes care – ADA /AACE – 5 Analysis of complex data sets – 5 Synthesis of information from test/assess – 5 Perform Screening and diagnostic criteria – 4 Formulate and prioritize problem list – 4

II. Planning and Intervention - 50

- 1. Standards of Care re: intervention 4
- 2. Incorp behavior change models 4
- 3. Medical Nut Therapy Knowledge 4
- 4. Pharmacologic therapy 5
- 5. Surgical Options for DM Management 3
- 6. Technology Options (Pump, CGM, etc) 4
- 7. Individualization/ Priority of Care 4
- 8. Collaboration, Referral and Coordination 4
- 9. Establish self-care goal, improve outcomes 4
- 10. Refer to mental health for psychosocial 4
- 11. Interventions for special pops 4
- 12. Manage diabetes in hospital/transitions 4
- 13. Engage in telehealth services (CMS) 3



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Evaluation and Follow-Up - 34



- Standards of Care AACE, ADA, AACE, ACOG, Endocrine Society – 9
- 2. Use technology devices to collect, analyze and inform judgements 7
- 3. Review treatments and outcomes, explain results 9
- 4. Evaluate and adjust treatment plan accordingly 9



Diabetes Education

IV. Population Health, Advocacy, Professional Development - 20



- Regulatory, accreditation/recognition disease management, reimbursement and standards (JACHO, HEDIS, ERP, DEAP, CMS, OSHA, CLIA, HIPPA)- 3
- 2. Program development and CQI 2
- 3. Community needs 2
- 4. Public health initiatives 2
- 5. Engage in scholarly activities -2
- 6. Incorporate tech to individualize care 4
- 7. Advocate for person first language 3
- 8. Display leadership qualities -3

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 1-4 and Test Taking Toolkit
- What is best source of info on newer diabetes medications?



Diabetes Education

Other Clinical Books that will Help www.DiabetesEd.net DIABETES READY REFERENCE For Name Pacition The fighting spinner For Name Paciti

Resources - DiabetesEd.net



Nurses Guide to Diabetes Care. 3rd edition - Book

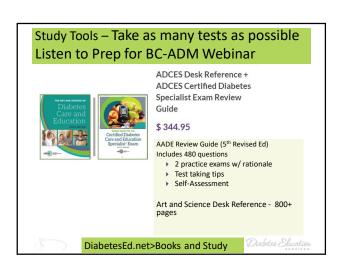
(2017). Childs, B. (editor). An excellent reference for all health care professionals providing advanced level diabetes care and treatment. Great Study tool

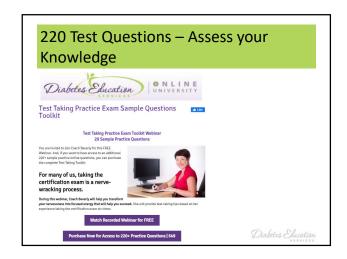
Links to Summary Pages

- ▶ Medications for Lipid Management
- ▶ Medications for Hypertension
- Management of Neuropathy
- ▶ Diabetes Medication PocketCards
- Online Courses













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 Care. 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 test. 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 person centered care as well as the ADA Standards of Care."

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. Transglutaminase Autoantibody Test
 - B. 72-hour fecal fat collection
 - c. Colonscopy
 - D. Stool Sample



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?
 - Instruct Mrs. S to decrease the NPH insulin by 2 units to prevent nocturnal hypoglycemia.
 - 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.
 - Instruct how to safely adjust her dinner time Novolog to prevent hyperglycemia at bedtime.



Poll Question 3

The rates of gestational diabetes (GDM) are increasing in the United States. Which of the following is true? A. Children born to people with GDM have lower rates of type 1 diabetes. B. Risk of GDM can be decreased by getting to healthy weight pre-



C. GDM is defined as elevated blood glucose levels discovered anytime during pregnancy

D. People with GDM can control glucose through diet changes only

Poll Question 4 ▶ Hyperglycemia during hospitalization is associated with poor outcomes due to a. Abnormal co-regulation of nitric oxide b. Increased free fatty acids, ketones and lactate c. Ketone production associated with alkalosis d. Increased insulin resistance and insulin secretion and decreased counterregulatory hormones. 5. A 40-year-old female 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.

Sample Question 6

d. Decreasing the evening NPH insulin by 2 units.

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
- c. 2.8 vials
- D. 3 vials

Diabetes Edi

Sample question 7

- ▶ A 54-yr-old male, BMI 32 with type 2 diabetes, A1c 8.3%, history of congestive heart failure with a UACR of 38mg/g and GFR of 49. Meds include Glipizide, Metformin and levothyroxine. Given his risk status, which 3 classes of meds should he be taking according to ADA Standards?
- a. Insulin, aspirin and ACE Inhibitor.
- b. TZD, ARB and bolus insulin.
- c. Beta blocker, stop metformin and add statin.
- d. ARB, statin, SGLT-2 Inhibitor



Diabetes Education

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. Women with polycystic ovary disease
- c. Individuals with a history of Addison's disease
- d. Offspring with a parent with type 1 diabetes



Diabetes Education

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 $\begin{tabular}{ll} \end{tabular} \begin{tabular}{ll} \end{tab$
- b. Decrease basal insulin rate by 50% during periods of fasting
- c. Take bolus insulin when RS eats a meal or snack
- d. Monitor urine ketones at least twice a day



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

Renewal

Professional Development plus Practice Hours:

- Hold a current, active RN, RD, RPh, PA, or MD/DO license in a state or territory of the U.S. or the professional, legally-recognized equivalent in another country;

 Hold a current BC-ADM certification;
- Complete the professional development requirements for your certification specialty (must be completed within the five (5) years preceding your renewal application submission);
 Complete a minimum of 1,000 practice hours in your certification role and population/specialty
- (must be completed within the five (5) years preceding your renewal application submission);
- Pay the renewal fee.

Recertification Fees

- \$500.00 AADE members
 \$800.00 Non AADE members



What's Next?

- ▶ Create a Study Program
 - ▶ Which Study Tools are Right for Me? Survey
 - ▶ CDCES Coach App
 - ▶ Free Resources
 - ▶ Sign up for our Blog
- ▶ Review the BC-ADM Exam Handbook
- ▶ Prepare Your Application
 - ▶ Track Your Hours
 - Gather your CEs
 - Visit CBDCE's website www.cbdce.org



Bryanna is here to help! Contact her at info@diabetesed.net or call at 530-893-8635

Bryanna is here to Help!



Bryanna Sabourin, Director of Operations and Customer Happiness If you have questions, you can chat with Bryanna at

www.DiabetesEd.net

or call 530 / 893-8635 or email at info@diabetesed.net



