





Bryanna is here to Help!



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If you have questions,

info@diabetesed.net

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Topics – Prep for CDCES

- Updated Definitions
- Certified Diabetes Care and Education Specialist
- Eligibility requirements
- Exam content
- Study strategies
- Test taking tips
- ▶ <u>Resources</u>



Diabetes Cert Names

- 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





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 CDCES' is critical

What is a CDCES?

lifespan.

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

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 <u>minimum</u> 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 selfmanagement 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.

	STANDAR	D PATHWAY	
DCE PROFESSIONAL PRACTICE EXPERIENCE REQUIREMENT	WITHOUT ADJUSTMENTS	WITH ADJUSTMENTS APPLICATION SUBMITTED IN 2021 OR 2022	WITH ADJUSTMENTS APPLICATION SUBMITTED IN 2023
Current DCE experience (12 months prior to applying)	At least 400 hours of DCE in last 12 months	At least 200 hours of DCE in last 12 months	At least 400 hours of DCE in last 12 months
Total DCE experience needed prior to applying	Total 1000 hours in no more than 4 years prior to applying	Total 1000 hours of DCE within 5 years	Total 1000 hours of DCE within 5 years
		TIONS (UQ) PATHWAY	
DCE PROFESSIONAL PRACTICE EXPERIENCE REQUIREMENT	WITHOUT ADJUSTMENTS	WITH ADJUSTMENTS APPLICATION SUBMITTED IN 2021 OR 2022	WITH ADJUSTMENTS APPLICATION SUBMITTED IN 2023
Current DCE experience (12 months prior to applying)	At least 400 hours of DCE in last 12 months	At least 200 hours of DCE in last 12 months	At least 400 hours of DCE in last 12 months
Total DCE experience needed prior to applying	Total 2000 hours in no more than 4 years prior	Total 2000 hours of DCE within 5 years	Total 2000 hours of DCE within 5 years

CDCES = Mastery Level

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

Professional Degree, DSME Practice Hours, plus CE

- Only experience occurring <u>AFTER</u> 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
- For more: info@CBDCE.org or call 877 -239- 3233



Quick Question A

- Diabetes Care and Education Exam includes which of the following philosophies?
- A. Encouraging compliance improves outcomes
- B. Empower people to improve diabetes selfmanagement
- C. Consider individual needs, goals and life experiences
- D. Help all people achieve an A1c less than 7
- E. Collaborate and provide ongoing care

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.



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



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 selfmanage their diabetes.



DSMES provides support to implement and sustain skills and behaviors needed for ongoing self-management.

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

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

Diabetes Self Management Ed Benefits

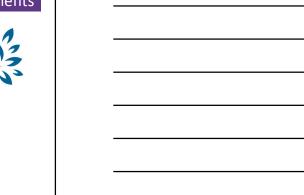
- Improves knowledge
- Lowers A1c
- Lose weight
- Improved quality of life
- Reduced all cause mortality
- Reduced health care costs

Diabetes Self Management Ed Benefits

- Increased primary care and preventive services
- Less frequent us 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
- 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

Language of Diabetes Education

Old Way

- Control diabetes
- Test BG
- Patient
- Normal BG
- Non-adherent, compliant
 Diabetes Care.
- Manage
- Check

New Way

- Participant
- ▶ BG in target range
- Focus on what they are accomplishing
- What we say matters





				2022 Certification Examination for Diabetes Care and Education Specialists
From CBDCE	Yes	No		2022 Initial Certification Requirements [†] Review
Handbook				As a clinical psychologist, registered nurse, occupational therapist, optometrist, pharmacist, physical therapist, physicalan, podiatrist, mater certified health aducation specialist, certified clinical exercise physiologist, registered dietitian, dietitian nutritionist, or registered PA, is your license, certification or registration current, active and unreatricide?*
				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.
			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?
				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?
				Have you accrued 1000 hours of practice experience in diabetes care and education (DCE) within the last 5 years?
		6.	Do you have a minimum of 2016 (or 200 hours) of the 1000 hours of DCE practice experience accrued within the past year?	
			Does your practice experience include at least some or all in the DCE process: assessment, education plan, interventions, ongoing support, monitoring and communication of participant progress, documentation, and development OI DSMES servicesadministration?	
			The Examination Content Outline (ECO) identifies what is covered on the Examination. Reminder that regardless of discipline, knowledge (and the ability to apply that knowledge) is necessary across all areas of the ECO. Have you rowlewed the ECO and assessed your knowledge across the ECO?	
				Have you completed (within the past 2 years) a minimum of 15 hours of continuing education activities ¹⁴ applicable to diabates and provided by or approved by a provider on our list of Recognized Continuing Education Providers ²

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 PSI if it has been more than 4 weeks since application was mailed and you have not received notice of receipt or audit.

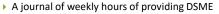
Phone: PSI 833-333-4754

Online Scheduling: schedule an examination appointment online at *http://schedule.psiexams.com*.



What is included in audit if requested?

- Licensure
- Documentation of Professional Practice Experience –



- 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 PSIs online scheduling system
- See application booklet for more details

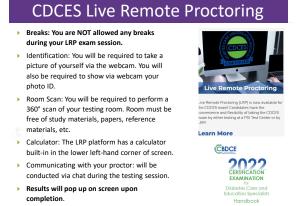
Online Scheduling: schedule an examination appointment online at *http://schedule.psiexams.com*.

CDCES Live Remote Proctoring (LRP)

- Candidate uses own computer from home.
- A compatibility check of the computer's audio/video, webcam and system is required prior to scheduling.
- The candidate must have a computer with a web camera that can be moved
- to display the entire room, a microphone, and internet connection to download the PSI secure browser.
- Browser Requirements: LRP requires the use of Google Chrome Browser.







When will I get my results?

- > You will receive your test results the same day at testing site or if using remote proctoring.
- 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 wo	ork study analysis and computerized
2010 – 69%	
2011 -65%	C.
2012 – 63.5%	
2013 – 67 and 69%	Certification Board for Diabetes Care and Education
2014 - 66 and 67%	
2015 - 62 and 64% (test updated)	
2016 – 67%	
2017 – 66%	
2018 – 67%	
2019 – 70%	
2020 – 67%	



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

Exam Content - Assessment

Assessment (59)

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



Exam Content - Intervention

- Intervention (88)
- 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)



- 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)



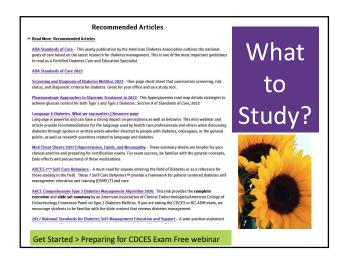
For detailed outline look in Testing Handbook

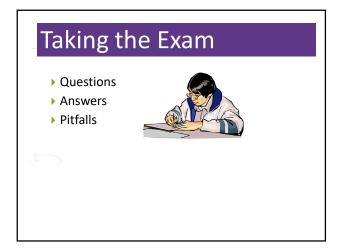
Test Timing of Diabetes Advancements – AKA What Year Standards to Study?

- CBDCE has developed the following policies.
- One Year New medical advances, guidelines, or pharmaceuticals will be included in CDCES Exam no sooner than on 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.





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.



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 <u>"work" test questions</u>

- 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

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

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



Vignette Style Question 2

- He says finding time to exercise is challenging due to his work schedule. Using the transtheoretical model, what stage of change is he in?
- A. Contemplation
- B. Cost vs. Benefit
- C. Precontemplation
- D. Denial



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. Very low-calorie diet
- B. Eliminate all concentrated sweets
- C. Eat 3 meals a day with snacks in between
- D. Mediterranean Diet



Sample Question 3 – Carb Counting

JL uses an insulin pump and is carb counting. A typical breakfast includes: ½ banana, 1 cup of milk, 2 tablespoons almond butter and 1 piece whole grain bread. LS's insulin to carb ratio for breakfast is 1:12, for lunch and dinner it is 1:15. Based on this, how much insulin does LS need for breakfast?

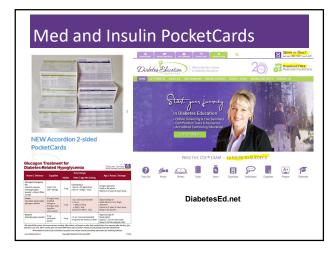
- A. 3.5 units
- B. 3.8 units
- c. 3.0 units
- D. 2.8 units

Sample Question 4

Metformin is an antidiabetic agent different than that of sulfonylurea drugs. Some features of the drug <u>are</u> 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.





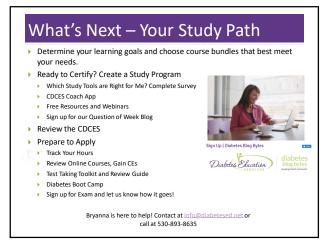




Sample question 5

- 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







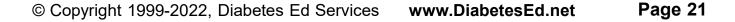




- Class 2 | Nutrition & Exercise | 1.5 CEs
- Class 3 | Insulin Therapy & Pattern Management | 1.75 CEs
- Class 4 | Meds Overview for Type 2 | 1.5 CEs
 - Class 5 | Goals of Care & Lower Extremity Assessment | 1.5 CEs
- Class 6 | Hypoglycemia, Sick Days, & Monitoring | 1.5 CEs

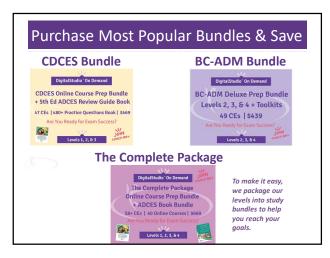








- Class 2 | Standards of Care & Cardiovascular Goals | 1.5 CEs
- Class 3 | Insulin Therapy From Basal/Bolus to Pattern Mgmt | 1.5 CEs
- Class 4 | Insulin Intensive, Monitoring, Sick Days, Lower Ext | 2.0 CEs
- Class 5 | Meds for Type 2 What you need to know | 1.5 CEs
- Class 6 | Exercise & Medical Nutrition Therapy | 1.0 CE
- Class 7 | Screening, Prevention, & Treatment of Microvascular Complications | 1.5 CEs
- Class 8 | Coping & Behavior Change | 1.5 CEs
- Class 9 | Test-Taking Coach Session (48 Questions) | No CEs













Knowledge = Confidence

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



