



Test Taking Prep Questions

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

2023

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Bryanna Sabourin,
Director of Operations,
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If you have questions,
you can chat with
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Getting Ready for the Exam

- Assess your knowledge
- Take as many practice tests as possible
 - Test Taking Toolkit (DiabetesEd.net)
 - ADCES Review Guide (over 480 questions)
- Prep for CDCES/ BC-ADM FREE Webinars
- Fill in knowledge gaps with books, articles and online classes
- At exam, imagine your self calm but energized



Stand, Breathe,
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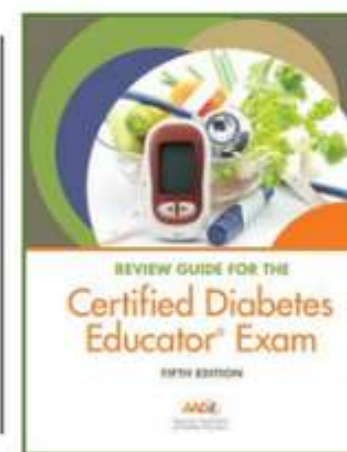
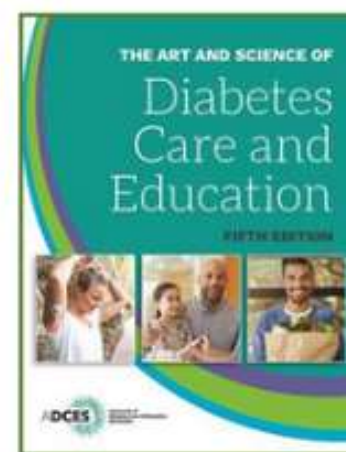
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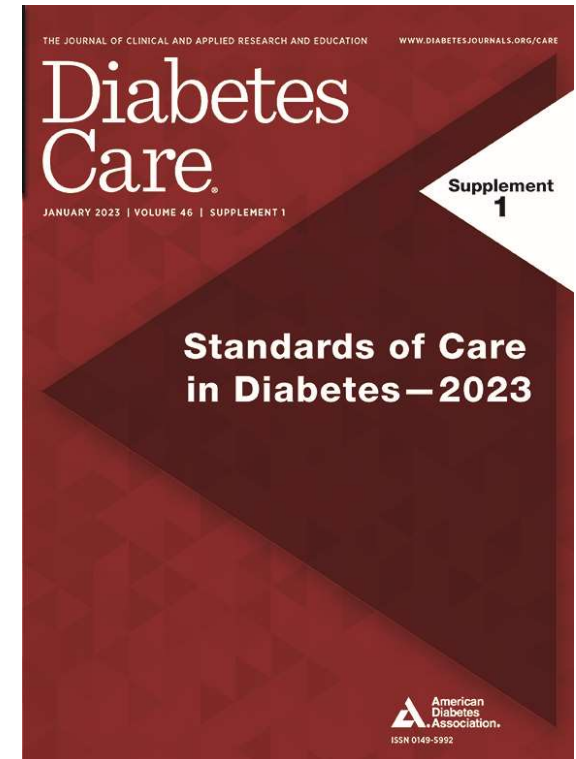
Quantity

1

- **On-Demand course**, reviews a sampling of the questions and explains how to dissect the question, eliminate the wrong answers and avoid getting lured in by juicy answers.
- **220 questions in total divided into Four 50+ computerized quizzes.** These quizzes include clinical practice exam questions that provide vignette-style situations and other critical content that will prepare you for the actual exam.

ADA Clinical Guidelines Update

- ▶ **ADA 2023 Standards Clinical Updates:** We want you to know that 2 recommendations have changed in the [*Standards of Care in Diabetes–2023*](#), that are important to know for certification exams.
 - New hypertension diagnosis cut-offs.
Hypertension is now defined as a systolic blood pressure **≥ 130 mmHg** or a diastolic blood pressure **≥ 80 mmHg** . (Standard 10)
 - Now recommend the use of high-intensity statin therapy in individuals with diabetes aged 40–75 years at higher risk, including those with one or more atherosclerotic cardiovascular disease risk factors, to reduce the **LDL cholesterol by $\geq 50\%$ of baseline and to target an LDL cholesterol goal of <70 mg/dL**. (Standard 10)



Exam Success Step 1: 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



2. 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



3. Avoid 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.



4. Keep it Person Centered

- ▶ Look for Person Centered answers
- ▶ Don't get lured in by juicy answers
- ▶ Only use content in question
- ▶ Avoid imposing your life experience into the question/answer
- ▶ Get rid of false answers
- ▶ Even simple math problem should be worked out on scratch paper



Question 1

Which of the following is true about Diabetes Self-Management Education (DSME) training?

- a. Medicare part B covers 80% of DSME training
- b. Medicare covers 9 hours of group education annually
- c. Medicare Part D covers 100% of DSME training
- d. Medicare part A covers 80% of DSME training

Question 2

- ▶ LR is 32 years old and just went for her first prenatal visit. She is 11 weeks pregnant and has a family history of type 2 diabetes. The provider checks her blood glucose levels and the result is a fasting blood glucose of 131 mg/dl and 128 mg/dl on 2 different days.
- ▶ Based on these findings, which of the following statements is correct for LR?
 - A. She needs to be started on metformin.
 - B. She has diabetes in pregnancy and will need close follow-up.
 - C. She will be need to do a 75 gm OGTT in the next few weeks to determine if she has gestational diabetes
 - D. She will need to go on a low carb, high protein diet to stop ketosis

Question 3

JR wants to know the benefit of increasing activity. What is the most accurate statement regarding exercise and diabetes.

- a. Exercise increases visceral fat stores
- b. Exercise causes weight loss
- c. Exercise increases insulin sensitivity
- d. Exercise decreases counterregulatory hormones

Question 4

- ▶ Which of the following is an accurate statement about continuous glucose monitors (CGM)?
- ▶ A. It is important to verify CGM readings with a fingerstick check within 48 hours of sensor insertion.
- ▶ B. CGMs use plasma glucose to produce an electrical signal
- ▶ C. Components include a sensor, transmitter and a receiver
- ▶ D. The CGM sensor needs to be changed at least every other day

Question 5

Which of the following are the ADA recommended lipid treatment strategies for non-pregnant adults with diabetes?

- a. Start a low dose statin if LDL is more than 100mg/dl
- b. Start high dose statin therapy if younger than 40 with ASCVD
- c. Only start a statin if over the age of 40
- d. Consider statin therapy if the 10-year ASCVD risk is greater than 50%

Question 6

AR is 13 years old and started insulin pump therapy. AR is worried about glucose levels dropping to low. What is the most accurate definition of severe hypoglycemia?

- a. Person starts getting shaky and sweaty
- b. Hypoglycemia that results in a coma
- c. Person has to self-inject glucagon
- d. Hypoglycemia requiring assistance

Question 7

LS weighs 60 kg and is on 30 units glargine (Lantus) and 2000 mg metformin (Glucophage) daily. A1c is 8.9%. What would be the best next step?

- a. Decrease caloric intake by 7%
- b. Increase the glargine by 30 - 40%
- c. Add bolus insulin or GLP-1 RA
- d. Limit concentrated sweets

Question 8

RT is on basal bolus insulin therapy. Which of the following blood glucose levels indicate that basal insulin is at the correct dose?

- a. Post lunch blood glucose of 148
- b. Post dinner blood glucose of 138
- c. Morning blood glucose of 126
- d. Pre dinner blood glucose of 118

Question 9

Which of the following medications would you avoid for someone who has had a bad experience with hypoglycemia?

- a. Pioglitazone (Actos)
- b. Exenatide (Byetta)
- c. Canagliflozin (Invokana)
- d. Glimepiride (Amaryl)

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Glucagon Emergency Kit Injection requires mixing glucagon powder + diluent filled syringe	1mg / 1mL vial + syringe	1 mg	0.03mg/kg or < 6yr or < 25 kgs 0.5mg ≥ 6yr or > 25kgs 1mg	All ages approved SubQ or IM admin Expires in 2 years at room temp.
Gvoke Injectable liquid stable glucagon solution	0.5mg/1.0mg prefilled syringe or 0.5mg/1.0mg HypoPen auto-injector	1 mg	< 2yr: not recommended 2- 12 yrs < 45kg 0.5mg ≥ 45kg 1mg 12 years or older 1mg	Approved Age 2+ SubQ admin in arm, thigh, abdomen Expires in 2 years at room temp (keep in foil pouch).
Baqsimi Nasal glucagon powder	3 mg intranasal device	3 mg	< 4 yrs: not recommended 3 mg dose for 4 years or older	Approved Age 4+ Nasal admin Expires ~ 2 yrs at room temp (keep in shrink-wrapped tube)

*All raise BG 20+ points. Can cause nausea, vomiting. After admin, roll person on side. Seek medical help. If no response after 1st dose, give 2nd dose in 15 mins. When awake, give oral carbs ASAP when safe to swallow. Please consult package insert for detailed info.

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Bonus Question

- ▶ RL is on basal bolus therapy. He injects 1 unit for every 12gms of carb for breakfast and lunch and 1 unit for 15gms at dinner. For lunch, RL plans to eat a ham sandwich, a small orange, and a glass of milk. How much insulin will RL need to inject?
- ▶ A. 3.8 units
- ▶ B. 4.0 units
- ▶ C. 4.7 units
- ▶ D. 5.0 units

Question 10

For new type 2 diabetes, which of the following is the preferred initial class of pharmacologic intervention based on ADA/EASD Guidelines?

- a. Depends on cardiorenal risk factors and individual preferences
- b. Sulfonylureas or Metformin
- c. Nutrition therapy for 3 months to evaluate effective response.
- d. GLP-1 RA or Mounjaro Injectable

Question 11

Sandy is a 15 year old female who just started wearing a continuous glucose monitoring (CGM) device. At her one week follow-up visit, she complains that she can't sleep at night because the device is constantly beeping at her. The Diabetes Care and Education Specialist reviews the CGM report with the family. Sandy is 54% time in range with 46% time in hyperglycemia. The high glucose alert is set at 200mg/dL and the low glucose alert is set at 70mg/dL. Which CGM setting should be adjusted at this visit?

- ▶ A. Increase the high alert setting
- ▶ B. Increase the low alert setting
- ▶ C. Decrease the high alert setting
- ▶ D. Decrease the low alert setting

Question 12

What did the Diabetes Prevention Program Demonstrate?

- a. Taking metformin daily reduced diabetes risk by 58%
- b. Losing 10 pounds reduces diabetes risk by 38%
- c. Exercising 30 minutes a day reduces diabetes risk by decreasing belly adiposity
- d. Losing weight and exercising reduces diabetes risk by 58%

Question 13

Who is the most appropriate candidate for continuous subcutaneous insulin infusion?

- a. LR with type 2, A1c of 7.9% on glipizide (Glucotrol) 10mg daily
- b. BT with type 1 diabetes who wants to simplify their insulin management
- c. ST with type 1 who is struggling with addiction
- d. RL type 2 with an A1c of 9.3%, who is on basal bolus insulin therapy and carb counts

Question 14

Carlos is worried about starting dapagliflozin (Farxiga) because of the side effects. Which of the following reflects the main action of this medication?

- a. opposes the action of insulin
- b. enhances gastric emptying
- c. promotes glucagon release
- d. decreases glucose re-absorption

Question 15

PR is has type 2 diabetes and want to start swimming on a regular basis. What statement reflects pre-exercise evaluation guidelines?

- a. People with diabetes need to refrain from exercise until cleared by a Provider
- b. Routine exercise testing for asymptomatic adults is not recommended.
- c. EKG is required before a person with diabetes engages in an exercise program.
- d. High risk people with diabetes must avoid exercise

Question 16

TR is taking 15 units of glargine at bedtime and 4 units of lispro (Humalog) before each meal. TR is experiencing at least one episode of hypoglycemia a week, usually between lunch and dinner. TR checks glucose levels before each meal. Pre meal glucose levels are 110mg/dl on average. What initial change in self-management would you recommend?

- a. move the glargine to the am to prevent post meal hypoglycemia
- b. decrease lispro at breakfast
- c. increase carbohydrate intake by 15 gms at meals
- d. decrease the lispro at lunch

Question 17

JR wants to lose weight and tells you they will give up drinking 2 sodas a day and will substitute with water. They plan to give up sodas for two months. Each soda is 150 calories. How much weight would JR lose in two months by making this change?

- a. 16, 800 calories
- b. 5.14 pounds
- c. 300 cals a day
- d. 2.7 pounds

Question 18

A participant says to you, “I guess I could start riding my bike again.” Using the transtheoretical model, what stage of change are they in?

- a. precontemplation
- b. internal locus of control
- c. contemplation
- d. action

Question 19

You are taking care of a 13-year-old admitted for the second time this month in ketoacidosis. Which of the following issues would be most important to assess?

- a. Level of daily activity
- b. Insulin to carb ratios and insulin sensitivity
- c. Adherence to meal plan
- d. Degree of diabetes distress

Question 20?

MH has a 5 year history of type 2 diabetes and currently weighs 280 lbs. She would like to achieve her weight goal of less than 200 lbs. Which option is most likely to help her achieve this target?

- a. Adhering to a Mediterranean Diet
- b. Eliminating sugar from her diet
- c. Committing to 60 minutes of aerobic exercise 5 days a week
- d. Metabolic surgery

Question 21 - Bonus

JJ is 45 years old and has had type 2 diabetes for 5 years. He would like to begin an exercise program, which includes jogging 3 times a week with a friend for 2 miles, which takes about 30 minutes. He takes a metformin and acarbose. If his blood glucose is 80 before exercise, how much carbohydrate will he need to consume to prevent hypoglycemia?

- a. None
- b. 15 g CHO
- c. 30 g CHO
- d. 45 g CHO

Celebration Time





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2023 Webinar Updates

1. January 10, 2023 - [Class 1 - Getting to the Nitty Gritty 1.5 CEs](#)
2. January 12, 2023 - [Class 2 - Nutrition and Exercise 1.5 CEs](#)
3. January 17, 2023 - [Class 3 - Meds Overview for Type 2 - 1.5 CEs](#)
4. January 19, 2023 - [Class 4 - Insulin Therapy & Pattern Management 1.5 CEs](#)
5. January 24, 2023 - [Class 5 - Goals of Care - 1.5 CEs](#)
6. January 26, 2023 - [Class 6 - Hypoglycemia, Sick Days, Monitoring, Foot Care 1.5 CEs](#)





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Level 2 – ADA Standards of Care Explained 2023

Diabetes Specialist Online Standards of Care Intensive Webinar Updates

- [Meds Management for Type 2 – 1.5 CEs](#) - Ready for OnDemand Viewing
- December 8, 2022 – [Hyperglycemic Crises, DKA & HHS Standards | 1.0 CE](#)
- December 20, 2022 – [Assessing Well-Being: Population Health to a Person-Centered Approach Standards | 1.5 CEs](#)
- February 2, 2023 – [ADA Standards of Care | 2.0 CEs](#)
- March 28, 2023 – [Critical Assessment | Fine-Tuning Diabetes Detective Skills 2.0 CEs](#)
- April 11, 2023 – [Microvascular Complications, Eye, Kidney Nerve Disease 1.5 CEs](#)
- May 4, 2023 – [Cardiovascular Disease and Diabetes Standards 1.5 CEs](#)
- May 9, 2023 – [Lower Extremity Assessment 1.5 CEs](#)
- May 11, 2023 – [Older Adults and Diabetes 1.5 CEs](#)
- May 18, 2023 – [Tots to Teens – Diabetes Standards 1.5 CEs](#)
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- February 7, 2023 - Class 1 - Diabetes - Not Just Hyperglycemia 1.5 CEs
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- February 14, 2023 - Class 3 - Meds for Type 2 - What you need to know 1.5
- February 16, 2023 - Class 4 - Insulin Therapy - From Basal/Bolus to Pattern Management 1.5 CEs
- February 21, 2023 - Class 5 - Insulin Intensive - Monitoring, Sick Days, Lower
- February 23, 2023 - Class 6 - Exercise and Medical Nutrition Therapy 1.5 CEs
- February 28, 2023 - Class 7 - Screening, Prevention, and Treatment of Microvascular Complications
- March 2, 2023 - Class 8 - Coping and Behavior Change 1.5 CEs
- March 9, 2023 - Class 9 - Test-Taking Coach Session (48 Questions) No CE

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- [Solving Glucose Mysteries for Type 2 | 1.5 CEs](#)
- [Insulin Calculation Workshop – From Pumps & Beyond | 1.5 CEs](#)
- [Basal Bolus Therapy in Hospital | 1.5 CEs](#)
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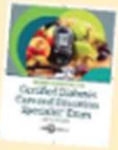
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During such a stressful time, Beverly's voice became a calming presence. It feels like I've known her forever. I listened to hours and hours of lectures and honestly loved every minute. The material covered was super interesting and very useful when studying for the CDCES exam. My background is strictly women's health and I felt like I had a significant knowledge gap when it came to this specialty. These materials really prepared me for passing this exam and I could have never done it without Beverly. I am so thankful I purchased The Complete Package, it was definitely worth it!!! Best of luck to everyone preparing for an exam, you got this!! P.S. This is me celebrating in the happiest place on earth!

Jenessah Loughran MSN, RNC-OB, CDCES

I am so happy to share that this past weekend I earned the CDCES on the first try! I used the deluxe prep bundle (levels 1, 2, 3, and toolkits) which were key to my success. Coach Beverly is an incredible educator and makes the information easy to understand. I cannot recommend Beverly resources enough. Thank you again, Coach Beverly!

Diane Ramos, MS, RDN, CDCES



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