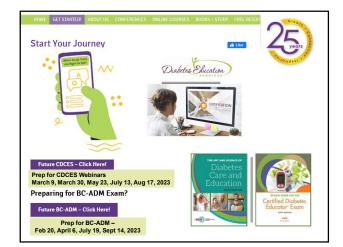




### Bryanna is here to Help! If you ha you ca Bry www.Di or call 5:

Bryanna Sabourin Director of Operations Certification Pathway Coach & Customer Happiness Expert If you have questions, you can chat with Bryanna at www.DiabetesEd.net

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



### 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 Specialist (ADCES)





### 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?

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



### **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 selfmanagement education with a minimum of 40% (400 hours = about 8 hrs a week) accrued in the most recent year preceding application.

Minimum of 15 clock hours of continuing diabetes education within 2 years prior to applying for certification.

2021- 2026 Practice Experience Update

### from CBCDE Current DCE experience (12 months prior to applying) At least 400 hours of DCE in last 12 months At least 400 hours of DCE in last 12 months Total DCE experience needed prior to applying UNIQUE QUALIFICATIONS (UQ) PATHWAY DCE PROFESSIONAL PRACTICE EXPERIENCE REQUIREMENT

At least 200 hours of DCE in last 12 months

Total 2000 hours of DCE within 5 years

### CDCES = Mastery Level

WITHOUT ADJUSTMENTS

At least 400 hours of DCE in last 12 months

Practice-based certification

Current DCE experience (12 months prior to applying)

Total DCE experience needed prior to applying

- ▶ 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

Total 2000 hours of DCE within 5 years

▶ Provides validation of demonstrated dedication to Diabetes Care and Education (DCE).

`				
-				
-				
				_
-				
<u>-</u>	·	<u>-</u>	 	

### 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.



© Copyright	1999-2023,	Diabetes	Ed S	Services

www.DiabetesEd.net

### **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



### **DSMES** is for Everyone

All people with diabetes should participate in diabetes self-management education and support to facilitate the knowledge, decision-making, and skills mastery for diabetes self-care.

5 Facilities Politics hands between per treatments in request hands facilities.
Secretar Politics Towards - 19288

Secretar Politics and Secretar - 19288

Secretar Secretar - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 1928 - 19

- Assess clinical outcomes, health status, well being and support.
- Person centered
- Digital coaching
- ▶ Identify barriers
- ▶ Eval SDOH
- Consider barriers

### **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



### 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

ONLY

ONLY

ONLY

OF MEDICARE beneficiaries with newly diagnosed diabetes used DSMT services¹

LI R, et al. Morbidity Mortality Weekly Report, 2014

Strawbridge LM, et al. Health Educator, 2015

Diabetes Education

### Diabetes Self Management Ed Benefits ▶ Improved knowledge Increased primary care, preventive Lower weight services Improved quality of ▶ Less frequent us of life acute care and inpt ▶ Reduced mortality admissions Positive coping More likely to follow Reduced cost best practice recommendations ▶ Only 5-7% of (esp those with Medicare/insurea Medicare) receive DSME)

# Four critical times to provide and modify DSMES 1) At diagnosis. 2) Annually and/or when not meeting treatment targets. 3) When complicating factors develop. 4) When transitions in life and care occur. Peace MA, Berolly M, et al. DBEC Consense Page, The Biblants Educator, 2009 ADDES. ADDES. ADDES. The Biblants in The Biblants Educator, 2009 Code, South Code, and the Biblants in The Biblants Educator, 2009 (cdc.gov/diabetes/professional-info/training.html)

### **DSME Overall Objective**

- Participant Centered
- 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
- American Diabetes Care.

The Use of Language in Diabetes Care and Education
Jack, (Science, Space), Spring, Veloci O, Mayrick, Celevine A Office, Jack, Rudding, Schare A,
Jacks, Many Driend, Seeds Margoney, Sely I, Clear and Marita M. Fuerell

A

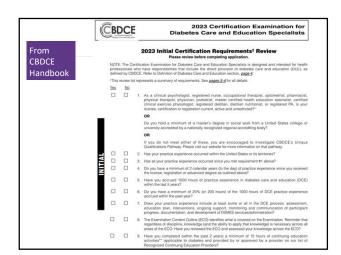
### **New Way**

- Manage
- ▶ Check
- Participant
- ▶ BG in target range
- Focus on what they are accomplishing

What we say matters

© Copyright	1999-2023,	Diabetes	Ed	Services





### 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
  - ▶ A journal of weekly hours of providing DSME
  - 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.

https://www.cbdce.org/apply-and-schedule





### **CDCES Live Remote Proctoring**

- Breaks: You are NOT allowed any breaks during your LRP exam session.
- Identification: You will be required to take a picture of yourself via the webcam. You will also be required to show via webcam your photo ID.
- Room Scan: You will be required to perform a 360" scan of your testing room. Room must be free of study materials, papers, reference materials, etc.
- Calculator: The LRP platform has a calculator built-in in the lower left-hand corner of screen.
- Communicating with your proctor: will be conducted via chat during the testing session.
- Results will pop up on screen upon completion.



CBDCE



### 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



2009 – 69 % (test changed based o	n work study analysis and computerized)
2010 – 69%	
2011 -65%	<i>©</i>
2012 – 63.5%	(CBDCE
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 & 2021 – 67%	

### **Exam Details**

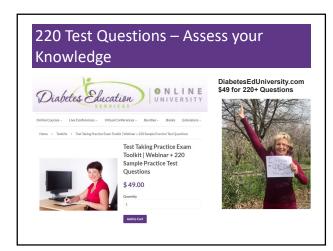
- ▶ Questions are linked directly to a task or tasks.
- Each question is designed to test if the candidate possesses the knowledge necessary to perform the task or has the ability to apply it to a job situation.
- 25 of the 200 questions are new but are not counted in the determination of individual 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

<b>5.1</b> . <b>5.</b> 1	D = 4



### 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)

### 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)

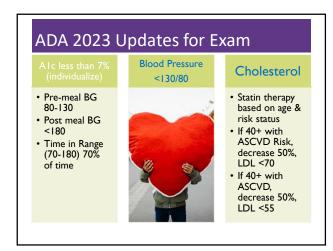


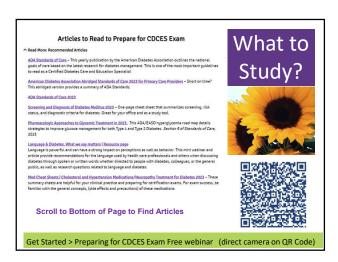
For detailed outline look in Testing Handbook

### 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.







### Taking the Exam • Questions • Answers • Pitfalls

### **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 "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



Page	16	
гаус	10	į

### 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



© Copyright 1999-2023,	Diabetes	Ed	Services
------------------------	----------	----	----------

### 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



### Vignette Style Question

- Read the following vignette to answer the next 3 questions.
- A 47 yr old man with newly diagnosed type 2 diabetes and hypertension. 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 his age and health status, according to ADA 2023 Standards, what are his goals?
  - A. BP less than 140/90, LDL less than 100
- B. BP less than 130/80, LDL less than 70
- C. BP less than 120/80, start statin
- D. BP less than 130/80, LDL less than 100



P	a	a	e	1	8
г	a	u	u		O

### 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
- Lowers hyperglycemia in persons with diabetes, but does not lower blood glucose levels in people without diabetes.
- 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:

- Increase evening dose of basal insulin
- Increase morning dose of bolus insulin
- Check 3am blood glucose
- Eliminate bedtime snack





build a sense of community.

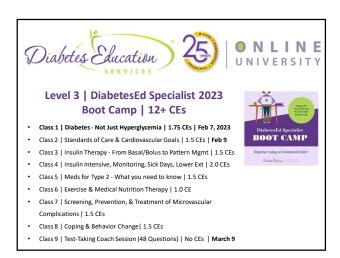


Level 1 | Diabetes Fundamentals 2023 | 9+ CEs Recorded in Jan. 2023 & Ready for Viewing

- Class 1 | Getting to the Nitty Gritty | 1.5 CEs
- 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

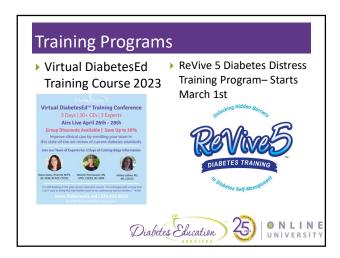












## Knowledge = Confidence Most important aspect of test taking Knowing the content will improve your confidence As you study your knowledge base expands









Pa	ae	25