









Bryanna is here to Help!



Bryanna Sabourin Director of Operations Certification Pathway Coach & Customer Happiness Expert

If you have questions, you can chat with Bryanna at <u>www.DiabetesEd.net</u> or call 530 / 893-8635 or email at

info@diabetesed.net

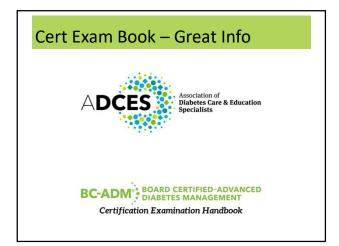
Topics

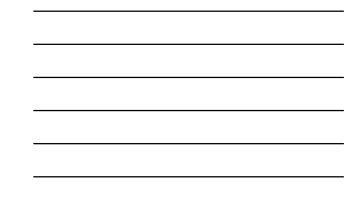
- Qualifications to take the exam
- Applying for exam
- Exam content
- Study strategies
- Test taking tips





Diabetes Educati





Why Take the BC-ADM Exam?



- Board Certification Advanced Diabetes Management
- Validates a healthcare professional's specialized knowledge and expertise in the management of people with diabetes.
- Provides opportunity to provide education and advanced level management at the same time (within one's scope of practice)

Viabetes Education

Advanced Level Activities of BC-ADM

- Skillfully manages complex needs and assists with therapeutic problem-solving.
- Practicing within their discipline's scope of practice:
 - adjust medications,
- treat & monitor acute and chronic complications
- provide medical nutrition therapy
- help plan exercise regimens
- counsel to manage behaviors and psychosocial issues,
- participate in research and mentor.



Professional Qualifications to take BC-ADM- excerpted from ADCES

Eligibility Requirements

Candidates must complete the following requirements before applying. See the eligibility criteria details in the following chart for details.

Eligibility Criteria	Nurse	Dietitian	Pharmacist	Physician Assistant (PA)	Physician
License/ Registration	Current, active RN and/or advanced practice nursing license	Current, active dietitian license and/or registration	Current, active pharmacist license	Current active physician assistant license	Current active MD/DO license
Advanced Degree	Master's or higher degree in a relevant clinical, educational, or management area	Master's or higher degree in a clinically relevant area	Master's or higher degree in Pharmacy	Master's or higher degree in a relevant clinical, educational, or management area	MD/DO degree
Experience				olying for certification nd advanced degree v	
Level of Practice	solving. Within their BC-ADM certification monitor acute and c	discipline's scope n may adjust (and hronic complication	of practice, health in some cases pre ons and other com	tients with therapeuti hcare professionals wi scribe) medications, t orbidities, counsel pa participate in research	no hold the reat, and tients on

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

Recent Roles

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

- Diabetes Specialist
 - Consultant to providers
 - CV Risk Management
 - Work on process improvement
 - Starting support
 - group

 Staff training
 Medication

Adjustments

dm

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 ADCES version of the BC-ADM Exam is very much like the CDCES Exam?

CDCES Vs BC - ADM

CDCES

- Educates and supports people affected by diabetes to understand and manage the condition.
- Promotes selfmanagement to achieve individualized behavioral and treatment goals that optimize health outcomes.

- Management of diabetes and comorbidities
 Increased complexity of
- decision makingMust have Master's

	BC-ADM®	CDCES*
Eligible Professions	Registered Nurse (includes NPs and CNSs) Registered Dietitian Phamacist Phamacist Physician	Standard pathways. Many health professionals qualify including. Registered Nurses, Registered Dietitans/Dietitan Nutritioniss, Fharmacist, PAS, MDIDO, and many oftens Iningue Gualifications Pathway (IGP) - Additional options for health professionals with advanced degrees in health-related area'concentration. Visit the Certification Examination for Diabetes Educators Examination Handbook for complete details
Experience	 500 clinical practice hours in advanced diabetes management within 48 months prior to taking certification examination 	 Al least 2 years of experience working under the qualifying profession (not required to be in diabetes) the 4 years preceding application 1000 hours of diabetes education within 4 years, with 400 hours completed in the preceding year (NOTE UQP requirement differs)
Other Requirements	Advanced degree (master's degree or higher In relevant field) Clinical hours must take place after relevant Incensure and advanced degree have been obtained	 15 clock hours of diabetes-related continuing education (CE) within the 2 years preceding application to take exam (UGP requirement differs)



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

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

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

Diabetes &

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 Applying to take the BC-ADM

 Exam

 Oracle and the application is available through the ADCES candidate registration system at ADCES Candidate access (scantronassessment.com)

 • Applications accepted on a continual basis

 Data

 • And the strongly encouraged to complete their applications at least 60 days prior to their desting windows per year - June and December. The deadline for registration for the June window is November 1.

 • Application Received By:
 Including 550 Lite Feel

 • Application Received By:
 Including S50 Lite Feel

 • May 1
 May 15
 June

 • November 1
 November 15
 December

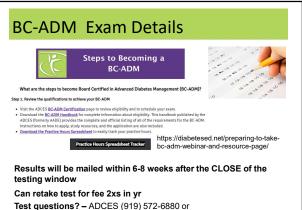
If a candidate misses the deadline, their application is credited toward the next window



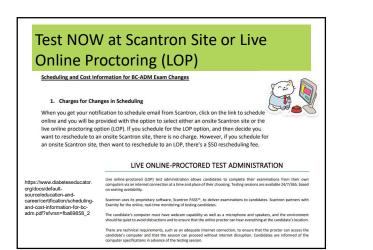


- Diploma of Master's level (or higher)
- Payment
 - ADCES (AADE) Members = \$600
 - Non ADCES Members = \$900
 - Recertification \$500 / \$800 + 1000 practice hours + professional development

Diabetes Educatio



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



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:

200



BC-ADM Exam Content - 2023

EXAM INFORMATION

There are 175 multiple- choice, single answer questions on this examination. Of these, 150 are scored questions and 25 are questions that are not scored and are used to determine how well these questions will perform before they are used on the scored portion of a future examination. These questions cannot be distinguished from those that will be scored, so it is important for a candidate to answer all questions. A candidate's score, however, is based solely on the 150 scored questions.

Areas that are included on the examination as well as the percentage and number of questions in each of the major categories of the scored portion of the examination are shown in the chart below.

Category	Domains of Practice	Percent	No. of Questions
1	Assessment and Diagnosis	30%	45
I	Planning and Intervention	33%	50
m	Evaluation and Follow-up	23%	34
IV	Population Health, Advocacy, and Professional Development	14%	21

I - Assessment & Diagnosis – 45 questions Subdomains listed below

- 1. Therapeutic interviews 4
- 2. Comprehensive assessment of PWD 5
- Physiology and pathophysiology relating to prediabetes, diabetes and comorbidities – 5
- 4. Self-care behavior, mental health assessment 4
- 5. Social determinants of health 4
- 6. Standards of diabetes care ADA /AACE 5
- 7. Analysis of complex data sets 5
- 8. Synthesis of information from test/assess 5
- 9. Perform Screening and diagnostic criteria 4
- 10. 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
- Technology Options (Pump, CGM, etc) 4 6.
- 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

Domain II: Planning and Intervention	Rating Scale: 1* Understands 90% of content, little review 2* Understands 75% of content, antenimal review 3* Understands 55% of content, extensive review 4* Understands 51% of content, start from beginning Self-Rating Plan	
BC-ADM exam (13 tasks)	den walling	- an
1. Task: Implement interventions that reflect standards of diabetes care and clinical practice guidelines.	4 questions on the exam	
Knowledge of:		
a. ADA, ADA/EASD, AACE, ADCES, Endocrine Society, ACOG, ISPAD		
b. FDA-approved therapies		
 Task: Incorporate appropriate behavior change models and techniques to improve health outcomes through problem solving and teamwork. 	4 questions on the exam	
Knowledge of:		
a. DSMES, Diabetes Prevention Program (DPP)		
b. AADE 7 Self-care Behaviors		
 Behavior change techniques to promote behavior adoption such as motivational interviewing, readiness to change 		
d. Exercise prescription and special considerations		
3. Task: Educate individuals about medical nutrition therapy.	4 questions on the exam	

Evaluation and Follow-Up - 34



- 1. 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

IV. Population Health, Advocacy, Professional Development - 20

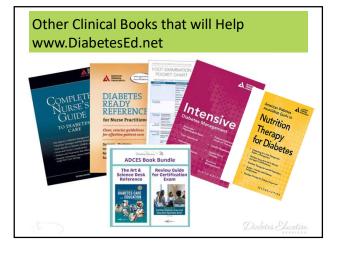


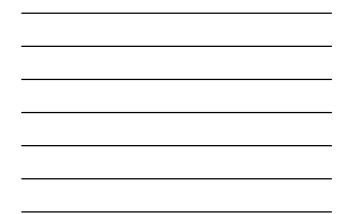
- Regulatory, accreditation/recognition disease management, reimbursement and standards (JACHO, HEDIS, ERP, DEAP, CMS, OSHA, CLIA, HIPPA)- 3
- 2. Program development and CQI 2
- 3. Community needs 2
- 4. Public health initiatives 2
- 5. Engage in scholarly activities -2
- 6. Incorporate tech to individualize 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?







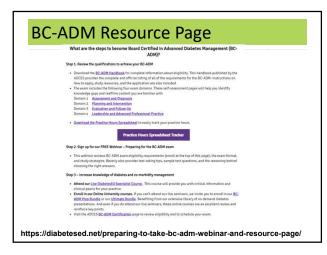
Resources – DiabetesEd.net

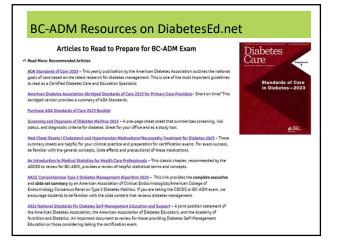
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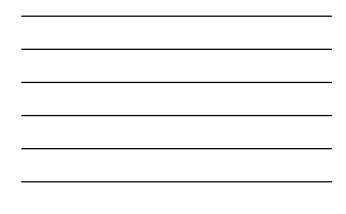
Links to Summary Pages

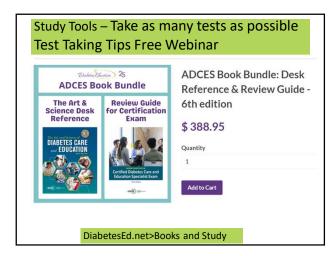
- Medications for Lipid Management
- Medications for Hypertension
- Management of Neuropathy
- Diabetes Medication PocketCards
- Online Courses

3

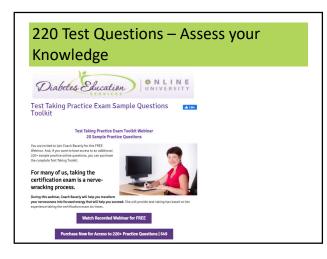


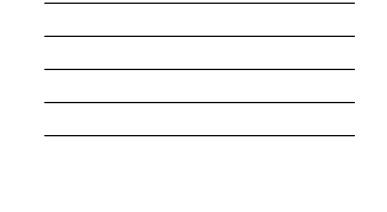


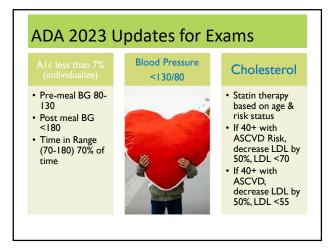


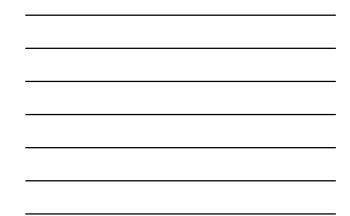












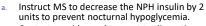
Sample Question -1

- A healthy adolescent with 2 year history of type 1 DM returns for a quarterly appt. For the past month, they have 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

MS is having trouble sleeping and complains of waking up with frequent nightmares. Insulin dose includes 5-8 units of Novolog at breakfast and dinner and 12 units of NPH bedtime. Complains that before bed blood sugar is often greater than 300, so takes extra insulin before going to bed to bring it down. What is your best response?



- b. Contact provider and request to discontinue NPH and start Lantus instead.
- c. Assess if MS is having a snack before checking her bedtime blood glucose level.
- d. Instruct how to safely adjust 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 prepregnancy



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. JR, 40-year-old 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.



Sample Question 6

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

- A. 1.5 vials
- в. 2 vials
- c. 2.8 vials
- D. 3 vials
- t

Sample question 7

- A 54-yr-old, BMI 32 with type 2 diabetes, A1c 8.3%, history of congestive heart failure and HTN 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 they 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



Sample question 8

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



- 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

E

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 insulin-to-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
b. Decrease basal insulin rate by 50% during periods of

fasting c. Take bolus insulin when BS eats a meal or spack

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

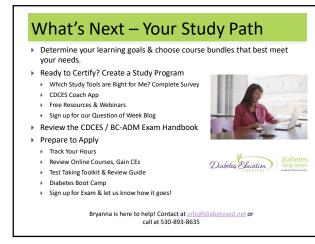
Recertification Requirements

- 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);
- and
 Pay the renewal fee.

Recertification Fees

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





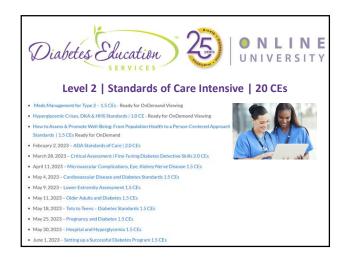
Knowledge = Confidence

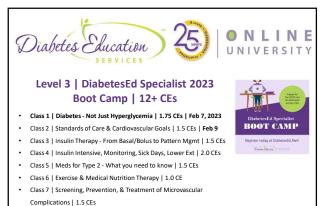
- Most important aspect of test taking
- Knowing the content will improve your confidence
- As you study your knowledge base expands



Class 6 | Hypoglycemia, Sick Days, & Monitoring | 1.5 CEs







- Class 8 | Coping & Behavior Change | 1.5 CEs
- Class 9 | Test-Taking Coach Session (48 Questions) | No CEs | March 9

