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## Preparing for the BC-ADM Exam FREE

This free webinar will review changes in BC-ADM requirements for exam eligibility and test format, strategies to succeed along with a review of study tips and test taking tactics. We review sample test questions, and reasoning behind choosing the right answers.



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### Test Taking Tips & Strategies for Success



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Name / Delivery	Supplied	Dose Range		Age / Route / Storage
		Adults	Peds / Age Wt Dosing	
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.

All PocketCard content is for educational purposes only. Please consult prescribing information for detailed guidelines.

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**Standards of Care**  
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**Direct camera to QR  
code to get to CDCES  
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**Bryanna Sabourin**  
**Director of Operations**  
**Certification Pathway Coach &**  
**Customer Happiness Expert**

If you have questions,  
you can chat with

Bryanna at

[www.DiabetesEd.net](http://www.DiabetesEd.net)

or call 530 / 893-8635

or email at

[info@diabetesed.net](mailto:info@diabetesed.net)



# Land Acknowledgment

- ▶ We acknowledge and are mindful that Diabetes Education Services stands on lands that were originally occupied by the first people of this area, the Mechoopda, and we recognize their distinctive spiritual relationship with this land, the flora, the fauna, and the waters that run through this area.

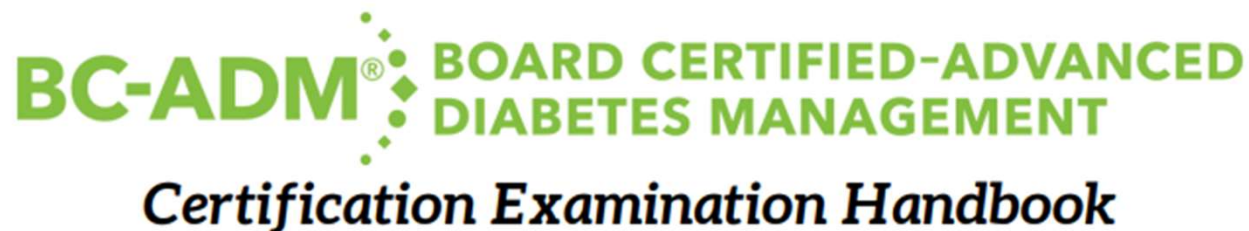


# Topics

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



# Cert Exam Book – Great Info





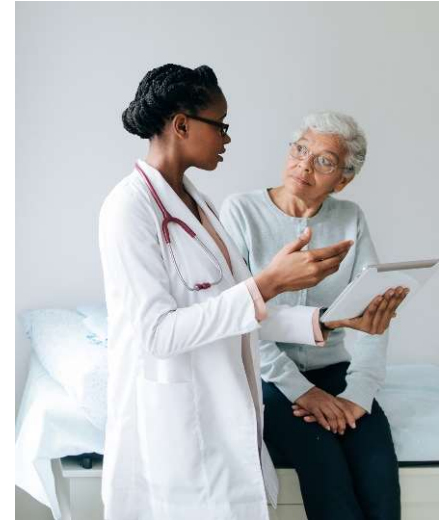
# Why Take the BC-ADM Exam?

- ▶ 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)



# Potential Benefits of BC-ADM

- ▶ May be used by a hiring manager as “shorthand” for qualifications and resume
- ▶ Enhances organizational scope of practice (not legal scope as defined by licensure)
- ▶ May lead to increased compensation or the ability to leverage higher salary or promotion
- ▶ Available to multiple disciplines (nurses, dietitians, pharmacists, physician/DO’s, and PAs)
- ▶ Increases marketability in job search
- ▶ Increases the visibility of the profession and organization
- ▶ Helps to fulfill increased need for advanced clinicians to manage the growing population of individuals with diabetes
- ▶ Personal satisfaction



# 2024 – 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





# 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
<b>License/Registration</b>	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
<b>Advanced Degree</b>	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
<b>Experience</b>	500 clinical practice hours within 48 months prior to applying for certification examination. (Clinical hours must be earned after relevant licensure and advanced degree was obtained)				
<b>Level of Practice</b>	Skillfully manages complex patient needs and assists patients with therapeutic problem-solving. Within their discipline's scope of practice, healthcare professionals who hold the BC-ADM certification may adjust (and in some cases prescribe) medications, treat, and monitor acute and chronic complications and other comorbidities, counsel patients on lifestyle modifications, address psychosocial issues, and participate in research and mentoring.				

[https://www.diabeteseducator.org/education/certification/bc\\_adm](https://www.diabeteseducator.org/education/certification/bc_adm)

# 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.



# Activities That Count for Hours

## **Activities that count towards practice hour requirement:**

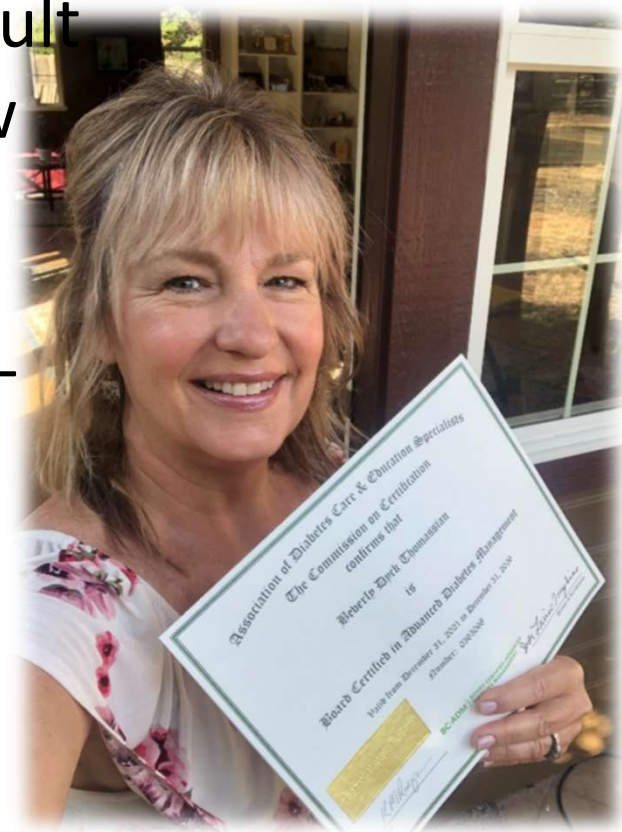
- Managing complex patient needs
  - Monitoring, interpreting, and applying results generated from complex patient data sets
  - Formulating and prioritizing a problem list
  - Educating individuals about medical nutrition therapy
  - Incorporating technologies into practice for maintenance and/or management of diabetes and cardiometabolic conditions
  - Managing and adapting interventions for special populations
- Assisting patients with therapeutic problem-solving
  - Conducting therapeutic interviews using a systematic approach
  - Counseling patients on lifestyle modifications
  - Incorporating appropriate behavior change models and techniques to improve health outcomes through problem solving and teamwork
  - Collaborating with individuals to individualize and prioritize their care
  - Establishing and implementing measurable self-care goals to improve health outcomes
  - Utilizing technology enhanced devices to collect, analyze, and inform judgements for individual and/or aggregated health data
- Adjusting medications if within their discipline's scope of practice
  - Managing pharmacologic therapy options and interventions for diabetes, cardiometabolic, and related conditions



- Treating and monitoring acute and chronic complications and other comorbidities
  - Performing comprehensive assessments of diabetes, complications, and related chronic and cardiometabolic conditions across the lifespan (e.g., functional status, sensory/foot, eye exam, medication, and complementary alternative medication review)
  - Implementing standards of diabetes care and clinical practice guidelines pertaining to assessment
  - Interpreting and applying results generated from assessment and diagnostic tests
  - Performing screenings and understanding diagnostic criteria for diabetes, cardiometabolic and related conditions
  - Implementing interventions that reflect standards of diabetes care and clinical practice guidelines
  - Discussing surgical options for diabetes management including eligibility, risks, benefits, and long-term outcomes
  - Collaborating with healthcare providers to coordinate care for individuals and populations
  - Managing diabetes in the hospital and during transitions of care
  - Engaging in telehealth services for diabetes management
  - Performing interventions pertaining to follow-up care, reflecting standards of diabetes care and clinical practice guidelines
- Addressing psychosocial issues
  - Evaluating self-care behavior and perform behavioral health assessment
  - Assessing social determinants of health
  - Collaborating with mental health providers to adjust interventions for psychosocial conditions
- Participating in research
  - Utilizing QI infrastructure to gauge population level diabetes measures
- Mentoring other clinicians in diabetes care
  - Reviewing treatments and outcomes, comparing, and explaining results
  - Evaluating and adjusting diabetes and cardiometabolic treatment care plans accordingly

# 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

# 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 self-management to achieve individualized behavioral and treatment goals that optimize health outcomes.

## BC-ADM

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



	BC-ADM®	CDCES*
<b>Eligible Professions</b>	<ul style="list-style-type: none"> <li>• Registered Nurse (includes NPs and CNSs)</li> <li>• Registered Dietitian</li> <li>• Pharmacist</li> <li>• PA</li> <li>• Physician</li> </ul>	<ul style="list-style-type: none"> <li>• Standard pathways: Many health professionals qualify including, Registered Nurses, Registered Dietitians/Dietitian Nutritionists, Pharmacists, PAs, MD/DO, and many others.</li> <li>• Unique Qualifications Pathway (UQP) - Additional options for health professionals with advanced degrees in health-related area/concentration.</li> </ul> <p><i>Visit the Certification Examination for Diabetes Educators Examination Handbook for complete details</i></p>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• 500 clinical practice hours in advanced diabetes management within 48 months prior to taking certification examination</li> </ul>	<ul style="list-style-type: none"> <li>• At least 2 years of experience working under the qualifying profession (not required to be in diabetes) the 4 years preceding application</li> <li>• 1000 hours of diabetes education within 4 years, with 400 hours completed in the preceding year (NOTE: UQP requirement differs)</li> </ul>
<b>Other Requirements</b>	<ul style="list-style-type: none"> <li>• Advanced degree (master's degree or higher in relevant field)</li> </ul> <p><i>Clinical hours must take place after relevant licensure and advanced degree have been obtained</i></p>	<ul style="list-style-type: none"> <li>• 15 clock hours of diabetes-related continuing education (CE) within the 2 years preceding application to take exam (UQP requirement differs)</li> </ul>

# 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*

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

ADVANCED Practice in Diabetes Care *Diabetes Spectrum* January 2003 vol. 16 no. 1 24-26



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# Applying to take the BC-ADM Exam

## Creating an Application

An online application is available here <https://assessments.meazurelearning.com/adces/>.

Follow the prompts to create an online profile that will serve as the basis for all interaction with Meazure Learning.

## Testing Centers

The examination is computer-based and offered only through Meazure Learning's approved proctored testing centers across the US and internationally or via their live online proctoring program. For a list of testing sites around the world, go to <https://www.meazurelearning.com/candidate-services>.

Note that candidates who wish to test at an international test site must pay an additional non-refundable scheduling fee of \$150 to test in person. There is no additional scheduling fee for international candidates who select remote live proctoring.



## EXAMINATION APPLICATION FEES AND DEADLINES

Testing Window	Application Fee ADCES Member*	Application fee non-member*	Application Deadline**	Notes
June 1-30	\$600 (equivalent to \$120/year for 5 years)	\$900 (equivalent to \$180/year for 5 years)	May 1  Late: up to May 15 +\$50 late fee	Includes the processing of the exam registration and one testing appointment. A second testing appointment in the next test window will incur retest fees.***
December 1-31	\$600 (equivalent to \$120/year for 5 years)	\$900 (equivalent to \$180/year for 5 years)	November 1  Late: up to November 15 +\$50 late fee	Includes the processing of the exam registration and one testing appointment. A second testing appointment in the next test window will incur retest fees.***

\* The fee must be paid in U.S. funds to Meazure Learning by Visa or MasterCard.

# 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

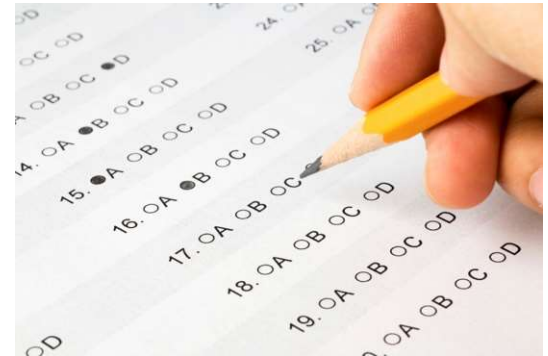




# BC-ADM Exam Details



## Steps to Becoming a BC-ADM



**What are the steps to become Board Certified in Advanced Diabetes Management (BC-ADM)?**

### **Step 1. Review the qualifications to achieve your BC-ADM**

- Visit the ADCES [BC-ADM Certification](#) page to review eligibility and to schedule your exam.
- Download the [BC-ADM Handbook](#) for complete information about eligibility. This handbook published by the ADCES (formerly AADE) provides the complete and official listing of all of the requirements for the BC-ADM. Instructions on how to apply, study resources, and the application are also included.
- [Download the Practice Hours Spreadsheet](#) to easily track your practice hours.

**Practice Hours Spreadsheet Tracker**

<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 questions? – ADCES (919) 572-6880 or**

**[https://www.diabeteseducator.org/education/certification/bc\\_adm](https://www.diabeteseducator.org/education/certification/bc_adm)**

# Test Site or Live Online Proctoring (LOP)

## LIVE ONLINE PROCTORING

- We recommend candidates schedule their testing appointment as soon as possible as appointment times are available on a first come, first-served basis.
- Candidates will receive a notice to schedule email that includes information about rescheduling, cancelling and/or transferring test windows.
- Candidates will be required to submit scheduling requests no less than 24 hours prior to the and time they wish to test. If a candidate fails to schedule their testing appointment prior to 24 hours before the end of their eligibility or testing window, the candidate will not be able to schedule a testing appointment.
- Candidates will be required to submit cancellations or rescheduling requests no less than 24 hours prior to their current testing appointment. To reschedule a testing appointment, click on this link: <https://assessments.meazurelearning.com/registration/app/#/login> and log in with the username and password provided in the Notice to Schedule email.



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



# BC-ADM Exam Content - 2024

## 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
I	Assessment and Diagnosis	30%	45
II	Planning and Intervention	33%	50
III	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
3. 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



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## 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



# Take a Self - Assessment

Domain II: Planning and Intervention	Rating Scale:	
	1= Understands 90% of content, little review 2= Understands 75% of content, minimal review 3= Understands 50% of content, extensive review 4= Understands <10% of content, start from beginning	
Domain II makes up 34% of the BC-ADM exam (13 tasks)	Self-Rating	Plan
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		
2. 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		
c. 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	

# III. Evaluation and Follow-Up - 34

1. Standards of Care ADCES, 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



1. 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?



NEW Accordion 2-sided  
PocketCards

# ADA 2024 Goals

## A1C less than 7% (individualize)

- Pre-meal BG 80-130
- Post meal BG <180
- Time in Range (70-180) 70% of time

## Blood Pressure <130/80



## Cholesterol

- Statin therapy based on age & risk status
- If 40+ with ASCVD Risk, decrease LDL by 50%, LDL <70
- If 40+ with ASCVD, decrease LDL by 50%, LDL <55

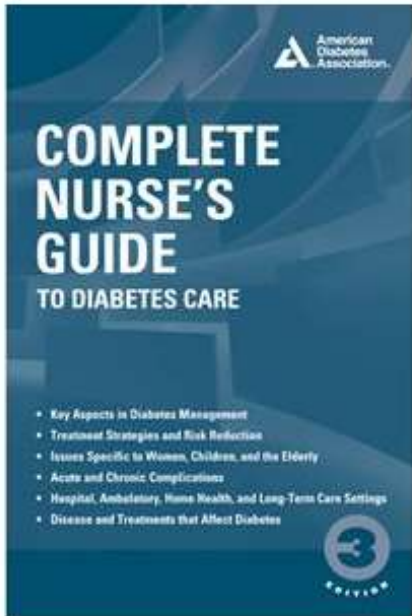
# Other Clinical Books that will Help

[www.DiabetesEd.net](http://www.DiabetesEd.net)





# 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

# BC-ADM Resource Page

## What are the steps to become Board Certified in Advanced Diabetes Management (BC-ADM)?

### Step 1. Review the qualifications to achieve your BC-ADM

- Download the [BC-ADM Handbook](#) for complete information about eligibility. This handbook published by the ADCES provides the complete and official listing of all of the requirements for the BC-ADM. Instructions on how to apply, study resources, and the application are also included.
- The exam includes the following four exam domains. These self-assessment pages will help you identify knowledge gaps and reaffirm content you are familiar with.
  - Domain 1 [Assessment and Diagnosis](#)
  - Domain 2 [Planning and Intervention](#)
  - Domain 3 [Evaluation and Follow-Up](#)
  - Domain 4 [Leadership and Advanced Professional Practice](#)
- [Download the Practice Hours Spreadsheet](#) to easily track your practice hours.

**Practice Hours Spreadsheet Tracker**

### Step 2. Sign up for our FREE Webinar – Preparing for the BC-ADM exam

- This webinar reviews BC-ADM exam eligibility requirements (enroll at the top of this page), the exam format, and study strategies. Beverly also provides test-taking tips, sample test questions, and the reasoning behind choosing the right answers.

### Step 3 – Increase knowledge of diabetes and co-morbidity management

- **Attend our [Live DiabetesEd Specialist Course](#).** This course will provide you with critical information and clinical pearls for your practice.
- **Enroll in our Online University courses.** If you can't attend our live seminars, we invite you to enroll in our [BC-ADM Prep Bundle](#) or our [Ultimate Bundle](#). Benefiting from our extensive library of on-demand diabetes presentations. And even if you do attend our live seminars, these online courses are an excellent review and reinforce key points.
- Visit the ADCES [BC-ADM Certification](#) page to review eligibility and to schedule your exam.

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

# BC-ADM Resources on DiabetesEd.net

## Articles to Read to Prepare for BC-ADM Exam

### Read More: Recommended Articles

[ADA Standards of Care 2024](#) – This yearly publication by the American Diabetes Association outlines the national goals of care based on the latest research for diabetes management. This is one of the most important guidelines to read as a Certified Diabetes Care and Education Specialist.

[Summary of Revisions: Standards of Care in Diabetes—2024](#) – The 2024 Standards of Care includes revisions to incorporate person-first and inclusive language. Efforts were made to consistently apply terminology that empowers people with diabetes and recognizes the individual at the center of diabetes care.

[Screening and Diagnosis of Diabetes Mellitus 2024](#) – One-page cheat sheet that summarizes screening, risk status, and diagnostic criteria for diabetes. Great for your office and as a study tool.

[Pharmacologic Approaches to Glycemic Treatment in 2024](#). This ADA/EASD hyperglycemia road map details strategies to improve glucose management for both Type 1 and Type 2 Diabetes. *Section 9 of Standards of Care, 2024*

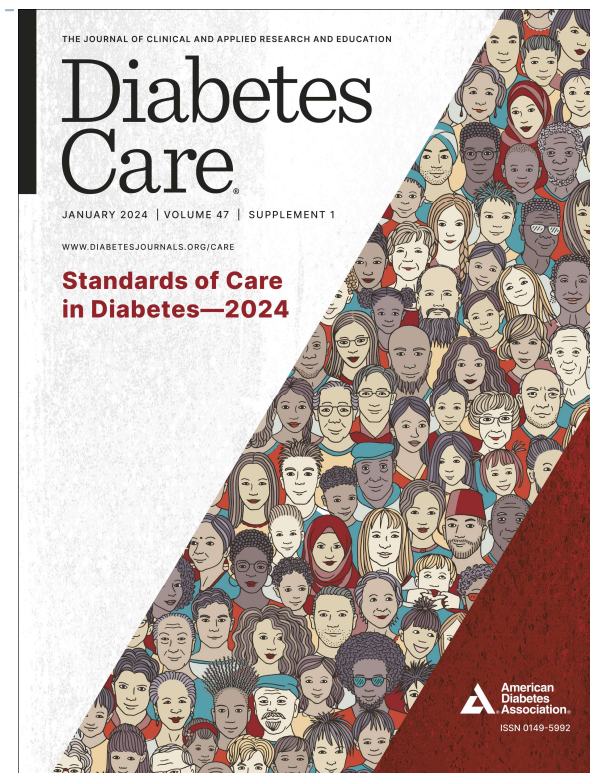
[Med Cheat Sheets | Cholesterol and Hypertension Medications 2024](#) – These summary sheets are helpful for your clinical practice and preparing for certification exams. For exam success, be familiar with the general concepts, (side effects and precautions) of these medications.

[An Introduction to Medical Statistics for Health Care Professionals](#) – This classic chapter, recommended by the ADCES to review for BC-ADM, provides a review of helpful statistical terms and concepts.

[American Association of Clinical Endocrinology Consensus Statement: Comprehensive Type 2 Diabetes Management Algorithm – 2023 Update](#) – This link provides the **complete executive** and **slide set summary** by an American Association of Clinical Endocrinologists/American College of Endocrinology Consensus Panel on Type 2 Diabetes Mellitus. If you are taking the CDCES or BC-ADM exam, we encourage students to be familiar with the slide content that reviews diabetes management.

[2022 National Standards for Diabetes Self-Management Education and Support](#) – A joint position statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. An important document to review for those providing Diabetes Self-Management Education or those considering taking the certification exam.

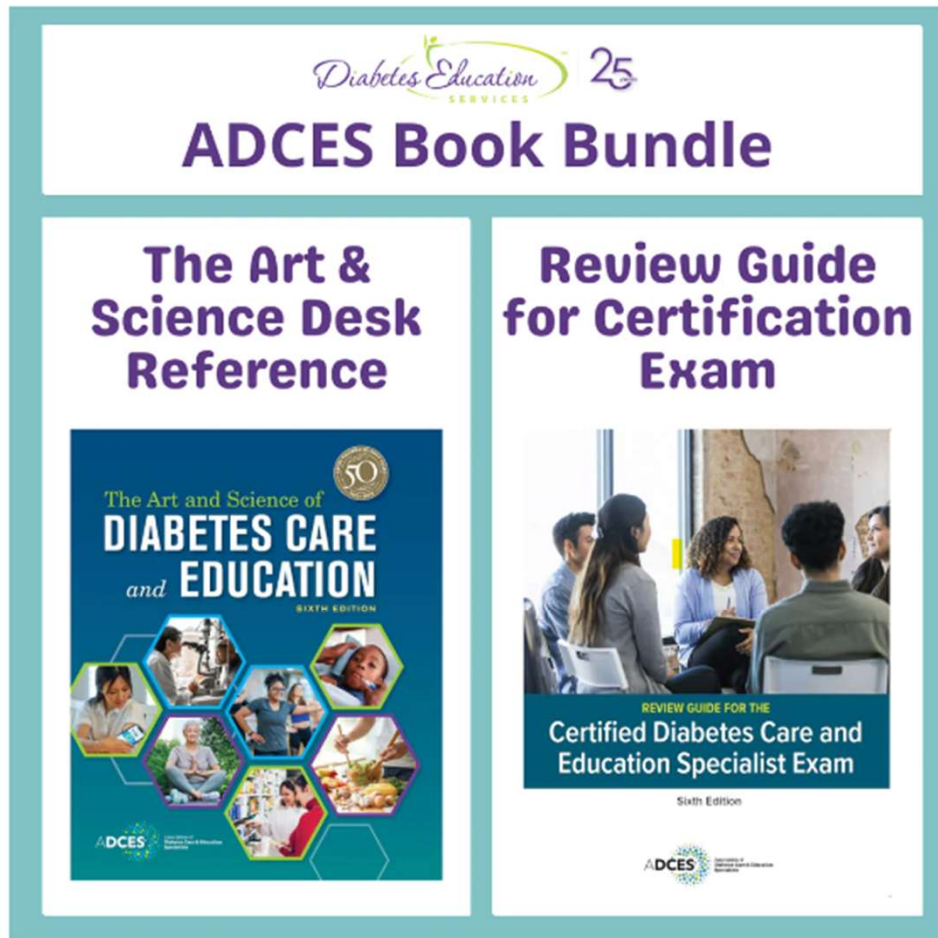
[ADCES Recommended Reading List](#) – although outdated, this list includes helpful articles on statistics, quality improvement, and other reading suggestions.





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# 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. Colonoscopy
  - 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?
  - a. Instruct MS to decrease the NPH insulin by 2 units to prevent nocturnal hypoglycemia.
  - 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 pre-pregnancy
- 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
- B. 2 vials
- C. 2.8 vials
- D. 3 vials



# Sample question 7

- ▶ A 54-yr-old, BMI 32 with type 2 diabetes, A1c 8.3%, history of 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



# 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 RS eats a meal or snack
- d. Monitor urine ketones at least twice a day

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3. January 18, 2024 - [Class 3: Meds Overview for Type 2 | 1.5 CEs](#)
4. January 23, 2024 - [Class 4: Insulin Therapy & Pattern Management | 1.75 CEs](#)
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6. January 30, 2024 - [Class 6: Hypoglycemia, Sick Days, & Monitoring | 1.5 CEs](#)





## Level 2 | Standards of Care Intensive | 20 CEs

Standards of Care Intensive 2024 Webinar Updates

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- December 12, 2023 - [Class 2: Hyperglycemic Crises, DKA & HHS Standards | 1.0 CE](#)
- December 19, 2023 - [Class 3: How to Assess Well-Being | From Populations to Individuals | 1.5 CEs](#)
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- ▶ Most important aspect of test taking
- ▶ Knowing the content will improve your confidence
- ▶ As you study your knowledge base expands





# CDCES / BC-ADM Success Page

Melissa is a Registered Dietitian Nutritionist based out of North Miami. She is most passionate about using her Medical Nutrition Therapy coupled with Motivational Interviewing skills to help our most vulnerable populations. Since she became a Dietitian and began working with her community, she knew she would pursue a specialization in Diabetes Management to maximize her impact and help those who need it most. She is very excited to join the CDCES community of providers!

Melissa Dolan, MS, RDN, LD/N, CDCES



I want to thank you all for the support you give to Diabetes Educators, but also to those of us preparing for the CDCES Exam. I truly want to THANK YOU for that! I just passed my exam on June 1st, 2023. I appreciate all that you do to simplify the updates and new evidence based practice information. The cheat sheets you provided were the one thing that I would say helped really reinforce the information for me. I also watched the boot camp videos. I had less stress because of your supportive site and that helped so much! I am so honored to be able to make Diabetes easier for patients everyday.

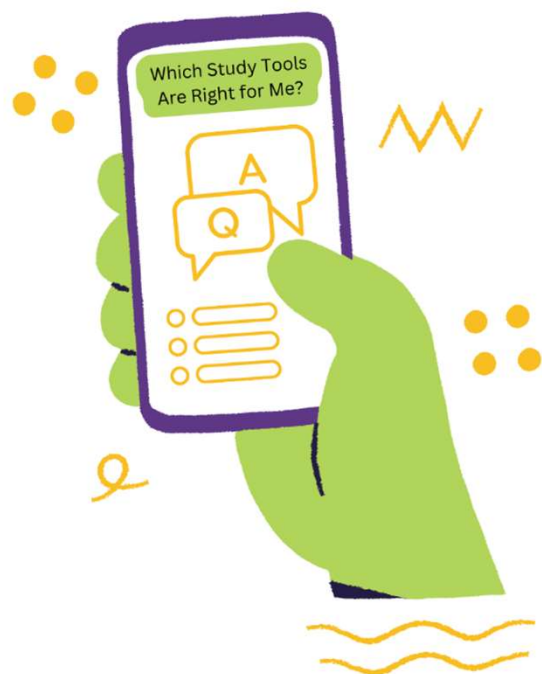
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