



25  
years

# Preparing for Certified Diabetes Care and Education Specialist Exam (CDCES) 2024

Beverly Thomassian, RN, MPH, BC-ADM, CDCES  
Pronouns: She, her, and hers  
President, Diabetes Education Services

# DiabetesEd.net Website Orientation



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The banner has a purple background with a faint image of a person. On the left, the text 'Start your journey' is in a white script font, followed by 'Celebrating 25 Years in Diabetes Education' in a white sans-serif font. Below this is a list of three bullet points: 'Online University &amp; Live Seminars', 'Certification Tools &amp; Resources', and 'Accredited Continuing Education'. A green 'GET STARTED' button is at the bottom. On the right is a circular portrait of a smiling woman, with the signature 'Coach Beverly' written in white script below it.

**Beverly Thomassian, RN, MPH, CDCES, BC-ADM**  
CEO, coach, instructor, cheerleader, mentor

## PocketCards



## CDCES Coach App



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**Question of the Week  
& Sample Questions**

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# We are Here to Help!



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



**Tiffany Bergeron**  
**Customer Advocate &**  
**Customer Happiness Expert**

If you have questions, you can chat with us at [www.DiabetesEd.net](https://www.DiabetesEd.net)  
or call 530 / 893-8635 or email at [info@diabetesed.net](mailto:info@diabetesed.net)

# Diabetes Education Services Inclusion Statement

Based on the IDEA Initiative inspired by CDR

- ▶ Inclusion
- ▶ Diversity
- ▶ Equity
- ▶ Access



- ▶ We are committed to promoting diversity and inclusion in our educational offerings.
- ▶ We recognize, respect, and include differences in ability, age, culture, ethnicity, gender, gender identity, sexual orientation, size, and socioeconomic characteristics.
- ▶ Our goal is to promote equity and access, acknowledging historical and institutional inequities.
- ▶ We are committed to practicing cultural humility and cultivating our cultural competence.
- ▶ We wish to create a safe space within our community where one's beliefs, experiences, identity, and differences in ability, age, size, socio-cultural/socioeconomic characteristics, and political affiliations are considered and respected.



# 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.



## Start Your Journey



## Preparing for CDCES Exam?

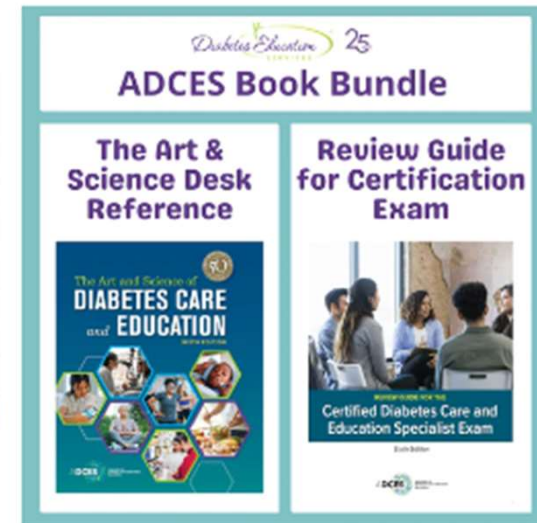
**Future CDCES – Click Here!**

**Prep for CDCES Webinars  
Jan 28, March 27**

## Preparing for BC-ADM Exam?

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**\$ 388.95**



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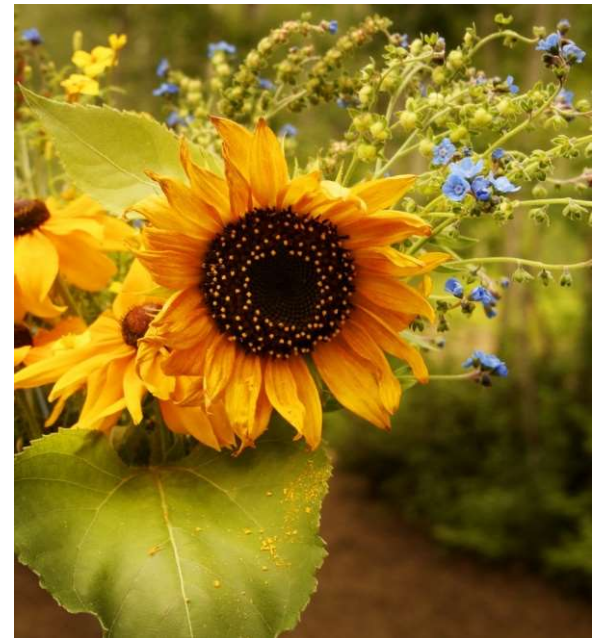
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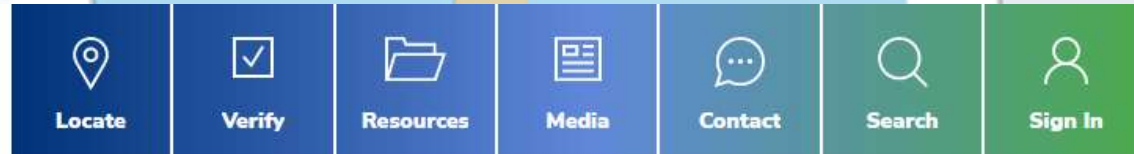
# Topics – Prep for CDCES

- ▶ Updated Definitions
- ▶ Certified Diabetes Care and Education Specialist
  - ▶ Eligibility requirements
  - ▶ Exam content
  - ▶ Study strategies
  - ▶ Test taking tips
  - ▶ [Resources](#)





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01 — 03

## Thinking about Earning the CDCES?

Join over 19,500 health care professionals who have validated their expertise and professionalism by earning the Certified Diabetes Care and Education Specialist (CDCES) credential.



### Become Certified

CDCESs educate and support people affected by diabetes. Earn the most recognized credential in diabetes care and education.

**Get started. →**

# 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



# 2024

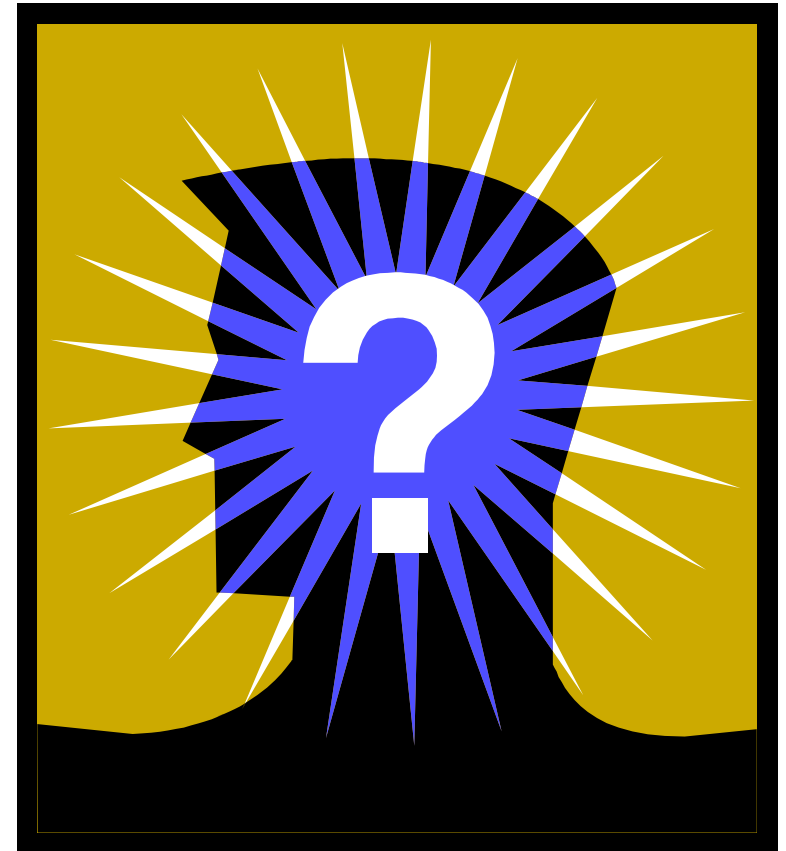
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# Why Take the CDCES Exam?

- ▶ Provides a mechanism to demonstrate professional accomplishment and growth
- ▶ Provide formal recognition of specialty practice and knowledge at a mastery level
- ▶ Provides validation of demonstrated dedication to diabetes
- ▶ Promote continuing commitment to best practices, current standards and knowledge



# Professional Practice Experience

## Must meet all - 2024

- ▶ 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 5 years in diabetes self-management education with a minimum of 200 hours = about 4 hrs a week) accrued in the last 12 months.

AND

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



# 2021- 2026 Practice Experience Updates Extended through 2026 and beyond? CBCDE

STANDARD PATHWAY		
DCE PROFESSIONAL PRACTICE EXPERIENCE REQUIREMENT	WITHOUT ADJUSTMENTS (PRIOR REQUIREMENT)	PERMANENT REQUIREMENT CHANGE FOR ALL APPLICATIONS SUBMITTED FROM 1/1/2024 AND FORWARD*
Current DCE experience (12 months prior to applying)	At least 400 hours of DCE in last 12 months	At least 200 hours of DCE in last 12 months
Total DCE experience needed prior to applying	Total 1000 hours in no more than 4 years prior to applying	Total 1000 hours of DCE within 5 years

UNIQUE QUALIFICATIONS PATHWAY		
DCE PROFESSIONAL PRACTICE EXPERIENCE REQUIREMENT	WITHOUT ADJUSTMENTS (PRIOR REQUIREMENT)	PERMANENT REQUIREMENT CHANGE FOR ALL APPLICATIONS SUBMITTED 1/1/2024 AND FORWARD*
Current DCE experience (12 months prior to applying)	At least 400 hours of DCE in last 12 months	At least 200 hours of DCE in last 12 months
Total DCE experience needed prior to applying	Total 2000 hours in no more than 4 years prior to applying	Total 2000 hours of DCE within 5 years

\* Temporary changes were originally to set to end 2022 – 2025 were approved in November 2023 to move from temporary to permanent changes in the eligibility requirements for initial certification.

# Professional Degree, DSME Practice Hours, plus CE

- ▶ Only experience occurring AFTER 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](mailto: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 self-management
- ▶ C. Consider individual needs, goals and life experiences
- ▶ D. Help all people achieve an A1c less than 7
- ▶ E. Collaborate and provide ongoing care

# Definition of Diabetes Education

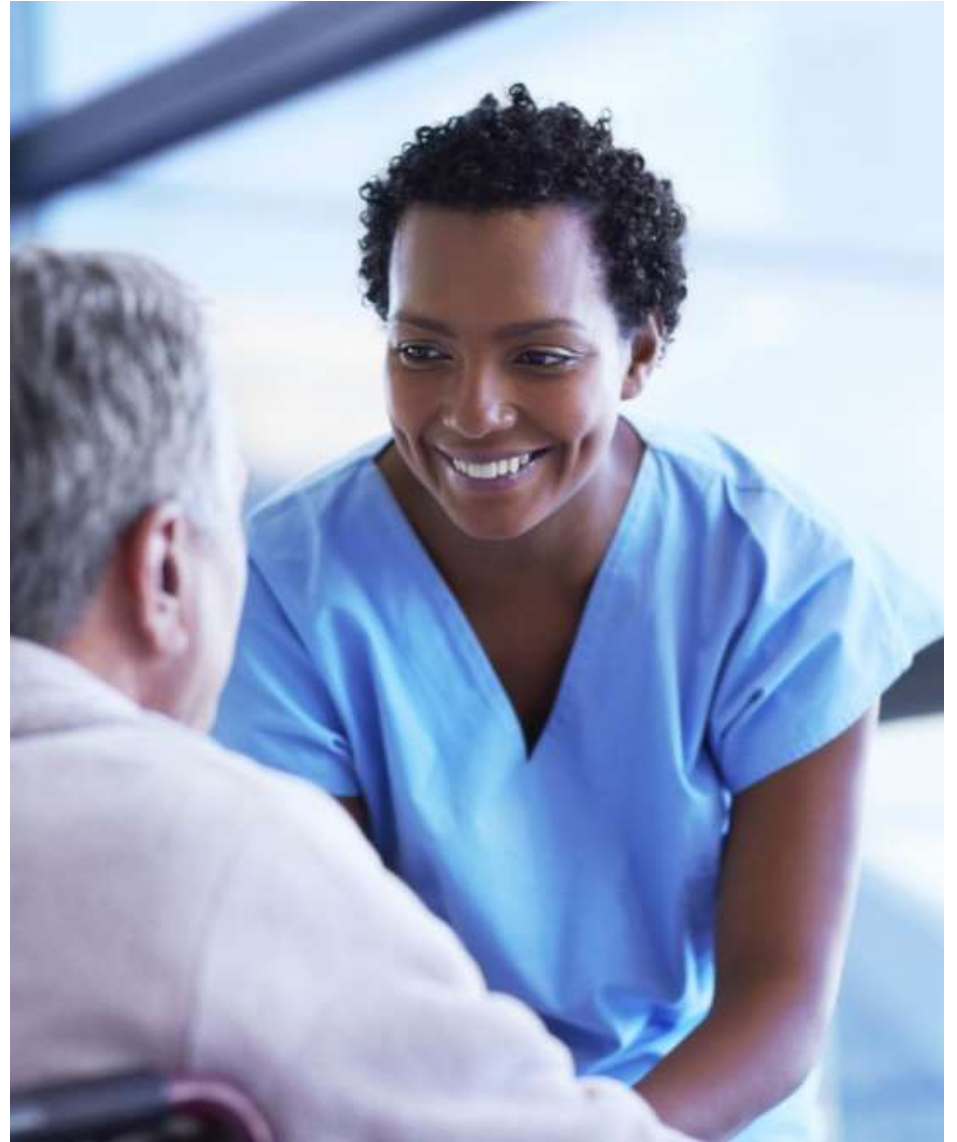
- ▶ It is a component of a comprehensive plan of diabetes care.
- ▶ Involves the person with prediabetes and or diabetes, caregivers and specialists
- ▶ Ongoing process of facilitating the knowledge, skill, and ability necessary for self-care, as well as activities that assist a person in implementing and sustaining the health practices to manage on an ongoing basis, beyond or outside of formal self-management training.





# Definition of Diabetes Education

- ▶ Process incorporates the needs, goals and life experiences of the person and is guided by evidence-based standards.
- ▶ Includes practical problem-solving approaches and collaborative care.
- ▶ Address psychosocial issues, lifestyle change, and strategies to sustain self-management



# Language of Diabetes Education

## Old Way

- ▶ Control diabetes
- ▶ Test BG
- ▶ Patient
- ▶ Normal BG
- ▶ Non-adherent, compliant



### The Use of Language in Diabetes Care and Education

Jane K. Dickinson, Susan J. Guzman, Melinda D. Maryniuk, Catherine A. O'Brien, Jane K. Kadohiro, Richard A. Jackson, Nancy D'Hondt, Brenda Montgomery, Kelly L. Close and Martha M. Funnell  
Diabetes Care 2017 Oct; dci170041. <https://doi.org/10.2337/dci17-0041>

## New Way

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

*What we say matters*

# What We Say Matters: Language that Respects the Individual and Imparts Hope | FREE Webinar & Resources



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**Language that Respects the Individual & Imparts Hope Confirmation**

**What We Say Matters**

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CDCES Prep Webinar & Resources  
BC-ADM Prep Webinar & Resources  
Test Taking Practice Exam Sample Questions Toolkit  
CDCES or BC-ADM – Which is Right for Me?  
3 Steps to DeFeet Amputation  
Language that Respects the Individual and Imparts Hope

From the Gut to the Butt – Exploring the GI System  
Health Impact of Adverse Childhood Experiences  
Mindfulness Webinar for Diabetes Specialists  
Behavior Change Theory Made Easy  
Strategies to Revitalize your Diabetes Program or Business  
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# From CBDCE Handbook



## 2024 Certification Examination for Diabetes Care and Education Specialists

### Assess Your Readiness to Apply for the CDCES Examination

NOTE: The Certification Examination for Diabetes Care and Education Specialists is designed and intended for health professionals who have responsibilities that include the direct provision of diabetes care and education (DCE), as defined by CBDCE. Refer to Definition of Diabetes Care and Education section, [page 4](#).

\*This review list represents a summary of requirements. See [pages 2-4](#) for all details.

Yes      No

☐      ☐

1. As a clinical psychologist, registered nurse, occupational therapist, optometrist, pharmacist, physical therapist, physician, podiatrist, master certified health education specialist, certified clinical exercise physiologist, registered dietitian, registered dietitian nutritionist, or registered PA, is your license, certification or registration current, active and unrestricted?\*

**OR**

Do you hold a minimum of a master's degree in social work from a United States college or university accredited by a nationally recognized regional accrediting body?

**OR**

If you do not meet either of these, you are encouraged to investigate CBDCE's Unique Qualifications Pathway. Please visit our website for more information on that pathway.

☐      ☐

2. Has your practice experience occurred within the United States or its territories?

☐      ☐

3. Has all your practice experience occurred since you met requirement #1 above?

☐      ☐

4. Do you have a minimum of 2 calendar years (to the day) of practice experience since you received the license, registration or advanced degree as outlined above or are you using a Master's degree in a health-related field as a waiver for one of the two years?

☐      ☐

5. Have you accrued 1000 hours of practice experience in diabetes care and education (DCE) within the last 5 years?

☐      ☐

6. Do you have a minimum of 20% (or 200 hours) of the 1000 hours of DCE practice experience accrued within the past year?

☐      ☐

7. Does your practice experience include at least some or all in the DCE process: assessment, education plan, interventions, ongoing support, monitoring and communication of participant progress, documentation, and development of DSMES services/administration?

☐      ☐

8. The Examination Content Outline (ECO) identifies what is covered on the Examination. Reminder that regardless of discipline, knowledge (and the ability to apply that knowledge) is necessary across all areas of the ECO. Have you reviewed the ECO and assessed your knowledge across the ECO?

☐      ☐

9. Have you completed (within the past 2 years) a minimum of 15 hours of continuing education activities\*\* applicable to diabetes and provided by or approved by a provider on our list of Recognized Continuing Education Providers?

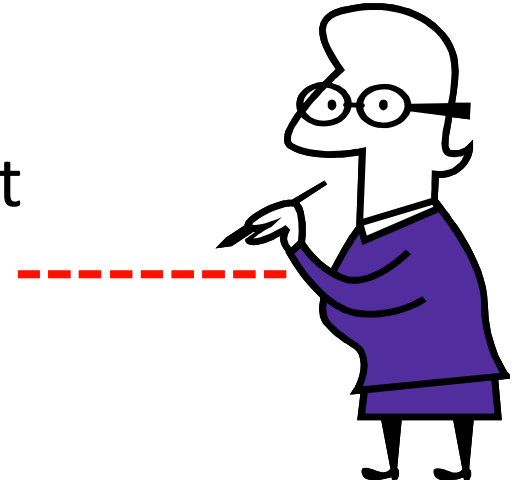
INITIAL



# 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
- ▶ Audit required info:
  - ▶ 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 CBDCE Online scheduling system
- ▶ See application booklet for more details



# 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.
- ▶ Calculator built into program

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



Live Remote Proctoring (LRP) is now available for the CDCES exam! Candidates have the convenience and flexibility of taking the CDCES exam by either testing at a PSI Test Center or by LRP!



# 2024


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# 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.**



Live Remote Proctoring (LRP) is now available for the CDCES exam! Candidates have the convenience and flexibility of taking the CDCES exam by either testing at a PSI Test Center or by LRP!

[Learn More](#)



## 2024

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# 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 –
  - ▶ 1<sup>st</sup> time \$350
  - ▶ Renewal - \$250



# Scoring the Exam

- ▶ Reported as raw and scaled scores
  - ▶ Raw score: number of right answers
  - ▶ Scaled score: statistically derived from the raw score
- ▶ Total score determines pass/fail and is reported as a scaled score ranging between 0 and 99
- ▶ To pass: 70 scaled score units



# CDCES Exam First Time Pass rates

2011 -65%

2012 – 63.5%

2013 – 67 and 69%

2014 - 66 and 67%

2015 - 62 and 64% (test updated)

2016 – 67%

2017 – 66%

2018 – 67%

2019 – 70%

2020 & 2021 & 2022 – 67%

2023 – 70%



# 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 175 questions are new - but are **not** counted in the determination of individual examination scores.
- ▶ Score based on 150 questions





# 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

# 220 Test Questions – Assess your Knowledge



**DiabetesEdUniversity.com**  
**\$49 for 220+ Questions**

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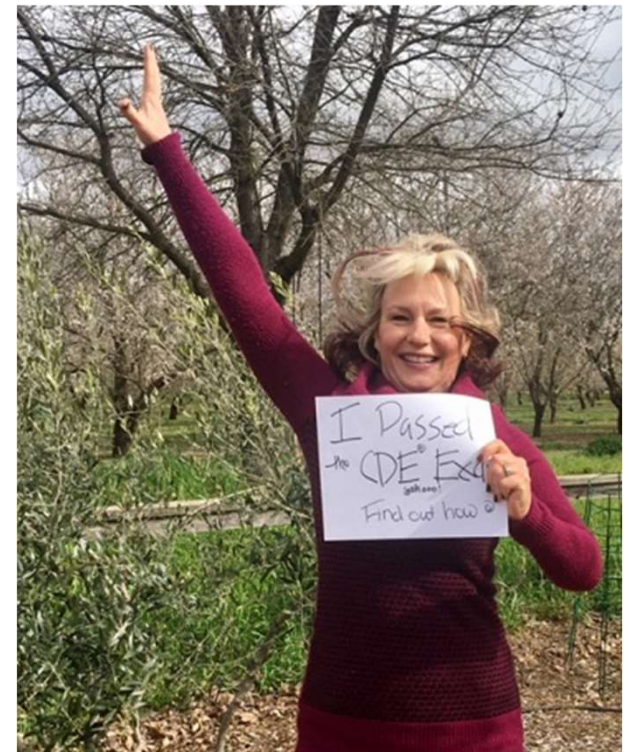
## Test Taking Practice Exam Toolkit | Webinar + 220 Sample Practice Test Questions

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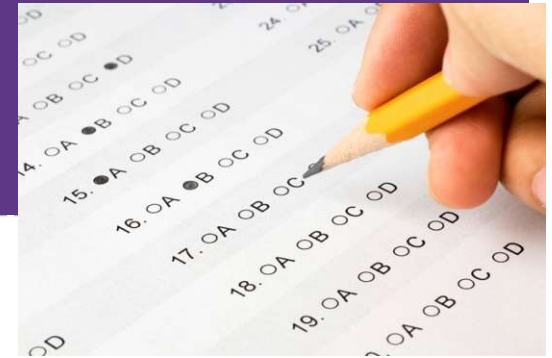
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# Overview of CDCES Exam

- ▶ 175 starting in July multiple-choice, objective questions with a total testing time of four (4) hours.
- ▶ Based on job analysis which surveyed diabetes educators about the tasks they performed.
- ▶ **Exam updated in July 2024 based on new exam outline!**



# Exam Content - Assessment

- ▶ Assessment (37)
  - ▶ Physical and Psychosocial (12)
  - ▶ Self-Management Behaviors and Knowledge (15)
  - ▶ Learning (10)



## I. Assessment (37)

### A. Physical and Psychosocial (12)

1. Diabetes-relevant health history (diagnosis, duration, symptoms, complications, treatment, comorbidities, healthcare utilization)
2. Diabetes-specific physical assessment (biometrics, site inspection, extremities, etc.)
3. Social determinants of health (economic, living situation, healthcare access, social supports, and food/housing insecurity)
4. General health history (family, medical, mental health, substance use, surgical, allergies and medication)
5. Diabetes measures and other laboratory data
6. Mental health wellbeing (adjustment to diagnosis, coping ability, etc.)
7. Considerations related to diabetes self-care practices (cognitive, physical, language, cultural, spiritual, family/caregiver dynamics, fears and myths, life transitions, etc.)

### B. Self-Management Behaviors and Knowledge (15)

1. Disease process
2. Eating habits and preferences
3. Activity habits and preferences
4. Medication practices and preferences (prescription, nonprescription, complementary and alternative medicine)
5. Monitoring and data collection (glucose, ketones, weight, dietary intake, activity, etc.)
6. Use of resources
7. Use of technology (monitors, smart delivery systems, apps, online education, patient portals, etc.)
8. Risk reduction of acute and chronic complications
9. Problem solving

### C. Learning (10)

1. Goals and needs of learner
2. Readiness to learn and change behavior
3. Preferred learning styles (audio, visual, observational, psychomotor, individual vs. group, virtual, etc.)
4. Literacy, numeracy, health literacy, and digital literacy
5. Considerations related to learning (developmental stage, physical abilities, language preferences, cultural, spiritual, psychosocial, economic, family/caregiver dynamics, learning disabilities, etc.)



# Exam | Care and Education Interventions

## ► Care & Education Interventions (105)

- Disease Process & Approach to Treatment (22)
- Individualizes Education Plan (17)
- Person Centered Education on Self-Care Behaviors (58)
- Evaluation, documentation and follow-up (8)

### II. Care and Education Interventions (105)

#### A. Disease Process and Approach to Treatment (22)

1. Diagnosis and classifications
2. Pathophysiology including honeymoon period, dawn phenomenon
3. Modifiable and non-modifiable risk factors
4. Lifestyle management (activity, food, sleep, and stress)
5. Pharmacological approaches and options
6. Treatment goals (glycemic metrics, blood pressure, lipids, risk reduction, quality of life)

#### B. Individualized Education Plan (17)

1. Develop plan based on assessment, in collaboration with person with diabetes/pre-diabetes and care team
2. Identify instructional methods
3. Set S.M.A.R.T. goals

#### C. Person-Centered Education on Self-Care Behaviors (58)

1. Nutrition Principles and Guidelines
  - a) American Diabetes Association (ADA) and Academy of Nutrition and Dietetics nutrition recommendations (meal planning, macro/micronutrients, dietary approaches, etc.)
  - b) Carbohydrates (types, food source, sugar alcohol and substitutes, carbohydrate counting)
  - c) Fats (types, food source)
  - d) Protein (food source, renal disease, wound care)
  - e) Alcohol (amount, precautions)
  - f) Food and medication integration (medication timing, meal timing, etc.)
  - g) Food label interpretation (nutrition facts, ingredients, health claims, sodium, etc.)
  - h) Weight management
  - i) Dietary and herbal supplements
  - j) Special considerations (food allergies, food aversion, gastroparesis, celiac disease, metabolic surgery, failure to thrive, disordered eating, etc.)
2. Physical Activity
  - a) ADA and American College of Sports Medicine recommendations
  - b) Benefits, challenges, and safety (comorbidities, post exercise delayed onset hypoglycemia, etc.)
  - c) Activity plan (frequency, intensity, time, and types)
  - d) Adjustment of monitoring, food, and/or medication for planned and unplanned activities
3. Medication Management
  - a) ADA/European Association for the Study of Diabetes (EASD) guidelines
  - b) Medications (class, action, administration, side effects, contraindications, etc.)
  - c) Medication selection (cardiorenal protection, glycemic efficacy, impact on weight, types and duration of diabetes, cost, hypoglycemia risk)
  - d) Medication adjustment
  - e) Insulin delivery systems
  - f) Immunizations
4. Monitoring and Interpretation
  - a) Glucose (device selection, use, testing techniques, metrics)
  - b) Ketones
  - c) A1C
  - d) Blood pressure
  - e) Weight
  - f) Lipids
  - g) Kidney health

# Exam | Care and Education Interventions

## ► Care & Education Interventions (105)

- Disease Process & Approach to Treatment (22)
- Individualizes Education Plan (17)
- Person Centered Education on Self-Care Behaviors (58)
- Evaluation, documentation and follow-up (8)

- h) Hepatic function
- 5. Acute Complications: Causes, Prevention, and Treatment
  - a) Hypoglycemia and hypoglycemia unawareness
  - b) Hyperglycemia
  - c) Diabetic ketoacidosis (DKA)
  - d) Hyperosmolar hyperglycemic state (HHS)
- 6. Chronic Complications and Comorbidities: Causes, Prevention, and Treatment
  - a) ADA Clinical Practice screening recommendations
  - b) Eye disease (retinopathy, cataracts, glaucoma, etc.)
  - c) Sexual dysfunction
  - d) Neuropathies
  - e) Nephropathy
  - f) Vascular disease (cerebral, cardiovascular, peripheral, etc.)
  - g) Lower extremity problems (ulcers, Charcot foot, etc.)
  - h) Dermatological (wounds, ulcers, site reactions)
  - i) Infection (genitourinary tract, pulmonary, skin and soft tissue)
  - j) Dental and gum disease
  - k) Other comorbidities (depression, cognitive dysfunction, thyroid disease, celiac disease, obesity, sleep apnea, polycystic ovarian syndrome, etc.)
- 7. Problem Solving
  - a) Sick days
  - b) Surgery and other procedures
  - c) Changes in schedules (shift, religious, cultural, etc.)
  - d) Travel
  - e) Emergency preparedness
  - f) Assistive and adaptive devices (talking meter, magnifier, etc.)
  - g) Substance use (alcohol, tobacco, marijuana, caffeine, etc.)
- 8. Living with Diabetes and Prediabetes
  - a) Life changes
  - b) Transitions of care
  - c) Special populations (pediatric, adolescence, geriatric, transplant, etc.)
  - d) Pre-conception planning, pregnancy, post-partum, and gestational diabetes
  - e) Psychosocial wellbeing (depression, disordered eating, distress, etc.)
  - f) Role/Responsibilities of care (individual, family, team)
  - g) Safety (sharps disposal, medical ID, driving, etc.)
  - h) Personal hygiene (dental, skin, feet, etc.)
  - i) Social/Financial considerations (employment, insurance, disability, discrimination, school issues, etc.)
- D. Evaluation, Documentation, and Follow-up (8)
  - 1. Evaluate the effectiveness of interventions related to:
    - a) achievement and progress toward goals
    - b) self-management skills
    - c) psychosocial wellbeing
    - d) weight, eating habits, medications, activity
    - e) glycemic metrics
  - 2. Revise, document, and communicate individual's plan for follow-up care, education, support, and referral

# Exam Content – Standards & Practices

## Standards & Practices (8)

- ▶ National Standards for Diabetes Self Management Education and Support
- ▶ Diabetes Prevention Program
- ▶ Practice Standards
- ▶ Advocate
- ▶ Evidence-based care and education
- ▶ Consider Social Determinants of Health
- ▶ Inclusion, Diversity, Equity

### III. Standards and Practices (8)

- A. Describe the current National Standards for Diabetes Self-Management Education and Support (NDSMES)
- B. Describe the National Diabetes Prevention Program Standards (National DPP)
- C. Apply practice standards (AACE, ADA, Endocrine Society, etc.)
- D. Describe population health strategies
- E. Collaborate with other healthcare professionals to advance team-based care.
- F. Advocate for people with diabetes (access to medications and supplies, care in institutional settings, policies, etc.)
- G. Promote primary and secondary diabetes prevention strategies in at risk individuals and populations
- H. Promote evidence-based care and education
- I. Recognize the impact of disparities (economic, access, gender, ethnicity, geographic, etc.)
- J. Incorporate principles of diversity, equity, and inclusion



# We are Here to Help You Earn the CDCES after your name!

- CDCES Prep Bundle &
- Virtual Conference
- includes Free Bundle of Courses that address these content areas included in the exam.





## Articles to Read to Prepare for CDCES 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*

#### [Language & Diabetes. What we say matters | Resource page](#)

Language is powerful and can have a strong impact on perceptions as well as behavior. This mini webinar and article provide recommendations for the language used by health care professionals and others when discussing diabetes through spoken or written words whether directed to people with diabetes, colleagues, or the general public, as well as research questions related to language and diabetes.

[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.

[ADCES 7™ Self-Care Behaviors](#) – A must-read for anyone entering the field of Diabetes or as a reference for those already in the field. These 7 Self-Care Behaviors™ provide a framework for patient-centered diabetes self-management education and training (DSME/T) and care.

#### [American Association of Clinical Endocrinology Consensus Statement: Comprehensive Type 2 Diabetes Management Algorithm – 2023 Update.](#)

American Association of Clinical Endocrinology Consensus Statement: Comprehensive Type 2 Diabetes Mellitus. If you are taking the slide content that reviews diabetes management



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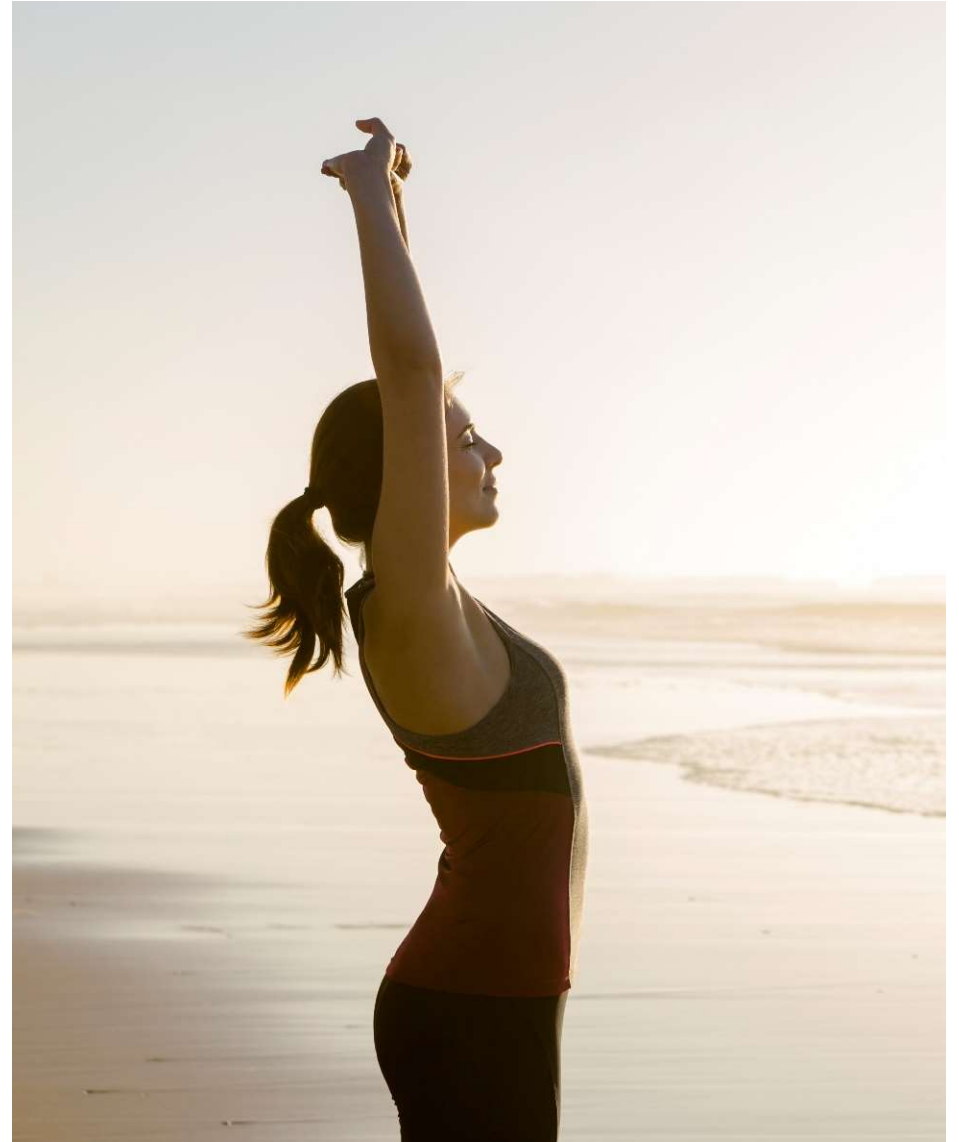
Health Impact of Adverse Childhood Experiences

# What to Study?



# Taking the Exam

- ▶ Questions
- ▶ Answers
- ▶ Pitfalls



# Keep it Person Centered

- ▶ Focus on psychosocial needs and social determinants of health.
- ▶ Start where the participant is at.
- ▶ Keep the participants characteristics in mind (age, type of diabetes, etc.)
- ▶ We are supporting efforts toward behavior change.



# Increase success

- ▶ If the answer you wanted isn't there – Pivot, breathe and readjust.
- ▶ Try not to overthink question/answers.
- ▶ Make sure that the answer you choose fits the situation.
- ▶ Focus on national goals and avoid using your work setting's goal.





# 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





# 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
- ▶ Test anxiety – have a plan on how to address
- ▶ Even simple math problem should be worked out on scratch paper

# Sample Question -1

- A patient is admitted to the hospital with elevated glucose levels with a strong family history of diabetes. She is started on fluid replacement and is placed on a clear liquid diet. Her father is in the room and is very concerned. Which of the following would suggest a diagnosis of new onset type 1 diabetes vs type 2 diabetes?



- A. Hyperglycemia
- B. Polyuria
- C. Ketosis
- D. Polydipsia



# Sample Question 2

- MJ has type 1 diabetes and wants to know the possible complications that can result from hyperglycemia during the first trimester of pregnancy. Which of the following complications can result from 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 2024 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



# 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



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# 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. Plate Method



## Sample Question 3 – Carb Counting

JL uses an insulin pump and is carb counting using exchange list. A typical breakfast includes:  $\frac{1}{2}$  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 are that it:

- A. Stimulates insulin secretion and increases hepatic glucose production.
- B. Causes hypoglycemia
- C. Lowers hyperglycemia in persons with diabetes, but does not lower blood glucose levels in people without diabetes.
- D. Results in weight loss and can cause kidney damage.



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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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# 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, advise person to:

- A. Increase evening dose of basal insulin
- B. Increase morning dose of bolus insulin
- C. Check 3am blood glucose
- D. Eliminate bedtime snack







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- Class 8 | Meds Management for Type 2 Standards | 1.5 CEs | **Dec 17, 24**
- Class 9 | Microvascular Complications, Eye, Kidney Nerve Disease Standards
- Class 10 | Older Adults & Diabetes Standards | 1.5 CEs
- Class 11 | Pregnancy & Diabetes Standards | 1.5 CEs
- Class 10 | Tots to Teens - Diabetes Standards | 1.5 CEs



**Standards of Care Intensive**

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- Class 4 | Insulin Intensive, Monitoring, Sick Days, Lower Ext | 2.0 CEs
- Class 5 | Meds for Type 2 - What you need to know | 1.5 CEs
- Class 6 | Exercise & Medical Nutrition Therapy | 1.0 CE
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- Class 11: What We Say Matters: Language that Respects the Individual and Imparts Hope | 0.75 CEs
- Class 12: Behavior Change Theories Made Easy | 1.0 CE
- Class 13: Mindfulness & Compassion in the Diabetes Encounter Webinar | No CEs



# Knowledge = Confidence

- ▶ 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.

Carolyn Fletcher, BSN, RN, CDCES



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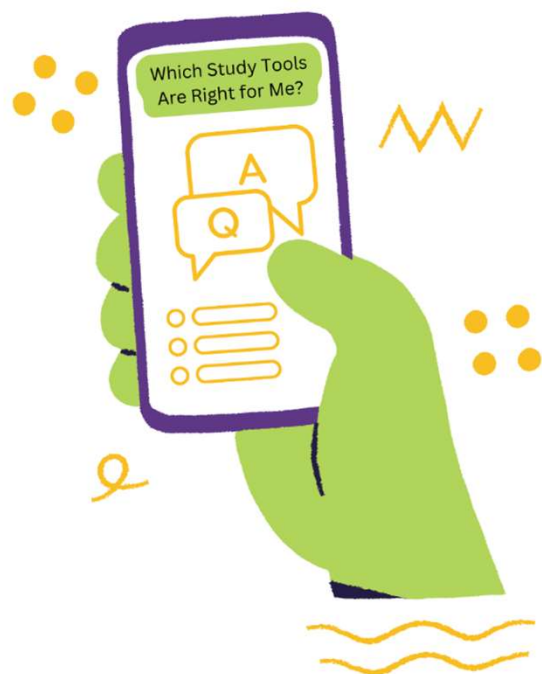
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# You are Going to Do Great!





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