Test Taking Prep Questions and Toolkit 2024
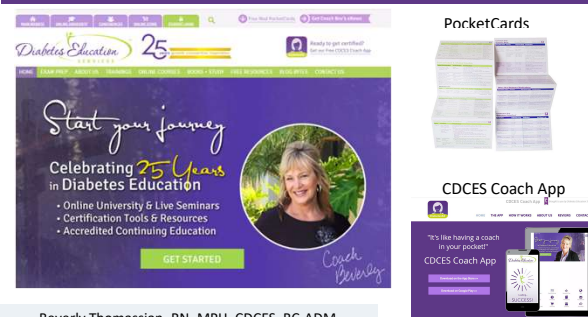
Beverly Thomassian, RN, MPH, BC-ADM, CDCES
President, Diabetes Education Services

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Beverly Thomassian, RN, MPH, CDCES, BC-ADM
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Bryanna is here to Help!

Bryanna Sabourin
Director of Operations
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If you have questions, you can chat with Bryanna at **www.DiabetesEd.net** or call 530 / 893-8635 or email at info@diabetesed.net

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Getting Ready for the Exam

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

Stand, Breathe, Stretch During Exam
Kind self-coaching

HOME GET STARTED! ABOUT US CONFERENCES ONLINE COURSES BOOKS + STUDY FREE RESOU

25 years

Start Your Journey

Diabetes Education SERVICES

ADCES Book Bundle
The Art & Science Desk Reference
Review Guide for Certification Exam

Preparing for CDCES Exam?

Future CDCES – Click Here!
Prep for CDCES Webinars
Jan 24, March 21, May 23, 2024

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Prep for BC-ADM
February 8, April 10, Sept 12, 2024

ADCES Book Bundle: Desk Reference & Review Guide - 6th edition
$ 388.95

Test Taking Toolkit – Online University

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

$ 49.00

Quantity

1

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

ADA Clinical Guidelines Update

Exam Success Step 1: Learn how to "work" test questions

- Weed through the details
- Make sure you REALLY understand key intent of question
- Find the stem
  - Identifies key intent of the question
- Read all the options or answers
- Eliminate obvious wrong answers
- Select BEST option

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2. Look for Clues in The Answers

- Answers with the following words are usually incorrect: always, never, all, none, only, must, and completely
- Answers with the following words are usually correct: seldom, most, generally, tend to, probably, usually

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3. Avoid Thinking Pitfalls

- Imaging a right answer and getting thrown when it is not among the choices
- Over thinking question/answers
- Choosing an answer that did not fit the situation
- Using the goals in your clinical setting. Focus on national goals.

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4. Keep it Person Centered

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

More info on Test Taking in our FREE Prep for CDCES and BC-ADM Webinars

Question 1

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

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

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Level 1 - Diabetes Fundamentals

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All courses air at 11:30 a.m. (PT)

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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
5. January 25, 2024 - Class 5: Goals of Care & Lower Extremity Assessment | 1.5 CEs
6. January 30, 2024 - Class 6: Hypoglycemia, Sick Days, & Monitoring | 1.5 CEs

Question 2

- LR is 32 years old and just went for their first prenatal visit. LR is 11 weeks pregnant and has a family history of type 2 diabetes. LR's fasting blood glucose is 131 mg/dL and 128 mg/dL on 2 different days.
- Based on these findings, which of the following statements is correct for LR?

A. LR needs to be started on metformin.
B. LR has diabetes in pregnancy and will need close follow-up.
C. LR will need to do a 75 gm OGTT in the next few weeks to eval for gestational diabetes
D. LR will need to go on a low carb, high protein diet to stop ketosis

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- February 1, 2024 - Class 1: ADA Standards of Care | 2.0 CEs
- March 27, 2024 - Class 5: Critical Assessment in Diabetes Care | Fine-Tuning Diabetes Detective Skills | 2.0 CEs
- April 11, 2024: Class 6: Microvascular Complications Prevention & Treatment | Eye, Kidney, Nerve Disease | 1.75 CEs
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- April 30, 2024: Class 8: Lower Extremity Assessment | 1.5 CEs
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- June 11, 2024: Class 11: Pregnancy & Diabetes | 1.5 CEs
- June 13, 2024: Class 12: Hospitals & Hyperglycemia | 1.5 CEs
- June 20, 2024: Class 13: Setting up a Successful DSME Program | 1.5 CEs

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Question 3

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

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

Question 4

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

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Exercise and Technology

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Question 5

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

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

Level 2 | Standards of Care Intensive | 20 CEs

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Question 6

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

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

Level 2 | Standards of Care Intensive | 20 CEs

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Question 7

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

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

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Level 1 - Diabetes Fundamentals

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6. January 30, 2024 - Class 6: Hypoglycemia, Sick Days, & Monitoring | 1.5 CEs

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Question 8

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

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

Level 1 – Insulin Fundamentals

Question 9

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

a. Pioglitazone (Actos)

b. Exenatide (Byetta)

c. Canagliflozin (Invokana)

d. Glimepiride (Amaryl)

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Bonus Question

▸ RL is on basal bolus therapy. He injects 1 unit for every 12gms of carb for breakfast and lunch and 1 unit for 15gms at dinner. For lunch, RL plans to eat a ham sandwich, a small orange, and a glass of milk. How much insulin will RL need to inject?

▸ A. 3.8 units

▸ B. 4.0 units

▸ C. 4.7 units

▸ D. 5.0 units

Level 3 – Insulin Pattern Mgmt & MNT

Level 3 | DiabetesEd Specialist 2024
Boot Camp | 12+ CEs Ready for Viewing

All courses air at 11:30 a.m. (PT)

- February 13, 2024 - Boot Camp 1: Diabetes | Not Just Hyperglycemia | 1.75 CEs
- February 15, 2024 - Boot Camp 2: Standards of Care & Cardiovascular Goals | 1.8 CEs
- February 20, 2024 - Boot Camp 3: Meds for Type 2 | What you need to know | 1.75 CEs
- February 22, 2024 - Boot Camp 4: Insulin Therapy | From Basal/Bolus to Pattern Management | 1.75 CEs
- February 27, 2024 - Boot Camp 5: Insulin Intensive & Risk Reduction | Monitoring, Sick Days, Lower Extremities | 1.75 CEs
- February 29, 2024 - Boot Camp 6: Medical Nutrition Therapy | 1.75 CEs
- March 12, 2024 - Boot Camp 7: Microvascular Complications & Exercise | Screen, Prevent, Treat | 1.75 CEs
- March 14, 2024 - Boot Camp 8: Coping & Behavior Change | 1.75 CEs
- March 19, 2024 - Boot Camp 9: Test-Taking Coach Session (48 Questions) | No CE

Question 10

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

a. Depends on cardiorenal risk factors and individual preferences

b. Sulfonylureas or Metformin

c. Nutrition therapy for 3 months to evaluate if effective response.

d. GLP-1 RA or Mounjaro Injectable

Level 2 | Standards of Care Intensive | 20 CEs

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- June 20, 2024: Class 13: Setting up a Successful DSME Program | 1.5 CEs

Question 11

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

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

Diabetes Ed Course or Tech Toolkit

Question 12

What did the Diabetes Prevention Program Demonstrate?

a. Taking metformin daily reduced diabetes risk by 58%

b. Losing 10 pounds reduces diabetes risk by 38%

c. Exercising 30 minutes a day reduces diabetes risk by decreasing belly adiposity

d. Losing weight and exercising reduces diabetes risk by 58%

Cheat Sheet on Landmark Trials

Question 13

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

a. LR with type 2, A1c of 7.9% on glipizide (Glucotrol) 10mg daily

b. BT with type 1 diabetes who wants to simplify their insulin management

c. ST with type 1 who is struggling with addiction

d. RL type 2 with an A1c of 9.3%, who is on basal bolus insulin therapy and carb counting

Diabetes Ed Course or Tech Toolkit

Question 14

▸ JR arrives at the clinic wearing a walking boot due to a recent foot injury. Tells you that they "banged their foot" on some farm equipment and since then it has been warm and swollen. It hurt at first, but the pain has diminished with time.

▸ When JR takes off the boot, you see this that the left foot needs attention. Based on this photo, what diabetes related food condition do you suspect?

A. Peripheral arterial disease
B. Venous statis ulcer
C. Pre gangrenous inflammation
D. Charcot Foot

Level 2 – Lower Extremities

Question 15

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

a. People with diabetes need to refrain from exercise until cleared by a Provider

b. Routine exercise testing for asymptomatic adults is not recommended.

c. EKG is required before a person with diabetes engages in an exercise program.

d. High risk people with diabetes must avoid exercise

Level 1 – MNT & Activity

Question 16

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

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

Level 3 – Insulin Pattern Mgmt & MNT

Question 17

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

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

Stuff to memorize – 1lb equal 3,5000 kCals –
Boot Camp Level 3

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Question 18

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

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

Learning Theories Made Easy – Free Webinar

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Question 19

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

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

Level 2 – Tots to Teens

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Poll Question 20

ML has had type 2 diabetes for 12 years, a BMI of 33.7, an A1 C of 8.3% and elevated triglycerides and LDL cholesterol levels. You notice ML's palms are deeply red. Which of the following conditions is ML most likely experiencing in addition to diabetes?

A. Non-alcoholic fatty liver disease
B. Dermatomyositis secondary to inflammatio
C. Auto immune renal hypertension
D. Acanthosis Nigricans of the palmar surface

Level 2 – Critical Assessment of Diabetes

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Test Taking Practice Exam Toolkit Webinar
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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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