

We are Here to Help!







Tiffany Bergeron Customer Advocate & Customer Happiness Expert

If you have questions, you can chat with us at www.DiabetesEd.net or call 530 / 893-8635 or email at info@diabetesed.net

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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.



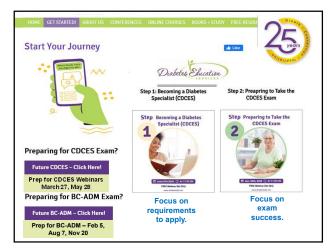


Diabetes Education Services Inclusion Statement We are committed to promoting diversity and Based on the IDEA inclusion in our educational offerings. Initiative inspired by CDR ▶ We recognize, respect, and include differences Inclusion in ability, age, culture, ethnicity, gender, gender Diversity identity, sexual orientation, size, and Equity 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,

respected.

socio-cultural/socioeconomic characteristics, and political affiliations are considered and



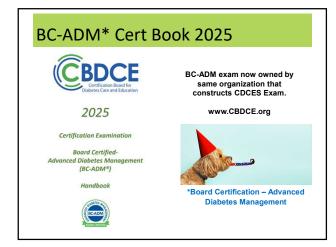


Topics

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



Diabetes Education



Definition of BC-ADM

 Skillfully manages complex needs and assists people at risk for and with diabetes and other cardiometabolic conditions with therapeutic problem solving.



 Within their discipline's scope of practice and licensure, those with BC-ADM® certification may adjust (and in some cases, prescribe) medications, treat, and monitor acute and chronic complications and other comorbidities, counsel people living with diabetes on lifestyle modifications, address psychosocial issues, and participate in research and mentoring.

Holding the BC-ADM® credential does not confer a change in scope beyond current licensure or registration.

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Why Take the BC-ADM Exam?

Validates a healthcare professional's specialized knowledge and expertise in the management of people with diabetes.



- May be used by a hiring manager as "shorthand" for qualifications and resume
- May lead to increased compensation or the ability to leverage higher salary or promotion



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Potential Benefits of BC-ADM

- 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



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2025 - 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



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Initial Qualifications to take BC-ADM-



Eligibility Criteria	Nurse	Dietitian	Pharmacist	PA (Physician Assistant/ Physician Associate)	Physician
License/ Registration	Current, active RN and/or advanced practice nursing license	Current, active dietitian nutrition 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	500 clinical practice hours within 48 months prior to applying for certification examination. (Clinical hours must be earned after relevant licensure/registration and advanced degree was obtained)				
Level of Practice	Skillfully manages complex patient needs and assists patients with therapeutic problem- solving. Within their discipline's scope of practice, healthcare professionals may adjust (and in some cases prescrible medications, treat; and monitor acute and chronic complications and other comorbidities, coursed on lifestyle modifications, address psychosocial issues, and participate in research and mentoring.				

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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?

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Activities That Count Toward 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 o Conducting therapeutic interviews using a systematic approach Counseling patients on lifestyle modifications o 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

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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 Q1 infrastructure to gauge population level diabetes measures

Mentoring other clinicians in diabetes care

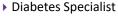
Network greater and adjusting diabetes and cardiometabolic treatment care plans accordingly

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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 -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



- Consultant to providers
- CV Risk Management
- Work on process improvement
- Starting support group
- Staff training Medication Adjustments



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CDCES Vs BC - ADM

CDCES (D)



- 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.

BC-ADM



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

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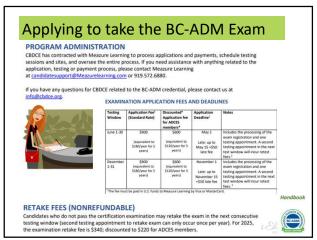
Board Certification - Advanced Diabetes Management (BC-ADM) Description

- "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

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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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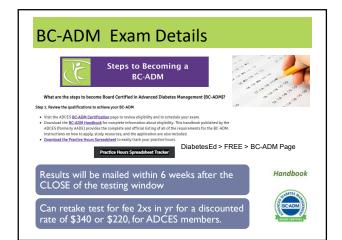
What application materials do I need to submit if audited? (10% random) • Completed application including • Proof of Licensure • Documentation of 500 Advanced Practice Clinical Hours (within last 48 months) with attestation • Diploma of Master's level (or higher) • Payment • ADCES (AADE) Members = \$600 • Non ADCES (Members = \$900) • Recertification \$500 / \$800 + 1000 practice hours + professional development

Test Site or Live Online Proctoring (LOP) Testing Modalities The examination is computer-based and offered only through Meazure Learning's approved in-person proctored testing centers across the United States and internationally or via their live remote proctoring (LRP) program. For a list of testing sites around the world, go to https://www.meazurelearning.com/candidate-services. Candidates may choose to take the exam by either testing at a Meazure Testing Center or testing by Live Remote Online Proctoring (LRP). Candidates should thoroughly review the information on testing choices to determine which one is best for them. It is recommended that 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 from Meazure Learning. For online testing, face must be visible during the entire test = no breaks.

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Exam Details 2025

- ▶ 175 questions 25 are pretest questions and are **not** counted in the determination of individual examination scores.
- Candidates score is based solely on the 150 scored questions
- ▶ Testing time is 3.5 hours.
- Minimum passing standard on the BC-ADM® examination is set using a method called the Modified Angoff technique.
- A diverse panel of professionals who possess the BC-ADM certification are involved in the process of setting the passing standard.
- ► CBDCE does not offer the option of having BC-ADM® exams rescored or to appeal the pass/fail result



BC-ADM Exam Content - 2025 Of the 175 questions, 150 are scored questions and 25 are pre-test questions. Inclusion of these pre-test questions allows for collection of meaningful statistics about new questions, but are not used in the determination of individual Examination scores. These questions are not identified and are scattered throughout the Examination so that candidates will answer them with the same care as the questions that make up the scored portion of the Examination. This methodology assures candidates that their scores are the result of sound measurement practices and that scored questions are reflective of current practice. 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** No. of 1 Assessment and Diagnosis 30% 45 H Planning and Intervention 33% 50 III Evaluation and Follow-up 23% 34

14%

21

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I - Assessment & Diagnosis – 45 questions Subdomains listed below

- 1. Therapeutic interviews 4
- 2. Comprehensive assessment of PWD 5

Population Health, Advocacy, and Professional

- 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



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

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III. Evaluation and Follow-Up - 34

- 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



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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

Stretch Break - Half Way There



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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
 - ▶ ADCES Review Guide
- ▶ BP/Lipid Med Cheat Sheets
- Desk Reference
- ▶ DiabetesEd Virtual Conference
- ▶ What is best source of info on newer diabetes medications?
 - ▶ Meds/Insulin PocketCards



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Resources - DiabetesEd.net



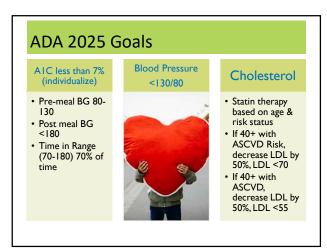




- ▶ Links to Summary Pages
 - ▶ Medications for Lipid Management
 - Medications for Hypertension
- Management of Neuropathy
- ▶ Diabetes Medication **PocketCards**
- Online Courses

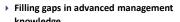






Getting Ready for Exam

- Filling gaps in Foundational Knowledge
- Resources for exam prep for the CDCES exam typically provide foundational information, e.g. national standards, medication use and teaching skills.
- While they are not the focus of the BC-ADM® exam, foundational knowledge is helpful for meeting some of the content listed in the exam content outline



- Knowing the American Diabetes Association's Standards of Care in Diabetes and other guidelines for management of diabetes and other comorbidities is critical.
- Regional activities updating primary care providers in diabetes are also good sources for reviewing current practice standards.
- You can search online to see if any specific continuing education activities are available on topics of interest.





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Study Tools – Take as many tests as possible Test Taking Tips Free Webinar

Test Taking Practice Exam Toolkit Webinar 20 Sample Practice Questions



Test Taking Practice Exam Toolkit Webinar with 200+ Practice Test Questions

Whether you are taking the CDCES or BC-ADM exam, this Test Taking Toolkit will help set you on the path to success.





DiabetesEd.net>FREE > Test Taking

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Test Taking Tips

- Try not overanalyze or "read into" a question. Questions are not written to be tricky.
- Avoid adding in additional information beyond what is given in the test question. All information necessary to answer the question will be given in the text of the question or scenario.
- Remember that this is an international test. The questions will be based upon an accepted knowledge base. Choose options that you know to be correct in any setting.
- When guessing, use the process of elimination. Treat each option as a true or false statement and eliminate those that you would not select.
- Pay close attention to key words such as "best," "most," "primary," or "usually." These words indicate that other options may at times be correct but given the wording or situation in the test question, you must judge which option is the best.
- Skip difficult questions and come back to them later. Questions on the test are not ordered by difficulty (i.e., they do not go from easiest to hardest).
- Also, content areas (the domains) and topics are addressed randomly in questions throughout the Handbook



Managing Test Anxiety

- Measures to reduce your stress during the examination.
- Deep-breathing techniques and be sure to stretch your muscles periodically to reduce both physical and mental stress.
- If necessary, take a few minutes to imagine a calm, pleasant scene, and repeat positive phrases.



 Eat well, avoid too much alcohol, and maintain a regular sleep pattern for several days before the examination to help you to be physically prepared.

 Also, on the day before you take the test, collect all the supplies you will need and choose comfortable clothing.



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Suggested Study Steps





- ▶ The BC-ADM® exam measures both
- foundational knowledge such as interviewing and teaching techniques, but the major focus is on
- clinical management: physical assessment, pharmacology, complications, and comorbidities.



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220 Test Questions – Assess your Knowledge

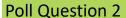


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Sample Question -1

- 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. Colonscopy
 - D. Stool Sample





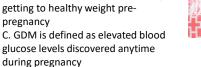
- ▶ MS is having trouble sleeping and complains of waking up with frequent nightmares. Insulin dose includes 5-8 units of Novolog at breakfast and dinner and 12 units of NPH bedtime. Complains that before bed blood sugar is often greater than 300, so takes extra insulin before going to bed to bring it down. What is your best response?
 - Instruct MS to decrease the NPH insulin by 2 units to prevent nocturnal hypoglycemia.
 - Contact provider and request to discontinue NPH and start Lantus instead.
 - Assess if MS is having a snack before checking bedtime blood glucose level.
 - Instruct how to safely adjust dinner time Novolog to prevent hyperglycemia at



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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



D. People with GDM can control glucose through diet changes only



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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.



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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.

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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



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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



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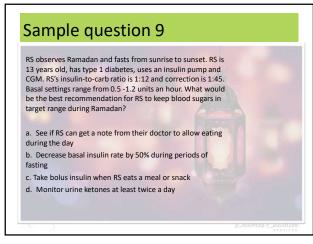
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Sample question 8

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





Maintaining Certification BC-ADM

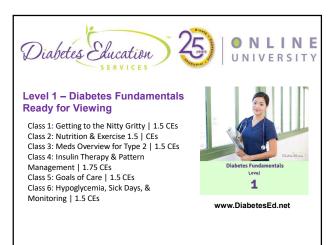
Renew every 5 years by completing:

- ▶ CE activities (75 CE's)
- Academic Credits
- Presentations
- ▶ Publication & Research
- ▶ Preceptor / Mentor
- ▶ Professional Service

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Join our CDCES Facebook Study Group Diabetes Education 25 Certification Exam Study Group https://www.facebook.com/groups/diabeteseducationspecialiststudygroup









Level 3 | Diabetes Mastery & Certification Readiness | 12+ Units Feb 6 - March 5, 2025

Class 1 | Diabetes - Not Just Hyperglycemia | 1.75 CEs

- Class 2 | Standards of Care & Cardiovascular Goals | 1.5 CEs
- Class 3 | Insulin Therapy From Basal/Bolus to Pattern Mgmt | 1.5 CEs
- 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
- Class 7 | Screening, Prevention, & Treatment of Microvascular Complications | 1.5 CEs
- Class 8 | Coping & Behavior Change | 1.5 CEs
- Class 9 | Test-Taking Coach Session (48 Questions) | No CEs |

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