



So, You Didn't Pass your CDCES Exam...YET!

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

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.



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Question of the Week & Sample Questions

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

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Bryanna Sabourin
Director of Operations

If you have questions, you can chat with us at www.DiabetesEd.net
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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.

Prep for CDCES Exam – Step 2

- ▶ This FREE Webinar may be helpful too!
- ▶ Getting ready to take Certified Diabetes Care and Education Specialist Exam Soon!
 - ▶ Exam content
 - ▶ Study strategies
 - ▶ Test taking tips
 - ▶ [Resources](#)



- ▶ [View our "Becoming a CDCES" Step 1 Webinar for info on qualifications and gaining practice hours.](#)

This is a challenging exam!

SO YOU DIDN'T PASS CDCES EXAM? ..YET!



Join Coach Bev to Regroup & Reignite your Confidence!

FREE Webinar (No CEs)

Aug. 26th, 2025 At 11:30 AM

www.DiabetesEd.net

Not passing the CDCES exam can feel disheartening—but you are not alone. Over 30% of healthcare professionals don't pass the CDCES exam on their first try. Plus, this one setback doesn't define your potential or your ability to succeed.

Join Coach Bev for this *free, supportive webinar* designed to help you regroup, refocus, and reignite your confidence. Bev will share practical tips, common pitfalls, and an action plan to boost your readiness for next time.

Combating Test Anxiety

- ▶ Strategies for Healthcare Professionals Preparing for Diabetes Certification Exams



Spend a moment remembering your testing experience.
How were you feeling?
Hungry? Thirsty?
Sweaty Palms, fast heart rate, difficulty concentrating?

What is Test Anxiety?

- ▶ A psychological condition triggered before or during an exam
- ▶ Often involves fear of failure, perfectionism, or imposter syndrome.
- ▶ Symptoms:
 - ▶ Physical: nausea, sweating, rapid heartbeat
 - ▶ Emotional: dread, helplessness
 - ▶ Cognitive: brain fog, racing thoughts



Why HCPs Are Especially Vulnerable

- ▶ High standards for performance and competence
- ▶ Fear of professional embarrassment or letting others down
- ▶ Many juggle family, work, and exam prep
- ▶ Long gap since last standardized test



What About Impostor Syndrome?



Recognizing Impostor Syndrome

We have discussed the fear of taking risks, but have you experienced fear or self-doubt about your intellect, skills, or accomplishments, even though your success is evident to everyone? Fear and self-doubt can go hand in hand with impostor syndrome. This common syndrome affects up to half of high-achieving women in male-dominated industries. However, men also experience impostor syndrome, although they may be less likely to admit it or seek help.

Even after running my company for over 25 years, I still experience moments of doubt, feeling as if I've somehow faked my way to where I am. At times, someone might pull back the curtain and expose me as just a kid from Sylmar, trying to prove myself while holding everything together. From my first post-graduate job as a Health Education Department manager at 28 to becoming a CEO, I've wrestled with the fear of being seen as an impostor—not smart enough, not qualified enough, not experienced enough. These feelings stem from deep-rooted childhood self-doubt and the real possibility of failing.

The truth is, I've made mistakes, plenty of them. I've stumbled, I've messed up, and yes, I've even failed. But I am not a failure.

Anyone who takes that first shaky step forward, who dares to raise a hand in defiance of fear, has already won a quiet victory. Like many of you, I still wrestle with impostor syndrome. But when it was time to step into the next chapter of my life, I pulled on my big girl pants, took a deep breath, and chose courage over fear.

Reframe the Anxiety

- ▶ View anxiety as a signal of growth and care
- ▶ Use affirmations:
 - ▶ - "I am prepared and capable."
 - ▶ - "I've faced bigger challenges—this is just one step."
- ▶ Normalize anxiety: it's common and manageable



Prepare with Purpose

- ▶ Create a study plan with weekly goals
 - ▶ Focus on areas with knowledge gaps.
- ▶ Use active recall: flashcards, teaching others.
- ▶ Take lots of practice quizzes.
- ▶ Vary study methods: visual, auditory, hands-on
- ▶ Move and study, podcasts
- ▶ Join a study group or course for structure & accountability



Practice Under Pressure

- ▶ Simulate test conditions:
 - ▶ - Timed quizzes
 - ▶ - No notes
 - ▶ - Distraction-free zone
- ▶ Get familiar with the digital testing platform



The Day Before and Day Of

Day Before:	• Review notes, not new material	• Light exercise
• Prep clothes, ID, snacks	Test Day:	• Arrive early
• Use calming techniques	• Visualize success	• Positive self-talk

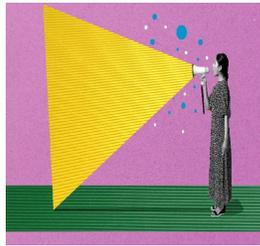
If Anxiety Shows Up Mid-Test



- Pause. Breathe. Reset.
- Use a calming mantra
- Flag hard questions and return later
- Try the 5-4-3-2-1 grounding technique

Using Parts Therapy to Manage Test Anxiety for Healthcare Professionals

- ▶ A method for understanding and working with internal 'parts' of ourselves
- ▶ Each part has a role—protector, critic, achiever, etc.
- ▶ The goal is integration, not suppression



Common Inner Parts in Test Anxiety



The Inner Critic: "You're not prepared."



The Perfectionist: "You can't make mistakes."



The Protector: Tries to prevent embarrassment or failure.



The Wise Self: Calm, supportive, grounded.

Step 1: Name and Acknowledge the Critic



Don't silence the inner critic—get curious



Ask: "What are you trying to protect me from?"



Understand that it's often trying to help

Step 2: Create Separation

- ▶ You are not your inner critic—it's just a part of you.
- ▶ Visualize placing it in a chair next to you
- ▶ Use affirmations like:
 - ▶ "This is one voice, not the whole truth."



Step 3: Invite Your Wise Self

- ▶ Connect with the calm, confident part of you.
- ▶ Ask: "What would my wise self say right now?"
- ▶ Use compassionate self-talk



Step 4: Rehearse the Inner Dialogue

- ▶ Critic: "You'll blank out."
- ▶ Wise Self: "I've prepared differently. I can reset and refocus."
- ▶ What does your critic voice say?
- ▶ What is your wise self's response?



Reflection Prompt



What does your inner critic say about the exam?



What does your wise self want you to know?



Who is cheering you on from within?

Step 5: Thank and Reassure the Critic

- ▶ "Thank you for trying to protect me."
- ▶ "I've got this. You can rest now."
- ▶ Gratitude disarms the inner critic (and hopefully they can take a nap).



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



Exam Content - Assessment

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

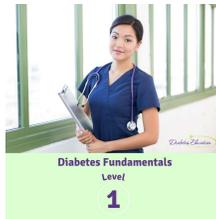


- I. Assessment (37)**
- A. Physical and Psychosocial (12)**
1. Diabetes-relevant health history (diagnosis, duration, symptoms, complications, treatment, comorbidities, healthcare utilization)
 2. Diabetes-specific physical assessment (vital signs, eye inspection, extremities, etc.)
 3. Social determinants of health (economic, living situation, healthcare access, social support, and food/housing insecurity)
 4. General health history (family, medical, mental health, substance use, surgical, allergies and medication)
 5. Diagnostic 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, race and ethnicity, 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 (monitor, 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.)



Level 1 – Diabetes Fundamentals Ready for Viewing

- Class 1: Getting to the Nitty Gritty | 1.5 CEs
- Class 2: Nutrition & Exercise 1.5 | CEs
- Class 3: Meds Overview for Type 2 | 1.5 CEs
- Class 4: Insulin Therapy & Pattern Management | 1.75 CEs
- Class 5: Goals of Care | 1.5 CEs
- Class 6: Hypoglycemia, Sick Days, & Monitoring | 1.5 CEs



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Certification Exam Study Group

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Taking the Exam

- ▶ Questions
- ▶ Answers
- ▶ Pitfalls



Practical Application

Don't change answers unless you are absolutely sure.

Read each word outloud in your head.

Don't add anything into the question or answers.

All parts of the answer need to be correct.

Practice Tests are Critical

- ▶ Take lots of practice tests and uncover the reasoning behind choosing the wrong answer.
- ▶ Common reasons include:
 - ▶ Read question too fast
 - ▶ Not reading all the words
 - ▶ Choosing the medical response
 - ▶ Not starting where the person is at
 - ▶ Adding in your own life experiences
 - ▶ Ignoring the wise voice (little voice within)

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Consider what led you to choose the best or wrong answer.

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Standards of Care
Meds PocketCards
Question of the Week
Online Course Viewing

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



Sample question 1

Based on the ADA Standards on Medical Nutrition Therapy (MNT), which statement is most accurate?

- MNT provided by a RD/RDN is associated with A1c absolute decreases of 0.3 to 2.0 percent
- A low carbohydrate, high protein diet is associated with increased risk of renal failure.
- With new type 2 diabetes, try to achieve A1c targets with MNT for 3 months before advancing to medication therapy.
- People with diabetes and hypertension have improved outcomes when they decrease sodium intake to less than 1,500 mg a day.

Sample question 2

JL is a new nursing graduate and asks you questions about glucose monitoring in the inpatient setting. Which of the following statements is most accurate regarding providing diabetes care in the hospital

- A. Nursing staff can use the patient's CGM glucose results to determine insulin dose.
- B. Any patient admitted with a glucose of 140 mg/dl or greater, confirmed on two different occasions, needs to be started on insulin.
- C. Hospital point-of-care glucose meters are mostly as accurate as lab glucose results.
- D. If a patient is experiencing morning hypoglycemia, reduce basal insulin.

Sample question 3

AR has type 1 diabetes and is in shock because they just discovered they are 6 weeks pregnant. AR uses a CGM and insulin pump to manage their diabetes and their most recent A1C is 8.3%. Which of the following is a potential complication associated with hyperglycemia during the first 10 weeks of pregnancy?

- A. Macrosomia and post-natal jaundice
- B. Diabetic embryopathy
- C. Intrauterine hypoglycemia
- D. Neonatal respiratory distress

Sample question 4

LS wears an insulin pump and uses lispro insulin. LS has an average basal rate of 0.6 units and hour, a 1:15 carb ratio and a 1:50 correction ratio. Based on the ambulatory glucose profile, LS is experiencing elevated glucose levels from 4am to 7am. To get glucose to target, what is the best next step?

- A. Increase the basal rate to prevent glucose elevations
- B. Add basal insulin glargine to prevent Somogyi effect
- C. Make sure LS isn't consuming carbohydrates after 10pm
- D. Ask LS to double check their CGM insertion site

Sample question 4

LS is 72 years old with type 2 diabetes and injects insulin 4 times a day. They were started on a CGM device last month and you are looking at the Ambulatory Glucose Profile (AGP) together. You notice their time in range is 60%, their time above range is 38%, in low range is 2% and their coefficient of variation is less than 36%.

What is the best response?

- A. We still need to improve your coefficient of variation.
- B. Based on these results, let's decrease your insulin by 20%.
- C. This information is going to help with problem solving.
- D. Time in range should be 70% or greater for your age group

Sample question 5

TR can't figure out why her BG always spikes after breakfast. Using the exchange list, how many grams of carb is in the following breakfast? 2 corn tortillas, 2 fried eggs with salsa, ½ cup hashbrowns and an 8 ounce glass of milk.

- A. 75gms
- B. 57gms
- C. 60 gms
- D. 4 servings

Sample Question 6

▶ During an assessment interview, a diabetes educator identifies a person with diabetes is in the contemplation phase of change, which of the following is the best approach to facilitate self-management:

- ▶ A. Inform them of the implications of the DCCT and UKPDS
- ▶ B. Provide encouragement for their ability to make changes.
- ▶ C. Reassure them that change is tough, but they can keep on target with simple actions.
- ▶ D. Encourage them set specific achievable goals

Sample Question 7

- ▶ KZ is a pregnant teenager with diabetes. Which of the following is the most significant barrier to blood glucose self-monitoring during pregnancy?
- ▶ A. prolonged bleeding time due to age
- ▶ B. inaccurate reading secondary to erythropoiesis
- ▶ C. aggravated anemia
- ▶ D. multiple finger sticks (4-7 a day)

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You've Got This

- Let your knowledge shine
- Anxiety is normal—it means you care
- You've done the work
- You belong here



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Mind-Body Connection

- ▶ Deep breathing techniques
- ▶ Grounding and mindfulness before studying
- ▶ Movement: yoga, walking, dancing
- ▶ Prioritize sleep, nutrition, and hydration



Guided Meditation

▶ Meeting Your Inner Critic with Compassion



Introduction

- ▶ Sit comfortably
- ▶ Hands relaxed, eyes closed
- ▶ Deep breath in... and out
- ▶ Settle into this moment



Step 1: Acknowledge and Dialogue with the Inner Critic using Curiosity

- ▶ Bring to mind a thought around exam anxiety
- ▶ Hear the inner voice
- ▶ Recognize it's only one part of you
- ▶ Ask: "What are you trying to protect me from?"
- ▶ Listen without judgment
- ▶ Thank the part for trying to help



Step 2: Invite the Wise Self

- ▶ Call in the grounded, calm version of you
- ▶ Let it speak:
 - ▶ - "You've prepared."
 - ▶ - "You are enough."
 - ▶ - "You've got this."
- ▶ What other phrases might be helpful for You?



Step 3: Integration

- ▶ Visualize the critic stepping aside.
- ▶ Let the wise self take the lead.
- ▶ Breathe into that confidence.



Step 4: Closing

- ▶ Deep breath in... and out.
- ▶ Return to your body and breath.
- ▶ When ready, open your eyes.
- ▶ Carry this sense of calm with you.



Notes from Coach Bev



Final notes from Coach Beverly as you embrace the journey ahead



Take the risk. Say yes. Try that thing you've been putting off. Love your body exactly as it is. Be bold. Step into your authenticity. Make time to rediscover yourself. Think with your heart. Surrender. Show up. Move beyond your comfort zone and speak your truth. Get enough sleep. Ask for help when you need it. Stay connected to the people who lift you up. Seek out deep conversations, embrace your growth, and get ready for transformation.

I believe in you.

This is Coach Beverly, signing off.

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Thank You



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