Preparing for BC-ADM

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Web Clinic Details

- To hear presentation, turn on your computer speaker or listen via your phone
- Questions? Please email us after program.
- If you are having technical difficulties, type them in the chat room.
- Thank you for joining us!

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Topics

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

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Professional Qualifications to take BC-ADM- excerpted from AADE

	RN	RD	Pharmacist	PA	Physician
Licenses/ Registration	Current, active RN license	Current, active dietitian registration	Current, active pharmacist registration /licensure	Current active Physician Assistant License	Current active MD/DO License
Advanced Degree	Master's or higher degree in a relevant clinical, educational, management area such as, education (med), nutrition, gerontology, advanced diabetes management or other relevant to credential				
Experience	500 clinical practice hours within 48 months prior to taking certification examination. (Clinical hours must be after relevant licensure and advanced degree has been obtained)				
Level of practice at Provider Level	Advanced/expert diabetes educators skillfully manage complex patient needs, assisting diabetes patients with therapeutic problem-solving, counseling, and regimen adjustments.				

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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 provide future opportunities to work more independently and be reimbursed for advanced level care?

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Scope of BC-ADM

Within their discipline's scope of practice, healthcare professionals w/ BC-ADM

- adjust medications,
- treat & monitor acute & chronic complications
- provide medical nutrition therapy
- help patients plan exercise regimens,
- counsel patients to manage behaviors and psychosocial issues,
- participate in research and mentor.

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 patient care."
  - *Excerpted from AADE website*

Bev's Perspective

- First took 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 team that provided "Review Course" for ANCC in mid 2000s
- Retook exam in 2006
- Renewed by completing a bunch of stuff - 2011
- Declined to participate in committee to update exam in 2011 (although I really wanted to)

Current Role

- Diabetes Program Manager
  - Inpatient diabetes management
  - ADA Recognized Outpt Program
  - Outcome Measurement
  - Training of Staff
  - Policies and Procedures
  - Medication Adjustment Suggestion
  - Teach Classes
  - Write articles

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*

2014 – 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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Your questions

- For the 500 hours, what is considered advanced diabetes management?
- How do you document your hours?
- As a CDE, how will this expand my role?
- Is the AADE version of the BC-ADM Exam is very much like the CDE Exam?

Advanced Level Activities of BC-ADM

- Patient management skills such as
  - medication adjustment,
  - medical nutrition therapy,
  - exercise planning,
  - counseling for behavior management and psychosocial issues.
  - Attaining optimal metabolic control in the diabetic client may include treatment and monitoring of acute and chronic complications.
  - Research and mentoring

Exam Windows

- Complete app 60 days prior to desired testing month
- Window to apply for Summer testing
  - May 1- Take test in June
- Window to apply for Winter testing
  - November 1- Take test in December

- Once you receive confirmation of eligibility
  - schedule an appointment to take the examination on a first-come, first-served basis through Castle's online scheduling system

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Applying to take the BC-ADM Exam

You need to register with Castle Approved Testing Centers

- at www.castleworldwide.com/aade
- You can either apply online or download a paper application
- Applications accepted on a continual basis
- A percentage of candidates will be audited to ensure compliance with eligibility criteria.

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What application materials do I need to submit?

- Completed application including
  - Proof of Licensure
  - Documentation of 500 Advanced Practice Clinical Hours
  - Diploma of Master's level (or higher)
  - Payment
    - AADE Members = $600
    - Non AADE Members = $900
    - Recertification $500 / $800

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Overview of BC-ADM Exam

- Composed of 175 multiple-choice, objective questions.
- Total testing time of four (3.5) hours.
- Results will be mailed within 6-8 weeks after the close of the testing window
- Can retake test for fee 2xs in yr
- AADE has practice test for $95
- Questions? –
  - AADE (919) 572-6880 or website

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Exam Details

- 25 of the 175 questions are pretest questions and are **not** counted in the determination of individual examination scores.
- Candidates score is based solely on the 150 scored questions

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Exam Content

Domains	# of Questions
• Foundational Knowledge	15
• Assessment/Data Collection	19
• Diagnosis / Problem Identification	19
• Planning and Intervention	45
• Evaluation	22
• Public & Community Health	8
• Quality Improvement / Research	11
• Leadership /Professional Practice	11

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Foundational Knowledge (15):

- Normal metabolism, pathophysiology, comorbidities, complications.
- Nutrition: normal and abnormal digestion, absorption and fuel metabolism
- Behavioral/Mental Health: coping, behavioral change theory, psychiatric/mental illness issues related to diabetes
- Pharmacology: pharmacokinetics, mechanism of action, adverse effects and contradictions and drug interactions.

Assessment and Data Collection (19)

- AADE7 Self-Care behaviors, normal physical examination findings, conducting therapeutic interventions
- Performing comprehensive health history and physical examination and conducting health care resource assessment

Diagnosis/Problem Identification (19)

- Screening and diagnostic criteria
- Diagnostic criteria for complications and
- comorbidities
- Skills in synthesizing assessment and diagnostic findings, formulating differential diagnoses/problem lists, prioritizing problems related to multiple diagnoses and documenting diagnoses.

Planning and Intervention (45)

- Using pharmacotherapy with knowledge of practice guidelines and prescribing info
- Skills in initiating and adjusting medication therapies and using non-pharmacological and lifestyle options and
- Skills in medical nutrition therapy, exercise prescription, mental health issues, weight management and self-monitoring

Evaluation (22)

- Knowledge and skills in expected treatment results, possible adverse outcomes, regulatory guidelines, analyzing complex data, monitoring and interpreting patient outcomes, applying research findings and modifying plans of care.

Public and Community Health (8):

- Public health trends, national health initiatives, prevention strategies & programs
- Using local, state & databases for trending, conducting community assessment; program planning, implementation, evaluation and influencing public policy.

Quality Improvement and Research (11):

- Knowledge and skills for improving process or outcomes, formulating plausible research question; conduction a literature search, critiquing the appropriateness of data sources
- Knowledge of validity and reliability, research design and statistical tests, determining significance, collection and organization of data and analyzing results.

Leadership and Professional Practice (11)

- Knowledge of healthcare delivery systems, building teams and partnerships
- Laws protecting individuals with disabilities, conflict of interest and abuse issues.
- Incorporating ethical principles into practice

Your questions

- What standards are used? ADA, AACE and from which year?
- What are the most important study tools?
  - ADA and AACE Stds / Clinical Guidelines
  - Nurses Complete Guide to Diabetes Care
  - Level 3 Online Courses – Special Pops
- What is best source of info on newer diabetes medications?
- Passing score?

The AADE BC-ADM uses the following scale:

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

Other Clinical Books that will Help www.DiabetesEd.net

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AADE – The Art and Science of Diabetes Self Management Ed and Review Guide– 2nd Ed

A&S for $229

Both for $279

Save $20- use coupon code twenty

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Advanced Practice Courses

- Live Seminar
  - Oakland in August
  - San Diego in Sept
- Online University – Level 3 | For Advanced Practice
  - Critical Assessment
  - Lower Extremity Assessment
  - Basal Bolus Therapy
  - Cancer and Diabetes
  - New Horizons
  - Meds for Type 2 – Part 2

www.DiabetesEd.net

Resources – DiabetesEd.net
Resources – Level 3

- ADA-Standards of Care A must read if preparing to take the CDE® or BC-ADM Exam.
- Chapter on Diabetes Mellitus and Metabolic Syndrome by Thomassian, excerpted from Cardiac Nursing, 6th Ed
- An Algorithm for Glycemic Control. ACE/AACE 2013
- AACE Medical Guidelines for Clinical Practice for the Management of Diabetes Mellitus. American Association of Clinical Endocrinologists. (2013).

Resources – DiabetesEd.net

- Nurses Guide to Diabetes Care. 2nd edition - Book (2009). Childs, B. (editor). An excellent reference for all health care professionals providing advanced level diabetes care and treatment. Great Study tool
- BC-ADM Summary Report – 4/24/12 – more
- Links to Summary Pages
  - Medications for Lipid Management
  - Medications for Hypertension
  - Management of Neuropathy
- Diabetes Medication PocketCards
- Level 3 Online Courses

Sample Question -1

- A healthy adolescent with 2 year history of type 1 DM returns for a quarterly appt. For the past month, he has experienced abdominal pain and diarrhea after some high carb meals. An advanced diabetes manager's first intervention is to order a:

A. 72-hour fecal fat collection
B. Colonscopy
C. Stool Sample
D. Transglutaminase Autoantibody Test

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Sample Question 2

- A 34 year old male with a BMI of 36 has been treated for type 2 for three years. His wife reports he snores while sleeping. Which symptom supports the presence of obstructive sleep apnea?

  A. Headaches upon wakening

  B. Increased mid morning hunger

  C. Nocturnal polyuria

  D. Unplanned weight loss

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A 40-year-old female patient has a 10-year history of diabetes #3.

- The pt injects 16 units of NPH and 8 units lispro (Humalog) before breakfast, and 8 units of NPH, and 4 units of lispro (Humalog) before dinner. BG pattern is:
  - fasting blood glucose is 100
  - pre-lunch is 240 mg/dL;
  - pre-dinner is 210 mg/dL
  - bedtime is 150 mg/dL.

The advanced diabetes manager recommends:

a. Adding 2 units of Humalog before breakfast.

b. Adding 4 units of Humalog before dinner.

c. Adding 2 units of Humalog before lunch.

d. Decreasing the evening NPH insulin by 2 units.

Sample Question 4

An advanced diabetes manager best facilitates the learning process for adults by:

A. Administering pre and post tests
B. Creating an environment in which the learner is an active participant.
C. Delivering content using a standardized slide presentation
D. Insisting upon full participation

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Sample question 5

- A 54-year-old male patient with type 2 diabetes and asthma is obese. On glimepiride (Amaryl) 6 mg daily for a year and prednisone 15 mg daily for two week s. The patient's fasting /postmeal levels have increased by 70 to 100 mg/dL since initi ating prednisone. The advanced diabetes manager's recommendation is to:

a. Discontinue the prednisone.

b. Increase the Amaryl dose.

c. Initiate insulin therapy.

d. Recheck the A1C level at the next visit.

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A female patient in her 20th wk of pregnancy #6

- is taking glyburide (Micronase) 10 mg daily. Her preconception A1C was 6.8%, her current A1C 7.4%. For the past two weeks, her BG levels
  have been between 120 &140 fasting and 120 and 150 one hour postmeal. The advanced
  diabetes manager recommends:

a. Increasing the Micronase dose to 20 mg.

b. Initiating basal-bolus insulin therapy.

c. Monitoring the results of daily fetal movement.

d. Rechecking the A1C level in eight to 10 weeks.

Sample question 7

Current recommendations for screening for diabetes and prediabetes in asymptomatic young adults include:

a. Individuals with a HDL of 52 mg/dl
b. Individuals with a history of Addison's disease
c. Offspring with a parent with type 1 diabetes
d. Women with polycystic ovary disease

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Thank You

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