

Welcome to
Preparing for BC-ADM® Exam
2013



Presented by
Beverly Thomassian, RN, MPH,
BC-ADM, CDE
Diabetes Educational Services

www.DiabetesEd.net

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!

© Copyright 1999-2013, Diabetes Educational Services, All Rights Reserved.

Topics

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



© Copyright 1999-2013, Diabetes Educational Services, All Rights Reserved.

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.				

© Copyright 1999-2013, Diabetes Educational Services, All Rights Reserved.

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

Advanced /expert diabetes educators who skillfully manage complex patient needs, assisting with therapeutic problem solving, counseling and regimen adjustments. At this level, the educator models and mentors others in clinical and program management skills



Bev's Perspective

- First took exam in 2001 (before kids)
- Strong background in inpt management
- Passed test – but opened another professional door in my life – expanded my perspective, encouraged me to keep 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

Why Take the BC-ADM® Exam



- Demonstrates to people with diabetes, employers, and third party payers that the BC-ADM possesses distinct and specialized knowledge, thereby promoting quality of care and *management* of patients with diabetes.
- May provide future opportunities for reimbursement
- ADA Recognized Programs recognize BC-ADMs

© Copyright 1999-2013, Diabetes Educational Services, All Rights Reserved.



..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

2013 – Qualifications

- Clinical licensure plus advanced degree as outlined

AND

- 500 clinical practice hours *advanced diabetes management* within 48 months prior to taking the exam



© Copyright 1999-2013, Diabetes Educational Services, All Rights Reserved.

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?



Scope 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.



SCOPE of BC-ADM



- The depth of knowledge and competence in advanced clinical practice and diabetes skills affords:
 - an increased complexity of decision making which expands the traditional discipline specific practice.
 - Research, mentoring, and continuing professional development are expected skills sets.

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.

© Copyright 1999-2013, Diabetes Educational Services, All Rights Reserved.

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
 - Retesting fees \$220 and \$340

© Copyright 1999-2013, Diabetes Educational Services, All Rights Reserved.

Test Now Computerized



- Window to apply for Spring testing
 - May 1- Take test in June
 - Window to apply for Fall testing
 - November 1- Take test in December
- Complete app 30 days prior to testing window
- 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

© Copyright 1999-2013, Diabetes Educational Services, All Rights Reserved.

Overview of BC-ADM[®] Exam

- Composed of 175 multiple-choice, objective questions with a total testing time of four (3.5) hours.
- Results will be mailed within 6 weeks after the close of the testing window
- Can retake test



© Copyright 1999-2013, Diabetes Educational Services, All Rights Reserved.

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



© Copyright 1999-2013, Diabetes Educational Services, All Rights Reserved.



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

© Copyright 1999-2013, Diabetes Educational Services, All Rights Reserved.

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 the best source of information on the 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



© Copyright 1999-2013, Diabetes Educational Services, All Rights Reserved.

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



Our Price: \$209.00
Both for \$259
www.DiabetesEd.net

© Copyright 1999-2013, Diabetes Educational Services, All Rights Reserved.



Advanced Practice Courses

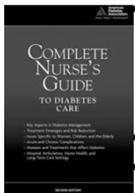
- Live Seminar
 - San Diego – Diabetes Ed Course + Adv Practice on Sept 18th
- Online University – Level 3 | For Advanced Practice
 - Special Populations – Women, Kids, Older Adult
 - Critical Assessment
 - Lower Extremity Assessment
- Basal Bolus Therapy

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 2009
- [AAACE Medical Guidelines for Clinical Practice for the Management of Diabetes Mellitus](#). American Association of Clinical Endocrinologists. (2011).

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

© Copyright 1999-2013, Diabetes Educational Services, All Rights Reserved.

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



© Copyright 1999-2013, Diabetes Educational Services, All Rights Reserved.

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

© Copyright 1999-2013, Diabetes Educational Services, All Rights Reserved.

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 weeks. The patient's fasting /postmeal levels have increased by 70 to 100 mg/dL since initiating 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.

© Copyright 1999-2013, Diabetes Educational Services, All Rights Reserved.

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

application

© Copyright 1999-2013, Diabetes Educational Services, All Rights Reserved.

100 Question Computerized Exam

- **DiabetesEducationUniversity – Level 2**
- **Preparing for CDE Exam**
 - 100 question computerized quiz
 - Test Taking Tips



You are Going to Do Great!



DiabetesEd.net
Keep in Touch!

© Copyright 1999-2012, Diabetes Educational Services, All Rights Reserved.
