

BC-ADM Board Certified Advanced Diabetes Management

## AADE

# Candidate Handbook For the American Association of Diabetes Educators (AADE) Board Certified Advanced Diabetes Management (BC-ADM) Examination

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#### **INTRODUCTION**

The American Association of Diabetes Educators (AADE) is a multidisciplinary association of healthcare professionals dedicated to integrating self-management as a key outcome in the care of people with diabetes and related chronic conditions. AADE is constantly working toward our vision of optimal health and wellness for all people with diabetes and related chronic conditions. To help us reach this vision, we have created a dynamic organizational structure with a strong mission and values. Our mission: Empower healthcare professionals with the knowledge and skills to deliver exceptional diabetes education, management and support. Our Values consist of the following:

**Leadership:** AADE champions and encourages effective leadership in our organization and in our membership. Our projects and initiatives set the direction and the scope of diabetes education, and we lead the community by developing evidence-based guidelines, offering sound educational programs and promoting outcomes-driven care.

**Integrity:** AADE adheres to the highest ethical principles and shares a commitment to excellence in our work and our external relationships. We respect our members and the individuals they serve, and we demonstrate that through our actions, values and methods.

**Diversity:** AADE is committed to cultural and professional diversity. We are an inclusive and collaborative organization, and we strive to meet the needs of our diverse members and their patient populations.

**Innovation:** AADE embraces innovation and strategic thinking. We value and promote creativity and flexibility when approaching projects, meeting challenges and overcoming barriers.

**Customer Service:** AADE strives to consistently deliver high-quality service and support for our members and other stakeholders. We place the needs of the diabetes educator at the center of our products, programs and activities.

AADE has partnered with Castle Worldwide, Inc. (Castle), a leading certification and licensure firm, to develop this examination. Please use this candidate handbook to understand our processes of application and registration. If you have questions about the processes described here, please contact AADE at (800) 338-3633 or <u>bcadm@aadenet.org</u> or Castle at (919) 572-6880 or <a href="https://www.usensult.com">ibt@castleworldwide.com</a>.

#### **BC-ADM TARGET AUDIENCE STATEMENT:**

The BC-ADM skillfully manages complex patient needs and assists patients with therapeutic problem-solving. Within their discipline's scope of practice, healthcare professionals who hold the BC-ADM certification adjust medications, treat and monitor acute and chronic complications and other comorbidities, counsel patients on lifestyle modifications, address psychosocial issues, and participate in research and mentoring.

#### **CREDENTIAL DESIGNATION**

Upon successful achievement of the board certification, advanced diabetes managers will be awarded the board certified-advanced diabetes management credentials of BC-ADM. Candidates may use the credentials as long as their certification is current.

## **EXAMINATION REGISTRATION**

## Eligibility

Candidates must complete the following before submitting an application. See the details following the chart for additional information.

| Eligibility<br>Criteria | Registered<br>Nurse   | Registered<br>Dietitian   | Pharmacist  | Physician<br>Assistant  | Physician                       |
|-------------------------|---|---|---|---|---------------------------------|
| Licenses/Registration   | Current, active<br>RN license   | Current, active<br>dietitian<br>registration  | Current, active<br>pharmacist<br>registration/<br>licensure   | Current active<br>physician<br>assistant<br>license   | Current active<br>MD/DO license |
| Advanced Degree         | Master's or<br>higher degree<br>in a relevant<br>clinical,<br>educational, or<br>management   | Master's or<br>higher degree<br>in a relevant<br>clinical,<br>educational, or<br>management | Master's or<br>higher degree<br>in a relevant<br>clinical,<br>educational, or<br>management<br>PharmD | Master's or<br>higher degree<br>in a relevant<br>clinical,<br>educational, or<br>management | MD/DO                           |
| Experience              | 500 clinical practice hours within 48 months prior to taking certification<br>examination. (Clinical hours must be after relevant licensure and advanced<br>degree has been obtained.)  |   |   |   |                                 |
| Level of Practice       | Skillfully manages complex patient needs and assists patients with therapeutic<br>problem-solving. Within their discipline's scope of practice, healthcare professionals<br>who hold the BC-ADM certification adjust medications, treat and monitor acute and<br>chronic complications and other comorbidities, counsel patients on lifestyle<br>modifications, address psychosocial issues, and participate in research and mentoring. |   |   |   |                                 |

\* Other advanced degrees will be considered on an individual basis.

## Registered Nurse Eligibility Criteria:

- 1. Hold a current, active RN license in a state or territory of the United States or the professional, legally-recognized equivalent in another country.
- Hold a master's or higher degree in a relevant clinical, educational, or management area such as education (med), nutrition, gerontology, advance diabetes management, or other area relevant to the credential from an accredited school (e.g., Commission on Collegiate Nursing Education (CCNE), National League for Nursing Accrediting Commission (NLNAC), or the Higher Learning Commission (HKC)).
- 3. Within 48 months prior to applying for this certification exam, complete a minimum of 500 clinical practice hours in advanced diabetes management.

## Registered Dietitian Eligibility Criteria:

1. Hold a current, active dietitian registration in a state or territory of the United States or the professional, legally-recognized equivalent in another country.

- 2. Hold a master's or higher degree from an ADA accredited school in a clinically relevant area, such as nutrition, public health, education (med), exercise, sports nutrition, counseling, or gerontology.
- 3. Within 48 months prior to applying for this certification exam, complete a minimum of 500 hours of clinical practice in advanced clinical diabetes management after obtaining registration as a dietitian.

## Registered Pharmacist Eligibility Criteria:

- 1. Hold a current, active pharmacist registration in a state or territory of the United States or the professional, legally-recognized equivalent in another country.
- 2. Hold a master's or higher degree in pharmacy from an ACPE accredited school.
- 3. Within 48 months prior to applying for this certification exam, complete a minimum of 500 hours of clinical practice in advanced clinical diabetes management after obtaining registration as a pharmacist.

## Physician Assistant Eligibility Criteria:

- 1. Hold a current, active physician assistant license in a state or territory of the United States or the professional, legally-recognized equivalent in another country.
- 2. Hold a master's or higher degree from an ARC-PA accredited school in a clinically relevant area, such as nutrition, public health, education (med), exercise, sports nutrition, counseling, or gerontology. OR hold a PharmD
- 3. Within 48 months prior to applying for this certification exam, complete a minimum of 500 hours of clinical practice in advanced clinical diabetes management.

#### Physician Eligibility Criteria:

- 1. Hold a current, active MD/DO license in a state or territory of the United States or the professional, legally-recognized equivalent in another country.
- 2. Within 48 months prior to applying for this certification exam, complete a minimum of 500 hours of clinical practice in advanced clinical diabetes management.

## All requirements must be completed prior to submitting your application for the examination.

#### **Application Process**

Applications must be submitted prior to examination registration. Note that the examination is computer-based and offered only through Castle's approved proctored testing centers.

Applications are accepted on a continual basis. The examination is offered during one-month testing windows in June and December following the application's approval. Please note that your application must be completed at least 30 days prior to the opening of the testing window. **Late applications are accepted up to 15 days prior to the opening of the testing window for an additional fee of \$50.** The testing appointment must be made at least seven (7) days prior to the test date during the scheduled testing window.

An online application is available through the AADE candidate registration system at <u>www.castleworldwide.com/aade</u>. You will be prompted to create an online profile that will serve as the basis for all interaction with Castle. You should record your username, password, and email address as used on the application for future reference and/or access to the system at a later time. You must register with the name that appears on the government-issued photo identification that you will use to enter the testing center to sit for your examination.

To register for the BC-ADM examination, you must submit the following application materials:

- 1. Completed application form, including demographic information, information associated with your 500 clinical advanced diabetes management practice hours, and attestation regarding the veracity of the information submitted
- 2. Electronic copy of current RN, RD, RPh, MD/DO, or PA license (or a letter from the State Board of Licensing)
- 3. Electronic copy of unofficial transcripts or school diploma for master's level (or higher) degree
- 4. Appropriate fee

Complete applications will be evaluated and candidate eligibility determined within seven (7) business days of receipt. If the application is incomplete, a notice will be issued to the candidate either by email or first-class mail. If the application is not completed within 90 days of submission, the application will be closed.

#### Fees

The examination fee is as follows. This fee includes the processing of the examination registration and one testing appointment.

\$600 AADE members

\$900 Non-member (membership not included)

The fee must be paid in U.S. funds to Castle by Visa or MasterCard.

#### **Retest Fees**

Candidates who fail the examination will receive information on scheduling a second testing appointment. The examination retake fee is \$220 for AADE members and \$340 for non-members. This fee must be paid before scheduling a new testing appointment.

All retest fees are non-refundable.

#### Deadlines

Candidates are strongly encouraged to complete their applications at least 60 days prior to their desired testing date. There are two testing windows per year – June and December. The deadline for registration for the June window is May 1 and the deadline for the December window is November 1.

| Application Received By: | Application<br>(Including \$50 Late Fee)<br>Received By: | Testing Window: |
|--------------------------|--|-----------------|
| May 1                    | May 15   | June            |
| November 1               | November 15  | December        |

If a candidate misses the deadline, their application is credited toward the next window.

## Scheduling

As early as 30 days prior to the beginning of the testing window, Castle will send notification of eligibility to sit for the examination and will provide directions on how to schedule a testing session through Castle's online scheduling system. Most test sites will have morning and afternoon testing sessions available. Castle will do its best to accommodate the requested test site and date. Seats are filled on a first-come, first-served basis, based on test center availability.

Note that candidates who wish to test at an international test site must pay an additional scheduling fee of \$150. Payment is due at the time of scheduling.

Candidate eligibility will be valid for two consecutive testing windows, and candidates will be permitted one testing attempt per window. If a candidate does not take the examination for which he/she applied or successfully complete the application within the two consecutive testing windows, the application will be closed and the candidate must submit a new application with the required supporting documentation and "first-time" candidate fees. An email reminder will be issued to schedule testing to eligible candidates who have not yet completed test scheduling.

Candidates will receive confirmation including exact test location, date, and time via email, which must be printed and taken to the site on the test date. **The candidate must take this document to the site on the test date.** 

## **Registration and Testing Process**

- 1. Review this candidate handbook prior to scheduling your examination. Failure to follow the instructions can cause a delay of your examination registration. For questions regarding examination registration, contact Castle at <a href="https://ibtacastleworldwide.com">ibt@castleworldwide.com</a>.
- 2. Complete the exam registration (www.castleworldwide.com/aade) and pay your testing fee. You must register with your full name as it appears on your government-issued photo identification. In order to receive important electronic correspondence about scheduling your testing session, please ensure that your email program will accept emails from ibt@castleworldwide.com.

3. Schedule a testing session. As early as 30 days prior to the testing window, Castle will send notification of eligibility to sit for the examination and will provide directions on how to schedule a testing session.

This notice will provide candidates the URL to access the online test scheduling system to select a testing session based on available seating. Candidates will select from a listing of available testing centers by geographical location and test date. Note that candidates who wish to test at an international test site must pay an additional scheduling fee of \$150. Payment is due at the time of scheduling.

Candidates must submit their test scheduling request at least seven (7) days prior to their preferred test date during the scheduled testing window.

4. You will be notified of the exact test location, date, and time via email. You must bring your printed confirmation with you to the test site.

You must also bring photo identification with signature to the test site. Acceptable forms of identification include driver's licenses, passports, and government-issued identification cards. Unacceptable forms of identification include gym memberships, warehouse memberships, school identification cards, credit cards, and identification with signature only (no photo).

- 5. Please plan to arrive at the testing center at least 15 minutes prior to the start of the testing session. Those who arrive late for testing sessions may not be permitted to test.
- 6. Sit for the examination. The examination consists of 175 multiple-choice questions. You will be given three and a half (3.5) hours to complete the examination.
- Wait for the examination results. Examination results will be mailed approximately six (6) weeks after the <u>close</u> of the testing window. Examination results will be released only in writing by mail. Examination results will not be released by telephone or fax.

#### **Eligibility Audits**

10% percent of candidate new and renewal applications will be audited to ensure compliance with the eligibility criteria. Applications for audit will be selected randomly. If your application is selected for audit, you will receive a certified letter by mail and be provided with instructions on how to supply satisfactory documentation that supports your compliance with the eligibility criteria before your certificate is released.

#### **REASONABLE ACCOMMODATIONS**

Reasonable accommodations provide candidates with disabilities a fair and equal opportunity to demonstrate their knowledge and skill in the essential functions being measured by the examination. Reasonable accommodations are decided based on the individual's specific request, disability, documentation submitted, and appropriateness of the request. Reasonable accommodations do not include steps that fundamentally alter the purpose or nature of the examination.

Reasonable accommodations generally are provided for candidates who have a physical or mental impairment that substantially limits that person in one or more major life activities (e.g., walking,

talking, hearing, and performing manual tasks); have a record of such physical or mental impairment; or are regarded as having a physical or mental impairment.

To apply for reasonable accommodations, the candidate must request the accommodations in the application process and provide documentation that supports reasonable accommodations provided by an appropriate licensed professional on the professional's letterhead. The documentation must include a diagnosis of the disability and specific recommendations for accommodations.

Requests for accommodations must be submitted no later than 45 days prior to opening of the candidate's preferred testing window and candidates must submit their scheduling request at least 30 days prior to their preferred test date within the testing window. It is recommended that this documentation be submitted at least 45 days prior to the preferred testing date.

For more information regarding reasonable accommodations, please contact Castle or AADE.

#### **EXAMINATION INFORMATION**

There are 175 questions on this examination. Of these, 150 are scored questions and 25 are pretest questions that are not scored. Pretest questions are used to determine how well these questions will perform before they are used on the scored portion of the examination. The pretest questions cannot be distinguished from those that will be scored, so it is important for a candidate to answer all questions. A candidate's score, however, is based solely on the 150 scored questions. Performance on pretest questions does not affect a candidate's score.

This test content outline identifies the areas that are included on the examination. The percentage and number of questions in each of the major categories of the scored portion of the examination are also shown.

| Category | Domains of Practice                  | No. of Questions | Percent |
|----------|--------------------------------------|------------------|---------|
| I        | Assessment and Diagnosis             | 47               | 31%     |
| П        | Planning and Intervention            | 48               | 32%     |
| III      | Evaluation and Follow-up             | 37               | 25%     |
| IV       | Leadership and Advanced Professional | 18               | 12%     |
|          | Practice                             |                  |         |
|          | Total                                | 150              | 100%    |

#### **OTHER EXAMINATION INFORMATION**

#### Cancellations, Rescheduling, No-shows, Misconduct and Revocation of Certification

You may cancel or reschedule a testing session up to four (4) business days before your testing appointment through the online scheduling system. A \$50 nonrefundable fee will apply.

| Day of Testing Appointment: | Must Reschedule/Cancel By:     |
|-----------------------------|--------------------------------|
| Monday                      | Tuesday of the previous week   |
| Tuesday                     | Wednesday of the previous week |
| Wednesday                   | Thursday of the previous week  |
| Thursday                    | Friday of the previous week    |
| Friday                      | Monday of the current week     |
| Saturday / Sunday           | Tuesday of the current week    |

Not appearing for your testing appointment or rescheduling your exam less than four (4) business days before your testing appointment will count as your testing appointment. You will be marked as a no-show candidate and your testing fees will be forfeited.

#### **Examination Rules**

AADE and Castle follow industry standard testing rules as outlined below.

#### **Prohibited Items**

Candidates are expressly prohibited from bringing the following items to the test site:

- Cameras, cell phones, optical readers, or other electronic devices that include the ability to photograph, photocopy, or otherwise copy test materials
- Notes, books, dictionaries, or language dictionaries
- Book bags or luggage
- iPods, MP3 players, headphones, or pagers
- Calculators, computers, PDAs, or other electronic devices with one or more memories
- Personal writing utensils (i.e., pencils, pens, and highlighters)
- Watches
- Food and beverage
- Hats, hoods, or other headgear

If Castle testing personnel determine that you have brought any such items to the test site, they may be remanded and held for an indefinite period of time by Castle testing personnel. We reserve the right to review the memory of any electronic device that may be in your possession at the testing center to determine whether any test materials have been photographed or otherwise copied.

If our review determines that any test materials are in the memory of any such device, we reserve the right to delete such materials and/or retain them for subsequent disciplinary action. Upon completion of our review and any applicable deletions, we will return your device to you, but will not be responsible for the deletion of any materials that may result from our review, whether or not such materials are test materials.

By bringing any such device into the test site in contravention of our policies, you expressly waive any confidentiality or other similar rights with respect to your device, our review of the memory of your device and/or the deletion of any materials. Castle, the examination site, and the test administration staff are not liable for lost or damaged items brought to the examination site.

#### **Examination Scoring**

Examination results will be mailed approximately six (6) weeks after the <u>close</u> of the testing window. Examination results will be released only in writing by mail, not by telephone or fax.

#### Certificates

After passing the examination, candidates will receive a personalized certificate, which is suitable for framing, and a wallet card. In the case of an eligibility audit, certificates will be held until the audit is complete.

#### **Examination Retakes**

Individuals who do not pass the certification examination may retest in the next testing window. Candidates may not take the examination more than two times in any 12-month period. Candidates who need to retest will receive a Notice to Schedule (NTS) 45 days before the next testing window. During the scheduling process, candidates will be prompted to pay the retake fee (\$220 for AADE members and \$340 for non-members). Candidates will not be officially scheduled for their retake exam until the retake fee has been paid at the end of the scheduling process.

#### Misconduct

Individuals who engage in any of the following behaviors will be dismissed from the examination, their scores will not be reported and examination fees will not be refunded. Examples of misconduct are when a candidate:

- Creates a disturbance, is abusive, or otherwise uncooperative;
- Displays and/or uses electronic communications equipment such as cellular phones, PDA's
- Gives or receives help or is suspected of doing so
- Attempts to take the examination for someone else
- Is observed with notes; books or other aids.

## **Revocation of Certification**

The certification of a candidate may be revoked or a candidate may be denied the right to sit for certification for any of the following reasons:

- Failure to complete or fulfill requirements for certification or certification renewal
- Determination that certification or certification renewal was improperly granted or that there was misstatement of facts submitted by a candidate in his/her application for certification or recertification.
- Failure to maintain professional integrity
  - Integrity: Integrity demands honesty and candor which must not be subordinated to personal gain an advantage. Allowance can be made for innocent error and legitimate differences of opinion, but integrity cannot co-exist with deceit or subordination of one's principles.
- Revocation for failure to maintain all levels of professional licensure is automatic and nondiscretionary. All other grounds for revocation of certification are discretionary

## FOR MORE PREPARATION

#### **Demo Test**

Castle offers a free online tutorial and demo test to familiarize candidates with the computer-based testing environment. The online demonstration and tutorial are accessible at any time, anywhere, through any computer with Internet access. Candidates may access the tutorial and demo on Castle's website https://www.castleworldwide.com/castleweb/candidates/sample-tests/index.aspx. The demo is not intended to be a review of AADE examination content.

#### **Practice Exam is Available**

AADE offers a 75 item timed online practice test for the Board-Certified Advanced Diabetes Management Certification exam. This practice test reflects current exam content. All items are multiplechoice format. Similar to the certification exam, this practice test includes items that reflect tasks and knowledge across the four domain areas of advanced diabetes management. You have 90 minutes to complete your test.

The practice exam is intended to supplement your overall study efforts. Your total score for this BC-ADM practice test should not be viewed as a predictor of performance on the Board-Certified Advanced Diabetes Management Certification exam.

Candidates are provided with an overall score plus information about their performance across each of the four domains tested on the practice test. This test does not provide information about correct/incorrect responses at the item level.

For more information on the practice exam visit the BC-ADM page on the AADE website at: <a href="http://www.diabeteseducator.org/ProfessionalResources/Certification/BC-ADM/">http://www.diabeteseducator.org/ProfessionalResources/Certification/BC-ADM/</a>

## RECERTIFICATION

Certification renewal must be completed every five (5) years to maintain your certification. Castle will sent out reminders by email and U.S. mail six (6) months prior to certification expiration. It is the candidate's responsibility to update Castle with any changes in contact information.

For timely processing you should submit your certification renewal application no later than 45 days prior to your certification expiration.

If your certification has expired and is no more than 90 days expired. Castle does charge a late fee of \$50.00. In addition Castle will send a request for approval to AADE. After 90 days the candidate will need to reapply for the exam and meet all the criteria as a new candidate.

**Recertification Requirements -** See the recertification document on the AADE website for more information.

Professional Development *plus* Practice Hours:

- Hold a current, active RN, RD, RPh, PA, or MD/DO license in a state or territory of the U.S. or the professional, legally-recognized equivalent in another country;
- Hold a current BC-ADM certification;
- Complete the professional development requirements for your certification specialty (must be completed within the five (5) years preceding your renewal application submission);
- Complete a minimum of 1,000 practice hours in your certification role and population/specialty (must be completed within the five (5) years preceding your renewal application submission); and
- Pay the renewal fee.

#### **Recertification Fees**

- \$500.00 AADE members
- \$800.00 Non AADE members

#### Frequently asked questions can be found on the AADE website:

http://www.diabeteseducator.org/ProfessionalResources/Certification/BC-ADM/

## Appendix A: Exam Content Outline

| Domain I: Assessment and Diagnosis   | Number of<br>Items<br>47 |
|--|--------------------------|
| Subdomain 1: Therapeutic interviews (e.g., motivational interviewing, open-ended questions)  | 4                        |
| Knowledge of:  |                          |
| a. Motivational interviewing techniques  |                          |
| b. Most effective interview style for various situations   |                          |
| ,  |                          |
| Subdomain 2: Comprehensive history and physical exam<br>techniques across the lifespan (e.g., functional status, sensor<br>fundoscopic, medication and complementary alternative<br>medication review) | y, 6                     |
|  |                          |
| Knowledge of:  |                          |
| <ul> <li>Techniques for obtaining medical, family, and social<br/>history</li> </ul>   |                          |
| <ul> <li>Medication therapy: prescription medications, over-th<br/>counter medications, complementary alternative<br/>medicine, and patient adherence</li> </ul>                                       | e-                       |
| c. Techniques for obtaining nutrition and exercise history   | 1                        |
| d. Developmental and mental status   | ,                        |
| e. Cultural, ethnic, health literacy, and lifestyle assessme   | nt                       |
| f. Self-care skills and behaviors  |                          |
| g. Complications and risks   |                          |
| h. Screening tools for complications   |                          |
| i. Focused physical exam procedures  |                          |
|  |                          |
| Subdomain 3: Physiology and pathophysiology relating to prediabetes, diabetes, complications, and comorbidities  | 5                        |
|  |                          |
| Knowledge of:  |                          |
| a. Normal metabolism   |                          |
| b. Exercise physiology   |                          |
| c. Pathophysiology of prediabetes and diabetes   |                          |
| d. Comorbidities of diabetes   |                          |
| <ul> <li>e. Micro and macrovascular complications associated wit<br/>diabetes</li> </ul>   | h                        |
| f. Nutrient absorption and fuel metabolism   |                          |
| Subdomain 4: Self-care behavior and mental health assessme   | ent 5                    |
|  |                          |
| Knowledge of:  |                          |

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| a.               | dge of:<br>Data required to prioritize and individualize problem list   |                          |
|------------------|---|--------------------------|
| b.               | Individual risk factors   |                          |
|                  |   |                          |
|                  | in II: Planning and Intervention  | Number of<br>Items<br>48 |
|                  | main 1: Standards of diabetes care and clinical practice<br>ines pertaining to intervention (e.g., ADA, AACE, AADE) | 8                        |
| (nowl            | edge of:  |                          |
| a.               | Current guidelines and recommendations pertaining to  |                          |
|                  | planning and intervention (e.g., ADA, AACE, AADE)   |                          |
|                  |   |                          |
|                  | main 2: Nutrition and exercise prescription (e.g., lifestyle entions, MNT, DSME/S)                                  | 7                        |
|                  |   |                          |
| nowl             | edge of:  |                          |
| a.               | Normal and abnormal digestion/absorption/fuel   |                          |
| h                | metabolism<br>Eversise induced changes in fuel metabolism   |                          |
| b.<br>c.         | Exercise induced changes in fuel metabolism<br>Healthy eating principles versus fad diets                           |                          |
| d.               | Appropriate exercise prescription based on evidence,  |                          |
| u.               | standards, and overall patient assessment   |                          |
| e.               | Strategies to promote behavior adoption   |                          |
|                  |   |                          |
|                  | main 3: Pharmacologic therapy options and<br>entions to manage diabetes and related conditions                      | 10                       |
| (nowl            | edge of:  |                          |
| a.               | Pharmacokinetics  |                          |
| b.               | Pharmacodynamics  |                          |
| с.               | Adverse effects and contraindications   |                          |
| d.               | Drug-drug interactions  |                          |
| e.               | Drug-food interactions  |                          |
| f.               | Drug-disease interactions   |                          |
| <u>g</u> .<br>h. | Individualized treatment options and dosing instructions<br>Strategies to promote medication adherence              |                          |
|                  |   |                          |
| ubdo             | main 4: Surgical options for diabetes management,<br>ing their risks and benefits (e.g., weight loss, remission of  | 4                        |
| ncludi           | es, nutritional deficiencies)   |                          |
| ncludi<br>liabet |   |                          |
| ncludi<br>liabet | es, nutritional deficiencies)<br>edge of:<br>Qualifications for, and barriers to, surgery                           |                          |

|   | nain 5: Technology options (e.g., insulin pump, CGM,  | 7                             |
|---|---|-------------------------------|
| apps/s  | oftware)  |                               |
| Knowle  | edge of:  |                               |
| a.  | Medication delivery systems and devices   |                               |
| b.  | Glucose monitoring systems and devices  |                               |
| с.  | Online learning resources and apps for teaching and   |                               |
|   | tracking progress   |                               |
| Subdo   | main 6: Individualization and prioritization of care  | 7                             |
| Knowl   | edge of:  |                               |
| a.  | Medication substitutions for cost effectiveness and   |                               |
| -   | tolerance   |                               |
| b.  | Cultural competency   |                               |
| с.  | Health literacy   |                               |
| d.  | Socioeconomic factors affecting diabetes care and   |                               |
|   | outcomes  |                               |
| -   | Risk stratification and prioritization of patient care  |                               |
| e.  | Risk stratification and prioritization of patient care  |                               |
| f.  | Behavior change theories and techniques   |                               |
| f.<br>Subdoi  | · · ·   | 5                             |
| f.<br>Subdor<br>referra   | Behavior change theories and techniques main 7: Collaboration and coordination of care (e.g.,   | 5                             |
| f.<br>Subdor<br>referra<br>Knowle<br>a.   | Behavior change theories and techniques<br>main 7: Collaboration and coordination of care (e.g.,<br>ls, case management)<br>edge of:<br>Interdisciplinary specialties   | 5                             |
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| f.<br>Subdoi<br>referra<br>Knowle<br>a.<br>b.   | Behavior change theories and techniques<br>main 7: Collaboration and coordination of care (e.g.,<br>ls, case management)<br>edge of:<br>Interdisciplinary specialties<br>Community resources  | Number of<br>Items            |
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| f.<br>Subdoi<br>referra<br>a.<br>b.<br>Domai<br>Subdoi  | Behavior change theories and techniques<br>main 7: Collaboration and coordination of care (e.g.,<br>ls, case management)<br>edge of:<br>Interdisciplinary specialties<br>Community resources<br>n III: Evaluation and Follow-up<br>main 1: Goal-setting using AADE7 Self-care Behaviors <sup>™</sup><br>edge of:  | Number of<br>Items<br>37      |
| f.<br>Subdoi<br>referra<br>Knowld<br>a.<br>b.<br>Domai<br>Subdoi                                  | Behavior change theories and techniques<br>main 7: Collaboration and coordination of care (e.g.,<br>ls, case management)<br>edge of:<br>Interdisciplinary specialties<br>Community resources<br>n III: Evaluation and Follow-up<br>main 1: Goal-setting using AADE7 Self-care Behaviors <sup>™</sup>  | Number of<br>Items<br>37      |
| f.<br>Subdor<br>referra<br>a.<br>b.<br>Domai<br>Subdor<br>Knowle<br>a.                            | Behavior change theories and techniques<br>main 7: Collaboration and coordination of care (e.g.,<br>ls, case management)<br>edge of:<br>Interdisciplinary specialties<br>Community resources<br>n III: Evaluation and Follow-up<br>main 1: Goal-setting using AADE7 Self-care Behaviors <sup>™</sup><br>edge of:<br>AADE7 Self-care Behaviors <sup>™</sup>  | Number of<br>Items<br>37      |
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| f.<br>Subdoi<br>referra<br>Knowld<br>a.<br>b.<br>Domai<br>Subdoi<br>a.<br>b.<br>Subdoi<br>guideli | Behavior change theories and techniques<br>main 7: Collaboration and coordination of care (e.g.,<br>ls, case management)<br>edge of:<br>Interdisciplinary specialties<br>Community resources<br>n III: Evaluation and Follow-up<br>main 1: Goal-setting using AADE7 Self-care Behaviors <sup>™</sup><br>edge of:<br>AADE7 Self-care Behaviors <sup>™</sup><br>Goal-setting principles<br>main 2: Standards of diabetes care and clinical practice                                       | Number of<br>Items<br>37<br>6 |

| Subdomain 3: Patient outcomes and expected treatment results reflecting evidence-based practice (e.g., clinical, quality-of-life)   | 8                          |
|---|----------------------------|
| Knowledge of:   |                            |
|   |                            |
| <ul> <li>a. Individualization of target goals for standards of care</li> <li>b. Medication side effects</li> </ul>  |                            |
| c. Tools to assess quality of life outcomes   |                            |
| c. Tools to assess quality of the outcomes  |                            |
| Subdomain 4: Goal achievement (e.g., SMART goals, identifying obstacles, adherence)   | 7                          |
| Knowledge of:   |                            |
| a. Behavior change theories and techniques  |                            |
| b. Barriers to adherence  |                            |
|   |                            |
| Subdomain 5: Plan Modification  | 8                          |
| Knowledge of:   |                            |
| a. Evidence-based practice guidelines   |                            |
| b. Individualization of management plans  |                            |
| c. Patient empowerment strategies   |                            |
|   |                            |
| · • •   |                            |
| Domain IV: Leadership and Advanced Professional Practice  | Number of<br>Items<br>18   |
|   | Items                      |
| <b>Domain IV: Leadership and Advanced Professional Practice</b><br>Subdomain 1: Regulatory, accreditation/recognition, disease<br>management, and reimbursement programs and standards for<br>institutions and providers.   | Items<br>18                |
| Domain IV: Leadership and Advanced Professional Practice<br>Subdomain 1: Regulatory, accreditation/recognition, disease<br>management, and reimbursement programs and standards for<br>institutions and providers.<br>Knowledge of:   | Items<br>18                |
| Domain IV: Leadership and Advanced Professional Practice<br>Subdomain 1: Regulatory, accreditation/recognition, disease<br>management, and reimbursement programs and standards for<br>institutions and providers.<br>Knowledge of:<br>a. Joint Commission  | Items<br>18                |
| Domain IV: Leadership and Advanced Professional Practice<br>Subdomain 1: Regulatory, accreditation/recognition, disease<br>management, and reimbursement programs and standards for<br>institutions and providers.<br>Knowledge of:<br>a. Joint Commission<br>b. Patient Centered Medical Home  | Items<br>18                |
| Domain IV: Leadership and Advanced Professional Practice<br>Subdomain 1: Regulatory, accreditation/recognition, disease<br>management, and reimbursement programs and standards for<br>institutions and providers.<br>Knowledge of:<br>a. Joint Commission<br>b. Patient Centered Medical Home<br>c. HEDIS  | Items<br>18                |
| Domain IV: Leadership and Advanced Professional Practice         Subdomain 1: Regulatory, accreditation/recognition, disease         management, and reimbursement programs and standards for         institutions and providers.         Knowledge of:         a. Joint Commission         b. Patient Centered Medical Home         c. HEDIS         d. ADA  | Items<br>18                |
| Domain IV: Leadership and Advanced Professional Practice         Subdomain 1: Regulatory, accreditation/recognition, disease         management, and reimbursement programs and standards for         institutions and providers.         Knowledge of:         a. Joint Commission         b. Patient Centered Medical Home         c. HEDIS         d. ADA         e. AADE  | Items<br>18                |
| Domain IV: Leadership and Advanced Professional Practice         Subdomain 1: Regulatory, accreditation/recognition, disease         management, and reimbursement programs and standards for         institutions and providers.         Knowledge of:         a. Joint Commission         b. Patient Centered Medical Home         c. HEDIS         d. ADA         e. AADE         f. Medicare  | Items<br>18                |
| Domain IV: Leadership and Advanced Professional Practice         Subdomain 1: Regulatory, accreditation/recognition, disease         management, and reimbursement programs and standards for         institutions and providers.         Knowledge of:         a. Joint Commission         b. Patient Centered Medical Home         c. HEDIS         d. ADA         e. AADE         f. Medicare         g. OSHA                                  | Items<br>18                |
| Domain IV: Leadership and Advanced Professional Practice         Subdomain 1: Regulatory, accreditation/recognition, disease         management, and reimbursement programs and standards for         institutions and providers.         Knowledge of:         a. Joint Commission         b. Patient Centered Medical Home         c. HEDIS         d. ADA         e. AADE         f. Medicare         g. OSHA         h. CLIA                  | Items<br>18                |
| Domain IV: Leadership and Advanced Professional Practice         Subdomain 1: Regulatory, accreditation/recognition, disease         management, and reimbursement programs and standards for         institutions and providers.         Knowledge of:         a. Joint Commission         b. Patient Centered Medical Home         c. HEDIS         d. ADA         e. AADE         f. Medicare         g. OSHA                                  | Items<br>18                |
| Domain IV: Leadership and Advanced Professional Practice         Subdomain 1: Regulatory, accreditation/recognition, disease         management, and reimbursement programs and standards for         institutions and providers.         Knowledge of:         a. Joint Commission         b. Patient Centered Medical Home         c. HEDIS         d. ADA         e. AADE         f. Medicare         g. OSHA         h. CLIA                  | Items<br>18                |
| Domain IV: Leadership and Advanced Professional Practice         Subdomain 1: Regulatory, accreditation/recognition, disease         management, and reimbursement programs and standards for         institutions and providers.         Knowledge of:         a. Joint Commission         b. Patient Centered Medical Home         c. HEDIS         d. ADA         e. AADE         f. Medicare         g. OSHA         h. CLIA         i. HIPAA | Items         18         5 |

AADE Candidate Handbook

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#### Appendix C: Exam Preparation Tips

#### How to Study

AADE encourages candidates to prepare for the examination by using resources such as those listed in this handbook. (*A list of recommended references can be found in Appendix A.*)

Plan your review methods well in advance of the examination. Think about the study method that is best for you (e.g., individual review, study group, class) and the types of materials that are most helpful (e.g., textbooks, audio or video programs, outlines, memory aids). It may also be helpful to use materials given to you during training activities related to your work.

#### **Managing Test Anxiety**

A little anxiety regarding test taking can be helpful because it stimulates and motivates you to perform at your best; however, severe anxiety can hinder test performance. If you know that you frequently experience severe test anxiety, consider preparing yourself for the examination by developing coping mechanisms to make your tension work for you. In addition, an online demonstration and tutorial are available at <a href="https://www.castleworldwide.com/tds\_v5/asp/home.asp">www.castleworldwide.com/tds\_v5/asp/home.asp</a>. The demonstration and tutorial will familiarize you with the testing environment. They are not intended to be a review of AADE examination content.

Before the day of the examination, visualize and rehearse the testing situation. Imagine yourself taking the examination with a positive attitude and focused, but calm, behavior.

Take measures to reduce your stress during the examination. Use deep-breathing techniques, and be sure to stretch your muscles periodically. Such exercises can reduce both physical and mental stress. If necessary, take a few minutes to imagine a calm, pleasant scene, and repeat positive phrases.

Do not let the comments or behavior of testing personnel or other examinees make you anxious. As examinees are taking different versions of the examination, examinees will finish at different times – some finishing very early, others taking the full three and a half (3.5) hours. Examinees who finish more quickly than you may not perform any better than you. Everyone works at his or her own speed. Some of the best test performers routinely use the total allocated time. Remember that (a) there is no limit to the number of examinees who can receive passing scores, (b) there is no bonus for completing the examination early, and (c) you are not competing with anyone else.

Eating well, avoiding too much alcohol, and maintaining a regular sleep pattern for several days before the examination will 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. Knowing that you are prepared for the test will help to reduce your anxiety.

Finally, your best method for controlling your anxiety is to feel prepared for the test. Designing a study plan well in advance will help you get ready.

#### Tips for Taking the Examination

 Budget your time well. Because you will have three and a half (3.5) hours to complete 175 questions, you will want to complete more than half (87) in less than half the time. This is because you will want extra time after completing the full examination to review questions you either skipped or questions you may have marked for review. Also, allow time so that every hour you can take a minute or so to relax your eyes and stretch your neck and hand muscles.

- Read each question carefully, focusing on what is being asked. If you are uncertain about the answer but nevertheless want to give a tentative response at the time, mark the test question to indicate that you want to review the test question and your answer if time allows. Go back to questions marked in this manner after completing the entire test.
- Read all options before selecting your answer. Always select the best choice.
- Do not overanalyze or try to "read into" a question. Questions are not written to be tricky. Do
  not assume 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.
- If there are questions including the words "not," "accept," or "least," answer with particular care because you will be looking for the exception. These questions involve a reversal of your usual thought patterns.
- 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 test.
- When guessing, use the process of elimination. Treat each option as a true or false statement, and eliminate those that you would not select. Narrow your choices and then make an educated guess.
- Answer every question, because there is no penalty for guessing. Go through the entire test, answering the questions you believe you know and skipping the ones you do not. Leave time at the end of the testing period to go back to the questions you skipped or want to review. If you are running out of time, leave a minute or so at the end to complete all of the blank questions randomly. Remember, you have a 25% probability of answering a question correctly by chance alone, so don't miss any!
- If reading English is difficult for you because English is not your primary language, maximize your time by reading and answering all the shorter questions first. After completing all of the short questions, go back and attempt to answer the longer questions.
- Review the suggested resources listed in this handbook.