WCU DIABETES
EDUCATION SUMMIT

Preparing for the CDE Exam
EXAM BASICS

- 200 multiple-choice, objective questions
- 4 hour testing limit
- Questions are linked to tasks or tasks from a survey of working CDEs
Three Main Content Areas
I. Assessment of Diabetes and Prediabetes (60)
   A. Assess Learning/Self-Care Behaviors (20)
   B. Assess Medical/Health/Psychosocial and Economic Status (20)
   - Assess Current Knowledge and Self-Management Skills (20)
II. Interventions for Diabetes and Prediabetes (89)

A. Collaborate with Patient/Family/Caregiver/Healthcare Team to Develop: (16)

B. Teach/Counsel Regarding Principles of Care (50)

C. Evaluate, Revise, and Document (17)

D. Referral and Follow-Up (6)
III. Disease Management (26)

A. Education and Program Standards (8)
B. Clinical Practice (16)
C. Engage in Diabetes Advocacy (community awareness, health fairs, work place, legislative efforts, media, etc.) (2)
New medical advances, guidelines, or pharmaceuticals impacting diabetes self-management education and/or treatment of diabetes will be included in the Certification Examination for Diabetes Educators no sooner than one year after the information is released.

New diagnostic criteria or specific guidelines impacting diabetes self-management education and/or treatment of diabetes which are released nationally and identified as effective immediately may be included in the examination at any time.
DATES TO REMEMBER

Fall:
- Application Window: July 15- September 15
- Exam Window: November- December

Spring:
- Application Window: January 15- March 15
- Exam Window: May-June
The reference list found on this page may be of help in preparing for the Examination. There has been no attempt to include all acceptable references nor is it suggested that the Examination is necessarily based on these references. Individuals wishing to obtain any of the cited references should contact the organization or company that publishes them. It should not be inferred that Examination questions are necessarily based on any particular book or journal or that studying particular references or attending any review course guarantees a passing score on the Examination. (See “Content of Examination” and “Studying for the Examination” sections on page 44 for additional information.)


In persons with diabetes, the symptoms of serious psychological depression may resemble:

- A. the “dawn phenomenon”.
- B. the onset of nephropathy.
- C. symptoms of chronic hypoglycemic episodes.
- D. symptoms of chronic high blood glucose levels.
According to the most recent American Diabetes Association Guidelines, a diagnosis of diabetes mellitus may be confirmed by the finding of

- A. weight loss.
- B. polydipsia and polyuria.
- C. two random plasma glucose levels of 145mg/dl.
- D. two fasting plasma glucose levels of 135mg/dl.
According to the most recent American Diabetes Association Nutrition Guidelines, the recommended fat content for a diabetes meal plan is

- A. individualized.
- B. 10% caloric intake.
- C. 30% caloric intake.
- D. dependent on age of patient.
According to DCCT participants striving for good control, some adverse effects of intensive treatment were

- A. multiple injections causing lipohypertrophy.
- B. marked hormonal changes requiring more insulin.
- C. weight gain and risk of severe hypoglycemia.
- D. insulin resistance caused by hyperinsulinemia.
Metformin is an oral antidiabetic agent different than that of sulfonylurea drugs. Some features of the drug are that it

- A. stimulates insulin secretion and increases hepatic glucose production.
- B. causes hypoglycemia.
- C. reduces hyperglycemia in persons with diabetes, but does not lower blood glucose levels in persons who do not have diabetes.
- D. results in weight gain and increase in plasma insulin levels.
Which of the following is a major clinical feature of hyperosmolar hyperglycemic nonketotic syndrome?

- A. large ketones
- B. profound dehydration
- C. nausea and vomiting
- D. severe acidosis
A 25 year old female is on a basal/bolus regimen using Lantus (insulin glargine) at bedtime and Humalog (insulin lispro) before meals. For the past 5 days, her morning fasting blood glucose tests have been consistently high, but all other blood glucose tests during the day have remained in her suggested target range. Which of the following changes in insulin regimen would MOST likely be recommended?

- A. increase the evening meal Humalog dose
- B. increase the bedtime Lantus dose
- C. decrease the evening meal Humalog dose
- D. decrease the bedtime Lantus dose
One of the most important keys to successful management of type 2 diabetes is teaching the person:

- A. meal planning.
- B. regular urine testing.
- C. signs and treatment of hypoglycemia.
- D. selection and use of over-the-counter medications.
A 14 year-old female is currently on insulin pump therapy. It is noted that her hemoglobin A1c is 14%. She insists that she boluses for her insulin based on suggested insulin/carbohydrate ratios and insulin sensitivity factors. What is the MOST likely reason for her high A1C?

- A. The insulin/carbohydrate ratios for meals need to be increased.
- B. The insulin sensitivity factor needs to be decreased.
- C. Her infusion sets need to be changed more frequently.
- D. She forgets to bolus for meals and snacks.
A 48 year-old man with type 2 diabetes wants to begin an exercise program. He has had diabetes for 8 years, takes no medication, monitors blood glucose twice a day, has no complications from diabetes, is 130% of ideal body weight, and follows a 1500 calorie diet. What adjustments to food intake, if any, should be suggested to him?

- A. He should carry a fast-acting carbohydrate with him.
- B. He should increase his diet by 300 calories to prevent hunger during exercise.
- C. He should increase his carbohydrate intake before exercising.
- D. There should be no change in diet.
THANK YOU!