Medical Professional

CDCES

Certified Diabetes Care and Education Specialist Certification Exam

Latest Version: 6.1

Question: 1

A client with type 1 diabetes takes a basal dose of long-acting insulin as well as mealtime insulin on a sliding scale. His glucose readings (in mg/dL) before meals and at bedtime vary widely:

Day	Fasting	Lunch	Dinner	Bedtime
Day 1	110	64	304	188
Day 2	107	288	298	163
Day 3	112	178	302	150

The most likely solution is to:

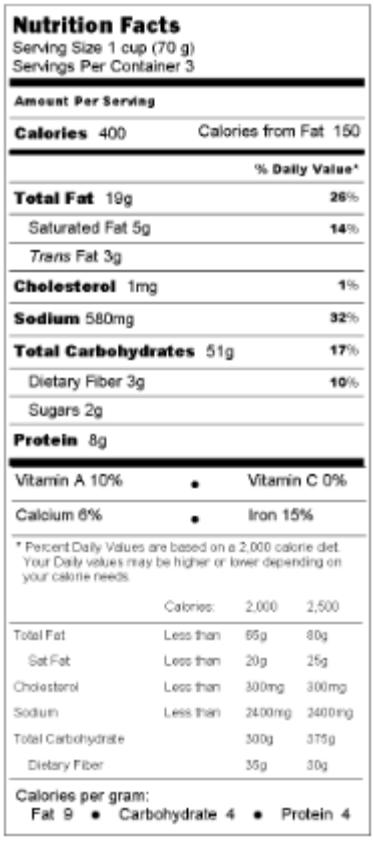
A. Increase the basal dosage of insulin.
B. Increase the basal and mealtime dosages of insulin.
C. Decrease the carbohydrate intake at meals.
D. Adjust the carbohydrate intake and mealtime insulin dosages.

Answer: D

Explanation:
Basal insulin controls glucose levels when a person is fasting. In this case, the morning fasting glucose levels are good (107-112 mg/dL), which suggests that the problem lies elsewhere. However, the clients glucose levels fluctuate significantly around mealtime, suggesting that the mealtime insulin dosages and the carbohydrate intake for the meals need to be assessed and adjusted to ensure that they are properly balanced to achieve optimum glucose control. The mealtime insulin dosages may be inadequate, and the client's carbohydrate intake at mealtimes may be very inconsistent.

Question: 2

A patient states that he eats about half of the package of this product at one time. What is the approximate total amount of carbohydrates the patient consumes of this product?



Nutrition Facts
Serving Size 1 cup (70 g)
Servings Per Container 3

Amount Per Serving

Calories 400	Calories from Fat 150
	% Daily Value*
Total Fat 19g	**26%**
Saturated Fat 5g	**14%**
Trans Fat 3g	
Cholesterol 1mg	**1%**
Sodium 580mg	**32%**
Total Carbohydrates 51g	**17%**
Dietary Fiber 3g	**10%**
Sugars 2g	
Protein 8g	

Vitamin A 10%	Vitamin C 0%
Calcium 6%	Iron 15%

* Percent Daily Values are based on a 2,000 calorie diet. Your Daily values may be higher or lower depending on your calorie needs.

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2400mg	2400mg
Total Carbohydrate		300g	375g
Dietary Fiber		35g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

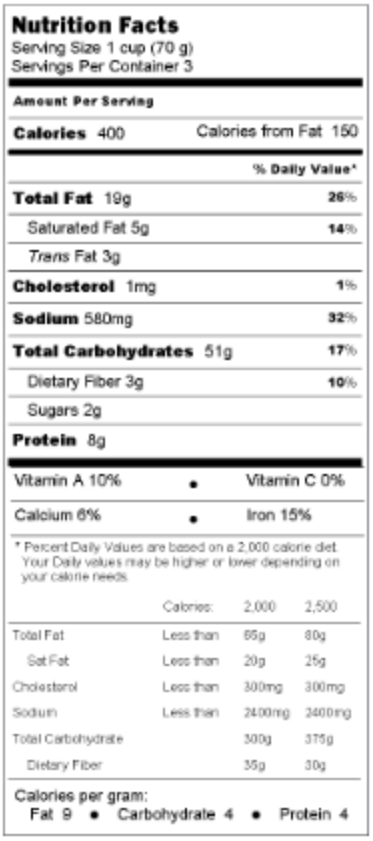
A. 25 g
B. 51 g
C. 75 g
D. 102 g

Answer: C

Explanation:
Approximately 75 grams of carbohydrates are consumed when the patient eats half of the package of this product. There are three serving per package: therefore, half of the package would be equivalent to 1.5 servings. Carbohydrates listed on the label are per serving, so 51 times 1.5 is about 75 g of carbohydrate.

Question: 3

The patient claims that this is an ideal food for him. He says that he is not worried about counting his carbs for this food because the package says that the food is listed as a low- glycemic-index food. The label also tells him that the sugars are pretty low and so based on that alone, this food is a good choice. Finally, the fiber is high, which means that he does not need to count some of the carbohydrates. Which of the following statements is NOT correct in this situation?



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Dietary Fiber		35g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

A. The amount of fiber in this food is not high enough to discount from total carbohydrates.
B. The total sugar is not important because the starches rapidly convert to glucose as well.
C. Even though the food may be a low-glycemic-index food. moderation and tracking of all carbs is still needed.
D. The patient is correct. The combination of low sugar, low glycemic index, and high fiber make this an ideal food choice, in any amount.

Answer: D

Explanation:
The statement that is not applicable in this situation is that the patient has correct assumptions about this food. All of the other answer choices are correct. The fiber in this food is not high enough to discount from total carbs. The sugars are not as important as the total carbs, nor is the glycemic ranking (i.e., glycemic index) of the carbs. These are all common mistakes patients make when interpreting nutritional information on product packaging.

Question: 4

Based on his statements, Mr. Jones most fits which transtheoretical model stage of change?
B Jones, a 78-year-old African American male newly diagnosed with type 2 diabetes, is accompanied by his daughter for his initial DSMES assessment visit. He admits that he has poor eyesight (at least close-up) and sometimes forgets things. He states that he is willing to learn about his diabetes and is willing to

make some minor changes in his lifestyle if it will help him have more energy' to play golf and play with his grandchildren. He does not do much cooking (he leaves that to his daughter or eats out); presently he walks for 15 minutes each weekday and plays 9 holes of golf every weekend. His BMI is 25 kg/m2, BP is within normal limits, and HbA1c at this time is 8.2%. He states that has no known diabetes-related complications: his daughter confirms this and his patient medical record lists none either.

A. Precontemplation
B. Contemplation
C. Action
D. Maintenance

Answer: B

Explanation:
Contemplation, characterized by a person recognizing a problem and potential benefits, yet remaining hesitant due to concerns over what the change will mean, is the stage of change that best describes this patient. He has stated that he is ready to make minor adjustments if it will help him to achieve his goal. He also qualifies that he wants to learn but is hesitant because he does not see or remember well, and he has little perceived control over his food choices. In precontemplation, patients do not yet recognize the problem or the need to make changes. In action, the person is actively engaged in the change process. In maintenance, the person works to sustain the change and help it become habit. None of these last three options apply to Mr. Jones.

Question: 5

Which of the following would be an appropriate behavioral objective (both in terms of the goal itself and how it is stated) for Mr. Jones?
B Jones, a 78-year-old African American male newly diagnosed with type 2 diabetes, is accompanied by his daughter for his initial DSMES assessment visit. He admits that he has poor eyesight (at least close-up) and sometimes forgets things. He states that he is willing to learn about his diabetes and is willing to make some minor changes in his lifestyle if it will help him have more energy' to play golf and play with his grandchildren. He does not do much cooking (he leaves that to his daughter or eats out); presently he walks for 15 minutes each weekday and plays 9 holes of golf every weekend. His BMI is 25 kg/m2, BP is within normal limits, and HbA1c at this time is 8.2%. He states that has no known diabetes-related complications: his daughter confirms this and his patient medical record lists none either.

A. "I will choose items from the restaurant menu that fit with my healthy eating plan, including vegetables, low-fat meat, and 3 servings of carbohydrates."
B. "I will understand the reasons that I need to monitor my blood sugar."
C. "I will know the difference between my diabetes medications."
D. "By modifying eating patterns, taking medication, and increasing frequency of self- monitoring, my HbA1c will be within less than 8% within six months."

Answer: A

Explanation:

"I will choose items from the restaurant menu that fit with my healthy eating plan, including vegetables, low-fat meat, and 3 servings of carbohydrates" is an appropriate, well-written behavioral objective. Behavioral objectives should begin with an action word: choose as opposed to understand or know. In addition, they should reflect the desired behavior, rather than the clinical outcome (e.g., lab values). Finally, they should be customized and meaningful to the patient.

Question: 6

Which question below is the best example of an appropriate patient empowerment question the diabetes educator might ask Mr. Jones?
B Jones, a 78-year-old African American male newly diagnosed with type 2 diabetes, is accompanied by his daughter for his initial DSMES assessment visit. He admits that he has poor eyesight (at least close-up) and sometimes forgets things. He states that he is willing to learn about his diabetes and is willing to make some minor changes in his lifestyle if it will help him have more energy' to play golf and play with his grandchildren. He does not do much cooking (he leaves that to his daughter or eats out); presently he walks for 15 minutes each weekday and plays 9 holes of golf every weekend. His BMI is 25 kg/m2, BP is within normal limits, and HbA1c at this time is 8.2%. He states that has no known diabetes-related complications: his daughter confirms this and his patient medical record lists none either.

A. 'You do not want to end up on dialysis, do you?"
B. 'What do you think your HbA1c should be?"
C. 'What effect do you think changes such as taking your medication and eating better might have on your daily life?"
D. "I think that we need to set a goal for you to lose some weight. Ten pounds would put you closer to a normal BMI. How does that sound to you?"

Answer: C

Explanation:
Open-ended questions that cause the patient to ponder pros and cons of behavior changes empower the patient to make those changes based on good understanding. Choice A is a redundant and patronizing question. No patient wants to end up on dialysis; therefore, the purpose of this type of question is not to gain actual information from the patient or to empower, but rather to warn or badger. This type of question is likely to make the patient feel childlike and not in control. Furthermore, it is not open-ended; it is inappropriate. Choice B is a probing question that might be helpful in assessing the patient's knowledge but does not empower him to make changes. Choice D is not the best answer because it did not originate from the patient while the goals may be appropriate, they are the educator's and not the patient's. Collaboration is important, but empowerment comes from self-identification of challenges, emotions, and solutions that lead to change.

Question: 7

Which of the following is an example of an instructional method that would be LEAST appropriate for Mr. Jones?
B Jones, a 78-year-old African American male newly diagnosed with type 2 diabetes, is accompanied by his daughter for his initial DSMES assessment visit. He admits that he has poor eyesight (at least close-

up) and sometimes forgets things. He states that he is willing to learn about his diabetes and is willing to make some minor changes in his lifestyle if it will help him have more energy' to play golf and play with his grandchildren. He does not do much cooking (he leaves that to his daughter or eats out); presently he walks for 15 minutes each weekday and plays 9 holes of golf every weekend. His BMI is 25 kg/m2, BP is within normal limits, and HbA1c at this time is 8.2%. He states that has no known diabetes-related complications: his daughter confirms this and his patient medical record lists none either.

A. Group discussion on choosing healthy food options at a restaurant
B. One-on-one, hands-on BG meter training
C. Role-playing on how Mr. Jones would react if he accidentally took a double dose of his diabetes medication
D. Printed material (e.g„ the package insert) from the manufacturer regarding the side effects of the medications

Answer: D

Explanation:
Printed material from the drug manufacturer regarding the side effects of medications is the least likely to be helpful to Mr. Jones. First, he admits that he has poor near-sight vision and so reading may be difficult. In addition, while printed information is valuable to reinforce instruction, it does not yield the retention of more active teaching methods, including group discussion, hands- on demonstration/return demonstration, or role-playing whether individually or in a group.

Question: 8

Which of the following options below is the BEST example of an appropriate SMART (specific, measurable, attainable, relevant, time-bound) behavioral goal for Mr. Jones?
B Jones, a 78-year-old African American male newly diagnosed with type 2 diabetes, is accompanied by his daughter for his initial DSMES assessment visit. He admits that he has poor eyesight (at least close-up) and sometimes forgets things. He states that he is willing to learn about his diabetes and is willing to make some minor changes in his lifestyle if it will help him have more energy' to play golf and play with his grandchildren. He does not do much cooking (he leaves that to his daughter or eats out); presently he walks for 15 minutes each weekday and plays 9 holes of golf every weekend. His BMI is 25 kg/m2, BP is within normal limits, and HbA1c at this time is 8.2%. He states that has no known diabetes-related complications: his daughter confirms this and his patient medical record lists none either.

A. Lose ten pounds by October 31 (3 months) by increasing walking to 25 minutes per day and limiting second helpings to just vegetables.
B. Reduce HbA1c to 6% by October 31 (3 months) by checking blood glucose twice daily and starting insulin.
C. Improve diabetes and overall health by doing the things he learned in the diabetes class.
D. Take good care of himself for the rest of his life by eating better, taking medicine consistently, checking blood sugar, getting good rest, checking feet daily, and keeping all medical appointments.

Answer: A

Explanation:
"Lose ten pounds by October 31 (3 months) by increasing walking to 25 minutes per day and limiting second helpings to just vegetables" is the best example of a SMART behavioral goal for this patient. This goal is measurable (in pounds and in minutes walked), it is attainable (not too ambitious at less than 1 pound per week), and has a time limit element (3 months). In addition, it is relevant to the patient He states that he wants to be able to play more golf and play with his grandchildren. Modest weight loss will have a direct impact on his ability to be able to do the things he wants to do. Choice B does not speak to behavior, it is likely to be a healthcare provider goal and does not extend to what the patient wants out of life. In addition, 6% HbA1c may not be appropriate for a man his age in many cases. Choice C is too vague (improve diabetes and overall health) and too all-encompassing (doing everything learned in diabetes class). The same is true for choice D, which packs too many behaviors into one goal. It would be better to work on just one or two behaviors at a time.

Question: 9

Mr. Jones's provider has prescribed him Januvia (sitagliptin) QD and a sulfonylurea BID, with a note in the chart to possibly initiate insulin if the patient's HbA1c is not less than 8% in six months. Which of the following items is LEAST important in the initial education plan for this patient?
B Jones, a 78-year-old African American male newly diagnosed with type 2 diabetes, is accompanied by his daughter for his initial DSMES assessment visit. He admits that he has poor eyesight (at least close-up) and sometimes forgets things. He states that he is willing to learn about his diabetes and is willing to make some minor changes in his lifestyle if it will help him have more energy' to play golf and play with his grandchildren. He does not do much cooking (he leaves that to his daughter or eats out); presently he walks for 15 minutes each weekday and plays 9 holes of golf every weekend. His BMI is 25 kg/m2, BP is within normal limits, and HbA1c at this time is 8.2%. He states that has no known diabetes-related complications: his daughter confirms this and his patient medical record lists none either.

A. How to use an insulin pen
B. Preventing, recognizing, and treating hypoglycemia
C. Making appropriate food choices
D. Preventing diabetes-related complications

Answer: A

Explanation:
Use of an insulin pen does not need to be addressed in initial DSMES: DSMES is dynamic and changes as patient needs change. The patient is newly diagnosed and is not starting on insulin. If at six months, he needs insulin, then insulin administration should be discussed at that time. Due to the risk for hypoglycemia with sulfonylurea's, a hypoglycemia education should definitely be provided. Likewise, making appropriate food choices applies to anyone with diabetes, even if he claims that he does not have much control over his food since he does not cook. In addition, preventing diabetes-related complications is important information for anyone with diabetes, regardless of age or health status. Prevention topics should include checking feet daily, having regular eye exams and screening labs, monitoring blood glucose, and many others.

Question: 10

A client is advised to eat fruits with a low glycemic index. Which of the following fruits would be the best choice?

A. Pineapple
B. Banana
C. Strawberry
D. Watermelon

Answer: C

Explanation:
The glycemic index ranks foods that contain carbohydrates according to the effect that they have on blood glucose levels. Low-glycemic-index foods (scores of 55 or less) cause blood glucose levels to increase slowly, while high-glycemic-index foods (scores of 70 or greater) cause a rapid spike in glucose levels. Fruits with a low glycemic index include strawberries and other berries, cherries, grapefruit, apricots, apples, pears, oranges, plums, peaches, and grapes. However, just because a food has a low glycemic index, it does not mean that the food is healthy: for example, foods high in fat have a low glycemic index.

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