

| <b>Domain II: Planning and Intervention</b>   | <b>Rating Scale:</b><br>1= Understands 90% of content, little review<br>2= Understands 75% of content, minimal review<br>3= Understands 50% of content, extensive review<br>4= Understands <10% of content, start from beginning |             |
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| <b>Domain II makes up 34% of the BC-ADM exam (13 tasks)</b>   | <b>Self-Rating</b>   | <b>Plan</b> |
| 1. Task: Implement interventions that reflect standards of diabetes care and clinical practice guidelines.                              | 4 questions on the exam  |             |
| Knowledge of:   |  |             |
| a. ADA, ADA/EASD, AACE, ADCES, Endocrine Society, ACOG, ISPAD   |  |             |
| b. FDA-approved therapies   |  |             |
| 2. Task: Incorporate appropriate behavior change models and techniques to improve health outcomes through problem solving and teamwork. | 4 questions on the exam  |             |
| Knowledge of:   |  |             |
| a. DSMES, Diabetes Prevention Program (DPP)   |  |             |
| b. AADE 7 Self-care Behaviors   |  |             |
| c. Behavior change techniques to promote behavior adoption such as motivational interviewing, readiness to change                       |  |             |
| d. Exercise prescription and special considerations   |  |             |
| 3. Task: Educate individuals about medical nutrition therapy.   | 4 questions on the exam  |             |
| Knowledge of:   |  |             |

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| a. Healthy eating principles (e.g., ADA Nutrition Therapy for Adults with Diabetes or Prediabetes: A Consensus Report)    |                         |  |
| 4. Task: Manage pharmacologic therapy options and interventions for diabetes, cardiometabolic, and related conditions.    | 5 questions on the exam |  |
| Knowledge of:   |                         |  |
| a. Therapeutic inertia  |                         |  |
| b. Disease pathophysiology  |                         |  |
| c. Micro-/macrovascular complications   |                         |  |
| d. Drug classes, safety and efficacy, side effects  |                         |  |
| e. Recommended progression for therapeutics   |                         |  |
| f. Deprescribing and overtreatment  |                         |  |
| g. Lipid and hypertension therapy   |                         |  |
| h. Obesity  |                         |  |
| i. Skin abnormalities   |                         |  |
| j. NASH/NAFLD   |                         |  |
| k. Sexual dysfunction   |                         |  |
| 5. Task: Discuss surgical options for diabetes management including eligibility, risks, benefits, and long-term outcomes. | 3 questions on the exam |  |
| Knowledge of:   |                         |  |
| a. Metabolic/bariatric  |                         |  |
| b. Tissue/organ transplant  |                         |  |
| 6. Task: Incorporate technologies into practice for maintenance and/or management of diabetes.                            | 4 questions on the exam |  |
| Knowledge of:   |                         |  |
| a. Insulin pump   |                         |  |
| b. Continuous glucose monitoring (CGM)  |                         |  |

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| c. Apps/software, virtual care, connected devices  |                         |  |
| 7. Task: Collaborate with individuals to individualize and prioritize their care.                  | 4 questions on the exam |  |
| Knowledge of:  |                         |  |
| a. Targets for A1C, glycemic management, TIR, and cardiometabolic conditions                       |                         |  |
| b. Shared decision making  |                         |  |
| c. Social determinants of health   |                         |  |
| d. Stages of growth and development  |                         |  |
| 8. Task: Collaborate with healthcare providers to coordinate care for individuals and populations. | 4 questions on the exam |  |
| Knowledge of:  |                         |  |
| a. Referrals   |                         |  |
| b. Case management   |                         |  |
| c. Risk stratification   |                         |  |
| d. Team-based care   |                         |  |
| e. Value-based care  |                         |  |
| f. EMR tools   |                         |  |
| g. Decision support tools  |                         |  |
| h. Therapeutic inertia   |                         |  |
| i. Quadruple Aim from Institute for Healthcare Improvement   |                         |  |
| 9. Task: Establish and implement measurable self-care goals to improve health outcomes.            | 4 questions on the exam |  |
| Knowledge of:  |                         |  |
| a. SMART goal setting using AADE7 Self-Care Behaviors®   |                         |  |

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| 10. Task: Collaborate with mental health providers to adjust interventions for psychosocial conditions.  | 3 questions on the exam |  |
| Knowledge of:  |                         |  |
| a. Eating disorders, depression, diabetes distress, and mild cognitive impairment (including family caregiving education)                            |                         |  |
| 11. Task: Manage and adapt interventions for special populations.  | 4 questions on the exam |  |
| Knowledge of:  |                         |  |
| a. Children and adolescents, preexisting pregnancy, gestational diabetes (GDM), older adults, steroid-induced diabetes, cystic fibrosis, prediabetes |                         |  |
| 12. Task: Manage diabetes in the hospital and during transitions of care.  | 4 questions on the exam |  |
| Knowledge of:  |                         |  |
| a. Consensus report of the 4 critical times to refer for DSMES   |                         |  |
| b. Interdisciplinary teams related to quality improvement, patient/medication safety, clinical informatics, and decision support                     |                         |  |
| c. Impact/use of personal technology(e.g. pumps, CGM) in inpatient management  |                         |  |
| d. Management of steroid-induced diabetes  |                         |  |
| e. Management of DKA/HHS, hypoglycemia in an inpatient setting   |                         |  |
| f. Evidence-based order sets/protocols   |                         |  |
| g. Glycemic management software  |                         |  |
| h. Variation in insulin requirements with enteral or parenteral feedings   |                         |  |

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| i. Survival skills education and readiness to learn  |                         |  |
| j. IV insulin use and conversion to subcutaneous dosing  |                         |  |
| k. Clearly communicated care plan for post hospital follow up (including identifying and mitigating risk factors for readmission)          |                         |  |
| 13. Task: Engage in telehealth services for diabetes management.   | 3 questions on the exam |  |
| Knowledge of:  |                         |  |
| a. Remote monitoring   |                         |  |
| b. How to effectively provide virtual care (knowledge of available platforms, integration of patient generated health data into the visit) |                         |  |
| c. CMS regulations for virtual visits  |                         |  |
| d. Benefits and limitations  |                         |  |
| e. ICC (Identify, Configure, Collaborate) framework for ongoing use of technology to improve outcomes                                      |                         |  |