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Question: 1

When asked about his personal goal for diabetes education, a patient's reply is, "I don't know what you mean." What would be an appropriate response?

A. "What do you mean you don't know what I mean?"
B. "How do you hope that learning more about diabetes will help you?"
C. Do not say anything; allow him to think longer and then respond.
D. "Well, for example, would you like to achieve your ideal weight, or reach your target blood sugar? You know things like that."

Answer: B

Explanation:
The diabetes educator should rephrase the question to "How do you hope that learning more about diabetes will help you?" The patient may need clarification on what is meant by diabetes education-related goals. Choice (A) is belittling and will put the patient on the defensive. Choice (C) is incorrect because he is awaiting information from the diabetes educator. While silence is appropriate while a patient thinks, it is not appropriate when he has expressed that he needs more information. Choice (D) is not the best choice because the educator is suggesting options ("putting words in his mouth"), rather than allowing the patient to state what really matters to him.

Question: 2

A patient who has identified himself as a visual learner would likely most prefer which method of instruction?

A. Role-playing a scenario in which he orders a balanced meal at a restaurant.
B. Seeing pictures of food portions followed by booklets on meal planning.
C. A spoken explanation of how to adjust insulin depending on pre-meal glucose.
D. Group discussion on challenges relating to dealing with the stress of diabetes.

Answer: B

Explanation:
A visual learner is most likely to prefer and/or benefit from seeing, watching, or reading. to include visual demonstrations and visual aids as well as reinforcement through reading materials. Choices (C) and (D) represent auditory/verbal instructional methods. While role-playing is partially verbal and partially auditory (and partially tactile), it is more action oriented and may therefore be distracting to a strictly visual learner.

Question: 3

A diabetes educator is reading the patient chart of a 30-year-old African-American female, newly diagnosed with diabetes (type is unspecified). Her body mass index (BMI) is recorded as 17.5 kg/m^2. Her BMI falls into which category?

A. Underweight.
B. Normal weight
C. Overweight.
D. Obese.

Answer: A

Explanation:
A BMI of anything less than 18.5 is underweight A BMI of 18.5 to 24.9 is normal weight. A BMI of 25 to 29.9 is overweight. A BMI of 30 and above is obese, with over 40 being extremely or morbidly obese.

Question: 4

What is the main purpose of personal record keeping with regards to dietary habits?

A. The patient is able to look back and feel proud for the positive changes that have been made, thus promoting patient empowerment.
B. A food record allows the patient and educator to review, evaluate, and reassess choices, which can be used to set or modify nutritional goals.
C. Insurance providers need to see evidence of the impact of medical nutrition therapy (MNT) and the food record can be admitted as part of the official patient record.
D. Keeping a food record forces the patient to pay more attention to what he or she is eating, and promotes the important diabetes life skill of recording daily activities.

Answer: B

Explanation:
Food records provide the data by which the current nutrition plan and adherence to that plan may be evaluated by both the patient keeping the record and the educator/provider who reviews it with the patient. While a personal review of the record may encourage the patient, it is not the main purpose. Insurance providers do not require a personal food log, as the RD notes are sufficient documentation. While record keeping is important in diabetes, development of this habit is not the main purpose of keeping a food log, nor is forcing the person to pay more attention to what he/she eats, although that is certainly an added benefit.

Question: 5

Which hypothetical situation would a diabetes educator pose if they wanted to assess a patient's ability to deal with a glucose emergency?

A. You are shopping for items for a special birthday meal that will also fit into your diabetes meal plan. What would you choose?
B. What actions would you take if you were traveling out of state and realized on your trip that you were almost out of insulin?
C. Say you are driving your car and you begin to feel shaky, sweaty, and confused. What would you do?
D. How would you deal with a colleague who found out you have diabetes and proceeded to give you advice you knew to be incorrect?

Answer: C

Explanation:
The situation that describes driving while experiencing hypoglycemia symptoms is the best choice to assess a patient's ability to deal with a glucose emergency. Hypothetical situations are excellent ways to assess a patient's diabetes knowledge; however, the diabetes educator must construct situations that will test the type of knowledge they are trying to assess. Choice (A) would assess a patient's ability to make appropriate food choices. Choice (B) deals with problem solving related to travel and how to acquire medication, and choice (D) addresses the healthy coping skill of dealing with friends who mean well but are misinformed.

Question: 6

A diabetes educator assesses a patient's self-administration of insulin with a non- refillable insulin pen device and a 5 mm pen needle. The patient performs the following actions: clean the end of the pen with alcohol, attach the pen needle, dial the dose, insert the needle into the skin and fully press the button, withdraw after 10 seconds, detach and dispose of the needle, replace the pen cap. What was incorrect about the way the patient performed this skill?

A. He needed to clean the skin with alcohol.
B. He needed to pinch the skin before injecting.
C. He left the pen needle in the skin for 10 seconds after injecting insulin.
D. He needed to prime the needle before dialing the dose.

Answer: D

Explanation:
The patient should prime the needle before dialing the dose for each and every injection.
This is to expel any air in the pen and to "prime" the pen tip with insulin. There is no need to clean the skin with alcohol, as long as the skin is clean. Likewise, pinching of the skin is not necessary unless the patient is very thin or a child. Even then, with the smaller length of pen needle, pinching is not usually needed. After injecting insulin, the patient should leave the needle in the skin for about ten seconds to ensure all the insulin has been delivered. This is a step that many patients forget or were never taught because it is a variation on administration with a syringe.

Question: 7

In a discussion on meal planning, a patient states, "My whole family is from Mexico, and they get offended when I don't want to eat our traditional foods." What type of barrier is this patient is facing?

A. Physical barrier related to problem solving.
B. Interpersonal barrier related to healthy eating.
C. Personal independence barrier related to healthy coping.
D. Financial barrier related to personal independence and family relationships.

Answer: B

Explanation:
An interpersonal barrier may include struggles with family, peers, or with healthcare team members. In this case, that patient's interpersonal struggles relate to her ability to eat healthfully. Other types of barriers include personal (co-morbidities, physical disability, poor coping skills, and inaccurate health beliefs) and environmental (financial constraints, job-related issues, transportation issues, safety of environment, other priorities). These other types are represented in choices A, C, and D, but are not the best choices for the scenario described because they do not focus on relationship with the patients family members.

Question: 8

Which theoretical approach to learning and health behavioral change theory maintains that individuals learn from their personal experiences as well as from observing the actions and experiences of others?

A. Social Cognitive Theory (SCT).
B. Health Belief Model (HBM).
C. Theory of Planned Behavior (TPB).
D. Transtheoretical Model (TTM).

Answer: A

Explanation:
The Social Cognitive Theory maintains that individuals learn from their personal experiences as well as from observing the actions and experiences of others. SCT addresses psychosocial factors that influence health behavior and methods of stimulating behavioral change. The Health Belief Model stipulates that a person's decision to change health behavior depends on several factors, including level of personal vulnerability, belief in seriousness of the problem, belief in effectiveness of the change, associated costs of the change, presence of action cues, and level of self-efficacy. The Theory of Planned Behavior applies three major constructs: attitudes towards the desired behavior, perceived societal view of the behavior, and the knowledge/skill level of the person. The Transtheoretical Model (TTM) states that change is likely to occur only when the patient has reached a stage at which he or she is ready to change. The stages of the TTM are: precontemplation, contemplation, preparation, action, maintenance, and termination.

Question: 9

Which of the following is not considered a social determinant of health that places individuals at greater risk for diabetes, according to 2024 ADA Standards?

A. Low level of health literacy.
B. Food insecurity.
C. Limited time to see the provider.
D. Homelessness.

Answer: C

Explanation:
The ADA's 2024 Standards emphasize the consideration of social determinants of health when creating treatment plans for patients with diabetes. Of focus was food insecurity, homelessness/housing insecurity, migrant and seasonal agricultural workers, language barriers, health literacy, and social capital/community support. While limited time to see the provider may be a barrier to care, it is not considered a social determinant of health. As an effort to identify and address these determinants of health, the ADA recommends that the diabetes educator assess for these elements and then apply the findings to the patient's treatment plan.

Question: 10

Which of the following patient statements represents a situation in which specialty care provider resources are not being used according to ADA recommendations?

A. "I see a dentist twice a year even though I do not have, and have never had, gum disease."
B. "I see my ophthalmologist every 1-2 years even though he says that I have no signs of retinopathy."
C. "I had my cholesterol checked when I was diagnosed with diabetes, and because I did not require any medications to treat high cholesterol, I will have a lipid profile taken every 5 years."
D. "I see a nephrologists' annually even though my BP is normal and I have no diagnosed kidney problems."

Answer: D

Explanation:
Seeing a nephrologists' annually in the absence of hypertension or kidney problems is not necessary, though annual screening of urinary albumin and egger is recommended to monitor kidney function. The primary care provider or endocrinologist can check blood pressure and kidney function and then refer if a problem is identified. According to ADA Standards of Medical Care, regular dental visits, and an annual dilated eye exam to check for retinopathy are both part of recommended components of comprehensive diabetes care. If there is no evidence of retinopathy in one or more annual eye exams, then eye exams may be recommended for every one to two years. If lipid levels are not high enough to require pharmacologic treatment lipid profiles are only required every 5 years after diagnosis.

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