

SUMMARY OF STANDARDS AND REQUIREMENTS CERTIFIED INDIGENOUS DIABETES PROGRAM FOOT CARE COORDINATOR Level III (CIDP-FCC III)		
In the context of ICBOC's Certification laddering system, this Diabetes Program Foot Care Coordinator certification is equivalent to a Level III Specialist credential. Level III provides access to other ICBOC certifications via ICBOC's certification switch option. Level III is indicated on the awarded certificate.		
<b>Education</b>	Completion of a degree (or higher) in a human or other social services program, with integrated or additional formal or informal training/education in diabetes, OR a portfolio of training (formal or informal) and length of experience that reflect the requirements of this certification.	
<b>Experience</b>	5 years (10 000 hours) of work experience, in a remunerated position, in an Indigenous diabetes health centre, a regional or provincial organization or program that provides diabetes care management, prevention and education support services to individuals, families and communities affected with diabetes.	<b>10 000 hrs</b>
<b>Education - Training</b>  <b>Minimum 560 hours</b>	<b>Core Knowledge and Skills in Diabetes</b>	<b>210 hrs</b>
	<ul style="list-style-type: none"> <li>• Anatomy and physiological systems linked to diabetes</li> <li>• Pathophysiology</li> <li>• Epidemiology of diabetes among Indigenous communities in Canada</li> <li>• Health promotion &amp; diabetes prevention</li> <li>• Psychosocial impact of diabetes on individuals, families and communities</li> <li>• Client education in diabetes self-management and care</li> <li>• Foot care</li> </ul>	25 30 25 35 25 35 35
	<b>Related knowledge and skills (list on page 2)</b>	<b>40 hrs</b>
	<b>General knowledge/skills in support of professional practice</b>	<b>60 hrs</b>
	<b>Knowledge in the 15 core functions of a CIDP-FCC Level III</b>	<b>170 hrs</b>
	<b>Cultural knowledge and skills</b>	<b>80 hrs</b>
	<b>Supervisor's Evaluation</b>  <b>minimum score</b>	<ul style="list-style-type: none"> <li>• Core knowledge in diabetes</li> <li>• General Knowledge</li> <li>• Knowledge and skills in the 15 Core Functions of a CIDP-FCC Level III</li> <li>• Cultural knowledge</li> <li>• Cultural and professional competencies</li> </ul>
<b>Practicum</b>	Practicum hours can be counted as hours of work experience (practicum report must be submitted)	
<b>KNOWLEDGE AND SKILLS IN SUPPORT OF PROFESSIONAL PRACTICE</b>		<b>60 hrs</b>
• Communications		30
• Interviewing techniques		10
• Conflict management		10
• Safety issues		10
<b>15 CORE FUNCTIONS OF A CIDP-FCC Level III (can be acquired via training or/and on the job practice)</b>		<b>170 hrs</b>
1. Intake/screening		10
2. Assessment		10
3. Treatment planning		10
4. Case management		10
5. Referrals		10
6. Education		10
7. Program delivery		10
8. Administration		15
9. Event management		10
10. Resource management		15
11. Community outreach		15
12. Knowledge building		10
13. Orientation		10
14. Teamwork		10
15. Supervision		15

<b>CULTURAL KNOWLEDGE AND SKILLS</b>		<b>80 hrs</b>
Cultural/traditional knowledge on topics specific to Aboriginal culture, traditions and/or history, acquired through formal or informal training or through activities pursued in the context of community support/awareness work		50
Residential School issues, RCAP		10
Truth and Reconciliation		5
Decolonization		5
Sixties Scoop		5
Jordan's Principle		5
<b>DIABETES-RELATED KNOWLEDGE AND SKILLS</b>		<b>40 hrs</b>
<p>The following topics are accepted as part of the training requirements for CIDP-FCC III certification. This list not exhaustive, if in doubt regarding any training you took or intend to take, please contact ICBOC. You can complete training on one or several topics, as long as you satisfy the required hours</p>		
<ul style="list-style-type: none"> <li>• Diabetes and mental health issues</li> <li>• Healthy lifestyle/life coaching topics</li> <li>• Diabetes and pregnancy</li> <li>• New advances in diabetes</li> <li>• Colonization and Diabetes in Indigenous communities</li> <li>• Diabetes, Indigenous foods and medicines</li> <li>• Diabetes and substance abuse/mis-use</li> <li>• Diabetes and other Indigenous cultural approaches</li> <li>• Historical classifications of diabetes types (WHO)</li> <li>• Prediabetes (Borderline Diabetes)</li> <li>• FORMS OF DIABETES <ul style="list-style-type: none"> <li>- Type 1</li> <li>- Type 2</li> <li>- Gestational diabetes</li> <li>- Juvenile diabetes</li> <li>- LADA Diabetes</li> <li>- MODY Diabetes</li> <li>- Double diabetes</li> <li>- Steroid Induced Diabetes</li> <li>- Brittle diabetes mellitus (or labile diabetes)</li> <li>- Secondary diabetes</li> <li>- Diabetes insipidus (DI)</li> </ul> </li> <li>• Cultural wellness practices</li> </ul>	<ul style="list-style-type: none"> <li>• Stress &amp; PTSD and diabetes</li> <li>• Trauma and Diabetes</li> <li>• HIV/AIDS and STDs and diabetes</li> <li>• Suicide linked to diabetes issues</li> <li>• Grief and loss and diabetes</li> <li>• Diabetes and safety issues</li> <li>• Diabetes and healthy parenting</li> <li>• Medicine wheel</li> <li>• Humour, laughter and health</li> <li>• Resilience</li> <li>• Self-care</li> <li>• Professional ethics</li> <li>• Work planning</li> <li>• Record Keeping</li> <li>• Report writing</li> <li>• Computer technology</li> <li>• Time management</li> <li>• Life coaching</li> <li>• Stages of change</li> <li>• Decolonization: concepts and practices</li> <li>• Residential School</li> <li>• RCAP report</li> <li>• TRC report</li> </ul>	
<p><b>NOTE: EDUCATION/TRAINING</b></p> <p>The required training hours may be acquired through university or college education programs, through more informal training offered by a range of training providers, including independent trainers. This training may be delivered in a variety of formats (programs, courses, workshops, seminars, webinars) and venues (class setting, in-house, online, conferences). ICBOC also accepts training hours acquired through alternative forms of learning/training.</p> <p>All training hours must be supported by proof of attendance/completion. This includes transcripts, certificates and affidavits/declarations by qualified persons. Certificates must clearly bear the name of the provider, the title of the training, number of hours, date(s) of training and signature of the provider/trainer.</p> <p>Declarations/affidavits must be written on the employer letterhead, include the title of the training, number of hours, date(s) training and signature of the provider/trainer and bear the name of the qualified person, his/her signature, and telephone or other contact information.</p>		

## DETAILS – CORE KNOWLEDGE IN DIABETES

- **Anatomy and physiological processes linked to diabetes**

Impact of diabetes on the body systems (skeletal, muscular, respiratory, digestive, nervous, endocrine, cardiovascular, urinary, reproductive systems and eye disease)

- **Pathophysiology**

- Types and Causes of diabetes (prediabetes, gestational diabetes, type 1 and 2 diabetes)
- Signs and symptoms of diabetes Type 1 and 2
- Complications of Diabetes

- **Epidemiology of diabetes among Indigenous communities in Canada**

- Risk factors for the development of diabetes over the lifespan
  - o Risk factors for prediabetes
  - o Risk factors for Diabetes 1
  - o Risk factors for Diabetes 2
- Prevalence of prediabetes and diabetes in Indigenous communities

- **Health promotion & diabetes prevention**

- Healthy Lifestyle (Indigenous lens)
  - o Healthy diet
  - o Physical activity
  - o Psychological approaches to wellness
  - o Traditional approaches to Diabetes prevention and care

- **Psychosocial impact of diabetes on the individual, the family and community**

- Emotional impact (ex. grief and shame, anxiety, depression, denial, care resistance)
- Long term impact (ex. impact of physical disabilities, surgeries, financial costs)

- **Client education in diabetes self-management and care**

- Indigenous approaches to teaching and learning
- Common myths related to diabetes and diabetes care
- Impact of diabetes and its treatment on the person and family members
- Diabetes medication management (diabetes 1 and 2)
- Glucose monitoring
- Blood glucose levels and impacts - hyperglycemia and hypoglycemia
- Basic foot care management
- Smoking and alcohol
- Community resources for diabetes care and healthy living support
- Risk reduction
- Diabetes care/wellness plans

- **Foot care**

- Risks of injuries
- Foot hygiene
- Nail care
- Corn/callus care
- Skin care
- Foot inspection
- Foot wear
- Surgical interventions

# Core Functions Description

## Diabetes Program Foot Care Coordinators - Level III

- 1. Intake/Screening:** The process by which client needs are initially identified and the determination of eligibility for services offered by a Diabetes program or initiative; can occur in the office, on the phone and in community settings.
- 2. Assessment:** The process by which a client's needs are identified and evaluated by a diabetes program or initiative to determine an appropriate treatment or referral plan.
- 3. Treatment planning:** Goal-oriented process by which a client's needs identified in assessment are addressed using culturally appropriate resources, programming and referrals with the intent of regulated follow up.
- 4. Case Management:** The maintenance of accurate planning and execution of culturally appropriate treatment plans identified for clients on an ongoing basis; can involve both direct treatment intervention and processing and monitoring referrals by a diabetes program or initiative
- 5. Referrals:** Identifying the needs of the client or community partner that fall outside of the scope of practice of a diabetes program or initiative or the range of services provided; liaising with service providers to connect client with appropriate service.
- 6. Education:** Providing clients and community partners with culturally appropriate, relevant, evidence-based, current information on best practices in the field of diabetes prevention and management for Indigenous people; knowledge gathering and sharing can take the form of research, training, individual and group programs, community events.
- 7. Program Delivery:** Developing, managing, coordinating, implementing and delivering culturally appropriate programs, training, events and clinics promoting diabetes' prevention and care for Indigenous clients and communities.
- 8. Administration:** Preparing program reports, work plans and budgets; monitoring client files and documenting information relevant to assessment, treatment planning and referrals for the duration of the client's involvement with the services.
- 9. Event management:** Coordinating and implementing culturally appropriate events for Indigenous clients and communities.
- 10. Resource Management:** Developing new, culturally appropriate resources based on need, maintaining stock of existing resources, and managing distribution of resources to clients and communities based on individual need.
- 11. Community Outreach:** Liaising with Indigenous communities and service providers to identify and provide culturally appropriate training, care and treatment options for community members while advancing the organization/program's mandate, mission and values.

- 12. Knowledge building:** Maintaining an up-to-date, evidence-based knowledge bank consistent with current information and new advances pertaining to the prevention and management of diabetes in the Indigenous population; methods of knowledge gathering can include personal data gathering, attending conferences and training, consulting elders and other traditional knowledge keepers, participating in traditional activities and ceremony.  
Includes the identification of knowledge gaps for self and supervised staff and knowledge building through relevant learning and training activities. Includes the development of training plans and the management of training opportunity for staff.
- 13. Orientation:** A combination of written and oral instructions for the client, or community partner that clarifies a diabetes program or initiative' mandate, policies and program-related protocols that are necessary for successful participation in programming or collaboration in community- based interventions. Includes guidance and mentoring of new staff about the nature and mandates of the program, organization, department, and in the tasks and responsibilities allocated to their position.
- 14. Teamwork:** Collaborating with the organization/program staff, community partners and other relevant stakeholders to advance the mandate of the organization/program; representing the organization/program at meetings, conferences, events, and in communities
- 15. Supervision:** Responsibility for managing staff, communications strategies, maintaining budget, meeting program standards and benchmarks, and reporting on program performance.