SUMMARY OF STANDARDS AND REQUIREMENTS
CERTIFIED INDIGENOUS DIABETES PROGRAM FOOTCARE COORDINATOR Level III (CIDP-FCC III)

In the context of ICBOC's Certification laddering system, this specialized Program Footcare Coordinator certification is equivalent to a Level III Specialist credential. Level III provides access to other ICBOC certifications via ICBOC's certification switch option. Levels III is indicated on the awarded certificate.

Education	**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.**	
Experience	5 years (10000 hours) of work experience, in a remunerated position in an Indigenous diabetes program or service that provides support to individuals, families and communities affected with diabetes.	**5 years**
Education - Training **Minimum 540 hours**	**Core Knowledge and Skills in Diabetes**	**210 hours**
	• Anatomy and physiological systems linked to diabetes	25
	• Pathophysiology	30
	• Epidemiology of diabetes among Indigenous communities in Canada	25
	• Health promotion & diabetes prevention	35
	• Psychosocial impact of diabetes on individuals, families and communities	25
	• Client education in diabetes self-management and care	35
	• Foot care	35
	Related knowledge and skills (list on page 2)	**40 hours**
	General knowledge/skills in support of professional practice	**60 hours**
	Knowledge in the 15 core functions of a CIDP-FCC –Level III Specialist	**160 hours**
	Cultural knowledge and skills	**80 hours**
Supervisor's Evaluation **minimum score**	• Core knowledge in diabetes • General Knowledge • Knowledge and skills in the 15 Core Functions of a CIDP-FCC – Level III Specialist • Cultural competency • Professional competencies	**70%**
Practicum	Practicum hours can be counted as hours of work experience (practicum report must be submitted)	

KNOWLEDGE AND SKILLS IN SUPPORT OF PROFESSIONAL PRACTICE	**60 hours**
• Communications	35
• Interviewing techniques	10
• Conflict management	5
• Professional Ethics	10
15 CORE FUNCTIONS OF A CIDP-FCC Level III Specialist (can be acquired via training or/and on the job practice)	**160 hours**
1. Intake/screening	10
2. Assessment	10
3. Treatment planning	10
4. Case management	10
5. Referrals	10
6. Education	10
7. Teamwork	10
8. Program Delivery	12
9. Community outreach	12
10. Event management	12
11. Resource management	10
12. Professional development/leadership	12
13. Administration	10
14. Orientation	10
15. Supervision	12

CULTURAL KNOWLEDGE AND SKILLS	80 hours
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	

CULTURAL AND PROFESSIONAL COMPETENCIES

- Cultural competency
- Indigenous language skills
- Professional attitude

NOTE: EDUCATION/TRAINING

The required addictions-specific and addictions related hours may be acquired through formal education programs at university or college level or through more informal training in a variety of formats, offered by independent trainers, training organisations or through alternative means recognized by ICBOC.

DIABETES RELATED KNOWLEDGE AND SKILLS

The following topics are accepted as part of the training requirements for the CIDP-FCC certification.
This list not exhaustive, if in doubt regarding training you took or intend to take, please contact ICBOC.
You can complete training on one or several topics as long as the total hours come to a **minimum of 40 hours**.

- Grief and loss
- FASD
- Stress & PTSD
- HIV/AIDS and STDs
- Trauma
- Suicide
- Safety (WHMIS, First aid etc…)
- Healthy parenting
- Healthy nutrition
- Stages of change
- Resilience
- Medicine wheel
- Humour, laughter and health
- Cultural wellness practices
- Diabetes and substance abuse
- Diabetes and mental health issues
- Healthy lifestyle/life coaching topics
- Diabetes and pregnancy
- New advances in diabetes
- Impacts of colonization
- Residential School & Intergenerational Trauma
- Other Indigenous cultures' approaches related to health and wellness
- Concepts and practices of decolonization
- Self-care
- Professional ethics
- Work planning
- Record Keeping
- Report writing
- Computer technology
- Time management
- Life coaching

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 2diabetes)
  - 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
    - Risk factors for prediabetes
    - Risk factors for Diabetes 1
    - Risk factors for Diabetes 2
  - Prevalence of prediabetes and diabetes in Indigenous communities
- **Health promotion & diabetes prevention**
  - Healthy Lifestyle (Indigenous lens)
    - Healthy diet
    - Physical activity
    - Psychological approaches to wellness
    - 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 faily members
  - Diabetes medication management (diabetes 1and 2)
  - Glucose monitoring
  - Blood glucose levels and impacts - hyperglycemia and hypoglycemia
  - Basic footcare management
  - Smoking and Alcohol
  - Community resources for diabetes care and healthy living support
  - Risk reduction
  - Diabetes care/wellness plans
- **Footcare**
  - Risks of injuries
  - Foot hygiene
  - Nail care
  - Corn/callus care
  - Skin care
  - Foot inspection
  - Foot wear
  - Surgical interventions

Core Functions Description[i]

1. **Intake/Screening:** The process by which client needs are initially identified and the determination of eligibility for services offered bya Diabetes program or initiative; can occurin 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. **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.

4. **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.

5. **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

6. **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 clientwith appropriate service.

7. **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.

8. **Program Development:** Developing culturally appropriate strategies, training, programs, events and services addressing the prevention/management of diabetes for Indigenous clients and communities that meet their needs and satisfy IDHC goals.

9. **Program Delivery:** Coordinating, implementing and facilitating culturally appropriate programs, training, events and clinics promoting the preventing/management of diabetes 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 IDHC's mandate, mission and values.

12. **Supervision:** Responsibility for managing staff, communications strategies, maintaining budget, meeting program standards and benchmarks, and reporting on program performance.

13. **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.

14. **Teamwork:** Collaborating with IDHC staff, community partners and other relevant stakeholders to advance the mandate of IDHC; representing IDHC at meetings, conferences, events, and in communities.

15. **Document 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 IDHC.

[i] Although 16 Core Functions were originally identified, this list refers to certification standards applicable nation-wide to the Indigenous workforce involved in regional or provincial **diabetes programs** and initiatives across Canada.