SUMMARY OF STANDARDS AND REQUIREMENTS CERTIFIED INDIGENOUS DIABETES PROGRAM CLIENT SERVICES WORKER (CIDP-CSW) In the context of ICBOC's certification laddering system, this Diabetes Program Client Services Worker certification leads to the Diabetes Program Foot care Coordinator - Level I credential. **Fducation** Completion of Certificate in a human or other social services program with integrated or additional formal or informal training/education in diabetes OR portfolio of training that reflect the requirements of this certification Experience One year (2000 hours) of work experience, in a remunerated position, in an Indigenous diabetes health centre, a regional or provincial organization or program that provides 2000 hrs diabetes care management, prevention and education support services to individuals, families and communities affected with diabetes. **Core Knowledge and Skills in Diabetes** 100 hrs 15 Anatomy and physiological systems linked to diabetes • 15 Pathophysiology 15 Epidemiology of diabetes among Indigenous communities in Canada **Education** -• 15 • Health promotion & diabetes prevention Training 10 Psychosocial impact of diabetes on individuals, families and communities • Minimum 15 • Client education in diabetes self-management and care 15 300 hours Introduction to foot care • Related knowledge and skills (list on page 2) 20 hrs General knowledge/skills in support of professional practice 30 hrs Knowledge in the 13 core functions of a CIDP-CSW* 110 hrs **Cultural knowledge and skills** 40 hrs Supervisor's • Core knowledge in diabetes **Evaluation** General Knowledge 70% • Knowledge and skills in the 13 Core Functions of a CIDP-CSW* minimum Cultural knowledge • score Cultural and professional competencies Practicum Practicum hours can be counted as hours of work experience (practicum report must be submitted) **KNOWLEDGE AND SKILLS IN SUPPORT OF PROFESSIONAL PRACTICE** 30 hrs 20 Communications 5 Interviewing techniques 5 Safety issues **13 CORE FUNCTIONS OF A CIDP-CSW*** (can be acquired via training or/and on the job practice) 110 hrs 1. Intake/screening 7 2. 8 Assessment Treatment planning 8 3. 4. Case management 8 5. Referrals 8 6. Education 8 7. 10 **Program Delivery** 8. Administration 8 9. Event management 10 10 10. Resource management 11. Community outreach 10 7 12. Knowledge building 13. Teamwork 8 14. Supervision * 8 *The Supervision core function only applies to Diabetes Program Client Services Workers who have staff working directly under their supervision

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CULTURAL KNOWLEDGE AND SKILLS		40 hrs
Cultural/traditional knowledge on topics specific to Aboriginal c	ulture, traditions and/or history, acquired	20
through formal or informal training or through activities pursue	d in the context of community	
support/awareness work		
Residential school issues and/or decolonization		10
Sixties Scoop		5
Jordan's Principle		5
CULTURAL AND PROFESSIONAL COMPETENCIES		
Cultural competencies		
 Knowledge of cultural approaches to diabetes preventi 	on and care	
- Indigenous language skills		
Professional competencies		
- Professional attitude		
- Professional conduct		
NOTE: EDUCATION/TRAINING	an be acquired through formal advantion	arom+
The required addictions-specific and addictions related hours m		
university or college level or through more informal training in a		u amers,
training organisations or through alternative means recognized		
DIABETES RELATED KNOWLEDGE AND SKILLS		
The following topics are accepted as part of the training require	ments for CIDP-CSW certification.	
This list not exhaustive, if in doubt regarding any training you to		20 hrs.
You can complete training on one or several topics, as long a		
Diabetes and mental health issues	Stress & PTSD and diabetes	
Healthy lifestyle/life coaching topics	Trauma and Diabetes	
Diabetes and pregnancy	HIV/AIDS and STDs and diabetes	
New advances in diabetes	Suicide linked to diabetes issues	
Colonization and Diabetes in Indigenous communities	Grief and loss and diabetes	
 Diabetes, Indigenous foods and medicines 	• Diabetes and safety issues	
 Diabetes and substance abuse/mis-use 	Diabetes and healthy parenting	
Diabetes and other Indigenous cultural approaches	Medicine wheel	
Historical classifications of diabetes types (WHO)	Humour, laughter and health	
 Prediabetes (Borderline Diabetes) 	Resilience	
FORMS OF DIABETES	Self-care	
- Type 1	Professional ethics	
- Type 2	Work planning	
- Gestational diabetes	Record Keeping	
- Juvenile diabetes	Report writing	
- LADA Diabetes	Computer technology	
- MODY Diabetes	Time management	
- Double diabetes	Life coaching	
- Steroid Induced Diabetes	Stages of change	
- Brittle diabetes mellitus (or labile diabetes)	 Decolonization: concepts and practic 	es
, , ,	Residential School	
- Secondary diabetes		
Secondary diabetes		
 Secondary diabetes Diabetes insipidus (DI) Cultural wellness practices 		

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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 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		
- Footwear		

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Core Functions Description

Diabetes Program Client Service Workers

- 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 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. 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:** Coordinating, implementing and facilitating culturally appropriate programs, training, events and clinics promoting diabetes' prevention and management 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 organization/program.
- **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 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. Teamwork:** Collaborating with program staff, community partners and other relevant stakeholders to advance the mandate of the program; representing the organization at meetings, conferences, events, and in communities
- **14. Supervision*:** Responsibility for managing staff, communications strategies, maintaining budget, meeting program standards and benchmarks, and reporting on program performance.

*The Supervision core function only apply to Client Services Program Workers who have staff working directly under their supervision