

SUMMARY OF STANDARDS AND REQUIREMENTS
CERTIFIED INDIGENOUS DIABETES PROGRAM WELLNESS SUPPORT COORDINATOR (CIDP-WSC)

Level I

In the context of ICBOC's certification laddering system, this Diabetes Program Wellness Support Coordinator certification is equivalent to a level I credential, and leads to the Diabetes Program Wellness Support Coordinator Level II credential.

Education	Completion of a diploma 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	Three years (6000 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.	6000 hrs
Education - Training Minimum 370 hours	Core Knowledge and Skills in Diabetes	120 hrs
	<ul style="list-style-type: none"> • Anatomy and physiological systems linked to diabetes 15 • Pathophysiology 20 • Epidemiology of diabetes among Indigenous communities in Canada 15 • Health promotion & diabetes prevention 20 • Psychosocial impact of diabetes on individuals, families and communities 10 • Client education in diabetes self-management and care 15 • Healthy lifestyle approaches to diabetes (indigenous lens) 25 	
	Related knowledge and skills (list on page 2)	30 hrs
	General knowledge/skills in support of professional practice	40 hrs
	Knowledge in the 11 core functions of a CIDP-WSC Level I	130 hrs
	Cultural knowledge and skills	50 hrs
	Supervisor's Evaluation minimum score	<ul style="list-style-type: none"> • Core knowledge in diabetes • General Knowledge • Knowledge and skills in the 11 Core Functions of a CIDP-WSC • Cultural competency • 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		40 hrs
• Communications		25
• Interviewing techniques		5
• Group facilitation		5
• Safety issues		5
11 CORE FUNCTIONS OF A CIDP-WSC Level I (can be acquired via training or/and on the job practice)		130 hrs
1. Program Delivery		10
2. Education		28
3. Community outreach		20
4. Knowledge building		10
5. Resource management		10
6. Event management		10
7. Administration		8
8. Referrals		8
9. Orientation		8
10. Supervision		10
11. Teamwork		8

CULTURAL KNOWLEDGE AND SKILLS	50 hrs
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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	30
Residential School issues	5
Decolonization	5
Sixties Scoop	5
Jordan's Principle	5
DIABETES RELATED KNOWLEDGE AND SKILLS	30 hrs
<p>The following topics are accepted as part of the training requirements for CIDP-FCC I 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"> • Diabetes and mental health issues • Healthy lifestyle/life coaching topics • Diabetes and pregnancy • New advances in diabetes • Colonization and Diabetes in Indigenous communities • Diabetes, Indigenous foods and medicines • Diabetes and substance abuse/mis-use • Diabetes and other Indigenous cultural approaches • Historical classifications of diabetes types (WHO) • Prediabetes (Borderline Diabetes) • FORMS OF DIABETES <ul style="list-style-type: none"> - Type 1 - Type 2 - Gestational diabetes - Juvenile diabetes - LADA Diabetes - MODY Diabetes - Double diabetes - Steroid Induced Diabetes - Brittle diabetes mellitus (or labile diabetes) - Secondary diabetes - Diabetes insipidus (DI) • Cultural wellness practices 	<ul style="list-style-type: none"> • Stress & PTSD and diabetes • Trauma and Diabetes • HIV/AIDS and STDs and diabetes • Suicide linked to diabetes issues • Grief and loss and diabetes • Diabetes and safety issues • Diabetes and healthy parenting • Medicine wheel • Humour, laughter and health • Resilience • Self-care • Professional ethics • Work planning • Record Keeping • Report writing • Computer technology • Time management • Life coaching • Stages of change • Decolonization: concepts and practices • Residential School • RCAP report • TRC report
<p>NOTE: EDUCATION/TRAINING</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 of training and signature of the provider/trainer and bear the name of the qualified person, his/her signature, and telepho 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)
<ul style="list-style-type: none"> • Pathophysiology <ul style="list-style-type: none"> - 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
<ul style="list-style-type: none"> • Epidemiology of diabetes among Indigenous communities in Canada <ul style="list-style-type: none"> - Risk factors for the development of diabetes over the lifespan <ul style="list-style-type: none"> ○ Risk factors for prediabetes ○ Risk factors for Diabetes 1 ○ Risk factors for Diabetes 2 - Prevalence of prediabetes and diabetes in Indigenous communities
<ul style="list-style-type: none"> • Health promotion & diabetes prevention <ul style="list-style-type: none"> - Healthy Lifestyle (Indigenous lens) <ul style="list-style-type: none"> ○ Healthy diet ○ Physical activity ○ Psychological approaches to wellness ○ Traditional approaches to Diabetes prevention and care
<ul style="list-style-type: none"> • Psychosocial impact of diabetes on the individual, the family and community <ul style="list-style-type: none"> - Emotional impact (ex. grief and shame, anxiety, depression, denial, care resistance) - Long term impact (ex. impact of physical disabilities, surgeries, financial costs)
<ul style="list-style-type: none"> • Client education in diabetes self-management and care <ul style="list-style-type: none"> - 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 - Foot care - Diabetes care/wellness plans
<ul style="list-style-type: none"> • Healthy lifestyle approaches to diabetes (indigenous lens) <ul style="list-style-type: none"> - Indigenous holistic perspectives on health and wellbeing - On the land activities - Country foods - Indigenous medicines - Traditional ceremonies and teachings on living a good life - Traditional parenting

Core Functions Description

Diabetes Program Wellness Services Workers

1. **Program Delivery:** Coordinating, implementing and facilitating culturally appropriate programs, training, events and clinics promoting diabetes' prevention and management for Indigenous clients and communities.
2. **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.
3. **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.
4. **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.
5. **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.
6. **Event Management:** Coordinating and implementing culturally appropriate events for Indigenous clients and communities.
7. **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
8. **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.
9. **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.

- 10. 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
- 11. Supervision:** Responsibility for managing staff, communications strategies, maintaining budget, meeting program standards and benchmarks, and reporting on program performance.