



End-of-Life Doula Certificate Introduction and Program Outline

Introduction

In British Columbia, death doula programs are not new. Several colleges and universities have offered a Death Doula certificate for many years. The length of studies for most current programs ranges from five days to six weeks. Given the short duration of these programs, participants may not be receiving sufficient training to acquire the skills necessary to provide the empathetic coaching and facilitation competencies required to help individuals and their family members deal with end-of-life situations. Rhodes Wellness College has close to thirty years of experience providing holistic coaching and counselling, specializing in trauma informed practices. Rhodes takes an approach that balances the physical, emotional, mental, and spiritual needs of every individual. The College embodies experiential learning in all its teachings and believes that its students deserve to be closely guided and mentored when they learn any type of skill designed to assist in emotionally fraught circumstances like end-of-life situations.

The End-of-Life Doula Certificate is designed to train and qualify students as End-of-Life Doulas who have an ability to attend to the mental, emotional, and spiritual needs of those working with end-of-life circumstances, while supporting their logistical needs too. Throughout the training, students will develop and practice their guiding and facilitation skills ensuring they have the empathic attending skills that are vital to help those facing grief, loss, and death.

Students who take this program will understand their scope of practice and learn how to work with other health professionals, while applying strong ethical guidelines and practicing a high level of professional and respectful behaviour. Students will learn how to create trusting and supportive relationships as they open and close doula-client relationships.

Program Rationale

Across Canada, death rates are increasing for many reasons. According to the B.C. Centre for Disease Control, COVID-19 was a pandemic that generated an extreme number of unexpected deaths, with 3,002 occurring during the month of September 2022 alone. In the summer of 2021, due to a heat dome in the province, 619 individuals died (Government of B.C, 2022). Opioid-related deaths are at an all-time high in many provinces (Dryden, 2023). Unexpected deaths due to our environment, pandemics, and other reasons, continue to increase.

In addition to accidental and unexpected deaths, our demographics dictate there will be a large spike in deaths as the Baby Boomer generation faces mortality. In 2022, Statistics Canada reported that over 9.2 million adults living in Canada are over the age of 65, and though 42,280 individuals passed away in BC in 2021, the number of annual deaths in BC will double over the next few decades. This supports the argument that we need far more helping professionals that can coach and assist those who are facing death. This inevitable increase in deaths is also not supported within existing healthcare infrastructure. Many hospices throughout the province and the country have reported a significant increase in the demand for their support, outstripping their ability to provide both professional and volunteer services in a timely fashion.

There are 27,931 long-term care beds in the province of BC, along with 10,500 hospital beds, and a mere 260 hospice beds. The existing limit of beds for care in BC and across Canada will be outstripped by the demand that 9.2 million Baby Boomers, and the continuing increases in accidental and unexpected deaths, will present.

In 2018 the Canadian government published its “Framework on Palliative Care in Canada.” This report stated that the number of Canadians that are dying from chronic illness, such as cancer, heart disease, organ failure, dementia or frailty is increasing. It further outlined that “By 2026, the number of deaths is projected to increase to 330,000, and to 425,000 by 2036.” The government then identified that Canadians want palliative care to occur at home, but that over 60% of Canadians are still dying in hospitals. The reasons Canadians want to die at home are compelling and most agencies agree this preference needs to be supported.

The term "palliative care" emerged in Canada in the mid-1970's, initially as a medical specialty serving primarily cancer patients in hospitals. However, since then, the scope of palliative care has expanded to include all people living with life-limiting illness. With an aging population, demand for palliative care, delivered by a range of providers, has grown. Palliative care is an approach that aims to reduce suffering and improve the quality of life for people who are living with life-limiting illness through the provision of: pain and symptom management; psychological, social, emotional, spiritual, and practical support; and support for caregivers during the illness and after the death of the person they are caring for.

Palliative care should be person- and family-centred. This refers to an approach to care that places the person receiving care, and their family, at the centre of decision making. It places their values and wishes at the forefront of treatment considerations. In person and family-centred care, the voices of people living with life-limiting illness and their families are solicited and respected. Palliative care can be provided in conjunction with other treatment plans and is offered in a range of settings by a variety of health care providers, including but not limited [to] doctors, nurses, nurse practitioners, pharmacists, social workers, occupational therapists, speech therapists, and spiritual counsellors. Health Canada, Framework on Palliative Care in Canada, What Is Palliative Care? (Framework on Palliative Care in Canada, 2018)

The Rhodes Wellness College End-of-Life Doula Certificate program will train family members seeking to support relatives through the dying process, as well as equip those desiring to become part-time and full-time End-of-Life Doula practitioners. End-of-Life Doula graduates will be trained to work side-by-side with other health professionals and will, most importantly, support those in the dying process. As well, graduates will play an instrumental role in providing loving, meaningful guidance to family caregivers, so their wishes and needs can be honoured and supported.

End-of-Life Doula Certificate Program Outline

Program Title: End-of-Life Doula Certificate

Program Duration: 24 weeks (129 hours)

Program Type: Career Training

Career Occupations:

- End-of-Life Doula,
- Community Services Worker,
- Grief and Loss Coach/Educator,
- Bereavement Services Coordinator/Bereavement Facilitator,
- Hospice End-of- Life Support Worker

Recommended Homework Hours: 5 hours per week

Program Description

The End-of-Life Doula Certificate program begins by facilitating each student's beliefs and opinions on dying, death, grief, and loss to understand the impact their unique perspective could have on the individuals and community groups they will be serving as an End-of-Life Doula. Throughout the program, under the guidance and supervision of their instructors, students will explore their own fears of death and dying personally and together with their classmates so they can learn first-hand how to navigate uncomfortable feelings and difficult conversations related to end-of-life. Navigating their own biases around death, grief, and loss will help students separate their own preconceptions from the needs of their future clients. Helping their classmates through their challenges around death, grief, and loss, will provide safe practice so students can learn to support a myriad of belief systems and views that their future clients will have.

Students will also learn about the many physical realities that people do not always think of or plan for in relation to end-of-life logistics. Students will learn how important it is for their future clients to prepare for funeral arrangements, advanced care directives, banking and financial decisions and other issues. The Government of Canada reported that only 55% of Canadians have a will (Government of Canada, 2019); therefore, students will learn about the ramifications of not having a will, as well as learn how to facilitate conversations around this and the logistical issues to help individuals and their loved ones adequately prepare for end of life.

To guide and facilitate their future clients in their end-of-life needs, students will cultivate the foundational coaching skills of developing presence, active listening, employing empathy and creating rapport with clients and community groups. Students will also learn how to create and conduct end-of-life workshops so they can be of service to communities and groups wanting to learn more about how to live through and prepare for end-of-life scenarios and circumstances. In conjunction with workshop development, students will practice one-on-one and group facilitation skills so that they will be able to lead discussions with grace, confidence, and competence with individuals and in small or large groups.



Program Learning Objectives

This program provides comprehensive training in personal and group facilitation with a specialized focus on end-of-life care. The curriculum promotes individual reflection and self-care within the topics of death, dying, grief and loss so that students can support others as they navigate through the cycle of life. Upon completion, as an End-of-Life Doula, certified by Rhodes Wellness College, graduates will be able to provide end-of-life coaching to individuals and groups, facilitate support groups, host educational workshops, and assist clients to practically, mentally, emotionally, and spiritually prepare for death. Graduates will receive the credential of an End-of-Life Doula Certificate from Rhodes Wellness College.

Upon completion of this program, students will be able to practice and employ the following skills and abilities:

1. Help others understand the basic concepts of pre-grief, grief, and loss support for others.
2. Create a caring environment for difficult conversations around death, grief, and loss.
3. Apply a holistic model of End-of-Life care, considering mental, spiritual, physical, and emotional wellness.
4. Support others in the development of their own spiritual end-of-life philosophies and plans.
5. Create a toolkit of self-care techniques for self and others during end-of-life occurrences.
6. Lead grief support groups and End-of-Life planning workshops.
7. Recognize and share the steps required to prepare for a home death.
8. Facilitate the creation of meaningful family rituals around death.
9. Train families and loved ones how to keep vigil leading up to death.
10. Understand, identify, and support the many ways grief and sorrow presents in clients and surrounding loved ones facing death.
11. Understand how to support and work with other health professionals to support clients and loved ones through difficult deaths such as unpredictable, unplanned, or traumatic deaths.
12. Guide families on how to work together in end-of-life situations and how to advocate for themselves.
13. Help others create enduring relationships with those that are approaching death or with those that have already passed on.

Program Format

The program will feature a variety of teaching methods and techniques designed to satisfy the unique learning styles and the creative skill set required for meeting the demands that an End-of-Life Doula will face in the real world of dying and death. Class sizes will be limited to 24 individuals to afford ample time and space for individual feedback and personalized support. Teaching tools will include and not be limited to:

1. Lectures
2. Readings
3. Videos
4. Discussion groups

5. Group feedback
6. Roleplays
7. Demonstrations
8. Writing and reflection
9. Journaling

Program Readings

A variety of materials including e-books, articles, readings, course notes, and other resources will be utilized to support each course. Specific suggestions are detailed below.

Suggested Reading List

Cacciatore, J. (2020). *Grieving Is loving: Compassionate words for bearing the unbearable*. Wisdom Publications.

Weller, F. (2020). *The wild edge of sorrow: Rituals of renewal and the sacred work of grief*. North Atlantic Books.

Wolfelt, A. (2020). *Understanding your grief after a drug-overdose death*. Companion Press.

Program Evaluation and Completion Requirements

The methods of evaluation to assess student performance include:

- Participation & Professionalism
- Presentations
- Assignments
- Demonstrations
- Written Exam

Based on the above evaluations, students will receive a grade according to the following scale:

A+	95% or more	C+	65-69
A	90-94	C	60-64
A-	85-89	C-	55-59
B+	80-84	P	50-54*
B	75-79	NC	0-49**
B-	70-74		

*P = Pass

**NC = Not Complete (course completion credit will not be granted)



Program Completion Requirements:

- Students must fulfill the college's [Assignment Completion Policy](#) to complete this certificate program.
- Students must meet the college's [Attendance Policy](#) to complete this certificate program.

Program Delivery Methods:

This program is offered either wholly “Online” (100% synchronous), wholly (100%) “In-person,” or in a “Blended” (partially in-person and partially online-synchronous). When offered in a Blended format, approximately 23% of the program will be offered in-person and 77% of the program will be offered online synchronously.

Program Organization, Hours, and Flow

Regardless of the Program Delivery Method, this program will be taught twice per week, for 3 hours each time for the first three courses (EOLP 100, EOLP 101, and EOLP 102) and once per week for three hours for the last course (EOLP 103).

100% Online (Synchronous) or 100% In-person Delivery Methods Course Flow and Hours:

EOLP 100, Personal End-of-Life Planning and Self Care (7 weeks, 42 hours)

EOLP 101, The Reality of Death and Dying (6 Weeks, 36 hours)

EOLP 102, End-of-Life Guidance (6 Weeks, 36 hours)

EOLP 103, Mentorship and Supervised Practice (5 weeks, 15 hours)

- Each of the above courses will be taught 100% synchronously online when the program is offered “Online.”
- Each of the above courses will be taught 100% in-person when the program is offered “In-person.”

Blended Program Delivery Course Flow and Hours (including division of hours):

When the program will be taught in a “Blended” Delivery Method (part synchronous online and part in-person), the courses will be taught as follows:

EOLP 100, Personal End-of-Life Planning and Self Care (7 weeks, 42 hours)

- *1.5 weeks, 9 hours in-person (21.4%), 6.5 weeks, 33 hours synchronous online (78.6%)*

EOLP 101, The Reality of Death and Dying (6 Weeks, 36 hours)

- *1 week, 6 hours in-person (16.7%), 5 weeks, 30 hours synchronous online (83.3%)*

EOLP 102, End-of-Life Guidance (6 Weeks, 36 hours)

- *1.5 weeks, 9 hours in-person (25%), 4.5 weeks, 27 hours synchronous online (75%)*

EOLP 103, Mentorship and Supervised Practice (5 weeks, 15 hours)

- *2 weeks, 6 hours in-person (40%), 3 weeks, 9 hours synchronous online (60%)*



Admissions Requirements

- Grade 12 graduate or equivalent or mature student status – 19 years or older with an established work history or relevant experience.
- Submit a Personal Statement on why you would like to pursue an education with Rhodes Wellness College and what you hope you to achieve upon graduation.
- Submit two references.
- Successfully complete an Admissions Interview.
- Demonstrate spoken and written proficiency in the English language consistent with the proficiency of a high school graduate, as evidenced by a written personal statement and a one-on-one screening interview (see also the Language Proficiency Assessment Policy listed below).
- Provide an International study permit/student visa, if applicable
- A minimum of 12 months prior sobriety** is required to be verified during the interview. The College’s representative may require the applicant to provide a letter to the College confirming the applicant’s sobriety from a counselor.

**[Please see our Sobriety Policy for more details.](#)

Rhodes Wellness College reserves the right to deny any candidate admission into this program if Admissions does not believe the applicant will be a potential fit or adequately benefit from taking the program.

Language Requirements

All students, whether they be Canadian or International students, must prove sufficient English proficiency through one of the following methods:

1. Grade 12 completion in an English-based school system (or the equivalent of Grade 12 education in an English-based school system that does not call high school completion “Grade 12”, e.g., O-Level or A-Level certification in the UK or other Commonwealth school system).
2. GED (General Education Development) completion in an English-speaking country*.
3. Two completed full-time semesters at a post-secondary where the program of study is taught in English.
4. Successful completion of one of the following English proficiency exams, achieving the minimum required score indicated below:
 - a. International English Language Testing IELTS (academic or general version): minimum score of 6.0 overall, and no individual category score less than 5.5.
 - b. Test of English as a Foreign Language (TOEFL): minimum score 78 (internet based).
Canadian Academic English Language Assessment Test (CAEL): minimum score of 50 in each category.
 - c. Canadian English Language Proficiency Index Program (CELPIP): minimum score of 7 in each category.
 - d. Cambridge English Scale: minimum score of 169.
 - e. Duolingo: minimum score of 105.
 - f. Pearson Test of English: minimum score of 4

English-speaking countries include the following:

- Australia
- American Samoa
- Anguilla
- Antigua and Barbuda
- Bahamas
- Barbados
- Belize
- Bermuda
- Botswana
- British Virgin Islands
- Brunei
- Canada
- Cayman Islands
- Cook Island
- Dominica
- Falkland Islands
- Fiji
- Gambia
- Ghana
- Gibraltar
- Grenada
- Guam
- Guyana
- Hong Kong
- Ireland
- Isle of Man
- Jamaica
- Jersey
- Kenya
- Liberia
- Mauritius
- Micronesia
- New Zealand
- Nigeria
- Norfolk Island
- Pitcairn Islands
- Philippines
- Saint Kitts and Nevis
- Saint Lucia
- Saint Vincent and the Grenadines
- Sierra Leone
- Singapore
- Sint Maarten
- Solomon Islands
- South Africa
- South Sudan
- Trinidad and Tobago
- Turks and Caicos Islands
- U.S. Virgin Islands
- Uganda
- United Kingdom
- United States