Revisions Manual:
2023 Revisions to the Health Care Assistant Program Provincial Curriculum

Ministry of
Post-Secondary Education
and Future Skills

Revisions Manual: 2023 Revisions to the Health Care Assistant Program Provincial Curriculum

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Preamble

This *Revisions Manual: 2023 Revisions to the Health Care Assistant Program Provincial Curriculum* provides a detailed outline of the changes that were made to the Health Care Assistant Program Provincial Curriculum 2015 to its current format as the Health Care Assistant Program Provincial Curriculum 2023. It is intended to support British Columbia (B.C.) Health Care Assistant (HCA) programs to make all necessary curriculum updates.

The B.C. Health Care Assistants Core Competency Profile (March 2014) establishes that HCAs will be prepared to work in a variety of practice settings, including acute care. Updates to the HCA Program Provincial Curriculum 2023 include both additions and deletions, and there is no net change to individual course hours or overall program duration.

Document Wide Revisions

- The document title has changed from "Health Care Assistant Program: Provincial Curriculum 2015" to "Health Care Assistant Program: Provincial Curriculum 2023."
- Copyright and licensing was changed to Creative Commons [Attribution-ShareAlike 4.0 International.](#)
- Page headers have been changed from Health Care Assistant Program: Provincial Curriculum 2015 to Health Care Assistant Program: Provincial Curriculum 2023.
- All Program Learning Outcomes and Performance Indicators have been numbered.
- All Course Learning Outcomes have been numbered.
- The term "residential care" has been changed to "complex care."
- The term "multiculturalism" has been changed to "diversity."
- The term "task" has been changed to "care activity."
- The term "assess" has been changed to "observe" or "evaluate."
- All pronouns have been updated to gender neutral "they/them."
- All references to the five dimensions of health were consistently reordered or reworded to "physical, psychological, cognitive, social, and spiritual."

Course Name Revisions

- "Health and Healing: Concepts for Practice" was revised to: "Concepts for Practice"
- "Health Care Assistant: Introduction to Practice" was revised to: "Introduction to Practice"
- "Health 1: Interpersonal Communications" was revised to: "Interpersonal Communications"
- "Health 2: Lifestyle and Choices" was revised to: "Lifestyle and Choices"
- "Healing 1: Caring for Individuals Experiencing Common Health Challenges" was revised to: "Common Health Challenges"
- "Healing 2: Caring for Individuals Experiencing Cognitive or Mental Challenges" was revised to: "Cognitive and/or Mental Health Challenges"
- "Healing 3: Personal Care and Assistance" was revised to: "Personal Care and Assistance"

Revisions to Introduction

- The Introduction section was updated to provide relevant background, current context, and information.
- Two new paragraphs were added to give an overview of the Health Care Assistant Program: Provincial Curriculum 2023.
- A new section called "Health Care Assistant Program Supplement to the Provincial Curriculum" was added. Information about the Supplement and a link to this guide were included.
- "Background" section was revised and a new subheading "2023 Curriculum Revisions" was added with information about the revisions.
- The section "Current Guide Revisions" (information about the 2015 curriculum revisions) was moved to Appendix 3.

Purpose of the Health Care Assistant Program

Program Purpose, which was formerly on page 17 of the 2015 HCA Curriculum, was moved to the Introduction and renamed "Purpose of the Health Care Assistant Program." The text was revised slightly.

> "Under the direction and supervision of a health professional, graduates provide person-centred care aimed at promoting and maintaining the physical, emotional, cognitive, and social well-being of clients"
>
> Revised to: "Under the direction and supervision of a regulated health professional, graduates provide person-centred care aimed at promoting and maintaining the physical, psychological, cognitive, social, and spiritual health and well-being of clients and families."

Revisions to Values, Beliefs, and Principles

The section was edited to take out repetition, clarify the language, and change to gender-neutral language. The subheads were revised to become statements.

"Human Beings" revised to "Human Beings Should Be Viewed from a Holistic Perspective"
"Older Adults" revised to "Older Adults are Individuals Deserving Our Respect"
"Health and Healing" revised to "Health and Healing are Interconnected"
"Health Care" revised to "Everyone Has a Right to Health Care"
"Caring and Caregiving" revised to "Caring and Caregiving Are Central to HCA Practice"
"Family" revised to "Family is Critical to Health and Healing"

Under Content Header "Human Beings"

- "certain tasks" revised to: "certain developmental tasks"
- The third paragraph was moved from this section to become the first paragraph in "Older Adults Are Individuals Deserving Our Respect."

Under Content Header "Older Adults"

- "mental abilities" revised to: "cognitive abilities"
  Note: This was revised for accuracy of terms.

Revisions to Curriculum Organizing Concepts

- Title was revised to "Curriculum Organizing Concepts and Foundational Principles."
- The paragraph below the diagram was moved so it is above the diagram and the text was edited to improve clarity.

    - On the Graphic
    - The subhead "Curriculum Organizing Concepts" was added under the heading "Caring"
        - In the "Understanding and Contributing to Growth of Self and Others" column:
            - "Family/culture" revised to "family."
            - "Diversity" was added.
    - The subhead "Foundational Principles" was added below the three curriculum organizing concepts

Caring

Text in this section was edited and revised to:

Caring is the overarching and primary concept to the HCA curriculum. A caring act is always an expression of reverence for the basic value and dignity of another person, and caring always involves an approach to caregiving practice that is person-centred. Each individual who is the recipient of care is unique and within a caring philosophy, a one-size-fits-all approach to caregiving is never appropriate. With caring, the emphasis is always on providing care and assistance in ways that are person-centred.

Professional Approach to Practice

A professional practitioner works effectively, constructively, and collaboratively with other members of the health care team. Moreover, professional practitioners are self-reflective, regularly identifying personal and professional development requirements and seeking effective ways to meet these needs. Professional practitioners are also those who seek to continually learn, grow and enhance their competence and capability.

Revised to:

A professional approach means working effectively, constructively, and collaboratively with other members of the health care team. It includes regular self-reflection, identifying personal and professional development requirements, and seeking effective ways to meet these needs in order to continually learn, grow and enhance competence and capabilities.

Note: As HCAs have no legally defined scope of practice and are not members of a regulated health profession, it is not accurate to refer to them as professional practitioners.

Revisions to Program Learning Outcomes and Performance Indicators

All performance indicators were numbered. Language was added to enhanced focus on person-centred care and health promotion across the lifespan. Changes were made to the program learning outcomes 2, 3, 4, and 6.

Changes to program learning outcomes and performance indicators were made throughout the document to accomplish the following:

- Reduce repetitiveness within and between the program learning outcomes (PLOs) and performance indicators.
- Align outcomes and indicators with current standards for verb use in course learning outcomes to ensure they are measurable and at the appropriate level for the course.
- Reorder performance indicators so that similar indicators are grouped together.

Program Learning Outcome 1

No revisions

Performance Indicators for Program Learning Outcome 1

Revised bullets

1.1 Describe the characteristics and qualities of caring interactions in a variety of contexts.
Revised to: Describe the characteristics of caring interactions in a variety of contexts.

1.3 Respect the individuality, independence, and dignity of clients and families.
Revised to: Respect the individuality, diversity, and dignity of clients and families.

1.4 Support the autonomy and uniqueness of clients and their families. (Formerly bullet 1.6.)
Revised to: Support the autonomy and independence of clients and their families.

1.6 Display respect and sensitivity to individuals and families from diverse backgrounds and cultures. (Formerly bullet 1.4.)
Revised to: Display cultural sensitivity and cultural humility when interacting with clients and families from diverse backgrounds and cultures.

1.10 View the older person as an individual possessing a wealth of experience, knowledge and wisdom. (Formerly bullet 1.8.)
Revised to: View the client as an individual possessing a wealth of experience, knowledge, and wisdom.

Added bullets

1.5 Encourage clients to be involved in their own care, make choices, and participate in decisions about their care and activities, as they are able.
1.7 Provide culturally safe and sensitive care.
1.11 Discuss traditional medicines, healing practices, and alternative forms of healing.
Note: This was moved to PLO 1 from PLO 2 as it relates to person-centred care more than problem-solving. The original wording for 2.8 "Display an appreciation of the importance of traditional medicines and alternative forms of healing to the client and family" was revised.

Removed bullets
- Base care and assistance functions on the client's unique needs, capabilities, and interests. **Note**: This was incorporated into 1.5.
- Provide clear information to the client about the care or service to be provided and deal with questions or concerns in a calm, caring fashion. **Note**: This is covered by PLO 6, under 6.10.
- Encourage clients to be involved in their own care. **Note**: This is incorporated in 1.5.
- Support client independence. **Note**: This is incorporated into 1.4.

Program Learning Outcome 2
Use an informed problem-solving approach to provide care and assistance that promotes the physical, psychological, social, cognitive, and spiritual well-being.
Revised to: Use an informed problem-solving approach to provide care and assistance that promotes the physical, psychological, cognitive, social, and spiritual health and well-being of clients and families.

Performance Indicators for Program Learning Outcome 2
Revised bullets

2.1   Assess the client and situation using informed observation, reflection, and communication.
Revised to: Evaluate the client and situation using informed observation, reflection, and communication.

2.2   Observe changes in the client's health status and report these changes to the appropriate health care professional.
Revised to: Observe changes in the client's health status and report these changes to the appropriate regulated/licensed health care professional.

2.4   Be guided by knowledge of health, healing, human needs and human development.
Revised to: Use knowledge of health, healing, human needs, and human development to guide choices and actions.

2.5   Demonstrate an understanding of the interconnectedness of physical, psychological, social, cognitive and spiritual aspects of health and healing.
Revised to: Use knowledge of the interrelationship between the physical, psychological, cognitive, social, and spiritual dimensions of health to guide choices and actions.

2.6   Display an understanding of the importance of the family in health and healing.
Revised to: Discuss the importance of the family in health and healing.

Note: Throughout the guide, *assess*, when referring to performance by the HCA, will be understood to mean observing, gathering data and making reasonable inferences at a level appropriate to the education of an HCA and in accordance with the employer's expectations/policies. For example, the HCA should perform a basic mobility assessment of the client (observe, gather data from the care plan and/or other sources, make a reasoned judgment) before transferring the client. It is necessary to *assess* the appropriateness of the transfer method each time.

Revised to:

> **Note:** The terms "evaluate," "assess," and "assessment," when referring to the role of the HCA, will be understood to mean observing, gathering data, and making reasonable inferences at a level appropriate to the education of an HCA and in accordance with the HCA role as determined by the Ministry of Health.

Added bullet

2.12   Use current computer technology in accordance with workplace standards.

Removed bullets

- Display an awareness of the role of culture, diversity and life experience in health and healing. **Note**: This is now covered by PLO 1.)
- Display an appreciation of the importance of traditional medicines and alternative forms of healing to the client and their family. **Note**: This is now covered in PLO 1.

Program Learning Outcome 3

Provide care and assistance for clients experiencing complex health challenges.

Revised to: Provide person-centred care and assistance for clients experiencing complex health challenges

Performance Indicators for Program Learning Outcome 3

Revised bullets

3.3   Base choices and actions on a clear understanding of the interrelationship of the physical, social, cognitive, emotional and spiritual dimensions of health and healing.
Revised to: Base choices and actions on a clear understanding of the interrelationship of the physical, psychological, cognitive, social, and spiritual dimensions of health and healing.

3.6   Provide caring and supportive end-of-life care for clients in a manner that promotes comfort and dignity.
Revised to: Provide caring and supportive end-of-life care for clients in a manner that promotes comfort and dignity and respects preferences and diversity.

Program Learning Outcome 4

Provide care and assistance for clients experiencing cognitive and/or mental health challenges.

Revised to: Provide person-centred care and assistance for clients experiencing cognitive and/or mental health challenges.

Performance Indicators for Program Learning Outcome 4

Revised bullets

4.2   Base choices and actions on a sound understanding of the physical, psycho-social processes of dementia.
Revised to: Base choices and actions on a sound understanding of physical and psychosocial processes of cognitive and/or mental health challenges.

4.3   Base choices and actions on an understanding of environmental influences on behaviours.

Revised to: Base choices and actions on an understanding of the factors that influence behaviours.

4.4   Use an informed problem-solving process when caring for or providing assistance for individuals experiencing mental health challenges. (Formerly bullet 4.6.)
Revised to Use an informed problem-solving process when caring for or providing assistance for individuals experiencing cognitive and/or mental health challenges.

Added bullets
4.5   Demonstrate appropriate interactions with clients experiencing cognitive, behavioural, and psychological impairment.

Removed bullets
•   Base choices and actions on a clear understanding of the interrelationship of the physical, social, cognitive, emotional and spiritual dimensions of health and healing. **Note**: This is now covered in PLO 2.
•   Tailor interactions and responses based on an understanding of common mental health challenges. **Note**: This is now covered in 4.2, 4.4, and 4.5.

Program Learning Outcome 5
No revisions

Performance Indicators for Program Learning Outcome 5
No revisions or additions.

Program Learning Outcome 6
Communicate clearly, accurately, and in sensitive ways with clients and families in a variety of community and facility contexts.
Revised to: Communicate clearly, accurately, and sensitively with clients and families in a variety of community and facility contexts.

Performance Indicators for Program Learning Outcome 6
Revised bullets
6.4   Respect and adapt to a family and client's cultural background. (Formerly bullet 6.13.)
Revised to: Adapt to a client's and family's unique background, respecting the impact of diversity on communication.

6.5   Observe common courtesies such as addressing the client and family members by name of choice and speaking in a manner to be readily understood. (Formerly bullet 6.9.)
Revised to: Observe common courtesies such as addressing the client and family members by name of choice. **Note**: The second part of this sentence "speaking in a manner to be readily understood" was removed from 6.5 as it is already covered in 6.1.

6.12   Use humour appropriately. (Formerly bullet 6.11.)
Revised to: Use humour appropriately and respectfully.

Added bullet

6.10   Provide clear information to the client about the care or service to be provided and deal with questions or concerns in a calm and caring fashion. **Note**: This was moved from PLO 1 to 6.10 as content more closely aligns with PLO 6.

Removed bullets

- Use English in such a way as to be clearly understood. **Note**: This is now covered in 6.1.
- Adapt communication styles/approaches as appropriate to the client or situation. **Note**: This is now covered in 6.3.

Program Learning Outcome 7

No revisions

Performance Indicators for Program Learning Outcome 7

Revised bullets

7.2   Assess the client and the environment prior to commencing care. (Formerly bullet 7.3.)
        Revised to: Evaluate the client and the environment prior to commencing care.

7.5   Set priorities or make adjustments to the care process based on client requirements.
        Revised to: Exhibit flexible and adaptable behaviour, setting priorities, and making adjustments to the care process based on client requirements.

7.8   Base choices and actions on a sound knowledge of asepsis and body mechanics.
        Revised to: Adhere to the principles of body mechanics.

7.9   Adhere to infection-control practices.
        Revised to: Adhere to the principles of medical asepsis and infection-control practices.

7.18   Have an understanding of basic nutrition related to the client's health needs and preferences. (Formerly bullet 7.20.)
        Revised to: Identify basic dietary requirements related to the client's health needs and preferences.

7.19   Use safe eating/feeding techniques for clients who require assistance. (Formerly bullet 7.21.)
        Revised to: Use appropriate techniques, strategies, and assistive devices to safely assist clients who require support with eating and drinking.

7.20   Assist the client with medication; administer medications only if the task is delegated. (Formerly bullet 7.22.)
        Revised to: Assist the client with medication, as per the client's care plan. Medication administration is a restricted activity performed by registered nurses and licensed practical nurses, as outlined in their profession specific regulation. HCAs must be authorized to administer medication by an appropriate regulated health professional such as a registered nurse. **Note**: This language update aligns with the Ministry of Health's guidance on the HCA role in regards to medication assistance. Although lengthy for a PLO performance indicator, additional clarification and enhanced language is required.

Removed bullets

- Exhibit flexible and adaptable behaviour. **Note**: This is now covered in 7.5.
- Encourage family involvement in care whenever possible. **Note**: This is now covered in PLO 1.
- Encourage independence of the client as much as possible. **Note**: This is now covered in PLO 1.

Program Learning Outcome 8

No revisions

Performance Indicators for Program Learning Outcome 8

Revised bullets

8.1   Identify own learning and personal/professional development needs.
        Revised to: Identify own learning needs for both personal and professional development.

8.7   Strive to demonstrate increasingly healthful lifestyle and self-care practices.
        Revised to: Strive to demonstrate healthful lifestyle and self-care practices.

Added bullets

8.8   Apply self-reflection and self-appraisal processes in order to recognize and respond to self-development needs. **Note**: Moved here from PLO 9 as content more closely aligns with PLO 8.

Program Learning Outcome 9

No revisions

Performance Indicators for Program Learning Outcome 9

Revised bullets

9.10 Maintain a non-judgmental position in light of difficult or unusual client or family situations.
        Revised to: Maintain a non-judgmental position when faced with difficult or unusual client or family situations.

Removed bullets:

- Collaborate with other members of the health care team. **Note**: This is now covered by PLO 5.
- Use appropriate lines of communication. **Note**: This is now covered by PLO 5.
- Promote own personal safety, health and well-being. **Note**: This is now covered by PLOs 7 and 8.

Revisions to Tables

Provincial Curriculum Matrix
- The name of this table was changed to "Minimum Required Hours for Health Care Assistant Program Courses."
- The names of courses were changed to match revised course names.
- In column 1, the course "Introduction to Practice" was moved so it follows "Concepts for Practice."
- The footnote on this page:
    "Practice experiences in other settings, such as units specified as Transitional Care, Discharge Planning, Rehabilitation, Alternate Level of Care, PATH, et cetera may be acceptable if the learning outcomes can be met in these settings"
    Revised to: Practice experiences in other settings, such as units specified as acute care, transitional care, discharge planning, rehabilitation, alternate level of care, etc. may be acceptable provided that the program learning outcomes can be met in these settings. These placements cannot replace the minimum 150 hours of Instructor-led clinical, which are still required in complex care.
    Note: The language was updated after consultation with the B.C. Care Aide Registry.

Course Clusters
- The name of this table was changed to "Course Organization."
- The names of courses were changed to match revised course names.
- In column 1, the course "Introduction to Practice" was moved so it follows "Concepts for Practice."
- In column 3, the learning experience "Practice Experience(s) in Multi-level or Complex Care (includes practice experience focused on specialized dementia care)" was split into two bullet points.
- In column 3, the learning experiences were reordered to: "Practice Experience(s) in Multi-level and/or Complex Care," "Practice Experience focused on Specialized Dementia Care," and "Practice Education Experience(s) in Home Support, Assisted Living, and/or Group Home."

Location of Theory, Application, and Assessments of Program Learning Outcomes within Courses
- The name of this table was changed to "Program Learning Outcomes in Courses."
- The names of courses were changed to match revised course names.
- Changes to table key:
    * This outcome represents an underlying focus within the course.
    ** This outcome represents a less significant but still important focus of the course
    *** This outcome represents a significant focus of the course
    Revised to:
    *** Course has a significant focus on this outcome.
    ** Course has a moderate focus on this outcome.
    *Course includes but does not focus on this outcome.

    Note: Language was updated to improve clarity

Revisions to Provincial Curriculum Courses

Concepts for Practice
Note: This course title was changed from "Health and Healing: Concepts for Practice"

Course Description
No changes

Learning Outcomes
The course learning outcomes 3, 4, and 5 were reordered to match the order of the course content. Details and notes are provided under these course learning outcomes.

Changes to Course Learning Outcome 1
Display an understanding of person-centred care that recognizes and respects the uniqueness of each individual:
Revised to: Describe how person-centred care recognizes and respects the uniqueness of each individual:

Revised bullets
1.2   Explain the importance of respecting the individuality, independence, autonomy, diverse values and dignity of clients and families.
        Revised to: Explain the importance of respecting the individuality, independence, autonomy, diversity, and dignity of clients and families.

1.3   Display an ability to view the older person as an individual possessing a wealth of experience, knowledge, and wisdom.
        Revised to: Describe clients as individuals possessing a wealth of experience, knowledge, and wisdom.

Changes to Course Learning Outcome 2
Revised bullets
2.2   Conduct a needs assessment
        Revised to: Discuss the HCA's role in observing and reporting unmet needs in clients.

2.3   Discuss the principles of human development.
        Revised to: Discuss the principles and stages of human development.
        Note: The word "stages" was added in response to Recommendation 10 (see Appendix 2) as "principles" of human development does not refer to the specific changes associated with growth and development that occur across the lifespan.

Added bullets
2.4   Describe common developmental tasks, characteristics, and needs of various age groups across the lifespan.
        Note: This was added to further enhance language, based on Recommendation 10 (see Appendix 2).

Changes to Course Learning Outcome 3 (Formerly Course Learning Outcome 5)
The new course learning outcome 3 was formerly course learning outcome 5. The learning outcomes were reordered to match order of course content.
Display an understanding of the role of family, culture, diversity, and life experience in aging, health and healing:
Revised to: Discuss the role of family, diversity, and life experience in aging, health, and healing:
Note: Diversity includes culture.

Revised bullets
3.3   Understand the impact of stress on family care providers.
        Revised to: Discuss the impact of stress on family care providers.

3.5   Describe how diversity (race, ethnicity, culture, generational differences, socio-economic differences, religious diversity, etc.) influences an individual's experiences of aging, health, and healing.
        Revised to: Describe how diversity influences an individual's experience of aging, health and healing.
        Note: The course content section describes themes included under the term "diversity." It is not necessary to list them in the course learning outcome.

3.6   Appreciate the potential value of traditional medicines and alternative forms of health care to the client and family.
        Revised to: Discuss diverse practices in health and healing, including the role of traditional medicines, healing practices, and alternative forms of healing.

3.9   Discuss components of culturally sensitive care.
        Revised to: Describe how to provide culturally safe and sensitive care, including how to consider Indigenous history, cultural practices, traditional healing practices and medicines, and different community norms and protocols.

Added bullets
3.7   Explain the impact of inequity and discrimination on the quality of care.
3.8   Define cultural safety and cultural humility
        Note: 3.8 and 3.9 were added in response to Recommendations 4 and 8 (see Appendix 2).

Changes to Course Learning Outcome 4 (Formerly Course Learning Outcome 3)
The new course learning outcome 4 was formerly course learning outcome 3.
Course learning outcome 4 is now "Use an informed problem-solving approach to provide care and service:"

Revised bullet
4.4   Utilize the steps of the care planning / problem-solving process.
        Revised to: Describe the steps of the care-planning and problem-solving process.

Changes to Course Learning Outcome 5 (Formerly Course Learning Outcome 4)
The new course learning outcome 5 was formerly course learning outcome 4. The learning outcomes were reordered to match order of course content.
Course learning outcome 5 is now "Contribute to the safety and protection of self and others in a variety of work environments:"

Revised bullets
5.1   Describe individual factors affecting the need for protection and safety (health, age, lifestyle, health challenges).
        Revised to: Describe individual factors affecting the need for protection and safety (health, age, lifestyle, and mental or cognitive health challenges).

5.6   Recognize emergency and critical incidents and describe appropriate steps to take during and after the incident.
        Revised to: Identify emergency and critical incidents and describe appropriate steps to take during and after the incident.

Course Content

Under "Characteristics of Caring and Person-Centred Practice"
Revised bullet
- Recreation and socialization and quality of life.
  Revised to: Recreation and socialization and how they affect quality of life.

Under "Basic Human Needs"
Revised bullets
- Factors that affect needs and the meeting of needs in older adults.
  Revised to: Unique factors that affect needs and the meeting of needs in older adults.

- Needs assessment.
  Revised to: Overserving and reporting unmet needs.

Added bullets
- Factors that affect needs and the meeting of needs of clients and families.
  Note: language adjusted to enhance language in response to Recommendations 10 (see Appendix 2).

Under "Human Development"
Revised bullet
- Principles of human development
  Revised to: Principles and stages of human development

Added bullets
- Common developmental tasks and characteristics of:
  - Infancy
  - Toddlerhood
  - Preschool period

- o School age
- o Adolescence
- o Young adulthood
- o Middle adulthood

Note: The stages were added to enhance language in response to Recommendation 10 (see Appendix 2).

Under "Family in Health and Healing"
Added bullet

- Decision-making

Removed bullet

- Influence on health care choices, such as traditional and alternative medicines and treatments.
  Note: This was moved to the Diversity section.

Under "Diversity"
Heading "Multiculturalism and Diversity"
Revised to: "Diversity"
Note: Diversity is a broader term that includes multiculturalism.

The content was reorganized and the language was revised to improve clarity and provide more specific guidance.

Removed
The following bullets were removed and replaced with revised text:

- Race, ethnicity and culture.
- Diversity of backgrounds.
- Gender identity and sexual orientation.
- Generational differences.
- Prejudice and discrimination.
- Effects of culture.
- Culture and family.
- Culture and religion.
- Cultural influences on aging and health.
- Culturally sensitive care.

Added
This text was added to replace the above text.

- Relationship between diversity and person-centred care.
- Impact of diversity on aging, and health and healing, including:
  - o Race and ethnicity
  - o Culture
  - o Generational differences
  - o Gender identity, gender expression, and sexual orientation
  - o Religious and spiritual diversity

- Diverse practices in health and healing, including the role of traditional medicines, healing practices, and alternative forms of healing.
- Prejudice and discrimination.
- Impact of inequity and discrimination on the quality of care.
- Cultural safety and cultural humility.
- Culturally safe and sensitive care.

Under "Critical Thinking and Problem-Solving"
Revised bullets
- Steps in the care planning / problem-solving process:
  - Assessing – gathering information (including the client's unique personal history, achievements, strengths, and preferences).
  Revised to: Steps in the care-planning and problem-solving process:
    - Observing – gathering information (including the client's unique personal history, achievements, strengths, and preferences).

- Concepts of client acuity and intensity and how these factors influence the HCA's problem-solving and decision-making regarding care provision and prioritization of tasks.
  Revised to: Concepts of client acuity and how these factors influence the HCA's problem-solving and decision-making regarding care provision and prioritization of care activities.

Added bullets
Under "Reporting and recording," added the following:
- Paper-based documentation (e.g., flow sheets, records, charts).
- Electronic-based documentation.
  - Electronic Health Records (EHRs).
  - Tools used for EHRs, including computers, tablets, and mobile devices.
  - Common health technology systems in B.C.
  - Privacy, confidentiality, and security requirements.
  Note: The language was enhanced in response to Recommendation 7 (see Appendix 2).

Under "Protection and Safety in Health and Healing"
Revised bullets
- Factors affecting the need for protection and safety (health, age, lifestyle, health challenges/cognition).
  Revised to: Factors affecting the need for protection and safety (health, age, lifestyle, cognitive or mental health challenges).

Introduction to Practice
Note: This course title was changed from "Health Care Assistant: Introduction to Practice."

Course Description
No changes

Learning Outcomes

Changes to Course Learning Outcome 1
Display an understanding of the roles and responsibilities of HCAs within the health care system in British Columbia:
Revised to: Discuss of the roles and responsibilities of HCAs within the health care system in British Columbia:

Changes to Course Learning Outcome 2
Contribute to the effective functioning of the health care team:
Revised to: Discuss strategies to support the effective functioning of the health care team:

Revised bullet
2.2   Outline the benefits and challenges of working in a team, including diversity within the team.
      Revised to: Describe the benefits and challenges of working in a team, including diversity within the team.

Changes to Course Learning Outcome 3
Function in a responsible, accountable fashion recognizing legal and ethical parameters of the HCA role:
Revised to: Discuss the legal and ethical parameters of the HCA role and requirements for responsible and accountable practice:

Course Content

Under "Teamwork in Health Care Settings"
Revised bullets
- The roles and responsibilities of HCAs; how these may differ in different settings.
  Revised to: The roles and responsibilities of HCAs in various settings.

- Legal limitations and obligation of HCAs.
  Revised and expanded to:
  Legal limitations and obligation of HCAs.
  - Types of care activities:
    - Tasks – care activities that HCAs are educated and trained to perform as part of their assigned HCA role.
    - Restricted activities – higher-risk care activities outlined in health professional regulations that an HCA cannot perform without authorization (delegation) by a regulated health professional, such as a registered nurse. Restricted activities are not considered HCA tasks.
  - What to do when a situation exceeds legal or employer-defined parameters of one's role.
  Revised to: What to do when a situation exceeds the legal parameters of one's role.

Note: This revision aligns with the Ministry of Health's guidance on the HCA role and updates the ministry is making to improve clarity regarding tasks and restricted activities.

- Lines of communication.
  Revised to: Lines of communication, such as shift reports, team huddle meetings, phone calls etc. to ensure comprehensive communication and avoid or reduce missing information related to client care.

- Benefits and challenges of working in a team, including diversity within the team.
  Revised to: Benefits and challenges of working in a team, including benefits and challenges of diversity within the team.

- Maintaining a respectful workplace.
  Revised and expanded to:
  Maintaining a respectful workplace including:
  - Characteristics of a respectful workplace.
  - Benefits of a respectful workplace.
  - Practical ways to show respect in the workplace (e.g., avoiding gossip, offering and accepting help, cleaning up after yourself, replacing something when you've taken the last of it, showing appreciation, using common courtesies).
  - Preventing and responding to bullying and harassment.

Removed bullet
- Supervision in various health care settings.
  Note: This is covered by discussion of roles and responsibilities of various health care team members and HCAs in various settings under 'Teamwork in Health Care Settings.'

Under "Professional Approaches to Practice"
Revised bullets
- Inappropriate use of mobile devices and social media, i.e. related to client confidentiality and unprofessional behaviour (discussion of work place issues or conflicts and/or client information, personal phone use during work hours).
  Revised to:
  Revised to: Inappropriate use of mobile devices and social media (for example, sharing confidential client information online, discussing workplace issues and conflicts on social media, or using personal phone during work hours).

Added bullet
- HCA oversight in B.C.

Interpersonal Communications
Note: This course title was changed from "Health 1: Interpersonal Communications."

Course Description
No changes

Learning Outcomes
No changes

Course Content

Under "Introduction to Interpersonal Communications"
Revised bullets

- Appreciating diversity of backgrounds: generational differences.
Revised to: Appreciating diversity of backgrounds.

- Recognize how different health care settings or health concerns may impact communication with the client, e.g. at home (in residential or community setting) vs. acute care hospital admission
Revised to: Recognize how different health care settings or health concerns may impact communication with the client, e.g., complex care, community care, or acute care settings.

Under "Non-Verbal Communication"
Removed bullets

- Electronic communications, e.g., appropriate email communication, on-line etiquette (netiquette).
Note: Electronic communications was given its own section due to increasing use of electronic communication.

Under "Conflict Management and Resolution"
Added bullet

- Conflict management strategies.

Added
"Electronic Communications"

- Appropriate email communication, online etiquette (netiquette).
- Appropriate use of mobile devices in the workplace.

Lifestyle and Choices
Note: This course title was changed from "Health 2: Lifestyle and Choices."

Course Description
No changes

Course Learning Outcomes

Changes to Course Learning Outcome 1:
Discuss the interrelationship of physical, social, cognitive, emotional and spiritual dimensions and the Determinants of Health:
Revised to: Discuss the interrelationship of physical, psychological, cognitive, social, and spiritual dimensions and the determinants of health:

Revised bullets
1.2   Discuss the physical, psychological/emotional, cognitive, social and spiritual dimensions of health.
        Revised to: Discuss the physical, psychological, cognitive, social, and spiritual dimensions of health.

1.5   List and describe the determinants of health and how they impact health.
        Revised to: Describe the determinants of health and discuss how they can create health inequalities and impact the dimensions of health.

Changes to Course Learning Outcome 2:
Display an understanding of how lifestyle choices and behaviours contribute to physical, psychological, social, cognitive and spiritual health:
Revised to: Discuss how lifestyle choices and behaviours contribute to physical, psychological, cognitive, social, and spiritual health:

Revised bullets
2.3   Discuss elements of healthful weight management.
        Revised to: Discuss elements of healthy weight management.

2.4   Describe the adverse effects of common harmful substances (tobacco, alcohol, caffeine, drugs).
        Revised to: Describe the adverse effects of common harmful substances.
        Note: These examples of harmful substances aren't appropriate for learning outcomes but are covered in the course content section.

2.9   Discuss the cognitive (thinking) components of health.
        Revised to: Discuss the cognitive components of health.

Changes to Course Learning Outcome 3:
Display an understanding of the complexity of the change process in relation to health promotion:
Revised to: Explain the complexity of the change process in relation to health promotion:

Revised bullet

3.2   Display how to set achievable goals, use appropriate motivators, and set a realistic change agenda.
Revised to: Demonstrate how to set achievable goals, use appropriate motivators, and set a realistic change agenda.

Course Content

Under "Understanding Health"

- Physical, psychological/emotional, cognitive, social and spiritual dimensions of health. Interrelatedness of all aspects of health: introduction of the health wheel.
Revised to: Physical, psychological, cognitive, social, and spiritual dimensions of health. Interrelatedness of all aspects of health: introduction of the health wheel.

- Determinants of Health and how they affect health.
Revised to: The 12 determinants of health (as defined by the Government of Canada). The impact of the determinants of health on health inequalities and the dimensions of health.

Under "Components of Health"

- Nutrition: Nutrition throughout the life cycle; factors that affect eating and nutrition; Canada's Food Guide.
Revised to: Nutrition, including nutrition throughout life, factors that affect eating and drinking, and Canada's Food Guide.

- Avoiding or limiting harmful substances – licit and illicit drugs, alcohol, tobacco and caffeine.
Revised to: Avoiding or limiting harmful substances – licit and illicit drugs, alcohol, tobacco, vaping, and caffeine.

- Psychological or emotional (feeling) components of health:
Revised to: Psychological or emotional components of health:

- Cognitive (thinking) components of health:
Revised to: Cognitive components of health:

- Spiritual components of health:
  o Personal values and beliefs.
  o Clarification of values and beliefs that are personally significant.
  o Meaning-making.
  o Activities that enrich and refresh.
Revised to: Spiritual components of health:
      o Awareness of personal values and beliefs.
      o Finding meaning and purpose in life.
      o Participating in activities that enrich, inspire, and refresh.
      o Appreciation for different ways of knowing and being.

Common Health Challenges
Note: This course title was changed from" Healing 1: Caring for Individuals Experiencing Common Health Challenges."

Course Description
No changes

Course Learning Outcomes

Changes to Course Learning Outcome 1
Display an understanding of the structure and function of the human body and normal changes associated with aging:
Revised to: Explain the structure and function of the human body and normal changes associated with aging:

Changes to Course Learning Outcome 2
Display a sound understanding of common challenges to health and healing:
Revised to: Discuss common challenges to health and healing:

Removed bullets
- o Integumentary.
- o Musculo-skeletal.
- o Cardiovascular.
- o Respiratory.
- o Digestive.
- o Urinary.
- o Reproductive.
- o Endocrine.
- o Neurological.
- o Sensory Challenges.
- o Multi-organ (cancer, AIDS)

Note: For consistency, examples related to the course learning outcomes are included in the course content section, not under the course learning outcomes.

Revised bullet
2.4   Describe common developmental health challenges.
Revised to: Describe common neurodevelopmental disorders.
Note: This was updated to align with language in the DSM-5-TR (*Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, Text Revision).

Added bullet
2.5   Discuss how to implement a person-centred caring approach for specific health challenges.
Note: Course learning outcome 4 was removed and integrated into learning outcome 2 through the addition of 2.5.

Changes to Course Learning Outcome 3
Discuss nutrition as it relates to healing:

Revised to: Discuss nutrition as it relates to managing common health challenges:
Note: Nutrition in relation to health and healing is discussed in depth in the Lifestyle and Choices course. In response to Recommendation 5 (see Appendix 2), this course learning outcome was changed to make it more specific to the Common Health Challenges course and to emphasize that this content is meant to build on the content already taught in Lifestyles and Choices, not reteach the basics of nutrition.

Revised bullet
3.2   Identify community resources to support clients' dietary needs.
        Revised to: Identify community resources to support clients' dietary intake.

Removed bullet
   • Discuss nutrition in relation to common health challenges.
        Note: Revising the wording for learning outcome 3 made this bullet point redundant.

Changes to Course Learning Outcome 4
This course learning outcome was removed and integrated into course learning outcome 2.

Changes to Course Learning Outcome 4 (Formerly Course Learning Outcome 5)
The new course learning outcome 4 was formerly course learning outcome 5.
Demonstrate an understanding of the components of person-centred, end-of-life care for clients and families:
Revised to: Discuss the components of person-centred, end-of-life care for clients and families:

Revised bullets
4.5   Discuss physical, emotional, cognitive and spiritual needs of the dying person and appropriate interventions.
        Revised to: Discuss physical, psychological, cognitive, social, and spiritual needs of the dying person and appropriate interventions.

4.9   Display an understanding of the importance of and ways to provide self-care for the care-giver following a death.
        Revised to: Explain the importance of and ways to provide self-care following the death of a client.

Removed course learning outcome 4
        Describe ways to organize, administer and evaluate person-centred care and service for clients experiencing common health challenges:
        • Discuss person-centred/caring approaches appropriate for specific health challenges.
        • Describe aspects of critical thinking and problem-solving that should be utilized when caring for individuals experiencing common health challenges.
        Note: Critical thinking is taught in depth in Concepts for Practice and then applied through Personal Care and Assistance and the practice education courses. In response to Recommendation 5 (see Appendix 2), critical thinking was removed as a course learning outcome from this course. Person-centred care was preserved and added to course learning outcome 2, bullet 2.5.

Course Content

Under "Medical Terminology"
Revised bullets
- Word elements.
- Abbreviations.
  Revised to: Word elements: prefixes, roots and suffixes, and abbreviations.

Under "Challenges to Health and Healing"
Revised bullets
- Broad effects on the individual and family of health challenges (i.e., changes in physical health can be expected to also affect social, emotional, cognitive and spiritual health).
  Revised to: Broad effects of health challenges on the individual and family (e.g., changes in physical health can be expected to also affect psychological, cognitive, social, and spiritual health).

- Integumentary (pressure ulcers, pain).
  Revised to: Integumentary (common skin disorders, pressure ulcers, pain).

- Cardiovascular (hypertension, hypotension, edema, coronary artery disease, blood clots, heart failure, CVA-stroke).
  Revised to: Cardiovascular (hypertension, hypotension, edema, coronary artery disease, blood clots, myocardial infarction, congestive heart failure).

- Respiratory (cyanosis, dyspnea, apnea, orthopnea, hyperventilation, hypoventilation, COPD, asthma, pneumonia, TB).
  Revised to: Respiratory (cyanosis, dyspnea, apnea, orthopnea, hyperventilation, hypoventilation, COPD, asthma, pneumonia).

- Urinary (urinary tract infections, renal failure, hepatitis).
  Revised to: Urinary (urinary tract infections, renal failure).

- Neurological (stroke, Parkinson's disease, multiple sclerosis, ALS, acquired brain injuries, spinal cord injuries).
  Revised to: Neurological (CVA/stroke, Parkinson's disease, multiple sclerosis, ALS, acquired brain injuries, spinal cord injuries).

- Multi-organ (cancer, AIDS).
  Revised to: Cancer

- Developmental health challenges (Down's syndrome, autism spectrum, fetal alcohol, fragile X, PKU)
  Revised to: Neurodevelopmental disorders (Down syndrome, autism spectrum, cerebral palsy, fetal alcohol syndrome, fragile X syndrome, phenylketonuria (PKU)).

Added bullets
- Common communicable diseases (including but not limited to, MRSA, VRE, C. difficile infections, influenza, coronaviruses, HIV/AIDS, hepatitis, and tuberculosis).

Under "Nutrition and Common Health Challenges"
- Nutrition and Healing
  Revised to: Nutrition and Common Health Challenges

- Under the bullet "Special diets"
  - Modified diets Revised to: Texture-modified diets
    Added: Food allergies and intolerances

- Under "Diversity and nutrition"
  - Community resources to support clients' dietary needs.
    Revised to: Community resources to support clients' dietary intake.
  Added
  - Vegetarian diets
  - Belief-based diets

Note: Changes to Nutrition and Common Health Challenges were done for the following reasons:
- Improve clarity by reviewing the classification of some conditions.
- Address Recommendation 10 (see Appendix 2) and reflect the diverse practice settings HCAs work.
- Remove the duplication of content.
- Enhance language around diversity in nutrition and diets.

Removed
- Applying critical thinking and problem-solving when caring for individuals experiencing common health challenges in various health care settings (residential, community, acute care):
  - Gathering information.
  - Sources of information (e.g. care plan, health care team, client).
  - Observing changes in the client.
  - Establishing priorities for care with consideration given to client acuity.
  - Carrying out plan of care.
  - Evaluating effectiveness of care.
  - Reporting and recording.

  Note: These bullets were removed as this is taught in Concepts for Practice and applied in Personal Care and Assistance and the practice education courses, and additional time will be required for expanded communicable diseases content.

Under "End-of-Life Care"
Revised bullet
- Physical, emotional, cognitive and spiritual needs and appropriate interventions.
  Revised to: Physical, psychological, cognitive, social, and spiritual needs and appropriate interventions.

Cognitive and/or Mental Health Challenges
Note: This course title was changed from "Healing 2: Caring for Individuals Experiencing Cognitive or Mental Challenges."

Course Description
The term "mental challenges" was updated to "mental health challenges."

Course Learning Outcomes
Note: The learning outcomes and bullet points in this course were extensively edited. The original statements used application verbs and were the same as those found in the program learning outcomes and practice education courses.

Changes to Learning Outcome 1
Describe ways to organize, administer and evaluate person-centred care and assistance for clients experiencing cognitive health challenges (dementia)
Revised to: Describe ways to organize, provide, and evaluate person-centred care and assistance for clients experiencing cognitive challenges:

Added bullets
- 1.1 Explain the difference between confusion, delirium, and dementia.
- 1.2 Identify causes of reversible and irreversible dementia and describe the primary forms, causes, symptoms, and treatments, as well as the stages of dementia.
- 1.3 Discuss principles of person- and family-centred care used to care for individuals living with dementia.
- 1.4 Use effective communication strategies for interacting with persons with dementia.
- 1.5 Describe the behaviours and psychological symptoms of dementia, including factors influencing behaviours and strategies for preventing and responding to behaviours.
- 1.6 Describe appropriate techniques for assisting with personal care and dietary intake for persons with dementia.
- 1.7 Describe appropriate activities for individuals experiencing different levels of dementia.
- 1.8 Identify the needs of the families and professional caregivers, and describe ways to support them.

Removed bullets
- Use an informed problem-solving process when caring for individuals experiencing cognitive health challenges.
- Base choices and actions on a sound understanding of the physical, cognitive and psycho-social processes of various kinds of dementia.
- Base choices and actions on an understanding of environmental influences on behaviours.

Changes to Learning Outcome 2
Describe ways to organize, administer and evaluate person-centred care and assistance for clients experiencing mental health challenges (other than dementia):
Revised to: Describe ways to organize, provide and evaluate person-centred care and assistance for clients experiencing mental health challenges:

Added bullets

- 2.1 Explain the mental health continuum and identify factors that influence the mental health and well-being of individuals.
- 2.2 Describe the causes, symptoms, treatments and prevalence of common mental health disorders and conditions.
- 2.3 Discuss stigma associated with mental health challenges and stigmatizing language.
- 2.4 Discuss how the perceptions of mental health challenges may differ between diverse groups.
- 2.5 Describe the principles and approaches for person-centred care of the client and family.
- 2.6 Identify implications of involuntary admission under the Mental Health Act.

Removed bullets

- Use an informed problem-solving process when caring for or providing assistance for individuals experiencing mental health challenges.
- Identify factors that influence the mental health and well-being of individuals.
- Tailor interactions and responses based on an understanding of common mental health challenges.
- Cope constructively with unanticipated or unusual situations.

Changes to Learning Outcome 3
Demonstrate an understanding of effective approaches to disruptive or abusive behaviours:
Revised to: Describe effective approaches for responding to responsive and reactive behaviours:

Revised bullets
3.1 Identify behavioural indicators that an individual or group is becoming disruptive, abusive or out-of-control. (Formerly bullet 3.2)
Revised to: Identify behavioural indicators that an individual or group is becoming reactive or exhibiting behaviours that couple impact safety.

3.2 Utilize calming non-verbal techniques to prevent or de-escalate disruptive or out-of-control behaviours. (Formerly bullet 3.3)
Utilize appropriate verbal techniques to prevent or de-escalate disruptive or out-of-control behaviours. (Formerly bullet 3.4)
Revised to and combined to one bullet: Describe appropriate verbal and non-verbal techniques to promote a calming atmosphere and de-escalate responsive behaviours.

3.3 Know when to exit a potentially unsafe or abusive situation.
Revised to: Identify when and how to exit a potentially unsafe or abusive situation. (Formerly bullet 3.5).

Removed bullet

- Describe types of abuse/abusive relationships and the cycle of abuse.
Note: This was covered in the added course learning outcome 4.

Learning Outcome 4
Learning outcome 4 was added

4. Describe effective approaches for recognizing, responding to, and preventing elder abuse.
    4.1 Identify types of elder abuse.
    4.2 Describe signs and symptoms of elder abuse.
    4.3 Discuss risk factors and underlying causes of elder abuse.
    4. Discuss strategies for preventing and responding to elder abuse.

Course Content

Under "Cognitive Challenges in Older Adulthood"

Note: The course content section for cognitive challenges was significantly edited and reorganized. This was done to accomplish the following:

- Ensure there is up-to-date and relevant content related to dementia and best practices for providing person-centred care to clients with dementia. This is based on Recommendation 6 (see Appendix 2).
- To improve clarity by reorganizing content and grouping common themes.

Added and revised bullets

- Confusion.
- Neurocognitive disorders.
    - Delirium.
    - Dementia.
        - Reversible vs irreversible causes.
        - Primary forms: Alzheimer's disease and other dementias.
        - Pathology, processes, and characteristics.
        - Protective factors and risk factors.
        - Stages of dementia.
- Person- and family-centred care for individuals with dementia.
    - Principles of person and family-centred care.
    - Common person-centred care training programs for caregivers used in B.C.
    - Common person-centred care models for care facilities.
    - Stigma associated with cognitive challenges and stigmatizing language.
- Effective communication strategies for clients with dementia.
- Behavioural and psychological symptoms of dementia (BPSD).
    - Types of responsive behaviours.
    - Factors precipitating behaviours.
    - Strategies for preventing and responding to BPSD.
    - Knowing when to exit a potentially unsafe situation.
    - Importance of environment in relation to behaviours.
        - Environmental design strategies: familiar, homelike, accessible, safe, comfortable, and navigable.
- Working with individuals experiencing early, moderate or severe dementia.
    - Assessing situations and making observations about clients.
        - Appropriate engagement and participation in care and activities for individuals. experiencing differing levels of dementia.
        - Strategies for assisting with eating and drinking.

- Non-pharmacological therapies (e.g., music, pets, art, multisensory, massage, bright light, aromatherapy, reminiscence, meaningful activities).
- Supporting family members experiencing grief and loss.
- Caregiver needs and support.

Under "Mental Health Challenges"

Note: The course content section was revised and reorganized. Additional content was also added. This was done to accomplish the following:

- Review and update language and terminology, specifically around the topics of mental health (Recommendation 2).
- Incorporate language regarding trauma-informed practice. (This is based on Recommendation 4, see Appendix 2).
- To improve clarity by reorganizing content and grouping common themes.

Revised bullets

- Common mental health disorders
  Revised to: Common mental health disorders, including causes, symptoms, treatments, and prevalence.

- Affective or mood disorders
  Revised to: Affective (mood) disorders.

- Substance abuse disorders
  Revised to: Substance-related and addictive disorders

- Cultural differences in perceptions of mental health challenges.
  Revised to: Perceptions of mental health challenges in diverse groups.

- Stigma associated with mental health challenges.
  Revised to: Stigma associated with mental health challenges and stigmatizing language.

Added bullets

- Mental health models.
- Factors that influence mental health and well-being in individuals and families, such as stress, illness, loss, and aging.
- Under "Caring for the person and family":
  - Person-first language vs. identity-first language (e.g., person with a diagnosis of depression vs. depressed client).
  - Introduction to trauma-informed practice.

Removed bullets

- Causes and common treatment of mental health challenges.

Under "Abuse"

Note: The course content section was revised and reorganized and new content was added.

Former content under abuse:
- Types of abuse:
  - Physical, sexual, financial, emotional, neglect.
  - Self-neglect.
  - Abusive relationships:
  - Caregiver/Client.
  - Client/Client.
- Cycle of abuse.
- Responding to or preventing abuse.
- Recognizing and reporting signs of abuse.

Revised bullets
- Types of abuse (reportable incidents).
  - Physical, emotional, sexual, financial, neglect (as per Residential Care Regulation).
  - Self-neglect.
- Sign and symptoms of elder abuse, including physical injuries, changes in behaviour, emotional distress, financial manipulation, and neglect.
- Risk factors and causes of abuse, including ageism, caregiver stress, social isolation, and mental health challenges.
- Types of abusive relationships.
  - Caregiver/client
  - Family member/client
  - Client/client
- Four stages of the cycle of abuse.
- Strategies for preventing abuse, including promoting awareness, building social networks, and access to supportive services and resources.
- Responding to and reporting signs of abuse.

Note: This content was revised and new content added because the new course learning outcome 4 was added.

Personal Care and Assistance

Note: This course title was changed from "Healing 3: Personal Care and Assistance."

Course Description
No changes

Learning Outcomes

Note: Many of the following revisions for this course were made to improve clarity. This was done by reorganizing content, grouping common themes, and reducing duplications. Other edits were made following consultation with the Ministry of Health regarding clarifications about the HCA Core Competency Profile and HCA role.

Changes to Learning Outcome 1
Revised bullets

1.9   Assist the client to meet nutritional needs.
         Revised to: Assist the client with eating and drinking.

1.10   Assist the client with medication.
         Revised to: Assist the client with medication (HCAs are not permitted to administer medication by any method without regulated health professional authorization).
         Note: This language aligns with the Ministry of Health's guidance on the HCA role in regards to medication assistance.

Changes to Learning Outcome 2
Revised bullets

2.1   Assess the client and situation.
         Revised to: Observe the client and situation.

2.2   Observe changes in the client's health status.
         Revised to: Observe for changes in the client's health status.

2.9   Utilize creativity when required to adapt care and assistance to a variety of contexts.
         Revised to: Use creativity and flexibility when required to adapt care and assistance to a variety of contexts.

Removed bullet

2.3   Set priorities or make adjustments to the care process based on client requirements.
         Note: The Ministry of Health requested that this bullet point be removed as it could cause confusion regarding whether HCAs are allowed to change the care plan themselves, based on the client requirements. Instead, the word "flexibility" was added to 2.9 to enhance language around HCAs needing to make adjustments.

Changes to Learning Outcome 3
Revised bullets

3.1   Comply with legal/employer-defined parameters of practice for HCA roles.
         Revised to: Comply with the legal parameters of practice for HCA roles.

Note: Based on consultation with the Ministry of Health, this was changed as employers cannot decide what care activities are considered assigned tasks vs. restricted, and therefore cannot create their own parameters for the HCA role. The parameters of the HCA role are determined by the Ministry of Health, but job descriptions might vary between practice settings.

3.5   Adhere to the client's care plan.
        Revised to: Adhere to the client's activities of daily living (ADL) and care plan.

Changes to Learning Outcome 4:
Revised bullets
4.2   Assess the environment prior to commencing care.
        Revised to: Observe the environment prior to commencing care.

4.5   Base choices and actions on a sound knowledge of asepsis and body mechanics
        Revised to: Adhere to the principles of body mechanics.

4.6   Adhere to infection-control practices.
        Revised to: Adhere to the principles of medical asepsis and infection-control practices.

Revised and expanded box titled "Note: All skills are taught in such a way that all care contexts are recognized" (below learning outcomes).

Revised and expanded to:

Care Contexts
All skills are taught in such a way that all care contexts are recognized (complex care, community care, and acute care). To further recognize acute care settings, consider using simulations to have students practise skills needed for working with clients who have IVs, drainage (or other) tubes, wounds or surgical incisions, or dressings. Consider incorporating scenarios involving clients with higher acuity and increased possibility of acute changes in condition while the HCA provides care. These scenarios could include appropriate communication with team members, reporting, and recording.

Other aspects of the acute care environment could also be simulated where possible. These may include an environment with higher levels of activity, more interactions with health care team members, and increased use of call bells, transmission-based isolation precautions, and emergency codes.

Removed box:

Assigned versus Delegated Tasks (DOT):
Many of the tasks performed by the HCA may be assigned in one care setting but delegated in another setting. Tasks that are often/frequently delegated are noted as such in the course content section.

Note: Based on discussion with the Ministry of Health, this was removed. Employers cannot decide what care activities are considered an assigned task and which can be delegated.

Course Content

Under "Problem-Solving When Carrying Out Caregiving Procedures"
Revised bullet
- Evaluating effectiveness of the procedure.
  Revised to: Evaluating effectiveness of the procedure and care.

Added bullet:
- Establishing priorities for care with consideration to client acuity.

Moved box to under "Problem-Solving When Carrying Out Caregiving Procedure"

Care Activities

The care activities in the skills list below include both tasks and restricted activities.

Tasks – care activities that HCAs are educated and trained to perform as part of their assigned HCA role.

Restricted activities – higher-risk care activities outlined in health professional regulations that an HCA cannot perform without authorization by a regulated health professional (such as a registered nurse). This process requires client-specific delegation and is limited by the boundaries permitted by legislation and the regulated health professional's regulatory college.

Under "Asepsis and Prevention of Infection"
Revised bullet
- Microorganisms, including MROs, and the spread of infection.
  Revised to: Microorganisms and the spread of infection.
  Note: Multi-resistant Organisms (MROs) are taught in the Common Health Challenges course.

Added bullet
- Doffing and donning personal protective equipment (PPE).

Under "Promoting Personal Hygiene"
Revised bullets
- A.M. and h.s. care
  Revised to: Morning and evening care

- Assisting with grooming and dressing.
  Revised to: Assisting with grooming and dressing (e.g., hair care, shaving, changing clothing).

Under "Moving, Positioning, and Transferring a Client"
Revised bullets
- Turning a person in bed
  Revised to: Turning and moving a person in hospital or regular bed.

Note: For all bullets, "person" was changed to "client."

Removed bullets
- Assisting with transferring and moving a person in a hospital bed and a regular bed.
  Note: transferring was repeated within the section so bed mobility was added to turning.

- Assisting the individual to use a walker safely.
  Note: This was a repeat of what is covered in the Promoting Exercise and Activity section.

Under "Assisting with Dietary Needs"
Changed heading: "Promoting Healthy Nutrition and Fluid Intake" to "Assisting with Dietary Needs"

Revised bullets
- Utilizing safe feeding/eating assistance techniques with individuals who are experiencing difficulty biting, chewing and/or swallowing.
  Revised to: Using appropriate techniques and strategies to safely assist individuals experiencing difficulty biting, chewing, or swallowing.

Added bullet
- Using adaptive utensils.

Removed bullet
- Utilizing an understanding of basic nutrition related to the client's health needs and preferences.

Under "Promoting Urinary and Bowel Elimination"
Note: The language updates in this section align with the Ministry of Health's guidance on the legislation and HCA role regarding restricted activities.

Revised bullets
- The word "person" was changed to "client" in bullets.

- Assisting the person with an established catheter (may be DOT).
  Revised to: Assisting the client with an established catheter (must have client-specific delegation from a regulated health professional to perform any restricted activities).

- Administering enemas and suppositories (may be DOT).
  Revised to: Administering enemas and suppositories (must have client-specific delegation from a regulated health professional to perform any restricted activities).

- Assisting the person with an established ostomy (may be DOT)
  Revised to: Assisting the client with an established ostomy (must have client-specific delegation from a regulated health professional to perform any restricted activities).

Added "Hand and Foot Care"
Added new heading and content
- After assessment of the client by a regulated health professional, HCAs may assist with hand- and foot-care tasks limited to:
  - Observing for any changes and reporting to the supervisor.
  - Nail clipping for clients without chronic diseases like diabetes, without swollen feet, without compromised skin, and/or without compromised nail integrity.
  - Soaking, massaging, and applying lotion to hands and feet as per the care plan.

Note: These additions align with the Ministry of Health's guidance on the HCA role.

Added "Compression Stockings"
Added new heading and content
- After assessment of the client by a regulated health professional, HCAs may apply and remove compression stockings as per the care plan.
- Wash and dry stockings as per care plan.

Note: This addition aligns with the Ministry of Health's guidance on the HCA role.

Under "Heat and Cold Applications"
Revised heading**: "**Heat and cold applications" (usually DOT) to "Heat and Cold Applications"
Note: The Ministry of Health confirmed this is not a restricted activity, and therefore is an assigned task and not a delegation.

Added bullet
- Safety considerations and checks.

Under "Medications"
Revised heading**:** "Assisting with Medication for Clients Able to Direct Their Own Care (May Be DOT)" to "Medications"
Note: This section was divided into three sections: "General Information Regarding Medications," "Medication Assistance," and "Medication Administration." The bullets in this section were extensively revised and reorganized as outlined below. The language and content updates to this section were reviewed and guided by the Ministry of Health.

Revised text for Medications section
General Information Regarding Medications
- Types of medications (capsules, tablets, ointments, suppositories, liquids, drops, inhalers).
- Common abbreviations used with medications.
- Critical "rights" of assisting with medications.
- Reading medication labels.
- Roles and responsibilities, legal implications of actions.
- Observing the client for unexpected effects (recognizing what is not normal for the client and reporting it).
- Individual's right to refuse medication.
- Documentation as required by the care plan.

Medication Assistance
Medication assistance includes activities taught in the HCA curriculum that an HCA could perform if assigned by a regulated health professional and as indicated in the client's health care plan, for a client who is able to direct their own care. These include:
- Reminding the client to take their medication.
- Reading the medication label to the client.
- Providing the medication container to the client.
- Opening blister packs or dosettes.
- Loosening or removing container lids.

- Recapping the device or closing the medication container or bottle.
- Placing the medication in the client's hand.
- Steadying the client's hand while the client places medications in their mouth or administers their own eye drops, nasal sprays, or other medication.
- Using an enabler (such as a medicine cup, spoon, or oral syringe) to assist the client in getting the medication into their mouth.
- Supervising clients during self-administration.
- Providing the client with water or other fluids for rinsing the client's mouth or to help them swallow medication.

Medication Administration

Medication administration includes restricted activities taught in the HCA curriculum that an HCA could *only* perform if delegated by a regulated health professional to perform for a specific client, and as indicated in the client's care plan. These include:

- Applying a transdermal patch.
- Administering prescription ear or eye drops.
- Inserting a rectal suppository or enema.
- Applying a prescription cream or ointment.

Removed bullets

The following bullets were removed from this section:

- Assisting vs. Administering in relation to parameters of practice.
- Assisting with pre-packaged, pre-measured oral medications.
- Assisting with oral, eye and transdermal medications.
- Assisting with metered dose inhalers.
- Assisting with topical application of ointments.

- The box "Administering medications (versus assisting) is a delegated task and requires further training by the employer" was removed.

Added box

A new box was added with the following text:

> **Dispensing, compounding,** and **administering medication** are considered **restricted activities** in British Columbia. Restricted activities are performed by regulated health professionals, such as registered nurses and licensed practical nurses, who have the restricted activity outlined in their profession-specific regulation.
>
> A regulated health professional (registered nurse) *may* in some circumstances through delegation to a specific individual, authorize an HCA to perform medication administration for a specific client, within the boundaries permitted by legislation and the regulated health professional's regulatory college, as well as the education, training, and competency of the individual HCA.

Under "Assisting with Oxygen Needs"
Revised heading: "Assisting with oxygen needs (may be DOT)" to "Assisting with Oxygen Needs"

Added bullets
- Application and removal of nasal prongs.
- Turning on and off the nebulizer.
- General Precautions for the safe use of oxygen.

A box was added with the following text:
> A regulated health professional must authorize an HCA to make any adjustments to oxygen, as administering oxygen is a restricted activity.

Under "Home Management"
Revised bullet
- Assessing the home for safety risks (for client and caregiver).
  Revised to: Observing the home for safety risks (for client and caregiver).

Revisions to Practice Education Experiences

Overview to Practice Education Experiences

Added text
A new box was added to this section:

> Practice experiences in other settings, such as units specified as acute care, transitional care, discharge planning, rehabilitation, alternate level of care, etc. may be acceptable provided that the program learning outcomes can be met in these settings. These placements cannot replace the minimum 150 hours of instructor-led clinical, which are still required in complex care.

Revised text
Second box for this section:

> Practice experiences may be offered as separate courses or as extensions of other courses in the program. They may also be offered concurrently with other courses as long as there is a logical sequencing of learning.

Box removed and revised to:
Practice experiences may be offered as separate courses or as extensions of other courses in the program. It is important that there is a logical sequencing of learning in that students will first demonstrate they have learned requisite theory and practised personal care skills in the lab environment before caring for clients in real-life settings.

Practice Experience in Multi-Level and/or Complex Care

Course Description
The term "residential care" has been changed to "complex care."

Minimum hours: 207

Course Learning Outcomes
Note: The nine learning outcomes and bullet points for this practicum were removed and replaced with the nine updated HCA Program Provincial Curriculum 2023 program learning outcomes and performance indicators. The former learning outcomes for this course were the same as the original program learning outcomes. The revisions made to the program learning outcomes were replicated in the practice education courses to stay consistent with this pre-existing format. Details of the revisions to the program learning outcomes and performance indicators are on pages 9–13 of this *Revisions Manual*.

Practice Experience in Home Support, Assisted Living, and/or Group Home Setting

Course Description
No changes

Course Learning Outcomes
Note: The nine learning outcomes and bullet points for this practicum were removed and replaced with the nine updated HCA Program Provincial Curriculum 2023 program learning outcomes and performance indicators. The former learning outcomes for this course were the same as the original program learning outcomes. The revisions made to the program learning outcomes were replicated in the practice education courses to stay consistent with this pre-existing format. Details of the revisions to the program learning outcomes and performance indicators are on pages 9–13 of this *Revisions Manual*.

Revisions to Appendices
Added the following appendices:
- Appendix 1: HCA Curriculum Guide (2023) Revisions Project Steering Committee
- Appendix 2: 2023 Recommendations and Rationale
- Appendix 3: Revisions Manual: 2023 Revisions to the Health Care Assistant Program Provincial Curriculum