

Health Care Assistant Program Provincial Curriculum 2023

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PROVINCE OF BRITISH COLUMBIA



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Introduction

This Health Care Assistant (HCA) Program Provincial Curriculum 2023 replaces the HCA Program Provincial Curriculum 2015. The 2023 HCA curriculum revisions were guided by the Health Care Assistant Core Competency Profile (2023) (<https://opentextbc.ca/hcacurriculum/wp-content/uploads/sites/433/2023/07/April-2023-HCA-Core-Competency-Profile.pdf>), and the revisions were carried out by a steering committee and approved by the Government of British Columbia, Ministry of Health and Ministry of Post-Secondary Education and Future Skills. For detailed information about the changes to the curriculum, please see the *Revisions Manual: 2023 Revisions to the Health Care Assistant Program Provincial Curriculum* in Appendix 3.

This HCA Program Provincial Curriculum 2023 guide includes information about the values, beliefs, and principles fundamental to Health Care Assistant practice; curriculum organizing concepts and foundational principles; and the program learning outcomes and performance indicators. There is detailed information about all the courses in the HCA program, including course descriptions, minimum course hours, course learning outcomes, and the content for each course. These courses are the minimum requirements that recognized HCA programs at post-secondary institutions in B.C. must meet. The minimum educational delivery standards have been published in *Health Care Assistant Program Recognition: A Guide for Educators*, (https://www.choose2care.ca/wp-content/uploads/2023/07/HCA-Program-Recognition-Guide_2023.pdf) which provides a framework for the assessment and recognition of B.C. HCA programs.

Purpose of the Health Care Assistant Program

The HCA program is designed to provide students with opportunities to develop the knowledge, skills, and attitudes necessary to function effectively as front-line caregivers and respected members of the health care team. 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.

Upon completion of the HCA program, graduates are prepared to work in a variety of practice settings including home support, assisted living, group homes, complex care, special care units, other home and community care settings, and acute care.

The Health Care Assistant Program Supplement to the Provincial Curriculum 2023 (<https://opentextbc.ca/hcasupplement/>), which was updated in 2024, supports the delivery and assessment of required learning outcomes of the HCA Provincial Curriculum 2023. Resource sections in the Supplement include:

- Suggested learning strategies and approaches to assessment and references for each course.
- Self-assessment video scenarios for HCA students.
- Orientation guides for preceptor and clinical instructors.

Background

In December 2006, the Ministry of Health funded the development of the Care Aide Competency Project to develop occupational competencies and standards for Health Care Assistants (HCAs)¹ in British Columbia. At the time, Health Care Assistants were known by a variety of titles, including Community Health Workers and Resident Care Attendants, and most HCAs were employed in home and community care (including complex care and assisted living) settings. HCAs were, and continue to be, the front-line care providers in a variety of settings.

Because HCAs are neither licensed nor overseen by a health regulatory body with legislative authority, they have no legally defined scope of practice². There needed to be a clear understanding of the roles and responsibilities of these positions. Descriptions of how people go about their work and the education needed to perform in a safe and competent manner had not been previously undertaken for this sector. The resulting Framework of Practice document

1. In B.C., the term HCAs is used to describe a variety of workers including, but not limited to, the following job titles: Assisted Living Workers, Community Health Workers, Resident Care Attendants, Care Aides, Home Support Workers, and Personal Support Workers.

2. While not a regulatory body, HCAs in B.C. are required to register with the B.C. Care Aide & Community Health Worker Registry (the Registry). The Registry's mandate is to protect vulnerable adults from abuse, to improve standards of care and to promote professional development of the HCA workforce in B.C.

provided a comprehensive picture of the work done by HCAs and identified the competencies required for safe, proficient performance of the job role.

The HCA Program Provincial Curriculum (2008) built on the 1992 Provincial Home Support/Resident Care Attendant (HS/RCA) Curriculum Guide and incorporated the basic HCA competencies and practice standards identified in the Care Aide Competency Project completed in July 2007. The curriculum addressed the changes in the health care system and practice environment for HCAs. The client populations they cared for were increasingly medically fragile, cognitively complex, and diverse in age and personal care requirements. This older population was increasing in numbers and becoming sicker, many with multiple chronic health challenges. In addition, acute care facilities were beginning to utilize HCAs in an increasingly wide variety of roles within hospitals, including personal care provision to acutely ill patients. Finally, with the move to assisted living, HCAs were being asked to take on additional care activities, many of which the previous curriculum did not prepare them to perform.

The HCA Program Provincial Curriculum Guide (2008) provided clearly stated standards for education in terms of curriculum and a mechanism for the standardization of HCA education within the province. In 2015, the curriculum was revised as the complexity of client populations was continuing to increase, and more HCAs were employed in acute care settings and providing care for more acute clients than in the past.

2023 Curriculum Revisions

In spring 2022, the Ministry of Post-Secondary Education and Future Skills called for a review of the Health Care Assistant Program: Provincial Curriculum (2015). In collaboration with a steering committee composed of representatives from the sector (see Appendix 1), recommendations for revisions to the curriculum guide were identified.

Through stakeholder consultation it was identified that HCAs have been asked to take on additional care activities that fall within the role of a regulated health professional, such as a registered nurse. These additional care activities often include restricted activities that require authorization by a regulated health professional to perform. Language around delegation, authorization, and restricted activities, specifically medication assistance and medication administration, has been clarified to ensure the knowledge and skills taught within the curriculum align with the HCA role as set by the Ministry of Health.

Concepts and learning outcomes have been updated and numbered to support curriculum mapping. As well, concepts that are addressed in multiple courses have been reviewed to ensure a scaffolding and streamlined approach. Additionally, content related to trauma-informed care, mental health, dementia, and cultural safety and humility, has been added or enhanced. Finally, in

consultation with the Ministry of Health, wording regarding restricted activities has been updated and clarified to enhance understanding of the HCA role.

In fall 2021, the HCA Supplement was revised and uploaded to Pressbooks, and in spring 2023, the revised Health Care Assistant Program: Provincial Curriculum (2023) was released and made available on Pressbooks.

Download Word Doc

Use this link to download a copy of Health Care Assistant Program Provincial Curriculum 2023 [Word doc] (https://opentextbc.ca/hcacurriculum/wp-content/uploads/sites/433/2023/06/2024.8.15_Health-Care-Assistant-Program-Provincial-Curriculum-2023.docx). Please note, the word document may not be as up-to-date as the Pressbook version. You can see all updates in each version in the Versioning History section. If you would like to download the most up-to-date version as a PDF or XHTML, please use the “Download this book” on the home page (<https://opentextbc.ca/hcacurriculum/>).

Foundations of HCA Program

Values, Beliefs, and Principles

Health Care Assistants are prepared to work in a variety of health care facilities and community agencies. They are important and valued members of the health care team. HCAs promote and maintain the health, safety, independence, comfort and well-being of individuals and families. HCAs provide personal care assistance and services in a caring manner that recognizes and supports the unique needs, abilities and backgrounds of clients and their families. They work as members of a health care team in a variety of settings with direction and supervision from regulated health care professionals.

The work done by HCAs is based on a set of fundamental values, beliefs, and ethical principles that are consistently reflected in all aspects of their work with clients, families, team members, and others. These core values, beliefs, and principles serve as foundations of HCA practice:

- Human beings should be viewed from a holistic perspective.
- Older adults are individuals deserving our respect.
- Health and healing are interconnected.
- Everyone has a right to health care.
- Caring and caregiving are central to HCA practice.
- Family is critical to health and healing.

Human Beings Should Be Viewed from a Holistic Perspective

All people have physical, psychological, cognitive, social, and spiritual dimensions. Everyone has a unique perception of themselves and others that shape their experiences, responses, and choices. Factors that influence a person's perceptions include one's life experiences, values, socio-cultural background, gender, abilities, resources, and developmental level.

People are constantly changing as they interact with others and with the world around them. As well, people move through definable developmental transitions as they grow and change across the lifespan. Each developmental transition includes certain developmental tasks, which are defined and influenced by one's family, culture, gender, and social cohort.

Older Adults Are Individuals Deserving Our Respect

Aging is a normal developmental process of human life. It involves a series of physiological, psychological, and social transitions that start at birth and continue throughout life. As we age,

our abilities, potentials, possibilities, and goals can be expected to change. However, each person's potential for growth and development exists throughout life.

Later adulthood can be a fulfilling and enlightened time of life. For many people, aging gives rise to insight, creativity, and serenity, which can provide the foundation for true self-fulfillment.

Despite social perceptions, older people are not all alike. If anything, people become less similar as they get older. Older adults have a wide variety of interests, life experiences, backgrounds, and values, and each older person must be viewed and valued as a unique individual.

The experience of a long life provides an older person with a special perspective based on years of learning and living. The older adult needs to be valued for the person they are, as well as the person they have been in the past. Every older person has a life story and a wealth of experience, which is part of who that person is today.

Within Western cultural values, independence is valued and viewed as a desired goal for everyone to attain and maintain. This strong societal value sometimes makes it difficult for those older adults who experience declining health to relinquish independence, but independence is often fostered through interdependence. Interdependence involves mutually supportive relationships that acknowledge each person's capabilities and potentials while also providing support when and where needed. This sort of interdependency enables older individuals to feel valued and recognized despite their need for assistance.

Negative attitudes and stereotypes about any group of people are detrimental. For older people, negative attitudes and stereotypes may contribute to inaccurate beliefs such as: all older people suffer from markedly diminished physical and cognitive abilities, all older individuals will become dependent on others, older individuals are incapable of change, and older people are a drain on society. How we interact with older people will influence how they see themselves. We all have a role in breaking down stereotypes and unhealthy negative attitudes.

Health and Healing Are Interconnected

The World Health Organization's definition of health as a complete state of physical, mental, and social well-being—and not merely the absence of disease or infirmity—has gained widespread acceptance. The World Health Organization further defines health as “the extent to which an individual or group is able on the one hand to realize aspirations or needs and on the other hand, to change or cope with the environment.” Health, from this point of view, is seen as a resource for everyday living, not an objective of living. It is a positive concept that emphasizes psychological, cognitive, social, and spiritual resources as well as physical capacity.

Health and healing co-exist. Healing is not simply viewed as movement along a continuum from

illness to health. Healing is the process of enhancing health and responding to challenges. Challenges may be in the physical, psychological, cognitive, social, or spiritual dimensions of health. During the healing process, resources are mobilized, hardiness is enhanced, and vulnerability is minimized.

Everyone Has a Right to Health Care

The right to comprehensive health care for everyone is highly valued by Canadians.

Health care services include health promotion along with preventive, curative, rehabilitative, and supportive services. All people need to have access to those services that meet their needs at any given time.

People have the right and responsibility to be full participants in making decisions about, and looking after, their own health and the health of their family. Health care practitioners serve to facilitate the individual's and family's ability to make informed choices and be actively involved in decision-making related to health care options.

Caring and Caregiving Are Central to HCA Practice

Caring, in an interpersonal context, implies a genuine concern for the well-being of another person. Caring may take the form of courtesy, kindness, or compassion. It may involve acknowledgement, encouragement and giving genuine praise. It may also show itself through interpersonal warmth, cheerfulness, and gentle humour.

A caring act is always an expression of reverence for the basic value and dignity of another person. It is never possessive or patronizing, and caring never promotes unnecessary dependency.

The need and desire to give and receive care is rooted in our very nature as human beings. Babies who are not adequately cared for may experience developmental delays, physical illness, and even death. Caring is essential for optimum human growth and development. Without adequate human caring in our lives, we cannot reach our potential as human beings.

The capacity for caring needs to be nurtured for it to develop and blossom. To become caring human beings, we must experience caring interactions with others. Caring brings forth caring.

Within a formalized caregiving role, opportunities to express care are many and they are seldom dramatic. Care providers display caring in a multitude of small ways – a kindly word, a caring touch, a helpful gesture. As caring blossoms, the valuing of the recipient of care is increased, as is the valuing of the caregiving role itself.

In their work with clients and families, HCAs actualize a caring approach in many ways. They:

- View the client as a whole person with a past, present, and future. The client is viewed as a member of a family, a community, and a culture – an entirely unique human being.
- Strive to understand what is meaningful to the client and assure that the client’s values and beliefs are respected.
- Assist clients to meet those basic human needs which the client is unable to meet unaided.
- Respect the client’s privacy and confidentiality.
- Communicate effectively, using active listening and empathic responses.
- Respect the client’s potential and promote personal growth by offering information, choices, opportunities and assistance.
- Acknowledge the right of each client to participate in their care.
- Include the clients, as much as possible, in decisions that affect them.
- Respect the role that families play in the promotion of healing.
- Act as caring advocates on behalf of the client when necessary and appropriate.
- Display honesty and integrity in all their actions.
- Demonstrate competence, reliability, responsibility, and accountability.
- Take responsibility for the safety of themselves and others.
- Display a gentle acceptance of the human imperfections of themselves and others.
- Display a commitment to their own growth and development as care providers.

The Family Is Critical to Health and Healing

The family is the foundation of society. It is the primary socializing force. It is within the intimacy of the family that we are fed, clothed, sheltered, and protected from harm. The family provides us with our first experiences of human caring, acceptance, and understanding. Within the family we initially learn values, beliefs, and standards of conduct. Many of the lifestyle choices that ultimately determine our physical, psychological, cognitive, social, and spiritual health and well-being spring from our early family experience.

Like individuals, each family is unique. Every family has its own particular set of values, beliefs, standards, and goals, which are influenced by socio-economic, environmental, educational, religious, and cultural factors. Each family influences and is influenced by its members and the larger socio-cultural community in which it lives and develops.

Families also experience definable developmental stages that change the character, functions, and size of the family unit over time.

Although families come in a variety of sizes and configurations, the interdependence of members

is a constant theme. Family members assume roles and responsibilities that are complementary and interrelated. Consequently, changes in one family member affect all family members.

Health challenges faced by family members can represent a major demand for change and adjustment within the family unit. The family's response to the situation will influence the way in which the affected person perceives their health. Likewise, the response of the family can greatly influence the course of a health challenge. As a consequence, families must be acknowledged and included as an integral part of care.

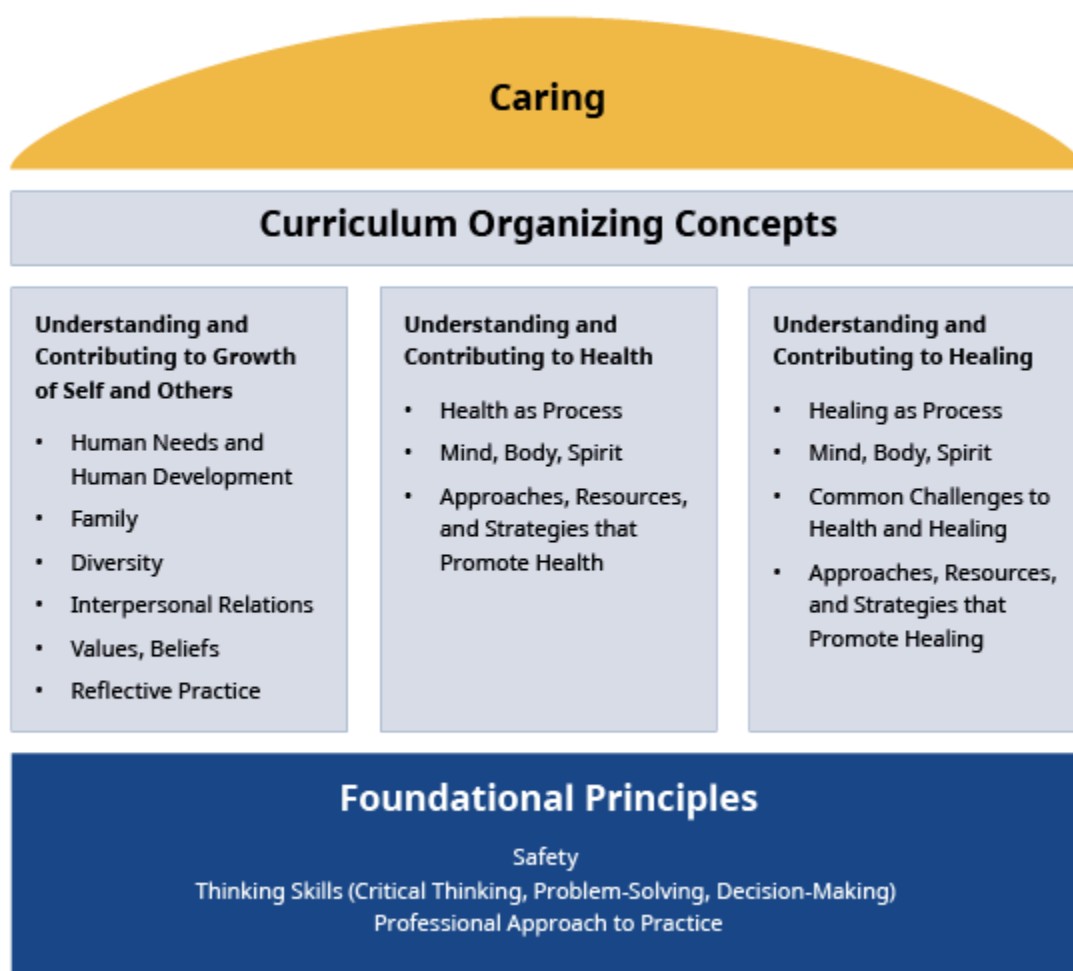
Care providers must be sensitive to and respectful of the language, culture, values, and preferences of the families with whom they interact. Health care practitioners must recognize the socio-cultural and economic influences on the family and respect the means by which the family is attempting to cope with increased stress.

Text Attribution

Values, Beliefs, and Principles” is adapted from the B.C. Health Care Assistants Core Competency Profile (<https://opentextbc.ca/hcacurriculum/wp-content/uploads/sites/433/2023/07/April-2023-HCA-Core-Competency-Profile.pdf>), Government of British Columbia, April 2023.

Curriculum Organizing Concepts and Foundational Principles

The diagram below shows the organizing concepts that are used throughout the HCA curriculum. Caring, which is at the top, is the overarching, primary concept. The curriculum organizing concepts combined with the foundational concepts provide the underpinnings for all knowledge and abilities that learners gain from the program.



Caring

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.

Foundational Concepts

Safety

Safety is a constant and clear priority of practice for HCAs. Through safe practices, the HCA protects both themselves and others from injury or harm. Attending to the safety of a client is part of being a caring practitioner and attending to the safety of self is an important part of healthy self-care. A professional approach to practice is based on clear understandings and applications of principles related to safety and harm reduction.

Critical Thinking, Problem-Solving, and Decision-Making

Effective health care practitioners make informed decisions that are based on a sound knowledge base. They use logical, rational, focused, purposeful thinking to come to decisions and to solve problems. They also reflect on their decisions and evaluate their choices so that they are continually gaining knowledge and expertise.

HCAs use an informed problem-solving approach in their practice. The problem-solving approach includes identifying and analyzing a problem, identifying priorities and options, identifying possible consequences, determining sources of assistance, using the safest and most appropriate action to rectify the problem, and evaluating the outcome.

Professional Approach to Practice

A professional approach to practice is one in which the Health Care Assistant consistently demonstrates respect for self and others. A professional approach is also one in which the HCA maintains safe, competent practice and displays a commitment to responsible and accountable behaviour. HCAs who behave in a professional manner function within their parameters of practice; maintain appropriate boundaries; and are dependable, reliable, and honest.

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.

Program Learning Outcomes

Upon completion of the Health Care Assistant program, graduates will be able to:

1. Provide person-centred care and assistance that recognizes and respects the uniqueness of each individual client.
2. 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.
3. Provide person-centred care and assistance for clients experiencing complex health challenges.
4. Provide person-centred care and assistance for clients experiencing cognitive and/or mental health challenges.
5. Interact with other members of the health care team in ways that contribute to effective working relationships and the achievement of goals.
6. Communicate clearly, accurately, and sensitively with clients and families in a variety of community and facility contexts.
7. Provide personal care and assistance in a safe, competent, and organized manner.
8. Recognize and respond to own self-development, learning, and health enhancement needs.
9. Perform the care provider role in a reflective, responsible, accountable, and professional manner.

Program Learning Outcomes and Performance Indicators

1. Provide person-centred care and assistance that recognizes and respects the uniqueness of each individual client:
 - 1.1 Describe the characteristics of caring interactions in a variety of contexts.
 - 1.2 View each client as a whole, unique individual.
 - 1.3 Respect the individuality, diversity, and dignity of clients and families.
 - 1.4 Support the autonomy and independence of clients and their families.
 - 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.
 - 1.6 Display cultural sensitivity and cultural humility when interacting with clients and families from diverse backgrounds and cultures.
 - 1.7 Provide culturally safe and sensitive care.
 - 1.8 Display a non-judgmental approach in all aspects of care provision.

- 1.9 Encourage clients to share their thoughts, feelings, and preferences.
 - 1.10 View the client as an individual possessing a wealth of experience, knowledge, and wisdom.
 - 1.11 Discuss traditional medicines, healing practices, and alternative forms of healing.
 - 1.12 Encourage family involvement, as appropriate, in the care of their family member.
 - 1.13 Observe family members for signs of stress and consult with an appropriate health care professional for direction.
 - 1.14 Recognize and report potential or suspected abusive or neglectful situations (including client's self-neglect) promptly to a health professional for appropriate action.
2. 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:
- 2.1 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 regulated/licensed health care professional.
 - 2.3 Identify priorities for care within the care plan.
 - 2.4 Use knowledge of health, healing, human needs, and human development to guide choices and actions.
 - 2.5 Use knowledge of the interrelationship between the physical, psychological, cognitive, social, and spiritual dimensions of health to guide choices and actions.
 - 2.6 Discuss the importance of the family in health and healing.
 - 2.7 Use appropriate health care team members as resources to augment one's own problem-solving and decision-making.
 - 2.8 Follow the care plan for each client.
 - 2.9 Consult with health care team members to review and evaluate care and make suggestions to modify the care plan as needed.
 - 2.10 Carry out recording requirements in a timely fashion.
 - 2.11 Use clear, current, factual, objective, and relevant language when reporting or documenting client information.
 - 2.12 Use current computer technology in accordance with workplace standards.
 - 2.13 Use creativity when required to adapt care and service to a variety of contexts.

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.

3. Provide person-centred care and assistance for clients experiencing complex health challenges:
 - 3.1 Base choices and actions on a sound understanding of normal anatomy and physiology and common changes associated with aging.
 - 3.2 Base choices and actions on a sound understanding of common challenges to health and healing.
 - 3.3 Base choices and actions on a clear understanding of the interrelationship of the physical, psychological, cognitive, social, and spiritual dimensions of health and healing.
 - 3.4 Organize, administer, and evaluate care and service for clients with complex health challenges.
 - 3.5 Assist clients and families to maintain independent functioning within their capabilities.
 - 3.6 Provide caring and supportive end-of-life care for clients in a manner that promotes comfort and dignity and respects preferences and diversity.

4. Provide person-centred care and assistance for clients experiencing cognitive and/or mental health challenges:
 - 4.1 Organize, administer, and evaluate care and assistance for clients experiencing cognitive and/or mental health challenges.
 - 4.2 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 the factors that influence behaviours.
 - 4.4 Use an informed problem-solving process when caring for or providing assistance for individuals experiencing cognitive and/or mental health challenges.
 - 4.5 Demonstrate appropriate interactions with clients experiencing cognitive, behavioural, and psychological impairment.
 - 4.6 Cope constructively with unanticipated or unusual situations.
 - 4.7 Identify when crisis intervention skills are required and respond appropriately.

5. Interact with other members of the health care team in ways that contribute to effective working relationships and the achievement of goals:
 - 5.1 Recognize and respect diversity within the health care team.

- 5.2 Use caring, respectful communication with all members of the health care team.
 - 5.3 Base interactions on a clear understanding of the roles and responsibilities of various members of the health care team.
 - 5.4 Seek clarification, guidance, and assistance from other health care team members when needed.
 - 5.5 Contribute observations and information to care-planning sessions.
 - 5.6 Communicate changes in the client's health status to the appropriate health care team member so that the care plan is kept current.
 - 5.7 Communicate with confidence and appropriate assertiveness.
 - 5.8 Offer support and assistance to other health care team members as appropriate.
 - 5.9 Report and record relevant information in a clear, concise, and objective manner.
 - 5.10 Use appropriate lines of communication in accordance with agency, facility, or employer standards and policies.
 - 5.11 Identify problems, concerns, and conflicts within the health care team and discuss these with appropriate team members in a timely manner.
 - 5.12 Approach problems or conflict in a non-threatening way.
 - 5.13 Respond non-defensively to feedback, even when provided in a critical or confrontational manner.
6. Communicate clearly, accurately, and sensitively with clients and families in a variety of community and facility contexts:
- 6.1 Demonstrate an ability to write and speak English in a manner that can be easily understood.
 - 6.2 Use appropriate volume, tone, and vocabulary.
 - 6.3 Use language and a communication style that is appropriate to the client, family, or situation.
 - 6.4 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.
 - 6.6 Identify barriers to communication and make efforts to improve communication.
 - 6.7 Describe the relationship between self-awareness, self-concept, and communication.
 - 6.8 Recognize how perceptions influence one's reality and experience of situations.
 - 6.9 Interact in a manner that respects the rights, needs, interests, and preferences of others.
 - 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.
 - 6.11 Use touch appropriately and respectfully.

- 6.12 Use humour appropriately and respectfully.
- 6.13 Recognize non-verbal communication.
- 6.14 Use non-verbal attending skills including eye contact, body positioning, and attentive facial expression.
- 6.15 Use active listening skills.
- 6.16 Maintain appropriate interpersonal and professional boundaries.
- 6.17 Use appropriate self-disclosure.
- 6.18 Use effective approaches to conflict management.
- 6.19 Demonstrate an understanding of the stressors experienced by clients and families as they are reflected in communication patterns.
- 6.20 Recognize abusive communication and report in accordance with agency, facility, or employer standards and policies.

7. Provide personal care and assistance in a safe, competent, and organized manner:

- 7.1 Wear safe and appropriate clothing, including identification.
- 7.2 Evaluate the client and the environment prior to commencing care.
- 7.3 Adjust environments, as appropriate, to ensure safety and promote efficiency.
- 7.4 Adhere to the client's care plan.
- 7.5 Exhibit flexible and adaptable behaviour, setting priorities and making adjustments to the care process based on client requirements.
- 7.6 Organize and implement care according to client needs.
- 7.7 Organize time and equipment for safety and efficiency.
- 7.8 Adhere to the principles of body mechanics.
- 7.9 Adhere to the principles of medical asepsis and infection-control practices.
- 7.10 Report, verbally and in writing, unsafe work environments.
- 7.11 Recognize and make wise choices in situations of potential risk to self or others.
- 7.12 Encourage client communication and engagement during personal care.
- 7.13 Maintain client privacy and dignity.
- 7.14 Assist the client with personal hygiene and grooming.
- 7.15 Assist the client with movement and ambulation.
- 7.16 Use aids to promote comfort, relaxation, and sleep.
- 7.17 Take and record vital signs (temperature, pulse, and respirations) accurately.
- 7.18 Identify basic dietary requirements related to the client's health needs and preferences.
- 7.19 Use appropriate techniques, strategies, and assistive devices to safely help clients who require support with eating and drinking.
- 7.20 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.)

- 7.21 Provide specialized, sensitive care for the dying client in line with palliative care principles.

8. Recognize and respond to own self-development, learning, and health-enhancement needs:

- 8.1 Identify own learning needs for both personal and professional development.
- 8.2 Invite feedback from other health care team members related to own performance.
- 8.3 Collaborate with appropriate health professionals to identify and utilize opportunities for specific learning and training enhancement.
- 8.4 Identify and utilize opportunities to learn from clients, families, and colleagues.
- 8.5 Share new learning with other health care team members.
- 8.6 Reflect on own choices and behaviours as they contribute to physical, psychological, cognitive, social, and spiritual health.
- 8.7 Strive to demonstrate healthful lifestyle and self-care practices.
- 8.8 Apply self-reflection and self-appraisal processes in order to recognize and respond to self-development needs.

9. Perform the caregiver role in a reflective, responsible, accountable, and professional manner:

- 9.1 Demonstrate an understanding of the components of the health care system in the region and province.
- 9.2 Comply with legal and contractual parameters of practice for HCAs.
- 9.3 Foster and uphold the mission, policies, and standards of the organization of employment.
- 9.4 Adhere to the expectations and guidelines established in one's job description.
- 9.5 Clarify one's own role to others when necessary.
- 9.6 Demonstrate dependability, responsibility, accountability, reliability, honesty, and integrity.
- 9.7 Reflect on one's own values, beliefs, and standards in relation to caregiving practice.
- 9.8 Recognize how one's own beliefs, values, standards, and cultural background may be different from, or similar to, those of clients and families.
- 9.9 Recognize how one's own beliefs and values influence one's responses to clients, families, and situations.
- 9.10 Maintain a non-judgmental position when faced with difficult or unusual client or family situations.
- 9.11 Advocate on behalf of the rights, needs, interests, and fair treatment of clients and

their families.

- 9.12 Maintain client and family confidentiality.
- 9.13 Set appropriate personal boundaries in interactions with clients and family members.
- 9.14 Recognize ethical issues in practice and seek appropriate methods for resolving such issues.
- 9.15 Challenge questionable actions or decisions made by other health care team members.
- 9.16 Reflect on the benefits and challenges of the HCA role.
- 9.17 Champion the role of HCAs on the health care team.

Minimum Required Hours for HCA Program Courses

The HCA program consists of the following courses:

Course Name	Minimum Course Hours
Concepts for Practice	70 hours
Introduction to Practice	30 hours
Interpersonal Communications	50 hours
Lifestyle and Choices	30 hours
Common Health Challenges	115 hours
Cognitive and/or Mental Health Challenges	60 hours
Personal Care and Assistance	120 hours
Theory and Lab Course Hours	475 hours
Practice Education Experiences	
Practice Experience in Multi-level and/or Complex Care placement ¹ including a placement focused on specialized dementia care <ul style="list-style-type: none"> Instructor-led clinical (150 hours minimum) Practicum/Preceptorship (up to 60 hours of the 210 hours of the multi-level practice experience may be other than instructor-led clinical) 	210 hours
Practice Experience in Home Support, Assisted Living, and/or Group Home Setting <ul style="list-style-type: none"> Practicum/Preceptorship 	60 hours
Practice Education Hours	270 hours
TOTAL MINIMUM PROGRAM HOURS	745 HOURS

1. 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.

Course Organization

Courses that Develop Foundational Knowledge, Skills, and Values	Courses that Develop Specialized Knowledge, Skills, and Values	Learning Experiences that Require Application of Knowledge, Skills, and Values to Practice
<ul style="list-style-type: none"> • Concepts for Practice • Introduction to Practice • Interpersonal Communications • Lifestyle and Choices 	<ul style="list-style-type: none"> • Common Health Challenges • Cognitive and/or Mental Health Challenges • Personal Care and Assistance 	<ul style="list-style-type: none"> • Practice Experience(s) in Multi-level and/or Complex Care • Practice Experience focused on Specialized Dementia Care • Practice Experience(s) in Home Support, Assisted Living, and/or Group Homes

Program Learning Outcomes within Courses

Program Learning Outcomes	Concepts for Practice	Introduction to Practice	Interpersonal Communication	Lifestyle and Choices	Common Health Challenges	Cognitive and/or Mental Health	Personal Care and Assistance	Practice Education Experiences
1. Provide person-centred care and assistance that recognizes and respects the uniqueness of each individual client.	***	*	**	**	**	***	*	***
2. 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.	***		*	**	***	***	***	***
3. Provide person-centred care and assistance for clients experiencing complex health challenges.	*			*	***		***	***
4. Provide person-centred care and assistance for clients experiencing cognitive and/or mental health challenges.	*			*		***	*	***
5. Interact with other members of the health care team in ways that contribute to effective working relationships and the achievement of goals.	**	***	***		**	**	***	***
6. Communicate clearly, accurately, and sensitively with clients and families in a variety of community and facility contexts.	**		***		**	***	**	***
7. Provide personal care and assistance in a safe, competent, and organized manner.	**	*	*	*	**	**	***	***

Program Learning Outcomes	Concepts for Practice	Introduction to Practice	Interpersonal Communication	Lifestyle and Choices	Common Health Challenges	Cognitive and/or Mental Health	Personal Care and Assistance	Practice Education Experiences
8. Recognize and respond to own self-development, learning, and health-enhancement needs.		***	*	***	*	*		***
9. Perform the care provider role in a reflective, responsible, accountable, and professional manner.	*	***	*		*	**	**	***

Key:

*** 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.

2023 Program and Course Information

Overview of Provincial Curriculum Courses

This section outlines each of the courses in the HCA program. The following information is provided:

1. Course Description

This is a brief overview of the course, which will be useful for students and others needing information about a course. The descriptions may be used with college approval bodies, in college calendars, or as part of online and printed program information materials.

2. Minimum Course Hours

The *minimum* number of hours required for each course is included under the course description.

3. Learning Outcomes for the Course

The course learning outcomes describe what students will know and be able to do once they have completed the course.

4. Course Content

The content overview provides a listing of the content of the course. The clustering and sequencing of content provided in this document is intended as a guide. The content in each course may be presented in any sequence or manner as long as the course learning outcomes are met.

Concepts for Practice

Course Description

This course provides students with the opportunity to develop a theoretical framework for practice. Students will be introduced to the philosophical values and theoretical understandings that provide a foundation for competent practice as an HCA. The course focuses on concepts of caring and person-centred care; basic human needs and human development; and family, culture, and diversity as they relate to health and healing. Students will also be introduced to a problem-solving model that will be critical to their practice.

Minimum course hours: 70

Learning Outcomes

1. Describe how person-centred care recognizes and respects the uniqueness of each individual:
 - 1.1 Describe the characteristics and qualities of caring interactions in a variety of contexts.
 - 1.2 Explain the importance of respecting the individuality, independence, autonomy, diversity, and dignity of clients and families.
 - 1.3 Describe clients as individuals possessing a wealth of experience, knowledge, and wisdom.
 - 1.4 Discuss the components of social and community models of care as they relate to person-centred care.

2. Discuss basic human needs and common characteristics of human development as these concepts relate to person-centred care:
 - 2.1 Describe Maslow's hierarchy of needs, explaining the importance of each level and the interrelationship of needs.
 - 2.2 Discuss the HCA's role in observing and reporting unmet needs in clients.
 - 2.3 Discuss the principles and stages of human development.
 - 2.4 Describe common developmental tasks, characteristics, and needs of various age groups across the lifespan.
 - 2.5 Describe the common characteristics and changes in the older adult.

3. Discuss the role of family, diversity, and life experience in aging, health, and healing:
 - 3.1 Discuss changing family structures and diverse family units.
 - 3.2 Describe common socio-cultural, religious, environmental, and economic influences on the family.
 - 3.3 Discuss the impact of stress on family care providers.
 - 3.4 Identify ways care providers may support the family.
 - 3.5 Describe how diversity influences an individual's experience of aging, health, and healing.
 - 3.6 Discuss diverse practices in health and healing, including the role of traditional medicines, healing practices, and alternative forms of healing.
 - 3.7 Explain the impact of inequity and discrimination on the quality of care.
 - 3.8 Define cultural safety and cultural humility.
 - 3.9 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.

4. Use an informed problem-solving approach to provide care and service:
 - 4.1 Describe critical thinking as a caring concept.
 - 4.2 Discuss the relationship between critical thinking, problem-solving, and decision-making.
 - 4.3 Describe care-planning as a problem-solving process.
 - 4.4 Describe the steps of the care-planning and problem-solving process.
 - 4.5 Describe the role of the HCA in planning care.
 - 4.6 Describe common practices for reporting and recording in various health care settings (complex care, community care, and acute care).

5. Contribute to the safety and protection of self and others in a variety of work environments:
 - 5.1 Describe individual factors affecting the need for protection and safety (health age, lifestyle, and mental or cognitive health challenges).
 - 5.2 Discuss ways of promoting and maintaining safe environments.
 - 5.3 Define and describe elements of risk management.
 - 5.4 Discuss care planning to promote safety of the client and of the HCA.
 - 5.5 Discuss living-at-risk issues.
 - 5.6 Identify emergency and critical incidents and describe appropriate steps to take during and after the incident.

Course Content

Characteristics of Caring and Person-Centred Practice

- Caring as a moral ideal: What is caring?
- What distinguishes a caring act from an uncaring act?
- Caring in a health care context.
- Values and beliefs about care and caring.
- Promoting the dignity and worth of self and others.
- Self-building and self-caring as the basis of becoming an effective care provider.
- Caring and power – power positions vs. relational positions with others.
- Independence, dependence, and interdependence.
- Independence and self-esteem.
- Promoting self-determination.
- Promoting quality of life – who decides what it means to each person.
- Social and community models of care.
- Supporting personal preferences and choices.
- Recreation and socialization and how they affect quality of life.
- Preventing isolation and unnecessary dependence.
- Living at risk – what it is and why it is an option – the right to self-determination and choice.

Basic Human Needs

- Hierarchy of needs:
 - Physiological
 - Safety and security
 - Love and belonging
 - Self-esteem
 - Self-actualization and self-fulfillment
- Interrelationship of needs.
- Factors that affect needs and meeting the needs of clients and families.
- Unique factors that affect needs and meeting the needs in older adults.
- Observing and reporting unmet needs.

Human Development

- Principles and stages of human development.
- Common developmental tasks and characteristics of:

- Infancy
- Toddlerhood
- Preschool period
- School age
- Adolescence
- Young adulthood
- Middle adulthood
- Developmental tasks, characteristics, and changes in the older adult:
 - Physical changes
 - Psychosocial challenges
 - Loss as part of aging
 - Diversity in older adults
 - Factors influencing aging

Family in Health and Healing

- Family development.
- Diverse family units.
- Changing family structures.
- Socio-cultural, religious, environmental, and economic influences on the family.
- The role of family in health and healing:
 - Coping and adapting
 - Decision-making
- Understanding the impact of stress on family care providers.
- Families experiencing conflict or other dysfunction.
- Supporting the family.

Diversity

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

Critical Thinking and Problem-Solving

- Critical thinking as a caring concept.
- Relationship between critical thinking, problem-solving, and decision-making.
- Components of effective problem-solving and decision-making.
- Problem-solving in relation to time management.
- Care planning as a problem-solving process.
- Steps in the care-planning and problem-solving process:
 - Observing – gathering information (including the client’s unique personal history, achievements, strengths, and preferences).
 - Consulting with the client and health care team.
 - Establishing priorities.
 - Defining the problem or care requirement.
 - Identifying the goal for care.
 - Creating an action plan.
 - Implementing the action plan.
 - Evaluating.
- Care-planning process in health care settings, including complex care, community care, and acute care.
- 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.
- Role of HCAs in planning care.
- Reporting and recording.
 - Common practices in different health care settings, including complex care, community care, and acute care settings.
 - 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.

Protection and Safety in Health and Healing

- Factors affecting the need for protection and safety (health, age, lifestyle, and cognitive or mental health challenges).
- Realities and challenges.
- Promoting and maintaining safe environments in various health care settings (complex care, community care, acute care), including:
 - Reporting unsafe equipment.
 - Maintaining a clutter-free environment.
 - Recognizing and reporting vermin and vectors.
 - Safety when working alone.
- Roles and parameters of practice in relation to safety.
- Risk management – definitions and approaches.
- Following the plan of care to address safety of the client and of the HCA.
- Living-at-risk issues: respecting the client's choice to live at risk when an informed choice has been made.
- Emergency and critical incidents:
 - Recognizing critical incidents.
 - Recognizing situations where critical incident debriefing is warranted.
 - Recognizing appropriate actions by the HCA in response to emergency situations (for example, recognizing and responding to cardiac arrest in complex care, acute care, and community care settings).
 - Recognizing emergency codes used in acute care settings, specifically codes blue, white, yellow, and red.
 - Recognizing the HCA's role during emergency codes (activating help, assisting other team members as directed, communicating, and collaborating with other team members).

Introduction to Practice

Course Description

This course provides an introduction to the role of the HCA within the British Columbia health care system. Students will be introduced to the health care team and the roles and functions of HCAs within the team. Students will also have opportunities to develop self-reflective skills required for competent practice and will be introduced to effective job-finding approaches.

Minimum course hours: 30

Learning Outcomes

Upon successful completion of this course, students will be able to:

1. Discuss the roles and responsibilities of HCAs within the health care system in British Columbia:
 - 1.1 Describe the health care systems in British Columbia and Canada.
 - 1.2 Describe the processes by which individuals in British Columbia become eligible for long-term care.
 - 1.3 Discuss the goals, philosophy, and approaches used in assisted living facilities and how these might also be applied in other contexts.
 - 1.4 Describe the purpose and functions of employer standards, policies, and procedures.
 - 1.5 Discuss the importance of maintaining client and family confidentiality.
 - 1.6 Describe the roles and responsibilities of HCAs within the health care team.
 - 1.7 Describe the role of labour unions in health care in relation to membership, responsibilities, and implications for HCAs.
 - 1.8 Describe the role and mandate of bodies with oversight of HCAs in B.C.

2. Discuss strategies to support the effective functioning of the health care team:
 - 2.1 Discuss basic concepts of team development and group processes.
 - 2.2 Describe the benefits and challenges of working in a team, including diversity within the team.
 - 2.3 Describe principles of collaboration and cooperation that contribute to effective team functioning.
 - 2.4 Describe the roles and responsibilities of various members of the health care team.

- 2.5 Discuss lines of communication.
3. Discuss the legal and ethical parameters of the HCA role and requirements for responsible and accountable practice:
- 3.1 Discuss human rights as they relate to the provider and the recipient of care.
 - 3.2 Discuss elements of responsible and accountable behaviour.
 - 3.3 Delineate the legal and contractual limitations and obligations of HCAs.
 - 3.4 Delineate the legal implications of the written word.
 - 3.5 Discuss how to recognize ethical issues in practice and methods for resolving such issues.
 - 3.6 Discuss appropriate responses when a situation exceeds legal or employer-defined parameters of one's role.
 - 3.7 Describe what is meant by professional boundaries in relation to relationships with clients and families.
4. Apply self-reflection and self-appraisal processes in order to recognize and respond to own self-development needs as a care provider:
- 4.1 Discuss reflective practice: what it is, why it is important, how to become a reflective care provider.
 - 4.2 Discuss how personal competence of the care provider is a component of caring practice.
 - 4.3 Describe how self-assessment relates to self-development.
 - 4.4 Discuss the importance of lifelong learning for all care providers.
5. Confidently conduct a job-search process:
- 5.1 Describe the challenges and rewards of specific work environments.
 - 5.2 Discuss criteria for selecting a work environment that fits one's strengths, values, preferences, and lifestyle.
 - 5.3 Identify the components of applying for a job:
 - Preparing a clear, attractive resume and letter of application.
 - Completing a job application form.
 - Effectively participating in a job interview.
 - Finding resources to support the process of applying for a job.

Course Content

Workplace Settings and Contexts

- Introduction to the health care system in British Columbia and Canada.
- Long-term care assessment (how it is done and outcomes).
- Models of care – creating community, actualizing person-centred care.
- Assisted living – goals, philosophy, approaches – how these might also be applied in other contexts.
- Working in various health care settings (complex care, community care, and acute care) – challenges and opportunities.
- Agency, facility, and employer standards, policies, and procedures – purpose and function.
- Standards of care and care regulations.
- Importance of maintaining client and family confidentiality.
- Reporting and recording – when, what, how.
- Legal implications of the written word.
- Organizing within the work environment – managing time effectively.
- Use of workplace technology (computers).

Teamwork in Health Care Settings

- The health care team in various health care settings (complex care, community care, and acute care).
- Roles and responsibilities of various members of the health care team.
- The roles and responsibilities of HCAs in various settings.
- Legal limitations and obligations 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 the legal parameters of one's role.
- Lines of communication, such as shift reports, team huddle meetings, phone calls, to ensure comprehensive communication and avoid or reduce missing information related to client care.
- Basic concepts of team development and group processes.

- Benefits and challenges of working in a team, including benefits and challenges of diversity within the team.
- Facilitating effective team functioning – principles of collaboration.
- 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.

Legal and Ethical Issues

- Human rights: World Health Organization.
- Basic human rights in Canada.
- Rights of people receiving health care services.
- Rights of HCAs.
- Relevant contractual obligations that guide HCA practice.
- Ethical and legal parameters of HCA roles.
- Ethical standards and decision-making within one's practice.
- Abuse – recognizing and reporting.
- Occupational health and safety.
- Employment standards.

Professional Approaches to Practice

- Responsible and accountable behaviour.
- HCA oversight in B.C.
- Role of the union – membership, rights, and responsibilities.
- Professional relationships with clients, family members, and other members of the health care team:
 - Roles and professional boundaries.
 - Principles of professional self-disclosure.
- Accountability and ethical behaviour in working relationships.
- Aspects of confidentiality in shared information and appropriate use of personal information.
- 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).

Self-Reflective Practice

- Reflective practice – what it is, why it is important, how to become a reflective care provider.
- Personal competence as a component of caring.
- Impact of personal values, beliefs, and principles on practice.
- Self-assessment and self-development.
- Challenges and rewards of specific work environments.
- Selecting a work environment that fits own strengths, values, preferences, and lifestyle.
- The importance of lifelong learning.
- The function of motivation and commitment in ongoing learning and personal development.

Employability Skills

- Choosing an employer.
- Preparing a resume and letter of application.
- Completing a job application form.
- Effectively handling the job interview.
- Employer expectations.

Interpersonal Communications

Course Description

This course focuses on the development of self-awareness, increased understanding of others, and development of effective interpersonal communication skills that can be used in a variety of caregiving contexts. Students will be encouraged to become more aware of the impact of their own communication choices and patterns. They will have opportunities to develop and use communication techniques that demonstrate personal awareness, respect, and active listening skills.

Minimum course hours: 50

Learning Outcomes

Upon successful completion of this course, students will be able to:

1. Identify the characteristics and qualities of effective interpersonal communications:
 - 1.1 Discuss the basic elements of any interpersonal communication processes – sender, receiver, message, feedback.
 - 1.2 Describe common barriers to communication.
 - 1.3 Describe the characteristics of effective communication.
 - 1.4 Discuss characteristics of culturally sensitive communication.
 - 1.5 Differentiate between caring and non-caring communications in a variety of job-related situations.
2. Discuss the interrelationship between self-awareness, self-esteem, and perception as these relate to communication choices and patterns:
 - 2.1 Discuss the interrelationship between self-concept, self-esteem, and interpersonal communications.
 - 2.2 Describe how perception influences one's reality and experience of situations.
3. Demonstrate effective, caring interpersonal communications with clients, colleagues, and others:
 - 3.1 Use effective non-verbal communication, including non-verbal listening skills.

- 3.2 Describe the characteristics of effective use of touch.
 - 3.3 Display an ability to be attuned to the non-verbal communications of clients and others.
 - 3.4 Use open-ended questions.
 - 3.5 Use active listening responses including paraphrasing and perception checking.
 - 3.6 Display an ability to listen and respond empathically.
 - 3.7 Use listening and responding skills to defuse anger and conflict.
 - 3.8 Use assertive communications appropriately.
 - 3.9 Determine when a situation is unsafe, and when it is important to leave.
4. Apply self-reflection and self-appraisal processes in order to increase own effectiveness in interpersonal contexts:
- 4.1 Reflect on how one's personal beliefs and values influence perceptions, self-concept, and behaviours.
 - 4.2 Use self-reflection to determine one's choices and patterns of communication.
 - 4.3 Reflect on interpersonal interactions in order to increase own effectiveness.
 - 4.4 Invite feedback and suggestions from others in order to increase own effectiveness.

Course Content

Introduction to Interpersonal Communications

- Elements of interpersonal communication processes – sender, receiver, message, feedback.
- Barriers to communication.
- Characteristics of effective communication: open, supportive, positive, understanding.
- Importance of common courtesies.
- Warmth, respect, empathy.
- Appropriate use of humour.
- Appreciating diversity of backgrounds.
- Culturally sensitive communication.
- Communicating with people who speak a different language from yours.
- What a caring response looks like.
- Differentiating between caring and non-caring communications in a variety of job-related situations.
- 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).

Knowledge of Self

- Interrelationship between self-concept, self-esteem, and interpersonal communications.
- Recognizing how perception influences one's reality and experience of situations.
- Societal, cultural, and experiential influences on perceptions and self-concept.
- Using self-reflection to determine one's choices and patterns of communication.

Non-Verbal Communication

- Gestures, postures, facial expressions.
- Use of space.
- Use of objects.
- Positioning of self in relation to the other person.
- Tone and volume of speech.
- Non-language sounds.
- Personal choices and what these communicate.
- Appropriate and caring use of touch.
- Reflecting on one's own non-verbal communications.
- Being attuned to the non-verbal communications of clients and others.

Responding to Others

- Non-verbal listening skills.
- Using open-ended questions.
- Using paraphrasing and perception checking.
- Listening and responding empathically.
- Respond non-defensively to feedback, even when provided in a critical or confrontational manner.

Conflict Management and Resolution

- Value of conflict in interpersonal relations.
- Conflict management strategies.
- Applying skills (e.g., listening and responding skills) to defuse anger and conflict.
- Assertive communications: assertive vs. aggressive responses.
- How and when to say "no."
- Factors that signal it's time to remove self from a situation.

Electronic Communication

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

Lifestyle and Choices

Course Description

This course introduces students to a holistic concept of health and the components of a health-enhancing lifestyle. Students will be invited to reflect on their own experience of health, recognizing challenges and resources that can impact lifestyle choices. Students will be introduced to a model that can be applied in other courses to understand the multi-faceted aspects of health and healing.

Minimum course hours: 30

Learning Outcomes

1. Discuss the interrelationship of physical, psychological, cognitive, social, and spiritual dimensions and the determinants of health:
 - 1.1 Describe health as a process (health as a journey not a destination).
 - 1.2 Discuss the physical, psychological, cognitive, social, and spiritual dimensions of health.
 - 1.3 Describe the interrelatedness of the dimensions of health.
 - 1.4 Discuss health as it relates to lifestyle choices.
 - 1.5 Describe the determinants of health and discuss how they can create health inequalities and impact the dimensions of health.

2. Discuss how lifestyle choices and behaviours contribute to physical, psychological, cognitive, social, and spiritual health:
 - 2.1 Discuss the positive effects of regular exercise and physical self-care.
 - 2.2 Describe the elements of a nutritious diet.
 - 2.3 Discuss elements of healthy weight management.
 - 2.4 Describe the adverse effects of common harmful substances.
 - 2.5 Discuss the interaction between emotions/perceptions and physical well-being.
 - 2.6 Describe the effects of stress.
 - 2.7 Recognize aspects of the HCA role that could lead to unhealthy stress.
 - 2.8 Describe a variety of approaches to stress management.
 - 2.9 Discuss the cognitive components of health.

- 2.10 Describe how one's ability to think, reason, interpret, remember, assess, and solve problems is related to health.
 - 2.11 Discuss the importance of social support in personal wellness.
 - 2.12 Recognize cultural and societal influences on lifestyle choices.
 - 2.13 Describe the spiritual components of health.
 - 2.14 Discuss how clarification of one's values and beliefs might relate to lifestyle choices.
 - 2.15 Identify personal focuses and activities that enrich, refresh, and create meaning in one's life.
 - 2.16 Describe how one's choices affect one's environment.
 - 2.17 Discuss environmental influences on health.
3. Explain the complexity of the change process in relation to health promotion:
- 3.1 Describe how critical thinking and problem-solving relate to lifestyle change.
 - 3.2 Demonstrate how to set achievable goals, use appropriate motivators, and set a realistic change agenda.
 - 3.3 Discuss the complexities involved in lifestyle change.

Course Content

Understanding Health

- Health as a process (health as a journey not a destination).
- Physical, psychological, cognitive, social, and spiritual dimensions of health.
- Interrelatedness of all aspects of health: introduction of the health wheel.
- Health as it relates to lifestyle and choices.
- 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.

Components of Health

- Physical components of health:
 - Physical activity.
 - Physical self-care.
 - Sleep and rest.
 - Nutrition, including nutrition throughout life, factors that affect eating and drinking, and Canada's Food Guide.
 - Weight management.
 - Avoiding or limiting harmful substances (including licit and illicit drugs, alcohol, tobacco,

- vaping, and caffeine).
- Environment.
- Psychological or emotional components of health:
 - Interaction between emotions and perceptions and health.
 - Psychologically safe environments.
 - Stress and stress management.
 - Common responses and effects of stress.
 - Common stressors related to work of the HCA.
 - Burnout and compassion fatigue.
 - Strategies for self-assessment and wellness intervention.
- Cognitive components of health:
 - Rational thinking and perceiving.
 - Ability to reason, interpret, and remember.
 - Ability to sense, perceive, assess, and evaluate.
 - Problem-solving ability.
 - Creativity.
- Social (interactive) components of health:
 - Social bonds and social supports in relation to health.
 - Cultural, societal, and traditional influences on lifestyle and choices.
- Spiritual components of health:
 - Awareness of personal values and beliefs.
 - Finding meaning and purpose in life.
 - Participating in activities that enrich, inspire, and refresh.
 - Appreciation for different ways of knowing and being.

Lifestyle Change

- Complexity of the lifestyle change process.
- Critical thinking and problem-solving as they relate to lifestyle and choices.
- Self-reflection and self-evaluation in relation to challenges and resources.
- Setting achievable goals, using motivators, setting a realistic change agenda.
- Recognizing difficulties inherent in personal change.

Common Health Challenges

Course Description

This course introduces students to the normal structure and function of the human body and normal bodily changes associated with aging. Students will explore common challenges to health and healing in relation to each body system. Students will also be encouraged to explore person-centred practice as it relates to the common challenges to health and, in particular, to end-of-life care.

Minimum course hours: 115

Learning Outcomes

1. Explain the structure and function of the human body and normal changes associated with aging:
 - 1.1 Describe the organization of the human body, including cells, tissues, and organs.
 - 1.2 Describe the structure and functions of the major body systems.
 - 1.3 Discuss the natural changes in each system associated with aging.
2. Discuss common challenges to health and healing:
 - 2.1 Discuss the experience of illness, disability, and common challenges to healing.
 - 2.2 Discuss the experience of chronic illness and implications for care.
 - 2.3 Describe common health challenges related to each body system.
 - 2.4 Describe common neurodevelopmental disorders.
 - 2.5 Discuss how to implement a person-centred caring approach for specific health challenges.
3. Discuss nutrition as it relates to managing common health challenges:
 - 3.1 Identify components of common special diets.
 - 3.2 Identify community resources to support clients' dietary intake.
4. Discuss the components of person-centred, end-of-life care for clients and families:
 - 4.1 Discuss the philosophy and principles of care used in hospice and palliative care

settings.

- 4.2 Describe caring and problem-solving as these relate to end-of-life care in facilities and in community settings.
- 4.3 Discuss elements of legal and ethical practice in end-of-life care.
- 4.4 Describe common reactions and experiences as people approach death.
- 4.5 Discuss physical, psychological, cognitive, social, and spiritual needs of the dying person and appropriate interventions.
- 4.6 Discuss common reactions of family members and ways to support the family.
- 4.7 Describe processes involved in the care of the body after death.
- 4.8 Discuss the effects of a client's death on the health care workers involved in the dying process.
- 4.9 Explain the importance of and ways to provide self-care following the death of a client.

Course Content

Medical Terminology

- Word elements: prefixes, roots and suffixes, and abbreviations.

Structure and Function of the Human Body

- Organization of the human body: cells, tissues, and organs.
- Major body systems:
 - Integumentary
 - Musculoskeletal
 - Cardiovascular
 - Respiratory
 - Digestive
 - Urinary
 - Reproductive
 - Endocrine
 - Nervous
 - Immune
- Natural changes associated with aging

Challenges to Health and Healing

- The experience of illness and disability.
- Common challenges to healing:
 - Transitions
 - Loss
 - Pain
 - Illness
 - Death
- 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).
- Common disorders related to each body system (relevant examples in parenthesis):
 - Integumentary (common skin disorders, pressure ulcers, pain).
 - Musculoskeletal (falls, fractures, contractures, arthritis, osteoporosis, pain).
 - Cardiovascular (hypertension, hypotension, edema, coronary artery disease, blood clots, myocardial infarction, congestive heart failure).
 - Respiratory (cyanosis, dyspnea, apnea, orthopnea, hyperventilation, hypoventilation, COPD, asthma, pneumonia).
 - Digestive (vomiting, diarrhea, dysphagia, lack of appetite, dehydration, constipation, obesity, hiatal hernia, diverticular disease, irritable bowel syndrome, celiac disease).
 - Urinary (urinary tract infections, renal failure).
 - Reproductive (benign prostatic hyperplasia (BPH), sexually transmitted infections (STIs), erectile dysfunction).
 - Endocrine (diabetes, hyperthyroidism, hypothyroidism).
 - Neurological (CVA/stroke, Parkinson's disease, multiple sclerosis, ALS, acquired brain injuries, spinal cord injuries).
 - Sensory challenges:
 - Normal sensory changes of aging.
 - Speech and language challenges (aphasia, apraxia, dysarthria).
 - Hearing and visual challenges.
 - Cancer.
 - Common communicable diseases (including, but not limited to, MRSA, VRE, C. difficile infections, influenza, coronaviruses, HIV/AIDS, hepatitis, and tuberculosis).
- Neurodevelopmental disorders (Down syndrome, autism spectrum, cerebral palsy, fetal alcohol syndrome, fragile X syndrome, phenylketonuria (PKU)).
- Chronic illness:
 - Basic definition and concepts.
 - Implications for care.

- Focus on self-care.
- Community and consumer resources related to various health challenges.

Nutrition and Common Health Challenges

- Special diets:
 - Texture-modified diets
 - Restricted diets
 - Diabetic diet
 - High protein diet
 - Liquid and pureed diets
 - Food allergies and intolerances
- Diversity and nutrition:
 - Vegetarian diets
 - Belief-based diets
 - Cultural differences
- Community resources to support clients' dietary intake.

End-of-Life Care

- Hospice and palliative care – philosophy and principles of care.
- The journey of dying – understanding and coming to terms with death and dying.
- Caring and problem-solving as related to palliative care in facilities and in community settings.
- Legal and ethical practice and safety in palliative care.
- Quality of life issues – honouring the individual, family, and rituals.
- Common reactions and experiences as people approach death.
- Physical, psychological, cognitive, social, and spiritual needs and appropriate interventions.
- Comfort measures for:
 - Pain
 - Breathing challenges
 - Challenges with eating and drinking
 - Dehydration
 - Bowel function
 - Restlessness
 - Delirium
- Common reactions of family members and ways to support the family.
- The moment of death and care of the body after death.

- Grief and grieving.
- Self-care for the caregiver:
 - Personal and professional boundaries.
 - Recognizing the impact of loss on the caregiver.
 - Recognizing signs of and preventing stress and burnout.

Cognitive and/or Mental Health Challenges

Course Description

This course builds on content from other courses to assist students to explore concepts and caregiving approaches that will allow them to work effectively with individuals experiencing cognitive and/or mental health challenges. The emphasis in this course is on supporting clients with dementia, recognizing responsive behaviours, and identifying person-centred intervention strategies.

Minimum course hours: 60

Learning Outcomes

1. Describe ways to organize, provide, and evaluate person-centred care and assistance for clients experiencing cognitive challenges:
 - 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.

2. Describe ways to organize, provide, and evaluate person-centred care and assistance for clients experiencing mental health challenges:

- 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 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.
3. Describe effective approaches for responding to responsive and reactive behaviours:
- 3.1 Identify behavioural indicators that an individual or group is becoming reactive or exhibiting behaviours that could impact safety.
 - 3.2 Describe appropriate verbal and non-verbal techniques to promote a calming atmosphere and de-escalate responsive behaviours.
 - 3.3 Identify when and how to exit a potentially unsafe situation.
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.
 - 4.4 Discuss strategies for preventing and responding to elder abuse.

Course Content

Cognitive Challenges in Older Adulthood

- 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-centred 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.
 - Observing clients and situations.
 - 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.

Mental Health Challenges

- Mental health models.
- Factors that influence mental health and well-being in individuals and families, such as stress, illness, loss, and aging.
- Common mental health disorders, including causes, symptoms, treatments, and prevalence of:
 - Anxiety disorders
 - Affective (mood) disorders
 - Schizophrenia
 - Personality disorders
 - Substance-related and addictive disorders
 - Dual or multiple diagnoses

- Suicide risks and prevention
- Stigma associated with mental health challenges and stigmatizing language.
- Perceptions of mental health challenges in diverse groups.
- Caring for the person and family.
 - Principles and approaches used to plan and implement effective care.
 - Person-centred care.
 - Person-first language vs. identity-first language (e.g., person with a diagnosis of depression vs. depressed client).
 - Introduction to trauma-informed care.
 - When and what to report.
- Implications of involuntary admission under the Mental Health Act.
 - Alteration of client's right to leave the care setting or to refuse treatment.

Abuse

- 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.

Personal Care and Assistance

Course Description

This practical course offers students the opportunity to acquire personal care and assistance skills within the parameters of the HCA role. The course comprises class and supervised laboratory experiences, which assist the student to integrate theory from other courses to develop caregiver skills that maintain and promote the comfort, safety, and independence of clients in community and facility contexts.

Minimum course hours: 120

Learning Outcomes

1. Perform personal care skills in an organized manner ensuring the comfort and appropriate independence of the client:
 - 1.1 Organize and implement care according to client needs.
 - 1.2 Encourage independence of the client as much as possible.
 - 1.3 Encourage client communication and engagement during personal care.
 - 1.4 Maintain client privacy and dignity.
 - 1.5 Assist the client with personal hygiene and grooming.
 - 1.6 Assist the client with movement and ambulation.
 - 1.7 Use aids to promote comfort, relaxation, and sleep.
 - 1.8 Take and record vital signs accurately (temperature, pulse, respirations).
 - 1.9 Assist the client with eating and drinking.
 - 1.10 Assist the client with medication as per the client's care plan. (HCAs are not permitted to administer medication by any method without regulated health professional authorization).
 - 1.11 Provide specialized, sensitive care for the dying client in line with palliative care principles.

2. Apply an informed problem-solving process to the provision of care and assistance:
 - 2.1 Observe the client and situation.
 - 2.2 Observe for changes in the client's health status.
 - 2.3 Identify priorities for care within the care plan.

- 2.4 Use appropriate health care team members as resources to augment one's own problem-solving and decision-making.
 - 2.5 Follow the care plan for each client.
 - 2.6 Conduct caregiving or assisting activities.
 - 2.7 Reflect on and evaluate effectiveness of care or assistance.
 - 2.8 Carry out recording requirements.
 - 2.9 Use creativity and flexibility when required to adapt care and assistance to a variety of contexts.
3. Provide personal care and assistance within the parameters of the HCA role:
- 3.1 Comply with the legal parameters of practice for the HCA role.
 - 3.2 Collaborate with other members of the health care team.
 - 3.3 Use appropriate lines of communication.
 - 3.4 Demonstrate dependability, reliability, honesty, and integrity.
 - 3.5 Adhere to the client's activities of daily living (ADL) and care plan.
4. Provide care and assistance in ways that maintain safety for self and others in a variety of contexts:
- 4.1 Wear safe and appropriate clothing, including identification.
 - 4.2 Observe the environment prior to commencing care.
 - 4.3 Adjust the environment, as appropriate, to ensure safety and promote efficiency.
 - 4.4 Organize time and equipment for safety and efficiency.
 - 4.5 Adhere to the principles of body mechanics.
 - 4.6 Adhere to the principles of medical asepsis and infection-control practices.
 - 4.7 Recognize and make wise choices in situations of potential risk to self or others.
 - 4.8 Exhibit flexible and adaptable behaviour in a variety of contexts.
 - 4.9 Recognize and respond appropriately to emergency situations.

Care Contexts

All skills are taught in such a way that recognizes all care contexts (complex care, community care, and acute care). To 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.

Course Content

Problem-Solving When Carrying Out Caregiving Procedures

- Planning and implementing care based on the client's needs, the established care plan, and agency policies.
- Observing the client and the situation prior to commencing care.
- Identifying unsafe environments or situations.
- Establishing priorities for care with consideration to client acuity.
- Seeking assistance, if necessary, to maintain the safety of the client and the care provider.
- Organizing equipment and supplies to efficiently complete care activities.
- Checking equipment for safety and functionality.
- Reporting equipment malfunction.
- Performing the procedure(s).
- Maintaining client privacy and dignity.
- Encouraging independence and self-care as much as possible.
- Cleaning equipment after use and returning to appropriate place.
- Tidying the client's environment.
- Evaluating effectiveness of the procedure and care.
- Reporting and recording actions, results, and observations.
- Responding appropriately to emergency situations.

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.

Asepsis and Prevention of Infection

- Microorganisms and the spread of infection.
- Principles and practice of medical asepsis.
- Routine practices.
- Hand washing.
- Gloving.
- Isolation precautions.
- Doffing and donning personal protective equipment (PPE).

Promoting Comfort and Rest

- Admitting a client to a facility.
- Promoting comfort, rest, and sleep.

Promoting Personal Hygiene

- Oral hygiene.
- Bathing – bed bath, tub baths, and showers.
- Providing perineal care.
- Assisting with grooming and dressing (e.g., hair care, shaving, changing clothing).
- Morning and evening care.

- Back massage and skin care.
- Using pressure relieving devices.

Moving, Positioning, and Transferring a Client

- Body mechanics.
- Turning and moving a client in a hospital or regular bed.
- Using positioning devices.
- Transferring a client to a stretcher.
- Moving a client to the side of a bed and assisting them to sit.
- Transferring a client from a bed to a chair or wheelchair and back.
- Transferring a client from a wheelchair to a bath chair or toilet.
- Using mechanical lifts including ceiling lifts.
- Cleaning of equipment.

Bedmaking

- Making a closed bed.
- Making an open bed.
- Making an occupied bed.

Promoting Exercise and Activity

- Bed rest.
- Assisting with ambulation.
- Assisting with walking devices, especially safe use of walkers with resting seats.
- Assisting with wheelchairs.
- Dealing with falls.

Assisting with Dietary Intake

- Serving meals in ways that encourage normalizing interactions.
- Assisting clients with eating and drinking.
- Using appropriate techniques and strategies to safely assist individuals experiencing difficulty biting, chewing, or swallowing.
- Using adaptive utensils.
- Observing and recording intake and output.

Promoting Urinary and Bowel Elimination

- Using bedpans and urinals.
- Toileting techniques.
- Using commodes.
- Assisting the client with urinary and bowel incontinence.
- Using urinary incontinence products.
- Assisting the client with condom catheter drainage.
- Assisting the client with an established catheter (must have client-specific delegation from a regulated health professional to perform any restricted activities).
- Emptying drainage bags.
- Collecting urine specimens.
- Factors affecting bowel elimination.
- Assisting with bowel training.
- Administering enemas and suppositories (must have client-specific delegation from a regulated health professional to perform any restricted activities).
- Assisting the client with an established ostomy (must have client-specific delegation from a regulated health professional to perform any restricted activities).
- Collecting stool specimens.

Hand and Foot Care

- 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, or without compromised nail integrity.
 - Soaking, massaging, and applying lotion to hands and feet as per the care plan.

Compression Stockings

- 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.

Measuring Vital Signs

- Measuring height and weight.
- Measuring body temperature.

- Monitoring pulse and respirations.
- Being familiar with differing types of equipment.
- Reporting and recording vital signs.

Heat and Cold Applications

- Knowing policies and procedures of facility or agency.
- Theory of heat and cold applications.
- Safety considerations and checks.

Medications

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, if the HCA is over the age of 19, 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, if the HCA is over the age of 19, 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.

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.

Assisting with Oxygen Needs

- General precautions for the safe use of oxygen.
- Application and removal of nasal prongs.
- Dealing with oxygen tubing.
- Recognizing oxygen concentrators, tanks (compressed oxygen), and liquid oxygen.
- Turning on and off the nebulizer.

A regulated health professional must authorize an HCA to make any adjustments to oxygen, as administering oxygen is a restricted activity.

Home Management

- Applying agency policies and procedures.
- Observing the home for safety risks (for client and caregiver).
- Fire hazards and safety precautions.
- Maintaining safety and medical asepsis in the home setting.
- Using common cleaning agents, following Workplace Hazardous Materials Information Systems (WHMIS) plan.
- Using body mechanics in a home environment.
- Dealing with emergencies in the home.
- Community resources and supports.

Overview of Practice Education Experiences

Practice education experiences in the HCA program are critical to student learning. Through the practice experiences students apply the knowledge, understanding, skills, and attitudes they have learned in all other courses in the program and become ready to undertake the role of an HCA in a community or facility setting.

Minimum hours: 270

To adequately prepare HCA program students for the demands of their work roles, all students should be provided with practice experience as follows:

1. One or more practice placement(s) in a multi-level care or complex care setting, which must include experience supporting clients with dementia.
 - Minimum hours: 210 hours
2. One or more practice placement(s) in a home support, assisted living, or group home setting.
 - Minimum hours: 60

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.

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.

Concurrent Practice Experiences

Concurrent practice experiences allow students the opportunity to immediately apply the knowledge and skills that they are learning in their courses. Assignments or similar activities from theory and lab courses can be carried out and discussed in class or lab. Observations and experiences from the work environment can be brought into the classroom or lab in ways that assist students to more readily see the application of their new learning.

Block Practice Experiences

Block practice experiences allow students an opportunity to consolidate their learning. During a block practice experience, learners can immerse themselves in the work world without being distracted by the demands of other course requirements. Block practice experiences allow students to begin to make the transition from the student to the HCA role.

The HCA Provincial Curriculum equips students with a comprehensive range of care activities, which are initially taught in the Personal Care and Assistance lab course and then applied in practice education settings. The specific care activities a student can perform in these settings depend on various site-specific factors, such as available equipment and supplies, the current client population, and site policies and procedures. Consequently, while all skills are taught during the Personal Care and Assistance lab course, students may not have the opportunity to apply every skill in their practice education settings. However, this does not impact the student's ability to fulfil the curriculum requirements, as the essential skills have been taught in the lab. Programs should endeavor to place students in practice education settings that offer the maximum exposure to a wide array of skills and diverse experiences. Nonetheless, some limitations may prevent students from applying every skill learned in the lab in these settings. For example, a student may be taught to apply condom catheters in the lab, but then may not encounter a client who uses a condom catheter during their practice education experience.

Practice Experience in Multi-Level and/or Complex Care

Course Description

This supervised practice experience provides students with an opportunity to apply knowledge and skills from all other courses in the program with individuals in a multi-level or complex care setting. A portion of this clinical experience will be devoted to working with individuals with dementia. Opportunity will be provided for students to gain expertise and confidence with the role of the HCA within a complex care facility.

Minimum course hours: 210

Learning Outcomes

1. Provide person-centred care and assistance that recognizes and respects the uniqueness of each individual client:
 - 1.1 Describe the characteristics of caring interactions in a variety of contexts.
 - 1.2 View each client as a whole, unique individual.
 - 1.3 Respect the individuality, diversity, and dignity of clients and families.
 - 1.4 Support the autonomy and independence of clients and their families.
 - 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.
 - 1.6 Display cultural sensitivity and cultural humility when interacting with clients and families from diverse backgrounds and cultures.
 - 1.7 Provide culturally safe and sensitive care.
 - 1.8 Display a non-judgmental approach in all aspects of care provision.
 - 1.9 Encourage clients to share their thoughts, feelings, and preferences.
 - 1.10 View the client as an individual possessing a wealth of experience, knowledge, and wisdom.
 - 1.11 Discuss traditional medicines, healing practices, and alternative forms of healing.
 - 1.12 Encourage family involvement, as appropriate, in the care of their family member.
 - 1.13 Observe family members for signs of stress and consult with an appropriate health professional for direction.
 - 1.14 Recognize and report potential or suspected abusive or neglectful situations

(including client's self-neglect) promptly to a health professional for appropriate action.

2. 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:

- 2.1 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 regulated/licenced health care professional.
- 2.3 Identify priorities for care within the care plan.
- 2.4 Use knowledge of health, healing, human needs, and human development to guide choices and actions.
- 2.5 Use knowledge of the interrelationship between the physical, psychological, cognitive, social, and spiritual dimensions of health to guide choices and actions.
- 2.6 Discuss the importance of the family in health and healing.
- 2.7 Use appropriate health care team members as resources to augment one's own problem-solving and decision-making.
- 2.8 Follow the care plan for each client.
- 2.9 Consult with health care team members to review and evaluate care and make suggestions to modify the care plan as needed.
- 2.10 Carry out recording requirements in a timely fashion.
- 2.11 Use clear, current, factual, objective, and relevant language when reporting or documenting client information.
- 2.12 Use current computer technology in accordance with workplace standards.
- 2.13 Use creativity when required to adapt care and service to a variety of contexts.

3. Provide person-centred care and assistance for clients experiencing complex health challenges:

- 3.1 Base choices and actions on a sound understanding of normal anatomy and physiology and common changes associated with aging.
- 3.2 Base choices and actions on a sound understanding of common challenges to health and healing.
- 3.3 Base choices and actions on a clear understanding of the interrelationship of the physical, psychological, cognitive, social, and spiritual dimensions of health and healing.
- 3.4 Organize, administer, and evaluate care and service for clients with complex health challenges.
- 3.5 Assist clients and families to maintain independent functioning within their

capabilities.

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

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

- 4.1 Organize, administer, and evaluate care and assistance for clients experiencing cognitive and/or mental health challenges.
- 4.2 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 the factors that influence behaviours.
- 4.4 Use an informed problem-solving process when caring for or providing assistance for individuals experiencing cognitive and/or mental health challenges.
- 4.5 Demonstrate appropriate interactions with clients experiencing cognitive, behavioural, and psychological impairment.
- 4.6 Cope constructively with unanticipated or unusual situations.
- 4.7 Identify when crisis intervention skills are required and respond appropriately.

5. Interact with other members of the health care team in ways that contribute to effective working relationships and the achievement of goals:

- 5.1 Recognize and respect diversity within the health care team.
- 5.2 Use caring, respectful communication with all members of the health care team.
- 5.3 Base interactions on a clear understanding of the roles and responsibilities of various members of the health care team.
- 5.4 Seek clarification, guidance, and assistance from other health care team members when needed.
- 5.5 Contribute observations and information to care-planning sessions.
- 5.6 Communicate changes in the client's health status to the appropriate health care team member so that the care plan is kept current.
- 5.7 Communicate with confidence and appropriate assertiveness.
- 5.8 Offer support and assistance to other health care team members as appropriate.
- 5.9 Report and record relevant information in a clear, concise, and objective manner.
- 5.10 Use appropriate lines of communication in accordance with agency, facility, or employer standards and policies.
- 5.11 Identify problems, concerns, and conflicts within the health care team and discuss these with appropriate team members in a timely manner.

- 5.12 Approach problems or conflict in a non-threatening way.
- 5.13 Respond non-defensively to feedback, even when provided in a critical or confrontational manner.

6. Communicate clearly, accurately, and sensitively with clients and families in a variety of community and facility contexts:

- 6.1 Demonstrate an ability to write and speak English in a manner that can be easily understood.
- 6.2 Use appropriate volume, tone, and vocabulary.
- 6.3 Use language and a communication style that is appropriate to the client, family, or situation.
- 6.4 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.
- 6.6 Identify barriers to communication and make efforts to improve communication.
- 6.7 Describe the relationship between self-awareness, self-concept, and communication.
- 6.8 Recognize how perceptions influence one's reality and experience of situations.
- 6.9 Interact in a manner that respects the rights, needs, interests, and preferences of others.
- 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.
- 6.11 Use touch appropriately and respectfully.
- 6.12 Use humour appropriately and respectfully.
- 6.13 Recognize non-verbal communication.
- 6.14 Use non-verbal attending skills including eye contact, body positioning and attentive facial expression.
- 6.15 Use active listening skills.
- 6.16 Maintain appropriate interpersonal and professional boundaries.
- 6.17 Use appropriate self-disclosure.
- 6.18 Use effective approaches to conflict management.
- 6.19 Demonstrate an understanding of the stressors experienced by clients and families as they are reflected in communication patterns.
- 6.20 Recognize abusive communication and report in accordance with agency, facility, or employer standards and policies.

7. Provide personal care and assistance in a safe, competent, and organized manner:

- 7.1 Wear safe and appropriate clothing, including identification.
- 7.2 Evaluate the client and the environment prior to commencing care.
- 7.3 Adjust environments, as appropriate, to ensure safety and promote efficiency.
- 7.4 Adhere to the client's care plan.
- 7.5 Exhibit flexible and adaptable behaviour, setting priorities and making adjustments to the care process based on client requirements.
- 7.6 Organize and implement care according to client needs.
- 7.7 Organize time and equipment for safety and efficiency.
- 7.8 Adhere to the principles of body mechanics.
- 7.9 Adhere to the principles of medical asepsis and infection-control practices.
- 7.10 Report, verbally and in writing, unsafe work environments.
- 7.11 Recognize and make wise choices in situations of potential risk to self or others.
- 7.12 Encourage client communication and engagement during personal care.
- 7.13 Maintain client privacy and dignity.
- 7.14 Assist the client with personal hygiene and grooming.
- 7.15 Assist the client with movement and ambulation.
- 7.16 Use aids to promote comfort, relaxation, and sleep.
- 7.17 Take and record vital signs (temperature, pulse, and respirations) accurately.
- 7.18 Identify basic dietary requirements related to the client's health needs and preferences.
- 7.19 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, 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.)
- 7.21 Provide specialized, sensitive care for the dying client in line with palliative care principles.

8. Recognize and respond to own self-development, learning, and health-enhancement needs:

- 8.1 Identify own learning needs for both personal and professional development.
- 8.2 Invite feedback from other health care team members related to own performance.
- 8.3 Collaborate with appropriate health professionals to identify and utilize opportunities for specific learning and training enhancement.
- 8.4 Identify and utilize opportunities to learn from clients, families, and colleagues.
- 8.5 Share new learning with other health care team members.
- 8.6 Reflect on own choices and behaviours as they contribute to physical, psychological,

cognitive, social, and spiritual health.

- 8.7 Strive to demonstrate healthful lifestyle and self-care practices.
- 8.8 Apply self-reflection and self-appraisal processes in order to recognize and respond to self-development needs.

9. Perform the caregiver role in a reflective, responsible, accountable, and professional manner:

- 9.1 Demonstrate an understanding of the components of the health care system within the region and province.
- 9.2 Comply with legal and contractual parameters of practice for HCAs.
- 9.3 Foster and uphold the mission, policies, and standards of the organization of employment.
- 9.4 Adhere to the expectations and guidelines established in one's job description.
- 9.5 Clarify one's own role to others when necessary.
- 9.6 Demonstrate dependability, responsibility, accountability, reliability, honesty, and integrity.
- 9.7 Reflect on one's own values, beliefs, and standards in relation to caregiving practice.
- 9.8 Recognize how one's own beliefs, values, standards, and cultural background may be different from, or similar to, those of clients and families.
- 9.9 Recognize how one's own beliefs and values influence one's responses to clients, families, and situations.
- 9.10 Maintain a non-judgmental position when faced with difficult or unusual client or family situations.
- 9.11 Advocate on behalf of the rights, needs, interests, and fair treatment of clients and their families.
- 9.12 Maintain client and family confidentiality.
- 9.13 Set appropriate personal boundaries in interactions with clients and family members.
- 9.14 Recognize ethical issues in practice and seek appropriate methods for resolving such issues.
- 9.15 Challenge questionable actions or decisions made by other health care team members.
- 9.16 Reflect on the benefits and challenges of the HCA role.
- 9.17 Champion the role of HCAs on the health care team.

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

Course Description

This practice course provides students with an opportunity to apply knowledge and skills from all other courses with individuals and families in a community setting. Opportunity will be provided for students to become more familiar with the role of the HCA within a home support agency, assisted living facility, or a group home to gain abilities that will prepare graduates for employment in these settings. It is important that students understand the philosophy of community care settings and the importance of client choice and independence.

Minimum course hours: 60

Learning Outcomes

1. Provide person-centred care and assistance that recognizes and respects the uniqueness of each individual client:
 - 1.1 Describe the characteristics of caring interactions in a variety of contexts.
 - 1.2 View each client as a whole, unique individual.
 - 1.3 Respect the individuality, diversity, and dignity of clients and families.
 - 1.4 Support the autonomy and independence of clients and their families.
 - 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.
 - 1.6 Display cultural sensitivity and cultural humility when interacting with clients and families from diverse backgrounds and cultures.
 - 1.7 Provide culturally safe and sensitive care.
 - 1.8 Display a non-judgmental approach in all aspects of care provision.
 - 1.9 Encourage clients to share their thoughts, feelings, and preferences.
 - 1.10 View the client as an individual possessing a wealth of experience, knowledge, and wisdom.
 - 1.11 Discuss traditional medicines, healing practices, and alternative forms of healing.
 - 1.12 Encourage family involvement, as appropriate, in the care of their family member.

- 1.13 Observe family members for signs of stress and consult with an appropriate health care professional for direction.
 - 1.14 Recognize and report potential or suspected abusive or neglectful situations (including client's self-neglect) promptly to a health professional for appropriate action.
2. 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:
- 2.1 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 regulated/licenced health care professional.
 - 2.3 Identify priorities for care within the care plan.
 - 2.4 Use knowledge of health, healing, human needs, and human development to guide choices and actions.
 - 2.5 Use knowledge of the interrelationship between the physical, psychological, cognitive, social, and spiritual dimensions of health to guide choices and actions.
 - 2.6 Discuss the importance of the family in health and healing.
 - 2.7 Use appropriate health care team members as resources to augment one's own problem-solving and decision-making.
 - 2.8 Follow the care plan for each client.
 - 2.9 Consult with health care team members to review and evaluate care and make suggestions to modify the care plan as needed.
 - 2.10 Carry out recording requirements in a timely fashion.
 - 2.11 Use clear, current, factual, objective, and relevant language when reporting or documenting client information.
 - 2.12 Use current computer technology in accordance with workplace standards.
 - 2.13 Use creativity when required to adapt care and service to a variety of contexts.
3. Provide person-centred care and assistance for clients experiencing complex health challenges:
- 3.1 Base choices and actions on a sound understanding of normal anatomy and physiology and common changes associated with aging.
 - 3.2 Base choices and actions on a sound understanding of common challenges to health and healing.
 - 3.3 Base choices and actions on a clear understanding of the interrelationship of the physical, psychological, cognitive, social, and spiritual dimensions of health and healing.

- 3.4 Organize, administer, and evaluate care and service for clients with complex health challenges.
 - 3.5 Assist clients and families to maintain independent functioning within their capabilities.
 - 3.6 Provide caring and supportive end-of-life care for clients in a manner that promotes comfort and dignity and respects preferences and diversity.
4. Provide person-centred care and assistance for clients experiencing cognitive and/or mental health challenges:
- 4.1 Organize, administer, and evaluate care and assistance for clients experiencing cognitive or mental health challenges.
 - 4.2 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 the factors that influence behaviours.
 - 4.4 Use an informed problem-solving process when caring for or providing assistance for individuals experiencing cognitive and/or mental health challenges.
 - 4.5 Demonstrate appropriate interactions with clients experiencing cognitive, behavioural, and psychological impairment.
 - 4.6 Cope constructively with unanticipated or unusual situations.
 - 4.7 Identify when crisis intervention skills are required and respond appropriately.
5. Interact with other members of the health care team in ways that contribute to effective working relationships and the achievement of goals:
- 5.1 Recognize and respect diversity within the health care team.
 - 5.2 Use caring, respectful communication with all members of the health care team.
 - 5.3 Base interactions on a clear understanding of the roles and responsibilities of various members of the health care team.
 - 5.4 Seek clarification, guidance, and assistance from other health care team members when needed.
 - 5.5 Contribute observations and information to care-planning sessions.
 - 5.6 Communicate changes in the client's health status to the appropriate health care team member so that the care plan is kept current.
 - 5.7 Communicate with confidence and appropriate assertiveness.
 - 5.8 Offer support and assistance to other health care team members as appropriate.
 - 5.9 Report and record relevant information in a clear, concise, and objective manner.
 - 5.10 Use appropriate lines of communication in accordance with agency, facility, or

employer standards and policies.

- 5.11 Identify problems, concerns, and conflicts within the health care team and discuss these with appropriate team members in a timely manner.
- 5.12 Approach problems or conflict in a non-threatening way.
- 5.13 Respond non-defensively to feedback, even when provided in a critical or confrontational manner.

6. Communicate clearly, accurately, and sensitively with clients and families in a variety of community and facility contexts:

- 6.1 Demonstrate an ability to write and speak English in a manner that can be easily understood.
- 6.2 Use appropriate volume, tone, and vocabulary.
- 6.3 Use language and a communication style that is appropriate to the client, family, or situation.
- 6.4 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.
- 6.6 Identify barriers to communication and make efforts to improve communication.
- 6.7 Describe the relationship between self-awareness, self-concept, and communication.
- 6.8 Recognize how perceptions influence one's reality and experience of situations.
- 6.9 Interact in a manner that respects the rights, needs, interests, and preferences of others.
- 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.
- 6.11 Use touch appropriately and respectfully.
- 6.12 Use humour appropriately and respectfully.
- 6.13 Recognize non-verbal communication.
- 6.14 Use non-verbal attending skills including eye contact, body positioning, and attentive facial expression.
- 6.15 Use active listening skills.
- 6.16 Maintain appropriate interpersonal and professional boundaries.
- 6.17 Use appropriate self-disclosure.
- 6.18 Use effective approaches to conflict management.
- 6.19 Demonstrate an understanding of the stressors experienced by clients and families as they are reflected in communication patterns.
- 6.20 Recognize abusive communication and report in accordance with agency, facility, or employer standards and policies.

7. Provide personal care and assistance in a safe, competent, and organized manner:

- 7.1 Wear safe and appropriate clothing, including identification.
- 7.2 Evaluate the client and the environment prior to commencing care.
- 7.3 Adjust environments, as appropriate, to ensure safety and promote efficiency.
- 7.4 Adhere to the client's care plan.
- 7.5 Exhibit flexible and adaptable behaviour, setting priorities and making adjustments to the care process based on client requirements.
- 7.6 Organize and implement care according to client needs.
- 7.7 Organize time and equipment for safety and efficiency.
- 7.8 Adhere to the principles of body mechanics.
- 7.9 Adhere to the principles of medical asepsis and infection-control practices.
- 7.10 Report, verbally and in writing, unsafe work environments.
- 7.11 Recognize and make wise choices in situations of potential risk to self or others.
- 7.12 Encourage client communication and engagement during personal care.
- 7.13 Maintain client privacy and dignity.
- 7.14 Assist the client with personal hygiene and grooming.
- 7.15 Assist the client with movement and ambulation.
- 7.16 Use aids to promote comfort, relaxation, and sleep.
- 7.17 Take and record vital signs (temperature, pulse, and respirations) accurately.
- 7.18 Identify basic dietary requirements related to the client's health needs and preferences.
- 7.19 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, 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.)
- 7.21 Provide specialized, sensitive care for the dying client in line with palliative care principles.

8. Recognize and respond to own self-development, learning, and health-enhancement needs:

- 8.1 Identify own learning needs for both personal and professional development.
- 8.2 Invite feedback from other health care team members related to own performance.
- 8.3 Collaborate with appropriate health professionals to identify and utilize opportunities for specific learning and training enhancement.
- 8.4 Identify and use opportunities to learn from clients, families, and colleagues.

- 8.5 Share new learning with other health care team members.
 - 8.6 Reflect on own choices and behaviours as they contribute to physical, psychological, cognitive, social, and spiritual health.
 - 8.7 Strive to demonstrate healthful lifestyle and self-care practices.
 - 8.8 Apply self-reflection and self-appraisal processes in order to recognize and respond to self-development needs.
9. Perform the caregiver role in a reflective, responsible, accountable, and professional manner:
- 9.1 Demonstrate an understanding of the components of the health care system within the region and province.
 - 9.2 Comply with legal and contractual parameters of practice for HCAs.
 - 9.3 Foster and uphold the mission, policies, and standards of the organization of employment.
 - 9.4 Adhere to the expectations and guidelines established in one's job description.
 - 9.5 Clarify one's own role to others when necessary.
 - 9.6 Demonstrate dependability, responsibility, accountability, reliability, honesty, and integrity.
 - 9.7 Reflect on one's own values, beliefs, and standards in relation to caregiving practice.
 - 9.8 Recognize how one's own beliefs, values, standards, and cultural background may be different from, or similar to, those of clients and families.
 - 9.9 Recognize how one's own beliefs and values influence one's responses to clients, families, and situations.
 - 9.10 Maintain a non-judgmental position when faced with difficult or unusual client or family situations.
 - 9.11 Advocate on behalf of the rights, needs, interests, and fair treatment of clients and their families.
 - 9.12 Maintain client and family confidentiality.
 - 9.13 Set appropriate personal boundaries in interactions with clients and family members.
 - 9.14 Recognize ethical issues in practice and seek appropriate methods for resolving such issues.
 - 9.15 Challenge questionable actions or decisions made by other health care team members.
 - 9.16 Reflect on the benefits and challenges of the HCA role.
 - 9.17 Champion the role of HCAs on the health care team.

Appendix I: HCA Curriculum Guide (2023) Revisions Project Steering Committee

Steering Committee

Esther Aguilar	Director of Nursing; Sprott Shaw College
Amy Arce De Chavez	HCA Program Manager; Western Community College
Karla Biagioni	Manager, Nursing Policy Secretariat; Ministry of Health, Health Sector Workforce and Beneficiary Services Division (HSWBS)
Sarina Corsi	Program Manager; B.C. Care Aide and Community Health Worker Registry, Health Employers Association of B.C.
Anita D'Angelo	Director, Clinical Education; Interior Health
Lauren Fraychineaud	Chair, PN Articulation; Regional Coordinator, CMTN
Joanne Maclaren	Director, Office of the Vice President, Quality, Research and Chief Nursing and Allied Health Office, Island Health
Yvonne Moritz	Associate Vice President Educational Services, Interim Dean Science, Technology and Health; Okanagan College
Melissa Murdock	Director, Anesthesia Care Team and HCA; Ministry of Health, Health Sector Workforce and Beneficiary Services Division (HSWBS)
Marianne Schwan	Director, Policy & Institution Certification; Private Training Institutions Branch
Katherine Younker	Director and Clinical Practice Advisor, Professional Regulation and Oversight; Ministry of Health, Health Sector Workforce and Beneficiary Services Division (HSWBS)

Project Team

Lisa Beveridge	Subject Matter Expert, Department Head, Continuing Care; Vancouver Community College
Barbara Johnston	Editor, West Coast Editorial Associates

Tabetha Meikle	Senior Policy Analyst, Health and Medical Education, Post-Secondary Programs Branch, Ministry of Post-Secondary Education and Future Skills
Rebecca Shortt	Project Manager, BCcampus
Liz Warwick	Instructional Designer

Appendix 2: 2023 Recommendations and Rationale

The *2023 Recommendations and Rationale: Completed Revisions to the Health Care Assistant Program Provincial Curriculum (April 2023 Summary Report)* outlines the recommendations and rationale for revisions that were made to the Health Care Assistant Program Provincial Curriculum 2015 to update it to its current 2023 form.

This report was prepared for sector stakeholders by the Health Care Assistant Curriculum Revisions subject-matter expert and the BCcampus Collaborative Projects team.

Purpose

The purpose of this report is to summarize the recommended revisions to the Health Care Assistant Provincial Curriculum proposed by the Health Care Assistant Curriculum Revisions Project Steering Committee and carried out by the subject-matter expert assigned to the project. The report includes 12 recommendations, the rationale behind them, the status of completion, and a summary of the changes made for each recommendation. Details of all revisions can be found in the *Revisions Manual: 2023 Revisions to the Health Care Assistant Program Provincial Curriculum* in Appendix 3.

Background Information

The Ministry of Post-Secondary Education and Future Skills (PSFS) oversaw a major review of the *Health Care Assistant Program Provincial Curriculum* (revised 2015). PSFS engaged the BCcampus Collaborative Projects team to lead the curriculum review and collaboratively work with members of a steering committee.

This process began in spring 2022 with the formation of the HCA Curricula Revision Steering Committee, whose purpose was to provide direction and guidance on the revisions to the existing curriculum. The HCA subcommittee was comprised of key stakeholders in HCA education in B.C., including private and public post-secondary programs, practice leaders, and others involved with recognition, accreditation, or professional standards.

From March to June 2022, we conducted online meetings with the HCA subcommittee to discuss revisions to the curriculum. In April 2022 we sent a survey to 383 people in the HCA sector,

including educators, administrators, employers, and professionals. The subcommittee provided contacts to BCcampus, who sent out the survey through LimeSurvey. The survey asked:

1. Select which group or organization you are an employee or member of:
 - a. Acute care
 - b. Assisted living
 - c. Community support
 - d. Day home
 - e. Government ministry
 - f. Group home
 - g. Health authority
 - h. Medical facility
 - i. Post-secondary institution
2. Do you work in the private or public sector?
3. What is your role?
4. Think about recent B.C. HCA program graduates working as HCAs early in their career (less than two years in practice). Are there specific skills, knowledge, values, and/or attitudes identified through the B.C. Health Care Assistants Core Competency Profile (2014) they are missing or have not acquired adequately through their studies in a recognized B.C. HCA education program? (Limit of three.)
5. For institutions that provide HCA training: Are there ways the Health Care Assistant Program Provincial Curriculum (2015) could be improved to facilitate a clear and consistent delivery of content that ensures HCAs have the necessary competencies?
6. Do you have other suggestions or feedback for strengthening the education and training HCAs receive through a recognized program?

The survey yielded 266 responses, 93 of which provided qualitative data on questions four and five that we used in analysis. Based on the survey responses and feedback from the HCA subcommittee, and grounded in their experiences with the curriculum and/or feedback from their organizations, the group worked to determine the proposed changes.

In November 2022 we presented a draft of the HCA curriculum to the steering committee. Committee members had the opportunity to review and discuss the revisions and provide feedback. With the goal of aligning the curriculum with the role of the HCA set out by the Ministry of Health, we further revised course content, program outcomes and indicators, and course learning outcomes to reduce the amount of new content. As a result no additional program hours were required.

In March 2023 we conducted additional consultation meetings with the Ministry of Health and steering committee to review final changes before copyediting. In May 2023 PSFS reviewed the curriculum and approved it for publication in Pressbooks.

Completed Revisions

Recommendation 1

Goal: Number the program and course learning outcomes.

Rationale: To increase ease of reference in the guide and support curriculum mapping.

Status: Completed

We numbered all program learning outcomes, course learning outcomes, and performance indicators. We edited all three components to:

- Reduce repetition within and between outcomes and indicators.
- Reorder indicators so similar ones are grouped together.
- Align outcomes/indicators with current standards to ensure they are measurable and at the appropriate level for the course.

Recommendation 2

Goal: Review and update language and terminology, specifically on topics of mental health, diversity, and nutrition (e.g., “feeding”).

Rationale: To ensure terms are clear, consistent, and aligned with currently accepted definitions in health legislation and regulations such as the Health Professions Act.

Status: Completed

In consultation with the Ministry of Health, Ministry of Mental Health and Addictions, steering committee, and BCcampus, we updated language throughout the document. Details are recorded in the *Revisions Manual: 2023 Revisions to the Health Care Assistant Program Curriculum* (Appendix 3).

The most widespread changes were:

- “Residential care” is now “complex care.”
- “Multi-culturalism” is now “diversity.”
- All pronouns are now gender neutral (“they/them”).
- “Assess” is now “observe” or “evaluate.”
- “Nutrition/nutritional needs” is now “dietary needs.”

Recommendation 3

Goal: Review skills not included in the Personal Care and Assistance course but required for the HCA role.

Rationale: To ensure the guide is clear on the skills to be covered as part of the baseline HCA education program so HCAs can fulfill expected job duties.

Status: Completed

In consultation with the Ministry of Health, we added course content on hand and foot care and compression stockings. We did not include skills such as taking blood pressure, measuring oxygen saturation, and providing post-mortem care as they are not part of the HCA role as defined by the ministry or HCA core competency profile.

Recommendation 4

Goal: Incorporate language and learning outcomes on trauma-informed practice.

Rationale: To ensure HCAs understand the impact of trauma and can provide appropriate, person-centred, trauma-informed care to clients experiencing mental health and substance use disorders.

Status: Completed

Content on trauma informed practice was added to the Cognitive and/or Mental Health Challenges course.

Specific learning outcomes were not added as the provision of trauma informed care falls under the principle of person-centered care and therefore is captured by existing person-centered learning outcomes in the theory and application courses.

Recommendation 5

Goal: Consider where content and concepts addressed in more than one course could be streamlined or included in multiple courses.

Rationale: To ensure appropriate scaffolding of concepts and, where appropriate, to streamline the curriculum and reduce redundancy.

Status: Completed

Most duplication was levelling rather than redundant. The concepts of emergencies, delegation,

and reporting are introduced in theory courses and revisited in the lab course for application. For example, the learning outcome for emergencies in the theory course uses the verb *identify*, while the learning outcome in the lab course uses *recognize and respond to*. This kind of levelling is appropriate. Programs need to ensure these concepts are not reintroduced in the lab course but incorporated for practice and evaluation.

The exceptions were critical thinking and problem solving, which were introduced in the Concepts for Practice and again in Common Health Challenges courses before being applied in the lab and practice education courses. To make room for added content on communicable diseases and to address redundancy, we removed this topic from the Common Health Challenges course.

Recommendation 6

Goal: Ensure there is current and relevant content on dementia and best practices for providing person-centred care to clients with dementia.

Rationale: To make the curriculum guide current and relevant to the complex and changing health care practice settings where HCAs work.

Status: Completed

We edited the course learning outcomes for dementia in the Cognitive and Mental Health Challenges course. The original course learning outcomes used application verbs and were identical to the program learning outcomes in the practice education courses. Cognitive and Mental Health Challenges is a theory course, so verbs should reflect the level of evaluation that would take place in a classroom before the application of learning in the practice education courses. We also edited the course content section to improve concept delivery.

After consultation with the Ministry of Mental Health and Addictions, the Alzheimer's Society, and the steering committee, we made additional language changes. This included adjusting language around disruptive behaviours to make it more patient positive, including stigma under cognitive challenges and replacing “mental challenges” with “mental health challenges.” We separated the topic of abuse from the topic of disruptive behaviours and established it as a new course learning outcome.

References to commonly available person-centred care training programs and models were originally included as examples in the discussion of person-centred care at the request of external stakeholders. We later removed them due to concerns about the potential lack of permanency of these training models.

Recommendation 7

Goal: Review guidance related to documentation with the guide.

Rationale: To make the guide current and relevant to the complex and changing health care practice settings where HCAs work and to provide specific direction to educators on learning outcomes related to documentation.

Status: Completed

We added more guidance on electronic documentation to the Concepts for Practice course. This addition does not require institutions to purchase and train HCA students in specific software for electronic documentation. The theory course introduces the concept, and students will practice using the software available in their practice education courses.

Recommendation 8

Goal: Incorporate language and learning outcomes for Indigenous content.

Rationale: To ensure HCAs are able to provide appropriate and respectful person-centred care to Indigenous clients and their families.

Status: Completed

We added content on cultural safety and humility, culturally safe and sensitive care, and the impact of inequity and discrimination to the diversity section of Concepts for Practice. We also enhanced language on respecting diversity throughout the curriculum. We added performance indicators for providing culturally sensitive care to multiple program and course learning outcomes, and we added Indigenous references for cultural safety to program learning outcome 1.11 and Concepts for Practice course learning outcome 3.6 to 3.9.

Recommendation 9

Goal: Incorporate more content on building and maintaining a respectful workplace with a focus on preventing bullying and harassment.

Rationale: To increase HCA preparation for the workforce and to make the guide current and relevant to the complex health care practice settings where HCAs work.

Status: Completed

We added enhanced language and guidelines for content to the Introduction to Practice course under the heading “Teamwork in Health Care Settings.”

Recommendation 10

Goal: Enhance language and expectations around health promotion and well-being across the lifespan and with different populations.

Rationale: To make the guide current and relevant to the diverse, complex, and changing health care practice settings where HCAs work.

Status: Completed

We added language throughout the curriculum to enhance the focus on person-centred care and health promotion across the lifespan. We also added content on the development stages of infancy to middle adulthood to the Concepts for Practice course.

Recommendation 11

Goal: Review language and expectations around medication assistance.

Rationale: To ensure the knowledge and skills taught in the curriculum align with the HCA role as set by the Ministry of Health.

Status: Completed

In consultation with the Ministry of Health and the steering committee, we revised learning outcomes and course content on medication assistance to align the curriculum with legislation and address discrepancies between the parameters established by the curriculum and those expected in practice. The enhanced language supports post-secondary institutions by providing more clarity about HCAs' participation in restricted activities and the regulatory requirements for delegation. Details are outlined in the *Revisions Manual: 2023 Revisions to the Health Care Assistant Program Curriculum* (Appendix 3).

Recommendation 12

Goal: Ensure the B.C. HCA curriculum aligns with the National Occupational Standards for personal care providers as appropriate for B.C.

Rationale: To support consistency in the HCA role across Canada.

Status: Completed

Through consultation with the Ministry of Health, we determined the HCA provincial curriculum aligns with the National Occupational Standards to a degree appropriate for the B.C. context. No further alignment is required.

We adopted language from the National Occupational Standards on Indigenous content when we updated program learning outcome 1.10 and Concepts for Practice course learning outcome 3.10.

Project Conclusion Summary

The revisions to the HCA provincial curriculum are complete and aligned with the 12 recommendations established by the HCA curriculum project steering committee.

A comprehensive list of all revisions can be found in the *Revisions Manual: 2023 Revisions to the Health Care Assistant Program Curriculum* (Appendix 3).

Appendix 3: Revisions Manual: 2023 Revisions to the Health Care Assistant Program Provincial Curriculum

The *Revisions Manual: 2023 Revisions to the Health Care Assistant Program Provincial Curriculum* provides a detailed list of the changes and updates 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 HCA programs to make all necessary curriculum updates.

Download: Revisions Manual 2023 HCA Program Provincial Curriculum [Word doc]
(<https://opentextbc.ca/bccantiracistbookclubhub/wp-content/uploads/sites/433/2023/05/Revisions-Manual-2023-HCA-Program-Provincial-Curriculum.docx>).

Download: Revisions Manual 2023 HCA Program Provincial Curriculum [PDF]
(<https://opentextbc.ca/bccantiracistbookclubhub/wp-content/uploads/sites/433/2023/06/Revisions-Manual-2023-HCA-Program-Provincial-Curriculum.pdf>).

Appendix 4: Previous HCA Provincial Curriculum Guides and Supplements

Here you can find old versions of the Health Care Assistant Program Provincial Curriculum Guides and Supplements:

- 2008 HCA Program Provincial Curriculum [PDF] (<https://opentextbc.ca/hcacurriculum/wp-content/uploads/sites/433/2023/06/2008-HCA-Program-Provincial-Curriculum.pdf>)
- 2015 HCA Program Provincial Curriculum [PDF] (<https://opentextbc.ca/hcacurriculum/wp-content/uploads/sites/433/2023/06/2015-HCA-Program-Provincial-Curriculum.pdf>)
- 2015 HCA Program Supplement to the 2015 HCA Program Provincial Curriculum [PDF] (<https://opentextbc.ca/hcacurriculum/wp-content/uploads/sites/433/2023/06/HCA-Curriculum-Supplement-2015.pdf>)
- 2017 HCA Program Supplement to the 2015 HCA Program Provincial Curriculum [PDF] (https://opentextbc.ca/hcacurriculum/wp-content/uploads/sites/433/2023/06/HCA-Curriculum-Supplement-2015_2nd-Edition-2017.pdf)

Versioning History

This page provides a record of edits and changes made to this book since its initial publication. Whenever edits or updates are made in the text, we provide a record and description of those changes here. If the change is minor, the version number increases by 0.01. If the edits involve substantial updates, the version number increases to the next full number.

The files posted by this book always reflect the most recent version. If you find an error in this book, please fill out the Report an Error (<https://collection.bccampus.ca/report-error>) form.

Version	Date	Change	Details
1.00	June 21, 2023	Book published.	
1.01	June 28, 2023	Added word doc of the book.	A word doc of this book available for download in Download Word Doc.
1.02	October 17, 2023	Updated link.	Updated the link to <i>Health Care Assistant Program Recognition: A Guide for Educators</i> to the 2023 version in Introduction.
1.03	October 25, 2023	Typo corrected.	Corrected “practicum” to “practice” in Practice Experience in Home Support, Assisted Living, and/or Group Home Setting.
1.04	November 27, 2023	Corrected learning outcomes numbers.	In Appendix 2: 2023 Recommendations and Rationale, Recommendation 8, corrected to “...we added Indigenous references for cultural safety to program learning outcome 1.11 and Concepts for Practice course learning outcome 3.6 to 3.9.”
1.05	June 7, 2024	Content added.	Added a skills disclaimer at the end of Overview of Practice Experience Education.

1.06	June 19, 2024	Minor text changes.	Added “If the HCA is over the age of 19” to “Medical Assistance” and “Medical Administration” in Personal Care and Assistance to align with the current Community Care and Assisted Living Act (https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/00_02075_01).
1.07	August 15, 2024	Minor text changes.	Updated title of <i>Health Care Assistant Program Supplement to the Provincial Curriculum 2023</i> (https://opentextbc.ca/hcasupplement/) in Introduction (#front-matter-introduction).
1.08	March 30, 2026	Minor text changes.	Added a comma in “Nail clipping for clients without chronic diseases like diabetes, without...” in Personal Care and Assistance.