

# Proposed Changes to the Health Care Assistant Program Provincial Curriculum (2015)

Summary Report

September 2022

Version 2.0

This report was prepared for sector stakeholders by the BCcampus Collaborative Projects team in collaboration with the Health Care Assistant Curriculum Revision Project Steering Committee.

Updates made to version 2.0, September 26, 2022

1. Updated language to remove the term “scope of practice” as HCAs do not have a legally defined scope of practice. It has been replaced with “HCA role.”
2. Added the Health Professions Act in 3.2 Recommendation 2 as an example of the provincial legislation and regulations that will be used to align terminology and definitions.
3. Added to 3.12 Recommendation 12 that only National Occupation Standards from the B.C. context will be aligned within the curriculum.
4. Updated spelling and titles of steering committee members.

Proposed Changes

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## 1 Purpose

The purpose of this report is to describe the recommended changes to the *Health Care Assistant Program Provincial Curriculum* being proposed by the Health Care Assistant (HCA) Curriculum Revision Project Steering Committee. This report also outlines the rationale for each proposed change along with suggested next steps for moving forward on these recommendations. A further update will be provided with the recommendations that have been completed as a part of this review cycle.

## 2 Background Information

The Ministry of Advanced Education and Skills Training (AEST) is overseeing a major review of the *Health Care Assistant Program Provincial Curriculum* (revised 2015), *Practical Nursing Program Provincial Curriculum* (revised 2017), and *Access to Practical Nursing Provincial Curriculum* (revised 2017). AEST engaged the BCcampus Collaborative Projects team to lead the review of the curricula and collaboratively work with members of a steering committee.

This collaborative process began in spring 2022 with the formation of the HCA, Practical Nursing (PN), and Access to Practical Nursing (APN) Curricula Revision Steering Committee, whose purpose is to provide direction and guidance on the revisions to the existing curricula. The steering committee was divided into two separate subcommittees: one to focus on the PN and APN curricula review, and another for the HCA curriculum review. The HCA subcommittee is comprised of key stakeholders in HCA education in B.C., including private and public post-secondary programs, practice leadership, and others involved with overall recognition, accreditation, or professional standards. (See section 5 for a list of HCA subcommittee members.)

From March to June 2022, online meetings were conducted with the HCA subcommittee to discuss possible revisions to the curriculum. In April 2022 we sent out 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 responses to questions four and five that were 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 respective organizations, the group worked collaboratively to determine the proposed changes.

### 3 Proposed Changes

The following 12 recommendations *are not meant* to require a major curriculum redesign. Instead, these recommendations are meant to further support and enhance the curriculum and should require only minor revisions to the curriculum guide. An update will be provided that details the recommendations and changes that have been completed at the end of this revision cycle.

It is important to note the following recommendations are not necessarily listed in order of priority.

#### 3.1 Recommendation 1

Number the program and course learning outcomes.

##### *Rationale*

To increase ease of reference within the guide and support curriculum mapping.

#### 3.2 Recommendation 2

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

##### *Rationale*

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

### 3.3 Recommendation 3

Review skills currently not included in the Personal Care and Assistance course but required within the HCA role.

#### *Rationale*

To ensure the guide provides educators with clarity on the skills that need to be covered as part of the baseline HCA education program so HCAs can fulfill expected job duties and roles.

### 3.4 Recommendation 4

Incorporate language and learning outcomes into the curriculum regarding trauma-informed practice.

#### *Rationale*

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

### 3.5 Recommendation 5

Consider where content and concepts addressed in more than one course could be streamlined — or whether they should be included in multiple courses.

#### *Rationale*

To ensure there is appropriate scaffolding of concepts and, if/where appropriate, to streamline the curriculum and reduce redundancy.

### 3.6 Recommendation 6

Ensure there is up-to-date and relevant content related to 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.

### 3.7 Recommendation 7

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. To provide more specific direction to educators on learning outcomes related to documentation.

### 3.8 Recommendation 8

Incorporate language and learning outcomes related to Indigenous content.

#### *Rationale*

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

### 3.9 Recommendation 9

Incorporate more content related to building and maintaining a respectful workplace, with a focus on the prevention of bullying and harassment.

#### *Rationale*

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

### 3.10 Recommendation 10

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.

### 3.11 Recommendation 11

Review language and expectations around medication assistance.

#### *Rationale*

To ensure that the knowledge and skills taught within the curriculum align with the HCA role as set by the Ministry of Health.

### 3.12 Recommendation 12

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

#### *Rationale*

To help support the creation of consistency across Canada in the HCA role.

## 4 Next Steps

### 4.1 Share recommendations with sector.

The Summary Report will be made available to the sector to highlight the proposed recommendations. The HCA subcommittee will be tasked with sharing the Summary Report, which will highlight the proposed recommendations for revision.

### 4.2 Subject-matter expert works on revisions — September–October 2022.

A subject-matter expert (SME) has been contracted by BCcampus to lead the revision work to the HCA curriculum guide that was gathered from the sector and proposed by the Steering Committee. The SME will reach out to experts in specific fields for support as needed.

### 4.3 Present content revisions to HCA subcommittee — October 2022.

By October 2022, content revisions will be ready for review by the HCA subcommittee. The SME and an instructional designer (ID) will present the changes to the subcommittee and gather feedback for further updates. The SME and the ID will make these changes and get endorsement on the final curriculum from the HCA subcommittee.

### 4.4 Copyediting — November–December 2022.

The final draft of the HCA curriculum guide will be sent to an editor, contracted by BCcampus, for copyediting.

### 4.5 Review of final curriculum — January 2023

The final copyedited HCA curriculum guide will be presented to the HCA subcommittee and AEST. After a review, AEST will recommend the finalized curriculum guide for publication.

### 4.6 Publication — February 2023.

The SME and editor will work with the BCcampus Open Education team to publish the revised HCA curriculum guide in Pressbooks.

### 4.7 Communications — March 2023

AEST, BCcampus, and members of the HCA subcommittee will share the final version of the HCA curriculum guide, in Pressbooks, with the sector.



## 5 Steering Committee Members

Member	Title	Representing Organization
Yvonne Moritz	Associate Vice President Educational Services, Interim Dean Science, Technology and Health	Okanagan College
Amy Arce De Chavez	HCA Program Manager	Western Community College
Sarina Corsi	Program Manager	BC Care Aide & Community Health Worker Registry, Health Employers Association of BC
Marianne Schwan	Director, Policy & Institution Certification	Private Training Institutions Branch
Karla Biagioni	Manager, Nursing Policy Secretariat	Ministry of Health, Health Sector Workforce and Beneficiary Services Division (HSWBS)
Melissa Murdock	Director, Anesthesia Care Team and HCA	Ministry of Health, Health Sector Workforce and Beneficiary Services Division (HSWBS)
Katherine Younker	Director and Clinical Practice Advisor, Professional Regulation and Oversight	Ministry of Health, Health Sector Workforce and Beneficiary Services Division (HSWBS)
Aneta D'Angelo	Director, Clinical Education	Interior Health
Joanne Maclaren	Director, Office of the Vice President	Island Health Knowledge, Practice and Chief Nurse Executive
Samantha Hampton	Program Coordinator, HCA and PN	University of the Fraser Valley
Esther Aguilar	Director of Nursing, Sprott Shaw College	BC Career Colleges Association (Private College Representative)
Ros Giles-Pereira	Chair, Continuing Care Department, Health and Human Services	Camosun College
Tabetha Meikle	Policy Analyst, Health and Medical Education Post-Secondary Programs Branch	Ministry of Advanced Education and Skills Training
Sara Bergen	Director of Adult Education and Health Projects Post-Secondary Programs Branch	Ministry of Advanced Education and Skills Training

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