

	Renfrew Centre 300 - 2889 East 12th Avenue Vancouver, BC V5M 4T5 www.cachwr.bc.ca	Toll Free Phone: 1-833-725-1699 Toll Free Fax: 1-877-494-3222 Email: info@cachwr.bc.ca
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Health Care Assistant¹ (or equivalent) Clinical Nurse Instructor Competency Reference Form

Re: Health Care Assistant _____ (insert applicant’s name)
Applicant Email Address: _____ Applicant Phone Number: _____

The applicant named above is applying for Health Care Assistant registration in BC. This form is required, and is to be completed and confirmed by the applicant’s Clinical Nurse Instructor, employed by the educational institution where the applicant completed the Health Care Assistant (or equivalent) Program within the last two (2) years. The Clinical Nurse Instructor most familiar with the applicant’s practice during the program of studies should complete this form.

Once completed, the Clinical Nurse Instructor must email this form directly to the BC Care Aide Registry at info@cachwr.bc.ca Please note: if you are unable to complete the form due to institution policy, please contact the Registry directly.

Name Educational Institution: _____
 Address: _____
 Program Name: _____
 Program Hours: Theory/Lab Hours: _____ Practice Education (Clinical) Hours: _____

I _____ (Clinical Nurse Instructor), attest that I have observed and supervised the above named individual/applicant consistently, safely and effectively perform the following:

Health Care Assistant (HCA) Skills and Core Competencies	Applicant Meets ² (Indicate Yes or No)
1. Providing individualized, age appropriate client-centred care in accordance with the care plan, and in collaboration with other health care team members	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Problem-solving and time management when carrying out care-giving procedures	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Providing care in an ethical, responsible and accountable manner	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Communicating effectively in English in all skill areas (listening, speaking, reading / comprehending instructions, and writing) with clients, families and other health care team members to provide safe and competent care	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Observing, gathering data and making reasonable inferences to support safe and competent care	Yes <input type="checkbox"/> No <input type="checkbox"/>

¹ Examples of Health Care Assistant occupation and/or education program names in other Canadian provinces and territories: Health Care Aide (Alberta and Manitoba), Continuing Care Assistant (Saskatchewan), Personal Support Worker (Ontario, New Brunswick and Northwest Territories), Home and Continuing Care Worker (Nunavut), Continuing Care Assistant (Nova Scotia), Resident Care Worker (PEI), Home Support Worker / Personal Care Attendant (Newfoundland & Labrador)

²**Meets Skill or Competency:** Defined as the ability to consistently, safely and effectively demonstrate the expected ability, set of skills and behaviours

Registry Document Version Date: February 3, 2022 Clinical Nurse Instructor Competency Reference Form

Health Care Assistant (HCA) Skills and Core Competencies	Applicant Meets ² (Indicate Yes or No)
6. Reporting and recording in English in a clear, accurate and timely manner (verbally, in writing and, if applicable, and in electronic formats), with attention to changes in client status	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Supporting clients experiencing cognitive and/or mental health challenges and/or client responsive behaviours	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Promoting client safety and recognizing safety risks (i.e. asking for help/seeking clarification when a situation changes or directions are unclear, responding appropriately to client behaviours to prevent injury to client, self and others, preventing and responding to falls)	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Preventing infection (i.e. hand washing, gloving, standard precautions and isolation procedures)	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Promoting personal hygiene (i.e. oral hygiene, bathing – partial and complete, perineal care, grooming and dressing, skin care)	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Moving, positioning and transferring a client (i.e. correct body mechanics, positioning and turning in bed, use of lifts)	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Promoting client exercise and activity (i.e. assisting with walking devices and wheelchairs)	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Promoting healthy nutrition and fluid intake (i.e. providing safe care and assistance to clients when eating and drinking, dependent feeding, measuring and recording intake and output)	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Providing elimination assistance (i.e. bowel and urinary care, collection of specimens)	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Measuring vital signs and non-clinical measurements, and documentation (i.e. height, weight, pulse, respiration, temperature)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you indicated that any of the competencies or skills were not met (indicated no), please provide more information here:	

I verify that _____ (applicant's name) has successfully completed a practice education (clinical) placement in _____ (specify type of setting) and has met all of the skills and competencies.

Clinical Nurse Instructor Signature: _____ Date: _____

Verification of Signature: I attest that my typed name in the signature line above is equivalent to my legal signature.

Clinical Nurse Instructor license number and province/territory: _____

Phone: _____ Email: _____