

B.C. Health Care Assistants Core Competency Profile

Original version date: March 2014

Updated: April 2023



Overview of Updates (2023)

The Ministry of Health reviewed and made minor amendments to this document to ensure its alignment with provincial health legislation and to support the release of the Health Care Assistant Program Provincial Curriculum (2023). This document continues to reflect health care assistant practice in BC.

Page	Correction	Removed	Replaced with
5, 8, 9, 17	1 st paragraph; 2 nd paragraph; Core Competencies definition	residential care	complex care
6, 7 14		N/A	Added: In April 2023, the Ministry of Health reviewed and made minor amendments to this document to ensure its alignment with provincial health legislation and to support the release of the Health Care Assistant Program Provincial Curriculum (2023).
7	2 nd bullet point under 'Consideration for:'	Aboriginal health	Indigenous health
7	3 rd bullet point under 'Consideration for:'	Safe feeding techniques	Safe assistance with eating and drinking
8, 9, 10	3 rd paragraph; Section 1.9; Section 2.1	physical, emotional/ psychological, social, and spiritual	physical, psychological, cognitive , social, and spiritual
9	2 nd paragraph	specific tasks	specific care activities
9	Section 1.1	culturally safe, relationship centred care	culturally safe and sensitive care
9	Section 1.9	client-centred care	person-centred care
10	Section 2.5	Provides individualized client-centred care	In accordance with the care plan , provides individualized client-centred care
10	Section 2.6	In accordance with the plan of care, assists with specific tasks related to medication administration as delegated by a nurse.	In accordance with the care plan, provides medication assistance as assigned. HCAs may not administer medications unless appropriately authorized (through the process of client-specific delegation) by a

			regulated health professional such as a registered nurse.
10	Section 2.9	Appreciated the potential value of traditional medicines and alternate forms of healing to the client and their family.	Appreciates diverse practices in health and healing including the role of traditional and alternative health care practices.
11	Section 3.1	Communicates effectively and in a culturally safe manner	Uses person-centred language and a culturally safe and sensitive manner
11	Section 3.7	Appropriately communicates information about the client's needs while respecting confidentiality within legally regulated requirements (e.g. pursuant to Privacy and Person Planning Legislation and Restraining Orders).	Appropriately communicates information about the client's needs while respecting confidentiality within the applicable legislation and regulations (e.g. pursuant to Personal Information Protection Act (PIPA), Freedom of Information and Protection of Privacy Act (FIPPA), Health Care (Consent) and Care Facility (Admission) Act, and Health Care Consent Regulation) .
12	Section 4.7	demands exceed scope of personal competence	demands exceed the HCA role and/or personal competence
12	Section 5.11	(falls, safe feeding, safe mobilization, etc.)	(falls, safe assistance with eating and drinking , safe mobilization, etc.)
15	1 st paragraph	The 2007 Framework was used as the basis for the development of the 2008 HCA provincial curriculum and subsequently the 2014 BC HCA Core Competency Profile.	The 2007 Framework was used as the basis for the development of the 2014 BC HCA Core Competency Profile and the 2008 BC HCA Provincial Curriculum Guide (updated in 2015 and 2023) .
18	Client-Centred Care definition	Involves advocacy, empowerment, and respecting the clients' autonomy, voice, values	Changed to Person-Centred Care and moved to page 18. Involves advocacy, empowerment, diversity, dignity , and respecting the clients' autonomy and independence , voice, values
17	Competencies definition	care for individuals in a variety of institutional and community settings	care for individuals in a variety of health care settings
18	Scope of Practice definition	For members of a regulated profession (e.g., RN, LPN) these roles, functions, accountabilities and limitations are also defined by legislation.	Each type of regulated health professional's scope of practice is defined in their profession-specific regulation under the Health Professions Act. All licensees of a regulated health profession (e.g., registered nurse, licensed practical nurse) must work within their scope of practice.

Acknowledgements

We would like to gratefully acknowledge the members of the 2013/14 Provincial Health Care Assistant Core Competency Advisory Committee for their time and commitment in the development of the British Columbia Health Care Assistants Core Competency Profile.

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Introduction

Health Care Assistants (HCAs) are front-line care providers who provide personal care assistance and services in a variety of health care settings (acute care hospitals, assisted living, group homes, complex care and community care).

In the province of British Columbia (BC) HCAs are not regulated by legislation or governed by a regulatory body and, therefore, they have no legally defined scope of practice. In order to establish a provincial approach to HCA training, in 2006/07 the Ministry of Health funded the 2007 Care Aide Competency Project. The goal of the project was to identify and formalize the occupational competencies for this key group of health care providers. With the overall aim of improving the standards and delivery of quality care, the 2007 *Care Aide Competency Project Framework of Practice for Community Health Workers & Resident Care Attendants* (the 2007 Framework) provided a comprehensive picture of the work done by HCAs and identified the competencies required for safety and proficiency in their work (Appendix A). The 2007 Framework also provided the basis for the development of the 2008 HCA Provincial Curriculum which was the standard for all educational institutions offering HCA programs in BC. The HCA Core Competency Profile was developed in 2014 to reflect current practice, and subsequently the BC HCA Provincial Curriculum was updated in 2015 and 2023.

In the absence of a governing regulatory body for HCAs, in 2010, the Ministry of Health created the BC Health Care Aide & Community Health Worker Registry (the Registry). The Registry mandate is: 1) To protect vulnerable patients, clients, and residents; 2) To establish and improve standards of care in the Care Aide and Community Health Worker occupations; and 3) To promote professional development for Care Aides and Community Health Workers and to assist these workers in identifying career opportunities. After an initial grand-parenting phase, the Registry set eligibility requirements for registration. In order to work for a publicly funded employer in BC HCAs are now required to be registered with the Registry. HCAs trained in BC must provide evidence of graduation from a HCA program recognized by the Registry as meeting provincial training standards. Nursing student applicants and those with related health care education from outside of the province must supply proof of training and competency. The Registry will continue to promote the professional development for HCAs, supporting their needs for continued learning and growth within the healthcare sector.

As part of the Ministry of Health's policy, it is responsible for reviewing HCA competencies on a regular basis to ensure that basic competencies are meeting the needs of clients, families, and the health care system as a whole. This updated HCA Core Competency Profile establishes a set of competencies (knowledge, skills, behaviours, and attitudes) that HCAs in BC are expected to possess as an outcome of their baseline education. These competencies reflect the minimum standards required to ensure that HCAs provide the public with safe, competent, and ethical care. The HCA Core Competency Profile was updated in alignment with the HCA Program Provincial Curriculum (2023) to ensure the educational preparation of these workers is current and relevant to the complex and changing healthcare practice settings in which they work. Additionally, this document will also be an important resource to assist the public, employers, other health care team members and HCAs to facilitate an understanding of the role, expectations and competencies of HCAs in BC.

In April 2023, the Ministry of Health reviewed and made minor amendments to this document to ensure its alignment with provincial health legislation and to support the release of the Health Care

I. Competency Review Process

The 2014 the *BC HCA Core Competency Profile* was developed with the expert advice of the Provincial HCA Core Competency Advisory Committee. Upon the recommendations of key partners, the committee was comprised of provincial leaders in the areas of HCA education and health care service delivery from the Ministry of Health, Ministry of Advanced Education, the Registry, HCA Provincial Articulation Committee, Regional Health Authorities and service provider agencies.

The following principles guided the review and development of the 2014 *BC HCA Core Competency Profile*:

- Core competencies will support entrance to practice in all health care settings;
- Best practices will be reflected in the core competencies;
- Recognition of an interdisciplinary approach and health care team collaboration;
- Consideration for:
 - Acute care settings
 - Integration of Indigenous health
 - Safe assistance with eating and drinking techniques
 - Client communication/conflict resolution abilities
 - Recognition of elder abuse
 - Diverse Populations - dementia, mental health, and palliative clients.

Key steps in the process utilized to develop the 2014 *BC HCA Core Competency Profile* were as follows:

1. The 2007 *Care Aide Competency Project Framework of Practice for Community Health Workers & Resident Care Attendants* (Appendix A) was utilized as the foundation upon which the 2014 HCA Core Competency Profile was developed. The five "Key Functions" and nine "Knowledge, Skills and Specifications" in the 2007 Framework were consolidated to create six core competency themes of the HCA Core Competency Profile.
2. A review of provincial and national documents related to HCA core competencies, HCA educational standards and cultural educational competencies and standards was conducted to serve as a benchmark for comparison and inclusion (Appendix B).
3. The 2014 *BC HCA Core Competency Profile* was developed and endorsed by the Provincial HCA Core Competency Advisory Committee over the course of three facilitated teleconference meetings and through consultations with key individuals.

In April 2023, the Ministry of Health reviewed and made minor amendments to this document to ensure its alignment with provincial health legislation and to support the release of the Health Care Assistant Program Provincial Curriculum (2023).

II. The Role of the Health Care Assistant

HCA's are prepared to work in a variety of health care settings, including acute care, complex care, home and community settings (e.g., independent, supportive care, assisted living, group home options, hospice/palliative care). They are important and valued members of the health care team. HCA's promote and maintain the health, safety, independence, comfort and well-being of individuals and families. HCA's 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.ⁱ

The work done by HCA's 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. Amongst these core values, beliefs, and principles, which serve as foundations of HCA practice, are those related to:

- *Human Beings*
- *Older Adults*
- *Health and Healing*
- *Healthcare*
- *Caring and Caregiving*
- *The Family in Health and Healing*ⁱⁱ

In their daily practice HCA's perform the following functions:

- Use a problem-solving approach to provide assistance and support that promotes the physical, psychological, cognitive, social and spiritual health and well-being of clients and families;
- Communicate effectively with clients, families and other team members;
- Contribute to promoting and maintaining a safe and healthy environment for self, clients, residents and their families;
- Perform their job in an ethical, responsible, and accountable manner, maintaining competent practice, and
- Support the dignity, uniqueness and fair treatment of clients, their families and others.ⁱⁱⁱ

III. The Core Competency Profile

The HCA Core Competency Profile has been arranged into six separate categories:

1. Health and Caring
2. Plan of Care
3. Communication
4. Interdisciplinary Team Care
5. Safety
6. Responsibility, Accountability and Ethical Behaviour

These categories are further broken down into subcategories to reflect all the competencies required of the HCA at entry into practice in all health care settings (acute care, community, assisted living and complex care). The Core Competency Profile lists the competencies that the new HCA entering into practice must demonstrate knowledge and understanding of, in order to become registered to practice in a publicly funded health care facility or program within BC. The Core Competency Profile does not list specific care activities or procedures as these can quickly become outdated as a result of health care system changes.

1.0 Competency: Health and Caring

An essential practice requirement for HCAs is to promote and maintain health in a caring manner. One of the primary functions is to provide care and support that promotes the physical, psychological, cognitive, social, and spiritual well-being of clients and their families. The competency requires an HCA to:

- 1.1 Demonstrates compassionate culturally safe and sensitive care with the client and their family.
- 1.2 Recognizes and respects the uniqueness, diversity, rights, and concerns of the client and their family.
- 1.3 Recognizes and responds to the client's specific needs.
- 1.4 Demonstrates the ability to observe and report within the parameters of their work.
- 1.5 Organizes and uses time efficiently.
- 1.6 Recognizes the effect of illness, behaviour, stress and disability on clients and family relationships.
- 1.7 Uses knowledge of the basic principles of growth and development, communication, and psychosocial dimensions of human behaviour to provide safe and competent care.
- 1.8 Uses knowledge of the aging process and related health and chronic conditions to provide safe competent care.
- 1.9 Provides individualized age-appropriate person-centered care, with a focus on physical, psychological, cognitive, social, and spiritual support in a variety of practice settings.
- 1.10 Demonstrates an understanding of how the HCAs practice affects the overall quality of care provided to clients in the assigned work setting.

2.0 Competency: Plan of Care

An essential practice requirement for HCAs is the provision of care in a manner that recognizes and supports the unique needs, abilities and backgrounds of clients. Care activities are directed to supporting, promoting and maintaining the health, safety, independence, comfort and well-being of clients in all care settings. The competency requires an HCA to:

- 2.1 Demonstrates an ability to plan and implement care based on the client's health status; physical, psychological, cognitive, social, and spiritual well-being; and to take action in collaboration with the health care team.
- 2.2 Assists the client and their family to be involved in care activities and self-care activities as appropriate.
- 2.3 Understands and demonstrates the principles of client-centered care and promoting independence.
- 2.4 Reports any observed improvements and difficulties with response to care to regulated health care professionals.
- 2.5 In accordance with the care plan, provides individualized client-centered care to support the client's requirements for activities of daily living to be met (e.g. hygiene, oral care, nutrition, rest, and mobilization).
- 2.6 In accordance with the care plan, provides medication assistance as assigned. HCAs may not administer medications unless appropriately authorized (through the process of client-specific delegation) by a regulated health professional such as a registered nurse.
- 2.7 Demonstrates an ability to provide basic palliative care:
 - 2.7.1 Demonstrates an understanding of the beliefs, values, legal and ethical issues related to caring for the dying person.
 - 2.7.2 Demonstrates sensitivity and understanding of different spiritual and cultural responses to death, dying and the afterlife.
- 2.8 Demonstrates an ability to care for individuals with cognitive and or mental health challenges including dementia and delirium:
 - 2.8.1 Demonstrates knowledge of the effect of the environment on individuals with cognitive and mental health challenges.
- 2.9 Appreciates diverse practices in health and healing including the role of traditional and alternative health care practices.
- 2.10 Demonstrates the ability to provide individualized client-centered care for the clients experiencing cognitive and/or mental health challenges, and/or responsive behaviours.
- 2.11 Implements special procedures and protocols as directed, to meet unique requirements related to specific client conditions.

3.0 Competency: Communication Skills

An essential practice requirement for HCAs is the ability to communicate effectively with clients, families and other team members. As front-line workers, it is critical that HCAs are also able to develop and maintain effective caring relationships with clients and families. The competency requires an HCA to:

- 3.1 Uses person-centred language and a culturally safe and sensitive manner with the client, family, and the health care team.
- 3.2 Demonstrates proficiency in verbal, nonverbal, and written skills and the use of the English language through a variety of communication methods:
 - a. Written documentation – Electronic/paper client chart and emails.
 - b. Verbal communication – Telephone and in-person communication, etc.
- 3.3 Demonstrates the ability to use current computer technology in accordance with workplace standards.
- 3.4 Demonstrates the ability to record and document to ensure an accurate and clear record of care provided.
- 3.5 Demonstrates appropriate use of health care terminology and abbreviations.
- 3.6 Demonstrates knowledge and understanding on how to communicate effectively with the client with cognitive and mental health challenges.
- 3.61 Recognizes triggers early and responds appropriately to deescalate the situation.
- 3.7 Appropriately communicates information about the client's needs while respecting confidentiality within the applicable legislation and regulations (e.g. pursuant to [Personal Information Protection Act \(PIPA\)](#), [Freedom of Information and Protection of Privacy Act](#), [Health Care \(Consent\) and Care Facility \(Admission\) Act](#), and [Health Care Consent Regulation](#)).
- 3.8 Utilizes active listening to communicate respectfully and compassionately with the client, family, and health care team member(s).

4.0 Competency: Interdisciplinary Team Care

An essential requirement of HCA practice is the ability to work collaboratively with all members of the health care team to reach a common goal in the provision of safe, competent and ethical care to clients and their families. The competency requires an HCA to:

- 4.1 Works collaboratively with other health care team members to ensure appropriate care to clients.
- 4.2 Demonstrates the ability to communicate changes in the client's health status promptly and as required at team meetings and conferences.
- 4.3 Follows up with appropriate member(s) of the team to ensure reported needs have been acted upon.
- 4.4 Recognizes when to ask for help and seek clarification when a situation changes or directions are not clear.
- 4.5 Recognizes and demonstrates an understanding of the role of the health care team and role of the HCA within the team.
- 4.6 Articulates and maintains values and best practices as it relates to the client.
- 4.7 Understands when to seek help from other members of the health care team when care demands exceed the HCA role and/or personal competence.
- 4.8 Recognizes and respects the diversity within the health care team.
- 4.9 Participates in the discussions regarding the client, contributing relevant observations and information.
- 4.10 Uses appropriate strategies in providing and receiving feedback within the health care team.

5.0 Competency: Safety

An essential practice requirement for HCAs relates to providing care and services that promote and maintain the safety and well-being of clients and families in addition to attention to personal safety and job stressors. The competency requires an HCA to:

- 5.1 Promotes and recognizes safety risks and implements appropriate safety measures.
- 5.2 Adheres to health and safety standards.
- 5.3 Demonstrates correct use of body mechanics at all times.
- 5.4 Demonstrates the ability to operate equipment safely.
- 5.5 Responds appropriately to client behaviors to prevent injury to client, self and others.
- 5.6 Recognizes the importance and demonstrates the ability to care for themselves using health and wellness strategies and musculoskeletal skeletal injury prevention.
- 5.7 Recognizes and responds quickly and appropriately to emergency situations.
- 5.8 Recognizes, prevents and responds to potential or suspected abuse, neglect and self-neglect.
- 5.9 Recognizes and responds to potential risks such as falls, suicide, and choking.
- 5.10 Demonstrates effective infection control practices.
- 5.11 Implements preventative measures to mitigate harm to self and others (falls, assistance with eating and drinking, safe mobilization, etc.)

6.0 Competency: Responsibility, Accountability and Ethical Behaviour

An essential practice requirement for HCAs is to perform their job in an ethical, responsible and accountable manner. Since HCAs are neither licensed nor monitored by a regulatory body they do not have a legally defined scope of practice. It is imperative, therefore, that HCAs have a thorough understanding of the expectations and parameters of their job roles. The competency requires an HCA to:

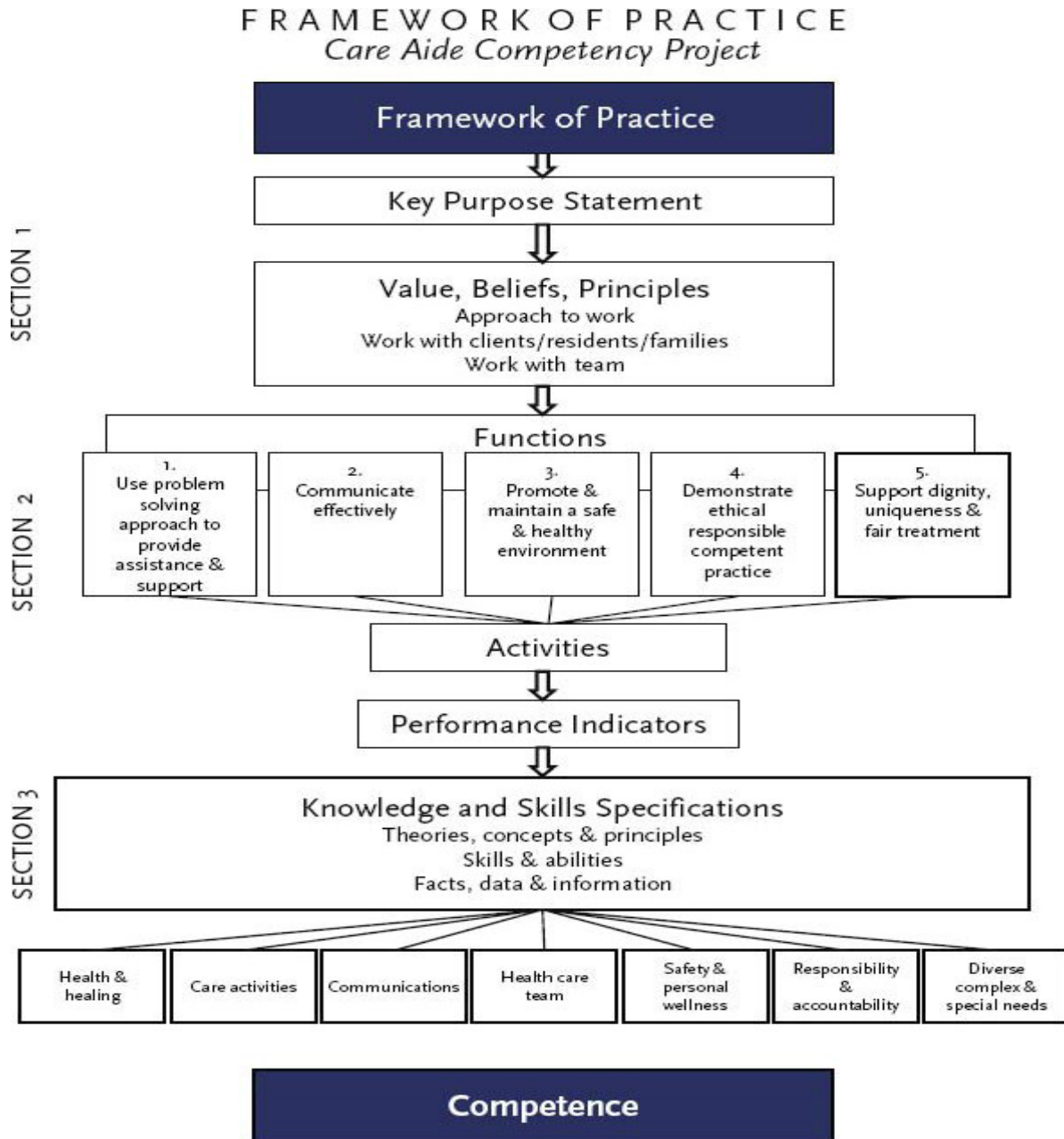
- 6.1 Understands own values and attitudes and their effect on client's rights to establish successful client-caregiver relationships.
- 6.2 Understands and applies principles and guidelines to respect the rights of clients (e.g. privacy, confidentiality, and legislation).
- 6.3 Demonstrates an understanding of the ethical standards and legal requirement, expected in the provision of care.
- 6.4 Takes responsibility for their own performance and actions.
- 6.5 Demonstrates the ability to self-evaluate on the basis of "best practices" and make improvements in own practice as needed.
- 6.6 Incorporates new knowledge into client care and shares knowledge with others.
- 6.7 Understands the need for and values continued learning.
- 6.8 Demonstrates an awareness of and maintains appropriate boundaries in provider-client and provider-family relationships.
- 6.9 Educates others about the roles and contributions of HCA.
- 6.10 Recognizes current abilities and seeks guidance as appropriate.
- 6.11 Demonstrates the ability to evaluate the effectiveness of own actions.

IV Next Steps

The 2014 *BC Health Care Assistant Core Competency Profile* clearly outlines the entry level core competencies required for HCAs to begin practice within BC. The HCA Core Competency Profile reflects the changing environments in which HCAs are now practicing within BC and supports the integration of HCAs as integral members of the health care team in all health care settings. In April 2023, the Ministry of Health reviewed and made minor amendments to this document to ensure its alignment with provincial health legislation and to support the release of the Health Care Assistant Program Provincial Curriculum (2023). This document will serve HCAs, the public, employers, and other health care team members including HCAs themselves in developing their understanding and appreciation of the role and competencies of the HCA.

Appendix A - The 2007 Framework

As HCAs do not have a legally defined scope of practice, the 2007 *Care Aide Competency Project Framework of Practice*, provided below, was developed to identify the basic occupational competencies and standards for HCAs to practice in BC. The 2007 Framework provides a comprehensive picture of the work done by HCAs and identifies the functions and skills required for safe, proficient performance of the job role. The 2007 Framework describes what HCAs do, how they do it, and why. The 2007 Framework was used as the basis for the development of the 2014 *BC HCA Core Competency Profile* and the 2008 *BC HCA Provincial Curriculum Guide* (updated in 2015 and 2023).



Appendix B – Relevant Documents

List of Relevant Provincial and National Competency Documents and Frameworks

Baseline Competencies for Licensed Practical Nurses' Professional Practice. Ensuring Safe, Competent and Ethical Nursing Practice in BC. College of Licensed Practical Nurses of BC, February 2009.

BC HCA Provincial Curriculum Guide, Government of British Columbia, 2015.

[Canadian Educational Standards for Personal Care Providers, A Reference Guide. Promoting Mobility and Recognition: National Educational Standards for Personal Care Providers Health. Last revised: June 28, 2012.](#)

[Care Aide Competency Project Framework of Practice, Ministry of Health, Government of British Columbia, July 2007.](#)

Cultural Competency and Cultural Safety Curriculum for Aboriginal Peoples. Aboriginal Cultural Competency and Cultural Safety Curriculum © *Aboriginal Nurses Association of Canada*.

Cultural Competency and Cultural Safety Curriculum for Aboriginal Peoples. A Framework for First Nations, Inuit and Metis Nursing. Aboriginal Nurses Association, 2009.

Health Care Assistant Program Provincial Curriculum, Ministry of Advanced Education and Labour Market Development, Government of British Columbia, 2008.

[Health Professions Act](#), Government of British Columbia, 1996.

[National Occupational Standard for Personal Care Providers](#), Colleges and Institutes Canada, 2022.

Appendix C – Glossary of Terms

Abuse:

The deliberate mistreatment of an adult that causes the adult (a) physical, mental or emotional harm, or (b) damage to or loss of assets, and includes intimidation, humiliation, physical assault, sexual assault, overmedication, withholding needed medication, censoring mail, invasion or denial of privacy or denial of access to visitors.^{iv} (Abuse of children is defined under child abuse).

Age Appropriate Care:

All individuals with client contact have the education and training related to the characteristics and needs of the age groups they come in contact with and are able to respond to age specific health care issues. Care is tailored to a client's physical and mental attributes and capacities, which are based in part on a clients' age and their stage of psychosocial development.

Client:

An individual or group of individuals who require personal care and support services from HCAs. In some clinical settings, the client may be referred to as a patient or a resident. Where this term is used, it should be taken to mean anyone receiving care.

Collaboration:

Is a process that requires relationships and interactions between health providers regardless of whether they are members of a formalized team or a less formal group of health professionals working together to provide comprehensive and continuous goal-oriented care to a client.

Competencies:

The specific knowledge, understandings, skills, values and judgments used by HCA in order to provide safe, proficient care for individuals in a variety of health care settings.^v

Conflict Resolution:

Various ways in which individuals or institutions address conflict (e.g., interpersonal, work) in order to move toward positive change and growth. Effective conflict resolution requires critical reflection, diplomacy, and respect for diverse

perspectives, interests, skills, and abilities.^{vi}

Core Competencies:

The minimal competency requirements for HCAs which are common to all service settings in the health system in BC including: (i) acute care and (ii) Home and Community Care (home care, assisted living, group home, hospice and complex care).

Cultural Safety:

Sensitivity to culture and cultural differences, including recognition of the importance of respecting differences. It is also important to understand that power differentials, which are part of providing care, impact on cultural safety.^{vii}

Diversity:

Based on the understanding that each individual is unique, the concept of diversity encompasses acceptance and respect. These differences include culture, race, ethnicity, gender, sexual orientation, socioeconomic status, age, physical abilities, religious beliefs, political beliefs and ideology.^{viii}

Family:

The family members and significant others in the life of the client. It is a broadly defined term to include families of origin, families of choice and persons of representation.

Health Care Assistants:

In BC, the term HCAs is used to describe a variety of workers including, but not limited to, the following job titles: Community Health Workers, Resident Care Attendants, Care Aides, Home Support Workers, Nurse Aides, and Personal Support Workers. HCAs are unregulated health care providers who are not part of a regulated health profession. HCAs may deliver some basic elements of care such as personal hygiene, dressing, and assisting with eating and drinking and medication assistance under the guidance or a regulated health care professional.

Health Care Team:

Individuals who by working together provide health, personal and supportive care to clients. The team may consist of, but is not limited to, different configurations of the client, regulated health professionals and other professionals, unregulated care providers and/or other caregivers including the client's family. Within the team the client remains its center and client-directed care its focus.^{ix}

Individualized Client-Centered Care:

Individualized client-centred care is a philosophy of care that puts the needs, interests, and lifestyle choices of individuals at the center of care. It provides for individuals to exercise control and autonomy over their own health to the fullest extent possible.

Interdisciplinary Team:

A group of health care providers from diverse fields, who collaborate and work together toward a common goal for the client. The team is distinguished by an overlapping of professional roles, formal and informal communication and shared problem solving to meet patient needs.^x

Palliative Care:

An approach that improves the quality of life of clients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment, and treatment of pain and other problems (e.g., physical, psychosocial and spiritual).

Person-Centred Care:

Involves advocacy, empowerment, diversity, dignity, and respecting the clients' autonomy and independence, voice, values, self-determination and participation in decision making.

Responsive Behaviour:

Responsive behaviour has been described in the research as: 1) verbally non aggressive (verbal complaints, constant requests for attention) 2) verbally aggressive (cursing, sexual content) 3) Physically non aggressive (pacing, undressing,

handling objects), and 4) physically aggressive (spitting, hitting throwing objects, physical sexual advances and hurting self or others).^{xi}

Safety:

Freedom from the occurrence or risk of injury, danger, or loss.^{xii}

Scope of Practice:

Roles, functions, and accountabilities for which individuals are educated and authorized to perform as well as the limitations under which these services are provided. Each type of regulated health professional's scope of practice is defined in their profession-specific regulation under the *Health Professions Act*. All licensees of a regulated health profession (e.g., registered nurse, licensed practical nurse) must work within their scope of practice.

Spirituality:

Values, beliefs, practices and concerns about the meaning and purpose in life, including religion.

Appendix E - References

ⁱ Care Aide Competency Project Framework of Practice. (2007). Ministry of Health, Government of British Columbia. p. 13

ⁱⁱ Health Care Assistant Program Provincial Curriculum. (2008). Ministry of Advanced Education and Labour Market Development, Government of British Columbia, p.4.

ⁱⁱⁱ Care Aide Competency Project Framework of Practice (2007). Ministry of Health, Government of British Columbia. p. 16

^{iv} Model Core Program Paper: Prevention of Violence, Abuse & Neglect. (2010). BC Ministry of Healthy Living and Sport. Retrieved from: https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/public-health/maternal-child-and-family-health/prevention_of_violence_abuse_neglect_model_core_program_paper.pdf

^v Care Aide Competency Project Framework of Practice. (2007). Ministry of Health, Government of British Columbia.

^{vi} Standards of Practice for Registered Nurses. (2012). College of Registered Nurses of Nova Scotia.

^{vii} Adapted from: Cultural Competence and Cultural Safety in First Nations, Inuit and Métis Nursing Education: An Integrated Review of the Literature. (2009). Aboriginal Nurses Association of Canada. Ottawa: ANA

^{viii} Baseline Competencies for Licensed Practical Nurses' Professional Practice. Ensuring Safe, Competent and Ethical Nursing Practice in BC. (2009). College of Licensed Practical Nurses of BC.

^{ix} Promoting Mobility and Recognition: National Educational Standards for Personal Care Providers. (2012). Canadian Education Standards for Personal Care Providers. Health Canada.

^x McDonald, J. et. al. (2009). Interorganizational and Interprofessional Partnership Approaches to Achieve More Coordinated and Integrated Primary and Community Health Services: The Australian Experience.

^{xi} Cohen Mansfield, J. (2000). Non-pharmacological management of behavioural problems in persons with dementia: The TREA model. *Alzheimer's Care Quarterly*.

^{xii} The Safety Competencies: Enhancing Patient Safety Across the Health Professions. (2009). The Canadian Patient Safety Institute.