

Health Care Assistant (HCA) Education Program

HCA Program Practice Education Requirements

Important: Recognized HCA programs must carefully review and conform to the [Practice Education Experiences](#) definitions outlined in the Glossary section of this document.

The HCA Program Coordinator has overall responsibility for ensuring that all practice education experiences (clinical placements, practicums and preceptorships) of the HCA program are suitable and supervised.

The Program Coordinator must ensure that placement sites are suitable for learning and that the student will obtain valuable experience in these settings that leads to the student satisfying program learning outcomes.

The Program Coordinator must ensure that a current, signed Educational Institution Affiliation Agreement is in place between the practice education partner site and the post-secondary institution before any practice education experience can proceed ([Educational Institution Affiliation Agreement Template](#)).¹

BC HCA programs must have a minimum of 270 hours of practice education² that include:

- 210 hours of multi-level or complex care including specialized dementia care with:
 - A minimum of 150 hours of instructor-led clinical placement hours with direct supervision must be **completed first**; the remaining 60 hours may then be completed in a practicum or preceptorship format, with indirect supervision by an instructor employed by the educational institution.
 - A minimum of 50% of the complex care shifts in morning care (i.e., between 0600 and 1500 hours);
 - Shifts that do not exceed eight hours in length;
 - Shifts that are not performed sequentially in the same 24-hour period;
 - Shifts that are not scheduled between the hours of 2300 and 0600.
- 60 hours of community experience (Home Support, Assisted Living and/or Group Home)
 - Completed after a minimum of 150 hours of instructor-led clinical placement in multi-level and/or complex care.
 - Completion of a minimum of 60 hours of community experience in home support, assisted living and/or group home settings with:
 - Shifts that do not exceed eight hours in length;
 - Shifts that are not performed sequentially in the same 24-hour period, unless they are split shifts (e.g., in home support a split shift may be required)
 - Shifts that are not scheduled between the hours of 2300 and 0700.

****For all practice education experiences, HCA students at placement site must be in addition to normal staffing levels.**

¹ Healthcare Insurance Reciprocal of Canada (HIROC). (2017). Risk Note: Contracts – Education Affiliation Agreements. Retrieved September 4, 2019 from <https://www.hiroc.com/resources/risk-notes/contracts-education-affiliation-agreements>

² Where external factors are creating barriers to meeting these requirements, recognized educational institutions must contact the Registry in advance to discuss solutions in alignment with standards.

The HCA Program Coordinator ensures that HCA students, HCA Instructors and HCA practice education sites (including overseeing BCCNM-regulated nurses and Practice Site Mentors) receive written information (e.g. in a Practice Education Handbook) about each practice education experience, including:

- ☐ A description of the practice education experience (required setting(s) and learning experiences).
- ☐ Clearly defined learning outcomes.
- ☐ Total hours/length of the practice experience.
- ☐ Orientation information and hours/length as well as sample orientation activities.
- ☐ Confirmed placement dates *students to receive placement dates in advance and to be informed they need to have open availability during this time period.
- ☐ Description of supervision model.
- ☐ Student attendance requirements, including attendance tracking and how to report concerns
- ☐ Expected behaviours and performance and how to report concerns.
- ☐ Description of the progress monitoring, feedback and evaluation mechanisms (ultimate responsibility must rest with the HCA education instructor/program).
- ☐ Dress requirements of students and instructors on practice experiences.
- ☐ Responsibilities of students, program personnel and partner site personnel (overseeing nurses / mentors).
- ☐ Clarity on the lines of communication / communication protocol between: student and instructor(s); student and partner site personnel; partner site personnel and instructor(s) and among instructor(s) and institution.
- ☐ If a practicum or preceptorship experience, an HCA Instructor (BCCNM-regulated nurse employed by the Program) will monitor the students' performance and meet the following minimum expectations:
 - Instructor will be reachable at all times when a student is on-site for a practicum/preceptorship.
 - Instructor will make frequent checks on the HCA student and speak to the overseeing nurse / mentor(s) about the student's performance and learning needs. Check-ins must occur at least weekly and more often if a student is having difficulty.
 - If required, the instructor will work with the HCA student to develop a plan to meet learning needs (e.g., a learning contract).
 - The instructor tracks and ensures attendance requirements are being met.
 - The instructor ensures student evaluations are completed and determines whether a student passes or fails.
- ☐ Policies and Procedures are in place to ensure students are safe to practice with vulnerable clients including:
 - Safe practice policy to ensure that no more than 3 months elapses between the completion of lab skills coursework and the start of practice education. In cases where there is a period of more than 3 months, students must re-take coursework and/or be re-tested on their lab skills (e.g., applies in cases such as re-entry, part-time students, etc.).
 - Student behaviour policies: social media / cell phone use policy while on placements.³
 - Safety and supervision policies and procedures including the recognition of hazards, assessing, and responding to risk, operation of safe handling equipment (including mechanical lifts), incident reporting process and communication post incident.
 - Policies that align with applicable legislation including relevant acts and regulations, regulatory college bylaws and standards to ensure appropriate student experiences and to safeguard client safety. For example, Section 70 of the [Residential Care Regulation](#), which falls under the Community Care and Assisted Living Act, requires all people handling medication in residential care facilities to be 19 years of age and older.

³ **Note:** Recommend using the Professional Behaviour Development Rubric from the [Health Care Assistant Program Supplement to the Provincial Curriculum Guide 2023](#)

Guidelines for Practicum and Preceptorship Placements

The HCA Program Coordinator must work with the practice education partner site manager to ensure the following are met, **before** HCA students are allowed to be at a placement site:

- the placement site provides students with an in-person orientation, which includes informing students of placement site policies and procedures
 - the in-person orientation counts as part of placement hours and is conducted at the placement site;
- each mentor / preceptor is paired with no more than two students at any one time to optimize learning;
- the placement site has appropriately qualified and experienced regulated health professional staff supervising HCA students:
 - in long-term care, a BCCNM-regulated nurse is on site to oversee directly the mentors and HCA students.
 - in home support and assisted-living, a BCCNM-regulated nurse is readily available to provide practice direction to mentors and HCA student(s) and to assist, if necessary.
 - in group home settings where the site does not employ a BCCNM-regulated nurse, the education program's instructor must be readily available to provide practice direction to HCA student(s) and to assist, if necessary.
- each mentor:
 - is either a nurse with active registration in good standing with BCCNM or an HCA with active registration in good standing with the Registry;
 - is confident in their skills;
 - is willing to mentor;
 - has not been previously disciplined for abuse;
 - has no current performance issues;
 - is not currently under investigation by an employer, the Registry or a health regulatory college;
- each mentor does the following:
 - allows the student opportunity for learning and growth;
 - reports significant performance concerns immediately;
- the nurse providing oversight and/or the mentor (if different) provide feedback about the HCA students' performance to the HCA instructor;
- the HCA Program Coordinator and/or an HCA Instructor (employed by the educational institution) is always available to the overseeing BCCNM-regulated nurse when a student is present at the placement site.

As appropriate, it is also recommended that the HCA Program Coordinator provide information to practice education partner site employers and mentors on courses and resources available for health care assistants.⁴

In particular, the HCA Program Coordinator is encouraged to share information with the partner site about Indigenous cultural safety, cultural humility and anti-racism, such as the learning modules on the [BCCNM](#) website and the Registry list of [Indigenous Cultural Safety and Humility Courses for HCAs](#).

⁴ BC Care Aide & Community Health Worker Registry website: [Continuing Education - CareAide BC \(cachwr.bc.ca\)](#) and [Resources - CareAide BC \(cachwr.bc.ca\)](#)

Glossary: Practice Education Experiences

Clinical Placement - The clinical placement component is an unpaid mandatory requirement to obtain the credential and is not more than 50 percent of the total program hours. The maximum instructor/student ratio is 1:10.⁵ The placement is in a real-life setting under the immediate supervision of a fully qualified instructor designated by the institution. Students are taught, directly supervised and evaluated by the instructor. This type of experience is appropriate for multi-level / complex care.

Practicum - The practicum component is an unpaid, mandatory requirement to obtain the credential and is not more than 20 percent of the total program hours. Students perform clinical procedures on residents/clients in a real-life setting. This type of experience is appropriate for multi-level/complex care, assisted living and/or home support. During the practicum, the student is under the direct supervision of an assigned mentor at the practice education site and the indirect supervision of an instructor employed by the educational institution.

Assigned HCA practice site mentors are expected to guide the practice of the HCA student to ensure appropriate care is provided to the assigned clients/residents. Mentors are also expected to provide feedback to the student's instructor on the student's performance. The HCA instructor is responsible for ensuring the mentor has a full understanding of the expectation for student competency requirements and the evaluation process. The HCA instructor makes frequent checks on the student throughout the practicum and maintains regular contact with the partner site, either in person or by telephone, throughout the duration of the practicum. The HCA instructor is available to support the student throughout the duration of the practicum experience. The HCA instructor confirms practicum hours are being tracked / met and the final evaluation (pass/fail) decision is determined by the HCA instructor.

Preceptorship - The preceptorship component is an unpaid mandatory requirement to obtain the credential and is not more than 10 percent of the total program hours. As per the [StudentAid BC Policy Manual \(2023-2024\)](#): *a preceptorship is a period of final work experience required for graduation from an educational program in which the student performs actual clinical or other professional procedures in a real -life setting*

This type of experience is appropriate for multi-level/complex care (final 60 hours), assisted living and/or home support. Assigned practice site mentors are expected to guide the practice of the HCA student to ensure appropriate care is provided to the assigned clients/residents. Mentors are also expected to provide feedback to the student's HCA instructor on the student's performance. The HCA instructor is responsible for ensuring the mentor has a full understanding of the expectation for student competency requirements and the evaluation process. The HCA instructor makes frequent checks on the student throughout the preceptorship and maintains regular contact with the partner site, either in person or by telephone, throughout the duration of the preceptorship. The HCA instructor is available to support the student throughout the duration of the preceptorship. The HCA instructor confirms preceptorship hours are being tracked / met and the final evaluation (pass/fail) decision is determined by the instructor.

Partner Site - A clinical institution or agency that provides a student(s) with a practice education experience(s).

Partner Site Mentor - A mentor is a partner site employee (typically an LPN or a Registered HCA) that has agreed to provide direct, 1:1 hands-on guidance for a student HCA. If the mentor is an HCA, the HCA and HCA student are under the supervision of a RN, RPN or LPN. The mentor is provided with opportunities to give feedback to the instructors about the performance of a student(s).

Direct Supervision - The HCA instructor is physically present either at all times (constant supervision), at certain times (constant supervision while doing an activity), or in close proximity to directly observe and support or intervene as needed (close supervision). Other terms: Close supervision, constant supervision. (From the HSPnet Practice Education Guidelines, [Standard Terms and Abbreviations](#))

Indirect Supervision - The HCA instructor is accessible, either in person (working in the same area) or through technology, to provide guidance, direction, and support as needed, and to regularly review student progress through activities such as case conferencing and debriefing. Other terms: general supervision, remote supervision (supervision from a distance). From the HSPnet Practice Education Guidelines, [Standard Terms and Abbreviations](#))

⁵ It is recommended that this ratio be set at 1:8 due to the increased acuity of clients in complex care settings and the reluctance of partner sites to accept clinical groups that exceed this size.