Canadian Educational Standards for Personal Care Providers

Environmental Scan

Project: Promoting Mobility and Recognition: National Educational Standards for Personal Care Providers

Funded by: Health Canada

Prepared for: The Association of Canadian Community Colleges (ACCC) and its affinity group, the Canadian Association of Continuing Care Educators (CACCE)

Date: June 2012
ACKNOWLEDGEMENTS

The Association of Canadian Community Colleges (ACCC) acknowledges the individuals and organizations who contributed their time and expertise to the applied research project ‘Canadian Educational Standards for Personal Care Providers.’

First and foremost, Health Canada is recognized for its commitment and financial support. This project would also not have been possible without the collaboration and support of the project Steering Committee members (please see complete list below).

We would also like to recognize the educators, employers, academics, regulators and representatives of professional associations and provincial governments.

It is our sincere hope that the standards for personal care providers which resulted from this project will be of value to Canada’s health education system, and the patients it serves.

Project Steering Committee Membership:

CO-CHAIRS

Pat Bawtinheimer, Dean
School of Health Sciences
Vancouver Community College (retired)

Marlene MacLellan, Manager
Continuing Care Studies
School of Health & Human Services
Nova Scotia Community College

PROVINCIAL/TERRITORIAL MINISTRY REPRESENTATIVES

Donna Dill, Director
Monitoring & Evaluation – Continuing Care Branch
Department of Health, Nova Scotia

Christian Gagné, Director
Directorate for Seniors Losing Functional Independence
Ministère de la Santé et des Services sociaux du Québec

André Lépine, Director
Department of Social Development
Adults with Disabilities and Senior Services
Government of New Brunswick
Lori MacKenzie, Director
Institutes and Health Programs
Ministry of Advanced Education and Labour Market
Development-Universities and Institutes Branch
Government of British Colombia

Linda Restau, Director
Community Care Branch
Ministry of Health
Government of Saskatchewan

Mary Sullivan, Director
Home Care
Home Based & Long Term Care
Department of Health, Prince Edward Island

HEALTH CARE AIDE (PRACTITIONER) and ADVOCACY REPRESENTATIVES

Nadine Henningsen, President
Canadian Caregivers Coalition
Executive Director, Canadian Home Care Association
Mississauga, Ontario

Nigel Myatt
Patient Care Aid, Burns, Plastic & Trauma
Vancouver General Hospital, Vancouver, British Columbia

EDUCATORS

Denise Bowen, Chair
School of Health & Human Services Program
Aurora College
Yellowknife, Northwest Territories

Anne Burns, Executive Director
National Association of Career Colleges
Brantford, Ontario

Judith Minsky, Academic Program Coordinator
Health Sciences and Community Services
Seneca College
Toronto, Ontario

Gail Thauberger, Coordinator
Health Care Aide & Practical Nurse Programs
Bow Valley College
Calgary, Alberta
EMPLOYERS AND PROFESSIONAL ORGANIZATIONS

Debbie Dedam-Montour, Executive Director
National Indian & Inuit Community Health Representatives Organization

Joanne Dykemann, Employer Representative
Mississauga, Ontario

Norma Freeman, Nurse Consultant
Canadian Nurses Association
Ottawa, Ontario

Sharon Goodwin, Vice President-Quality & Risk
VON Canada
Ottawa, Ontario

Lori Lamont, Vice President and Chief Nursing Officer
Winnipeg Regional Health Authority
Winnipeg, Manitoba

Keith Denny, Director of Policy & Communications
Canadian Healthcare Association
Ottawa, Ontario

RESOURCE PERSONNEL

Rae Gropper, Lead Consultant
Vice President Academic
The Michener Institute for Applied Health Sciences (retired)

Laura Zychla, Lead Researcher
Project Coordinator
Cancer Informatics Unit
Juravinski Cancer Centre, Hamilton Health Sciences
# TABLE OF CONTENTS

Introduction .................................................................................................................. 2  
Project Scope ............................................................................................................... 4  
  Purpose ..................................................................................................................... 4  
  Sampling Framework ............................................................................................... 4  
Methodology ............................................................................................................... 5  
  Phase I ...................................................................................................................... 5  
  Phase II .................................................................................................................... 5  
  Framework for Analysis ......................................................................................... 7  
Results ....................................................................................................................... 8  
Sampled Institutions ................................................................................................. 8  
Provincial and Territorial Curricula .......................................................................... 10  
Nomenclature ........................................................................................................... 15  
Program Admission Requirements ........................................................................... 17  
  Educational Requirements ....................................................................................... 17  
  Certificate and Training Requirements .................................................................. 19  
  Health and Other Safety Requirements .................................................................. 20  
Program Delivery and Length .................................................................................. 23  
  Clinical Placement/Practicum .................................................................................. 27  
Core Competencies .................................................................................................. 32  
Prior Learning Assessment and Recognition (PLAR) .............................................. 36  
  Career Laddering .................................................................................................... 37  
  Assessment/Evaluation Practices ............................................................................ 37  
  Personal Care Provider Registries ......................................................................... 38  
  Availability of Online Information ......................................................................... 38  
Conclusion ................................................................................................................. 40  
Bibliography ............................................................................................................. 42  
Appendix A: Personal Care Provider Survey ............................................................... 47  
Appendix B: Personal Care Provider Database Field Descriptors ................................ 52  
Appendix C: Glossary of Terms ................................................................................ 56  
Appendix D: Descriptions of Core Competencies ..................................................... 60
INTRODUCTION

Educated health care workers are in demand as valuable members of health care teams in Canada, working in a variety of practice settings and providing diverse functions for clients. Frontline individuals on these health care teams include personal care providers, who are identified by a variety of occupational titles including personal support worker, health care aide and home care assistant to name a few. Personal care providers play an important role in the activities of daily living for clients in home, community, and long-term care facilities/settings. They support and promote independence, safety, and quality of life for clients with defined health care needs, across the life span.

The scope of duties among personal care providers varies widely as certificate programs offered in Canada’s public and private educational institutions in this field are not monitored by any national professional, government, or regulatory body. Educational programs for personal care providers are designed by individual colleges or training centers in coordination with ministry policies, where available. This variation may present challenges to graduates in transferring their knowledge and skills across institutions or jurisdictions and to employers who are seeking some level of standardization in competencies from their employees (Canadian Association of Continuing Care Educators, 2009).

The need to address national educational standards for personal care provider programs has been an ongoing concern for post-secondary educators for over 25 years (Canadian Association of Continuing Care Educators, 2009). Formal attention to the matter began with the collaboration of four colleges from western Canada, which voluntarily met to discuss their respective programs, exchange best practices, and review curricula. This initial collaboration has evolved into a wider national initiative as institutions are recognizing the value of working on inter-jurisdictional program outcomes to promote the transferability of skills for graduates, rather than creating institution-specific programs based on individual provincial/territorial guidelines. Dedication to this initiative has brought about significant change in the collegial personal care provider landscape.

In 2002, with the support of the Association of Canadian Community Colleges (ACCC), the aforementioned western colleges were able to collaborate with their eastern counterparts which were also interested in initiating the development of national educational standards for personal care provider programs. In February 2004, a formal working group was struck and a National Symposium for Community College Educators of Unregulated Health Care Workers was held, attracting over 70 participants from the public college system across Canada. These educators engaged in a dialogue about the challenges and barriers that

---

1 The generic term 'client' is used in this document to denote any individual requiring care from a personal care provider.
2 The term 'personal care provider' is used in this document, recognizing the varied nomenclature used across Canada (see Nomenclature section).
3 Red River College (Manitoba), Saskatchewan Institute of Applied Science and Technology, NorQuest College (previously Alberta Vocational College) and Vancouver Community College
exist across provinces/territories in the personal care provider field. Due to the tremendous success and expressed interest in continuing this work, ACCC created the Continuing Care affinity group, now known as the Canadian Association of Continuing Care Educators (CACCE).

Since the national symposium in 2004, CACCE has actively supported the development of national educational standards for personal care provider programs. A concept paper was submitted in 2005 to Human Resources and Skills Development Canada and Health Canada. Between 2005 and 2008, information on core competencies in personal care provider programs was gathered culminating in the development of a CACCE seminal report in 2009 entitled, “Unregulated Health Care Support Workers in Canada: A Comparison.” A revised proposal submitted to Health Canada in 2010 was subsequently funded.

In an effort to build consensus in the development of national educational standards, ACCC organized another national forum held in March 2011 in Ottawa, entitled “Developing Educational Standards for Unregulated Personal Care Providers,” at which the preliminary results of the environmental scan were presented. The forum was funded by Health Canada as part of its Health Care Policy Contribution Program, designed to promote policy research on emerging health care system priorities. The event was attended by various representatives from government, education policy and health care related employment, and was an overwhelming success. Delegates were given the opportunity to participate in the discussion and voiced support for continuing the development of national educational standards for personal care providers.

The impetus to address the consistency in training standards for personal care provider programs across Canada is gaining momentum as more education and industry partners join the discussion, and as the need for this type of worker continues to increase in Canada’s evolving health care system. In addition to the most recent forum and its success in building collaborative relationships across Canada, this report plays a key role in ACCC’s commitment to developing national educational standards for personal care providers.

---

4Taking Inventory: Identifying Common Learning Outcomes to Promote Mobility and Recognition for Unregulated Personal care providers
PROJECT SCOPE

Purpose

This project has been designed to gather information, through an environmental scan, from a sample of educational institutions offering personal care provider programs in Canada, particularly with regards to:

- providing an overview of provincial and territorial curricula,
- identifying nomenclature used across Canada for personal care providers,
- examining program entrance requirements,
- examining program delivery and length,
- examining program learning outcomes and core competencies, and
- examining components of the prior learning assessment and recognition (PLAR) process.

The information gathered from the environmental scan was synthesized and revised (February 2012) into an electronic database. The database analysis is presented along with several other considerations and recommendations related to national standards for educational institutions offering personal care provider programs. By examining the commonalities and differences across educational institutions in these categories, a better understanding of Canada’s landscape in this increasingly important field of education can be attained.

Sampling Framework

In order to obtain a sample that was both manageable and meaningful, provinces and territories were stratified according to the number of the public and private institutions in each jurisdiction who offered a personal care provider program (see Table 1 in the Results section). A purposeful sampling procedure⁵ was then used to ensure that institutions were selected based on geography, demographics (i.e., rural vs. urban) and the availability of the personal care provider programs in each jurisdiction. It was important to ensure that provinces/territories which had a greater number of institutions offering personal care provider programs (both public and private) were adequately represented in the personal care provider database. However, due to the fact that it was not a randomly selected sample, the results are not generalizable and therefore cannot be considered representative of the entire population of Canada’s educational institutions which offer personal care provider programs.

⁵ A purposeful sampling procedure is a non-random method of sampling in which the investigator selects information-rich cases for in-depth study.
METHODOLOGY

The environmental scan was completed in two phases. Phase I consisted of a preliminary scan of information on personal care provider educational programs in Canada through collection and verification of website information, resulting in a draft database. This was completed to determine the amount of information available as well as to identify the appropriate data collection variables. Information from this phase provided the basis for discussion at the 2011 National Forum and helped to inform subsequent project methodologies. Building on information gleaned from Phase I, a personal care provider survey was created in Phase II and distributed to a sample of Canadian institutes that offer personal care provider educational programs. The following describes these phases in more detail:

Phase I

**Website Information Collection:** During the first phase of the project, preliminary information was gathered on personal care provider educational programs from institutional websites (n=73) in order to determine the amount of information available to design a database that would best capture program offerings in Canada. Information collected included, but was not exclusive to: program delivery and length, course content, and admission requirements (see Appendix A and B for the type of information collected; survey includes Phase I and Phase II data collection variables).

**Program Information Validation:** In order to confirm the accuracy of the information obtained online, a data validation procedure was undertaken. A program profile for each sampled institution was compiled, based on the online search, and was sent electronically to individual institutions for validation. Representatives were asked to validate their program profile by confirming a checklist of elements such as minimum entrance requirements, method of program delivery and length, and course content.

The response rate for the data validation procedure was 53% (39/73). The purpose of the data validation procedure was to address any gaps in the information obtained from the internet-based search by comparing online content with any discrepant information submitted by individual educators. Most institutional representatives were pleased to participate in the data validation procedure, as it gave them a voice in the project and ensured that their institution was properly represented in the findings.

**Preliminary Database:** Information gathered during the ‘website information collection’ and ‘program information validation’ periods of this project was gathered and organized into a preliminary database.

Phase II

**Informed Data Collection:** Phase I proved useful in identifying areas for further information gathering or modifying some of the variables, allowing for the creation of a more
comprehensive data collection tool in the form of an online survey. Phase II shifted from 20 course content variables to 30 program core competencies. After receiving comments from both participants and delegates at the national forum, where Phase I results were presented, it was agreed that core course content would be captured more effectively by querying core competencies. The core competencies were created by reviewing Phase I collected data in conjunction with program learning outcomes stipulated in ministerial curricula. The categories themselves were derived using a grounded approach.6

**Curriculum and Policy Information:** A secondary methodology of information gathering and analysis on curricula and policies associated with personal care provider educational programs was used. Curriculum and policy information was obtained for analysis from: 1) correspondence and discussions with the CACCE Coordinating Committee members as well as the Educational Standards Project Steering Committee members; 2) direct consultation of ministerial documents (where provided); 3) additional resources as they presented themselves (reports, online resources, etc.); and 4) additional resource personnel who offered assistance with this aspect of the environmental scan.

Requests for curriculum documents were made to ministries and government offices to review the content contained therein for the purposes of this project.7 Since provincial curricula are licensed to individual colleges for their use, the documents were used strictly to develop the listing of core competencies used in the personal care provider survey and to gain a better understanding of the structures in place guiding program development by individual institutions.

**Personal Care Provider Survey:** The survey was created using Survey Monkey, which was selected for its familiarity and reputation as a user-friendly data collection tool (see Appendix A and B to review the personal care provider survey and variable descriptors). The survey was designed using the categories and variables derived from the information obtained in Phase I as well as the core competencies and any additional variables identified as needing to be added.

Given that the data being collected from participating institutions was typically available publicly from the internet, it was not considered sensitive or confidential in any way; therefore there were no risks or potential issues with respect to participants’ confidentiality/anonymity.

Due to the short timeline allotted for data collection, the project closely monitored response rates to ensure that follow-up requests for participation could be made to those institutions which had not yet completed the survey. In an effort to increase response rates, additional e-mail reminders were sent to the sampled institutions. A strong collaborative effort amongst CACCE and the project steering committee members also helped improve the participation rates, as several representatives were called upon to distribute the survey invitation to their networks of contacts and encourage participation in the survey.

---

6 In qualitative research, ‘grounded theory’ means that as the researcher gathers data, core theoretical concept(s) are identified.

7 Project representatives entered into agreements with ministries and government offices explicitly prohibiting the reproduction or distribution of official curricula in any manner.
**Final Database:** The preliminary database created in Phase I was modified to include the additional and modified variables noted in Phase II.

**Framework for Analysis**

The information contained in the personal care provider database was quantitatively analyzed in order to identify commonalities and differences in personal care provider educational programs across Canada. Simple statistics were compiled in order to obtain results for each variable contained in the database. In keeping with a mixed-methods approach, a qualitative analysis was also conducted of the contextual information provided by institutional program coordinators. This rich contextual analysis supported the information derived from the quantitative analysis of the database variables and helped to highlight the similarities and differences in program standards across the country.
RESULTS

Different provinces and territories in Canada are at different stages of curriculum development for their personal care provider programs, however many jurisdictions are working towards more standardized programs in order to meet the increasing demand for graduates of personal care provider programs with similar competency profiles sought by employers. While educational program design is the responsibility of individual provincial and territorial jurisdictions, the federal government has a vested interest in supporting a sustainable model that meets the health needs of Canadians (One World Inc., 2011). In an effort to support the standardization movement, provincial/territorial curricula (where available) provide guidance on components such as program learning outcomes, recommended program delivery and length, and required clinical experiences for students. However, these and other components still vary widely across jurisdictions. The following topic areas are discussed in this document:

- provincial/territorial curricula
- nomenclature
- program admission requirements
- program delivery and length
- core competencies
- prior learning and recognition (PLAR).

SAMPLED INSTITUTIONS

The final personal care provider database, as well as the analysis included herein, represents data collected from Phase 2 of the environmental scan.
Table 1: Number and Type of Institutions Sampled in Personal Care Provider Database

<table>
<thead>
<tr>
<th>Province / Territory</th>
<th>Total Institutions</th>
<th>Public Institutions</th>
<th>Private Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alberta</td>
<td>7</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>British Columbia</td>
<td>13</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Manitoba</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Newfoundland &amp; Labrador</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Northwest Territories</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Ontario</td>
<td>31</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Québec</td>
<td>9</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Yukon Territory</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>74</strong></td>
<td><strong>47</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

The personal care provider database profiles a diverse sample of institutions offering personal care provider programs from both the public and private sectors in Canada. All provinces and territories are represented, with the exception of Nunavut, as a personal care provider program is not consistently offered in that geographic area (see Provincial and Territorial Curricula section for further detail).

Only one Québec institution (out of the 9 sampled, both English and French) participated in our data collection procedure. However, due to the striking similarity in program offerings across the province, all nine sampled institutions from Québec were included in the database by utilizing information available on institutional websites (except where noted).

---

8Eleven district school boards out of 24 in Ontario offer a ‘personal support worker’ program.
9Only three CÉGEPS offer a personal support person-type program. However, information gathering and analysis was conducted for Québec’s Home Care Assistant in Québec’s public Centres de formation professionnelle (CFPs) only, since the selected sample of programs within these CFPs more closely resembles other personal care provider program offerings across Canada’s institutions, allowing for a more appropriate comparative analysis.
10The total includes 11 district school boards from Ontario.
PROVINCIAL AND TERRITORIAL CURRICULA

While some institutions maintain that they follow the ministerial curricula for their province/territory, there is seldom a quality assurance mechanism in place to ensure adherence to the standards outlined in the curricula. Additionally, while public colleges are required to follow established curricula in certain provinces, other private colleges and training centers in the same vicinity are not. As a result, discrepancies exist between program offerings among institutions within the same area.

Provincial/territorial personal care provider program curricula are offered in six Canadian provinces, while other provinces/territories are utilizing institutionally-approved curriculum standards.

If the goal is to establish national educational standards for voluntary adoption by personal care provider programs, then it is vital to understand the specific provincial/territorial curricula in place (or not in place) that guide educational programming across the country.

It is important to note that although some jurisdictions in Canada do not have standards in place governing the education of personal care providers, they may have entry to practice requirements in place for graduates entering the workforce. Similarly, while some areas do not have ministerial curricula in place, institutions may be utilizing college approved curriculum standards or frameworks or there may be private career colleges utilizing the national curricula developed by the National Association of Career Colleges (NACC) as discussed at the end of this section.

Table 2: Summary of Provinces/Territories with Provincial/Territorial Curricula

<table>
<thead>
<tr>
<th>Provinces/ Territories with Provincial/ Territorial Curricula in Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alberta</td>
</tr>
<tr>
<td>British Columbia and Yukon Territory 12</td>
</tr>
<tr>
<td>Newfoundland &amp; Labrador</td>
</tr>
<tr>
<td>Nova Scotia</td>
</tr>
<tr>
<td>Ontario</td>
</tr>
<tr>
<td>Québec</td>
</tr>
</tbody>
</table>

11 A personal care provider program in Nunavut is offered only when requested and a need identified, therefore there is no requirement for a territorial curriculum. Information regarding the existence of a provincial personal care provider curriculum in Prince Edward Island was unavailable at the time of study.

12 Due to an inter-jurisdictional agreement, Yukon Territory utilizes the British Columbia provincial curriculum.
The following section outlines current policy and curricula available by province/territory, along with a section on the curriculum offered by the NACC for private career colleges.

**ALBERTA:** All public colleges in Alberta follow the Government of Alberta Health Care Aide Provincial Prototype Curriculum (HCA-PPC), developed in 2005. Public institutions have begun implementing new programs for the 2010-2011 academic year in order to align with the new curricular standards mandated by Alberta Health and Wellness. The vast majority of private institutions also offer the provincial curriculum, however a few continue to offer independent programs, under different nomenclature (e.g., community support worker).

**BRITISH COLUMBIA AND YUKON TERRITORY:** All public colleges and the majority of private institutions in British Columbia follow the British Columbia Ministry of Advanced Education and Labour Market Development's provincial curriculum. Established in the early 1990's, under the title of home support/resident care attendant, the curriculum was revised in 2006 when the British Columbia Ministry of Health funded a project to articulate entry level competencies for the development of a new curriculum under the new title of health care assistant. This new curriculum has been made available to colleges since December 2008, and was implemented in the 2009-2010 academic year. The consistent application of the curriculum province-wide allows for full mobility of graduates across institutions within the province. Under an inter-jurisdictional agreement, Yukon Territory also utilizes the British Columbia curriculum.

**MANITOBA:** Manitoba does not have a provincial curriculum governing health care aide programs, however the public colleges have collaborated to utilize similar learning outcomes. Manitoba Health is currently reviewing the health care aide programs offered by private institutions, using the public colleges as a benchmark for learning outcomes.

**NEW BRUNSWICK:** New Brunswick does not have a provincial curriculum, however the Department of Social Development currently approves applications from private institutions interested in delivering Personal Support Worker programs. The program must meet the requirements of a defined list of core elements which are in line with other provincial curricula. In 2008, the province's Department of Social Development, the Department of Post-Secondary Education and Labour, and The New Brunswick Home Support Association began the process of developing a proposal for a personal support worker training program, entitled the Employer-Provided Tiered Training Model for Home Support Employees. This model has not yet been approved by the New Brunswick Department of Social Development.

**NEWFOUNDLAND & LABRADOR:** Private institutions in Newfoundland and Labrador utilize the Department of Health and Community Services’ provincial curriculum for home support workers in community settings and personal care attendants in nursing home settings. This curriculum was developed in 2006, and works to define the parameters of training in the relevant field. A review of this curriculum standard was initiated in 2010, in an effort to ensure that support workers are prepared to deliver appropriate care assistance and support services in either setting (community care and nursing homes).
**NORTHWEST TERRITORIES:** Aurora College, the only public ACCC member institution in the Northwest Territories, offers an approved personal support worker program. The Government of the Northwest Territories (GNWT) does not regulate, license or register personal support workers in this territory.

**NOVA SCOTIA:** All public and private educators in Nova Scotia utilize provincial curriculum standards, which were revised for implementation in the 2009-2010 academic year. Educational institutions must apply to the Continuing Care Program Advisory Committee (CCPAC), mandated by the Department of Health & Wellness (DHW), for approval to deliver their continuing care assistant program using the provincial standard curriculum. Institutions are permitted to modify their program by adding additional hours. All graduates are required to write a provincial certification exam in order to practice as a continuing care assistant.

**NUNAVUT TERRITORY:** Nunavut Arctic College\(^{13}\) delivers a Home and Continuing Care program on request from the territorial Department of Health and Social Services. It is not offered as a regularly-occurring program in the College’s academic calendar. The program can be delivered either on a full-time or part-time basis where a need is identified, for example, when a new care facility is opened and there is a need for home care workers. Upon completion of the program, students receive a certificate from Nunavut Arctic College. The program is offered in a modular format through classroom study and practical placements. Seven of the 11 courses are the same as those included in the Community Health Representative program, also offered by Nunavut Arctic College. The College is currently updating the curriculum content to respond to community needs.

**ONTARIO:** There are three separate and distinct approved program standards (curricula) being utilized in the province of Ontario. Service Ontario’s Long-term Care Home Act (Government of Ontario, 2007) states that an Ontario institution offering a personal support worker program must utilize one of the three defined standards, as outlined in the three sub-sections below:

**PUBLIC COLLEGES IN ONTARIO:** All public colleges in Ontario follow the Ministry of Training, Colleges and Universities, 2004, approved “Program Standard for all Personal Support Worker programs of instruction leading to an Ontario College Certificate delivered by Ontario colleges of applied arts and technology” (Ministry of Training, Colleges and Universities [MTCU], 2004). In 1993, the Government of Ontario initiated the development of the program standards “with the objectives of bringing a greater degree of consistency to college programming offered across the province, broadening the focus of college programs to ensure graduates have the skills to be flexible and to continue to learn and adapt, and providing public accountability for the quality and relevance of college programs” (MTCU, 2004). “The Colleges branch of the Ministry of Training, Colleges and Universities has responsibility for the development, review, and approval of system-wide standards for program instruction at Ontario colleges of applied arts and technology” (MTCU, 2004). The program was consolidated in 1997, replacing five courses in home care training, and revised again to reflect the standards in 2004 by the Ontario Ministry of Training, Colleges and Universities (MTCU), Ontario Ministry of Health and Long-Term Care,

---

\(^{13}\)Telephone communication with Judith Paradis-Pastori, Director of Health and Wellness Programs. Nunavut Arctic College, March 29, 2012
and the Ontario Community Support Association (OCSA). This program consolidates and substitutes the former health care aide and home support worker training programs that existed prior to 1997.

**PRIVATE COLLEGES IN ONTARIO:** Private career colleges in Ontario, which are members of the National Association of Career Colleges (NACC), may choose to utilize the NACC personal support worker curriculum, as defined at the end of this section. Private career colleges or vocational schools in Ontario which are not utilizing the NACC curriculum must utilize the MTCU (Ministry of Training colleges and Universities) program standard that public colleges use, or the program offered by the Ontario Community Support Association (OCSA) as outlined below. Private career colleges in Ontario offering other unapproved personal support worker programs must provide students with a Ministry disclaimer letter stating that graduates might not be permitted employment within long-term care facilities in Ontario.

**DISTRICT SCHOOL BOARDS IN ONTARIO:** There are over 20 district school boards in Ontario, which deliver personal support worker programs within their adult and continuing education (A&CE) programs. The district school boards’ programs are delivered through specific high school credits and are funded by the Ontario Ministry of Education. All of the programs within Ontario district school boards follow the personal support worker training standards as defined by the Ontario Community Support Association (OCSA), which collaborated with the Ontario government in the development of the ministerial curricula. The Ontario Association of Adult and Continuing Education School Board Administrators (CESBA) supports the administrators of district school boards personal support worker programs through its provincial steering committee, which is actively engaged in the promotion of educational training standards for personal support workers in Ontario. School boards all participate in a rigorous review process in order to receive OSCA accreditation.

**PRINCE EDWARD ISLAND:** Information regarding the existence of a provincial personal care provider curriculum in this province was unavailable at the time of this report. However, the personal support worker curriculum, developed and offered by the National Association of Career Colleges (NACC), is being utilized by some private institutions in this province.

**QUÉBEC:** Personal care provider programs are available in Québec’s private colleges or via two other publicly-funded educational bodies: i) Collège d’enseignement general et professionnel (CÉGEP) equivalent to community colleges in other provinces; and ii) Centres de formation professionnelle (CFPs). CÉGEPs are post-secondary institutions in Québec which provide pre-university programs. Students who complete high school (graduate in Grade 11, or Secondary V) must complete two years of a CÉGEPS’ general program before proceeding to university (Statistics Canada, 2008). Only a handful of CÉGEPs offer a personal support worker program, however there are numerous program offeringsin the CFPs (or adult education training centers). Additionally, some private subsidized colleges in Québec are affiliated with CÉGEPs and thus offer the same ministry curriculum. There are two main program offerings in Québec’s public and private institutions; i) assistant in health care facilities (Assistance à la personne en établissement de santé); and ii) home care assistant (Assistance à la personne à domicile). The curriculum for these programs was approved in 2007 by the provincial government, and is
available through Emploi Québec, subsidized by the Ministry of Education in Québec (ministère de l’Éducation, du Loisir et du Sport or MELS). Due to the commonalities in course content, equivalencies can be granted between the two programs, allowing a student to complete two diplomas simultaneously. As such, the home care assistant program (975 hours) is considered to be a continuation of the assistant in health care facilities program (750 hours).

SASKATCHEWAN: Saskatchewan does not have a mandated provincial curriculum for continuing care assistant programs. The Saskatchewan Institute of Applied Science and Technology (SIAST) is the sole public college offering a continuing care assistant program which is funded by the Ministry of Advanced Education Employment and Labour. Its institutional curriculum was developed in 1980, based on recommendations from program advisory boards, government and industry feedback. This program was recently subjected to a comprehensive evaluation of its curriculum prior to 2007. The new curriculum is reviewed on an ongoing basis to meet SIAST’s institutional requirements, industry standards, and professional healthcare expectations. SIAST validates and issues certificates to graduates from many other public and private colleges offering continuing care assistant/health care aide programs in the province.

NATIONAL ASSOCIATION OF CAREER COLLEGES (NACC): The NACC offers a curriculum package to its member colleges across Canada under the name personal support worker. It is a single training program that replaces and consolidates the health care aide/home support worker (Levels I, II and III) training. The original 2001 version was based on the curriculum outlined by the Ministry of Health and Long Term Care in Ontario (MOHLTC), and was published by the Ontario Community Support Association (OCSA), which was contracted by the MOHLTC to develop the original program standards. The NACC revised its curriculum in 2005, based on feedback from employers, placement sites, instructors and graduates. A comprehensive evaluation was undertaken by a third party to compare NACC’s curriculum with the program standards established by the Ontario Colleges of Applied Arts and Technology (OCAAT). The NACC program was deemed to be equivalent with OCAAT program standards. NACC member colleges are not mandated to use the outlined curriculum, however those that do can add specific content to accommodate provincial requirements or institutional standards. The NACC demonstrates a valuable commitment to ensuring that member colleges (which do use the NACC curriculum) are delivering the curriculum in accordance with its outlined standards and guidelines. They have recruited and trained 10 ‘visit team’ members in Ontario, who regularly visit member colleges offering the program to ensure that the proper standards are being met. These team members visited 84 locations in 2010. The program is currently being offered by private member institutions in Ontario, Prince Edward Island, Nova Scotia, New Brunswick and British Columbia. Revision to the curriculum is currently in progress.
NOMENCLATURE

A review of nomenclature used across Canadian institutions offering personal care provider programs highlighted a variety of terms used to describe educational programs. The following table and graph depict the terms used in each province/territory for its personal care provider programs. It must be noted that the results shown here are a direct reflection of the data obtained from the institutions sampled in the personal care provider database, and therefore may not be inclusive of all personal care provider program titles in Canada. For example, some institutions currently utilize additional terms to identify personal care provider program certifications, such as acute care worker, personal care attendant, nursing assistant, and hospital aide, which are not listed here.

Table 3: Personal Care Provider Nomenclature Identified in Sample

<table>
<thead>
<tr>
<th>Province / Territory</th>
<th>Nomenclature Used to Identify Training Certification Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alberta</td>
<td>Health Care Aide</td>
</tr>
<tr>
<td>British Columbia &amp; Yukon Territory</td>
<td>Health Care Assistant</td>
</tr>
<tr>
<td>Manitoba</td>
<td>Health Care Aide <em>(also Comprehensive Health Care Aide)</em></td>
</tr>
<tr>
<td>New Brunswick</td>
<td>Personal Support Worker</td>
</tr>
<tr>
<td>Newfoundland &amp; Labrador</td>
<td>Home Support Worker / Personal Care Attendant</td>
</tr>
<tr>
<td>Northwest Territories</td>
<td>Personal Support Worker</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>Continuing Care Assistant</td>
</tr>
<tr>
<td>Nunavut Territory</td>
<td>Home and Continuing Care Worker&lt;sup&gt;14&lt;/sup&gt;</td>
</tr>
<tr>
<td>Ontario</td>
<td>Personal Support Worker</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>Resident Care Worker</td>
</tr>
<tr>
<td>Québec</td>
<td>Home Care Assistant&lt;sup&gt;15&lt;/sup&gt; <em>(Préposé-Fr.)</em></td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>Continuing Care Assistant</td>
</tr>
</tbody>
</table>

The term personal support worker is used most often (represented by two provinces and one territory) however, the significance of this is minimal as provinces/territories are using similar but slightly different variations of the same terms. The position title is generally made up of two or three components: 1) the location of care (e.g., home, resident), 2) the type of care (i.e., care, support), and 3) the type of position (i.e., aide, assistant, worker or attendant).

By comparing the variability and similarities in the terminology used in the employment sector (which is not within the scope of this report) with those in the education sector, the creation of a common personal care provider nomenclature may be extremely useful in

<sup>14</sup> The information identified for Nunavut Territory via Nunavut Arctic College is not included in the Environmental Scan database or associated calculations in this document.

<sup>15</sup> Translated from “Assistance à la personne à domicile”
eliminating barriers to mobility and employment. However, there may be difficulty in achieving a standard nomenclature unless it is implemented with mutual agreement or consensus by all jurisdictions, including employers. In the meantime, it can also be argued that the current nomenclature variability allows employers within each province/territory to recognize the competencies of personal care provider programs based on the familiarity of the terms used in each jurisdiction.
A thorough analysis of minimum entrance requirements for personal care provider programs was conducted based on the sample contained in the personal care provider database. A total of 30 different variables on entrance requirements were captured and grouped into four main categories for the purposes of analysis: i) Educational Requirements; ii) Certifications and Training Requirements; iii) Health and Other Safety Requirements; and iv) Other Suitability Requirements. All entrance requirement variables were coded and analyzed according to the varying degrees to which each variable was considered for entrance to the program. For example, the distinction for standard first aid as a requirement was analyzed using four possible codes: i) required; ii) required for clinical; iii) recommended; and iv) offered during program delivery.

Author’s Note: It is imperative that the variables for this section be understood, along with their definitions in the context of personal care provider programs. Therefore, please refer to the following appendices for further clarification regarding the definition of entrance requirements:
- Appendix B: Personal Care Provider Database Field Descriptors
- Appendix C: Glossary of Terms (Entrance Requirements)

The analysis of entrance requirements across the sampled institutions is provided below. The information represents averages of the institutions sampled, along with qualitative data obtained from survey respondents. The landscape in Québec for minimum educational entrance requirements is quite different than the rest of Canada, and as such, was addressed separately for the data analysis procedure in this section.

Educational Requirements

In the sampled institutions, the most common minimum entrance requirement is a high school diploma (or GED). Standards for acceptable achievement levels differ by institution (e.g., C+ or better, minimum 60%) and an academic transcript (rather than diploma certificate) is typically required before a student is admitted into a personal care provider program.

16 Quebec data analysis is included as a separate section of the ‘Educational Requirements.’
17 General Educational Development (GED) diploma of high school equivalence, nationally recognized.
Entrance requirements may differ within provinces/territories as well as among jurisdictions. While almost half of the institutions sampled require a high school diploma (or GED) as the minimum educational entrance requirement, it is extremely important to consider the number of provinces/territories (or jurisdictions) included in this statistic, which has an effect on the national trend. For example, institutions within nine of the 11 provinces/territories required a high school diploma and the majority of these are identified in Ontario (which is the most sampled province/territory). However, institutions in six of the 11 provinces/territories require Grade 10 English as the minimum educational requirement for entry into respective programs (British Columbia and Alberta had the most).18

A number of institutions have other variations of minimum entrance requirements. The following is additional information from the database analysis:

- 6% (4/65) required Grade 10 English, Science and Math as the minimum entrance requirements;
- 11% (7/65) required Grade 10 English and Math; 11% (7/65) required Grade 11 English; 6% (4/65) required Grade 12 English;
- and the remaining sampled institutions stipulated other combinations for entry into the program, such as the inclusion of Grade 10 Biology and/or Chemistry or a mandatory Computer course to demonstrate basic proficiency in computer literacy, in addition to other educational requirements.

Institutions may also accept students defined as complying with the definition of mature student. The age of student maturity varies by institution, but is predominantly 18 or 19 years of age. In several circumstances, applicants who do not meet the minimum entrance requirements as outlined above, or whose first language is not English, may be permitted into the program provided they complete a language proficiency test (e.g., Accuplacer, English Language Studies Tests). Other institutions require language proficiency testing only if the applicant cannot provide proof of a satisfactory grade (e.g. C or C+) in the language of study. Institutions may

18High school diploma predominantly required in Newfoundland and Labrador, Nova Scotia, New Brunswick, Ontario, Prince Edward Island, and Saskatchewan, and Grade 10 English predominantly required in Alberta, British Columbia, Yukon Territory, and Northwest Territories.
require students to complete a college assessment in addition to meeting the regular educational entrance requirement to test literacy and/or numeracy skills, such as the Canadian Adult Achievement Test (CAAT) or its equivalent.19

Québec: Applicants with a secondary school diploma or equivalent are accepted into personal care provider programs, however unlike the rest of Canada, secondary schools in Québec graduate students in Grade 11 (or Secondary V) rather than Grade 12. Should applicants not possess a secondary school diploma (or GED) they are permitted entry into a personal care provider program provided they are 16 years old and possess Grade 9 French, English, and Math (or Secondary III) credits. The professional training centers (or centres de formation professionnelle) which were sampled in this study also accept mature students, provided they are 18 years old and have completed a college assessment (specifically a General Development Test) and Grade 9 English/French. Similar to Ontario district school boards offering personal care provider programs, applicants may continue their post-secondary studies concurrently with their employer training, provided they have earned a minimum number of credits. Highlights for other suitability requirements include:

- Only 1 of the 9 (11%) institutions required work/volunteer experience for entry into the program.
- Immunization records were required 100% (9/9) of the time for entry into the program and clinical reference/records check for 78% (7/9) of the institutions.

Certificate and Training Requirements

Many of the certificate and training requirements for admission into personal care provider programs are also required upon graduation for work entry in a personal care provider capacity. Educational institutes can effectively promote employment rates for graduates by mandating or offering certain certificates. Over 89% (66/74) of the sampled institutions surveyed (all provinces and territories) ensure that students are equipped with Standard First Aid certification upon graduation, by mandating its completion before admission or before the clinical component begins, or by offering it as part of their program. However, there is greater variability in certification and training requirements such as CPR.

The sampled institutions mandate or provide a certificate in CPR Level C 50% (37/74) of the time and 31% (23/74) for CPR for Health Care Providers (HCP). 19% (14/74) do not mandate or provide either.

---

19Similar tests include Wonderlic Test (SLE), Technical Literacy Exam (TLE), and Scholastic Level Form IV.
These types of gaps in critical requirements need to be compared with work entry requirements in all geographic areas of the country in order to develop a national standard. The following additional data emerged in examining certificate and training requirements:

**Table 4: Entrance Requirements - Certificate and Training**

<table>
<thead>
<tr>
<th>Certificate and Training</th>
<th>Required for entry into program</th>
<th>Required before clinical</th>
<th>Required to complete program</th>
<th>Offered during program</th>
<th>Not required</th>
<th>Recommend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard First Aid</td>
<td>18 % + 36 %</td>
<td></td>
<td>54 %</td>
<td>35 %</td>
<td>9 %</td>
<td>1 %</td>
</tr>
<tr>
<td>CPR Level C</td>
<td>15 % + 20 %</td>
<td></td>
<td>35 %</td>
<td>15 %</td>
<td>50 %</td>
<td>0 %</td>
</tr>
<tr>
<td>CPR for HCP</td>
<td>4 % + 15 %</td>
<td></td>
<td>19 %</td>
<td>12 %</td>
<td>65 %</td>
<td>4 %</td>
</tr>
<tr>
<td>FOODSAFE</td>
<td>12 % + 8 %</td>
<td></td>
<td>20 %</td>
<td>18 %</td>
<td>59 %</td>
<td>3 %</td>
</tr>
<tr>
<td>WHMIS</td>
<td>8 % + 9 %</td>
<td></td>
<td>17 %</td>
<td>27 %</td>
<td>51 %</td>
<td>4 %</td>
</tr>
</tbody>
</table>

Percentages may not add to 100% due to rounding.

It is important to examine the variability that exists in the percentages that require the listed certificates and/or training as a condition for admission versus those that offer the certifications during program delivery. In fact, only 3% (1/40) of the public institutions in the sample offered certification in Standard First Aid during program delivery, but 63% (10/16) of the private institutions offer the certification while students are enrolled in the program. This is important when considering program length and delivery across Canada.

**38% (28/74) require or offer certification in FOODSAFE (or equivalent program) for students and 45% (33/74) require or offer WHMIS certification.**

Students with FOODSAFE and WHMIS certifications in their educational resume may be more sought after by employers seeking these competencies. The variability in program offerings and the resulting advantages or disadvantages for graduates speaks to the need for national educational standards to identify common competencies for graduates entering the workforce. National educational standards which include these types of certificates and training requirements would also provide employers with a more consistently educated pool of graduates to choose from.

**Health and Other Safety Requirements**

The safety of both graduates and the clients they serve is treated as an important standard in almost all personal care provider programs. Entrance requirements falling under this category help to protect workers and clients, and assist in making the student more accountable and employable upon graduation. Clearly, discussions for developing a national standard for these

---

20 Percentages may not add to 100% due to rounding.
entrance requirements should take into account the minimum criteria required for effectively protecting graduates (and clients) in the workplace.

Twelve percent (9/74) of the sampled institutions require the submission of a signed medical suitability questionnaire and an additional 28% (21/74) require the submission of a medical certificate (validated by a medical professional) to confirm suitability for the program.

The majority of sampled institutions require proof of an updated immunization record (92%; 68/74) which may include Hepatitis B vaccination and TB screening (82%; 61/74), as these are also required to work in a clinical setting which forms part of the clinical component of every personal care provider program. In comparison, relatively few institutions (41%; 30/74) require the completion of a medical suitability questionnaire or certificate which serves to confirm that students are in a mentally and physically stable condition to practice as a personal care provider.

The following additional information from the personal care provider database was identified from the analysis of sampled institutions:

Table 5: Entrance Requirements – Health and Other Safety Requirements

<table>
<thead>
<tr>
<th>Health documentation and safety requirements</th>
<th>Required for entry into program</th>
<th>Required before clinical</th>
<th>Required to complete program</th>
<th>Not required</th>
<th>Recommend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization Record</td>
<td>47 % + 43 %</td>
<td></td>
<td>90 % 0 % 8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B vaccine</td>
<td>28 % + 30 %</td>
<td></td>
<td>58 % 23 % 18 %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB Screening</td>
<td>34 % + 47 %</td>
<td></td>
<td>81 % 14 % 4 %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza vaccine</td>
<td>15 % + 32 %</td>
<td></td>
<td>47 % 22 % 30 %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical (self-disclosure)</td>
<td>12 % + 0 %</td>
<td></td>
<td>12 % 86 % 1 %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical (professional)</td>
<td>15 % + 14 %</td>
<td></td>
<td>29 % 66 % 5 %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal reference check (CRC)</td>
<td>59 % + 38 %</td>
<td></td>
<td>97 % 3 % 0 %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vulnerable sector check (PRCSVS)</td>
<td>39 % + 32 %</td>
<td></td>
<td>71 % 26 % 3 %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child abuse registry check</td>
<td>9 % + 4 %</td>
<td></td>
<td>13 % 81 % 5 %</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Percentages may not add to 100% due to rounding.

Medical certificate validated by a medical professional, typically a physician, however in some cases the medical certificate may be validated by a nurse practitioner.

Child Abuse Registry Check or check of Pardoned Sexual Offenders Database may be included in Police Records Check for Service with the Vulnerable Sector (PRCSVS)
Interestingly, the data validation process with institutions brought an important concern to light regarding one of the health-related entrance requirements. Some institutions currently utilize incorrect terminology on their websites with respect to requesting proof of a “Negative TB test.” To clarify, a positive TB test does not indicate that a person has active tuberculosis, rather, it indicates that the person has been exposed to TB and further investigation is required (i.e., chest x-ray). The term “TB Screening” would be more appropriate (Ministry of Health and Long-Term Care, 2006).

Almost all sampled institutions (97%; 72/74) require a criminal reference/records check as a condition of admission, however only 71% (53/74) require a police records check for service with the vulnerable sector.

In some cases, non-Canadian citizens applying to a personal care provider program may be required to obtain a criminal records search with the vulnerable sector in their country of origin. A vulnerable person is defined in section 6.3 of the Criminal Records Act as, “a person who, because of age, a disability, or other circumstances, whether temporary or permanent is: (a) in a position of dependence on others or (b) are otherwise at a greater risk than the general population of being harmed by a person in a position or authority or trust relative to them” (Government of Canada, 2010). These vulnerable persons are the very people who are most often in the care of a personal care provider.
PROGRAM DELIVERY AND LENGTH

Recommendations for minimum program length (in hours) are stipulated in the majority of provincial/territorial curricula, as well as within the curriculum offered by the NACC for private career colleges. Individual institutions are permitted to modify their program by adding additional hours, but if they are required to follow the curriculum, they must at least meet the minimum standard. Specific details regarding program length (in weeks and hours for full-time programs) offered by the sampled institutions were captured in the personal care provider database. The following tables and graphs offer insight into the degree of variability that exists in personal care provider educational program length across Canada. This data is useful in direct relation with the core competencies covered in each program to help determine a national educational standard for personal care providers.

The following table describes the different applications of educational curricula and the associated length of this in the sample institutions in the personal care provider database.

Table 6: Provincial/Territorial Curricula Determined Recommendations for Minimum Program Length (in hours)

<table>
<thead>
<tr>
<th>Jurisdictions with provincial curricula in place(^{25})</th>
<th>Classroom / lab</th>
<th>Clinical / practicum</th>
<th>Total program hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alberta</td>
<td>285 hours</td>
<td>200 hours</td>
<td>485 hours</td>
</tr>
<tr>
<td>British Columbia and Yukon Territory</td>
<td>475 hours</td>
<td>270 hours</td>
<td>745 hours</td>
</tr>
<tr>
<td>Newfoundland &amp; Labrador</td>
<td>350 hours</td>
<td>180 hours</td>
<td>530 hours</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>510 hours</td>
<td>330 hours</td>
<td>840 hours</td>
</tr>
<tr>
<td>Ontario – OCSA (^{26})</td>
<td>324 hours</td>
<td>280 hours</td>
<td>604 hours</td>
</tr>
</tbody>
</table>

Since institutions are permitted to add hours to their programs, further insight can be gained by analyzing the average program length offered by institutions in our sample, rather than the minimum recommended length outlined in curricula. The following graph outlines the average program length for all public and private institutions across Canada sampled in this study, irrespective of their use of a mandated curriculum.

---

\(^{24}\) Two programs out of the 74 sampled offer only part time studies. Therefore the calculations in this section are based on 72 institutions only.

\(^{25}\) Québec is not included in this analysis since the sampled institutions did not validate/verify program information.

\(^{26}\) Minimum recommended hours for program length are not stipulated in the Ontario curriculum standards for public institutions, therefore the minimum recommended hours stipulated in the Personal Support Worker Training Standards established by the Ontario Community Support Association (OCSA) and used by Ontario District School Boards is used here for analysis / comparison purposes.
Provincial/territorial curricula stipulate the minimum recommended hours for program length, and as can be determined from comparing Tables 6 and 7, most provinces/territories in our database exceeded these.

**Table 7: Program Length by Type for all Sampled Institutions**

<table>
<thead>
<tr>
<th>All Sampled Institutions</th>
<th>Average</th>
<th>Median</th>
<th>Maximum</th>
<th>Minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Length in Weeks</td>
<td>28</td>
<td>28</td>
<td>45</td>
<td>15</td>
</tr>
<tr>
<td>Program Length in Hours</td>
<td>755</td>
<td>745</td>
<td>1044</td>
<td>485</td>
</tr>
<tr>
<td>Classroom/Lab Hours</td>
<td>453</td>
<td>423</td>
<td>750</td>
<td>246</td>
</tr>
<tr>
<td>Clinical/Practicum Hours</td>
<td>302</td>
<td>300</td>
<td>600</td>
<td>165</td>
</tr>
</tbody>
</table>

Classroom/Lab hours represented 59% of the total program length, ranging from 32% to 79%. Clinical/Practicum hours represented 41% of the total program length on average, ranging from 21% to 68%. This represents approximately a 60:40 split in program length being divided, on average (also represents the median), between the classroom/lab and clinical/practicum.

**Figure 1: Personal Care Provider Program Length in Hours (including clinical) Amongst Sampled Institutions**

Provincial/territorial curricula stipulate the minimum recommended hours for program length, but do not specify the recommended length in weeks. Nevertheless, data regarding the number of weeks for programs among the sampled institutions was also collected during the environmental scan and is provided in the table below.
Since institutions are permitted to add hours to their program, the average program length across Canada (755 hours in sampled institutions) is higher than the average recommended minimum program length stipulated in provincial/territorial curricular standards (640 hours). This is an indicator that institutions are making a concerted effort to enhance program content beyond what is recommended in mandated curricula. Minimum and maximum program lengths across Canada emerged from the data analysis as well. Programs in the sample ranged from 485 hours to 1044 hours, with numerous variations in between.

Graduates of longer, more in-depth programs may be in a better position to enter the workforce with the necessary skills to provide quality care to clients. However, longer program lengths do not necessarily equate to a higher level of learning, or necessarily an inclusion of additional core competencies. It is also possible that applicants searching for their preferred institution may select one which offers a shorter program, since a shorter program leads to faster entry into the workforce. These factors can impact the transferability of skills and mobility for graduates, as well as leading to a confusing landscape for employers who are seeking some sort of standardization of competencies.

There are other confounding variables which affect the analysis of program length. The personal care provider survey was designed to capture these variables as much as possible. For example, the recommended minimum number of total program hours in Nova Scotia’s provincial standards curriculum includes hours spent obtaining various certifications, such as CPR, WHIMIS, Occupational Health and Safety (OH&S), however the national NACC curriculum does

---

27 It is important to note the number of institutions calculated in each average as some calculations (as this is data collected during an environmental scan) and may not fully represent the true provincial or territorial average.
not include the time required for such certifications. While these distinctions are made within curricular standards, individual institutions utilizing these curricula may or may not include these hours as part of their program offering, as long as they meet the minimum recommendation for total program length. In order to address these variances in program length, survey participants were asked to identify the number of hours spent obtaining specific certifications during program delivery, such as Standard First Aid and CPR, if offered. The development of national educational standards might include a recommendation that total hours spent obtaining health and safety certifications be stipulated outside regular program hours, as a standard practice among all institutions.

Survey participants were asked to specify the total number of program hours including hours required for certifications or training. They were then prompted to specify the number of hours spent obtaining health and safety certifications. The following table outlines the average number of hours spent obtaining specific certifications within the sampled institutions who indicated that they offered the certifications during program delivery.

Table 9: Hours Spent Obtaining Certifications Offered During Program Delivery

<table>
<thead>
<tr>
<th>Certifications offered during program</th>
<th>Number of Sampled Institutions Offering</th>
<th>Average number of hours</th>
<th>Median number of hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard First Aid</td>
<td>32</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>CPR Level C and HCP (Health Care Providers)</td>
<td>26</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Workplace Hazardous Materials Information System (WHMIS)</td>
<td>25</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Transfers, Lifts and Repositioning (TLR)</td>
<td>24</td>
<td>17</td>
<td>9</td>
</tr>
<tr>
<td>Personal Assault Response Training (PART)</td>
<td>3</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Non-Violent Crisis Intervention (NVCI)</td>
<td>13</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>FOODSAFE (or similar food safety training program, i.e., Proton Food Safety)</td>
<td>5</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Gentle Persuasive Approach (GPA)</td>
<td>4</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Others (certifications and workshops): Occupational Health and Safety (OH&amp;S), Palliative Care, Fire Safety Training, Acquired Brain Injury, Alzheimer's, Canadian National Institute for the Blind (CNIB), Meal Time Assistance, Aboriginal Awareness, and Career Preparation</td>
<td>5</td>
<td>24</td>
<td>20</td>
</tr>
<tr>
<td>Total/Average number of hours spent obtaining certifications during program</td>
<td>51</td>
<td>28</td>
<td>16</td>
</tr>
</tbody>
</table>
Methods of program delivery must also be considered when analyzing the structure of personal care provider programs. All programs in the sample offer classroom (didactic) instruction, but not all institutions have the resources to offer laboratory experiences, and other flexible training options. These factors are interwoven into the design of each personal care provider program and must be understood in order to identify additional trends and gaps that affect program delivery and length. The following trends emerged from the analysis of sampled institutions:

- 96% (71/74) offer instruction in a laboratory setting;
- 18% (13/74) offer an online component (alone or part of a blended model with classroom experience);
- 32% (24/74) offer the option to study part-time; and
- 18% (13/74) offer the possibility of completing the program via distance education.

There are many variations in personal care provider program delivery across Canada, including hours of instruction and method of delivery, however all sampled (74/74) programs incorporate both theoretical and clinical components. In order to discuss the length of program within the context of developing national standards, the data must be understood in the context of other variables, such as the length of time which students spend in a clinical setting in addition to their regular course load. This is discussed in the next section.

Clinical Placement / Practicum

All personal care programs sampled require their students to participate in some type of clinical experience in a variety of settings, including school supervised placements and host supervised (preceptorship) placements. This clinical experience (often referred to as a practicum) allows students to apply the skills learned within courses, while demonstrating accountability and professional conduct in a practice setting. Student assessment and evaluation within the clinical placement is generally based on the application of theory and skills learned. Before commencing a clinical placement, students are generally required to successfully complete some (or all) theory/didactic courses offered in the program, in order to assure that the appropriate knowledge can be applied within the placement setting.

Institutions utilizing mandated curricula (which typically recommends the length of the clinical placement in hours) may also increase the number of hours in a clinical placement beyond what is recommended in the respective curriculum. Since institutions are permitted to add additional hours to the clinical competent of their programs, insight can be gained by analyzing the length of clinical placement offered by institutions, rather than the minimum recommended length outlined in prescribed curricula. The following graph outlines the average length of clinical components for all public and private institutions across Canada sampled in this study, irrespective of their use of a mandated curriculum. The graph also contains the average length of the clinical component distinguished by public and private institutions across Canada.
Figure 2: Clinical Length in Hours in all Sampled Institutions

Minimum and maximum clinical placement lengths across Canada emerged from the data analysis as well. Clinical placement lengths in the sampled programs range from 165 to 600 hours, with numerous variations in between.

The settings for clinical placements are heavily influenced by the employment needs of each province/territory, taking into account the diversity of the population requiring personal provider care. Defining the categories for clinical settings for the personal care provider survey was a difficult task due to the variances in titles used across Canada and the inconsistencies in nomenclature which emerged during the data collection procedure. For example, continuing care in one jurisdiction could also mean long-term care in another jurisdiction. The database analysis showed that the majority of institutions across Canada offered clinical placements in residential care facilities, however this encompasses numerous modes of care, such as long-term and complex care. Numerous survey participants noted that residential care also includes special care (e.g., dementia care) since nursing homes offer special care units within their facilities. It was also noted that while special care may, in some cases, be included in residential care, a separate distinction is almost always made for acute care settings.

While these distinctions were made by some institutions and/or jurisdictions, others felt that the categories we had cited for the identification of clinical settings were accurate and representative. Another barrier to the recognition of competencies and the development of national educational standards that emerged in reviewing all programs in the survey was the use of variable nomenclature in identifying this occupation. In the current landscape, graduates wishing to pursue employment opportunities in other provinces/territories might not be aware of the different terminology being used and therefore, may assume they are not fully equipped with the skills needed in a particular care setting. Thorough definitions for the wide variety of care settings across Canada should therefore be developed, taking into account the differences that exist within each jurisdiction.
The following trends were derived from the analysis of clinical settings among the sampled institutions in the personal care provider database. It should be noted that some institutions indicated that while their program incorporates a clinical component, the settings are based on availability and student request. Placement will vary based upon the availability of sites in a given community setting.

**Table 10: Number of Hours per Clinical Setting**

<table>
<thead>
<tr>
<th>Clinical Setting Hours(^{28})</th>
<th>Average</th>
<th>Median</th>
<th>Maximum</th>
<th>Minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Care (long-term care, nursing homes, complex care) could include dementia care</td>
<td>188</td>
<td>210</td>
<td>300</td>
<td>40</td>
</tr>
<tr>
<td>Community Care (assisted living, community care, home support)</td>
<td>93</td>
<td>100</td>
<td>225</td>
<td>28</td>
</tr>
<tr>
<td>Special care (acute care, dementia care)</td>
<td>96</td>
<td>82</td>
<td>240</td>
<td>40</td>
</tr>
<tr>
<td>Undetermined until placement begins</td>
<td>197</td>
<td>170</td>
<td>600</td>
<td>40</td>
</tr>
</tbody>
</table>

\(^{28}\) Note that one institution listed 90 hours in a category of ‘Other’ which is not included in the table.
CORE COMPETENCIES

Initially, detailed consideration was given to the formulation of a plan to capture learning outcomes for personal care provider programs across institutions and jurisdictions. In some cases, learning outcomes are listed in mandated curricula, outlining the skills that personal care provider graduates will have gained upon completion of their program. The program learning outcome standards allow institutions the liberty of designing their own specific program (or course) structure. However, not all provinces/territories have a curriculum in place, therefore learning outcomes are not necessarily available in every jurisdiction. Additionally, learning outcomes are interrelated and cannot always be viewed in isolation of one another, which complicates the methods of data analysis and comparison. Learning outcomes also do not provide the level of specificity needed to identify common core competencies. The recommendation emerged at the 2011 National Forum to shift the focus from program outcomes to core competencies to capture the variability from each province/territory. Thirty common core competencies were created and assigned general titles that are fully defined in Appendix C. Institutions were identified as offering a core competency in the personal care provider database if the course included some or all of the content described under each category. A sample description of one of the core competencies (Palliative Care) is provided below.

**Palliative Care**

... chronic diseases, hospice and end-of-life care, along with impacts of a life threatening disease
... provisions of support for the dying person and their friends and family, respecting rights / rituals
... pain management, breathing challenges, dehydration, and physical, emotional and cognitive needs
... care of the person at time of death and care of the body after death
... assisting grieving family members and personal reactions to the death of a client
... legal/ethical practice and safety in palliative care

It should be noted that the titles of the core competencies are not necessarily aligned with program learning outcomes or course titles in the curricula across jurisdictions, however they were created out of necessity to encompass the nomenclature that would allow a comparative analysis. Data collected in Phase I preceded the administration of the personal care provider survey which highlighted trends and gaps regarding program content that assisted in the development of the 30 core competencies. For example, some provinces such as Nova Scotia, offer instruction on awareness of medications; however the curriculum in that province does not mandate lessons on actual concepts in administering medications, since it is considered outside the scope of personal care provider duties. Other provinces, such as Ontario and Saskatchewan, provide sessions on administering medications. In these provinces, personal care providers are able to assist clients with their medications on a case-by-case basis. Some conditions can be determined in the client’s care/support plan
and can ensure that the delivery of medication is conducted under the direction of a certified health professional.

As a result of these differences, two distinct core competencies were created for the personal care provider survey regarding medications: i) Awareness of Medications; and ii) Assisting with Medication Delivery. A thorough analysis of employer competency standards and applicable governing legislation in this area is necessary to develop a consensus on national educational standards.

89% (66/74) of the sampled institutions offer content on awareness of medications, while 70% (52/74) offer content on assistance with medication delivery.

Despite the difficulties involved in classifying core competencies under broad categories, the exercise was necessary in order to examine the trends in core competencies across Canadian personal care provider programs. Although the sampled institutions seem well equipped to prepare students to enter the workforce and provide quality care to clients, some gaps in program delivery are apparent. Table 11 (on the next page) outlines the percentage of the sampled institutions that were identified in the personal care provider database as offering the 30 core competencies within their personal care provider program. Some of the most noticeable gaps (under 90%) are highlighted in blue.
### Table 11: Percentage of Core Competencies Offered (based on sample) in Rank Order

<table>
<thead>
<tr>
<th>Core competencies</th>
<th>% offered</th>
<th>Core competencies</th>
<th>% offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Health Challenges</td>
<td>100%</td>
<td>Dementia Care</td>
<td>97%</td>
</tr>
<tr>
<td>Body Systems and Functions</td>
<td>100%</td>
<td>Family Dynamics</td>
<td>97%</td>
</tr>
<tr>
<td>Person-centered Care for Clients</td>
<td>100%</td>
<td>Professional Development</td>
<td>91%</td>
</tr>
<tr>
<td>Concepts for Practice</td>
<td>100%</td>
<td>Awareness of Medications</td>
<td>89%</td>
</tr>
<tr>
<td>Personal Care Skills</td>
<td>100%</td>
<td>Medical Terminology/Documentation</td>
<td>85%</td>
</tr>
<tr>
<td>Chronic Conditions</td>
<td>100%</td>
<td>Diversity and Multiculturalism</td>
<td>84%</td>
</tr>
<tr>
<td>Cognitive and Mental Health Care</td>
<td>100%</td>
<td>Self-awareness for Personal Health</td>
<td>84%</td>
</tr>
<tr>
<td>Safe Work Practices</td>
<td>100%</td>
<td>Care for Diverse Clients</td>
<td>82%</td>
</tr>
<tr>
<td>Teamwork and Professional Conduct</td>
<td>100%</td>
<td>Gerontology</td>
<td>81%</td>
</tr>
<tr>
<td>Problem Solving and Critical Thinking</td>
<td>100%</td>
<td>Substance Abuse/Addictions</td>
<td>80%</td>
</tr>
<tr>
<td>Complex Health Conditions</td>
<td>99%</td>
<td>Assisting with Medication Delivery</td>
<td>70%</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>99%</td>
<td>Care for Infants/Children</td>
<td>64%</td>
</tr>
<tr>
<td>Mobility Techniques</td>
<td>99%</td>
<td>Assault Response</td>
<td>58%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>99%</td>
<td>Care for Mothers</td>
<td>46%</td>
</tr>
<tr>
<td>Communication Skills</td>
<td>99%</td>
<td>Computer Literacy</td>
<td>42%</td>
</tr>
</tbody>
</table>

A quantitative and qualitative examination of the variables reveals gaps in program offerings that can provide a basis for further discussion. One topic for consideration in national education standard for core competencies may be Assault Response. This core competency covers the prevention of harm to self and others, intervention strategies used with challenging individuals, and interdisciplinary assessment.

58% (43/74) of the sampled institutions offer content on Assault Response and 8% (3/74) offer Personal Assault Response Training (PART) certification during program delivery.

While 42% (31/74) of institutions indicated that they did not offer Assault Response as a course or core competency, they actually may incorporate lessons into the program using other methods and different terminology. For instance, institutions may invite guest speakers from their local law enforcement agency to speak to students on personal safety, or welcome experts...
to engage the students on client safety. These resources may not be available in all areas of the country, but the intent to inform students on the subject demonstrates a concerted commitment to ensuring patient and worker safety.

42% (31/74) of the sampled institutions offer content on Computer Literacy, however students may already have these skills upon program entry.

While less than half of the personal care provider survey respondents confirmed the offering of Computer Literacy within their personal care provider programs, several other factors should be considered, particularly the specific needs within each jurisdiction. Some institutions offer computer courses for students with limited computer skills, while many other institutions simply mandate basic computer literacy as a requirement to successfully complete the program. Many jurisdictions are confident that the majority of applicants already have basic computer skills, and that a course dedicated to the subject would take time and resources away from more pertinent course content. Additionally, students may develop these skills during program delivery through the completion and submission of assignments or through use of an electronic learning platform, such as BlackBoard which is used in numerous post-secondary school settings.

64% (47/74) of the sampled institutions offer content on Care for Infants/Children, and only 46% (34/74) offer content on Care for Mothers.

Some institutions stated that their personal care provider program offers a specific focus in Gerontology. Over 81% (60/74) of the institutions sampled offer Gerontology as a core competency. While the majority of institutions offer the subject, some note that there is minimal instruction of certain components, such as the psycho-social, economic, socio/political theories of aging, or minimal discussion on the health challenges associated with later life stages. It could be argued that competencies such as diversity and multiculturalism should be a recommended baseline competency in the development of national educational standards, since the learning outcome from this competency may be required for all personal care providers in Canada. Additionally, if the goal is to promote mobility and transferability of skills, then graduates should be equipped with the skills that would allow them to move freely across Canada while adjusting appropriately to the client needs of different geographic areas. Skills that deal with the diversity of backgrounds, generational differences, cultural sensitivity and language barriers are unquestionably necessary skills for any level of health care worker, and the health care industry would benefit tremendously from promoting a high standard of sensitivity in this area. Employers might also advocate for the importance of providing professional development instruction to students, offered by 91% (67/74) of the sampled institutions. Students offered this core competency are provided with skills such as transition assistance, effective job-finding approaches, and employer expectations.
Standardized core competencies must include sensitization to the needs of employers and to the unique educational environments of the jurisdictions in which they apply.

Core competencies were also analyzed by category, whereby public institutions were separated from private institutions in order to identify gaps or trends in delivery. While there were many similarities in program content, the sampled public institutions showed higher percentages for the inclusion of the following core competencies:

- Gerontology
- Assisting with medication delivery
- Medical terminology/documentation
- Diversity and multiculturalism
- Dementia Care
- Palliative Care

Private institutions in the sample had higher percentages for the inclusion of a different set of core competencies, as follows:

- Care for Mothers
- Care of Infants/Children
- Assault Response

As mentioned earlier in this report, a standardized curriculum is utilized in the province of Québec for two levels of personal care provider programs: i) Assistant in Health Care Facilities (Assistance à la personne en établissement de santé); and ii) Home Care Assistant (Assistance à la personne à domicile). Due to the commonalities in course content, equivalencies can be granted between the two programs, allowing a student to complete two diplomas simultaneously. As such, the home care assistant program (975 hours) is considered to be a continuation of the assistant in health care facilities program (750 hours). The longer home care assistant program was selected for sampling in this study, since the program structure more closely resembles other personal care provider programs across Canada. The following table outlines the similarities and differences in course content (or core competencies) for the two aforementioned programs in Québec.
### Table 12: Course Content for Québec’s Personal Care Provider Programs

<table>
<thead>
<tr>
<th>Core Course Content for Both Programs</th>
<th>Assistant in Health Care Facilities (750 hours)</th>
<th>Home Care Assistant (975 hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infections and Contamination</td>
<td>Clinical Experience: Long-term Care</td>
<td>Everyday Domestic Activities</td>
</tr>
<tr>
<td>Physical Illnesses and Disabilities</td>
<td>Basic Mental Health Care and Services</td>
<td>Clinical Experience: Home Care</td>
</tr>
<tr>
<td>Occupations and Training</td>
<td>Short-Term Basic Care and Services</td>
<td>Medications and Basic Invasive Care</td>
</tr>
<tr>
<td>Workplace Ethics</td>
<td>Care Unit Procedures</td>
<td>Activities of Daily Living</td>
</tr>
<tr>
<td>The Helping Relationship</td>
<td></td>
<td>Family and Social Context</td>
</tr>
<tr>
<td>Team Interaction</td>
<td></td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Client Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Approaches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Care Procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Aid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palliative Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Search Techniques</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The course offerings in Québec closely resemble the core competencies offered by the majority of the sampled institutions in the rest of Canada. Though there was a very low response rate from Québec, the ministerial listing of course content in the above table provides adequate information to make a useful comparison within this study of Canadian educational institutions.

The gaps and trends in core competencies outlined in this section clearly highlight areas of focus. A more in-depth investigation into the degree to which each course is offered in these programs would assist in further understanding variances in instructional and learning outcomes and competencies and the creation of baseline competencies.
PRIOR LEARNING ASSESSMENT AND RECOGNITION (PLAR)

Many institutions across the country offer Prior Learning Assessment and Recognition (PLAR), with which applicants may receive credit towards admission into a personal care provider program to apply toward graduation requirements or to meet pre-requisite requirements for advanced courses.²⁹

Applicants may challenge specific courses or, in some cases, the entire personal care provider program, moving them closer towards certification. Some barriers to the PLAR process bear discussion here, particularly the expenses related to the application process, as fees are commonly required for each course application requesting PLAR credit. Fees are also generally higher for PLAR requests for work placement and/or clinical experience (Amichand, Ireland, Orynik, Potter, & VanKleef, 2007). Additionally, if there is insufficient evidence that the program learning outcomes have been met, there is no guarantee that the PLAR request will be accepted by the institution. In the PLAR process, the content must be comparable to the course content in the institution’s personal care provider program and must meet the institution’s standard of achievement for current course offerings. Typically, applicants must be registered in the institution’s personal care provider program to apply for PLAR. If approved, the recognition is recorded in an academic transcript.

Applicants may be evaluated for PLAR using any of the following methods (Amichand, Ireland, Orynik, Potter, & Van Kleef, 2007):

- Proof of graduation from another personal care provider program in an accredited institution within or outside of the jurisdiction, often requiring a minimum average (i.e., 60%), along with a review of experience against institutional curriculum;
- Completion of formal education and clinical practice in a similar profession (i.e., nursing);
- Completion of a certification or challenge exam created by the institution reviewing the PLAR, assessing acquired comparable knowledge of skills and successful matches to learning outcomes;
- Review of an applicant’s portfolio, examining previous volunteer experience, non-credit courses, independent study, seminars, travel, and/or professional associations;
- Performance observation (worksite assessment), skills demonstration, and/or interview with administration; and/or
- Proof of specified duration (i.e., minimum six months) of work experience as an attendant in a health care facility.

²⁹Also known as Recognition of Prior Learning (RPL), Recognition of Competencies, or Transfer/Equivalency/Accreditation
It should be noted that both the institution and applicant could benefit from a standardized PLAR process by: i) possibly shortening the amount of time required for students to complete a personal care provider program; ii) validating learning gained through work and life experience and encouraging applicants to pursue a career in the personal care provider field; and iii) eliminating duplication in course delivery. In creating a reasonable and clear PLAR process, institutions may also benefit from increased student recruitment and retention.

Career Laddering

Analysis from the personal care provider database shows that some institutions will award preferential admission (or block credit transfer) to graduates of personal care providers programs who wish to pursue additional education in a related health care field. This process is called career laddering. Over 40% (30/74) of the sampled institutions confirmed that they offer some form of career laddering into programs such as practical nursing (PN). Bridge programs may also be offered for graduates to meet admission requirements for entry into such programs. However, procedures vary by institution regarding credit granting, ranging from 2 to 15 courses of equivalency, depending on the origin or location of certification. While students may acquire credit towards PN programs, the majority of institutions do not offer credit for laddering into Bachelor of Science programs, but graduates of PN programs may ladder again into Bachelor of Science in Nursing programs (where available). Students benefit from life-long learning possibilities and the option to move vertically through education in the health care sector helps prevent the loss of students to other disciplines.

Assessment/Evaluation Practices

Assessment practices vary widely among the institutions sampled, highlighting another variance in personal care provider program standards across the country. Specific assessment and evaluation practices were not captured in the personal care provider survey, however some observations were documented from voluntary comments by survey respondents. In general, institutions are free to stipulate their own minimum required averages, ranging from 60% (C-) to 80% (A-), for courses. The assessment of a satisfactory clinical placement also varies widely by institution. Some institutions mandate a practical component in their program before a student can be a certified personal care provider, while others require the completion of a written test consisting of multiple choice questions and short answers (Health Professions Regulatory Advisory Council, 2006b).

Students of member colleges of the National Association of Career Colleges (NACC) must pass a national examination administered by the NACC. This examination evaluates the theory component of the program in order to determine whether the candidate has acquired the
knowledge required to serve safely and effectively as a personal care provider in an employment setting. The exam is offered online (on a monthly basis) and marked in an external setting, allowing for unbiased and consistent evaluation of adherence to program standards (National Association of Career Colleges, 2010).

Personal Care Provider Registries

British Columbia operates a comprehensive online personal care provider (health care assistant) registry, launched in January 2010. This registry is a database of credentialed (or registered) care aides and community health workers who are eligible for employment in publicly-funded organizations and settings. This also provides personal care providers on the registry with the opportunity to make themselves visible to publicly-funded employers (Ministry of Health Services, 2011).

The registry’s mandate includes the protection of vulnerable clients receiving care through the identification of abuse, and the promotion of professional development by identifying career opportunities. Nova Scotia has developed a voluntary registry in an effort to increase communication among workers and employers, but also to track mobility and attrition rates to assist with human resource planning. The Ontario government is developing a worker registry to be launched in summer 2012 that will function much like British Columbia’s by allowing graduates the opportunity to make their profile visible to employers and include information such as employment and educational background (Government of Ontario, 2011). The trend to create registries will provide the enhancement of public transparency and safety, and an increase in credential validation; as well as facilitate employment opportunities for personal care provider graduates.

Availability of Online Information

In light of the potential labour shortage, encouraging learners to enter the personal care provider field is becoming increasingly important. The availability of program information on institutional websites impacts the ability of potential applicants to choose their desired college, program of study, and geographic location. This is particularly relevant for international students entering Canada, who may select their residency based on their preferred post-secondary institution. Comprehensive online information can also assist employers to understand and assess graduates’ competencies by examining course content. Some of the following suggestions could assist in the provision of information to potential applicants to Personal Care Provider programs.

- Program webpages should provide potential applicants with comprehensive information on entry requirements. To assist with the transferability and portability of skills through the provision of program information, webpages should also list program length, length of clinical component (or preceptorship), and use of a provincial/territorial curriculum, where applicable;
- Information regarding PLAR and career laddering would be most useful, while recognizing that each request is assessed individually, and requires direct contact with the institution.
• Those seeking more detailed information regarding a program or those wishing to discuss individual concerns should be able to easily connect with a program coordinator. Many webpages did not list direct contact information, and some contact attempts went unanswered;
• Institutions would also benefit from offering a glimpse of graduate options for students as an added value to their website. For instance, some websites listed the availability of facilities seeking applications for unregulated care providers, and/or provided success statistics for graduates of their respective program;
• If actual courses cannot be listed, then core competencies or learning outcomes should be provided. The majority of private institutions in this study’s sample did not list any details regarding program delivery or course content; and
• Correct terminology should be used in all categories, such as the admission requirement to obtain “TB screening,” rather than a “negative tuberculosis test,” as explained previously in this report.

These recommendations may improve the consistency of information available to learners and employers, both within Canada and abroad.
CONCLUSION

This report provides a foundation for the development of national educational standards by offering a snapshot of program content for personal care provider programs in 74 institutions across Canada’s public and private colleges and training centers.

Results from the nomenclature review demonstrate that there is variability in the titles utilized for the occupation of personal care providers. The comprehensive discussion of entrance requirements highlights the variability across the country and the subtle issues that need to be considered in the context of developing national standards for these requirements. Similarly, the discussion on program delivery and length suggests the need to consider some standardization of programs in the context of other variables (i.e., entrance requirements and core competencies). The standardization of clinical placement settings must also be sensitive to the demographics of the population served by personal care provider graduates and to the needs/expectations of employers. Finally, the standardization of core competencies is fraught with institutional variability, particularly in the nomenclature used to describe course offerings. Above all, it seems that the variables in personal care provider programs are all interrelated and as such any attempt at developing standards for one variable must consider the other variables as well. This is particularly true for variables such as PLAR and career laddering, where institutional practices are highly individualized and dependent on other programs within the institution.

Nevertheless, this report provides qualitative and quantitative analysis and contextual information required to understand the reasons for the differences and similarities in personal care provider programs across Canada. The methodology used to select the sample and verify the contents of the personal care provider database was informed through an inclusive and purposeful participatory approach so that key stakeholders were represented in the sample and methods used to analyze the data.

The development of national educational standards for personal care providers inherently involves several challenges that will need to be addressed, in particular by decisions regarding governance and resources. There needs to be comprehensive coordination, oversight, and quality assurance for monitoring the national standards to ensure they are constantly kept up-to-date (One World Inc., 2011). Yet, as was evident from the numerous volunteers who participated in this environmental scan, personal care provider educators across Canada continue to show their support for this task through active participation. This enthusiasm and encouragement will undoubtedly foster the type of collaborative atmosphere in which the development of national standards can flourish.

While the analysis of data obtained from the personal care provider survey highlights a variety of gaps in program delivery across the country, institutions have significant commonalities. A standards guide must begin with what is currently available, recognizing and respecting the history of educational programs for this level of health care worker. A
commendable effort has already been made in introducing standards for educational programs within provinces or jurisdictions.

A collaborative effort in the development of a national standards guide would make key resources available to all Canadian institutions, whether public institutions or private training centers; whether located on the east or west coast of Canada; or whether they graduate ten or six hundred students per year. The key success indicators in producing personal care provider curricula standards will be to create an environment whereby students and graduates can move freely in this occupation, and employers and clients can feel confident that these care providers are knowledgeable. Such a scenario would ultimately be beneficial for students, educators, the health care system and ultimately the clients – the patients.
BIBLIOGRAPHY


Association of Canadian Community Colleges (2011; not for public release at this time). National Educational Standards for Personal Care Providers: Comparison Sample Database and Comparison Analysis.


Canadian Research Network for Care in the Community (2010). Backgrounder: Home Support Workers in the Continuum of Care for Older People. Retrieved November 2011 from


Dukes M. (2009). Competency profiles and educational programs. Presentation by Conjoint Accreditation Services for the Collaborative Forum on Health Science Education.


30 Click ‘CCA Job Description Template’ under the heading of ‘What’s New’ to obtain the pdf document from the website.


APPENDIX A: PERSONAL CARE PROVIDER SURVEY

Unregulated Personal Care Providers in Canada - Data Collection Form

1. Introduction

Your institution has been chosen as one of the 75 public and private colleges across Canada to participate in a research study of educational program offerings for unregulated personal care providers. This project is an initiative of the Association of Canadian Community Colleges and one of their affinity groups, the Canadian Association of Continuing Care Educators (CACCE), and is funded by Health Canada. Your participation is important, and the data collected in this form will be used to enhance educational standards for this level of health care worker in Canada.

This survey is divided into five sections, designed to capture information on admission entrance requirements, program delivery and length, and core competencies covered during the program. The survey should take approximately five minutes to complete, however you are welcome to provide additional comments in each section, should you wish to add contextual clarification.

Thank you in advance for your participation in this important initiative.

1. Please enter your name to continue:

2. E-mail address:

The data collected in this survey will be used to analyze provincial/territorial educational standards amongst Canada’s public and private institutions. The results of the analysis will act primarily as a knowledge mobilization tool to assist in the development of national educational standards for this level of health care worker. The data being collected in this survey is considered public information that is readily available on institutional websites or by contacting program coordinators.

*Note contact information has been removed from the above picture as the project is finished.*
2. Identification Information

1. Please select your institution from the drop-down menu: (listed in alphabetical order)

   [Dropdown menu]

   If your institution is not listed above, please enter the full name here.

2. Province / Territory:

   [Dropdown menu]

3. Please specify:
   - Public institution
   - Private institution

4. If private, is your institution a member of the National Association of Career Colleges (NACC)?
   - Yes
   - No

5. Please select the nomenclature used for your institution’s certification program:

   [Dropdown menu]

   Other (please specify):

6. Does this program follow an approved provincial/territorial curriculum?
   - Yes
   - No

7. Can students apply for Prior Learning Assessment and Recognition (PLAR) in this program?
   - Yes
   - Not offered

8. Is Career Laddering recognized (i.e. preferential credit towards Bachelor of Nursing)?
   - Yes
   - Not offered

9. Voluntary comments on this section?

   [Text box]
3. Entrance Requirements

1. Please identify the MINIMUM educational entrance requirement(s) required for admission into this specific program: (check all that apply)
   - Grade 10 English
   - Grade 10 Math
   - Grade 10 Science
   - Grade 11 English
   - Grade 12 English
   - Grade 11 French
   - High school diploma
   - GED (General Equivalency Diploma)
   - Language proficiency test
   - Other (please specify)

2. Is mature student status accepted if a student does not possess the minimum entrance requirement(s)?
   - Yes
   - No

3. If yes, is a college assessment (testing literacy/numeracy) required to qualify as a mature student?
   - Yes
   - No

4. Is an assessment required “in addition” to the minimum entrance requirement(s)?
   - Yes
   - No

5. Please specify the entrance requirements for your institution’s program offering:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Required for admission</th>
<th>Not required</th>
<th>Recommended</th>
<th>Required before clinical</th>
<th>Offered during program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard First Aid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPR Level C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPR for Health Care Providers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOODSAFE certificate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WHMIS certification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization record (updated)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B (HBV) vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB Screening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical suitability (self-disclosure on college form)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical suitability (validated by medical professional)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valid driver’s license</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous work or volunteer experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal reference check</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal check for vulnerable sector</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Abuse Registry check</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Voluntary comments on this section?
4. Program Delivery and Length

1. Please enter the total full-time program length in WEEKS, including all offered training and clinical experiences: (i.e. 34 weeks)

2. Please enter the total full-time program length in HOURS, including all offered training and clinical experiences: (i.e. 740 hours)

Please ensure that the above totals INCLUDE the number of hours in spent acquiring offered training (such as Standard First Aid, should it be offered as part of the program) and time spent in the clinical components of your institution's program.

3. What methods of program delivery does your institution offer for this program? (check all that apply)
   - Classroom
   - Laboratory
   - Online instruction
   - Part-time studies
   - Distance education

4. Are any training/certifications offered during the program whose hours are included in the total program length indicated above?
   If so, please indicate the number of hours spent in each:
   - Standard First Aid
   - CPR training (Level C or HCP)
   - WHMIS - Workplace Hazardous Materials Information Systems
   - TLR - Transfers, Lifts and Repositioning
   - PART - Professional Assault Response Training
   - NVCI - Non-violent crisis intervention
   - Other (please specify)

5. Please enter the total number of HOURS required for the clinical component(s) of your institution's program: (i.e. 300 hours)

6. Please enter the total number of HOURS in a preceptored placement (if applicable):
   (i.e. 100 hours)

7. Please specify the types of clinical placement settings and number of hours in each.
   - Community Care (assisted living, home support, group home, adult day center)
   - Residential Care (complex care, multi-level care, long term care, continuing care nursing home)
   - Special care (acute care, dementia care)
   - Undetermined (clinical placement unknown at time of registration)
   - Other (please specify)

8. Voluntary comments on this section?
5. Core Competencies

1. Which of the following core competencies are offered in your institution's program: (check all that apply)

<table>
<thead>
<tr>
<th>Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concepts for practice (roles and responsibilities, legislation, ethics, laws, privacy, confidentiality)</td>
</tr>
<tr>
<td>Person-centered care for clients (promoting dignity, worth, quality of life, hierarchy of needs)</td>
</tr>
<tr>
<td>Personal care skills (grooming, bathing, personal hygiene, assisting with elimination, bed-making)</td>
</tr>
<tr>
<td>Body systems and functions (structure and function of human organs, cells and tissues, body systems)</td>
</tr>
<tr>
<td>Gerontology (study of aging, theories, psycho-social aging, economic, social and political factors)</td>
</tr>
<tr>
<td>Care for common health challenges (across life span, body system disorders)</td>
</tr>
<tr>
<td>Care for chronic conditions (chronic illness, disability, transitions, and pain, and the implications for care)</td>
</tr>
<tr>
<td>Care for complex health conditions (ostomy care, respiratory care, catheter care, use of adaptive devices)</td>
</tr>
<tr>
<td>Client care for diverse clients (clients with physical disabilities and developmental delays)</td>
</tr>
<tr>
<td>Care for mothers (fetal development, infancy, pregnancy, post-partum)</td>
</tr>
<tr>
<td>Care for infants/children (including special needs children with developmental disabilities)</td>
</tr>
<tr>
<td>Substance abuse / addictions (alcohol dependency and drug dependency, addictions, suicide risks)</td>
</tr>
<tr>
<td>Cognitive and mental health care (mental functioning / illness, treatment, perceptions, care, intervention)</td>
</tr>
<tr>
<td>Dementia care (Alzheimer’s disease and other dementias, etiology, treatment, causes, stages and behaviors)</td>
</tr>
<tr>
<td>Palliative care (hospice care, end-of-life care, care of the person at time of death and care of the body after death)</td>
</tr>
<tr>
<td>Client mobility (range of motion, positioning, transfers, and lifts, fall prevention, supportive equipment)</td>
</tr>
<tr>
<td>Assault Response (prevention of harm to self and others, intervention strategies with challenging individuals)</td>
</tr>
<tr>
<td>Awareness of medications (interpretation of information on prescription containers, labels, abbreviations)</td>
</tr>
<tr>
<td>Assisting with medication delivery (assistance with oral, topical, eye, ear and nose medications, observations)</td>
</tr>
<tr>
<td>Safety in care provision (infection control, accident and fire prevention, emergency response)</td>
</tr>
<tr>
<td>Medical terminology/documentation (word elements, abbreviations)</td>
</tr>
<tr>
<td>Inter-professional teamwork and professional conduct</td>
</tr>
<tr>
<td>Professional Development (transition assistance, effective job finding approaches, preparing for job interviews)</td>
</tr>
<tr>
<td>Self-awareness for personal health (self-reflection on individual experience of health, assessment and development)</td>
</tr>
<tr>
<td>Diversity and multiculturalism (race, ethnicity, culture, religion, language, generational differences, discrimination)</td>
</tr>
<tr>
<td>Family Dynamics (respite and assistance, issues of abuse/neglect, domestic violence, conflict, dysfunction)</td>
</tr>
<tr>
<td>Nutrition (food guide, meal planning, preparing and serving meals, special diets, fluid intake)</td>
</tr>
<tr>
<td>Problem solving and critical thinking (deciphering perception problems, resolving interpersonal conflict)</td>
</tr>
<tr>
<td>Communication skills (concreteness, nonverbal messaging, gestures, postures, touch, tone and volume of speech)</td>
</tr>
<tr>
<td>Computer Literacy (word processing, keyboarding, file management)</td>
</tr>
</tbody>
</table>

6. Voluntary comments on this section?
APPENDIX B: PERSONAL CARE PROVIDER DATABASE FIELD DESCRIPTORS

The following tables outline the field descriptors used in the UCP Database.

Table B1: Column Headers in Identification Information, Category, and Nomenclature Sections

<table>
<thead>
<tr>
<th>Column Header</th>
<th>Descriptors in Identification Information Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province or Territory</td>
<td>Province/territory (note that BC and YK are grouped together since they share curricula)</td>
</tr>
<tr>
<td>Name of Institution</td>
<td>Full name of institution (or school board)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column Header</th>
<th>Descriptors in Category Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institution Type</td>
<td>Public ACCC member; Private; District School Board; or Private NACC member</td>
</tr>
<tr>
<td>Public</td>
<td>Public institution, member of the Association of Canadian Community Colleges (ACCC)</td>
</tr>
<tr>
<td>Private</td>
<td>Private institution</td>
</tr>
<tr>
<td>DSB</td>
<td>District School Board</td>
</tr>
<tr>
<td>NACC</td>
<td>Private institution, member of the National Association of Career Colleges (NACC)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column Header</th>
<th>Descriptor in Nomenclature Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Name</td>
<td>Program name used by each institution to describe their training certification program</td>
</tr>
<tr>
<td></td>
<td>Personal Support Worker; Home Support Worker; Health Care Assistant; Home Care Assistant; Health Care Aide, Resident Care Attendant; Continuing Care Assistant; Other</td>
</tr>
</tbody>
</table>

31 Additional information is contained in the personal care provider database, such as program coordinator (or faculty) names and email addresses, cities of institutions, and institutional and program page website addresses.
### Table B2: Column Headers in Minimum Educational and Additional Entrance Requirements Section

**Column Headers – Checkmark denoted those required under the following headers:**

<table>
<thead>
<tr>
<th>Column Headers</th>
<th>Grade 10 Science</th>
<th>Other requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 9 French (QC Secondary III)</td>
<td>Grade 10 Science</td>
<td>Other requirements</td>
</tr>
<tr>
<td>Grade 9 English (QC Secondary III)</td>
<td>Grade 11 English</td>
<td>Mature student status</td>
</tr>
<tr>
<td>Grade 9 Math (QC Secondary III)</td>
<td>Grade 12 English</td>
<td>College Assessment for mature student</td>
</tr>
<tr>
<td>Grade 10 English</td>
<td>High school diploma (or GED)</td>
<td>College Assessment additional</td>
</tr>
<tr>
<td>Grade 10 Math</td>
<td>Language Proficiency Test</td>
<td></td>
</tr>
<tr>
<td>Standard First Aid</td>
<td>Hepatitis B (HBV) vaccine</td>
<td>Previous work/volunteer experience</td>
</tr>
<tr>
<td>CPR Level C</td>
<td>TB Screening</td>
<td>Criminal reference/records check (CRC)</td>
</tr>
<tr>
<td>CPR for HCP</td>
<td>Influenza vaccine</td>
<td>CRC for vulnerable sector</td>
</tr>
<tr>
<td>Food safety certification</td>
<td>Medical suitability (self disclosure)</td>
<td>Child Abuse Registry check</td>
</tr>
<tr>
<td>WHMIS certification</td>
<td>Medical suitability (professional)</td>
<td></td>
</tr>
<tr>
<td>Immunization Record</td>
<td>Valid driver’s license</td>
<td></td>
</tr>
</tbody>
</table>

### Table B3: Field Codes Used for Identification in Additional Educational Entrance Requirements Section

<table>
<thead>
<tr>
<th>Field Codes</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Req →</td>
<td>Required</td>
</tr>
<tr>
<td>Cli →</td>
<td>Clinical</td>
</tr>
<tr>
<td>Rmd →</td>
<td>Recommended</td>
</tr>
<tr>
<td>Off →</td>
<td>Offered</td>
</tr>
</tbody>
</table>

- **Req → Required**: Required for entrance into program
- **Cli → Clinical**: Required prior to clinical placement / practicum
- **Rmd → Recommended**: Recommended, but not required for entrance into program
- **Off → Offered**: Offered by institution during as part of program delivery

---

32 Terms fully defined in Appendix D: Glossary of Terms (Entrance Requirements)
### Table B4: Column Headers for Program Delivery and Length section

<table>
<thead>
<tr>
<th>Column Header</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Length in weeks</td>
<td>Length of program in weeks (full-time program only)</td>
</tr>
<tr>
<td>Program Length in hours</td>
<td>Length of program in hours, including all clinical experience/practicum</td>
</tr>
<tr>
<td>Classroom</td>
<td>Availability of on-site, in class instruction, theory</td>
</tr>
<tr>
<td>Laboratory</td>
<td>Availability of laboratory experience</td>
</tr>
<tr>
<td>Online</td>
<td>Availability of online instruction, independently or part of blended model with classroom</td>
</tr>
<tr>
<td>Part-time</td>
<td>Availability of part-time studies (length not determined)</td>
</tr>
<tr>
<td>Distance Education</td>
<td>Availability of program certification through distance education</td>
</tr>
<tr>
<td>PLAR</td>
<td>Availability of Prior Learning Assessment/Recognition (PLAR)</td>
</tr>
<tr>
<td>Laddering</td>
<td>Availability of Career Laddering</td>
</tr>
</tbody>
</table>

### Table B5: Column Headers for Certifications Offered During Program Section

<table>
<thead>
<tr>
<th>Column Headers – Number of hours specified for each of the following headers:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard First Aid</td>
<td>Non-Violent Crisis Intervention (NVCI)</td>
</tr>
<tr>
<td>CPR training (Level C or HCP)</td>
<td>Food safety certification (i.e., FOODSAFE)</td>
</tr>
<tr>
<td>WHMIS certification</td>
<td>Gentle Persuasive Approach (GPA)</td>
</tr>
<tr>
<td>Transfers, Lifts and Repositioning (TLR)</td>
<td>Other specific certifications</td>
</tr>
<tr>
<td>Personal Assault Response Training (PART)</td>
<td>Total hours dedicated for certifications</td>
</tr>
</tbody>
</table>

### Table B6: Column Headers for Clinical Placement / Practicum Section

<table>
<thead>
<tr>
<th>Column Headers</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Placement</td>
<td>Full length of Clinical Placement / Practicum in Hours</td>
</tr>
<tr>
<td>Precepted Placement</td>
<td>Full Length of Precepted Placement in Hours <em>(if applicable)</em></td>
</tr>
<tr>
<td>Clinical Settings</td>
<td>Hours in each defined clinical setting: Community Care; Residential Care; Special care; Undetermined; Other</td>
</tr>
</tbody>
</table>
Table B7: Column Headers for Core Competencies Section (in alphabetical order)\textsuperscript{33}

| Core competencies (30): Blue dot denotes the inclusion of the following core competencies within the program: |
|--------------------------------------------------|--------------------------------------------------|-------------------------------------------------|
| Assault Response                                 | Common Health Challenges                         | Nutrition                                       |
| Assisting with Medication Delivery               | Computer Literacy                                | Palliative care                                 |
| Awareness of Medications                          | Communication Skills                             | Personal Care Skills                             |
| Body Systems and Functions                        | Concepts for Practice                            | Person-Centered Care for Clients                |
| Complex Health Conditions                         | Dementia Care                                    | Problem Solving and Critical Thinking           |
| Care for Diverse clients                         | Diversity and Multiculturalism                   | Professional Development                        |
| Care for Infants/Children                         | Family Dynamics                                  | Safety Work Practices                            |
| Care for Mothers                                  | Gerontology                                      | Self-Awareness for Personal Health              |
| Chronic Conditions                                | Medical Terminology/Documentation                | Substance Abuse/ Addictions                     |
| Cognitive and Mental Health                       | Mobility Techniques                              | Teamwork and Professional Conduct               |

\textsuperscript{33} Terms fully defined in Appendix C and D
APPENDIX C: GLOSSARY OF TERMS

Many terms used in this report have special meaning in the context of educational standards for UCPs. This appendix defines and elaborates on the variables outlined in the Entrance Requirements section of the UCP Database.

The terms in the Entrance Requirements section are not in alphabetical order; rather they are in the order specified by the database structure. The order does not imply prioritization, sequencing, nor weighting of significance.

ENTRANCE REQUIREMENTS

MINIMUM EDUCATIONAL ENTRANCE REQUIREMENTS

Grade 9 French (QC Secondary III), Grade 9 English (QC Secondary III), Grade 9 Math (QC Secondary III)
Secondary schools in Québec graduate in Grade 11 (or Secondary V) rather than Grade 12. Secondary III credits are equivalent to Grade 9 in the remainder of Canada.

Grade 10 English, Math, Science/Grade 11 English/Grade 12 English
Standards for acceptable achievement level differ by institution (i.e., C+ or better, minimum 60%).

High school diploma or GED
Awarded for the completion of Grade 12 high school (or Grade 11/Secondary V in Québec) or equivalent (DES in Québec) or nationally recognized General Educational Development (GED) diploma of high school equivalency.

Language Proficiency Test
Typically used for applicants who cannot meet minimum educational entrance requirements, or whose first language is not English. The AccuplacerELST test is often used (or similar), designed to measure reading, comprehension, sentence structure, etc.

Mature student status
Also known as adult learner, age of student maturity varies by institution (i.e., predominantly age 19, some accept age 18), typically have been out of the education system for at least two years, or longer.

College assessment
Prescribed literacy and/or numeracy skills assessment designed and administered by college in order to assess eligibility for admission. Minimum required score/level determined by institution. Some institutions utilize the Canadian Adult Achievement Test (CAAT), Wonderlic Test (SLE), Technical Literacy Exam (TLE), or Scholastic Level Form IV.
**ADDITIONAL ENTRANCE REQUIREMENTS**

**Standard First Aid**
Certified by Canadian Red Cross or St. John's Ambulance, to remain valid during clinical experience. Core content: Emergency Scene Management; Shock, Unconsciousness & Fainting; Choking - Adult; Cardiovascular Emergencies; One Rescuer CPR - Adult; Severe Bleeding; Medical Conditions; Bone and Joint Injuries; Burns; Poisons, Bites, and Stings; Heat and Cold Emergencies; Dental Emergencies; Rescue Carries; Automated External Defibrillator (AED); and Secondary Survey.

**CPR Level C**
Certificate in CPR (cardiopulmonary resuscitation) Basic Rescuer (Level C) Core Content: Adult/child/baby CPR - one rescuer; Adult/child/baby choking; Barrier devices/pocket masks; AED; Rescue Breathing may be taught at this level; and Adult/child - two rescuer CPR.

**CPR for Health Care Providers (HCP)**
Certificate in CPR (cardiopulmonary resuscitation) at the Health Care Provider level (includes Level C) Core Content: Adult/child/baby CPR - one rescuer; Adult/child/baby choking; Barrier devices/pocket masks; AED certification (Automated External Defibrillation); Rescue breathing is taught at this level; Adult/Child/Baby 2 rescuer CPR; BVM (Bag Valve Mask).

**FOODSAFE Certificate (or similar)**
Comprehensive food safety training program designed to teach sanitary food handling techniques that reduce the risk of food poisoning. An initiative of the Province of British Columbia (BC), developed and managed by the BC FOODSAFE Secretariat in partnership with the BC Centre for Disease Control, the BC Regional Health Authorities, the BC Restaurant and Food Services Association and WorkSafe BC. Certificates are recognized throughout BC and across Canada. Minimum grade of 70% on final examination is required. Similar certifications include Proton Food Safety.

**WHMIS Certification**
Workplace Hazardous Materials Information System (WHMIS) national certification in knowledge of key elements of cautionary labelling on containers of WHMIS "controlled products," the provision of material safety data sheets (MSDS), and worker education and training programs.

**Immunization Record**
Complete record of all vaccinations provided, signed by health care provider or stamped by health unit. Should include all relevant serologic data and should document exemptions or reasons for deferring vaccination. Requirements include proof of immunity to varicella, measles, mumps, rubella, polio, and tetanus, diphtheria and pertussis.

**Hepatitis B (HBV) Vaccine**

---

34 course content and delivery may vary by jurisdiction, variations exist in courses to suit different areas of specialization and occupations

35 http://www.foodsafe.ca/

Proof of immunization to Hepatitis B virus (HBV), often included in regular immunization record. Vaccine is recommended for UCPs who are at increased risk of occupational infection, namely, those exposed frequently to blood, blood products and bodily fluids that may contain the virus.

Tuberculosis (TB) Screening
Mantoux tuberculin (TB) skin test screening (two-step) method used to determine TB infection. Screening tests include sputum smear (this may include DNA fingerprinting if the patient is culture positive), chest radiograph or examination of tissue (biopsy) in a non-pulmonary site.\(^{37}\)

Influenza Vaccine
Vaccination for Influenza A and B viruses. Highly recommended for UCPs due to exposure to those at the greatest risk of serious infections, complications, hospitalization, death (i.e., children aged 6-23 months, those with chronic medical conditions, especially cardiopulmonary diseases, and the elderly).\(^{38}\) May be required at some clinical sites.

Medical suitability. Statement of (self-disclosure)
Submission of a signed health questionnaire/assessment created by institutions indicating physical fitness and emotional stability.

Medical suitability. Statement of (validated by medical professional)
Medical certificate indicating physical fitness and emotional stability, validated by a medical professional (i.e., family physician). Confirmation that individual has no apparent physical injuries, mental illness or communicable disease that would interfere with work placement.\(^{39}\)

Valid driver’s license
Most institutions recommend applicants have independent method of transportation, however, some institutions require proof of valid provincial driver’s license.

Criminal reference/records check (CRC)
Performed against the national repository of criminal records maintained by the Royal Canadian Mounted Police (RCMP). Checks are also in many cases performed against a Canadian police service’s local records (i.e., Certificate of Conduct in Newfoundland, Police Information Check (PIC) in Alberta). Check must validate a clear (no convictions) record, however, pardons are assessed by some institutions.

CRC for vulnerable sector
Police Records Check for Service with the Vulnerable Sector (PRCSVS). May include check of Pardoned Sexual Offenders Database. Non-Canadian citizens may be required to secure a Criminal Record Search with the Vulnerable Sector from their country of origin. A vulnerable person is defined in section 6.3 of the Criminal Records Act, as a person who, because of age, a disability, or other circumstances, whether temporary or permanent are (a) in a position of

\(^{37}\) Ontario Ministry of Health and Long-Term Care: Tuberculosis Protocol (September 2006)


\(^{39}\) Medical certificate validated by a medical professional, typically a physician, however in some cases, the medical certificate may be validated by a nurse practitioner
dependence on others or (b) are otherwise at a greater risk than the general population of being harmed by a person in a position or authority or trust relative to them.\textsuperscript{40}

**Child Abuse Registry check**

Official documentation verifying absence from registry, a government listing (*created under The Child and Family Services Act*) of names of individuals who have been found to have abused one or more children. Other nomenclatures include Child Welfare Prior Involvement check. Availability and procedures vary by jurisdiction.

\textsuperscript{40}Government of Canada: Canada News Centre http://news.gc.ca/web/article-eng.do?m=index&nid=528419
APPENDIX D: DESCRIPTIONS OF CORE COMPETENCIES

The core competencies descriptions were created using reference material from institutional websites, provincial curricula/standards documents, and information submitted by survey respondents. The descriptions are basic, and are by no means inclusive of the entire scope of content within each category, or core competency. Nevertheless, these descriptions are provided to assist with the development of nationally-standardized learning outcomes.

Assault Response

... prevention of harm to self and others, intervention strategies with challenging individuals
... minimization of altercations and other interactions between residents or others, interdisciplinary assessment
... Professional Assault Response Training (PART) by the Saskatchewan Association of Health Organizations (SAHO)
... Nonviolent Crisis Intervention (NVCI) training program, developed by the Crisis Prevention Institute in Manitoba

Assisting with Medication Delivery

... assistance with medication delivery to clients (oral, topical, eye, ear and nose medications)
... observation for both desired and undesired outcomes and procedures to be followed in the event of problems or concerns about client’s medications (side/adverse effects)
... assisting versus administering in relation to parameters of practice, legal implications
... responsibilities, precautions, measurements, documentation
... skills in reading and interpreting information on prescription containers (labels, abbreviations)
... dispensing, storage, destruction and disposal of medications

Awareness of Medications

... skills in reading and interpreting information on prescription containers (labels, abbreviations)
... responsibilities, precautions, measurements, documentation
... assisting versus administering in relation to parameters of practice, legal implications
... observation for both desired and undesired outcomes and procedures to be followed in the event of problems or concerns about client’s medications (side/adverse effects)
... dispensing, storage, and destruction and disposal of medications

Body Systems and Functions

... structure and function of human organs, cells and tissues
... ten (10) body systems (i.e. cardiovascular, musculoskeletal, neurological, respiratory, digestive, reproductive)
... body functions (genital-urinary and gastro-intestinal)
Complex Health Conditions
... clients with more than one chronic health condition require significant assistance with activities of daily life, dependent of technological devices
... complex care such as ostomy care (maintenance of elimination through a stoma and care of surrounding tissue)
... respiratory care, catheter care, and adaptive devices

Care for Diverse Clients
... care strategies for diverse clients groups, such as clients with physical disabilities and developmental delays

Care for Infants/Children
... infancy, toddlerhood, preschool period, middle childhood, late childhood
... care for special needs children with developmental disabilities

Care for Mothers
... fetal development, infancy, pregnancy, the post-partum period
... prenatal care, delivery and perinatal care, fertility control and enhancement, low maternal risk assistance

Chronic Conditions
... definitions, concepts diagnosis of chronic illness, disability, transitions
... establishing priorities for care, followed by observation and evaluation
... pain management, recognition, strategies, comfort care measures, assistive aids

Cognitive and Mental Health
... mental functioning/illness, treatment, perceptions, care, intervention
... common psychiatric conditions and cognitive impairment, including depression, bi-polar disorder, anxiety disorders, affective/mood disorders, schizophrenia
... observation, documentation and reporting and the role of the family caregiver
... recognizing behaviors and identifying person-centered intervention strategies

Common Health Challenges
... physical, social, intellectual and emotional aspects of human growth and development from infancy to old age
... body system disorders (i.e., ulcers, fractures, arthritis, hypertension, coronary artery disease, asthma, pneumonia, constipation, obesity, renal failure, hepatitis, diabetes, brain injury, stroke, Multiple Sclerosis, cancer)

Computer Literacy
... basic word processing features and file management, keyboarding techniques, introduction to Windows
... basic conceptual background and practical experience related to information technology in their health care field
Communications skills
... vocation-oriented approach to communications elements (sender, receiver, message, feedback), barriers
... self-awareness, respect, empathy, active listening abilities, effective interpersonal communication skills
... creating positive communication climates and resolving interpersonal conflict
... gestures, postures, touch, space, tone and volume of speech, responsive behaviors
... concreteness, summarization, deciphering perception problems, verbal and nonverbal messages

Concepts for practice
... roles and responsibilities of the unregulated health care worker, models of care, standards of care
... introduction to provincial system and roles within the health care system
... ethical and legal considerations/parameters of the industry, privacy, confidentiality, client rights and boundaries
... supervision, delegation of tasks, admitting, transferring and discharging patients
... characteristics of caring and person-centered practice (promoting dignity, worth, quality of life, hierarchy of needs)

Dementia
... causes, stages and behaviors of dementia, behavior mapping techniques and interventions
... assessment of dementia patients and how to intervene in emergency situations
... environments and issues related to special care placement and the impact dementia has on families
... current research and ethics related to dementia, normal aging versus dementia, including secondary influences
... community resources that support individuals and families dealing with the challenges of dementia
... Alzheimer’s disease, other dementias, etiology, treatment methods and care needs

Diversity and Multiculturalism
... race, ethnicity, culture, religion and spirituality, generational differences, discrimination
... diversity of backgrounds, generational differences, cultural sensitivity, language barriers

Family Dynamics
... family development, respite and assistance, coping and adapting with health and healing
... effects of illness, stress and disability placed on family relationships
... issues of abuse/neglect, domestic violence, conflict, dysfunction

Gerontology
... critical issues that affect aging, personal adaptation to aging, and community resources
... demography of aging, societal and personal attitudes to aging, major theories of aging, physical aging, psycho-social aging, economic, social and political factors
Medical Terminology/Documentation

... medical terminology (word elements, abbreviations)
... documentation, care-planning and observing and reporting on client's status

Mobility Techniques

... body mechanics, positioning, transferring clients/residents, weight bearing capabilities, range of motion
... fall prevention and management, restorative care approaches, environmental adaptations
... supportive equipment, supplies, devices, assistive aids
... Transfers, Lifts and Repositioning (TLR) certification

Nutrition

... nutritional requirements based on Canada's Food Guide
... meal planning, purchasing, preparing and serving meals
... special diets, fluid intake, and assisting clients to eat
... modified and restricted diets (liquid, high protein, diabetic)

Palliative Care

... chronic diseases, hospice and end-of-life care, along with impacts of a life threatening disease
... provisions of support for the dying person and their friends and family, respecting rights/rituals
... pain management, breathing challenges, dehydration, and physical, emotional and cognitive needs
... care of the person at time of death and care of the body after death
... assisting grieving family members and personal reactions to the death of a client
... legal/ethical practice and safety in palliative care

Personal Care Skills

... physical, psychological, social, cognitive, and spiritual well-being, comfort, safety and independence
... hygiene, grooming, dressing, bathing, bed-making, oral care, skin care, specimen collection, determining temperature, pulse and respiration
... equipment use, safety, functionality, malfunction, cleaning, organizing (i.e., oxygen tanks)
... continence care and bowel and bladder management elimination needs, techniques, training, collecting specimens (catheters, drainage bags, bedpans, suppositories)
... measuring, reporting and recording vital signs, body temperature, height and weight, pulse and respiration
... skin and wound care, prevention of skin breakdown using equipment and positioning aids
... assistance with relieving pain due to wounds, promote healing, prevent infection
Person-Centered Care for Clients

- promoting dignity, worth, quality of life, Maslow's hierarchy of needs, principles of human development
- viewing clients as unique individuals, respect for individuality, independence
- support for autonomy, feelings, preferences, conducting needs assessments
- common developmental tasks and characteristics at various ages across lifespan

Problem Solving and Critical Thinking

- problem-solving, organization of workload, time management, care-planning, identification of goal for care
- self-reflection, assessment and development (motivation, commitment)

Professional Development

- transition assistance, effective job finding approaches, preparing for job interviews
- employer expectations, legislation affecting the workplace (unions), employment skills

Safe Work Practices

- infection control/prevention (microorganisms, asepsis, isolation, infestations)
- accident and fire prevention, emergency response, risk management
- introduction to the Occupational Health and Safety Act
- introduction to or training in Workplace Hazardous Materials Information System (WHMIS)

Self-Awareness for Personal Health

- self-assessment, wellness intervention, cultural and societal influences on lifestyle and choices
- complexity of the lifestyle change process, difficulties inherent in personal change
- physical, psychological/emotional, cognitive, social and spiritual dimensions of health
- physical activity, self-care, rest, weight management, stress, fatigue
- self-reflection on individual experiences of health, recognizing challenges/resources that can impact lifestyle choices

Substance Abuse/Addictions

- alcohol dependency and drug dependency, addictions, suicide risks

Teamwork and Professional Conduct

- inter-professional teamwork in a health care setting
- philosophical values, theoretical understandings, professional approach to practice