Canadian Educational Standards for Personal Care Providers

A Reference Guide

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

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Introduction

Personal care providers are valuable front-line members of many health care teams who provide assistive-level personal and supportive care to clients with defined health needs. In Canada, personal care providers are identified by various occupational titles including, but not limited to: personal support worker, health care aide/assistant, home care assistant, and continuing care assistant.

The term 'personal care provider' is used in this document to identify health care providers who are not licensed or regulated by a membership organization, government, or regulatory body, and who perform services under the direction of licensed healthcare professionals (e.g., registered nurse), or employers in a variety of settings (e.g., long-term care, continuing care, acute care and home care), in accordance with care plans.

The focus of these standards is on the educational preparation of personal care providers who work with elderly clients who have defined health care needs (physical and/or psychological). It is however acknowledged that personal care providers work with clients of all ages; therefore, the educational standards are relevant to all personal care provider programs.

Educational standards and programs for personal care providers vary widely in Canada's public colleges, private career colleges, training centers, and high schools. Moreover, personal care providers are not monitored by any national or provincial/territorial professional, government, or regulatory body. Without national oversight and standardization in education, barriers for both graduates and potential employers in the field have emerged, particularly in the realm of skill transferability and competency profiles. Establishing educational standards addresses the core elements required for curriculum development and provides a benchmark for employers seeking qualified care providers. Additionally, educational standards provide a reference for people seeking an educational program to prepare them for a career as a personal care provider. Thus, it is vital for education and government sectors to understand and address these issues through the development of national educational standards.

In 2002, a group of five public college educators representing personal care provider education programs from the western provinces approached the Association of Canadian Community Colleges (ACCC) for support in reaching out to their eastern colleagues. This group had been meeting for several years and had worked to forge articulation of their institutions' programs. The result was a National Symposium for Community College Educators of Unregulated Health Care Workers, held in Ottawa in February 2004. Over 70 participants from colleges across Canada met to discuss the challenges and barriers that exist across provinces/territories relevant to the education of personal care providers.

During the proceedings, support emerged for the establishment of an ACCC affinity group, the Canadian Association of Continuing Care Educators (CACCE). Over the past few years, CACCE has actively worked towards the development of national educational standards for personal care provider programs, and in the process has gathered information on core competencies across Canada. An internal report of this work was presented to the CACCE members at its Annual General Meeting in 2009. The work of this ACCC Affinity Group formed the foundation for a proposal to Health Canada to seek funding for the development of national educational standards for voluntary integration into personal care provider educational programs.

The educational standards that follow emerged from an environmental scan and a national consultation. The overarching intent of the standards is to promote public safety and effective client care. The process and content are intended to support consistency, mobility, transparency, and quality in the educational preparation of personal care providers. Student competence and success is to be achieved by prescribing a high degree of structure, coordination, and interdependence among program elements.

The standards outlined in this guide are intended to build on the strengths existing in provinces and territories, recognizing the efforts of many toward strengthening personal care provider education. These standards are intended to be used voluntarily as a framework for comparing and/or enhancing existing curricula, standards, or curricular frameworks. This guide will serve as a reference for enhancing personal care provider programs to address the evolving needs of the health care sector, and provide recognition of the significant role played by personal care providers.

Target Audience

The educational standards in this document have been constructed for national use and therefore may not contain all applicable standards required by all educational programs in Canada.

The focus of these standards is on the educational preparation of personal care providers who work with elderly clients who have defined health care needs (physical and/or psychological). It is however acknowledged that personal care providers work with clients of all ages, therefore the educational standards have relevance to all personal care provider programs.

As it is not the intent of this document to produce all possible standards, we recommend local jurisdictions, provinces, and territories use them to expand, elaborate, and/or enhance what has been provided to accommodate local needs.

The steps in voluntarily adopting the national educational standards for personal care provider programs begin with determining the target audience and beneficiaries. The table below describes the individuals, organizations and levels of government that could be impacted.

Table 1: Target Audience and Beneficiaries for National Educational Standards

	Target Audience	**Beneficiaries**
Local	• Students in Personal Care Provider programs • Personal Care Providers • Health educators • Clinical instructors and community-based preceptors • Personal Care Provider employers	• Health care career students • Public and private Personal Care Providers • Health professionals (e.g., RNs, LPNs, RPNs) • Health care institutions, settings and management organizations (e.g., regional health authorities) • Educational institutions • Health care clients and their families
Provincial/ Territorial	• Health care provider associations • Regulatory bodies • Client/consumer associations • Provincial/territorial ministries responsible for the educational program for personal care providers and post-secondary education • Provincial/territorial health ministries • Provincial registries for personal care providers	• Provincial/territorial governments' education and health policy decision makers • Provincial regulators

Table 1 Continued: Target Audience and Beneficiaries for National Educational Standards

	Target Audience	Beneficiaries
Federal	• Health Canada • National associations for relevant professions (e.g., Canadian Nurses Association, Canadian Council for Practical Nurse Regulators, Registered Psychiatric Nurses of Canada), faculty associations	• Federal health research/information agencies • Federal government health policy branches
National/ Pan-Canadian	• Health care and/or education membership associations (public and private) • Canadian Healthcare Association • Health, Education, Community Action, Leadership (HEAL) • Association of Canadian Community Colleges (ACCC)	• Client advocacy groups • Health care providers

Standards Development

The national educational standards were derived from information obtained from an environmental scan, the work of the Project Steering Committee, and the review of standards by many stakeholders via formal consultations, focus groups and an online survey. The following is a brief summary of the steps involved in the process.

Environmental Scan

As stated in the report[1] "National Educational Standards for Personal Care Providers: Environmental Scan," this project was designed to gather information, through an environmental scan, from a sample of educational institutions offering personal care provider programs in Canada. Detailed information on the following was collected and analyzed:

- 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 resulting database presented several considerations and recommendations for national educational standards for personal care provider programs. This information served as a foundation in the development of the educational standards.

Project Steering Committee

The Project Steering Committee was comprised of multiple stakeholders from across Canada who guided the development of national educational standards at all stages, providing expert review and feedback. Part of the process involved identifying guiding principles which shaped the national educational standards (Table 2). To encourage clarity in interpretation and to describe the scope of the standards, the principles are presented in a format which describes what the standards are and what they are not. Appendix A provides information used to guide the creation of standards with respect to quality, assumptions, and grounded statements.

[1] Report will be released to the public during spring/summer 2012.

Table 2: Guiding Principles for the National Educational Standards for Personal Care Providers

National Educational Standards:		
ARE standards for education programs, intended to help ensure graduates in Canada are able to work effectively, competently and ethically, thus enhancing public safety	1	ARE NOT accreditation nor occupational standards, nor do they infer any relationship to scope of employment requirements upon graduation
ARE standards to support and enhance existing curriculum	2	ARE NOT proscriptive curricula, nor are they meant to replace existing provincial or territorial curricula, standards or frameworks
ARE broad and flexible to allow for innovation and development by educational providers within their programs	3	ARE NOT a description of the detailed individual components of all competencies
ARE developed to enhance consistency in quality of education and transferability of credentials	4	ARE NOT mandatory, as currently there are no mechanisms to monitor compliance
ARE a road-map for educators working towards continuous improvement of teaching and learning (Klieme et al., 2004)	5	ARE NOT synonymous with educational quality, as defining competence will not automatically translate to better educational outcomes for all (Hunter, 2011)
ARE set beyond minimum competence standards with the goal of encouraging continued growth and development in educational content and preparation	6	ARE NEITHER the least nor most rigorous of standards but the ones commonly subscribed to and demonstrably predictive of competent work
ARE designed to evolve along with the changing needs of the Canadian health care system, educational providers, new client health needs, new models of care, and new technologies (Dukes, 2009)	7	ARE NOT prescriptive and do not indicate specific methods for achievement
ARE based on research and consultation, guided by a multi-disciplinary Steering Committee	8	ARE NOT arbitrary
ARE intended to describe broad program outcomes and core competencies	9	ARE NOT fixed or inalterable
ARE integrated, interrelated and meant to be applied systematically	10	ARE NOT meant to be considered in isolation of the other components

Formal Consultations and Survey

Formal consultations consisting of interviews and scheduled focus groups with identified stakeholders were designed to obtain expert input into the proposed standards document. An online survey was created and disseminated for completion for those that were not able to participate in the consultation process. Table 3 provides an overview of the types of stakeholders that responded in the formal consultations and to the online survey, by their location. Upon completion of the consultations, the Project Steering Committee met to review the revised standards and finalize any remaining items.

Table 3: Participation by Stakeholder Type and Location – Number of Responses

Provinces/ Territories (focus group and survey participants)	Education Reps.[2]	Employers	Personal Care Provider[3]	Union Reps.	Reg.Body Representative	Ministry Reps	Nursing Reps.	French Speaking[4]	CACCE	National Org. Reps	Other (Survey Only)	TOTAL
Alberta	14	20	2	0	4	4	7	0	1	2	8	**62**
British Columbia	17	11	0	4	7	5	7	0	2	0	4	**57**
Manitoba	17	20	2	0	2	2	7	0	2	1	1	**54**
New Brunswick	10	2	3	0	0	1	3	3	1	1	2	**26**
Newfoundland and Labrador	0	2	0	0	0	1	1	0	0	0	2	**6**
Northwest Territories	1	4	5	0	0	0	0	0	0	0	0	**10**
Nova Scotia	13	12	19	1	1	2	5	0	0	0	4	**57**
Nunavut	0	0	0	0	0	2	0	0	0	0	0	**2**
Ontario	34	7	3	0	1	0	5	4	3	11	10	**78**
Prince Edward Island	4	0	1	0	2	0	0	0	0	0	0	**7**
Quebec	2	0	0	0	0	0	0	4	0	0	0	**6**
Saskatchewan	5	10	5	0	4	4	5	0	1	1	4	**39**
Yukon	2	2	3	0	0	2	0	0	0	0	0	**9**
TOTAL	**120**	**90**	**43**	**5**	**21**	**23**	**40**	**11**	**10**	**16**	**35**	**414**

[2] One participant did not indicate his/her province/territory.
[3] Personal care providers who participated in the focus group also represented unions.
[4] One employer, one nursing representative, one regulatory body representative, and four education representatives in the survey. Two employers, one ministry representative, and one national organization representative in the focus group.

Canadian Educational Standards

Across Canada, provinces and territories are currently at different stages of curriculum development and program approval for personal care provider programs. Many are working towards creating educational standards for this level of care provider. The need for information about common educational benchmarks to both enhance programs and facilitate portability of credentials has been identified in several jurisdictions. The work of developing national educational standards is aligned with several other national health human resource initiatives currently underway. The federal government also has a vested interest in supporting a sustainable standardized national model that ultimately meets the healthcare needs of Canadians, as reported during the Developing Educational Standards for Unregulated Personal Care Providers Forum in March, 2011.

The purpose of this initiative is to develop and present these standards which can be voluntarily adopted by personal care provider educational programs. While this framework of standards can be used to lay the foundation for an educational program, the core program content will also encompass regional differences and the needs of the community. The framework provides guidance on such things as program learning outcomes, recommended program delivery and length, and required practice experiences for students. The standards are presented in two categories:

1) Education Standards, which apply to program learning outcomes and core competencies, and
2) Administrative Standards, which apply to the institution/organization's program delivery logistics.

Education standards, as defined in this guide, encompass program outcomes and core competencies. The content of these elements are a composite of various curricula from across Canada, guided by information gathered from a sample of Canadian programs and through national consultation.

Program learning outcomes are broad statements regarding the criteria or standards for acceptable student performance. They represent the general knowledge, skills, and/or attitudes students will acquire as a result of attending and graduating from a personal care provider program.

Core competencies are statements regarding specific knowledge, skills, and personal attributes possessed or learned by individuals, which enable them to provide safe care for clients in a variety of health care settings. Competence, then, is a standardized requirement for personal care providers that encompass the knowledge, skills and personal attributes they will require to effectively carry out their specific job.

Administrative standards in this document focus on those elements which will enhance or facilitate a student's success in an education program. The focus will be on the following:

1. Program Admission Requirements
2. Program Delivery and Length
3. Educational Resources
4. Instructor Qualifications.

The standards are presented recognizing and acknowledging the level of learning required for the role. The role of the personal care provider is supportive and assistive, with an emphasis on developing skills in personal care to safely assist clients with the activities of daily living. The content provided in an educational program emphasizes the practical application of skills. The theoretical component is designed to provide rationale as to how and why specific care and support for the client is required.

Education Standards

Each personal care provider student must acquire the knowledge, skills, and attitudes contained in the program learning outcomes and core competencies in order to graduate from an educational program.

Personal care providers do not have a national scope of practice and therefore, the standards assume that the student will complete each item in a manner that is appropriate and accurate for their role, and in accordance with the educational preparation, practice experience, care plan, employer guidelines/policies, procedures and legislation, where applicable.

Personal care provider educational programs provide students with the opportunity to acquire knowledge that allows them to effectively perform their role. The level of knowledge required for any given personal care provider education standard is considered to be at a foundational or basic level. This level of knowledge will allow students to master role-appropriate skills and ideas, and apply their knowledge in the practice setting, generally under the supervision of a health care professional.

Program Learning Outcomes

Upon completion of an educational program, personal care provider graduates will have the knowledge, skills and attributes to function within the role requirements as described by their program and prospective employers as follows:

Program Learning Outcomes	
1	Provide client-centered care across the life span, with a focus on physical, psychological, social, cognitive, cultural and spiritual support.
2	Apply knowledge, skills, and abilities to provide safe and quality care for clients with defined health care needs.
3	Recognize and respect the uniqueness, diversity, rights, and concerns of clients and their families.
4	Act ethically and within the scope of employment, educational preparation, and provincial/territorial policies, procedures and legislation.
5	Perform in a competent, responsible, and accountable manner within the health care team.
6	Promote and provide a safe environment for clients, self, and others.
7	Provide client-centered care for clients experiencing cognitive and/or mental health challenges, and/or responsive behaviours.
8	Provide care for clients with palliative and end-of-life needs.
9	Communicate effectively and in a culturally-safe manner with clients, family, and health care team.
10	Examine one's own beliefs, values, and standards for self-care, self-development and life-long learning.

Core Competencies

Program Outcome	**1**	**Provide client-centered care across the life span, with a focus on physical, psychological, social, cognitive, cultural and spiritual support.**
Core Competencies	1.1	Apply concepts of human growth, development and aging
	1.2	Explain determinants of health and how they may impact care delivery
	1.3	Describe how gender, ethnicity, culture, religion, sexuality, and generational differences may affect care delivery expectations
	1.4	Recognize physical and psychological age-related changes in clients
	1.5	Support the client's physical and psychological wellbeing
	1.6	Support the client's dignity, positive self-worth, and quality of life
	1.7	Support the client's cultural and spiritual practices as appropriate
	1.8	Respect the client's right to refuse assistance and/or treatment
	1.9	Encourage and assist the client in social engagement and cognitive stimulation
	1.10	Encourage and assist the client in maintaining his/her functional mobility
	1.11	Demonstrate the qualities and characteristics of a caring provider
	1.12	Base care actions on an understanding of the interrelationship between physical, psychological, social, cognitive, cultural, and spiritual dimensions of health

Program Outcome	**2**	**Apply knowledge, skills, and abilities to provide safe and quality care for clients with defined health care needs.**
Core Competencies	2.1	Identify the normal anatomy and functioning of body systems and changes associated with aging across the life span
	2.2	Describe common diseases and disorders in each of the body systems
	2.3	Practice infection prevention and control
	2.4	Follow the care plan for a client
	2.5	Recall nutritional requirements based on current Canadian Food Guide or other culturally-appropriate guides
	2.6	Follow care plan requirements for special, modified, or restricted diets
	2.7	Monitor intake and output of clients
	2.8	Measure and document temperature, pulse, and respirations
	2.9	Assist the client with activities of daily living
	2.10	Assist the client with routine oral hygiene
	2.11	Be aware of client needs regarding medication
	2.12	Assist with non-invasive specimen collection
	2.13	Adapt client environment(s) to promote safety and independence
	2.14	Demonstrate problem solving skills

**For provinces and territories where personal care providers are allowed to assist in medication delivery for clients, the following core competency can be added,* "2.15 Assist client with medication in accordance with his/her care plan."

Program Outcome	**3**	**Recognize and respect the uniqueness, diversity, rights, and concerns of clients and their families.**
Core Competencies	3.1	Support client independence and preferences
	3.2	Describe changing family structure, elements of family relationships and coping styles
	3.3	Recognize the effect of illness, stress and disability on family relationships
	3.4	Recognize indicators of abuse/abusive relationships, neglect and domestic violence, and apply reporting requirements
	3.5	Encourage and support family involvement in the care of their family member, as appropriate
	3.6	Approach care in a non-judgmental manner
	3.7	Demonstrate respect and sensitivity to clients and their families
	3.8	Recognize the impact of caregiving for family caregivers

Program Outcome	**4**	**Act ethically and within the scope of employment, educational preparation, and provincial/territorial policies, procedures and legislation.**
Core Competencies	4.1	Comply with the provincial/territorial health care system requirements and relevant legislation guiding health care delivery
	4.2	Describe employer expectations of the care provider
	4.3	Understand and use knowledge of defined health care needs to assist in implementing care strategies
	4.4	Assess the client using observation, reflection, and communication based on educational preparation
	4.5	Observe changes in the client's condition, and document and report these changes to the appropriate individual(s) in a timely manner
	4.6	Organize, provide care and report on the effectiveness of that care to the appropriate health care team member(s)
	4.7	Advocate for the personal care provider role on the health care team
	4.8	Describe the role of advocacy in supporting clients
	4.9	Maintain confidentiality, privacy, and awareness of boundaries in provider-client and provider-family relationships
	4.10	Demonstrate ethical and professional behavior

Program Outcome	**5**	**Perform in a competent, responsible, and accountable manner within the health care team.**
Core Competencies	5.1	Identify roles and responsibilities of the health care team members
	5.2	Interact and collaborate with others in a way that contributes to effective working relationships
	5.3	Participate in discussions regarding client care, contributing relevant observations and information
	5.4	Seek clarification, guidance, and assistance from the appropriate health care team member(s)
	5.5	Take responsibility and be accountable for own behavior, actions, and decisions
	5.6	Document and report relevant information objectively, accurately, concisely, and in a timely manner
	5.7	Access and utilize relevant policy and procedural manuals in the employment setting
	5.8	Utilize appropriate health care terminology and abbreviations
	5.9	Utilize effective time management skills

Program Outcome	**6**	**Promote and provide a safe environment for clients, self, and others.**
Core Competencies	6.1	Adhere to proper safety, fire prevention, and emergency preparedness practices
	6.2	Adhere to emergency procedures
	6.3	Adhere to Workplace Hazardous Materials Information System (WHMIS) requirements
	6.4	Adhere to safe food handling practices
	6.5	Adhere to infection prevention and routine practices
	6.6	Understand prevention of harm to self and others
	6.7	Respond in an appropriate non-threatening manner to clients who are aggressive
	6.8	Utilize body mechanics effectively and safely
	6.9	Utilize assistive devices effectively and safely
	6.10	Identify, document and report safety hazards in equipment and the workplace environment
	6.11	Identify and follow occupational health and safety practices within their jurisdiction

Program Outcome	**7**	**Provide client-centered care for clients experiencing cognitive and/or mental health challenges, and/or responsive behaviours.**
Core Competencies	7.1	Understand the treatment, care, intervention, and community resources related to mental health and mental illness
	7.2	Recognize theories of addiction and approaches to care for clients with addiction
	7.3	Identify the risks and protective factors associated with suicide
	7.4	Understand the progression of dementia
	7.5	Identify and utilize approaches to care for clients with dementia
	7.6	Recognize the impact of one's own approach and care giving on clients

Program Outcome	**8**	**Provide care for clients with palliative and end-of-life needs.**
Core Competencies	8.1	Describe palliative, hospice, and end of life care
	8.2	Observe signs of pain, report appropriately and follow identified pain management strategies in care plan
	8.3	Reflect on one's personal reaction to death, dying, and grief
	8.4	Describe the grieving process and how to support families in this process
	8.5	Describe the process of dying
	8.6	Respect spiritual and cultural practices relating to death, dying, and after life
	8.7	Provide emotional support for the client and his/her family
	8.8	Provide comfort care for the client
	8.9	Recognize signs of expected death
	8.10	Provide care for the client at the time of death and after
	8.11	Provide support for the family at the time of the client's death and immediately after

Program Outcome	**9**	**Communicate effectively and in a culturally-safe manner with clients, family, and the health care team.**
Core Competencies	9.1	Demonstrate proficient oral and written skills in the language(s) of instruction through a variety of communication methods (e.g., electronic/paper client chart, telephone, email, and in person)
	9.2	Understand and use effective communication strategies (verbal and non-verbal)
	9.3	Be aware of communication styles of self and others
	9.4	Adapt tone, volume, and vocabulary appropriately
	9.5	Use humour appropriately
	9.6	Use touch appropriately
	9.7	Recognize when and what kind of communication with family members is appropriate
	9.8	Utilize active listening to communicate respectfully and compassionately with clients, family, and health care team member(s)
	9.9	Use assertiveness effectively
	9.10	Use appropriate strategies in providing and receiving feedback
	9.11	Follow care setting and legislated policies relating to written communication, privacy, and confidentiality

Program Outcome	**10**	**Examine one's own beliefs, values, and standards for self-care, self-development and life-long learning.**
Core Competencies	10.1	Understand the need for and value of life-long learning
	10.2	Recognize how one's own values and beliefs influence one's ability to provide client care
	10.3	Reflect on personal experiences and practices, and adapt behaviours based on these reflections as required
	10.4	Effectively use work-life balance strategies
	10.5	Effectively use stress management techniques

Administrative Standards

Program Admission Requirements

Standards for admission described in this document are divided into three sections: education, health, and safety. Ultimately, the onus is on the educational provider to ensure that applicants possess the literacy and numeracy as well as other required skills needed for successful completion of the program and subsequent employment.

The health and safety requirements are associated with the practical experience within the educational program. Therefore, these requirements must be in place prior to the student's first practice experience. It is the responsibility of the educational program to determine whether the health and safety requirements are program admission requirements (and therefore must be completed prior to admission to the program), or placement site requirements (and therefore must be completed prior to the clinical experience), but they are required for the purposes of this document. Jurisdictional expectations may also determine the timing of these requirements in the program. Students should be alerted to the health and safety requirements for placement prior to being admitted to the program.

Table 4: Program Admission Requirements

Category	Program Admission Requirement Description
Education	Completion of Grade 10 English or Grade 10 level language required by educational program, or mature student status[5] accompanied by a college assessment
	Literacy in the language(s) required and numeracy skills (formal testing if required)
	Proficiency in the oral and written language of instruction (formal testing if required)

[5] Age of student maturity varies across Canada; however, mature students are generally defined as having been out of the education system for more than two years.

Practice Experience Participation Requirements

Potential students should be made aware that their admission into a personal care provider educational program does not guarantee their admission into a practice experience in a clinical setting (Note that completing the practice experience is a requirement for graduation). Each clinical setting will have its own criteria for accepting student placements which may or may not include such items as a record of receiving specific immunizations and/or flu shots, as well as criminal record and vulnerable sector checks. Where possible, the educational program should provide potential students with practice setting program criteria (e.g., on website, with admission materials) as they enroll in the program.

Table 5: Practice Experience Participation Requirements

Category	Practice Experience Admission Requirements Description
Health[6]	Current record of immunizations
	Current tuberculosis (TB) screening
Safety	Standard First Aid certification
	CPR Level C[7]

Program Delivery and Length

Personal care provider programs should consist of three major components:

- theoretical/didactic (e.g., classroom),
- laboratory/hands on practice (e.g., simulation), and
- practice experience in clinical settings (i.e., residential/facility and community care settings).

The combination of these components result in integrated learning within a competency-based framework. It is expected that assessment of student progress should occur throughout the

[6] As this is a national document and certain locations within Canada do not allow admission into an educational program or employment setting (during practice experience) to be determined by an individual's physical needs, it is not appropriate to add such a requirement to this document. Institutions should recognize that some students may require accommodations to assist in supporting their physical and/or other needs during their educational program and that these needs should be supported and fulfilled to the best of the institution's ability.

[7] CPR for HCP is also acceptable and can replace CPR Level C.

educational program. Students will have the opportunity to gain and demonstrate knowledge in the classroom, which prepares them for their practice experience in a laboratory setting. They ultimately demonstrate achievement of competence during supervised and mentored experiences in clinical settings (practice experience). Student performance should be evaluated in each of the practice settings. Successful completion of a personal care provider program, which utilizes the Canadian educational standards, would speak to a common understanding of the readiness of these graduates to assume a role on a health care team.

While instructor-led laboratory and practice setting experiences are critical, it is appropriate for theory to be delivered in a variety of modalities, including distance or virtual learning.

The practice experience allows students to apply theoretical knowledge and laboratory skills, while demonstrating accountability, problem solving appropriate to the role and ethical conduct in a clinical setting. As indicated above, program practice experiences place students in both of the following settings:

- Community Care (e.g., adult daycare, assisted living, home support), and
- Residential/Facility (e.g., nursing homes, hospitals, and retirement homes).

There is no empirical data regarding an absolute number of program hours required to adequately cover all core competencies for personal care provider work readiness. The following description of program length and theoretical/lab/practice experience ratios in Canada emerged from data obtained in the environmental scan titled, “National Education Educational Standards for Personal Care Providers: Environmental Scan.”

The data from the programs sampled in the environmental scan showed a broad range of program lengths. The median program length was 28 weeks with the range from 15 to 45 weeks. The median program length in hours was 745 hours with the range from 485 to 1044 hours. In terms of classroom and lab hours, the median length was 423 hours with a range from 246 to 750. All sampled programs included practice setting experience with the median length of the experience being 300 hours with a range from 165 to 600 hours.

Of the sampled programs, classroom/lab hours represented 59% of the total program length on average, ranging from 32% to 79%. Practice experience hours represented 41% of the total program length on average, ranging from 21% to 68%. This indicates an approximate 60:40 ratio for classroom/lab and practice experience.

The overriding factor in setting program length in weeks and/or hours is the determination by the educational provider that all the core competencies are met.

During program delivery, students are also required to complete training in such programs as WHMIS or FOODSAFE. These hours are outside the actual personal care provider program and should not be counted in the total for overall institutional curriculum requirements.

Educational Resources

Program Advisory Committee

A Program Advisory Committee (PAC) is recommended for each educational program, in both public and private sectors. It should consist of the following stakeholders:

- instructors,
- program leads,
- college/center administrators (e.g., deans, chairs),
- employers,
- clinical staff, and
- relevant representatives from student practice experience in clinical settings.

The PAC should meet a specified number of times per year (at least twice) to discuss items such as progress in the program (including ensuring currency and relevancy), issues that have arisen, and suggestions for change.

Student Resources

Students are required to complete all program components (i.e., theoretical, laboratory, and practical education) to an established satisfactory level in order to graduate from a personal care provider program. Students require the following educational resources in order to be successful:

- course outlines and/or program descriptions
- student guidebook or listing of rules and regulations that are applicable to the institution in which they will be enrolled
- access to the details of outcome assessment and evaluation
    - the schedule of exams and evaluations should be formally documented and made available to students, to ensure they have a full understanding as to how and when they will be evaluated
    - access to library and program resources (e.g., counseling and financial aid, adequate laboratory facilities) in addition to program course text books and other materials that would facilitate learning
- advance notice of practice experience schedules
- appropriate access to instructors to discuss progress, concerns and/or remediation within their educational program

Minimum Instructor Qualifications

The minimum qualifications for personal care provider instructors are:

Classroom Instructors

- Primary instructor should have a diploma or degree in nursing
- Secondary instructors should have a diploma or degree in the specific area of expertise
- Instructors should have a minimum of two years recent experience in setting(s) relevant to course(s) being taught (if applicable) or classroom teaching experience
- Instructors should have demonstrated ability to teach adult learners, and the understanding to apply adult education principles in the classroom or laboratory setting.

Practice Setting Instructors

- Instructors must have a current active license in a nursing discipline (i.e., registered nurse, licensed practical nurse, registered psychiatric nurse) and be in good standing within the appropriate regulatory body
- Instructors should have a minimum two years of recent practice experience in a health care setting
- Instructors should have demonstrated ability to teach adult learners, and the understanding to apply adult education principles in the classroom or laboratory setting.

Appendix A: Assumptions and Statements

The following assumptions and statements have been identified in order to allow readers to move forward with an understanding of the intended use for this guide:

1	The term personal care provider has been used to describe a variety of health care providers who are not licensed or regulated by any organization, government, or regulatory body. They generally perform services under the direction of a licensed healthcare professional or employer in a variety of settings.
2	The ultimate goal in developing Canadian education standards for personal care providers is to improve the quality of care performed by these individuals to clients and their families in health care settings.
3	Health care and education delivery remains the domain of provincial/territorial governments as they determine the framework of practice.
4	Educational providers will continue to produce curricula for personal care provider programs and follow them as mandated by local jurisdictions.
5	The development of education standards for personal care providers is based on commonly-identified competencies which emerged through an environmental scan and national consultation with subject matter experts.
6	Despite increasing demand for the services provided by personal care providers, there remains considerable variation in their educational preparation and the competencies they bring to the work setting.
7	Educational decision-makers can utilize the information in this guide as a national baseline to assist with creating and revising curriculum documents in order to align program content with other jurisdictions across Canada.
8	Personal care provider programs are offered by public and private colleges, training centers, school boards of education, and other service providers offering education to adult learners.
9	This guide is intended to be used by personal care provider educational programs in Canada, recognizing the varied nomenclature being utilized for program names in educational and occupational settings.
10	Educators are accountable for facilitating the achievement of student outcomes as well as program content, the quality of instruction, and the student evaluation process.
11	The concepts outlined in this guide should afford employers an increased understanding of educational competencies attained by graduates, and serve as a point of reference for students from outside Canada.

Glossary

Activities of Daily Living: Activities of daily living are performed by the personal care provider to support clients' health and well-being, promote their ability to care for themselves and their families, assist them to enjoy leisure and recreation, and help them to contribute to society and the community. The need for, the client's response to, and the outcomes of performing these activities have been established over time and therefore, are predictable. In addition, what may be considered a routine activity of daily living in one client situation should not be considered a routine activity of daily living for all client situations. Personal care providers assist clients with their routine activities of living by following care plans, written guidelines, oral directions, and employer policies. These activities are supervised, directly or indirectly, by a regulated health professional/supervisor and/or they are under the direction of the client. Examples of activities of daily living include eating, bathing/personal hygiene, toileting, and mobility.[8] (Note: see Instrumental Activities of Daily Living)

Administrative Standards: For the purpose of this document, administrative standards encompass: program admission requirements, program delivery and length, educational resources, and instructor qualifications.

Advocacy: Actively support, protect and safeguard the rights and interests of a client, individual, and/or personal care provider role. Advocacy is undertaken in the best interest of the person(s).[9]

Assessment: Personal care providers apply a foundational or basic level of assessment in their work. They gather information about their client(s) through observation, reflection, and communication. They use a variety of sources (e.g., care plan, health care team, and client) and methods (e.g., reading, talking, observing) in assessment. Competence in basic assessment requires knowing when to assess, what to assess, and reporting the assessment information to the appropriate health care professional in a timely manner.[10]

Assistance with Medication: Assistance with medication involves providing physical assistance to the client in taking their medications. Assistance may include such activities as opening the container for the individual, providing a glass of water for the client to drink while taking the medication, and/or placing the medication pack in the client's hand. In many jurisdictions, further actions relating to medications may be assigned to a personal care provider; however, these actions should be clearly be

[8] http://www.tcu.gov.on.ca/pepg/audiences/colleges/progstan/health/supwork.html
[9] Registered Nurses Association of British Columbia (2000), as cited in http://gov.ns.ca/health/ccs/Scope_of_Practice_CCA.pdf
[10] http://www.health.gov.bc.ca/library/publications/year/2007/CareAideCompetencyProjectFramework.pdf-509.6KB

delineated as “assignable tasks” or “delegated tasks” and the personal care provider must follow specific procedures.

Care Plan: A client-centered plan of action that is determined by clients or their alternative decision maker together with the health care team. Regulated health professionals and/or supervisors are accountable for the development of care/service plans, for the safe and competent implementation of these plans, for the evaluation of client outcomes, and for revisions to care/service plans as required. Personal care providers are responsible for competently carrying out assigned supportive care actions as outlined in care plans and according to established policies and procedures.[11]

Client: An individual or group of individuals who require personal care and support services from personal care providers. Clients may come from all ages across the lifespan and may be experiencing one or more physical, cognitive, emotional, spiritual, and/or behavioural challenges. In some clinical settings, a client may be referred to as a patient or a resident. The focus of the standards in this document is on elderly clients with defined health care needs (see Target Audience section for further detail).

Client-Centered Care: An approach in which clients are viewed as whole; it is not merely about delivering services where the client is located. Client-centered care involves advocacy, empowerment, and respecting the client’s autonomy, voice, self-determination, and participation in decision-making.[12]

Cognitive stimulation: Awareness promotion of what is going on within the client’s environment. This involves stimulation of all of the senses (i.e., sight, hearing, taste, touch, and smell) as appropriate, so as to increase client’s awareness and interaction with their environment.

Competence: The integrated knowledge, skills and personal attributes required for a personal care provider to practice safely and ethically in a designated role and setting.

Core Competencies: Statements regarding specific knowledge, skills and personal attributes possessed by or able to be learned by individuals, which enable them to provide safe and proficient care for clients in many health care settings.

Cultural Safety: Sensitivity to culture and cultural differences, including recognition of the importance of respecting differences. It is also important to understand that power differentials, which are part of providing care, impact on cultural safety.[13]

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[11] http://www.tcu.gov.on.ca/pepg/audiences/colleges/progstan/health/supwork.html
[12] http://www.rnao.org/Storage/15/933_BPG_CCCare_Supplement.pdf
[13] Adapted from Aboriginal Nurses Association of Canada, Canadian Association of Schools of Nursing & Canadian Nurses Association (2009b). Inuit and Métis Cultural Competence and Cultural Safety in First Nations, Nursing Education: An Integrated Review of the Literature. Ottawa: ANA

Curriculum: A formal document (which includes non-formal elements) for an educational program, outlining learning objectives including content, approach to learning and assessment practices.

Determinants of Health: Definable entities that are associated with or induce population health outcomes. These entities include health behaviours, lifestyles and coping abilities, biology, gender and genetics, income and social status, culture, education, employment and working conditions, access to appropriate health services, and the physical environment.[14]

Education Standards: For the purpose of this document, education standards encompass program outcomes and core competencies.

Ethical: An individual's fundamental disposition toward what is good and right, and the associated action (i.e., the action an individual recognizes or believes to be the best outcome in a particular situation).

Family: The member(s) of the family are defined by the client and can include families of origin, families of choice, and persons of representation.

Foundational Knowledge: Essential information appropriate to the personal care provider role about aging, growth and development throughout the lifespan; supportive personal care and home management services; communication; general health and healthy behaviours; common cognitive, physical, behavioural, and emotional conditions; and, health and safety practices.[15]

Health: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.[16]

Health Care Team: Individuals who by working together provide health, personal and supportive care, and/or home management services to clients. The team may consist of, but is not limited to, different configurations of the client, regulated health professionals and other professionals, unregulated care providers, and/or other caregivers (including the client's family). Within the team, the client remains its center and client-directed care its focus. All health care team members maintain client confidentiality.[17]

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[14] http://www.nanb.nb.ca/PDF/Nurse_Practitioner_Core_Competencies_FINAL-2010-E.pdf

[15] Adopted from http://www.tcu.gov.on.ca/pepg/audiences/colleges/progstan/health/supwork.html (Basic Knowledge)

[16] Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. The definition has not been amended since 1948.

[17] Adopted from http://www.tcu.gov.on.ca/pepg/audiences/colleges/progstan/health/supwork.html

Instrumental Activities of Daily Living: Activities related to the client's independent living, involving interactions with the physical and social environment, which may include but are not limited to: preparing food, managing money, shopping, and cleaning. (Note: see Activities of Daily Living)

Personal Care: Personal care includes those activities that support the client's physical, cognitive, emotional, spiritual, and behavioural requirements. Personal care activities are directed toward supporting the client's communication; activities of daily living, personal hygiene such as bathing, dressing/undressing, grooming, skin care, and oral care; meal planning and preparation; eating; hydration, elimination, sleeping; mobility; leisure and recreation; and, the promotion of comfort and safety activities. Personal care provided by the personal support worker supports the client's health, well-being, and sense of self-determination.[18]

Personal Care Provider: A generic term used to identify a variety of health care providers who are not licensed or regulated by a membership organization, government, or regulatory body, and who perform services under the direction of a licensed healthcare professional (e.g., registered nurse), or employer in a variety of settings (e.g., long-term care, continuing care and acute care facilities, and home care).

Practice Experience: The learning experience where students are provided with a supervised practical application of knowledge and skills learned during the theory (classroom) component of an educational program. This experience may be instructor led or precepted (host-supervised).

Problem Solving: Problem solving includes identifying and analyzing a problem; identifying priorities and options, consequences and source of assistance; utilizing the safest, most appropriate action to rectify the problem; and, evaluating the outcome. Competent personal care providers use a systematic problem solving process, both independently and in consultation and collaboration with other members of the health care team.[19] "Think and solve problems" are identified as Essential Employability Skills by the Conference Board of Canada.[20]

Professional Behaviour: While personal care providers are not defined as professionals, they are expected to behave in a professional manner. This means that they will conform to the technical, social, or ethical standards expected of an individual within the health care field. This includes all aspects of performance: communication, ethics, accountability, responsibility, respect, appearance, utilization of knowledge and problem solving, and giving and receiving feedback in a positive manner.

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[18] http://www.tcu.gov.on.ca/pepg/audiences/colleges/progstan/health/supwork.html
[19] http://www.health.gov.bc.ca/library/publications/year/2007/CareAideCompetencyProjectFramework.pdf-509.6KB
[20] www.conferenceboard.ca/topics/education

Program Learning Outcomes: They are broad statements regarding the criteria or standards for acceptable student performance. They represent the general knowledge, skills, and personal attitudes students will acquire as a result of attending and graduating from a personal care provider program.

Regulated Health Professional: Those individuals who are members of a regulatory body mandated by legislation and companion acts. The legislative framework describes the self-regulation and the companion acts contain the scope of legislated practice, professional designation and title, and the controlled acts approved for the profession. In assigning activities to and supervising personal support workers, regulated health professionals should be satisfied those fulfilling the personal care functions are competent. The regulated health professional has the responsibility to provide continuing supervision for personal care providers. In addition to supervising these workers, regulated health professionals guide, direct, teach, and may, under specific conditions, assign tasks that may be out of the personal care providers' scope of employment, for which they have demonstrated competence to perform. [21]

Responsive Behaviour: Responsive behaviour has been described in the research (Cohen-Mansfield, 2000) as: 1) verbally non-aggressive (verbal complaints, constant requests for attentions), 2) verbally aggressive (cursing, sexual content), 3) physically non-aggressive (pacing, undressing, handling objects), and 4) physically aggressive (spitting, hitting throwing objects, physical sexual advances and hurting self or others).[22]

Right to Refuse Care: It is understood that all clients have the right to refuse care measures and treatment, after they have been fully informed of the outcomes of refusing that care. The client's decision must be understood, accepted, and respected by the personal care provider. Refusal of care should be documented and reported to the personal care provider's supervisor.

Rights: Those legal, social or ethical principles that describe basic rights to which individuals are entitled, including human rights, legal rights, and client's rights.

Safe Care: Reduction or mitigation of unsafe acts within the health care system, as well as through the use of best practices, shown to lead to optimal client outcomes.[23]

Scope of Employment: The range of responsibilities as defined by an employer through job descriptions and policies.[24]

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[21] http://www.tcu.gov.on.ca/pepg/audiences/colleges/progstan/health/supwork.html
[22] http://www.oanhss.org/AM/Template.cfm?Section=Home&Template=/CM/ContentDisplay.cfm&ContentID=8070
[23] http://www.cna-aiic.ca/CNA/documents/pdf/publications/PS102_Patient_Safety_e.pdf
[24] http://gov.ns.ca/health/ccs/Scope_of_Practice_CCA.pdf

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

Unregulated Care Provider: Health care providers not regulated through legislation. Unregulated care providers perform clearly-identified services under the direction and/or supervision of a client, family member, regulated health professional, or employer. Unregulated care providers include for example, personal support workers, personal attendants, homemakers, occupational therapist assistants, physiotherapist assistants, psychiatric assistants, and family/lay visitors.[25]

W**ork-Life Balance:** It is a state of well-being that a person can reach, or can set as a goal, in order to allow that person to manage effectively multiple responsibilities at work, at home and in the community. Work-life balance is different for everyone. It supports physical, emotional, family, and community health and does so without grief, stress or negative impact.[26]

[25] http://www.tcu.gov.on.ca/pepg/audiences/colleges/progstan/health/supwork.html
[26] http://www.phac-aspc.gc.ca/publicat/work-travail/report1/index-eng.php as cited from http://wmhp.cmhaontario.ca/workplace-mental-health-core-concepts-issues/issues-in-the-workplace-that-affect-employee-mental-health/work-life-balance

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[27] Click 'CCA Job Description Template' under the heading of 'What's New' to obtain the pdf document from the website.

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