

Agenda and DRAFT Minutes

Health Care Assistant & Practical Nursing Articulation Committee

Spring 2024 Meeting: In Person April 24, 2024 @ 0900 – 1630 Room 420

Vancouver Community College

[Downtown campus - Vancouver Community College \(vcc.ca\)](http://vcc.ca)

250 West Pender Street

Vancouver, B.C. V6B 1S9

Member	Institution
Sarah Lechthaler (HCA & PN Coordinator)	Selkirk College
Kim Morris (HCA/PN Chair)	Thompson Rivers University (TRU)
Dana Susheski (Chair PN)	Okanagan College
Samantha Hampton (HCA & PN Coordinator)	University of the Fraser Valley (UFV)
Nikki Laidlaw (APN coordinator)	Nicola Valley Institute of Technology (NVIT)
Ros Giles-Pereira (HCA/PN Chair)	Camosun College
Lisa Beveridge (Coordinator HCA )	Vancouver Community College (VCC)
Janita Schappert (Chair PN & APN)	Vancouver Community College (VCC)
Spotted Fawn Minnabarriet (HCA Coordinator)	Nicola Valley Institute of Technology (NVIT)
Lorraine Guild (HCA)	Kwantlen Polytechnic University
Tracy Noble (HCA Chair)	Okanagan College
Barb McPherson (PN Chair)	North Island College (NIC)
Laura Hickey (APN Chair)	North Island College (NIC)
Joshua Boyd (HCA Coordinator)	Capilano University
Erika Reimer (HCA Chair)	Northern Lights College
Kim Diamond (Coordinator HCA)	Yukon University
Jocelyn Bergeron (Coordinator HCAP)	College of New Caledonia (CNC) Prince George

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2024

Shawnda Martin (HCA Coordinator)	College of New Caledonia (CNC) Quesnel
Joshua Staub (PN Coordinator)	College of New Caledonia (CNC) Prince George
Tanvir Gill (HCA Coordinator)	Douglas College
Kim Fraser (Chair HCA and Mental Health Assistant)	<b>Vancouver Island University (VIU)</b>
Donna Wedman (HCA Chair)	<b>North Island College (NIC)</b>
Amanda Goforth (HCA/PN Coordinator)	<b>College of the Rockies (COTR)</b>
<b>Regrets:</b>	
Lauren Fraychineaud (PN/HCA Coordinator)	Coast Mountain College
Karen McGinnis (HCA Chair)	Capilano University

<b>Participant</b>	<b>Affiliation</b>
Sergio Salinos	PTIB -
Lara Williams (Senior Consultant)	BC Care Aid & Community Health Worker Registry (BCCACHWR)
Hadiyah Mizban (Consultant)	BC Care Aid & Community Health Worker Registry (BCCACHWR)
Sarina Corsi (Program Manager)	BC Care Aid & Community Health Worker Registry (BCCACHWR)
Rebecca Short (Curriculum Revisions PN)	BCCampus
Janice Penner (Director Ed Program Review)	BCCNM
Esther Aguilar (Rep for BCCCA)	BC Career Colleges Association (BCCCA)
Linda Axen- Professional Practice	Northern Health
Cynthia Clark -Professional Practice	Vancouver Coastal Health
Melissa Coop	Vancouver Coastal Health
Taylor Munro (Manager, Clinical Education)	Interior Health– HCAP
Megan Reid – HCA Consultant	Health Match BC

HCA and PN Spring Articulation  
2024

Andreanne Garipey-Garneau (Manager, Health Care Assistant)	Health Match BC
Rachelle Mundell- Professional Practice	Island Health
Kathy Younker- Clinical Practice Advisor	Ministry of Health (MOH)
Christopher Dawson, Senior Policy Analyst	MOH – HCA File
Billie Hayre – Senior policy Analyst (HCA/PN)	MOH
Carly Hall (Rep for Health Deans & Directors)	Camosun College
<b>Regrets:</b>	
Barb Eagle (Professional Advocacy Officer) Jacob Butula Lou Black Tabetha Meikle	BCNU Fraser Health HEU MOH

**0830-0900 Coffee/Tea/Name tags/Networking**

<b>0900-0915</b>	<p>Morning welcome to the territory / prayer Lisa Beveridge – Welcome and housekeeping Elder Dee Welcome</p> <p>Agenda Additions to the agenda- None Accept agenda- Motion Lorraine and 2nd Kim Diamond Edits/Approval of minutes from Fall 2023 PN and HCA Combined Spring articulation meeting</p>
<b>0915-1030</b>	<p>Round robin/ Introductions</p> <ul style="list-style-type: none"> <li>• Name, Role, Location, Institution or Affiliation</li> <li>• Institutions: Programs offered</li> <li>• What do you hope to get from this meeting?</li> <li>• Do you have items to add for open discussion?</li> </ul> <p>Janita Schappert – VCC PN: Welcome Sarah Lechthaler – HCA/PN Program Coordinator : Welcome</p>

<b>BREAK 1030-1045</b>	
<b>1045-1100</b>	<p>BC Care Aid &amp; Community Health Worker Registry (Sarina Corsi, Lara Williams &amp; Hadiah Mizban) Sarina Corsi:</p> <ul style="list-style-type: none"> <li>• <b>Hard copy of report provided during meeting</b></li> <li>• Temporary Emergency Registration closed Jan. 2024</li> <li>• Overview of registration provided – jump in registration post-pandemic</li> <li>• Alleged abuse reporting – Increase in alleged abuse cases reported to the registry in 2023(30%) and investigations (86%)</li> <li>• Increasing number of travel nurses; increased awareness needed on part of employers</li> <li>• Activities added to supplement to assist students in understanding role of registry and elder abuse scenarios.</li> </ul> <p>Lara Williams</p> <ul style="list-style-type: none"> <li>• Education Recognition</li> <li>• 33 recognized programs in BC</li> <li>• Reviewing updated curriculum submissions</li> <li>• Implementation of updated standard is September 1, 2024</li> <li>• Website – Indigenous Cultural Safety and Humility courses section and resources</li> </ul>
<b>1100-1110</b>	<p>BC Campus (Rebecca Shortt) - HCA Supplement update overview] <b>Slides:</b> Re : HCA Supplement</p> <p>Lisa Beveridge – subject matter expert HCA Curriculum published June 2023 HCA Supplement – last revised 2021. Current revisions are more fulsome, to align with new curriculum. New links available at BCCampus website. Goal is to ensure resources and links are up to date. New title change: HCA program Supplement to the HCA Curriculum 2023 Working groups worked on revisions, required a lot of work. Under advisory review. Ivy McCrae been contracted to review document through indigenous lens.</p> <p>Lisa B VCC– thank you to faculty who joined working groups. Great content and activities added; will go over at HCA sharing day.</p>

	<p>Revisions:</p> <ol style="list-style-type: none"> <li>1. Activities r/t to cultural diversity, Indigenous health practices, etc.</li> <li>2. Enhancing content and activities in cognitive and mental health challenges course. Case study, journal reflection re: trauma informed care</li> <li>3. Palliative care – resources updated</li> <li>4. Electronic documentation – RAI observation tool through Learning Hub, EdEHR, Point click care; others....</li> <li>5. Language aligns with new curriculum.</li> <li>6. Respectful workplaces – activity added in Intro to practice</li> <li>7. Human Development across the lifespan etc. , activities added</li> <li>8. Med management- task vs. restricted activity. Activity added that is case study based; help students navigate new language.</li> <li>9. Activity re: best practices and reputable sources added.</li> </ol>
<p>1110-1120</p>	<p>Health Match BC - <b>Andreanne Gariepy-Garneau &amp; Megan Reed</b></p> <p>Andreanne – Bursary programs</p> <ul style="list-style-type: none"> <li>• HCA bursary for HCAs navigating registry and remediation</li> <li>• 173 applicants that completed competency assessment and required remediation.</li> <li>• Barriers to applicants: accessing stand-alone courses, such as Healing 3, and cost.</li> <li>• \$500-\$1000 per course; may need multiple courses. Bursary offsets costs</li> <li>• Structured schedules vs asynchronous learning</li> <li>• Communication challenges with PSIs ; planning</li> <li>• Accessibility of courses -specifically for those living outside lower mainland. Increased travel costs.</li> <li>• Conducted outreach to PSIs offering stand-alone courses.</li> <li>• Working with MOH to increase funding for remediation</li> <li>• APN Bursary program-\$10 000 to students in a recognized APN program. Commit to 12-Month Return of Service.</li> <li>• Bursary program extended to May 2025</li> <li>• Continue to see unfilled seats in APN – all enrolled are accessing bursary</li> <li>• 190 ROS agreements in place currently.</li> <li>• HCAP – supports available include reimbursements for courses such as foodsafe, first aid, EL testing, immunization.</li> </ul>

- Max eligible is \$1960
- 1380 applications; not all are accessing. Will communicate with PSIs so students can be made aware.
- FNHA – hosting an HCA forum on May 15 and 29, to talk about APN bursary extension and HCAP

? VCC – Stats on HCAP outcomes – how many grads are staying in the profession after 1 year ROS?

A: stats not received; MOH looking into

Comment from VCC – Stand-alone courses – challenges include students don't qualify for a certificate. This is a concern as students can get a registry #, but don't have a certificate. Impacts ability to be employed.

Also waitlists – students may end up waiting to be inserted into course.

? from MOH – clarifying students lack of certificate – where are these students from?

A: VCC – many are midwives with international education. Missing geriatric training; can't get jobs in LTC. Some come from other parts of Canada. Don't have BC certificate.

A: Andreeanne – NCAS completed, registry identified remediation needs

Sarina BCCACHWR: – needs to be employer education. Benchmarks don't require credentials; it is an equivalent. Competency assessment includes all competencies, including working with clients with cognitive challenges. If registered, they are deemed competent.

Lara BCCACHWR – 2 types of students – those grandfathered in 2010, others that are assessed through NCAS.

Sarina BCCACHWR: encourage those to put on resume that they have met all competencies as required by registry and completed assessment.

Camosun: – nurses may have skills but are not equivalent to HCAs. For example: can't get 8 people up by 0800. That is what employers are expecting.

	<p>Speed and skill is required.</p> <p>? NVIT: – HCAP students and ROS – can students start APN program in midst of ROS?</p> <p>A: Andreanne MOH– not right dept to answer question, ministry question. Don’t they need 600 hours?</p> <p>Comment :Spotted Fawn – you can get 600 hours in less than 12 months.</p> <p>Andreanne – will bring back question to Ministry</p> <p>Taylor IHA – don’t want to stop education. Want to support; if employer is happy to keep employee on as casual and support the student, they can do. If employer needs the HCA in a full-time position; it would not be a go.</p> <p>? Jocelyn B : CNC – has similar issue. ROS can be approved as an APN in some situations.</p>
<p><b>1120-1130</b></p>	<p>HEU (Lulia Sinclair &amp; Lou Black) REGRETS</p>
<p><b>1130-1140</b></p>	<p>BCCNM (Janice Penner) 11:45 (Report sent- see attached)</p> <ul style="list-style-type: none"> <li>• Director of education program review</li> <li>• Making progress in aligning program review over different disciplines</li> <li>• Have created a single set of educational standards and indicators for all educational programs.</li> <li>• New process piloted over past year; borrowed from Registered Nurses of Ontario. Tried on 5 different educational programs. Currently making revisions based on learning from pilot.</li> <li>• New process will be coming next year. Information will be distributed a year before program review is due.</li> <li>• Revisions re: Entry Level Competencies – PN may be revised next year, RN and RPN under revision this year.</li> <li>• Learning modules re: Indigenous cultural safety and anti-racism standard being created.</li> <li>• Regulatory exam development – BCCNM participates and invite groups to participate. Often hard to find LPNs. Encourage direct</li> </ul>

	interested volunteers to exam development portion of BCCNM website.
1150-1200	BCCAT (Mike Winsemann) regrets
<b>LUNCH 1200-1300</b>	
1300-1330	<p>Ministry of Health (Kathy Younker)</p> <p><b>Has PPT</b></p> <ul style="list-style-type: none"> <li>• Thank you to everyone who participates in HCA work</li> <li>• Chris Dawson is new to team; welcome</li> <li>• Regulatory Framework in BC reviewed</li> <li>• I.e.: Health Authorities cannot change policy re nurse work role –</li> <li>• Health Professions and Occupation Act – will replace existing Health Professions Act eventually. HPOA will be clearer.</li> <li>• Ministry controls legislation; in future there will more ministry oversight of regulatory bodies. An oversight body will be created; in process of hiring a superintendent. (i.e.: monitors and reports on regulatory colleges). Recommendations to increase consistency between regulatory colleges)</li> <li>• * Occupations – HCAs, med lab assistants, ultrasound tech may be added to reg. bodies.</li> <li>• Independent disciplinary panels –taking away from regulatory colleges. More publicly transparent way of handling disciplinary issues.</li> <li>• Regulatory Colleges role – will receive and investigate complaints but will escalate to MOH.</li> <li>• MOH priority – reduce # of regulatory colleges. (22 to 15 currently, i.e.: BCCNM. Also, dental professionals have amalgamated).</li> <li>• 11 of the remaining 15 are to be reduced to 2 regulatory colleges.</li> <li>• (22 will become 6)</li> </ul> <p>? What happens to people currently working in regulatory colleges? A: work will remain, but under another umbrella body Makes more sense to have bigger colleges who can appropriately regulate their members.</p> <p>? New disciplinary body – who sits on that board? Concerns re: who is disciplining nurses</p> <p>A :BCCNM will still be involved; but will have oversight and involved discipline panel.</p>



	<p>? Will nurses sit on panel A: Govt will appoint people; will look for appropriate people. Members will be public knowledge.</p> <p>? College for diagnostic disciplines – RTs, lab tech, etc. A: Will be under College of Health and Care Professionals of BC . Work in progress.</p> <p>? Will scope of practice for each discipline be clearer? A :Ministry will be looking to ensure consistency between regulations. Amalgamating colleges requires a lot of work, i.e.: BCCNM</p> <ul style="list-style-type: none"><li>• <b>Regulatory Framework Controls</b></li><li>• Working on Interpretive Bulletin (IB). Will help people understand HPA and HPOA. Being reviewed by regulatory colleges currently.</li><li>• <b>Guidelines for the Delivery of Care Services (replaces 2008 personal assistance guidelines)</b></li><li>• This document is on hold until IB is finalized.</li><li>• <b>Regulatory college responsibilities:</b></li><li>• Requirements for delegation of restricted activities by a RHP are outline in both current HPA and HPOA</li><li>• ** RHP authorizing another RHP or UCP to perform these RA (under delegation) – only if permitted by their regulatory college</li><li>• In New HPOA – language places responsibility for delegation on regulatory colleges:</li><li>• Delegations can take place if bylaws in place and can ensure competency of delegate</li><li>• Regulatory colleges will need to look at list of RAs and which can be delegated and done without risk or harm to clients.</li><li>• LPNs – only allowed to delegate if permitted by reg. college; BCCNM does not currently permit LPNs to delegate. However, MOH aware it is going on. Ministry working with BCCNM.</li></ul> <p>? <b>Cynthia</b> : List of restricted activities – no master list currently. How do we know what is considered a RA?</p> <p>A: No master list currently. MOH having discussion about this. Language is not consistent in regulations, working on this. Best go to is discipline specific regulations. Last fall – list of HCA activities was</p>
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shown; MOH stepping back as regulatory colleges need to take a look at this.

Working with Registry to create a document based on new curriculum which will support HCAs in practice while regulatory college work is in progress.

Medications: HCAs delivering narcotics to people's homes; pharmacists can't delegate this. Death r/t HCA being delegated med admin by LPN, HCAs asking to start IV meds.

A: Lara BCCACHWR: will share tool at HCA educator day

- **Residential Care regulation.**
- 19 yr. of age requirement: Community Care and Assisted Living Act – states any person that (section 70 part 2) stores, handles or administers medication must be 19 or older.
- Only employees administer medication to persons in care.
- Acute Care under hospital act; this restriction does apply to acute care.
- Very unlikely this legislation will change.

? CPE 2 in PN program: requires students to administer med up to 6 residents in LTC to meet learning outcomes. Has been happening forever.

A: does not align with legislation. No appetite to change as this is a safety issue.

? Lara BCCACHWR – Is there something special for students that would allow them to practice these skills?

A: Janice Penner – BCCNM doesn't have authority over students. Can guide faculty.

Kathy Younker – MOH can have a conversation with BCCNM about how this can work with students.

? College does oversee ESNs

A: Janice – only applies to some students re: age.

? College has standards, and guides students. Health authorities and HA employee or instructor.

Kathy Younker – complex issue; we understand concerns. Regulatory colleges will have to clearly outline what can be done with regards to medication.

? Carly Hall – Provincial PN curriculum requires students to administer meds in CPE 2; legislation says no. This group needs direction on how to proceed; who can provide this?

A: Kathy Younker – can be involved in discussion; not the right person to provide direction. Need to look at placements, and perhaps switch to acute care placements.

? Carly – many LPNs work in LTC, different experience in acute care; medication delivery different. Direction needed.

A: Kathy Younker – Can someone send PN curriculum re: LTC to MOH. Will bring information forward to see a better path forward. BCCNM would need to be involved.

? Nikki – how does this come back on PSIs. Do we cease and desist?

A: Kathy Younker – not in a position to advise an education program.

? Nikki – some LTC facilities under hospital act; legislation is different. Why safe in some places but not others?

A: Kathy Younker – HA run facilities tend to have more staff and resources.

? Taylor IHA – HCAs in LTC – in practicum, won't be able to do topical medications.

A: Kathy Younker – yes, as technically that is medication administration.

? Lara BCCACHWR – what allows a med student to do surgery for example or a student nurse to do certain things?

A: Kathy Younker – need to be registered with college, i.e.: ESN.

? Lisa – is there a singular source of information where you can find what facilities are covered by which act?

A: Kathy Younker – not a specific list; but Assisted Living registry has a lot of facilities listed. Also, a link for LTC facilities. (Kathy Younker will

	<p>try to send links.) Feel free to e-mail MOH and ask questions; Kathy will direct to appropriate person.</p> <p>Lisa B – Office of the Seniors Advocate website – LTC and Assisted living directory will provide info re: which legislation applies to each facility.</p> <p>Kathy Younker – Will see if MOH can provide a single document to assist with finding this information.</p>
<b>1330-1345</b>	<p>Ministry of Health (Billie Hayre) (will provide report)</p> <ul style="list-style-type: none"><li>• Senior policy analyst – works with nursing policy secretariat. New to role since Fall.</li><li>• HCAP – since the launch in Sept 2020, 7805 hires. Thankful to all for support.</li><li>• Participant survey highlights:</li><li>• 1200 responses, from 4500 invites. 93% satisfaction with job and program. Gratitude for program. 89% would agree to promote program.</li><li>• 96% aware of ROS obligations</li><li>• 87% acknowledge they were working at a site as a support worker</li><li>• HCAP – serving as a model for other HCW programs across the province.</li><li>• Expansion into mental health and substance use, Indigenous communities</li><li>• LPNs – Douglas College developed mental health and substance use pilot program. 2 pilot cohorts in fall 2023.</li><li>• LPN-RN bridging pilot project launching spring 2024 with Kwantlen College. Allow LPNs to work while continuing studies.</li><li>• New graduate transition program expanding – for new RNs and RPNs. Providing regular position and mentorship. Expanding to LPNs. Includes bursary to cover licensing and exam fees (\$500).</li><li>• Bursary for licensing and exam fees for all RN, RPN, and LPN new grads available through MOH (will check)</li><li>• Tuition credits of \$2000 for RN RPN and PN each year. Indigenous students receive \$5000 for PN program.</li></ul>

	<p>?LPN-RN bridging – how much are they able to work?</p> <p>A: don't have those details yet. Encourage schools to reach out to Kwantlen as they have partnered with Fraser Health, working collaboratively.</p> <p>Comment: UFV currently has a similar bridging program; BCNU offers \$3000 per semester for returning LPNs.</p>
<p><b>1345-1400</b></p>	<p>BREAK</p>
<p><b>1400-1515</b></p>	<p>Health Authority reports</p> <ul style="list-style-type: none"> <li>• VCHA – Mel Coop. PN placements – reduction in requests over past year. (report?). Decline reasons: closure of beds. HCA- decrease in placement requests; decline reasons – not suitable area.</li> <li>HCAP: decrease in placement requests. Decline r/t no experienced staff avail. Cancellation r/t student attrition.</li> </ul> <p>Comment Lisa B: geographical change in students. More students from Surrey this year. Difficulty in determining placement. Access to student housing in Vancouver contributes. High attrition rates continue; r/t mental and physical health.</p> <ul style="list-style-type: none"> <li>• FNHA – missed timeslot and meeting ended before it was realized that there was still a health authority presentation outstanding.</li> <li>• Providence Health- LPNs – acceptance close to 100%. Preceptorship – 50% - not enough trained staff Optimization of LPN role – i.e.: introduced back into ER. Patient Care Aides – 80% clinical accepted; decline r/t not enough trained staff.</li> <li>• FHA- deferred</li> <li>• VIHA – Rachelle Mundell: Professional Practice. LPN: report on hires in community, acute and LTC. (107 hires; decrease from last year. 201 vacancies). Student placements: decline r/t no trained staff; exceeding available shift. Also working on scope optimization. Expanding EHR.</li> </ul>

	<p>HCA: hires: 113 vacancies in community; 17 in acute, 32 in LTC. 71 hires total. 162 vacancies. 260 accepted placements; 219 confirmed. Work underway – expanding HCSW into acute care. MHSU expansion also. Challenges outlined. Concerns quality of applicants and attrition rates. ? Kathy Younker: HCAP : are vacancies full or part time? Pre-covid vs post-covid differences in numbers important. A: unsure re: vacancies. Waning due to marketing, unaware what program entails. ? Promotion of HCAP: Are all regions approaching promotion the same? A: HCAP funding limited amount; mostly towards staffing, possibly not promotion/marketing. Could use help from ministry getting word out. Other programs seem to be promoted by ministry.</p> <p>Lisa B: VCC markets HCAP program. ? Josh Staub: Can MOH clarify where funding comes from – HA or MOH? All LTC in area is private. Students finding out about program word of mouth.</p> <ul style="list-style-type: none"><li>• IHA Taylor Munro: will provide report re: data. LPNs: focus on new grad LPN and attend clinical skills days. Road show across interior and help with entry level skills. HCAP – expansion of acute care; more interest in acute care site. Planning to have educators be onsite more; r/t treatment of HCSW on site. Working with Indigenous bands to recruit for HCAP. Currently 3-4 cohorts. 154 LTC, 181 Home health MHSU challenges: 1 cohort at Selkirk. Next in fall. Harder than HCA stream. Word of mouth for recruitment highest method. Vacancies pre-covid: 160. Covid: 338 post-covid: 101</li><li>• NHA – Linda – professional practice. Updates: HCAP: 132 grads from CNC, NLC 50 grads, CMC 48 grads. PSIs Indigenous partners – Native Education 10; TRU Haisla 7 students Community mental health and additions worker certificate:</li></ul>
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	<p>?Kathy Younker: links: HCAP explanation on choose2care, and ministry website. Will send links.</p> <p>Andreanne: Healthmatch BC mandate is HCAP prerequisite stipend; but will bring back marketing concerns. Sarina BCCACHWR: Does recommend HCAP to potential registrants if they are not eligible. Seem to be 2 paths to this program. Kathy Younker: HA websites direct students back to BC govt website.</p> <p>Roz: Camosun – admission officer gives information and students apply through portal. Sarah : at Selkirk – directed to portal and interior health. Cross reference names with IHA at biweekly meetings.</p> <p>Comment: applying to HCAP : go through portal but HAs may add student to portal and take over hiring process.</p> <ul style="list-style-type: none"> <li>• PHSA – regrets</li> </ul> <p>PTIB: Sergio: no reports</p>
<p><b>BREAK 1515-1530</b></p>	
<p><b>1530-1545</b></p>	<p><b>Deans report (Carly Hall)</b> Update on items from Fall meeting:</p> <ul style="list-style-type: none"> <li>• workload hours under vocational – BSN vs PN/HCA.</li> </ul> <p>Each individual college will negotiate with their union. Can't be addressed by Deans/directors group.</p> <ul style="list-style-type: none"> <li>• requirement of admission age – does it need to be 19 to be successful in program: PN and HCA –</li> </ul> <p>Info regarding which act facilities are under will be helpful to determine impact.</p>
<p><b>1545-1615</b></p>	<p>Open Discussion HCAP: role confusion and animosity towards HCAP students remain Sarah L Selkirk: HCAP student treatment: sites still struggle with what the program means; more education to sites needed.</p>

	<p>Lisa B: animosity from staff r/t funding. Student reached out to HA and asked to be moved to a different site.</p> <p>Josh CNC: push back from staff re: student in setting; site fatigue.</p> <p>Sarah L Selkirk: sites with best rapport have a clearly identified role description for HCSWs. Each sites utilizes HCSWs differently and provide varying degrees of direction.</p> <p>Roz (Camosun): similar to Island Health. Despite document outlining roles, sites aren't aware or are not following. HCAP students are often shocked at what other HCSWs are allowed to do. Often really overstepping roles.</p> <p>Spotted Fawn (NVIT): animosity also encountered; and site fatigue. Had to pull a cohort from a site as not going well.</p> <p>Lisa B (VCC): Frustration by site as students not completing program; don't have to pay back.</p> <p>Rachelle M : Students have figured out that if you fail out in last class; you don't have to do ROS. Some playing of the system happening. Many challenges faced for HCSW and HCAP. Rachelle speaks to sites in person to support. Negative responses from staff when HCSW states boundaries. More on the ground support needed for HCAP.</p> <p>Spotted Fawn (NVIT): doing 1 day observation of an HCA is a good idea so students area aware of what they will be doing as an HCA.</p> <p>Josh CPU : Positive: as more HCAP are graduating, they are being positive mentors for new HCAP/HCA's.</p> <p>? RE: CRC for Intl students: how are PSIs dealing with this? How do schools verify is CRCs from another country is acceptable? How long would an Intl student need to be in BC before their country-of-origin check is not needed?</p> <p>Lisa B: for VCC – Intl admissions team checks. Need police check from country of origin, and then a CRC from BC.</p>
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Lara BCCACHWR : all international students need both; no limitation on time.

Kathy Younker (MOH): criminal records review act: 17.2: Education institution must ensure that every registered student who will work with children or vulnerable adults must undergo a criminal record check or CRC verification.

Lara: registry understanding that applying for a visa does not require a CRC from their country; therefore, registry asks for colleges to get this info in addition to BC CRC.

? Josh CPU: can a person work for a private home care company without obtaining a registration?

Sarina: to be hired by a publicly funded employer, HCA must be registered. Purely private employers may choose to require registration; but may choose not to require.

Kathy Younker: this has been identified as a gap by seniors' ombudsman. Under licensing agreement, they need CRC to be employed. Exception to certificate/registration: purely private funded. Expecting that in the future this gap will be closed.

Lisa B: Which institutions evaluate professional behaviours in theory courses?

In curriculum, only practice courses currently evaluate professional behaviours. AT VCC, professional behaviours are becoming problematic. Thinking of adding professional behaviour rubric to theory/lab classes.

Tanvir: experiencing same thing. Can't fail if not r/t learning outcome. Had student refusing to check e-mails; reached out to risk management. They will speak to student about student code of ethics.

Samantha H: experiencing similar. Access student services: often faculty address 1:1. Re: attendance; meets with student as chair;

	<p>provides supportive conversation to problem solve. Harassment/bullying can take to higher levels within the PSI.</p> <p>Spotted Fawn: orientation – with Indigenous students, ask re: protocols. i.e.: if student needs to miss a week for a funeral; plan put in place.</p> <p>Tracy N: attendance excused vs unexcused. Attendance important once employed. May visit with chair, learning contract, connect with supports. Reminding it is individual. Dean may also be involved.</p> <p>Sarah L: written into policy in a trauma informed way: If student misses 2 classes, they will get a letter from instructor (letter of advisement). Student signs. At that step, student meets with instructor and develops learning plan. Disclaimer that if student misses too much, they may not meet learning outcomes and be successful.</p> <p>Jocelyn B: CNC: empathetic towards student situation. If absences unacceptable, regional manager reaches out and stipends may be docked. Good relationship with regional manager.</p> <p>Erika – program handbook; policies re: attendance. HCAP easier as pay may be docked. Instructors have conversation; develop learning plan. May ask for documentation, particular in case of missed exam.</p> <p>Nikki NVIT: student sleeping through class; refuse to participate in lab activities. Considering language such as : ‘must be actively participating to be considered attending.’</p> <p>Sarah L: similar situation. Approach as if ill; if not able to be awake, they are sent home to take care of self.</p> <p>Lisa B: Guidance from college is try to deal informally via trauma informed lens. The student then failed clinical but allowed to come back as behaviours were dealt with informally.</p> <p>Josh CPU: 3 encounters rule: looking for a pattern. Dealing with in terms of support for student. Learning contract has a clear ultimatum. Front loaded at orientation.</p>
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	<p>Janita VCC: students unsuccessful – clause put in to state ‘when and if a seat becomes available’ you will be informed. However, increasingly problematic students are returning.</p> <p>Rachelle M – HA perspective – HCSW process is prolonged; waiting for a seat to open up. Extension required for that candidate. Employer may not want student back if they aren’t able to complete program. Time consuming.</p> <p>Kathy Younker: experience in teaching nursing students – bad students turn into bad practitioners.</p> <p>Tracy N – following institutional guidelines and policies, and employer policies. Trying to work together to graduate students into healthcare. At OC, students are always given an opportunity to re-enter. Conversation had with HA to see if student is supported to return. Challenge to find space for students to return to.</p> <p>Amanda – attendance: within policies, but not always followed.</p> <p>HCA’s handling medication – discussed previously</p> <p>2:50: meeting adjourned</p>
<b>1615-1630</b>	<p>Closing Discussion</p> <ul style="list-style-type: none"><li>· Reminder to send in all reports if you have not already so that they can be distributed with the minutes</li><li>· Additional Guests for Fall 2024: none at this time</li><li>· Fall 2024 meeting dates: HCA: Oct 22<sup>nd</sup> Joint PN/HCA Oct. 23<sup>rd</sup>, PN Oct. 24<sup>th</sup>.</li></ul> <p>Sarah : reminder to send reports to be attached to minutes.</p>

**Reports to Attach:**

DRAFT