

Health Care Assistant & Practical Nursing Articulation Committee

Fall 2018 Meeting

Oct 24, 2018 (VCC campus 420 downtown)

Attendees and Membership: See appendix A & B

Morning welcome - Rhonda McCreight, Secretary of PN Articulation Committee

- Acknowledgement of our presence on the unceded territories of the Musqueam, Tsleil-Waututh, and Squamish nations
- Brief review of the articulation committee's Terms of Reference (Jacquie Scobie, Chair)

Agenda

- Additions to the agenda documented
- Accept agenda – Cat/Lana

Approval of minutes (PN and HCA Combined spring 2018 articulation meeting)

- Changes made to the minutes based on emailed feedback
- Laurie/Karen – approved

Round table discussion

Introduction of members and what each member would like to discuss at today's meeting beyond the agenda (underlined items below):

Succession planning:

- New Chair (Leslie Stuart, NIC) due to return to work ?November
- Membership list / distribution position – will keep the distribution and membership lists for both PN and HCA educators and partners: Nadja (Capilano)

TRC actions and UNDRIP – how are we all incorporating in our programs?

- Ivy McC. (NVIT) noted that there is a bare mention in the HCA curriculum. Noted that they talk about the historical aspects e.g. residential schools but do

not address the reconciliation component – which came from the United Nations Declaration of Indigenous Peoples

- Addressing our needs so we can move outward to the students
- Inclusion of colonization but not post-colonization
- Sarina – referenced HCA ed meeting where we talked about TRC inclusion; BCCampus launched website with content and context for TRC calls and how to include; would love to see standardization across programs. Obvious in the HEAL 1000 lifestyles course
- Pooran Q. (NEC) – First Nations program, invite speakers to speak about indigenous components, elders come to the speak about issues such as the medicine wheel in Lifestyle & Choices, address the set-up of the classroom, elders setting the tone by offering opening prayers, etc. Diversity of student population from late adolescence to late 50s – noted the need to address the varying needs
 - Always the discussion as to what is “indigenization” and how do you address this respectfully given the diversity across nations so as not to disregard other’s view, to be inclusive of world views. Difficult to standardize when there is no agreement on the definition
 - TRC is calling for the right to education/social justice/health care and the right to self-determination and self-government – this is very complex and to incorporate this into the mainstream western institutions is an energetic undertaking – our institutional board is governed by Aboriginal peoples so they represent these perspectives
- Discussing the need to address the western nature of the language we use and the Eurocentric approach
- KPU – not about putting a few comments about Indigenization into a few courses; it’s about how we present it across the courses, being inclusive of learning and how to explore and deliver materials meeting all learning needs. Our delivery is westernized and medicine-focused.
- COTR – invites knowledge holders to share and help deliver these stories; lunch workshops for both PN / HCA where role-playing sessions occurred so that participants could debate and discuss how to indigenize specific courses (i.e. Math). Have a gathering place where they hold some of their classes; round circle / talking stick / supports from local nation. PN Indigenous tools shared so they can be utilized.
- Comment regarding ‘what is Indigenization’ and how does this look like in specific regions. Different bands have different stories and to ‘standardize’ may need care to ensure that different lenses are incorporated.

- Tracy Hoot, (RU)– need to address the education of the faculty prior to the students, have taken steps to build capacity and understanding in the faculty so they are comfortable speaking about the TRC with students
 - o discussion about how they incorporate Elders, talking and learning circles and inclusion of students into stories and learning
- PN new curriculum has added the TRC calls to action – this is threaded across the program. Most institutions will start new PN curriculum in fall 2019
- All people have basic rights to freedom and self-regulation including indigenous people. Political issue as Indigenous communities are working towards actualizing these rights.
- Heather (NVIT) – discussing a current student group that has a diversity of students, there are Aboriginal students, immigrant students, a refugee and mainstream student
- Cat (CM), when looking at the TRC she noted there is a series of YouTube videos about the TRC
- Julie, (VCC) – new revisions to their PN curriculum, the first recommendation is to encompass the TRC calls to action, at VCC the curriculum competency map has this incorporated into it and will be looking forward to bring it more to the student level
- Suzanne (OC) – trauma informed practice workshops for staff
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Bridging programs for LPNs to RNs (Anita)

- Anita D., (LPNABC) lots of interest in the LPN to BSN from their membership, a hot topic on their website discussion board. LPNs often go to Athabasca Univ. in Alberta – according to Anita’s comment, as of January, the institution will no longer accept graduates from private colleges.
(source of information not formally researched or referenced).
 - o Online program has travel and cost issues; approx. \$40,000 for students; losing students to a different province
- Julie G. (VCC) noted that there needs to be funding dollars from the ministry as well as placement settings/resources etc. for the students
- Esther A. (BCCA) – the current Athabasca policy states the students must come from public institutions however, there is another avenue that is more complicated whereby private school PN graduates can enter Athabasca
 - o Noted they have a lot of calls for grads for a LPN refresher, no programs
- Karen N. (Camosun) – 16 seats will start in the fall, have developed a good model

- Laurie B. (NIC) – the BSN dept. started a bridging program in 2018 for LPN to BSN one-time funded
- Tracy H. (TRU) – do have a bridging pgm. but based on attrition of the BSN students – have put in a proposal for funding to the ministry, noted there is a significant demand for the BSN seats (80 seats with over 500 applicants) and many PN students want to move right over to those seats – putting in an entry requirement that the LPN must have worked 'x' number of hours
- Wrap up message (Anita) is let's keep students and money in BC and look at how AU trains LPNs online. If this is a demand, let's help them get there.
- Health authorities also have a role in supporting current LPN employees to bridge into BScN programs; available in HSPnet

Action: Articulation committee recommends a conversation with MAVED around increased funding for bridging programs for LPN to RN. The committee also recommends that research be done to review how other educational institutions are delivering these bridging programs. Heather/Dawna - motioned/seconded/approved

- Further conversations around HA responsibilities to support LPN employees; practice education processes and guidelines have a commitment to local students as well as employees (equal commitment/access). AU has been able to access placements because HSPnet identifies where the LPN works – so the HA can see it and can accept it readily.
- Wilma (VIU) - Looking to develop an access program a VIU in partnership with stakeholders in the community – one of the issues is access to the acute care placement requirement

Mental Health First Aid – are programs including this and if so, how?

- Shelley (Douglas) - Finding a trend that there are increasing MH issues in the student body – how are other institutions dealing with this
 - o Nadja - Capilano staff did the MH 1st Aid course – found it did not address the needs of the faculty to address students in crisis
 - o Pooran (NEC) - HCA program has the MH 1st Aid course to their students post-grad, also do a cultural component via elders. Agrees with the outcome comments noted above. Based on community assessment – employers noted that their staff does not have enough MH education to deal with client issues.

- Barb (BCNU) – once they are a registrant there is the Licensing Education Advocacy & Practice (LEAP) program for registrants to support them as well as resiliency workshops
- Guillermo (CNC) – in Burns Lake, to address potential stress and promote connections they hold “just another bannock Monday” activity for the students, counselor attends and promotes regular appts. for prevention purposes. Also, a First Nations resource center that supports students with food and connectivity
- Andrea - Island Health has a number of resources for employees in all sectors to support health & wellbeing
- Anita D. – noted supports from the health authority for staff who work in stressful environments, such as the Violence Prevention curriculum, noted it is important to advise students that there are supports and resources available to them once they start work with their employer, as well as SafeCareBC
- Julie (VCC) noted that there are a number of resources for students and prevention measures put in place and notes that a challenge is often present in terms of the cultural aspect – i.e. to admit there is a problem, this can be shameful/challenging for many students
- Lisa (VCH) – echoes Andrea’s comments re: resources available via employers and province
- Second question was in relation to the “Mental Health for Seniors” course for grads/students – not discussed fully
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Recruitment of students for HCA programs (KPU)

Questions:

- Students registering but then dropping out before fees paid as students realized that the program was more ‘hands-on’
- English 10? Student attrition or barriers due to this?
- Textbook issues?

Answers:

- Sharon (KPU) commented on low numbers of applicants for HCA program – have created an on-line information center, have dropped their English requirement (previously grade 12) based on the admission requirements that their competition has in the area

- Cat (CM) focus on particular groups for intake, e.g. First Nations – worked with bands in the area, offered an English 11, set-up programs to have all requirements (First Aid, etc.) built into the first weeks and promoting dual credit entry student entry, and looking at International student entry
- NVIT – IH collaboration to market HCA through SD and communities
- Island Health – remote communities offer job shadowing to see what HCA role or Nursing role is! Also other job shadowing for all HA roles (maintenance, housekeeping, etc.)
- Judy/VCC – base funding 3 intakes per year and one ESL; filling seats but no waitlist; MH issues causing attrition;
- Andrea (IH) – the health authority has a job shadowing/observation program with (high risk) youth in the northern island – finding these youth are moving into education programs
- Laurie (NIC) – maximizing partnerships with school districts re: dual credit students, as well as Island Health partners re: identifying needs for workers, and word of mouth in small communities, grade 11 C+ for English

Ministry of Health – Karla

- The Ministry of Health formed the Nursing Policy Secretariat (NPS) in 2016 with David Byres as Assistant Deputy Minister and Chief Nurse Executive.
- The focus of the NPS is to work collaboratively with RNs, NPs, RPNs, LPNs, health authorities, regulators, associations, the nurses bargaining association (NBA), academic partners and other stakeholders to consider issues related to the scopes of practice for LPNs, RNs, NP, RPNs across the province as well as other policy-related issues in nursing as required.
- An extensive current state review of nursing practice was conducted in the province leading to the final Nursing Policy Secretariat: Priority Recommendations report in Jan 2017. The report contains 13 themes and 50 recommendations. The NPS will lead implementation of the recommendations to inform a provincial nursing strategy that will focus on the future of nursing regulation, practice, and education. A governance structure will enable and support this work moving forward and includes the formation of a Provincial Nursing Network, a Nursing Education Planning Council and a Nurse Practitioner Network.

- Nursing Education Planning Council: Will establish and oversee priority policy agendas in nursing education with corresponding working groups. The Council will provide a provincially-focused forum for collaboration and consultation on priority issues and considerations related to nursing education including strategic advice and direction in addressing recommendations in the Nursing Policy Secretariat report (January, 2018).
- Provincial Nursing Network: Will provide advice and make recommendations to the Nursing Policy Secretariat of the Ministry of Health on nursing practice, education, regulation, policy, and research including the implementation of the priority recommendations from the nursing policy secretariat. The Provincial Nursing Network is accountable to the Chief Nurse Executive, Ministry of Health.

Ministry of Advanced Education – Kevin Perrault & Monica Lust (absent/no report)

Action item: Add to above MAVED letter regarding the possibility for increased ON-GOING funding for HCA programs as opposed to just one-time funding.

Health Authority Rep Reports – Chair acknowledgement that the shared articulation day was, in part, implemented to lessen travel and repetition of meetings for partners such as our HA reps, Work safe, and government reps. We appreciate the time and contributions of all stakeholders.

Vancouver Coastal Health (Lisa Bauer)

- Lions Gate Hospital and Squamish went live in April with CST Cerner, the clinical information system used to document all patient care. Training is available for students prior to them starting, including on-line and face to face components. Computer literacy is an essential skill.
- Feedback from managers in acute that health care attendants applying for positions in acute care are not interviewing well. They do not seem to be understanding the questions or not responding appropriately to the answers. They don't demonstrate the knowledge as to what they do (i.e. cannot articulate what tasks they have performed)
- VCH continues to look for more placements in all areas
- Rural and remote continue to have vacancies

- Richmond Hospital has introduced LPNs into the VCH Regional Peri-Operative education program (RPEP). This is a paid opportunity for LPNs to participate in the internal training program and get trained to work in the OR
- Policies around cannabis updated. LPNs can still administer as long as it is for medicinal purposes (proper documentation required), there is a doctor's order and it is labelled by pharmacy like other non-formulary medications. Staff are expected to be fit to practice when at work and not impaired by alcohol or drugs
- Community health workers on the North shore and Powell River are a need

Question regarding how programs prepare HCAs for interviews.

- Challenges in terms of interviewing HCAs for casual positions – poor interview skills
 - o Trudy (CNC) do mock interviews, lots of work for the faculty
 - o Laurie (NIC) access Island Health recruitment rep as well as NIC student employment office – have trouble getting practice partners to attend the class due to their workload
 - o Dawn (COTR) have a program they use in conjunction with their student employment office
 - o Shelley (Douglas) similar comments and wondering what type of questions they are not answering – Lisa noted that this comment came from hiring people in acute care settings
 - o Judy (VCC) notes that there is very little focus on interview skills in the post grad acute care skills program
 - o Pooram (NEC) agrees with Judy, no material in acute care skills program
- Policy re: cannabis use and LPNs administering medicinal variety, and another policy re: personal use by client. Employee use of same is covered under our 'fitness to practice' policy – applies to students' response to interviewing skills.

Island Health (Andrea Taylor - report emailed with minutes)

North Island Health (Sheila – phone – report emailed with minutes)

Interior Health – (Tricia absent but report emailed/attached)

Fraser Health (Baljit) – absent/no report

First Nation's Health Authority – (Leona – absent/no report)

Need/demand for HCA/LPNs in workforce but program seats go unfilled – why?

- Sarina Corsi (BCCA) asked if LPN an identified profession in the priority list

- Anita (LPNABC) – comments re: lack of identity for the LPN professionals, suggested marketing the profession
 - o HCAs working for 2-3 employers
- Nadja (Cap) – HCAs are not making enough money – lots of negative messages in the media that dissuade people from entering HC professions
- Leah (LPNABC) – LPNs not getting hired, struggle for hours and many rely on overtime to make ends meet – particularly in the lower mainland
- Stephen (HEU) – not a lucrative field, high violence and injury rates which is connected to low staffing levels, etc. there are long commutes, this is not even considering housing costs
 - o Discussion about patriarchy systemically – how this affects the wage in predominantly feminine work roles such as caregiving, keeping them lower in many social care sectors
- Lisa (VCH) – scope work to be done on the LPN role, education should be reflected in the scope in the workplace
- Andrea (IH) – discussions at provincial level within health authority re: scope optimization around LPN and RN practice, autonomous work for RN, IV scope for LPN, care planning work
- Sharon (KPU) – issues re: HCA standardization of work role, can vary from shift-to-shift depending who is on
 - o Also students not wishing to work with older adults
- Laurie (NIC) – lack of permanent postings for HCAs, casualization of work force
- Rhonda (TRU) – spoke to the rural/remote educational offerings and the need to have predictable offerings, lack of use of the technology to offer on-line study options for students
- Dawn (COTR) – emphasize the money issue with employers, not making enough
- Sarina (BCCA registry) – impressed with Adrian Dix understanding of the HCA situation
- Heather (NVIT) – generational issues related to personal values around wages/money rec'd for work done, broader social issue
- Judy (CNC) – echoing changes in attitudes, values and beliefs around their work reality and work/life balance
- Sarah (Selkirk) – as above and culture health care has created in casualizing the work force, marketing it as a 'flexible' work reality since FT jobs are scarce
- Pooran (NEC) – outlined further challenges with offerings and student groups, advertising etc.

ACTION ITEM: Request that the BCNU rep. take the comments back re: negative media advertisements

BCNU – Barb Eagle for Heather Straight

- Barb noted she would take the above message re: media portraying HC workers in a negative way back to BCNU
- Currently busy with bargaining
- BCNU hosted a Nursing Practice Conference Entitled *Nursing Through Relationship: Care and Resilience*. The aim of the conference was to invite attendees to reflect on the importance of *relationality* in their work with patients, families, and colleagues.
- Nov 30th we're hosting a conference on Human Rights and Equity. Topics include:
 - o Mental Health from an Indigenous Perspective
 - o What does it mean to belong
- Collaborating with VCH (Richmond Hospital) to evaluate the pilot LPN OR program

BC College of Nursing Professionals (BCCNP) – LPN report (Sandra Regan)

- Emailed presentation – Sandra will send a sharable document
- All provinces will create the Entry-Level Competencies; BC and Ontario will partner with a different exam-writer but the two exams will be similar enough to continue to promote LPN mobility across the country.
- Info regarding cannabis use, and assistance with administration in nursing practice on the BCCNP website; Sandra will email us an update on this.
- Ministry project on-going to produce a 'definitions' document that addressed common language use in regulation and legislation
- Practice consultant to send out a report that will address the questions around 'additional education' that came up at PN educators
- NOI process for PN curriculum revisions
 - o BCCNP will connect to each institution in response to the NOI's that have been sent in

Dean Liaison Rep – Norma Sherret from COTR – regrets

BCCAT – Regrets; report to be circulated with minutes

Worksafe BC – Arvin

- Hearts and Hands conference in Victoria (30) and Kelowna (100)
- Next year conference led by SafeCare BC
- Point of care risk assessment video – website launch now available through YouTube

LPNABC report (Anita) – circulated with minutes

BC Care Aid and Support Worker Registry

- Report provided / will be circulated with minutes
- Bruce Bell, spoke to registration aspects
- Sarina Corsi – spoke to NCAS HCA competency assessment amongst other things. Gateway and Western Community College offers the HCA Upgrading program. Generally, the private colleges offer the theory models as they tend to be more flexible in delivery times and modules.
 - o Sharon (KPU) questioning who writes the letter re: nursing students' competency to work as an HCA and indicated concerns as this could be someone in an administrative role who had little understanding of the role of the HCA and thus the applicability of the students to fill that role
 - o Questions re: term “safe medication delivery” – apparently a NCAS term that covers the competencies related to medication. Comments that this is not a term used in the HCA curriculum and could be misleading.
 - o Question if there is a way to track ‘nursing’ student categories – no abuse reports from this small group of registrants
 - o Use of NCAS to assess LPNs/RNs who have been out of practice – they would apply in the appropriate category if they have a lapsed membership to have their competency assessed
 - o Andrea (IH) noted there is complexity in hiring a PN student – if the student is unsuccessful in PN program is there a mechanism in the educational institution to provide a HCA certificate? IH find that it may be an issue if the student has rec'd a registration # from the BCCA registry in a particular role at a site – when the person goes to apply to a different site they may not be qualified for the next job.
 - Douglas very clear with any students who do this that they are applying to a particular job with an employer
 - Bruce says that unless there is an alleged abuse the person (ex-student) is still eligible to work as an HCA.
 - Ceases to be the educational institutions' responsibility if the person changes jobs in the future

- Lara Williams – discussion re: medication related content – action item to take the suggestion to create a guideline/statement to the public educator’s group and once created forward to the rep for the BCCCA and other stakeholders.
 - o Laurie (NIC) refer employers to HCA provincial curriculum as resource
 - o Sharon (KUP) students need support for when they are in the unsupervised curriculum
 - o Andrea (IH) creating guidelines for student HCA practice
- Laura (registry) Creating minimum standards for students will be helpful

HEU Report - Stephen Elliott-Buckley

Report provided below

- The Facilities Bargaining Association is currently bargaining with the Health Employers Association of BC. Thousands of HCAs are members of this bargaining group. Key bargaining topics include wages, health and safety, workload, high injury rates, and rebuilding contracting out protections for care and support workers.
- Flipping of staffing sub-contracts in long-term care continues to destabilize worker vocational satisfaction, HCA recruitment and retention, as well as continuity and quality of care [which undermines efforts to improve relational care!]

HCA discussion

- Question from Andrea (IH) re new employees not knowing their role/competencies upon hire, where is this covered in the curriculum
- Response from educators that the discussion re individual competencies and how to look at the employer guidelines is threaded throughout the curriculum

Next meeting April 24, 2019

Appendix A – Attendees

Suzanne Bailey– Okanagan College Trudy Baker - CNC, HCA Laurie Bird, NIC Judy Christie, HCA, VCC Judy Crain – CNC, PN Julie Gilbert – VCC PN Angela Godler – Okanagan College Shelley Goertz - Douglas Heather Klatt – NVIT Sarah Lechthaler – Selkirk Shannon Leitch, Kwantlen Cat Martin – Coast Mountain College Ivy McCrae – NVIT Rhonda McCreight, TRU, Williams Lake, PN & HCA Barb McPherson – NIC PN Karen Neilson, Camosun, PN & HCA Nadja Neubauer – Capilano University Pooran Qasimi – Native Education College Janita Schappert, VCC Jacquie Scobie, College of New Caledonia, PN Lana Sprinkle, Northern Lights College, PN & HCA Dawn Storgaard, COR Guillermo Leon Torres – CNC, Burns Lake Dawna Williams - UFV Wilma Zaal Delongchamp, VIU PN	Esther Aguilar – BC Career Colleges Assoc. Tracy Hoot – Dean Rep, TRU Angela Mac Eachern – M. of Advanced Ed. (private sector) Arvin Cajigas– WSBC Lara Williams – BC Care Aide Registry Bruce Bell – BC Care Aide Registry Sarina Corsi – BC Care Aide Registry Lea Thompson – LPNABC Anita Dickson – LPNABC Sandra Reagan – BCCNP Andrea Taylor – IH prof practice Lisa Bower – Vancouver Coastal Health Barb Eagle - BCNU Mavis Gibson – Safe Care BC Nicole Molinari, HEU Stephen Elliot-Buckley, HEU <u>Via Phone</u>
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	Ministry of Health (until lunch break) Karla Biagioni & Manna Saunders Sheila Gordon-Payne – Northern Health
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Appendix B - Membership

Affiliation	Name / Program / Role
Camosun	Karen Nielsen – HCA/PN Chair
Capilano	Nadja Neubauer – Chair
C. of New Caledonia	Joleen Warmerdam / Trudy Baker – HCA alt Lead
C. of New Caledonia	Jacque Scobie – PN lead
C. of New Caledonia	Judy Crain – HCA/PN lead Quesnel Guillermo Leon Torres – CNC, Burns Lake
C. of the Rockies	Dawn Storgaard – HCA/PN Chair
Douglas	Shelley Goertz- HCA Chair
Kwantlen	Sharon Leitch – HCA lead/Chair
Native Education College	Pooran Quasimi – HCA lead
Nicola Valley IT	Heather Klatt – HCA/PN Chair Ivy McRae
North Island College	Laurie Bird – HCA Chair
North Island College	Leslie Stuart – PN Chair Barb McPherson (interim Chair)
Northern Lights CC	Lana Sprinkle – HCA/PN Chair
Northwest CC	Cat Martin – PN/HCA Chair/lead
Okanagan CC	Angela Godler – HCA Chair
Okanagan CC	Suzanne Bailey – PN Chair
Selkirk	Sarah Lechthaler – HCA Chair
TRU - WL	Rhonda McCreight- faculty / Artic secretary
TRU	Tracy Christianson - HCA/PN Chair Kamloops Tracy Hoot – Associate Dean

Univ. of the Fraser Valley	Dawna Williams – PN/HCA Chair
Vancouver CC	Judy Christie – HCA Chair
Vancouver CC	Julie Gilbert – PN Chair Janita Schappert
Vancouver Is. Univ.	Wilma Zaal Delongchamp - PN Chair Kim Fraser – HCA Chair
Yukon College	Kim Diamond – HCA Chair
Private Rep	Ester Aquilar – HCA/PN Sprott Shaw (Private rep)

Articulation Partners

Affiliation	Name/Program/Role
Vancouver Coastal	Lisa Bauer
Island Health	Andrea Taylor
Interior Health	Tricia McBain
Fraser Health	Baljit Lail
FNHA	Leona Smith
Northern Health	Sheila Gordon-Payne
BC Care Aid and Support Worker Registry	Bruce Bell Sarina Corsi Lara Williams
CLPNBC	Janice Penner, Sandra Regan, Sara Telfer
PN Canada / LPNABC	Anita Dickson
Continuing Studies	Rebecca Bennett
BCCAT	Ruth Erskine & Mike Winsemann
Deans and Directors	Norma Sherret (COTR - Dean Rep for PN/HCA)
Unions	Stephen Elliot-Buckley (HEU) Heather Straight (Barb Eagle) (BCNU)
Ministry of Health	Karla Biagioni Manna Saunders

PN + HCA Joint Articulation meeting notes fall 2018

Ministry of Advanced Education	Monica Lust Kevin Perrault
WorkSafe BC	Arvin Cajigas
Continuing Education	Rebecca Bennet (VCC)