



# National Occupational Standard for Personal Care Providers

A guide for Canadian employers, educators, and job seekers to  
make informed decisions about hiring, skills training, and career choices.

October 2022



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# Acknowledgements

This document is the result of extensive consultation and collaboration with sector stakeholders. In total, more than 600 individuals connected to long-term care, home care, and community service organizations contributed to its development including personal care providers (personal support workers, continuing care assistants, health care aides, resident care workers, etc.), clients and family members, educators, public health officials, other healthcare professionals, CEOs and managers, union officials, researchers, and policy makers.

Colleges and Institutes Canada would like to recognize the following associations for their valuable contribution in developing the standard and for their dedication to ensuring it is accurate and representative on a national level.

## **National Working Group**

- Alberta Health
- Canadian Association of Continuing Care Educators
- Collège communautaire du Nouveau-Brunswick
- Centennial College
- Conestoga College
- Government of New Brunswick – Department of Health
- Government of Nova Scotia – Department of Health and Wellness
- Government of Prince Edward Island – Department of Health and Wellness
- Health Association Nova Scotia
- Ministry of Health, British Columbia
- Ministry of Health, Ontario
- Red River College Polytechnic
- Saskatchewan Polytechnic

## **National Advisors**

- Accreditation Canada
- AdvantAge Ontario
- Alberta Health Services
- British Columbia Ministry of Health
- Canadian Association for Long Term Care
- CanAge
- Extencicare
- Health Canada
- Ministère de la santé et des services sociaux
- Santis Health
- Shannon Law
- Spinal Cord Injury Canada

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This document is available in French under the title, « [Norme nationale professionnelle pour les préposés en soutien aux soins](#) »

# National Occupational Standard for Personal Care Providers

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# Introduction

In late 2020, the Government of Canada's Sectoral Initiatives Program formed an agreement with Colleges and Institutes Canada (CICan)—the national and international voice of Canada's largest post-secondary education network—to create the Building Capacity in Long-term Care project. This project was a national initiative to address the acute labour shortages in the long-term care sector exacerbated by the COVID-19 pandemic, with one of the key deliverables to facilitate the creation of the first-ever national occupational standard (NOS) for personal care providers.

For this NOS, the personal care provider title is a generic term used to describe a care worker, often unregulated, who provides direct personal care and defined assistance and support services in a variety of settings across Canada. There are a variety (over 60+) of occupational titles which include, but are not limited to, personal support worker, health care aide, health care assistant, resident care worker, continuing care assistant, home support worker, personal care attendant, home and continuing care worker, residential care worker, home care assistants, special care home worker, and patient care worker.

An occupational standard is developed from a job task analysis of a specific occupation. It is an inventory of the competencies, skills, abilities, and personal attributes required for workers to perform proficiently in their role.

This NOS is meant to serve as a reference point to help employees, employers, and educators understand what workers are required to do within their role.

It is the culmination of extensive consultations and validation with industry subject matter experts from across Canada. This document includes background information and a competency profile which provides an overview of the skills and competencies required for the occupation. The competency profile was drafted by a national working group in consultation with national advisors of sector stakeholders. Revisions to the competency profile were made based on feedback received from focus groups held across all provinces and territories, a national survey of stakeholders, and finally a public review.

## How to use this document

It is important to note that across Canada, there may be differences in jurisdictional legislation, policies, and procedures impacting the role of personal care providers. While this NOS has been created from input and representation across Canada, it is a guide and reflects differences in regions, jurisdictions, policies, procedures, and legislation. It can be used as a guideline to create workplace standards, performance expectations, and as the basis for developing a curriculum.

A NOS reflects a job task analysis, and thus, does not represent all the knowledge required of someone for the role. In this way, the NOS creates the mapping architecture for curriculum development.

Employers, employees, and educational institutions can use this NOS for a wide variety of uses including:

- Informing curricula and training for educational institutions
- Facilitating strategic labour mobility and labour market efficiency
- Strengthening recruitment efforts by informing job descriptions
- Providing a benchmark for employee appraisals
- Identifying career paths to promote employee retention
- Enabling students, new graduates, and job seekers to make informed employment and career decisions
- Evaluating the competencies of potential employees, including internationally trained workers (ITWs)

# Background

This document contains the validated competency profile for personal care providers and supporting details to aid with understanding and using the NOS. Also included is a glossary of terms ([Appendix A](#)), and a mapped alignment of the competency profile to the government of Canada's [Skills for Success](#) framework ([Appendix B](#))

The following section includes an overview of the role description, role oversight, significance of the role, and information about practice settings, delegation, diversity and inclusion, and client care partners.

## Role Description

Personal care providers work in a variety of care environments including home care, community, and healthcare settings. As valuable members of the healthcare team, they provide personal support and assistance with activities of daily living and other services for clients with varying degrees and types of illnesses and or disabilities across the lifespan. Using a person-centred approach, personal care providers work in partnership with the client and their health care team by holistically supporting the client's physical, psychological, social, cognitive, cultural, and spiritual needs.

Personal care providers enter the workforce with competencies that are transferable across care settings. Their hands-on skills and experience may vary depending on employment settings and client diversity. Ongoing training and education are important to maintain competence.

## Role Oversight

In most provinces and territories, personal care providers are unregulated and therefore oversight of this occupation varies between provinces. In Alberta, as of 2023, Health Care Aides are required to be registered on the College of Licensed Practical Nurses of Alberta's (CLPNA) Health Care Aide Directory. In British Columbia all publicly funded care facilities can only employ personal care providers who are registered with the BC Care Aide & Community Health Care Worker Registry. In Nova Scotia, there is a scope of practice and a mandatory registry for community care assistants. In Ontario the Health and Supportive Care Providers Oversight Authority Act, 2021 will establish a regulatory authority for PSWs, which is voluntary.

## Significance of the Role

Personal care providers are one of the most important members of the healthcare team, integral to the delivery of quality care and client safety. As one of the largest groups of healthcare workers, they make significant contributions to the well-being of Canadians. As the population ages, Canada is increasingly reliant on personal care providers to care for older adults and other people requiring assistance.

Personal care providers may also care for individuals living with disabilities, health issues, and mental health challenges. Additionally, they work with people requiring rehabilitation, post-operative care, palliative, and end-of-life care. In some settings, personal care providers assist children, birth partners, and newborns.

In long-term and home care settings, the personal care provider may have the most contact with clients and often serves as the eyes and ears for the entire healthcare team. Their work helps people to live with dignity.

## Practice Settings

Across Canada, there is variability in the required duties and activities of a personal care provider. Due to these differences in provincial and territorial legislation, policies, and procedures, personal care providers practice in accordance with jurisdictional regulations, standards, employer job description, policies, procedures, and guidelines. Most personal care providers act under the direction of a regulated health professional (RHP) and provide care and support consistent with the client's care plan. In other settings, personal care providers may work directly with the client under the direction of a client service agreement.

In the continuum of settings from the client's home to a hospital room, the personal care provider engages in increasingly complex activities. For example, in the home setting, a client with a neurological disease, such as multiple sclerosis, may hire a personal care provider privately to provide services such as light housekeeping, meal preparation, and assistance with activities of daily living (e.g., personal hygiene) under a service agreement. Personal care providers working in the community may be employed in a community day program where they assist with recreational and social activities. In a long-term care setting, the personal care provider is employed by the healthcare setting and may provide more extensive assistance for individuals who are unable to perform their activities of daily living independently. In the acute care setting, the personal care provider may have a larger role assisting the registered nursing staff and may be providing more restricted activities.

## Delegation

Personal care providers may assist with restricted activities or acts that are normally outside of their basic job role. Delegation or authorization occurs when a regulated health professional (RHP) such as a registered nurse transfers the authority to perform a restricted activity or controlled act to a personal care provider. For example, in British Columbia, certain higher-risk care activities normally performed by RHPs are referred to as restricted activities, and there are two mechanisms for a RHP to authorize others, such as personal care providers, to perform them: delegation and authorization under supervision. In Ontario and Alberta, these activities are referred to as controlled acts and restricted activities.

Delegation involves the transferring of responsibility for the performance of an intervention that is normally under the scope of the RHP. Responsibility for delegation and the outcome of the intervention is shared amongst the personal care provider, the RHP, and the employer. Whereas accountability for the care, including care outcomes, remains the purview of the RHP.

It is beyond the scope of this NOS to catalogue the varying legislation and the specific activities that may be delegated across the country. However, each province and territory has very specific guidelines governing the process of delegation or authorization to unregulated workers, such as personal care providers, which typically include items such as the following:

- An RHP can only authorize others to perform restricted acts that are within their autonomous regulated scope of practice
- The employer approves the restricted activities that may be authorized
- Authorized activities are outlined in the client care plan and are generally not transferrable between clients
- Restricted activities to be performed by another are determined by the RHP who remains accountable
- The personal care provider must receive additional training and complete a competency review before providing any restricted activity. The level of supervision of the personal care provider is determined by the RHP and as per guidance from their regulatory colleges and employer, congruent with the complexity of the activity and competency of the personal care provider. The

- personal care provider, in turn, cannot authorize anyone else. The personal care provider is accountable for their practice to the client, the RHP, and the employer
- The RHP remains accountable for the provision of the restricted activity, including any outcomes of care

The specific activities that may be authorized varies across the country.

## **Diversity and Inclusion**

This NOS for personal care providers aims to recognize diversity, and to respect and be inclusive of the values, attitudes, and beliefs of clients, client care partners, and members of the health care team. It recognizes and implements the healthcare rights of Indigenous people as identified in international law, constitutional law, and under treaties and agreements. Reference to culturally safe care for Indigenous peoples is an important act of reconciliation as outlined in the *Truth and Reconciliation Commission of Canada: Calls to Action*, 2016 and the *United Nations Declaration on the Rights of Indigenous Peoples*.

## **Client Care Partners and Family**

Personal care providers work in collaboration with the client and with family members, client care partners, and other members of the healthcare team. While client care partners are defined as a person or persons chosen to participate in ongoing care, who is not employed by the healthcare setting, they may or may not be composed of family members. If the client is not capable of making their own care decisions, then the next of kin or a legal guardian would be appointed. The NOS refers simply to client care partners, but it is meant to include family members where appropriate.



# Development

The methodology for the NOS development was inspired by Accreditation Canada/Equal's guide for developing competency profiles which outlines seven key stages: preliminary, proposal, preparatory, committee, validation, approval, and publication. Although the intention was to follow the phases sequentially, some phases were completed concurrently.

The preliminary, proposal, and preparatory stages occurred July-October 2021.

## Preliminary Stage

The preliminary stage included the confirmation of the scope and objectives of the development of this NOS, as described in the introduction of this document.

## Proposal Stage

Creating the NOS involved multiple levels of stakeholders for the development, review, and validation processes. These groups included the following:

### National Working Group

Under the leadership of CICan, the national working group engaged in research on the profession, consulted other stakeholders as needed, and developed the draft competency profile. This group was composed of:

- Individuals from five colleges and institutes selected through a formal call for proposals to CICan members. The representatives were selected based on their experience and expertise in the health sector, their skills, and their representation across the country
- A senior technical writer consultant who researched, analyzed, and synthesized the content of the NOS
- A consultant who provided leadership and facilitation of the national working group and focus group meetings
- Stakeholder consultants who provided subject matter expertise
- 12 provincial and territorial government representatives from health departments who provided perspectives from their respective jurisdictions

### National Advisors

National advisors provided guidance, feedback and acted as sounding boards for the working group and CICan team. The 12 members of this group came from different settings (long-term care, home care, independent living, hospitals, etc.), geographies, and held various roles within the sector, as identified on the acknowledgements page. These advisors shared their expertise, advise, and offered input on the content included in the NOS and its adoption.

### National Stakeholders

The national stakeholders provided feedback to help validate the NOS. These stakeholders were recruited via recommendations from consultant experts, referrals from the national working group and national advisors, and outreach through CICan's network. Over 1,500 national stakeholders were contacted in the validation and approval stages.

## Preparatory Stage

This stage of development involved conducting background research and analysis on occupational standards, job descriptions, and curricula in personal care provider related occupations. This information and the details from the proposal stage helped form the basis of a solid foundation on which the competency profile was built. The output of this phase was a compilation of preliminary research.

## Committee Stage

In this stage, which occurred November 2021-May 2022, the national working group—defined in the proposal stage—met to draft the competency profile, background, and glossary which formed the basis of the NOS. Development of the competencies further involved active consultation through 13 virtual focus groups held April-May 2022 across all provinces and territories, attended by more than 80 individuals. These conversations with many diverse representatives from across the sector led to extensive revisions and ultimately the first draft of the competency profile.

## Validation Stage

The validation process occurred May-June 2022 via a national survey completed by over 500 stakeholders that included:

- Personal care provider practitioners of the profession and clients or patients
- Administrators, directors, and managers of institutions that employ personal care providers
- Educators (both senior administrators, program faculty and preceptors)
- Union officials and stewards
- Other healthcare professionals that regularly interact and collaborate with personal care providers
- Inter-jurisdictional professional groups and government officials

The feedback from this survey led to moderate revisions to the competency profile and the pre-approved final version of the NOS.

## Approval Stage

During the approval stage, a public review was open from July-September 2022 to ensure any further concerns from the public were addressed. There were 280 responses and resulted in a final round of minimal changes to the competency profile, approved by the national working group.

## Publication Stage

In the final stage of development, this NOS was officially submitted September 2022 to the government of Canada for publication, along with recommendations for the use of the NOS, provincial and territorial acceptance, and communication awareness. A final report on the development process was also created.

In total, more than 600 people contributed to its development including personal care providers, clients and family members, educators, public health officials, other healthcare professionals, CEOs and managers, regulators, union officials, associations representing older Canadians, and researchers and policy makers of long-term care, home care, and community service organizations such as assisted/supportive living and independent living services.

# Competency Profile

The first step in developing the NOS for personal care providers was to determine the required competencies. These competencies represent both the technical skills (the what) and the foundational skills (the how) required of a personal care provider to function competently in the workplace. Once identified, the competencies were further broken down into their specific steps and critical actions, referred to as sub-competencies and performance indicators. This information was captured in the competency profile which reflects an alignment and map of a job task analysis.

## The Competencies

Six competencies were identified, composed of three technical and three foundational competencies as listed below.

### A. Technical Competencies

**A.1 Provides Person-Centred Care and Support:** Care and support activities in this area optimize, and maintain the individual's health and well-being, safety, autonomy, and comfort. The personal care provider supports activities of daily living consistent with the care plan including but not limited to assisting with mobilization, positioning, meals, dressing, personal hygiene, and elimination.

**A.2 Provides Collaborative Care:** Works collaboratively with the client, client care partners, and other members of the healthcare team to achieve goals while providing safe, competent, and ethical client care, in accordance with employer policies and legislation.

**A.3 Promotes a Safe Environment:** Refers to the activities to promote a safe environment and reduces the potential for harm to the client, client care partners, self, and healthcare team members in accordance with legislation, standards, employer job description, policies, procedures, and guidelines.

### B. Foundational Competencies

**B.1 Communication:** Refers to the skills required to develop and maintain collaborative working relationships with the client, care providers, and other members of the healthcare team. The communication is clear, concise, respectful, and appropriate to the individual's level of comprehension.

**B.2 Diversity and Inclusion:** Provision of care and services respects and is inclusive of the values, attitudes, and beliefs of each client. This includes understanding how culture and lived experience influences a person's attitudes, behaviours, communication, family organization, spiritual traditions, and perceptions about illness, disability, and health. There is an awareness of the historical colonialism, racism, and ongoing systemic discrimination that may affect health and wellness.

**B.3 Professionalism:** Refers to an approach to work that demonstrates respect for others, commitment to excellence in care, professional behaviours, and ongoing learning and personal development.

# The Competency Profile for Personal Care Providers

## A. TECHNICAL COMPETENCIES

**A.1 Provides Person-Centred Care and Support:** Care and support activities in this area optimize and maintain the individual’s health and well-being, safety, autonomy, and comfort. The personal care provider supports activities of daily living consistent with the care plan including but not limited to assisting with mobilization, positioning, meals, dressing, personal hygiene, and elimination, in accordance with employer policies and legislation.

Sub-competencies	Performance Indicators
A.1.1 Provides holistic and individualized care across the lifespan	<p>A.1.1.1 Supports clients and their care partners by offering reassurance, encouragement, and empathy</p> <p>A.1.1.2 Considers the client’s strengths, needs, rights, preferences, expectations, and their willingness and ability to participate in their care</p> <p>A.1.1.3 Observes, reports, and records physical and behavioural changes</p>
A.1.2 Supports the dignity of clients	<p>A.1.2.1 Maintains privacy of clients and their care partners</p> <p>A.1.2.2 Maintains confidentiality related to clients and their care partners</p> <p>A.1.2.3 Applies the principles of therapeutic relationships while maintaining professional boundaries with clients and their care partners</p> <p>A.1.2.4 Applies the principles of dignity, independence, individualized care, preference, privacy, and safety (DIIPPS) in the provision of client care</p> <p>A.1.2.5 Respects and safeguards the client’s personal belongings</p>
A.1.3 Assists with basic needs	<p>A.1.3.1 Observes, reports, and records changes in the client’s status (e.g., temperature, pulse, respirations, oxygen saturation, height, weight)</p> <p>A.1.3.2 Promotes social, physical, spiritual, and cognitive engagement with clients to meet their individual needs and interests</p> <p>A.1.3.3 Provides comfort measures to promote a sense of well-being and comfort (e.g., skin care, lighting, room temperature)</p> <p>A.1.3.4 Implements measures to promote relaxation and sleep (e.g., dim lights)</p>
A.1.4 Provides food and meal assistance	<p>A.1.4.1 Assists with fluids and meal intake</p> <p>A.1.4.2 Observes, reports, and records changes related to food and fluid intake, (e.g., change in appetite)</p>

	<p>A.1.4.3 Respects the client's food preferences</p> <p>A.1.4.4 Helps to make the eating experience safe and comfortable (e.g., positioning, appropriate dining utensils)</p>
A.1.5 Assists with mobilization	<p>A.1.5.1 Assists clients with mobilization (e.g., correct positioning, range of motion, transfer, ambulation)</p> <p>A.1.5.2 Observes, reports, and records change in the client's ability to mobilize</p> <p>A.1.5.3 Assists with mobility aids including mechanical lifts, slings, canes, walkers, and wheelchairs</p> <p>A.1.5.4 Performs basic mobility safety checks and reports any mechanical issues with mobility aids</p>
A.1.6 Assists with grooming and dressing	<p>A.1.6.1 Assists clients with dressing and undressing</p> <p>A.1.6.2 Applies and removes anti-embolic/compression stockings</p> <p>A.1.6.3 Assists clients with grooming activities such as basic nail care, hair care, and shaving</p> <p>A.1.6.4 Observes, reports, and records changes in the client's ability to dress and groom and changes in their skin and hair condition</p>
A.1.7 Assists with personal hygiene	<p>A.1.7.1 Assists with perineal and menstrual care</p> <p>A.1.7.2 Assists with full or partial bathing (e.g., towel, tub, shower, whirlpool, basin, bed)</p> <p>A.1.7.3 Assists with skin care (e.g., application of non-medicated lotions, creams, sunscreen)</p> <p>A.1.7.4 Assists with oral care including brushing, flossing, and denture care</p> <p>A.1.7.5 Observes, reports, and records changes in the client's ability to perform activities related to personal hygiene</p> <p>A.1.7.6 Observes, reports, and records changes in the client's teeth, gum, and skin condition</p>
A.1.8 Assists with elimination	<p>A.1.8.1 Uses strategies to support continence and independence regarding toileting (e.g., reminders to use bathroom)</p> <p>A.1.8.2 Assists with toileting and utilizing elimination devices (e.g., disposable undergarments, transferring onto devices, positioning on bedpan, providing urinal)</p>

	<p>A.1.8.3 Provides external and indwelling catheter care (e.g., perineal care, empty drainage bag)</p> <p>A.1.8.4 Assists with the emptying and changing of established ostomy bags/ureterostomy pouches</p> <p>A.1.8.5 Observes, reports, and records changes in the client's elimination pattern (e.g., constipation) and changes in appearance of urine and stool</p>
<p>A.1.9 Provides medication assistance</p>	<p>A.1.9.1 Supports the safe keeping and disposal of medication</p> <p>A.1.9.2 Provides medication assistance (e.g., opens blister pack, brings water)</p> <p>A.1.9.3 Assists with the application of topical medications and ear/eye drops</p> <p>A.1.9.4 Observes, reports, and records any difficulty with taking medication (e.g., swallowing, refusal)</p> <p>A.1.9.5 Observes, reports, and records changes in condition and behaviour</p>
<p>A.1.10 Provides assistance with instrumental activities of daily living (IADL)</p>	<p>A.1.10.1 Assists with transportation (e.g., arranging for, accompanying)</p> <p>A.1.10.2 Assists with meal planning, shopping, and basic meal preparation</p> <p>A.1.10.3 Assists with basic home management (e.g., loading dishwasher)</p> <p>A.1.10.4 Assists with the use of communication devices (e.g., cell phone, braille reader)</p> <p>A.1.10.5 Observes, reports, and records changes in level of assistance required for IADLs</p>
<p>A.1.11 Provides condition-specific care</p>	<p>A.1.11.1 Assists clients living with common health challenges, developmental disorders, and disabilities</p> <p>A.1.11.2 Assists clients living with Alzheimer's Disease or Related Dementias (ADRD), or other cognitive impairments by observing, reporting, and recording behaviours related to delirium, dementia, and/or depression; using strategies to prevent and address responsive behaviours that are harmful to self or to others (e.g., de-escalation); reporting on the success of strategies used to deflect or re-direct distressing behaviours</p> <p>A.1.11.3 Assists clients living with mental health and/or substance use challenges by observing, reporting, and recording behaviors related to mental health challenges and threats to the well-being of the client, their care partners, and healthcare team members; recognizing, reporting, and recording behaviours related to substance use disorders</p>

	A.1.11.4 Assists clients with activities of daily living who have medical treatments by observing, reporting, and recording potential issues (e.g., pulling out nasal prongs)
A.1.12 Provides palliative, end-of-life (EOL), and post-mortem care	<p>A.1.12.1 Observes, reports, and records changes in condition</p> <p>A.1.12.2 Supports clients with their end-of-life wishes and directives (e.g., refusing medical interventions)</p> <p>A.1.12.3 Provides holistic palliative and end-of-life care, focusing on comfort, and quality of life</p> <p>A.1.12.4 Assists healthcare team members with post-mortem care (e.g., positioning)</p> <p>A.1.12.5 Provides support and demonstrates empathy during palliative and end-of-life care through to death and bereavement</p>

**A.2 Provides Collaborative Care:** Works collaboratively with the client, client care partners, and other members of the healthcare team to achieve goals while providing safe, competent, and ethical client care, in accordance with employer policies and legislation.

Sub-competencies	Performance Indicators
A.2.1 Follows the client care plan or service agreement	<p>A.2.1.1 Reviews the care plan prior to care delivery</p> <p>A.2.1.2 Identifies to the health care team when updates are required and provides input</p> <p>A.2.1.3 Provides care and assistance following principles of dignity, independence, individualized care, preference, privacy, and safety (DIIPPS)</p>
A.2.2 Performs restricted activity(s)	<p>A.2.2.1 Follows the process for performance of restricted activities instructed by the regulated health professional, aligned with legislation and employer policy</p> <p>A.2.2.2 Uses judgement before performing a restricted activity (e.g., client's condition, personal competence)</p> <p>A.2.2.3 Reports to supervisor if concerned about or unable to complete a restricted activity (e.g., changes in the client's condition)</p> <p>A.2.2.4 Observes, reports, and records unexpected outcomes of the restricted activity to supervisor</p>
A.2.3 Participates as a	A.2.3.1 Works collaboratively to provide person-centred care

member of the healthcare team	<p>A.2.3.2 Respects each team members' role in care delivery</p> <p>A.2.3.3 Works within the limits of their job description and role</p> <p>A.2.3.4 Seeks assistance, guidance, and information from healthcare team members</p>
A.2.4 Documents client information and care	<p>A.2.4.1 Observes, reports, and records client care information and changes</p> <p>A.2.4.2 Completes incident and mandatory reporting requirements (e.g., falls)</p> <p>A.2.4.3 Uses approved documentation methods including correct medical terminology and abbreviations</p>
A.2.5 Establishes a therapeutic relationship with clients and their care partners	<p>A.2.5.1 Builds and maintains a genuine partnership with clients and their care partners by using communication skills based in trust, respect, and empathy</p> <p>A.2.5.2 Maintains professional boundaries (e.g., refrains from inappropriate conduct)</p> <p>A.2.5.3 Focuses interactions on the client's needs and quality of life</p> <p>A.2.5.4 Gives support during transition of care (e.g., admission to care setting)</p>
A.2.6 Advocates on behalf of clients	<p>A.2.6.1 Shares preferences with healthcare team members (e.g., grooming)</p> <p>A.2.6.2 Reports and records individual decisions and preferences</p> <p>A.2.6.3 Reports and records unresolved issues (e.g., poorly fitting dentures) with the client's consent</p>

**A.3 Promotes a Safe Environment:** Refers to the activities to promote a safe environment and reduces the potential for harm to the client, client care partners, self, and healthcare team members in accordance with legislation, standards, employer job description, policies, procedures, and guidelines.

Sub-competencies	Performance Indicators
A.3.1 Maintains client safety	<p>A.3.1.1 Ensures care and services are given to the correct client (e.g., confirm identity)</p> <p>A.3.1.2 Reports, records, and responds to safety hazards (e.g., a full sharps container, poor lighting, broken electrical cords)</p> <p>A.3.1.3 Responds to emergency situations (e.g., provides First Aid/CPR, follows WHMIS)</p> <p>A.3.1.4 Ensures devices to call for assistance are within reach (e.g., call bell, phone)</p>



	A.3.1.5 Adheres to occupational health and safety guidelines (e.g., use of oxygen)
A.3.2 Reports suspected situations of abuse and/or neglect	<p>A.3.2.1 Reports and records suspected or witnessed abuse and/or neglect (e.g., physical, emotional, sexual, financial)</p> <p>A.3.2.2 Adheres to legislation regulations and agency policies related to documentation and reporting</p>
A.3.3 Maintains personal and team members' safety	<p>A.3.3.1 Practices proper body mechanics (e.g., during lifting and transfers)</p> <p>A.3.3.2 Observes, acts on, reports, and records occupational health and safety hazards (e.g., wet floors, poor lighting)</p> <p>A.3.3.3 Identifies, reports, and responds to dangerous work situations (e.g., response to fire)</p> <p>A.3.3.4 Reports bullying and harassment, including abuse from co-workers, clients, families, and care partners</p>
A.3.4 Applies infection prevention and control practices	<p>A.3.4.1 Adheres to infection prevention and control policies</p> <p>A.3.4.2 Practices standard techniques for hand hygiene</p> <p>A.3.4.3 Selects appropriate personal protective equipment (PPE)</p> <p>A.3.4.4 Don and doff personal protective equipment</p> <p>A.3.4.5 Practices safe food handling practices (e.g., food storage, reheating food)</p> <p>A.3.4.6 Completes safe disposal of soiled and hazardous materials</p>

## B. FOUNDATIONAL COMPETENCIES

**B.1 Communication:** Refers to the skills required to develop and maintain collaborative working relationships with the client, care providers, and other members of the healthcare team. The communication is clear, concise, respectful, and appropriate to the individual's level of comprehension.

Sub-competencies	Performance Indicators
B.1.1 Communicates with the client and their care partners	B.1.1.1 Introduces self and explains their role and responsibilities B.1.1.2 Demonstrates active listening B.1.1.3 Removes barriers to communication (e.g., loud environment, use of interpreter) B.1.1.4 Responds to verbal and non-verbal cues (e.g., body language) B.1.1.5 Uses a variety of person-centred communication strategies (e.g., verbal, written, electronic communication)
B.1.2 Adapts communication strategies for clients with communication needs	B.1.2.1 Uses a variety of strategies for clients with basic communication needs (e.g., use of short simple statements, technology); living with visual needs (e.g., lighting, glasses, magnifying glass); living with auditory needs (e.g., proximity to client, sign language, hearing aids) B.1.2.2 Assists with communication technology (e.g., inserting hearing aids, replacing batteries)
B.1.3 Communicates professionally with the healthcare team	B.1.3.1 Explains their role and responsibilities with healthcare team members B.1.3.2 Uses relevant healthcare terminology (e.g., hypotension/hypertension) B.1.3.3 Shares relevant client data with the healthcare team regarding client care (e.g., end of shift report)
B.1.4 Responds to conflict	B.1.4.1 Uses conflict resolution skills, strategies, and techniques (e.g., focus on problem not the person) B.1.4.2 Reports and records resolved and unresolved conflicts impacting the client, their care partners, and healthcare team

**B.2 Diversity and Inclusion:** Provision of care and services respects and is inclusive of the values, attitudes, and beliefs of each client. This includes understanding how culture and lived experience influences a person’s attitudes, behaviours, communication, family organization, spiritual traditions, and perceptions about illness, disability, and health. There is an awareness of the historical colonialism, racism, and ongoing systemic discrimination that may affect health and wellness.

Sub-competencies	Performance Indicators
<p>B.2.1 Provides culturally competent care</p>	<p>B.2.1.1 Acknowledges and respects each client’s physical, cognitive, psychological, cultural, social, and spiritual preferences throughout provision of care</p> <p>B.2.1.2 Respects the client’s culture, ethnicity, gender identity, age, race, national origin, language, spirituality, sexual orientation, and family status</p> <p>B.2.1.3 Reports behaviour that fails to respect equity and inclusion values and may be perceived as racist or discriminatory</p> <p>B.2.1.4 Provides care that is free of cultural bias, stigma, racism, and discrimination</p>
<p>B.2.2 Provides inclusive care</p>	<p>B.2.2.1 Seeks information from clients and their care partners regarding their beliefs and preferences on cultural needs and practices</p> <p>B.2.2.2 Considers the influence of culture and lived experiences on health, wellness, illness, disability, and end of life</p> <p>B.2.2.3 Uses a variety of care approaches to promote equity and inclusion</p> <p>B.2.2.4 Supports the choice and access to traditional foods, ceremonies, healing, and protocols related to health, illness, disability, and end of life</p> <p>B.2.2.5 Works with traditional healers and faith leaders</p>
<p>B.2.3 Practices cultural sensitivity</p>	<p>B.2.3.1 Seeks professional development opportunities to enhance their professional cultural competence</p> <p>B.2.3.2 Shows cultural competency by being open to hearing about and trying to understand others’ cultural experiences</p> <p>B.2.3.3 Acknowledges and manages their values, assumptions, beliefs, and personal biases</p>
<p>B.2.4 Provides culturally competent care for indigenous clients and their care partners</p>	<p>B.2.4.1 Adapts care and service approaches considering First Nations, Métis and Inuit cultural practices and beliefs</p> <p>B.2.4.2 Provides opportunities for care and services to contribute to cultural healing practices and traditional medicines</p>

B.2.4.3 Respects norms and protocols within different Indigenous communities

**B.3 Professionalism:** Refers to an approach to work that demonstrates respect for others, commitment to excellence in care, professional behaviours, and ongoing learning and personal development.

Sub-competencies	Performance Indicators
B.3.1 Engages in the quality improvement of the organization	<p>B.3.1.1 Practices in accordance with the vision, values, goals, and objectives of the organization</p> <p>B.3.1.2 Participates in continuous quality improvement activities as assigned</p> <p>B.3.1.3 Participates in meetings, committees, teams, and councils</p>
B.3.2 Conducts oneself ethically	<p>B.3.2.1 Practices the principles of healthcare ethics (e.g., autonomy, justice, beneficence, non-maleficence)</p> <p>B.3.2.2 Reports unethical or illegal activities</p> <p>B.3.2.3 Reports to and consults with supervisor regarding actual or perceived conflicts of interest (e.g., providing care for their family members, accepting, or giving gifts)</p>
B.3.3 Maintains professional conduct in the workplace	<p>B.3.3.1 Adheres to employer policies and procedures including but not limited to using respectful language; following workplace dress code guidelines; maintaining personal hygiene; following the workplace schedule; transfer of accountability/care (e.g., end of shift); using technology and social media in the workplace</p> <p>B.3.3.2 Assumes accountability and responsibility for their behaviour and actions in accordance with employer guidelines (e.g., code of conduct)</p> <p>B.3.3.3 Acts as a role model for others (e.g., demonstrates expertise, empathy, and compassion)</p>
B.3.4 Engages in ongoing professional development	<p>B.3.4.1 Reflects on their work to improve practice</p> <p>B.3.4.2 Maintains competence through formal and informal educational opportunities</p> <p>B.3.4.3 Maintains current certification as required by employer (e.g., CPR, WHMIS, Food Safe)</p> <p>B.3.4.4 Maintains registration in good standing, if required by legislation or ministry directive</p>
B.3.5 Engages in	<p>B.3.5.1 Seeks assistance as needed to complete assigned duties (e.g., lifting, transferring)</p>

self-care for well-being

B.3.5.2 Advises supervisor when experiencing stress, anxiety, compassion fatigue, and burnout

B.3.5.3 Maintains fitness for practice (e.g., able to meet the physical demands of the job)

B.3.5.4 Recognizes the steps of personal wellness and self-care and the strategies necessary to promote personal well-being

# Skills for Success

*Skills for Success*<sup>1</sup>, developed by Employment and Social Development Canada, are the nine skills needed to participate and thrive in learning, work, and life. To understand how these skills were represented in the competency profile, a [mapping of each skill was completed](#).

[Appendix B](#) lists the definitions of the *Skills for Success* and examples of how personal care providers use them when performing their daily work activities.

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<sup>1</sup> <https://www.canada.ca/en/services/jobs/training/initiatives/skills-success.html>

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# Appendices

## Appendix A: Glossary of Terms

Term	Definition
<b>Abuse</b>	Harm caused deliberately by another person or persons
<b>Accountability</b>	The willingness to accept responsibility and to explain one's actions.
<b>Activities of daily living (ADL)</b>	"Self-care activities people perform daily to remain independent and to function in society" such as ambulation, feeding, dressing, personal hygiene, and toileting." <sup>2</sup>
<b>ADRD</b>	Acronym for Alzheimer's Disease and Related Dementias and refers to the most common forms of dementia.
<b>Assisted living</b>	Refers to an environment where services such as housing, hospitality services, and personal care are provided for individuals who can live independently and make decisions on their own behalf but require a supportive environment due to health challenges. Services may include (but are not limited to) household management and personal care (e.g., retirement home, supportive housing facility).
<b>Autonomy</b>	Refers to individual freedom or one's right to make decisions without being coerced (i.e., self-determination).
<b>Beneficence</b>	The duty to act in the best interests of the client.
<b>Bullying/harassment</b>	Act of purposely and repeatedly saying or doing hurtful things to someone else. It can include physical acts, verbal abuse and teasing, and social bullying (e.g., spreading rumors).
<b>Burnout</b>	A state of physical, emotional, and mental exhaustion that results in feelings of discouragement, negativity, and powerlessness. <sup>3</sup>
<b>Care plan/service plan</b>	A record which documents the care, support, interventions, and activities needed to meet the needs of a client for their well-being, independence, and overall quality of life. The care plan is client-specific and developed by a regulated health professional.
<b>Client</b>	A general term for individuals receiving care or support services in the community or a care setting. In some settings, the individual is referred to as a patient or resident.

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<sup>2</sup> Wilk, Mary J. *Sorrentino's Canadian Textbook for the Support Worker, 5th Edition*, 2018

<sup>3</sup> Wilk, Mary J. *Sorrentino's Canadian Textbook for the Support Worker, 5th Edition*, 2022



<b>Client care partner</b>	A person or persons chosen by a client to participate in the client’s ongoing care who is not employed by the health care setting. When the client is not capable, then the next of kin or a legal guardian would be appointed.
<b>Client service agreement</b>	Details the agreement between a healthcare agency/service provider and a client outlining and describing the services to be provided.
<b>Comfort measures</b>	Care activities that can make clients more comfortable and provide a sense of well-being. Examples include bathing, skin care, repositioning, and linen changes.
<b>Competency</b>	A competency comprises the observable technical tasks (“what you do”) and foundational skills (“the behaviours, attitudes, dispositions, and/or attributes”) associated with a specific job function (a major duty or responsibility of a given occupation, role, or position).
<b>Competency profile</b>	A competency profile results from a job task analysis of a specific occupation or role. It is an inventory of the skills, abilities, and personal attributes required for workers to perform proficiently in the occupation.
<b>Controlled/regulated act</b>	Controlled acts are higher risk activities that may result in harm if not performed appropriately. These are outlined provincial health legislation (including acts and regulations).
<b>Cultural competence</b>	The ability of a person to understand and interact effectively with people from backgrounds different from their own.
<b>Delegation</b>	A regulated health care professional transfers the authority to perform a restricted act to another person. Also known as transfer of function.
<b>DIIPPS</b>	DIIPPS is an acronym for dignity, independence, individualized care, preferences, privacy, and safety. <sup>4</sup>
<b>Disability</b>	A physical, mental, intellectual, cognitive, sensory, learning or communication impairment, or a functional limitation, whether apparent or not, and permanent, temporary, or episodic in nature, that hinders a person’s full and equal participation in society when they face a barrier.
<b>Dressing</b>	This term refers to the activities related to dressing a client and application of anti-embolic stockings.
<b>End of life directives</b>	End of life directives are typically made during palliative or end-of-life care and can be in the form of a living will or an advance directive. These decisions are documented and agreed to by the client and/or the client’s legal representative. Medical assistance in dying (MAID) may be part of the plan. Other types of directives related to health care delivery can include do-not-resuscitate orders, refusal or withdrawal of treatment, refusal of food and drink, and palliative sedation.

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<sup>4</sup> Wilk, Mary J. Sorrentino’s Canadian Textbook for the Support Worker, 5th Edition, 2022

<b>Fitness to practice</b>	The physical, mental, and psychological ability to meet the demands of the job that is safe, competent, and ethical.
<b>Foundational competency</b>	The behaviours, attitudes, dispositions, and/or attributes that an individual is expected to display when performing their job duties. Also referred to as soft skills, transferable skills, and 21 <sup>st</sup> Century skills.
<b>Gender identity</b>	A person's internal and deeply felt sense of being a man, a woman, both, neither, or somewhere along the gender spectrum. <sup>5</sup>
<b>Healthcare setting</b>	Refers to the variety of settings that provide clients with health care, accommodation, and other support services.
<b>Holistic</b>	Refers to consideration of the whole person by taking into account their physical, emotional, social and spiritual wellbeing.
<b>Home care services</b>	Home care services refer to the array of personal care services which enables individuals, with health challenges, to continue to live in their own home.
<b>Home support services</b>	The activities required to support clients and their families within their homes. These services include light housekeeping activities such as cleaning, vacuuming, dusting, laundry, making beds, and meal and snack preparation as determined by the plan of care.
<b>Independent living</b>	A living arrangement that maximizes independence and self-determination, living in a community instead of in congregate setting.
<b>Instrumental activities of daily living (IADL)</b>	The complex skills needed to successfully live independently and include the ability to arrange transportation, handle finances, shop and prepare meals, manage the home environment, communicate with others, and manage medications. <sup>6</sup>
<b>Justice</b>	Care is provided fairly and equitably to all clients.
<b>Long term care home (residential care settings)</b>	In general, long-term care homes provide housing, care and services for individuals who require care and support 24 hours, 7 days a week by health care providers (both regulated health professionals and unregulated care providers).
<b>Medication assistance</b>	Medication assistance includes, but is not limited to, activities such as <sup>7</sup> : reminding the client to take medication; bringing medication containers to the client; bringing pre-poured medications, prefilled syringes, and/or blister packs to client; ensuring the medication is the correct one; reading the prescription label to the client; loosening or removing container lids or opening blister packs; providing water or other fluids as needed; supervising the client as the client places the medication into their hand, measuring spoon (or oral syringe) or cup; steadying the client's hand while the client places medications or administers eye drops, nasal sprays,

<sup>5</sup> *Guide on Equity, Diversity and Inclusion Terminology*, <https://www.noslangues-ourlangues.gc.ca/en/publications/equite-diversite-inclusion-equity-diversity-inclusion-eng#lettre-letter-G>

<sup>6</sup> Wilk, Mary J. *Sorrentino's Canadian Textbook for the Support Worker, 5th Edition*, 2018

<sup>7</sup> Wilk, Mary J. *Sorrentino's Canadian Textbook for the Support Worker, 5th Edition*, 2022

	and other medication
<b>Mobility</b>	The ability to move physically.
<b>National Occupational Standards (NOS)</b>	NOS are inventories of competencies, skills, and personal abilities and attributes required for workers to perform proficiently in a particular job or occupation. They are voluntary guidelines developed with input from industry stakeholders to provide employers, educators, trainers, and job seekers with practical guidance.
<b>Neglect</b>	A situation where a person is not adequately cared for including physical, emotional, and psychological needs.
<b>Non-maleficence</b>	An obligation not to inflict harm on others or do no harm.
<b>Palliative care</b>	Providing care and services for a client living with an illness that cannot be cured, with a goal of improving their quality of life.
<b>Performance indicator</b>	The measurable outcome to a specific action of the sub-competency.
<b>Personal abilities and attributes</b>	Personal abilities and attributes are inherent and developed aptitudes that facilitate the acquisition of knowledge and skills to perform.
<b>Personal care provider</b>	This is a generic term used to describe an unregulated care worker who provides direct personal care and defined support services in a variety of settings. Occupational titles include but are not limited to personal support worker, health care aide, health care assistant, resident care worker, continuing care assistant, home support worker, personal care attendant, home and continuing care worker, residential care worker, and home care assistants.
<b>Personal hygiene</b>	This term includes activities such as mouth care including brushing teeth, flossing, dentures and dental care, bathing, showering, back massage, foot hygiene, perineal care, and care and insertion of hearing aids.
<b>Personal wellness</b>	Refers to the activities, choices, and lifestyles that lead to a state of holistic health (physical, mental, emotional, spiritual, and social). This includes physical choices such as exercise, nutrition, and sleeping habits.
<b>Person-centred care</b>	A holistic approach to care that recognizes and supports the unique needs and abilities of the client and ensures that their preferences for care are used to guide the care plan and decision making. This approach is to lead to the best outcomes for the client and will enhance their quality of life and quality of care.
<b>Post-mortem care</b>	Defined as care after death and typically includes positioning of the body to normal alignment, cleansing, and following employer post-mortem care policies.
<b>Personal protective equipment (PPE)</b>	Clothing and equipment to minimize exposure to chemical or biological hazards in the workplace and typically includes gloves, gowns, masks, and eye protection.

<b>Professionalism</b>	An approach to work that demonstrates respect for others, commitment, competence, and appropriate behaviour. <sup>8</sup>
<b>Professional boundaries</b>	Describes what is acceptable and unacceptable for a professional at work and is meant to protect the client.
<b>Regulated health professional (RHP)</b>	A health professional who is licensed or registered to provide health care under an Act or profession specific regulation of the province who provides health care or who is in a class of persons prescribed as regulated health professionals. <sup>9</sup>
<b>Regulated profession</b>	Professions that are subject to provincial legislation and hold registration/certification with a regulatory college.
<b>Responsive behaviours</b>	A term commonly used to refer to actions, words or gestures presented by a person living with dementia as a way of responding to something negative, frustrating, or confusing in their social and physical environment. <sup>10</sup>
<b>Restricted activity</b>	Higher risk health care activities that are performed by a regulated health professional (RHP) or may be delegated to an unregulated worker by a RHP using a process such as delegation as per provincial legislation and/or regulations.
<b>Skills</b>	Skills are developed capacities that an individual must have to be effective in a job, role, function, task, or duty.
<b>Self-care</b>	Refers to the activities where one takes care of themselves by use of behaviours that promote health and well-being.
<b>Skills for Success (previously referred to as Essential skills)</b>	Skills for success are the skills needed to participate and thrive in learning, work, and life. They include communication, creativity and innovations, problem solving, reading, digital, collaboration, adaptability, writing, and numeracy. <sup>11</sup>
<b>Sub-competencies</b>	An activity that can be performed in a limited period of time which results in a product, service, or decision.
<b>Technical competency</b>	The abilities and tasks required to apply specific technical principles and information in a job function or role.
<b>Therapeutic relationship</b>	A therapeutic relationship is demonstrated by caring attitudes and behaviours. The relationship contributes to a client's health and well-being and is based on trust, respect, empathy, and professional intimacy, and requires appropriate use of the power inherent in the care provider's role.

<sup>8</sup> Wilk, Mary J. *Sorrentino's Canadian Textbook for the Support Worker, 5th Edition*, 2018

<sup>9</sup> *Regulated health professional definition*, <https://www.lawinsider.com/dictionary/regulated-health-professional>

<sup>10</sup> *Responsive and reactive behaviours*, <https://tinyurl.com/3zks4nf6>

<sup>11</sup> *Learn about the Skills*, [canada.ca/en/services/jobs/training/initiatives/skills-success/understanding-individuals](https://canada.ca/en/services/jobs/training/initiatives/skills-success/understanding-individuals)

## Appendix B: Mapping the Competency Profile to *Skills for Success*

[Access here](#) the mapping of the nine skills identified as *Skills for Success* in the national occupational standard for personal care providers. The skills, their definitions, and brief examples of how personal care providers use them when performing their daily work activities are as follows:

1. **Adaptability** refers to the ability to achieve or adjust goals and behaviours when expected or unexpected change occurs, by planning, staying focused, persisting, and overcoming setbacks. For example, personal care providers use this skill to adjust to new clients, a changing work environment, to learn how to work with new tools, and to improve with feedback. Strong adaptability skills will help the worker to deal effectively with change and to learn new skills and behaviours when needed, stay focused on responsibilities and goals, and not giving up when situations are difficult. They will help workers stay positive and manage the stress that can come from change in the workplace.
2. **Collaboration** refers to the ability to contribute and support others to achieve a common goal. For example, personal care providers use this skill to work with client, care partners, and the health care team to set and achieve common goals and provide safe, competent, and ethical care. It is also important to be able to work respectfully with people who have different professions, experiences, cultures, and backgrounds.
3. **Communication** refers to the ability to receive, understand, consider, and share information and ideas through speaking, listening, and interacting with others. For example, at work personal care providers use this skill to develop, build, and maintain collaborative working relationships with clients, care partners, members of the health care team. Personal care providers need strong communication skills to listen to, pay attention to, and understand others including those from different backgrounds and cultures.
4. **Creativity and innovation** refers to the ability to imagine, develop, express, encourage, and apply ideas in ways that are novel, unexpected, or challenge existing methods and norms. For example, at work personal care providers use this skill to adapt care to better meet the needs of their clients, care partners, and the health care team.
5. **Digital** refers to the ability to use digital technology and tools to find, manage, apply, create, and share information and content. For example, personal care providers use this skill to communicate with care partners, document care and to utilize common health tools.
6. **Numeracy** refers to the ability to find, understand, use, and report mathematical information presented through words, numbers, symbols, and graphics. For example, at work personal care providers use this skill to perform calculations such as converting weight and volume from imperial to metric.
7. **Problem solving** refers to the ability to identify, analyze, propose solutions, and make decisions to address issues; monitor success; and learn from the experience. For example, personal care providers use this skill to select courses of action and adapt to the needs of the client. The ability to think, make decisions, and solve problems effectively can improve the care and assistance provided.
8. **Reading** refers to the ability to find, understand, and use information presented through words, symbols, and images. For example, personal care providers use this skill to read client care plans or service agreements, e-mails, instructions, and policy and procedure manuals. Strong reading skills are needed to work safely, and efficiently.
9. **Writing** refers to the ability to share information using written words, symbols, and images. For example, personal care providers use this skill to fill out forms and document care. write e-mails, instructions, and reports. The personal care provider requires writing skills that are suitable for different situations and documents.