

FSSS-CSN nursing and cardio-respiratory care

Introduction of a professional examination for candidates to the practice of the nursing assistant profession

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Introduction

On November 30, 2010, Mr. Régis Paradis, president of the Ordre des infirmières et infirmiers auxiliaires du Québec (OIIAQ – Québec order of nursing assistants), wrote to the Fédération de la santé et des services sociaux-CSN asking for our point of view on the possibility of introducing a professional examination for candidates to the practice of the nursing assistant profession.

In this letter, the OIIAQ explained its reasons and informed us of the recommendations made by the various groups concerned, such as the Collège des médecins, the Ordre des infirmières et infirmiers du Québec, the Fédération interprofessionnelle de la santé du Québec (FIQ) and groups of directors of nursing in the Montréal, Montérégie and Capitale-Nationale regions, pointing out that they were all in favour of the idea.

The mandate and primary obligation of the OIIAQ, is to protect the public, while overseeing the profession. To carry out its mandate in accordance with the *Professional Code*, the OIIAQ has to monitor and verify the quality of training given to nursing assistant students to ensure that only candidates who meet the basic requirements obtain a permit to practice.

Because of the many changes in the health-care system and the various influences that will be outlined in this document, the OIIAQ is convinced that it is no longer possible to maintain the status quo and that changes are necessary. Consequently, the OIIAQ considers that it is important to consult the organizations concerned and obtain their position on this.

Last April, the FSSS set up an ad hoc committee charged with analysing the current and future situation of the nursing assistant profession and the issues at stake in changing the entry requirements for it, taking into consideration the recommendation of the working sub-group on nursing stemming from the Table nationale de main-d'œuvre en soins infirmiers (TNMO, 2008 – National discussion table on the labour force in nursing). Enhancements of the activities and responsibilities of nursing assistants (Bill 90), the emergence or of new activity centres, the significant and diversified expansion of teaching environments and the current and future state of

the health-care system were also examined. Finally, the committee was to report to the Federation on its recommendations.

Committee members

The committee was composed of:

Manon Savoie, nursing assistant at Hôpital du Sacré-Cœur, in Montréal; **Sophie Leroux**, nursing assistant at the CSSS des Sommets, in the Laurentians; **Nadège Henry**, nursing assistant at the CSSS de Bordeaux-Cartierville-Saint-Laurent, in Montréal; **Jennifer Dubé**, nursing assistant at the CHU Sainte-Justine, in Montréal; **Nadine Lambert**, vice-president responsible for nursing and cardio-respiratory care personnel, FSSS-CSN; **Jean-Michel Gaydos**, FSSS-CSN union staff representative.

The committee had two days to analyse the various documents made available to it plus a meeting with Ms. Diane Levasseur, director of professional services for the OIIAQ, and two days to pull together its conclusions on all of this and draft a document.

Context

Current and future situation in the health-care system

The health-care system in Québec has changed significantly in the past 20 years. The 1990s saw the establishment and implementation of a ministry policy on a continuum of ambulatory care at home and in the community, shorter hospital stays, a reorganization of institutions' missions, with some being defined as offering tertiary and quaternary care while others were assigned to residential, second-line care. Along with this, progress in medical techniques and technologies were resulting in shorter hospital stays, while improving and extending life expectancy. This left us confronted with an increase in the complexity and intensity of care, and more seriously ill patients in acute care, CHSLDs, home care, etc. On top of all of these changes, there were labour shortages in a number of professions, and notably of nurses, leading to reduced access to health-care services and an explosion in the number of private activity centres. Bill 90, the *Act to amend the Professional Code and other legislative provisions as regards the health sector* significantly upgraded responsibilities

and autonomy, allowing health-care professionals to contribute more and thus better meet the needs of the population, which is our primary mission.

The list could be much longer, but this is enough to illustrate the many challenges confronting us as workers in the health-care system.

The amendments to the Professional Code (Bill 90), the shortage of nurses and the ministerial strategy for nursing have had an impact on the recognition of the contribution that nursing assistants make in Québec's health-care system.

The evolution, contribution and settings in which nursing assistants practise

It may seem somewhat surprising to be talking about the emergence of the profession of nursing assistant today after its virtual elimination in some workplaces in the 1990s. The number of graduates was plummeting. A number of institutions were no longer hiring nursing assistants and were even eliminating their positions through attrition.

What happened? In the following pages, we discuss a number of factors that came into play.

The shortage of nurses

The shortage of nurses has had a positive influence on recognition of the value of the nursing assistant profession. It has led to changes in the perception of the role of nursing assistants as autonomous professionals in their field of work who have a real contribution to make within the multidisciplinary team, whereas previously they were seen as merely performing care tasks assigned by other professionals. Because of the growing shortage of nurses, the Ministère de la Santé et des Services sociaux (MSSS), in collaboration with the professional orders, unions and other partners, gave thought to a strategy for offsetting the shortage, recognizing and valuing workers and ensuring access to health care. Major and significant levers in the strategy were implemented: for example, the deployment of fields of practice and activities for each professional on the care team, optimal use of nursing assistants' competencies, the introduction of nursing

assistants in operating rooms, and a review of the organization of work in priority sectors, namely CHSLDs, home care and critical care units. All these changes were directly related to the establishment of a system of care based on professional autonomy and accountability instead of an outdated system of delegating and carrying out acts.

Amendments to the Professional Code and other legislative provisions as regards the health sector (Bill 90)

In response to changes in medical practices and technologies, as well as labour shortages and above all the requirements of health-care environments, the government amended the Professional Code with the goal of better serving the needs and realities of the health-care system.

The amendments significantly altered and expanded the field of practice of nursing assistants. There are nine activities reserved to nursing assistants:

1. Apply invasive measures for the maintenance of therapeutic equipment.
2. Take specimens, according to a prescription (e.g., drain, stomy, catheter).
3. Provide care and treatment for wounds and alterations of the skin and teguments, according to a prescription or a nursing plan.
4. Observe the state of consciousness of a person and monitor neurological signs.
5. Mix substances to complete the preparation of a medication, according to a prescription (e.g., insulin, vaccines).
6. Administer prescribed medications or other prescribed substances via routes other than the intravenous route.
7. Participate in vaccination operations under the Public Health Act (Chapter S-2.2).
8. Introduce an instrument or finger, according to prescription, beyond the nasal vestibule, labia majora, urinary meatus or anal margin or into an artificial opening in the human body.

9. Introduce an instrument, according to a prescription, into a peripheral vein in order to take a specimen, providing a training certificate has been issued to the member by the Order pursuant to a regulation under Section 94.¹

In addition to the nine reserved activities, there are authorized activities described in the *Regulation respecting certain professional activities which may be engaged in by nursing assistants*. These are two of them:

1. Maintenance care of a tracheotomy connected to a ventilator, including reinstalling the tracheal cannula in case of decannulation, in emergency situations.
2. Participation in intravenous therapy, including installing a peripheral catheter and administering an intravenous solution without additives.²

The expansion of the field of practice of nursing assistants' reserved or authorized activities has led to a larger role for them in assessing a patient's health status and carrying out the care plan, which implies making clinical judgments. It's a far cry from simply carrying out an act.

Furthermore, the establishment and implementation of the ministerial strategy for optimizing the competencies of all professionals on the nursing team and their expanded field of activity and responsibilities has enabled nursing assistants to move into new areas of practice, such as operating rooms, emergency departments and home care, and to recover their place and role in others.

As well, nursing assistants contribute to and work as part of multi- and inter-disciplinary teams.

Today their work is done with a clientele that is aging, suffering from complex and multivisceral problems, often in an acute stage of the illness – and sometimes in the community, sometimes in institutions.

¹ OIIAQ, Les activités professionnelles de l'infirmière auxiliaire, champs d'exercices, activités réservées et autorisées, March 2011, Chapter 1, p.5

² Ibid., Chapter 1, p.6

This requires new nursing assistants to have more competencies and to develop their clinical judgment right from the start when they enter the labour market.

As with nurses, the labour shortage means that it is harder to count on one's peers to pass on knowledge or skills to new professionals. This is why educational institutions are the best qualified to do this and must be given priority for this work.

We can already see the challenges and issues facing new nursing assistants, and these will continue to progress in the medium and long term.

Training

There are currently two kinds of educational institutions in Québec that offer the 1,800 hours of training leading to a vocational studies diploma (DEP) in Health, assistance and nursing. Successfully completed, this **provides access to the profession of nursing assistant**. It is offered by 68 institutions in 43 school boards, as well as four other institutions connected to two private schools.

In the past 10 years, the number of these educational institutions has tripled. Note that access to this training varies greatly in terms of costs and eligibility: candidates who turn to private schools have to pay up to \$25,000 for the full training. In fact, the public education system should be the sole public source of training, because it uses standard prerequisites – academic, not financial, prerequisites. In the public education system, admission to this training costs less, and involves a preliminary interview.

The OIIAQ's committee on training should monitor and verify the quality of training provided to the future nursing assistants taking the courses. It has this responsibility because it is involved in evaluating professional training. As has been the case for a number of years now, and despite the major changes in the health-care system, the evaluation of students who are candidates to the practice of the nursing assistant profession is still built around five disciplines measured in a standardized way, in both public and private educational institutions.

The only aspect that distinguishes public from private programs at this point is the minimum pass mark, which is distinctly lower in private schools.

Disciplines evaluated:

- infection prevention;
- pharmacotherapy ;
- the cardio-vascular and respiratory system;
- specific care;
- care in medicine.

For the time being, the problem is not so much the content of the training but rather measuring learning, more specifically in the disciplines evaluated.

The training program doesn't involve standardized measurement of all the necessary learning that a nursing assistant must complete before she or he enters the profession. These areas of evaluation are no longer representative and don't correspond to the new challenges and requirements of the workplace or the enhanced activities and responsibilities that our future nursing assistants must take on as soon as they enter the labour market.

Furthermore, given the increase in the number of educational institutions, it is even harder for the OIAAQ to carry out its mandate of monitoring training.

We have tried to catalogue some of the problems encountered by our new nursing assistants that are directly related to the lack of evaluation of basic competencies.

Some nursing assistant candidates don't find jobs, are not interviewed and see their resumé systematically ignored because of the educational institution that their diplomas come from.

Others don't get beyond the initiation period and do a tryout in the public health-care system, or wind up in front of the OIIAQ's professional inspection or discipline committees.

The OIIAQ receives comments and questions from employers (directors of nursing), peers or other organizations about the quality of the work done by some nursing assistants who are new to the profession and who have gaps in the basic competencies that they need to practise the profession properly and ensure the protection of the public.

Some questions that need to be asked

So would a professional examination for candidates to the practice of the nursing assistant profession alert those who are not on the right track or who need to perfect their knowledge and competencies to satisfy the requirements of the profession?

As well, would a professional examination allow for the evaluation of a group coming from the same educational institution who are having problems and an analysis of such problems with the school, aimed at improving and adjusting satisfactorily to the needs of the labour market without having to go through a lengthy, laborious and complex process of revising the training?

Would it help improve the credibility of certain educational institutions?

Would it eliminate discrimination against candidates by some employers based solely on where their diplomas come from?

The answers will surely come later, after our analysis. We certainly hope so.

The other professions

It seems important to compare the various professional orders and their governance in terms of monitoring and evaluating the quality of the basic concepts and competencies learned.

For each order, we have identified the number of educational institutions, the number of permits to practise issued each year, and the monitoring or control measure used. See the chart on the next page.

Professional order	Number of educational institutions	Number of permits to practice issued annually	Control measure for entering the profession (examination)
Order of respiratory therapists	7	172	no
Order of dentists	3	141	yes
Order of prescribing opticians	2	107	yes
Order of chiropractors	1	38	yes
Order of acupuncturists	1	45	no
Order of nurses	50	2,480	yes
Order of nursing assistants	72	2,111	no
College of physicians	4	623	yes
Order of optometrists	1	39	Comprehensive exam, Doctor of optometry
Order of physiotherapists	3	347	non
Order of pharmacists	2	302	600 hours' internship
Ordre of hearing aid practitioners	1	35	yes
Order of occupational therapists	4	247	no

We can see that the profession with the most educational institutions and second-most number of permits issued annually does not have any form of control other than the diploma as an entry requirement for the profession. The majority of professional orders use an entrance exam to

measure learning before issuing a permit to practice. This is done both to ensure the minimum level of knowledge and competencies necessary for professional practice and to ensure the quality of care, in fulfilment of their primary mandate of protecting the public.

The main point to be retained from the current and future context

We should retain the fact that the profession of nursing assistant has evolved, developed and changed over the past 20 years; yet despite all the changes experienced, the evaluation of new nursing assistants' competencies and knowledge has stayed the same. It has not kept pace with the positive evolution of this profession.

It is vital for the nursing assistant profession to stay the course, since it is an essential component of the health-care system.

Conclusion

These are the arguments in favour of introducing a professional examination for candidates to the practice of the profession of nursing assistant:

- to ensure the standardization of the level of knowledge and competencies acquired and necessary to meet the needs of the health-care system;
- to motivate the Ministère de l'Éducation du Loisir et du Sport to review the areas of knowledge and disciplines that require standardized evaluation; to invite educational institutions to adjust their training in accordance with their students' success rates on the professional exam;
- to avoid discrimination based on where training is acquired, since some employers systematically exclude certain candidates on the basis of the school where they are trained, thus depriving themselves of potential good nursing assistants;
- to help target the disciplines in which adjustments are needed, based on the evolution of the environments in which the profession is practised and changes in the labour market;

- to maintain the credibility of the nursing assistant profession vis-à-vis other health-care professionals and the general public;
- to facilitate obtaining evidence-based data on the quality of the training received by new nursing assistants.

Despite the arguments in favour of introducing a professional examination, we have identified four main concerns that should, in our opinion, be given special attention:

- 1- In the context of introducing a professional examination, it is important to make sure that the new measure will not cause any delays in entry into the profession. Given the many variables, the OIIAQ should ensure:
 - a- that a number of examination periods can be offered in the course of each year;
 - b- that there are no delays in obtaining examination results;
 - c- that there be planning to manage failures with a view to maximizing entry into the profession;
 - d- that a temporary practice status is created to cover the period between the end of studies and obtaining permit.
- 2- That the cost of a professional examination be self-financed and not entail any increase in annual dues;
- 3- That the professional examination only be applied for candidates seeking to enter the profession;
- 4- That a system for managing exam questions is planned with a view to maintaining the credibility of this form of control of what is learned.

Given all the themes discussed here, this analysis leads us to the conclusion that a professional examination for candidates to the nursing assistant profession is necessary. Furthermore, the establishment of such an examination should take into account the four concerns outlined above.

COMMITTEE MEMBERS

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