



BC Family Health Visiting Program

Foundational Continuing Competency Assessment Tool (CCAT)

April 2026

Name:
Date Reviewed:
Reviewed With:

Adapted from Vancouver Coastal Health Continuing Competency Assessment Tool:
Public Health Nursing Foundations – Registered Nurse (RN), October 2024 V1.2 1
April 2026

Introduction

Overview

This Continuing Competency Assessment Tool (CATT) allows a Registered Nurse (RN) working within the BC Family Health Visiting Program (BC FHVP) to self-assess and plan for continued improvement strategies to meet the required competencies that support the Program Foundations. The baseline competencies detailed in this tool are specific to BC FHVP. These competencies are based on the Public Health Agency of Canada *Core Competencies for Public Health in Canada: Release 2.0* (Public Health Agency of Canada, 2025) and the British Columbia College of Nurses and Midwives (BCCNM) *Professional Standards* and *Practice Standards* to ensure safe, competent, and ethical practice (British Columbia College of Nurses and Midwives, 2020).

The document is organized by the BCCNM relevant professional standards, BCCNM relevant practice standards and PHAC core competencies (light green banner), under which there are Registered Nursing competencies (green banner). **Competency** is defined as an expected level of performance that integrates knowledge, skills, abilities, and judgement. Under each competency there are **indicators**, defined as the practical application of a competency, e.g.:

Relevant Professional Standards to Competency
1. Competency
1.1 Indicators

Purpose of this competency tool

1. Provides a description of the Registered Nurse (RN) competencies required to work in the BC Family Health Visiting Program.
2. Supports self-assessment of practice using competencies.
3. Identifies learning needs.
4. Guides implementation of effective learning strategies.
5. Highlights new skills, competencies, and knowledge needed to support your professional growth.

Recommended self-assessment/review intervals

It is recommended that you complete this competency self-assessment at your start date, 6 weeks, 3 months, 1 year, and annually thereafter. However, this tool can also be completed as needed to support and guide your learning. Discuss with your Supervisor, Clinical Resource Nurse (CRN), or Clinical Nurse Educator (CNE) regarding the process for reviewing your completed CCAT in each competency

In this BC FHVP CCAT tool, it is expected you will achieve a score of 2 in each competency by the end of your probationary/qualifying period (3 months/90 days), and a score of 3 or 4 in each competency by 1 year.

Instructions

1. Complete the CCAT using the competency levels below.
2. Identify:
 - how you met the competency,
 - your areas of strength, and
 - your areas for improvementInclude strategies that may help you meet your goals.
3. Share your competency self-assessment with your Supervisor, CRN, or CNE.
4. Your Supervisor, CRN, or CNE will review your CCAT. Together, you will both establish learning strategies to help you progress in your clinical area or address areas for improvement.
5. Plan a time to follow up on your identified goals and learning strategies with your Supervisor, CRN, or CNE. Please see the BC FHVP Curriculum and BC FHVP Clinical Toolkit for a list of resources to support learning strategies.

Competency Assessment Levels ¹		
Score	Competency Level	Description
0	None	I have no practical experience.
1	Novice	I have only textbook or limited knowledge of this skill or practice. I need instruction and guidance to complete it.
2	Advanced Beginner	I have a working knowledge of most aspects of this skill or practice. I can complete most of it using my own judgement but still need some guidance to complete it.
3	Competent	I have a good working knowledge of this skill or practice. I can complete most of it using my own judgement but will need guidance with unexpected situations.
4	Proficient	I have well developed knowledge and experience with this skill or practice. I can be responsive and adapt my practice in new situations.
5	Expert	I have a deep understanding of and refinements to this skill or practice. I can predict and adapt my practice across multiple complex situations. I am able to teach others.

¹ Based on Benner's Model of Clinical Competency (Benner, 1984)

Competency Tool

Competency	Date of Assessments	Examples of How Competency Was Met or Reason for Score	Related Learning Activities
<p>0 = No Experience, 1 = Novice, 2 = Advanced Beginner, 3 = Competent, 4 = Proficient, 5=Expert</p> <ul style="list-style-type: none"> • BCCNM PROFESSIONAL STANDARD 2: Knowledge-Based Practice • BCCNM PRACTICE STANDARD: Indigenous Cultural Safety, Cultural Humility, and Anti-Racism • CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA: Competency 1: Public Health Sciences 			
<p>1. COMPETENCY: Demonstrates knowledge about foundational concepts, strategies, and structure of public health.</p>			
<p>1.1 Describes the public health system with a focus on the provincial and regional levels.</p>			<p>BC FHVP Curriculum Module: 1 – Foundations of Public Health</p>
<p>1.2 Describes Public Health Core Functions as per B.C.'s Population and Public Health Framework.</p> <ul style="list-style-type: none"> • Health Promotion • Healthy Public Policy • Health Protection • Public Health Emergency Preparedness and Response • Disease and Injury Prevention 			
<p>1.3 Describes key public health nursing concepts and their application to practice.</p> <ul style="list-style-type: none"> • Population Health Approach • Determinants of Health • Intersectionality • Health Equity and Anti-Racism • Social Justice 			

Competency	Date of Assessments	Examples of How Competency Was Met or Reason for Score	Related Learning Activities
<ul style="list-style-type: none"> • BCCNM PROFESSIONAL STANDARDS 2: Knowledge-Based Practice; 3: Client-Focused Provision of Service; 4: Ethical Practice • BCCNM PRACTICE STANDARDS: Indigenous Cultural Safety, Cultural Humility, and Anti-Racism; Duty to Report; Privacy and Confidentiality • CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA: Competencies 1: Public Health Sciences; 9: Health Equity and Social Justice; 7: Partnerships and Collaboration 			
2. COMPETENCY: Follows and commits to regional health authority's public health guiding principles when providing care.			
<p>2.1 Trauma- and Violence-Informed Practice</p> <ul style="list-style-type: none"> • Uses the four principles of trauma-informed practice in supporting individuals and families: <ul style="list-style-type: none"> – Trauma awareness – Creating a safe environment – Choice, collaboration, and connection – Strengths-based and capacity building • Describes the indicators of Intimate Partner Violence (IPV) and the impact on the physical and social emotional health of women and families. • Describes indicators of, and how to respond to, child maltreatment. • Articulates awareness of professional responsibilities for Duty to Report. 			<p>BC FHVP Program Manual – Foundational Overview</p> <p>BC FHVP Curriculum Modules:</p> <p>9 – Trauma and Resiliency Informed Care</p> <p>12 – Child Safety, Injury Prevention and Maltreatment</p> <p>20 – Healthy Relationships and IPV</p>

Competency	Date of Assessments	Examples of How Competency Was Met or Reason for Score	Related Learning Activities
<p>2.2 Indigenous Cultural Safety (ICS)</p> <ul style="list-style-type: none"> • Describes how colonialism, racism, and discrimination impact the health of Indigenous Peoples, meaning First Nations, Métis, and Inuit. • Recognizes that colonialism, power relations, and trauma (personal or intergenerational) may impact how clients view, access, and interact within the health care system and nurse-client relationship. • Understands and refers to regional health authority Indigenous Cultural Safety policies and regional Indigenous health team resources. • Creates safe health care experiences for clients by treating clients with humility, respect, and compassion; challenges own cultural beliefs and biases while learning from the client. • Ensures Indigenous People are partners in care, and part of and present in the choices that impact them and their course of care. 			<p>BC FHVP Program Manual – Foundational Overview</p> <p>BC FHVP Curriculum Modules:</p> <p>3 – Cultural Wellness and Anti-Racist Care</p> <p>22 – Priority Populations</p>
<p>2.3 Harm Reduction</p> <ul style="list-style-type: none"> • Able to articulate that the goal of harm reduction is to reduce harm without requiring the cessation of risk-taking activity, including substance use. • Reduces stigmatization by engaging with all clients in a non-judgemental, respectful manner, and treating all people as a person first. 			<p>BC FHVP Program Manual – Foundational Overview</p> <p>BC FHVP Curriculum Module:</p> <p>18 – Perinatal Substance Use and Harm Reduction</p>

Competency	Date of Assessments	Examples of How Competency Was Met or Reason for Score	Related Learning Activities
<p>2.4 Relational Practice (Strengths-based)</p> <ul style="list-style-type: none"> • Uses a professional, respectful, and compassionate approach to client care. • Identifies and builds on client's strengths to empower client towards their health and wellness goals. • Demonstrates ability to create therapeutic relationships with clients, using guiding conversations that incorporate the client's knowledge and priorities while addressing clinically significant variances and provision of safe care. • Employs active listening to build trust and foster the exchange of information. • Assesses client/family comprehension of teaching by use of teach back, clarifying statements, and open-ended questions. • Demonstrates use of motivational interviewing (MI) techniques when engaging with clients using tools such as: <ul style="list-style-type: none"> - OARS - Ask-Offer-Ask - Behavioural Menus - Brief Action Planning 			<p>BC FHVP Curriculum Modules:</p> <p>8 – Relational Practice and Motivational Interviewing</p> <p>21 – Parenting Capacity and Self-Efficacy</p>

Competency	Date of Assessments	Examples of How Competency Was Met or Reason for Score	Related Learning Activities
<p>2.5 Client- and Family-Centred Care</p> <ul style="list-style-type: none"> Assesses the readiness and capacity of clients and families to make changes to promote their health. Applies a collaborative approach that is respectful of the whole client, including their knowledge, values, and choices. 			<p>BC FHVP Program Manual – Foundational Overview</p> <p>BC FHVP Curriculum Module: 8 – Relational Practice and Motivational Interviewing</p>
<p>2.6 Equity, Diversity, and Inclusion</p> <ul style="list-style-type: none"> Addresses population diversity when planning, implementing, adapting, and evaluating public health nursing care and services. Applies inclusive approaches that encourage all perspectives and equitable access to opportunities. 			<p>BC FHVP Program Manual – Foundational Overview</p> <p>BC FHVP Curriculum Module: 1 – Foundations of Public Health</p>

Competency	Date of Assessments	Examples of How Competency Was Met or Reason for Score	Related Learning Activities
<ul style="list-style-type: none"> • BCCNM PROFESSIONAL STANDARDS 2: Knowledge-Based Practice; 3: Client-Focused Provision of Service • BCCNM PRACTICE STANDARDS: Indigenous Cultural Safety, Cultural Humility, and Anti-Racism; Documentation; Privacy and Confidentiality • CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA: Competencies 2: Assessment and Analysis; 3: Policy Development and Analysis; 4: Program Planning, Implementation and Evaluation 			
3. COMPETENCY: Uses critical thinking when collecting and interpreting data, planning, implementing, evaluating, and documenting nursing care.			
3.1 Utilizes PHSA recommended or equivalent regional health authority approved, evidence-based clinical assessments/ pathways, interventions, and resources when providing care.			BC FHVP Curriculum Modules: 4 – Birth Parent Assessment (Postpartum)
3.2 Utilizes the nursing process to assess, plan, implement, and evaluate nursing care and client/ care outcomes.			5 – Infant Assessment 6 – Infant Safety 7 – Infant Feeding
3.3 Identifies, analyzes, and uses relevant and valid information to problem-solve and make decisions.			10 – Provider Wellness and Reflective Practice 11 – Growth, Development, and Early Childhood Assessment
3.4 Documents as per the BCCNM Documentation Practice Standard and in accordance with the regional health authority documentation guideline and/or specific clinical area workflows.			12 – Child Safety, Injury Prevention, Maltreatment
3.5 Utilizes Reflective Practice to improve nursing knowledge and skills.			13 – Nutrition and Dental Health 14 – Parent-Child Attachment and Responsive Parenting 15 – PACEs and ACEs 16 – Prenatal Assessment 17 – Perinatal Depression and Anxiety 19 – Perinatal Grief and Loss 20 – Healthy Relationships and IPV

Competency	Date of Assessments	Examples of How Competency Was Met or Reason for Score	Related Learning Activities
<ul style="list-style-type: none"> • BCCNM PROFESSIONAL STANDARDS 2: Knowledge-Based Practice; 3: Client-Focused Provision of Service • BCCNM PRACTICE STANDARDS: Indigenous Cultural Safety, Cultural Humility, and Anti-Racism; Privacy and Confidentiality • CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA: Competencies 1: Public Health Sciences; 7: Partnership and Collaboration; 9: Health Equity and Social Justice; 6: Communication 			
<p>4. COMPETENCY: Communicates effectively with individuals, families, groups, communities, and colleagues.</p>			
<p>4.1 Utilizes and adapts written, verbal, and non-verbal communication to ensure information is communicated in a way that client can understand.</p>			<p>BC FHVP Curriculum Modules: 8 – Relational Practice and Motivational Interviewing</p>
<p>4.2 Uses current technology to communicate effectively.</p>			
<p>4.3 Demonstrates effective interpersonal skills, including team building, negotiation, conflict management, group facilitation, and partnership building.</p>			

Competency	Date of Assessments	Examples of How Competency Was Met or Reason for Score	Related Learning Activities
<ul style="list-style-type: none"> • BCCNM PROFESSIONAL STANDARDS 1: Professional Responsibility and Accountability; 2: Knowledge-Based Practice; 4: Ethical Practice • BCCNM PRACTICE STANDARDS: Indigenous Cultural Safety, Cultural Humility, and Anti-Racism; Duty to Provide Care • CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA: Competencies 8: Leadership; 10: Ethical and Reflective Practice 			
5. COMPETENCY: Demonstrates accountability and responsibility for own practice.			
5.1 Assesses own practice and incorporates feedback from others to identify learning needs, resources/activities, and opportunities to learn and improve self-directed practice, including culturally safe care for Indigenous clients.			BC FHVP Curriculum Modules: 1 – Foundations of Public Health 3 – Cultural Wellness and Anti-Racist Care 10 – Provider Wellness and Reflective Practice
5.2 Reflects on how privileges, biases, values, beliefs, behaviours, and position of power may impact the therapeutic relationship with Indigenous clients.			
5.3 Identifies potential ethical dilemmas and considers applicable ethics and principles. Consults with colleagues/leads for support.			
5.4 Maintains work and personal activities that support self-care and fitness to practice. Describes, and as needed, accesses, organizational wellness supports.			
5.5 Consistently completes assigned work within the allotted time. Communicates with team when support is needed.			
5.6 Provides safe, appropriate, and ethical care.			

Competency	Date of Assessments	Examples of How Competency Was Met or Reason for Score	Related Learning Activities
<ul style="list-style-type: none"> • BCCNM PROFESSIONAL STANDARDS 1: Professional Responsibility and Accountability; 2: Knowledge-Based Practice; 3: Client-Focused Provision of Service • BCCNM PRACTICE STANDARDS: Indigenous Cultural Safety, Cultural Humility, and Anti-Racism; Acting Within Autonomous Scope of Practice • CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA: Competencies 7: Partnership and Collaboration; 8: Leadership; 6: Communication 			
<p>6. COMPETENCY: Demonstrates ability to work collaboratively and effectively as part of a team.</p>			
<p>6.1 Articulates and demonstrates regional health authority values.</p>			<p>RHA-specific learning and mentorship required</p>
<p>6.2 Treats colleagues, students, and other health care workers in a respectful manner as per the regional health authority Respectful Workplace Policy. This includes identifying racist behaviour, supporting colleagues who experience racism, and reporting racism to leadership.</p>			<p>BC FHVP Curriculum Modules: 2 – Foundations of BC FHVP 4 – Birth Parent Assessment (Postpartum)</p>
<p>6.3 Lists other members of the local Public Health team (internal partners), their roles, and describes how to work collaboratively with them.</p>			<p>5 – Infant Assessment 11 – Growth, Development, and Early Childhood Assessment</p>
<p>6.4 Lists examples of external partners, their role in the community, and describes how to work collaboratively with them in addressing public health issues.</p>			<p>16 – Prenatal Assessment</p>
<p>6.5 Demonstrates a willingness to be flexible and adjust planned activities to meet the team’s work priorities. Actively engages in team activities, for example, team meetings, working groups, and projects.</p>			

References

- Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice* (pp. 13–34). AddisonWesley.
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