



BC Family Health Visiting Program

Prenatal & Early Years Continuing Competency Assessment Tool (CCAT)

April 2026

Name:
Date Reviewed:
Reviewed With:

Adapted from Vancouver Coastal Health Continuing Competency Assessment Tool:
Public Health Nurse – Early Years – November 3, 2023
April 2026

Introduction

Overview

This Continuing Competency Assessment Tool (CCAT) 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 to work with the Early Years population. The baseline competencies detailed in this tool are specific to BC FHVP and build on the Foundational Continuing Competency Assessment Tool. These competencies are based on the Public Health Agency of Canada (PHAC) *Core Competencies for Public Health in Canada: Release 2.0* and the British Columbia College of Nurses and Midwives (BCCNM) *Professional Standards* and *Practice Standards* to ensure safe, competent and ethical practice.

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 Public Health 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 PHN 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 the end of 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 (Benner's Model of Clinical Competency) 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 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: Partnership and Collaboration 			
<p>1. COMPETENCY: Adopts and commits to the guiding principles and standards of the regional health authority when working with clients in the Early Years population.</p>			
<p>1.1 Effectively integrates relevant regional health authority approved guidelines and standards of care into clinical practice.</p>			<p>BC FHVP Curriculum Modules:</p> <p>1 – Foundations of Public Health</p>
<p>1.2 Integrates a health promotion and prevention approach.</p>			<p>9 – Trauma- and Resiliency-Informed Care</p>
<p>1.3 Consistently demonstrates strong understanding and effective application of key priorities, interventions, and tools for enhanced levels of engagement.</p>			<p>12 – Child Safety, Injury Prevention, Maltreatment</p> <p>18 – Perinatal Substance Use and Harm Reduction</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>1.4 Trauma- and Violence-Informed Practice</p> <ul style="list-style-type: none"> Assesses for current or historical Intimate Partner Violence (IPV) and implement interventions as appropriate, such as active listening, validating, supporting, and safety planning. Demonstrates ability to screen clients at risk for IPV using brief risk assessment questions. Demonstrates ability to complete a risk assessment with client experiencing IPV. Assesses how and when (safe time and place) to respond to IPV. Demonstrates ability to create safety plans with clients. Demonstrates knowledge of resources for IPV and makes appropriate referrals. Follows regional health authority and provincial guidelines to report suspected child maltreatment and/or family violence. Demonstrates ability to engage in conversations with families about duty to report in a non-triggering way. Collaborates with other care providers to coordinate services for clients and their families (e.g., MCFD, community agencies). 			<p>BC FHVP Curriculum Modules:</p> <p>1 – Foundations of Public Health</p> <p>9 – Trauma- and Resiliency-Informed Care</p> <p>12 – Child Safety, Injury Prevention, Maltreatment</p> <p>18 – Perinatal Substance Use and Harm Reduction</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>1.5 Harm Reduction</p> <ul style="list-style-type: none"> • Uses a strengths-based, trauma-informed, and harm reduction approach to explore substance use. Draws on the client’s existing skills, knowledge, and lived experience to guide assessment and support. • Connects clients with resources that build on their strengths, goals, and identified needs. • Demonstrates knowledge of substance use resource programs and makes appropriate referrals. • Demonstrates ability to create a safety plan for infant care during times of substance use. • Demonstrates knowledge of breastfeeding safety planning during times of substance use. • Follows regional health authority guidelines on management of substance exposed infants in the home and provides appropriate teaching and anticipatory guidance to families. • Follows regional health authority and provincial guidelines to report safety concerns relating to substance use. 			<p>BC FHVP Curriculum Modules:</p> <p>1 – Foundations of Public Health</p> <p>9 – Trauma- and Resiliency-Informed Care</p> <p>12 – Child Safety, Injury Prevention, Maltreatment</p> <p>18 – Perinatal Substance Use and Harm Reduction</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
<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 			
2. COMPETENCY: Demonstrates and applies critical thinking, knowledge, and skills when assessing clients and implementing nursing interventions.			
2.1 Demonstrates the ability to systematically assess determinants of health, along with risk and protective factors, to identify clients and families who may benefit from enhanced public health services.			BC FHVP Curriculum Modules: 2 – Foundations of BC FHVP 4 – Birth Parent Assessment (Postpartum) 5 – Infant Assessment 11 – Growth, Development, and Early Childhood Assessment 16 – Prenatal Assessment 21 – Parenting Capacity and Self-Efficacy 22 – Priority Populations
2.2 Effectively engages clients and family and collaboratively develops client-centred strategies to address identified needs, including individual and/or group services.			
2.3 Effectively engages clients and families by building on their strengths and goals, providing supportive screening and referrals, facilitating meaningful connections to community resources, offering empowering health education, and coordinating care in ways that enhance capacity.			
2.4 Applies evidence-based communicable disease prevention strategies for Early Years populations, while strengthening caregiver and community capacity to support optimal family and child health outcomes.			

Competency	Date of Assessments	Examples of How Competency Was Met or Reason for Score	Related Learning Activities
PRENATAL			
<p>2.5 Assesses the social, emotional, mental, and physiological health of pregnant clients and birthing parents, as per the PSBC Population and Public Health Prenatal Pathway, and can provide nursing interventions for identified variances.</p>			
POSTPARTUM/NEWBORN/INFANCY			
<p>2.6 Assesses the physiological stability of the birth parent, including comprehensive lactation/chestfeeding or breastfeeding assessment and support, and implements evidence-informed nursing interventions for identified variances in accordance with the PSBC Postnatal Assessment and Care Guide.</p>			<p>BC FHVP Curriculum Modules:</p> <p>4 – Birth Parent Assessment (Postpartum)</p> <p>5 – Infant Assessment</p> <p>7 – Infant Feeding</p> <p>17 – Perinatal Depression and Anxiety</p>
<p>2.7 Mental Wellness</p> <ul style="list-style-type: none"> Utilizes the Edinburgh Postnatal Depression Scale (EPDS) to assess emotional wellness of the birthing parent or caregiver, identify variances, and provide evidence-informed nursing interventions in alignment with the regional health authority EPDS Pathway. Evaluates parent/caregiver mental health and coping, and provides anticipatory guidance, health teaching, and connection to appropriate resources to enhance self-care and support effective infant care. 			

Competency	Date of Assessments	Examples of How Competency Was Met or Reason for Score	Related Learning Activities
<p>2.8 Assesses infant physiological stability as outlined in PSBC's Postnatal Assessment and Care Guide and provides appropriate nursing interventions for variances.</p>			
EARLY CHILDHOOD			
<p>2.9 Utilizes PHSA recommended or regional health authority equivalent, Early Childhood Development Nursing/ Clinical Care Pathways across infancy, toddlerhood, and early childhood to assess physical, social, and emotional health, and implements evidence-informed nursing interventions for identified variances.</p>			BC FHVP Curriculum Modules: 11 – Growth, Development, and Early Childhood Assessment 12 – Child Safety, Injury Prevention, Maltreatment 13 – Nutrition and Dental Health 14 – Parent-Child Attachment and Responsive Parenting
<p>2.10 Monitors and assesses child growth and development. Provides anticipatory guidance and supportive interventions as needed.</p>			
<p>2.11 Assesses responsive parenting in relation to infant cues or child behaviour and provides supportive, evidence-informed interventions as needed to strengthen caregiver-child relationships.</p>			

References

- Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice* (pp. 13–34). AddisonWesley.
- British Columbia College of Nurses and Midwives. (2020). *Professional standards for nurse practitioners and registered nurses*. <https://www.bccnm.ca/RN/PracticeStandards/Pages/ProfessionalStandards.aspx>
- Community Health Nurses of Canada. (2019). *Canadian community health nursing professional practice model & standards of practice*. <https://www.chnc.ca/wp-content/uploads/2026/01/canadian-community-health-nursing-professional-practice-model-standards-of-practice.pdf>
- Public Health Agency of Canada. (2025). *Core competencies for public health in Canada: Release 2.0*. https://nccph.s3.amazonaws.com/uploads/2025/10/NCCPH_Core-Competencies-for-Public-Health-in-Canada_Release-2.0-1.pdf