

Pan-Canadian Essential  
Regulatory Requirements

**PERRs**

**Glossary  
of Terms**

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**COPR**

Canadian Organization of  
Paramedic Regulators



**OCRCP**

Organisation canadienne des  
régulateurs paramédicaux

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# **Pan-Canadian Essential Regulatory Requirements (PERRs) for Paramedics**

## **Glossary of Terms**

This glossary contains a list of terms used in the Canadian Paramedic Competence Framework (CPCF) and the Canadian Paramedic Regulatory Practice Standards (CPRPS).

The Canadian Organization of Paramedic Regulators (COPR) notes that the terminology related to justice, equity, diversity, and inclusion will continue to evolve. COPR will strive to update the glossary to reflect newer terms and concepts.



## **Ableist/Ableism**

“Discrimination and/or prejudice against persons with any form of disability (e.g., physical, intellectual). Persons are defined by their disabilities, and are characterized as inferior to the non-disabled” (Barnabe et al., 2023, p. 2).

## **Ageist/Ageism**

“Stereotyping, discrimination and/or prejudice against persons on the basis of their age, typically against older members of society” (Barnabe et al., 2023, p. 2).

## **Assessment**

“The process by which a patient’s condition is appraised or evaluated” (Unbound Medicine, n.d.).

## **Boundary/Boundaries**

“An accepted social, physical or psychological space between people” (Canadian Medical Protection Association, 2021). “Boundaries create an appropriate ‘therapeutic distance’ between [health professional] and patient, and help establish roles and expectations” (Canadian Medical Protection Association, 2021, paraphrasing Paré, 2009). In simple terms, boundaries recognize the inherent power differential between the professional and the patient and define the limits of the therapeutic relationship. Establishing an appropriate therapeutic distance is important in all [paramedic]-patient relationships, as it creates a consistent, predictable structure for how the [paramedic] will interact with the patient.

## **Capacity/Incapacity**

“Refers to the client’s ability to understand information that is relevant to the making of a personal-care decision and the ability to appreciate the reasonably foreseeable consequences of a decision or lack of a decision.” Incapacity means a client has or had a medical, physical, mental, or emotional condition, disorder, or addiction that renders them incapable of understanding information

relevant to the making of a personal-care decision and the inability to appreciate the reasonably foreseeable consequences of a decision or lack of a decision (Nova Scotia College of Nursing, n.d.).

## **Child abuse**

“The physical or psychological mistreatment of a child by an adult (biological or adoptive parents, step-parents, guardians, other adults). This includes physical abuse, sexual abuse, emotional maltreatment, and exposure to domestic violence” (Canadian Child Welfare Research Portal, n.d.).

## **Circle of care**

“The individuals and activities related to the care and treatment of a patient. Thus, it covers the health care providers who deliver care and services for the primary therapeutic benefit of the patient and it covers related activities such as laboratory work and professional or case consultation with other health care providers. A circle of care is different for each instance of care provision” (Nova Scotia College of Nursing, n.d.).

## **Colonialism**

Occurs “when groups of people come to a place or country and steal the land and resources from Indigenous peoples, and develop a set of laws and public processes that are designed to violate the human rights of the Indigenous peoples; violently suppress the governance, legal, social, and cultural structures of Indigenous peoples, and force Indigenous peoples to conform with the structures of the colonial state” (Addressing Racism Review, 2020, p. 12).

## **Communication/Communications**

“The transmission of verbal and/or nonverbal messages between a sender and a receiver for the purpose of exchanging or disseminating meaningful, accurate, clear, concise, complete, and timely information (includes the transmission using technology)” (Nova Scotia College of Nursing, n.d.).

## Competence

**Competence** is viewed as multidimensional and dynamic; changing with time, experience, and context (Frank et al., 2010); and relating to the standards required to perform one's role(s) at the minimum level expected for a given profession (Epstein & Hundert, 2002). The multidimensional elements of competence include capability, competencies, context of practice, and continuum of practice (Glover Takahashi et al., 2015; Wenghofer et al., 2009).

**Capability** refers to the personal “raw materials,” such as intellectual or cognitive functioning, physical ability, and psychological health (Glover Takahashi et al., 2015; Wenghofer et al., 2009). This dimension can vary with time and circumstances. For example, a health practitioner might have a new progressive neurological condition, an acute depressive episode, a fractured hand, or a substance abuse disorder that affects current performance or functionality, or be fatigued due to prolonged service, with resulting impairment of decision-making or motor skills (Glover Takahashi et al., 2015).

**Competencies** are the observable abilities of health care professionals (Epstein & Hundert, 2002). For example, key competencies and indicators identify the knowledge, skills, and attitudes that paramedics require to perform competently (Frank et al., 2010).

**Context** of practice includes the variety of practice settings and diversity of patients and patient communities where paramedics work. Where paramedics work can have infrastructure that supports or threatens competence (for example, equipment available, electronic medical records systems, professional development systems, quality monitoring systems, and peer or mentor access or systems) (Wenghofer et al., 2009). The elements of an individual's context of practice are interrelated and have an impact on competence (Wenghofer et al., 2009).

**Continuum of practice** refers to both the evolution of expertise (student, novice,

competent, proficient, or expert) and the life cycle of the professional (student, field-based novice, independent professional, or retired) (Epstein & Hundert, 2002; Wenghofer et al., 2009).

## Confidentiality

“The ethical and legal obligation to keep someone's personal and private information secret or private” (Nova Scotia College of Nursing, n.d.).

## Consent

“The granting of permission by the patient for another person to perform an act, e.g., permission for a surgical or therapeutic procedure or experiment to be performed by a physician, nurse, dentist, or other health care professional” (Unbound Medicine, n.d.).

## Continuing competence

“The ongoing ability to integrate and apply the knowledge, skills, and judgment required to practise safely and ethically in a designated role and setting” (Nova Scotia College of Nursing, n.d.). Continuing competence programs generally have specific requirements for completion and focus the requirements on regulatory competencies, standards, or other topical requirements.

## Continuing professional development

Includes any type of learning undertaken to increase knowledge, understanding, and experiences of a subject area or role. Continuing professional development is an ongoing and planned learning and development process that can be undertaken for personal interest or related to professional needs or requirements.

## Cultural humility

A lifelong “process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly

acknowledging oneself as a learner when it comes to understanding another's experience" (First Nations Health Authority, n.d.).

### **Culturally safe care**

"An approach that considers how social and historical contexts, as well as structural and interpersonal power imbalances, shape health and health care experiences. The outcome of this approach is where the environment in which health care is delivered is free of discrimination and racism, and patients feel safe. Safety is defined by patients and may be described as what is felt or experienced by patients when their [paramedic] communicates with them in a respectful and inclusive way, when their [paramedic] empowers them in decision-making, and when they work together as a team to ensure maximum effectiveness of care" (College of Physicians and Surgeons of Ontario, n.d.).

### **Determinants of health**

"Determinants of health are the broad range of personal, social, economic and environmental factors that determine individual and population health. In Canada, 12 determinants of health are most often listed: 1. Income and social status, 2. Employment and working conditions, 3. Education and literacy, 4. Childhood experiences, 5. Physical environments, 6. Social supports and coping skills, 7. Healthy behaviours, 8. Access to health services, 9. Biology and genetic endowment, 10. Gender, 11. Culture, 12. Race / Racism" (Government of Canada, 2022a).

### **Diagnosis/Diagnoses**

"The use of scientific or clinical methods to establish the cause and nature of a person's illness or injury and the functional impairment it produces. The diagnosis forms the basis for patient care" (Unbound Medicine, n.d.).

### **Discharge**

"To officially release from care. The release is authorized by a physician, other medical care worker, or a medical care facility" (Unbound Medicine, n.d.).

### **Document/Documentation**

Documentation refers to "written or electronically generated information about a client that describes the care, including the observations, assessment, planning, intervention and evaluation or service provided to that client" (Nova Scotia College of Nursing, n.d.).

### **Duty to report**

Duty to report is "the ethical obligation for professionals to raise concerns about another professional's conduct or practice. It is well established in codes of ethics and is an important role that professionals play to protect the public interest" (Office of the Superintendent of Provincial Governance, n.d.).

### **Dyscompetence**

Being less than fully competent and may reflect a temporary situation (such as dyscompetence due to severe fatigue or anxiety) or a new status due to decline of knowledge, skills, or abilities. This term is more accurate than "incompetent".

### **Elder abuse**

"Injurious, pathological, or malignant treatment of an elderly individual, e.g., verbal, physical, or sexual assault" (Unbound Medicine, n.d.).

### **Equity/Equity-deserving**

"Involves providing resources according to the need to help diverse populations achieve their highest state of health and other functioning. Equity is an ongoing process of assessing needs, correcting historical inequities, and creating conditions for optimal outcomes by members of all social identity groups" (American Psychological Association, 2021).

### **Evidence-based/Evidence-based practice**

Also called "evidence-informed practice", it is "practice which is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client

perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data” (Nova Scotia College of Nursing, n.d.).

### **Family/Families**

Include spouses, domestic partners, both different-sex and same-sex significant others, and any family of choice at patients’ discretion.

### **Fitness to practise**

Fitness to practise means “having the necessary physical and mental health to provide safe, competent, ethical and compassionate [paramedic care]” (Nova Scotia College of Nursing, n.d.).

### **Gender identity**

Refers to a person’s internal sense of being male, female, both, neither, or anywhere along the gender spectrum (Ontario Human Rights Commission).

### **Goals of care**

The objectives and activities consciously designed to reach the desired future state(s) for patients (Unbound Medicine, n.d.).

### **Health**

Health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization, n.d.).

### **Inclusive**

Acts and approaches that ensure that all persons are equally welcomed, supported, valued, and respected (Barnabe et al., 2023).

### **Incompetence**

“A display of lack of knowledge, skill or judgment in a [paramedic’s] care...that, having regard to all the circumstances, renders the [paramedic] unsafe to practise at the time of such care...or to continue to practise without remedial assistance” (Nova Scotia College of Nursing, n.d.).

### **Intervention/s**

“A task, procedure, treatment or action with clearly defined limits, which can be assigned or delegated within the context of client care” (Nova Scotia College of Nursing, n.d.).

### **Mandatory reporting**

A legal, ethical, or political requirement to execute actions or orders (Unbound Medicine, n.d.).

### **Non-transport/Non-transportation of a patient**

Refers to when a patient call was made and a paramedic attended the scene, but the patient was not conveyed for further care, either because further care was deemed not necessary and the paramedic’s guidelines allowed use of professional judgment or because the patient refused transportation (Marks et al., 2002).

### **Occupational stress injury**

Occupational stress injury is “used to describe a broad range of conditions including mental disorders such as anxiety disorders, depressive disorders, and Post-traumatic Stress Disorder, as well as mental health conditions that may not meet DSM or ICD criteria for mental disorders but still interfere with daily functioning in social, work or family activities” (Canadian Institute for Public Safety Research and Treatment, n.d.).

### **Patient-centred**

“Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions” (Doktorchik et al., 2018).

### **Personal level of competence**

Personal level of competence means the ability to successfully perform while applying the required knowledge, skills, and attitudes. When working, the paramedic must limit their actions and activities to those that are both permitted

within the regulated scope of practice for their designation and within their personal level of competence.

### **Physical abuse**

Injurious, pathological, or malignant treatment that results in physical harm and assault (Unbound Medicine, n.d.).

### **Privacy**

Privacy differs from confidentiality. Privacy refers to information that is considered personal, which includes a patient's health care information. If the information is collected by a health care professional, they have a duty to maintain its confidentiality; the patient shared the information in trust that it would not be shared without their permission (Office of the Privacy Commissioner of Canada, 2023).

### **Quality improvement**

"The intentional process of making system-level changes in clinical processes with a continuous reassessment to improve the delivery of a product" (Lincoln et al., 2022).

### **Racism/Racist**

"Stereotyping, discrimination, and/or prejudice against persons on the basis of their race" (Barnabe et al., 2023).

### **Reconciliation**

Reconciliation in Canada means building a "renewed relationship with Indigenous peoples based on the recognition of rights, respect, cooperation and partnership" (Government of Canada, 2022b). For resources on reconciliation, see Addressing Racism Review (2020) and Truth and Reconciliation Commission of Canada (2015).

### **Regulated scope of practice** (via licensure, registration, or certification)

The knowledge, skills, and attitudes that the paramedic is taught in approved paramedic education programs and permitted to perform as outlined in the applicable regulatory

document for the specific class of licensure, registration, certification, or designation held by the paramedic.

### **Scope of employment**

The description of the paramedic's role within a specific employment or employer setting. Defined through employer descriptions, policies, procedures, processes, education, evaluation, and guidelines. Scope of employment changes from setting to setting and must be within the regulated scope of practice. Scope of employment may narrow a paramedic's practice to activities that are specific to the employment setting. The scope of employment may not exceed the regulated scope of practice.

### **Scope of practice**

What a regulated health care professional is authorized to do by provincial or territorial legislation. Scope of practice differs from personal level of competence for an individual health care professional. Personal level of competence is influenced by many factors, including patient needs, individual competence, employer policies, and professional and regulatory standards (Canadian Institute for Health Information, 2022).

### **Sexism/Sexist**

"Stereotyping, discrimination, and/or prejudice against persons on the basis of their sex, typically against those individuals that identify as women" (Barnabe et al., 2023).

### **Sexual abuse**

Injurious, pathological, or malignant treatment that results in sexual assault (Unbound Medicine, n.d.).

### **Sexual orientation**

"An individual's pattern of emotional, romantic, or sexual attraction. Sexual orientation may include attraction to the same gender (homosexuality), a gender different than your own (heterosexuality), both men and women



(bisexuality), all genders (pansexual), or neither (asexuality)” (Nova Scotia College of Nursing, n.d.).

### **Structural racism**

“Results from laws, policies, and practices that produce cumulative, durable, and race-based inequalities and includes the failure to correct previous laws and practices that were explicitly or effectively racist” (American Psychological Association, 2021).

### **Substitute decision-maker**

Also known as an “alternative decision-maker”, a substitute decision-maker is “a person with the legal responsibility to make decisions for an individual who lacks the capacity to make personal decisions” (Alberta College of Paramedics, 2023, p. 4).

### **Therapeutic relationship/s**

Relationship/s “built on trust and mutual respect between the caregiver and client and is based on a caregiver’s ethical and legal duty to protect the client’s well-being. Therapeutic caregiver-client relationships are purposeful, goal-directed relationships between a caregiver and a client that protect the clients’ best interests. The relationship begins when a client receives care from a caregiver and continues until the necessary care has ended” (Nova Scotia College of Nursing, n.d.).

### **Transfer of care**

Also known as “handover,” transfer of care is defined as “situations where the professional responsibility for some or all aspects of a patient’s diagnosis, treatment, or care is transferred to another person on a temporary or permanent basis” (Siemsen et al., 2012).

### **Trauma/Traumatic**

“Results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening, and that has lasting adverse effects on the individual’s functioning and physical, psychological, social, emotional, or spiritual well-being. Trauma may be cultural, intergenerational and/or historical” (College of Physicians and Surgeons of Ontario, n.d.).

### **Underhoused**

Can refer to persons “having inadequate or poor housing” or a community or area “not having enough dwellings” (Dictionary, n.d.).

# References

- Addressing Racism Review. (2020). *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care*. Government of British Columbia. <https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf>
- Alberta College of Paramedics. (2023). *Standards of Practice*. Retrieved August 31, 2023, from [https://abparamedics.com/pulse\\_topic/standards-of-practice/](https://abparamedics.com/pulse_topic/standards-of-practice/)
- American Psychological Association. (2021). Inclusive language guidelines. <https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines.pdf>
- Barnabe, C., Osei-Tutu, K., Maniate, J. M., Razack, S., Wong, B. M., Thoma, B., & Duchesne, N. (2023). Equity, diversity, inclusion, and social justice in CanMEDS 2025. *Canadian Medical Education Journal*, <https://doi.org/10.36834/cmej.75845>
- Canadian Child Welfare Research Portal. (n.d.). *Frequently asked questions (FAQs)*. Retrieved February 18, 2023, from <https://cwrp.ca/frequently-asked-questions-faqs>
- Canadian Institute for Health Information. (2022). *Health workforce scopes of practice, 2021 — Interpretive notes*. <https://www.cihi.ca/sites/default/files/document/health-workforce-scopes-of-practice-2021-meth-notes-en.pdf>
- Canadian Institute for Public Safety Research and Treatment. (n.d.) *Glossary of terms*. Retrieved March 9, 2023, from <https://www.cipsrt-icrtsp.ca/en/glossary/operational-stress-injury-osi>
- Canadian Medical Protection Association. (2021). *Boundaries: Preserving the therapeutic relationship by respecting professional boundaries*. <https://www.cmpa-acpm.ca/en/education-events/good-practices/professionalism-ethics-and-wellness/boundaries>
- College of Physicians and Surgeons of Ontario. (n.d.). *Equity, diversity and inclusion glossary*. Retrieved February 24, 2023, from <https://www.cpso.on.ca/Physicians/Your-Practice/Equity-Diversity-and-Inclusion/EDI-Glossary>
- Dictionary. (n.d.). Underhoused. In *Dictionary*. Retrieved February 24, 2023, from <https://www.dictionary.com/browse/underhoused>
- Doktorchik, C., Manalili, K., Jolley, R., Gibbons, E., Lu, M., Quan, H., & Santana, M. J. (2018). Identifying Canadian patient-centred care measurement practices and quality indicators: A survey. *CMAJ-Open*, 6(4), E643–E650. <https://doi.org/10.9778/cmajo.20170143>
- Epstein, R. M., & Hundert, E. M. (2002). Defining and assessing professional competence. *JAMA*, 287(2), 226–235. <https://doi.org/10.1001/jama.287.2.226>
- First Nations Health Authority. (n.d.). *Creating a Climate for Change: Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in British Columbia*. Retrieved August 31, 2023, from <https://www.fnha.ca/Documents/FNHA-Creating-a-Climate-For-Change-Cultural-Humility-Resource-Booklet.pdf>
- Frank, J. R., Mungroo, R., Ahmad, Y., Wang, M., De Rossi, S., & Horsley, T. (2010). Toward a definition of competency-based education in medicine: A systematic review of published definitions. *Medical Teacher*, 32(8), 631–637. <https://doi.org/10.3109/0142159X.2010.500898>
- Glover Takahashi, S., Abbott, C., Oswald, A., & Frank, J. R. (Eds.). (2015). *CanMEDS teaching and assessment tools guide*. Royal College of Physicians and Surgeons of Canada.
- Government of Canada. (2022a). *Social determinants of health and health inequalities*. Retrieved August 31, 2023, from <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>
- Government of Canada. (2022b, July 13). *Reconciliation*. Retrieved August 31, 2023, from <https://www.rcaanc-cirnac.gc.ca/eng/1400782178444/1529183710887>
- Lincoln, E. W., Reed-Schrader, E., & Jarvis, J. L. (2022, July 19). *EMS quality improvement programs*. StatPearls. <https://www.statpearls.com/ArticleLibrary/viewarticle/31814>
- Marks, P. J., Daniel, T. D., Afolabi O., Spiers, G., & Nguyen-Van-Tam, J. S. (2002). Emergency (999) calls to the ambulance service that do not result in the patient being transported to hospital: An epidemiological study. *Emergency Medicine Journal*, 19(5), 449–452. <https://emj.bmj.com/content/19/5/449>
- Nova Scotia College of Nursing. (n.d.). *Glossary*. Retrieved February 24, 2023, from <https://www.nscn.ca/professional-practice/practice-support/practice-support-tools/glossary/glossary>
- Office of the Privacy Commissioner of Canada. (2023). *10 tips for protecting personal information*. Retrieved August 31, 2023, from [https://www.priv.gc.ca/en/privacy-topics/information-and-advice-for-individuals/your-privacy-rights/02\\_05\\_d\\_64\\_tips/](https://www.priv.gc.ca/en/privacy-topics/information-and-advice-for-individuals/your-privacy-rights/02_05_d_64_tips/)

Office of the Superintendent of Provincial Governance. (n.d.). *Duty to report to regulatory bodies*. Retrieved February 18, 2023, from <https://professionalgovernancebc.ca/duty-to-report-to-regulatory-bodies/>

Ontario Human Rights Commission (2014). Retrieved August 31, 2023, from <https://www.ohrc.on.ca/en/policy-preventing-discrimination-because-gender-identity-and-gender-expression>

Paré, M. (2009). Boundary issues. In D. Puddester, L. Flynn, & J. Cohen (Eds), *CanMEDS physician health guide: A practical handbook for physician health and well-being* (pp. 75–77). Royal College of Physicians and Surgeons of Canada. [https://www.academia.edu/18290382/CanMEDS\\_Physician\\_Health\\_Guide](https://www.academia.edu/18290382/CanMEDS_Physician_Health_Guide).

Siemsen, I. M. D., Madsen, M. D., Pedersen, L. F., Michaelsen, L., Pedersen, A. V., Andersen, H. B., & Østergaard, D. (2012). Factors that impact on the safety of patient handovers: An interview study. *Scandinavian Journal of Public Health*, 40(5), 439–448. <https://doi.org/10.1177/1403494812453889>

Tavares, W., Allana, A., Beaune, L., Weiss, D., & Blanchard, I. (2022). Principles to guide the future of paramedicine in Canada. *Prehospital Emergency Care*, 26(5), 728–738. <https://doi.org/10.1080/10903127.2021.1965680>

Truth and Reconciliation Commission of Canada. (2015). *Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada*. [https://publications.gc.ca/collections/collection\\_2015/trc/IR4-7-2015-eng.pdf](https://publications.gc.ca/collections/collection_2015/trc/IR4-7-2015-eng.pdf)

Unbound Medicine. (n.d.). *Taber's medical dictionary*. Retrieved February 18, 2023, from [https://www.tabers.com/tabersonline/index/Tabers-Dictionary/Entries/\\*](https://www.tabers.com/tabersonline/index/Tabers-Dictionary/Entries/*)

Wenghofer, E. F., Williams, A. P., & Klass, D. J. (2009). Factors affecting physician performance: Implications for performance improvement and governance. *Healthcare Policy*, 5(2), e141–160. <https://pubmed.ncbi.nlm.nih.gov/21037818/>

Williams, B., Beovich, B., & Olausson, A. (2021). The definition of paramedicine: An international Delphi study. *Journal of Multidisciplinary Health Care*, 14, 3561–3570. <https://doi.org/10.2147/JMDH.S347811>

World Health Organization. (n.d.). Constitution. Retrieved February 26, 2023, from <https://www.who.int/about/governance/constitution>

