Workbook

Conclusion Module: Knowledge Check Practice Questions

Conclusion Module

College of
COMPLEMENTARY HEALTH
PROFESSIONALS OF BC

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Introduction

As a licensee of the College of Complementary Health Care Professionals of BC (CCHPBC), you are responsible for applying the requirements of all nine (9) Professional Standards in your practice to provide safe, effective, and competent care.

By reviewing the Professional Standards and engaging with the workbooks and webinars of the Learning Series: Putting Standards into Practice, you can build your understanding of the standards, how they apply to your practice, and identify resources to support your ongoing learning.

This is the final workbook in the Learning Series. It has been designed to help you prepare for the Knowledge Check on the new Professional Standards. The Knowledge Check will be released in October 2026 and will be made available through the Licensee Portal.

The workbook provides you with **29 practice multiple-choice questions** to help you assess your knowledge and identify areas where you might need further learning. The questions in this workbook are similar in format and style to what will be found on the Knowledge Check.

HOW TO USE THIS WORKBOOK

Please download and save the workbook to your device. Alternatively, you may print the workbook. Complete the questions by selecting your response to each question. As you answer the questions, save your work to avoid losing your progress. Answers to the questions can be found in the Answer Key at the end of the workbook. There is **no** requirement to submit the workbook or report completion to the College.

Bringing the Professional Standards Together

The nine (9) professional standards are designed to function as an interconnected framework rather than standalone documents. Licensees should use them holistically by reading across principles, making connections between expectations and integrating them with relevant policies, practice resources, and regulatory requirements. This approach supports the application of professional judgement while considering individual patient needs. By making these connections, licensees gain the foundational knowledge required to support professional and ethical practice that supports safe, competent care.

The interconnected relationship of the professional standards is reflected in some of the questions in this practice Knowledge Check, where a single practice scenario is used to explore multiple professional standards. While each question may focus on a particular standard, together the questions demonstrate how several standards can apply to the same situation and inform professional judgement and decision-making.

Practice Questions

PRACTICE QUESTIONS

Once you have reviewed the nine (9) Professional Standards, think through and respond to the following practice questions. Answers to the questions can be found in the Answer Key.

1 Which of the following topics is least directly related to developing cultural safety, cultural humility, anti-discrimination, and anti-racism in health care?

- ◯ **A.** Canadian Constitution
- ◯ **B.** The Doctrine of Discovery and residential schools
- ◯ **C.** The Indian Act, the Sixties Scoop, missing and murdered Indigenous women and girls
- ◯ **D.** In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care

2 According to the Professional Standards, licensees must engage in ongoing reflective practice that includes which of the following areas?

- ◯ **A.** Online business practices and advertising
- ◯ **B.** Artificial Intelligence (AI) in professional practice
- ◯ **C.** College approved learnings on anti-bias and anti-discrimination
- ◯ **D.** Colonialism and trauma affecting how a person views or accesses health care

3 Which of the following statements is reflective of a strengths-based approach to care?

- ◯ **A.** A collaborative approach that includes a person's existing resources
- ◯ **B.** A standardized approach that considers how to achieve the fastest results, safely
- ◯ **C.** An outcomes-focused approach that is supported by strong evidence and past success
- ◯ **D.** A problem-oriented approach centered on where a patient is lacking in order to improve health outcomes

4 Which of the following accurately describes the term "capacity" as it relates to informed consent?

- ◯ **A.** When the person is 19 years of age or older
- ◯ **B.** The ability to carry out home care instructions
- ◯ **C.** The ability to physically participate in treatment procedures as required
- ◯ **D.** The ability to understand the effects of the proposed treatment and treatment alternatives

5 During treatment, a patient reacts and pulls away from the licensee. Which is the best response to the patient's discomfort?

- ○ **A.** Proceed with treatment on another part of the body
- ○ **B.** Continue with treatment, as the patient previously gave consent
- ○ **C.** Adjust the technique so it will be more comfortable for the patient
- ○ **D.** Stop the treatment and ask if the patient wishes to modify or continue the treatment

6 A patient withdraws their consent for a proposed treatment. The licensee documents the proposed treatment, the date, and the withdrawal of consent. What other information should be documented in the health care record?

- ○ **A.** All relevant referring health care providers
- ○ **B.** Any concerns raised during the consent process
- ○ **C.** No further information needs to be documented
- ○ **D.** A detailed list of all evidence used in the decision-making process

7 A patient sees a licensee for treatment that will involve some degree of disrobing, but they express some concerns. How should the licensee proceed?

- ○ **A.** Adjust care to uphold the patient's right to retain some or all clothing during treatment
- ○ **B.** Adjust care and avoid treating the areas of concern to keep the patient comfortable
- ○ **C.** Adjust care and make a referral to avoid making treatment changes
- ○ **D.** Adjust care by explaining why it is crucial that they disrobe in the way described

8 Which of the following refers to "treating patients as individuals and partners in their own care"?

- ○ **A.** Express consent
- ○ **B.** Person-centred care
- ○ **C.** Therapeutic relationship
- ○ **D.** Evidence-based practice

9 A licensee is in the process of terminating a therapeutic relationship. They have provided written notice and documented the details in the health care record. Which of the following is also required?

- **A.** Provide one business day for the patient to find interim care
- **B.** Cancel all future appointments with the patient, stating "the practitioner is no longer available"
- **C.** A conversation with the patient on the phone or through a video call app to describe next steps
- **D.** Inform the patient that they are entitled to a copy of their health care records and describe the process for obtaining a copy

10 Which of the following is grounds for immediate termination of the therapeutic relationship?

- **A.** The licensee notices counter-transference with the patient
- **B.** The licensee has discriminatory feelings towards the patient
- **C.** The patient makes discriminatory comments to the licensee
- **D.** The patient engages in activities that negatively affect their health

11 Licensees are expected to maintain a practice environment that is clean, hygienic, and safe. According to the Professional Standards, who is responsible for cleaning and disinfecting treatment areas and equipment when working in a multidisciplinary setting?

- **A.** Each licensee is responsible to clean and disinfect treatment areas and equipment
- **B.** Reception staff are responsible to clean and disinfect treatment areas and equipment
- **C.** Specialized cleaning staff are responsible to clean and disinfect treatment areas and equipment
- **D.** One licensee per profession is responsible to clean and disinfect treatment areas and equipment

12 British Columbia experiences frequent earthquakes. Which of the following statements correctly describes when licensees are required to participate in emergency preparedness drills?

- **A.** Only when province-wide drills are held
- **B.** When a clear path to exits is not obvious
- **C.** As frequent as appropriate to the practice setting
- **D.** Only when fire extinguishers and first aid kids are unavailable

13 A patient presents with symptoms of an infectious communicable disease. According to the Professional Standards, in addition to documenting the clinical findings in the patient's health care record, which course of action may also be required?

- **A.** Refuse care
- **B.** Report to Public Health
- **C.** Notify the patient's family
- **D.** No other action is required

14 A licensee delegates a task to an unlicensed individual. What is the licensee's responsibility?

- **A.** A licensee is not responsible once the task is delegated
- **B.** Only official clinic communications are the responsibility of the licensee
- **C.** Licensees are responsible for their own decisions and actions, but not for those of a delegate
- **D.** The licensee is accountable for the outcomes of the care they provide and the care they delegate to others

15 Self-reflection is an important part of culturally safe practice. In addition to personal biases, which factors should licensees examine to understand how they may influence their decision-making and interactions with others?

- **A.** Assumptions, stereotypes, and beliefs
- **B.** Personal preferences and professional goals
- **C.** Individual thoughts and emotional responses
- **D.** Treatment preferences and desired outcomes

16 A licensee wishes to bill treatments for the length of time the appointment takes. If an appointment runs late or ends early, the patient's charge would be adjusted. Which requirement must the licensee apply?

- **A.** Payment can be accepted before or after services are rendered
- **B.** Flexible appointment times are required to ensure accurate billing
- **C.** Patients must be informed of their appointment charge after receiving their care
- **D.** Patients must understand what fees they will be charged prior to receiving health services

17 How long is the retention requirements for billing and receipt records?

- ○ **A.** 7 years
- ○ **B.** 10 years
- ○ **C.** 16 years
- ○ **D.** 12 years

18 A licensee has retired but retained custody of patient health care records. What is a licensee's responsibility regarding retention requirements for health care records upon retirement?

- ○ **A.** Must transfer all records to the College to be retained
- ○ **B.** Retired licensees are not required to comply with any retention requirements
- ○ **C.** Must adhere to records retention requirements set in the Professional Standards
- ○ **D.** Must adhere to the retention requirements set by the storage facility where records are kept

19 What is the best way for a licensee to maintain current and up to date knowledge and skill relevant to their scope of practice?

- ○ **A.** Watch YouTube videos and clips
- ○ **B.** Participate in continuing professional development
- ○ **C.** Research areas of practice with high financial return
- ○ **D.** Ask patients about which treatments their insurance will cover

20 A licensee believes a therapy is indicated to help a patient's headaches. The licensee explains the cost and benefits of the therapy, as well as a description of how it is delivered. What else must the licensee communicate for the patient to make an informed decision?

- ○ **A.** Information on the potential risks involved
- ○ **B.** A description of how other patients have benefitted from the therapy
- ○ **C.** The training that the licensee has completed to provide the treatment safely
- ○ **D.** Research data indicating which populations the therapy has been shown to benefit

21 A patient asks a licensee about a medication they heard is helpful for the type of nerve pain they experience. The licensee is familiar with the medication, but it does not fall within their scope of practice. How could they validate the patient's question while staying within their scope?

- **A.** Facilitate a referral to an appropriate healthcare practitioner
- **B.** Encourage the patient to try the medication, and report back
- **C.** Tell the patient they can't discuss the medication, and change the subject
- **D.** Share what they know about the medication, but explain that it is outside of their scope

Use the following information to answer questions 22 to 24:

A licensee is hiring health care practitioners for their new clinic. One of the applicants is another CCHPBC licensee with additional training within areas of their scope of practice. The applicant mentions that historically, they have attracted new patients through social media using before and after photos.

22 Refer to the scenario above. Which of the following record-keeping practices apply to the licensee if hired?

- **A.** Utilize record-keeping templates provided by the College
- **B.** Do not document treatments where additional training is required
- **C.** Document all assessments and treatments provided and responses to treatment
- **D.** Maintain separate health care records for services that require additional training

23 Refer to the scenario above. Which of the following best describes how the licensee should advertise services where additional training has been obtained?

- **A.** "Licensee A has advanced training in..."
- **B.** "Expert care. You will feel differently immediately"
- **C.** "A picture says a thousand words. See for yourself!"
- **D.** "Licensee A has training in the following areas of interest..."

24 Refer to the scenario above. According to the Professional Standards, which of the following statements is true about the use of before and after photos in advertising?

- **A.** Before and after photos require patient consent to be used
- **B.** Before and after photos used in advertising must be retained for seven years
- **C.** Before and after photos are permitted if accompanied by evidence-based research
- **D.** Before and after photos are included in the definition of testimonials and not permitted

Use the following information to answer questions 25 to 26:

A licensee would like to advertise a new product for sale by posting the following to social media:

"There is a reason we are named the best clinic in town. Product A is a Health Canada approved, all-natural product that can reduce pain and muscle tension with guaranteed results after just one use. Learn more by booking an appointment with one of our expert pain specialists, today!"

25 Refer to the scenario above. Which of the following options below best aligns with the Professional Standards as alternate wording to “guaranteed results after just one use”?

- **A.** “Individual results may vary”
- **B.** “Definite results after just one use”
- **C.** “The most effective product on the market”
- **D.** “Best results in town when paired with treatments”

26 Refer to the scenario above. When can a licensee use comparative language such as “the best pain clinic in town” to advertise and market their practice?

- **A.** If there are reviews or testimonials to back the claim
- **B.** Licensees are never permitted to use comparative language
- **C.** Only when the licensee has additional training in an area of practice
- **D.** When the clinic or licensee has been recognized as “the best” online

Use the following information to answer questions 27 to 29:

A licensee has been providing treatment to a patient for several months. Conversations during treatment have become increasingly personal, and the patient and licensee discover they share several common interests. During one of these treatments, the patient asks the licensee out on a date.

27 Refer to the scenario above. Why is the patient vulnerable in this situation?

- **A.** The patient may be dependent on the licensee for care
- **B.** A personal relationship with the licensee skews informed consent
- **C.** The therapeutic relationship involves an inherent power imbalance
- **D.** The acceptance of a date may impact the quality of the patient's care

28 Refer to the scenario above. Which course of action is the most appropriate for the licensee to take?

- **A.** Refer the patient to another health care practitioner
- **B.** Continue treatments while avoiding the patient's questions
- **C.** Discuss their feelings openly during the next treatment session
- **D.** Re-establish professional boundaries and do not pursue a relationship with the patient

29 Refer to the scenario above. What is the primary professional boundary issue for the licensee?

- **A.** Scheduling a meeting with the patient outside of business hours
- **B.** Allowing the patient to begin experiencing feelings for the licensee
- **C.** Entering a sexual relationship with a patient while a therapeutic relationship exists
- **D.** Discussing personal details and shared interests during treatments with the patient

Identify Areas for Growth

Now that you have completed the practice Knowledge Check, consider the following questions:

- Which standards might require further reflection on how they can be implemented in your practice setting?

- What standards do you need to review to improve your understanding?

Support

Have questions or need more support?

- **Review Professional Standards and Frequently Asked Questions.**
- Contact a Practice Advisor at **practicesupport@cchpbc.ca**.

Missed a Module? Select this link to view available modules

Practice Questions

Answer Key

1

QUESTION 1

A. Canadian Constitution

The Canadian Constitution sets out the basic principles of democratic government in Canada. It does not directly support learning in Indigenous cultural safety, cultural humility, and anti-racism.

Professional Standard: Implementing the Truth and Reconciliation Commission Canada Calls to Action

1.1 *Undertake ongoing education related to Indigenous health care, determinants of health, cultural safety, cultural humility, anti-discrimination and anti-racism.*

1.2 *Engage in learning related to:*

- **1.2.1** *the Doctrine of Discovery;*
- **1.2.2** *the Indian Act;*
- **1.2.3** *residential schools;*
- **1.2.4** *the Sixties Scoop;*
- **1.2.5** *the Declaration on the Rights of Indigenous Peoples Act;*
- **1.2.6** *the United Nations Declaration on the Rights of Indigenous Peoples;*
- **1.2.7** *missing and murdered Indigenous women and girls;*
- **1.2.8** *the Truth and Reconciliation Commission of Canada Calls to Action;*
- **1.2.9** *in Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*

2

QUESTION 2

D. Colonialism and trauma affecting how a person views or accesses health care

Professional Standard: Implementing the Truth and Reconciliation Canada Calls to Action

Principle 2: CCHPBC licensees must engage in an ongoing reflective practice

2.3 *Understand that colonialism and trauma may affect how Indigenous people view, access, and interact with the health care system and health care practitioners*

3

QUESTION 3

A. A collaborative approach that includes a person's existing resources

Professional Standard: Implementing the Truth and Reconciliation Canada Calls to Action

3.6 *Actively support the person's right to decide on their treatment plan and collaborate with them to incorporate their personal strengths to support the achievement of their health and wellness goals.*

4

QUESTION 4

D. The ability to understand the effects of the proposed treatment and treatment alternatives

Professional Standard: Informed Consent

capacity: *the ability to understand the nature and anticipated effect of proposed treatment and alternatives, and to appreciate the consequences of refusing treatment*

5

QUESTION 5

D. Stop the treatment and ask if the patient wishes to modify or continue the treatment

Professional Standard: Informed Consent

1.6 *Respond to any verbal or non-verbal indication that the patient wishes to ask questions, or to modify, or end treatment.*

6

QUESTION 6

B. Any concerns raised during the consent process

Professional Standard: Informed Consent

1.9 *Document the attainment of consent in the patient health care records, including details concerning: [...]*

1.9.3 *Any concerns raised during the consent process, and actions taken to address concerns (e.g. alternative communication methods, interpretation services); and*

7

QUESTION 7

A. Adjust care to uphold the patient's right to retain some or all clothing during treatment

Professional Standard: Informed Consent

1.5 *When disrobing is required: [...]*

1.5.2 *Uphold the patient's right to retain some or all clothing during assessment or treatment, and adjust care accordingly.*

8

QUESTION 8

B. Person-centred care

Professional Standard: Integrated Person-Centred Care

person-centred care: *refers to treating patients as individuals and as partners in their own care.*

9

QUESTION 9

D. Inform the patient that they are entitled to a copy of their health care records and describe the process for obtaining a copy

Professional Standard: Integrated Person-Centred Care

2.3 *Terminate a therapeutic relationship by: [...]*

2.3.3 *informing the patient that they are entitled to a copy of their health care records and the process for obtaining a copy;*

10

QUESTION 10

C. The patient makes discriminatory comments to the licensee

Professional Standard: Integrated Person-Centred Care

2.1.4 *situations where providing care may result in an actual or potential threat to the licensee's personal safety and immediately terminate the therapeutic relationship with any patient who:*

2.1.4.1 *directly or indirectly acts in a discriminatory manner.*

11

QUESTION 11

A. Each licensee is responsible to clean and disinfect treatment areas and equipment

Professional Standard: Practice Environment

2.1 *Maintain a clean and hygienic practice environment and common areas, including by:*

2.1.1 *Regularly cleaning and disinfecting all surfaces and equipment,*

12

QUESTION 12

C. As frequent as appropriate to the practice setting

Professional Standard: Practice Environment

2.7 *Ensure emergency preparedness, including: [...]*

2.7.3 *Participation in emergency preparedness training appropriate to the practice environment, such as fire and earthquake drills*

13

QUESTION 13

B. Report to Public Health

Professional Standard: Practice Environment

3.4 *Comply with Public Health Act requirements regarding mandatory reporting as appropriate.*

14

QUESTION 14

D. The licensee is accountable for the outcomes of the care they provide and the care they delegate to others

Professional Standard: Communication and Professionalism

1.3 *Accept accountability for their individual decisions and actions, as well as for the outcomes of the care they provide and the care they delegate to others.*

15

QUESTION 15

A. Assumptions, stereotypes, and beliefs

Professional Standard: Communication and Professionalism

2.2 *Proactively identify, address and mitigate the impact of biases, assumptions, and stereotypes to provide equitable, inclusive and culturally safe care by:*

2.2.1 *implementing inclusive practices,*

2.2.2 *using feedback from individuals or groups to adjust behaviours and communications accordingly.*

16

QUESTION 16

D. Patients must understand what fees they will be charged prior to receiving health services

Professional Standard: Communication and Professionalism

5.1 *Set and charge fees that are fair, reasonable, accurate and clearly displayed and explained to the patient prior to providing any service*

17

QUESTION 17

C. 16 years

Professional Standard: Record-Keeping

2.1 *Retain patient health care records, appointment logs, billing records, and receipts for a minimum of 16 years from either the date of the last entry, or from the age of majority, whichever is later, except as otherwise required under the Limitation Act or any other applicable legislation.*

18

QUESTION 18

C. Must adhere to records retention requirements set in the Professional Standards

Professional Standard: Record-Keeping

2.7 *Ensure the proper retention, transfer or disposal of patient health care records when ceasing to practice by:*

2.7.1 *Ensuring that health care records subject to retention requirements are either securely transferred or retained until the expiry of the retention period.*

19

QUESTION 19

B. Participate in continuing professional development

Professional Standard: Scope of Practice

continuing professional development: *means as activity or program undertaken for the purpose of ensuring that professional knowledge, skills and abilities remain current.*

2.1 *Keep their knowledge and skills up to date and relevant to their scope of practice through ongoing continuing professional development*

20

QUESTION 20

A. Information on the potential risks involved

Professional Standard: Informed Consent

1.1 *Comply with all requirements in the Health Care (Consent) and Care Facility (Admission) Act and the Infant Act by obtaining informed consent before providing care. Obtaining informed consent includes ensuring that: […]*

1.1.2 *Information about the nature of the proposed treatment, its expected benefits, risks and side effects, alternative treatment options, and the possible consequences of not receiving treatment, is provided.*

21

QUESTION 21

A. Facilitate a referral to an appropriate healthcare practitioner

Professional Standard: Integrated Person-Centred Care Principle

3 *CCHPBC licensees must work respectfully and in collaboration with other health care practitioners and/or a patient's health care team. […]*

3.2 *Refer to other health care practitioners, when appropriate*

Professional Standard: Scope of Practice

1.2 *Only provide care within their scope of practice, as defined by the Regulation (including limits and conditions set out in the Regulation), College standards, directives or guidance documents.*

3.4 *Not provide professional recommendations that are outside the licensee's scope of practice.*

22

QUESTION 22

C. Document all assessments and treatments provided and responses to treatment

Professional Standard: Record-Keeping

1.2 *Ensure that their patient health care records are clear and comprehensive. At minimum, licensees must document: […]*

1.2.6 *Any clinical assessments, working diagnoses, treatment plans, treatment provided, response to treatment, follow-up recommendations, and treatment changes; and*

23

QUESTION 23

D. "Licensee A has training in the following areas of interest…"

Professional Standard: Advertising and Marketing

1.7 *Not use the term "expert," "specialist," or any similar designation implying special status, accreditation, or expertise in their advertising or marketing.*

24

QUESTION 24

D. Before and after photos are included in the definition of testimonials and not permitted

Professional Standard: Advertising and Marketing

testimonial: *a personal statement or testament which may include before-and after photos to illustrate the results of the service, from an individual patient or former patient about the service received from a licensee.*

1.10 *Avoid soliciting testimonials.*

25

QUESTION 25

A. "Individual results may vary"

Professional Standard: Advertising and Marketing

1.3 *Not make false, deceptive, or misleading statements about health care services, drugs, devices or other health products, including*

1.3.1 *making unsubstantiated claims that create an unjustified expectation for efficacy.*

26

QUESTION 26

B. Licensees are never permitted to use comparative language

Professional Standard: Advertising and Marketing

1.4 *Not use comparative language that infers superiority to that of another health care practitioner.*

27

QUESTION 27

C. The therapeutic relationship involves an inherent power imbalance

Professional Standard: Professional Boundaries and Prevention of Sexual Misconduct

therapeutic relationship: *the relationship between a health professional and a patient, which is characterized by a power imbalance.*

28

QUESTION 28

D. Re-establish professional boundaries and do not pursue a relationship with the patient

Professional Standard: Professional Boundaries and Prevention of Sexual Misconduct

1.7 *Advise and redirect a patient if a boundary crossing occurs by: [...]*

1.7.2 *Re-establishing professional boundaries with the patient;*

29

QUESTION 29

C. Entering a sexual relationship with a patient while a therapeutic relationship exists

Professional Standard: Professional Boundaries and Prevention of Sexual Misconduct

4.5 *Not engage in a sexual relationship with a current patient. If licensees provide care to their spouses, the therapeutic relationship must be managed in accordance with Principle 2 above.*

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