

MANAGING PRACTICE EDUCATION

De-mystifying Affiliation Agreements

*Getting Help with Practice Education
Policy & Practices*

Thinking About Practice Education Quality

Prepared by the Practice Education Collaborative of BC
a working group of the Practice Education Committee
BC Academic Health Council

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INTRODUCTION

This overview provides practical information about managing student education in healthcare settings. It will be a useful reference for you if your responsibilities include:

- ¶ Planning, coordinating, providing or evaluating student¹ learning experiences in healthcare settings
- ¶ Managing or coordinating clinical programs or community health services where students are placed for practice learning experiences

Based on ‘best practice’ literature, expert opinion and findings from two projects², this overview helps to clarify the roles and responsibilities of health authorities and post-secondary education institutions in practice education. The intention of the Practice Education Collaborative of B.C. (PECbc) in developing the document was to communicate relevant information to those directly involved in practice education.

Managing Practice Education is ‘a work in progress’. Future versions will be informed by the multiple projects that are currently underway across British Columbia to build capacity for practice education. Information about those projects is available at the BC Academic Health Council website www.bcahc.ca

PECbc invites health authorities and education institutions to use information from this guide to augment their organization’s orientation activities with educators and managers.

The latest version of *Managing Practice Education* is available at <http://www.hspscanada.net/managing/resources.asp>

¹ Students are defined as all undergraduate and graduate students in the health and human service professions, including interns and residents, who are involved in a practice education experience.

² 2005-2007, BC Academic Health Council, Practice Education Innovation Fund Projects: #7 *Practice Education Renewal in Health Authorities – Integrated Framework and Online Tools*; and #13 *Modernization of Academic Affiliation Agreements*. Available at: <http://www.hspscanada.net/managing/resources.asp>

Practice education is that part of a student’s educational experience which takes place in the workplace and may involve direct patient/client care. In such an experience, the student provides services to and for the benefit of patients/clients. The student provides such services under the general direction and supervision of health authority or educational institution employees or appointees, who are practicing health professionals, and are authorized and qualified to provide the services.³

Practice education is sometimes referred to as “student clinical education” and occurs in a variety of settings such as: hospitals, long term care facilities, palliative care units, ambulatory care clinics, primary care units, community health centres, home care services, Telehealth, and other health or social service agencies.

Learning activities may include:

- ¶ one-to-one pairing of a student with a practitioner (eg. preceptor) to learn and provide health care services or engage in other guided learning experiences
- ¶ a group of students learning and providing health care services under the supervision of an instructor
- ¶ student self-study about patient/client care or health services supported by print, media or e-learning resources
- ¶ student observations of practice

Learning activities can be designed to support profession specific, interprofessional or team learning in the practice setting.

The duration of practice placements varies from short term (ie. several days to weeks), to long term block placements (ie. 1-2 years).

A list of the types of education programs requiring practice placements in health authorities is provided in Appendix 1. The list is not exhaustive, but rather provides a reflection of the range of placements that can occur in a health authority.

³ Adapted from Master Affiliation Agreement between the University of British Columbia and the Provincial Health Services Authority

Why is practice education important?

Quality practice placements are an essential component of health professional education programs. In settings where health services are delivered, students learn to apply their knowledge and skills in a ‘real life’ context.

For health authorities, the adage – “Today’s Students are Tomorrow’s Healthcare Workforce” – is a reminder that with urgent shortages of health service providers, and a dwindling supply from other provinces and countries, more new health professionals will be employed directly out of British Columbia education institutions after practice placements in BC health authorities.

The students who come to health authorities for practice learning are the single greatest resource for the future to provide healthcare for the people of the province. Their practice education experiences, positive or negative, strongly influence their choices about where to work after graduation.

In British Columbia, five of six health authorities estimate that in combination they provide 29,000 student placements per year and the number is expected to increase⁴. Clearly, practice education is a significant activity for health authorities and one that is worthwhile to manage effectively.

⁴ Personal communication. (2006). Practice Education Collaborative of BC

Practice education requires partnerships and collaboration

Health service provider education has both academic and practice components:

- ¶ Educational institutions develop, implement and evaluate theory-based curricula, which include learning outcomes that can only be achieved in settings where care is delivered.
- ¶ In British Columbia, the health authorities are responsible for providing practice education environments where students can apply and further develop their knowledge and skills. Equally important is the role of health authorities in supporting the transition of new graduates into the workplace.

Strong partnerships between health authorities and post-secondary education institutions build a foundation for capacity and quality in practice education. In turn, by providing quality learning environments, healthcare organizations create positive relationships with students – their future employees.

Some academic partnerships involve hundreds of students annually and require a significant commitment of staff and resources. Health authorities and educational institutions may wish to work together to:

- ¶ Identify current and emerging recruitment challenges, and jointly recommend health profession educational programs needing additional seats to the Ministry of Advanced Education.
- ¶ Identify clinical practice and health service delivery trends and how these may influence educational program development and curriculum design.
- ¶ Implement strategies to increase quality or access to student practice education, and promote new strategies or models of student practice education.
- ¶ Partner in developing facilities to support student education.
- ¶ Explore collaborations for recruitment for hard-to-fill positions, cross appointments, staff exchanges, or joint research projects.

New resources for practice education partnerships

New resources were developed as part of efforts to strengthen the management of practice education across British Columbia, and are available online through HSP^{net} (Health Sciences Placement Network), BC's web-based system for managing student placements. The new resources are:

- ¶ An updated academic affiliation agreement template
- ¶ An online affiliation agreement tracker module in HSP^{net}
- ¶ Standard guidelines to support organizational practice education policies
- ¶ An online practice education guidelines module in HSP^{net}
- ¶ Recommended health authority management processes for practice education, as described in this document

These resources are intended to help health and education partners clarify roles and responsibilities in practice education and manage their relationships. Standardized resources have been designed to minimize the variation in requirements facing students, and their supervising faculty. Schools and students often complete practice placements in more than one health authority. A brief background about the projects that developed these new resources is provided in Appendix 2.

Finding the new resources on HSP^{net}

The HSP^{net} online student placement system streamlines processes for coordinating placements, accessing information, and managing placement capacity. This system has been designed and is managed in BC. HSP^{net} is now used by six Canadian provinces and has attracted interest from other countries. In BC, HSP^{net} is used by 16 disciplines, including all Lower Mainland nursing programs. Implementation of HSP^{net} is underway in more Health Authorities and programs across the province.

HSP^{net} is expanding its practice education resources to facilitate efficient administration of affiliation agreements and practice education guidelines—the Affiliation Agreement Tracker module and the Practice Education Guidelines module. This is part of HSP^{net} development, in order to provide a comprehensive set of tools to support practice education.

HSP^{net} makes available the affiliation agreement template and practice education guidelines for your organization to review, adoption or adapt. Your organization probably has one or more HSP^{net} authorized users who can access the full functionality of these recent additions. You can view information about new resources without a current user I.D. via the following link:

<http://www.hspscanada.net/managing/resources.asp>

The new HSP^{net} tools support the use of standardized resources, while documenting adaptations made by individual health authorities, as well as variations for different sites or programs.

A number of key practice education policies can be most effectively managed using HSP^{net}. For example:

- ¶ Placement coordinators, instructors, managers and preceptors will have access to up-to-date information about placement requirements and procedures.
- ¶ Student access will introduce consistent mechanisms for:
 - Communicating with students.
 - Obtaining student feedback.
 - Documenting student review of and/or compliance with confidentiality requirements.
- ¶ Faculty and students can access online profiles for facilities, sites, or programs, along with e-learning content to support placement orientation.

Visit www.hspscanada.net for more information.

ACADEMIC AFFILIATION AGREEMENTS

Health education programs have expanded over the past five years, along with a greater emphasis on practice-based learning in the curricula. As a result, demand for student placements in health authorities has markedly increased. Practice education leaders have been working to update affiliation agreements for managing relationships between post-secondary institutions and health authorities to ensure successful partnerships for student placements. The information reviewed in developing new affiliation agreement resources is listed in Appendix 3.

Who needs an affiliation agreement?

Each health authority receives students from many post-secondary education institutions, and most institutions place students in a wide range of health authorities or other health service organizations. The affiliation agreement is a contract that defines the roles and responsibilities of both the health authority and the educational institution in providing practice education, and addresses risks in the relationship for both organizations, their employees, patients, faculty and students.

Whether a health authority receives one student or hundreds, an affiliation agreement with each sponsoring educational institution is required.

Many of these affiliations are long-standing relationships, with significant inter-organizational communication and involvement, and hundreds of student placements annually. Other agreements cover less common situations, such as individual students coming from educational institutions outside the province or Canada for one-of-a-kind placements. Such placements are often initiated by specific professions as part of recruitment efforts for hard-to-fill positions.

What does an affiliation agreement template do?

Standardizing key policies and practices province-wide can smooth the process for managing the successful placement of large numbers of students in a variety of clinical practice settings every year. Through recent work by the Practice Education Collaborative of BC, an affiliation agreement template has been created as a standardized resource for BC health authorities, health organizations, and post-secondary institutions. It is designed to be as straight-forward and clear as possible, while still addressing key issues.

The template is written as a legal document and can be used to develop agreements between health authorities and public or private post-secondary education institutions.

The agreement includes:

- ¶ A definition of terms used in the template (for example, “Program” means educational programs offered by the institution and recognized by the health authority).
- ¶ Insurance requirements for both third party liability and personal accidents.
- ¶ Start and end dates of the agreement.
- ¶ Responsibilities of the health authority relating to practice education (for example, to provide post-secondary institution staff and students with reasonable access to facilities).
- ¶ Constraints on the health authority that may limit its ability to support practice education, such as operational requirements, a need to ensure the safety and care of patients, or a lack of resources.
- ¶ Responsibilities of the educational institution (for example, to design and deliver students’ learning programs, and take reasonable steps to ensure students and faculty comply with the health authority’s standards of workplace behaviour).
- ¶ Designating representatives and mechanisms to facilitate communication on behalf of each organization.
- ¶ Reporting requirements for health and safety incidents.
- ¶ Circumstances under which the institution’s students or faculty may be required to withdraw from practice education.
- ¶ Clarifying that post-secondary students and faculty involved in practice education are not health authority employees, and are not entitled to employment benefits from the health authority.

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- ¶ Provisions to protect privacy and confidentiality.
- ¶ Conditions under which the agreement may be terminated.
- ¶ Mutual indemnification clauses which protect the health authority and the educational institution against third party liability arising from the negligence of the other.
- ¶ General terms relating to how the agreement may be applied, along with authorized signatures.

The agreement does not cover observation visits to the health authority by individuals who are not sponsored by an educational institution. Work is currently underway to develop a template that addresses such experiences.

How do organizations manage affiliation agreements?

Each health authority and post-secondary education institution assigns authority to specific individuals for negotiating new agreements, renewing agreements, and approving final agreements.

In addition, a department will be assigned responsibility for administering affiliation agreements. Some do this through a centralized contract or risk management office, others through academic or professional practice leaders. The Affiliation Agreement Tracker in HSP^{net} can support both approaches.

The department assigned responsibility for administration of affiliation agreements will:

- ¶ Identify a standard affiliation agreement template for the organization and define procedures for variation from this template
- ¶ Set criteria for determining whether to enter into new affiliation agreements or renew existing affiliation agreements
- ¶ Maintain an inventory and tracking system for current affiliation agreements with a:
 - Flagging system for scheduled review dates⁵
 - Archival system for expired or inactive agreements⁶

⁵ HSP^{net} can support this activity

⁶ HSP^{net} can support this activity

- ¶ Negotiate terms, joint procedures and mechanisms for communication with the partner organization, such as :
 - Which educational programs may send students and which health authority programs may receive students
 - Approximate annual numbers and types of students to be placed
 - Processes and timelines for the educational institution to request and for the health authority to confirm specific placements
 - Facilities, equipment and supplies required to support student education
 - Health authority orientation for students and faculty
 - How health authority staff will be involved in student instruction and supervision
- ¶ Consult and communicate with the partner organization about:
 - Changes in policies, programs or organizational structure that will impact practice education
 - Changes in schedules or programs that will impact practice education
 - Challenges, dissatisfaction or conflict related to practice education

Who needs to know about affiliation agreements?

As contracts, affiliation agreements require active management. A minimum standard for active management is that employees in participating organizations, who are involved with practice education, are aware of the agreements and know how to access information about them.

Information about the roles and responsibilities of health authorities and education institutions should be shared with the following groups on an ongoing basis:

- ¶ Health authority practice education leaders in all professions and programs, risk managers, and contract managers
- ¶ Post-secondary education institution leaders in all health and social service professions and programs, risk managers, and contract managers

PRACTICE EDUCATION POLICIES

Standard practice education guidelines

Delivering health services is complex. Many types of students need opportunities for practice learning within their own profession, as well as team training with diverse professions. The challenge for health authorities is to provide an excellent learning environment for all types of students, while ensuring that quality patient care is first and foremost. Safety, confidentiality, informed consent—all such requirements must be understood and managed by faculty, students and health authority personnel.

The Practice Education Collaborative of BC, a working group of the BC Academic Health Council, developed evidence-based practice education guidelines to inform student clinical placement policies and practices. Currently, over 25 topics have been covered in the Practice Education Guidelines module now available on HSP^{net}, including:

- ¶ Criminal record searches
- ¶ Communicable diseases, including screening and immunization, and respiratory mask fit testing
- ¶ Confidentiality, primarily related to protecting patient information and records, but also related to protecting student information

Here's the full list of topics in the Practice Education Guidelines module:

1-0	Pre-Placement
1-1	Placement process(es)
1-2	Criminal record search (Criminal record check)
1-3	Communicable diseases and immunization
1-4	Respiratory protection
1-5	Orientation – on site faculty
1-6	Orientation – students

2-0	On Site – General
2-1	Confidentiality
2-2	Identification
2-3	Copyright/intellectual property
2-4	Contracted vendor placements
2-5	Remuneration/reimbursement
2-6	Vehicle ride-along/use
2-7	Strike/job action
2-8	Evaluation of placement experiences
2-9	Professional behaviour of students
2-10	Student practice issues
2-11	Usage of library services and resources
2-12	Supervision of students by staff

3-0	On Site – Safety
3-1	Personal conflict and human rights
3-2	Workplace Health and Safety Infection control Musculoskeletal injury prevention Fire safety WHMIS Prevention of excessive/aggressive behaviour
3-3	Incident reporting
3-4	Communicable diseases outbreak

4-0	On Site - Direct Care
4-1	Consent for student involvement in care
4-2	Autopsy viewing
4-3	Student scope of practice
4-4	Documentation by students
4-5	Medication administration
4-6	Orders – verbal/written

Regional policy development is underway

In 2006, practice education policy development work was initiated in all regions of British Columbia. Each health authority initiated a process to review the standard practice education guidelines and adapt/adopt them into policy for the health authority. All health authorities are involving post-secondary education institution representatives in their processes.

It is anticipated that most health authorities will approve a practice education policy package in 2007/08. While there may be some variability in policies across the province, practice education leaders have expressed commitment to maintaining a consistent approach whenever possible.

The HSPnet Practice Education Guidelines module has the functionality to track whether health authorities adopt a standard practice education guideline 'as is', or modify it. This enables educational institutions to quickly access information about policy variations between health authorities.

Future policy development

The Practice Education Committee of BC Academic Health Council will establish processes for coordinating further provincial practice education policy work. This work includes:

- ¶ Identification of new policy issues
- ¶ Development of new policy
- ¶ Review and update of existing policy
- ¶ Archiving relevant policy reference materials

The focus will be on practice education policy issues affecting all professions, rather than profession specific issues.

BUILDING A BC FRAMEWORK FOR QUALITY IN PRACTICE EDUCATION

A quality improvement framework can guide the management of practice education. A project is currently underway in British Columbia to identify indicators of practice education quality in health authorities and develop an organizational self assessment tool.⁷

This project is using as a starting point the quality criteria of the Baldrige National Quality Program⁸, a well known and widely accepted quality assessment resource. This Program has been developed for education institutions, but has also been suggested as a framework for hospital self-study to build quality in medical practice education.⁹

The Baldrige criteria and definitions are as follows:

Leadership

This category addresses how senior leaders guide the organization through setting and communicating vision and values, and through establishing plans and structures to achieve these. It addresses the commitment of senior leaders to established goals and to organizational improvement and innovation.

Strategic planning

This category addresses the organizational processes for planning activities for operational effectiveness. It also addresses the organization's ability to work collaboratively with its partners, and its ability to be flexible as conditions change.

⁷ Provincial Health Services Authority. (2007). Project interim report *Quality Indicators in Practice Education* is available at: <http://www.hspscanada.net/managing/resources.asp>

⁸ See Baldrige National Quality Program. 2007. Education Criteria for Performance Excellence. Available at www.baldrige.nist.gov/Education_Criteria.htm.

⁹ Leist JC, Gilman SC, Cullen RJ, Sklar J. Using the Baldrige Criteria to Meet or Exceed Accreditation Council for Continuing Medical Education Standards. *Journal of Continuing Education in the Health Professions*. 24:57-63. 2004

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Student, stakeholder and market focus

This category focuses on how the organization seeks to meet the needs of its students and stakeholders.

Measurement, analysis and knowledge management

This category addresses how the organization gathers data on its activities and uses that data to enhance achievement of strategic goals, or to respond to changing circumstances.

Workforce focus

This category addresses key human resource practices, especially those practices intended to support a high-performing workplace and enable employees to work effectively to achieve established goals. The category incorporates systems for staff education and recognition.

Process management

This category addresses the systems established to deliver quality education and to ensure efficient use of resources. It addresses operational planning and support processes.

Results

This category addresses the organization's systems for evaluating outcomes and improving performance.

The British Columbia project to identify indicators of practice education quality in health authorities will complete in December 2007, and the recommendations will be available to all practice education leaders.

APPENDIX 1

Types of Practice Education Placements in Health Authorities

Activity Aide	Medical Office Assistant/Unit Clerk
Art Therapy	Medical Radiography
Audiology	Medicine – undergrad, residents, fellows
Biology, Molecular Biology and Biochemistry	Mental Health/Human Service Worker
Biomedical Engineering	Midwifery
Cardiology	Music Therapy
Child, Family & Community Studies	Nuclear Medicine
Childbirth Education	Nursing – Registered, Registered Psychiatric, Specialty, Bachelor of Science, LPN
Clinical Genetics	Occupational Therapy
Community Social Service Worker	Orthoptics
Counselling Psychology	Paramedics
Dentistry	Pastoral Studies
Diagnostic Imaging (eg Medical Sonography, Magnetic Resonance Imaging)	Pathology Lab
Doula	Perfusion
Early Childhood Education	Pharmaceutical Sciences
EEG	Pharmacy – undergrads, graduate
Food, Nutrition & Health	Pharmacy Technician
Food Supervisors	Physiotherapy
Health Information Professional	Physiotherapy – Rehabilitation Assistant
Health Unit Clerk/Health Unit Coordinator	Psychiatric Aide
Human Kinetics	Psychology
Infant Transport	Radiation Therapy
Library Science	Radiology
Logistics	Rehabilitation Sciences
Massage Therapy	Research
Mechanical Engineering	Resident Care Attendant
Medical Assistant III	Respiratory Therapy
Medical Laboratory Assistant	Social Work
Medical Laboratory Science	Speech Pathology
	Therapeutic Recreation
	Vocational Services

APPENDIX 2

Brief Background to the Practice Education Renewal Projects

In January 2005, the BC Academic Health Council released the report *Health Profession Student Practice Education. Post-Summit Action Plan for Student Placements*. The report recommended actions in 12 categories to strengthen practice education capacity across the province.

Shortly thereafter, the provincial ministries of Health and Advanced Education jointly established the Practice Education Innovation Fund to stimulate initiatives to build practice education capacity. The B.C. Academic Health Council¹⁰ (BCAHC) manages the fund and provides collaborative leadership for many initiatives.

The Practice Education Collaborative of B.C. (PECbc), a working group of the BCAHC Practice Education Committee, with representation from the six health authorities and post-secondary education sector, developed the new resources outlined in this guide. These resources built on previous work by the Vancouver Coastal Health (VCH) and Fraser Health (FHA) authorities and best practices. VCH shared its earlier work on practice education guidelines and affiliation agreement templates, and Fraser Health shared work on affiliation agreement templates.

¹⁰ Visit www.bcahc.ca for information on the Practice Education Innovation Fund, project reports for PECbc, and the participants and processes that led to new resources.

APPENDIX 3

Resources Consulted for Modernization of Affiliation Agreements

British Columbia

BC Academic Health Council

- ¶ Practice Education Collaborative of BC – representatives of six health authorities and post-secondary institutions (University of BC, BC Institute of Technology, Thompson Rivers University, University of Northern BC, North Island College, BC Career Colleges Association)
 - Practice Education Guidelines Project
 - Affiliation Agreement Working Group – additional health authority and post-secondary representatives, including contract management and legal staff review

BC Ministry of Finance, Risk Management Branch

- ¶ Correspondence – Health Care Protection Program (HCPP)/University College and Institute Protection Program (UCIPP) Risk Management staff (February and April 2006)
- ¶ Templates for UCIPP and non-UCIPP educational institutions

Health Authorities

- ¶ Fraser Health:
 - Education Institution Affiliation Agreement and Student Practicum Agreement (Undated drafts received February 2006)
 - Education and Research in the Fraser Health Authority (May 2005)
- ¶ Interior Health:
 - New clause added for risk management; non-UCIPP template for governing laws and arbitration
- ¶ Provincial Health Services Authority:
 - Current Children’s and Women’s Health Centre of BC template for affiliation agreements

- *Joint Appointment Proposal* (June 2002 draft prepared by Children's and Women's and BCIT staff)
- Affiliation agreement with the University of Victoria (December 2002)
- *Student and Resident Education at Children's and Women's Health Centre of BC: Planning for Increased Numbers* (January 2004)
- *Status Update on PHSA Education Affiliation Agreements* (November 2004)
- Affiliation agreement with Simon Fraser University (June 2005)

¶ Vancouver Coastal Health:

- Template adapted from the Risk Management Branch for UCIPP educational institutions
- Template adapted from the Risk Management Branch for NON-UCIPP educational institutions
- Intra-health authority agreement for sending and receiving students or employees
- *Policy on Student Placements* (Draft February 10, 2006)
- *Procedures for Student Placements* (Draft February 10, 2006)

¶ Vancouver Island Health:

- Template adapted from the Risk Management Branch for UCIPP educational institutions
- Template adapted from the Risk Management Branch for NON-UCIPP educational institutions

BCIT

- ¶ Generic affiliation agreement templates for use within and outside B.C.

University of British Columbia

- College of Health Disciplines, *The Clinical Faculty Appointment Process in Programs Associated with the College of Health Disciplines at UBC* (Undated, but likely 2001)
- School of Nursing, *ARPT Procedures for the Appointment of Adjunct Faculty* (January 2002)

Alberta

Bow Valley College – affiliation agreement template

Calgary Health Region – affiliation agreement with BCIT

Capital Health (Edmonton) – affiliation agreement template

Chinook Regional Health Authority – affiliation agreement with BCIT

David Thompson Health Region – affiliation agreement with BCIT

Mount Royal College – in-province affiliation agreement template

Southern Alberta Institute of Technology – templates for multiple and individual student placements with private companies

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Ontario

Grand River Hospital – affiliation agreement with BCIT

Hamilton Health Sciences – affiliation agreement with BCIT

London Health Sciences Centre – affiliation agreement with BCIT

Niagara Health System – affiliation agreement with BCIT

Hospital for Sick Children – sign-off form for individual students

University of Ottawa – generic template

University of Toronto Social Work Program – template

Saskatchewan

Saskatchewan Academic Health Sciences Network – (April 2006)

United States

Department of Health and Human Services, *Multi-Component Affiliation Agreements between Schools of Public Health and Public Health Agencies: A Guide* (January 1993)

APPENDIX 4

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