

| Final Report October 31, 2007 | | | | | |
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| Project Number: | PEIF #7 | | | | |
| Project Title: | Practice Education Renewal in Health Authorities: Integrated Framework and Online Tools (Practice Education Guidelines) | | | | |
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| Project Dates: | Start: | July 15, 2005 | Project Final Report: | October 31, 2007 | |
| Project Extension Overview: | <p>This project's Interim Report described the development of 28 practice education (PE) policy guidelines. The report is available at:</p> <p>www.hspcanada.net/managing/resources.asp</p> <p>The report concluded that confirmation of adherence to PE policy by students and faculty undertaking clinical placements is required to optimally manage risks; however, is currently a challenge in all organizations. Improving processes and infrastructure to manage this is a priority identified by PE leaders and risk managers.</p> <p>A project extension reviewed options for ensuring awareness of, and adherence to, specific PE guideline requirements. The review considered how HSPnet could support communication and compliance monitoring.</p> <p>A stakeholder consultation workshop in Sept. 2007 confirmed the following:</p> <ul style="list-style-type: none"> • continuing dialogue within and between sectors on PE guideline implementation is increasing commitment to effective risk management <p>full HSPnet implementation in BC would support risk management.</p> | | | | |

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Acknowledgements

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Overview / Background

Systematic communication to and confirmation of adherence to PE policy by all students and faculty undertaking clinical placements is required in order to optimally manage risks, and is currently a significant challenge to all organizations. Improving processes and infrastructure to manage this is a priority identified by PE leaders and risk managers.

In British Columbia, as of 2005 / 06, practice education processes and guidelines across disciplines and health authorities (HA) were identified to be inconsistent and in some cases non-existent. Compounding the problem was insufficient dissemination throughout HA of those guidelines that did exist, as well as out-of-date paper copies in circulation. These gaps were recognized as creating inefficiencies and risks for both HA and post secondary education institutions (PSE). These infrastructure issues contribute to sub-optimal practice education capacity across the province, while at the same time, health and education sectors are scrambling to find and organize placements in the face of increasing student enrolments.

Principles guiding the project were to:

- use an inter-professional, inter-sectoral (health and education) and collaborative approach;
- be cost-effective and sustainable by building on work already done and linking to HSPnet
- support increased practice education capacity and quality
- reflect evidence-based quality teaching and learning

This project resulted in provincial guidelines for a number of practice education policies and processes. In most cases, these parallel requirements for employees in health authorities, including topics such as confidentiality, proof of immunization status, basic health and safety knowledge and criminal record check. In March 2007, the Practice Education Committee of BC Academic Health Council (BCAHC) endorsed 22 guidelines for release and BC health authorities are underway with PE policy development based on the guidelines. An additional six guidelines were drafted and are now under review by the Committee. Additional background information on the Practice Education Guidelines project and content of the provincial guidelines is available at:

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

This work was accomplished with relative ease and efficiency thanks to earlier work to establish evidence-based PE guidelines at Vancouver Coastal Health Authority (VCH), and the continuing support of the Regional Advisor, Learning & Development, VCH, who also provided expert consultant support to the project.

The project was also able to take advantage of *HSPnet*, an internet based system that streamlines the student placement process and supports delivery of quality practice education. *HSPnet* was launched in BC in 2003, and now has 1,800 users in six provinces in Canada. Over 100,000 placement requests have been processed since 2003, representing more than 20 different health sciences disciplines. *HSPnet* supports health human workforce development through effective management of practice education activities. Its integrated functions support placement coordination, preceptor development, capacity management, student orientation, and more.

Objectives / Deliverables

In 2005, the Health Authority Working Group (HAWG) of the Practice Education Committee, BC Academic Health Council, applied for and obtained PEIF funding to pursue development of standard practice education guidelines.

HAWG invited representatives of the education sector to get involved in the project. An intersectoral and interprofessional Steering Committee was established and called the Practice Education Collaborative of BC (PECbc). This group undertook and completed the following:

- **Objective:**
Web-enabled Practice Education Tools via *HSPnet* and containing the following:
 - Online module to introduce users to PE guidelines and their application
 - Evidence-based PE guidelines to support and improve HA management of student placements**Delivered:**
HSPnet module – Practice Education Guidelines – in place spring 2007

- **Objective:**
Sustainable ‘one-stop-shop’ and 24/7 access via *HSPnet* to current, comprehensive and useful information about student practice education in HA
Delivered:
HSPnet module – Practice Education Guidelines – in place spring 2007

- **Objective:**
Identified mechanism in HA and province-wide to ensure periodic review and update of HA practice education guidelines and tools, thereby ensuring current and accurate information
Delivered:
Interim Report recommendation for Practice Education Committee mandate and capacity for on-going oversight of PE guidelines

- **Objective:**
Education leaders and administrative staff in HA aware of student practice education guidelines
Delivered:
PE Guidelines module a visible component of HSPnet and promoted via the following:
 - provincial and regional forums for practice education coordination, collaboration and planning (e.g. Practice Education Partners' Forums in October 2006 and June 2007)
 - emerging structures/committees for practice education management and coordination in health authorities
 - November 2007 Practice Makes Perfect Conference

- **Objective:** Frequent users are competent in the use of HSPnet with added HA Practice Education Tools
Delivered:
HSPnet orientation and training includes PEG module.

A Project Extension was negotiated for March 15, 2007 through October 31, 2007.

For purposes of the Project Extension, PECbc delegated supervision of the proposed work plan to the coordinating organization, PHSA, and Project Leader Grace Mickelson, Corporate Director – Academic Development, and Co-chair, Practice Education Committee, BC Academic Health Council.

While PECbc formally finished its role as project steering committee at the February 19th meeting, members and other experts (e.g. risk managers) from their organizations continued to be involved as stakeholders, and were invited to the Project Extension Workshop in September 2007.

The Project Extension addressed the following additional objectives:

- **Objective:**
Review of options for ensuring student compliance with relevant PE guidelines
Delivered:
September 14, 2007 workshop with 34 representatives from Placing and Receiving Agencies (11 post-secondary education institutions / 5 BC health authorities), plus experts in Risk Management and Employee Wellness, Health & Safety.
The Workshop report summarizes participants' input to routes to system-level improvement in BC in implementation of and compliance with specific student pre-requisites.

- **Objective:**
Examination of the potential for leveraging HSPnet functionality to track compliance through a combination of online tools, self-documentation by students, etc.

Delivered:

High level identification of HSPnet support opportunities provided to September 14, 2007 workshop

- **Objective:**

Where appropriate, enhancement of existing compliance functionality of HSPnet (eOPE course completion, Student Prerequisites tool) for quick wins and/or pilot tests of monitoring compliance.

Delivered::

HSPnet modules for e-Orientation and Student Prerequisites operational

The Project Extension to October 31, 2007 significantly enhanced project outcomes and reflects a continuing focus on a system wide, collaborative approach to practice education solutions.

Key Lessons from the Project

Finding – HA and PSE practice education leaders value the inter-sectoral and interprofesional dialogue on practice education policy. Project activities have strengthened understanding of practice education issues and opportunities, and provincial and regional relationships and structures.

Finding – The project strengthened inter-sectoral recognition of the need for systematic improvement in student pre-requisite compliance as a shared goal. The September 2007 workshop confirmed that continuing dialogue within and between sectors on PE guidelines implementation and risk management is essential. Dialogue to date has increased the commitment to effective risk management of issues addressed in PE guidelines as well as timely implementation of appropriate processes to manage compliance.

Finding - HSPnet is recognized as an important resource to support PE policy implementation and systematic student pre-requisite implementation and compliance monitoring / risk management.

The PE strategic planning currently underway via BC Academic Health Council is likely to highlight full HSPnet implementation as system-wide priority, with a need for appropriate resourcing.

Alternative administrative record systems and tracking activities are in place for selected prerequisites in some schools to a limited degree. These may need to be sustained and enhanced while HSPnet implementation is pending, or if HSPnet implementation is not planned by a given program or school.

Conclusions

As a result of this project, education institutions and health authorities have a shared resource of evidence based practice education policy guidelines and are improving their shared understanding of the need to address student pre-requisites effectively. They also have the resources to review provincial guidelines, share them with key stakeholders, adopt or adapt them in their organizations, and stay current with changes and updates through the HSPnet Practice Education Guidelines (PEG) module.

The project encouraged and supported regional initiatives for inter-sectoral and inter-professional dialogue on practice education policies, resulting in formalization of structures and processes in all regions in BC. The September 2007 Workshop report has been circulated to all Workshop participants and HA leads across BC to share the findings related to student placement pre-requisites, risk management, and opportunities for effective compliance and compliance monitoring. This will support action in each organization and regional PE networks.

The BCAHC Practice Education Committee has been kept informed of the PE guidelines work, including the issues and opportunities for improving risk management, to inform current strategic planning and priority setting.

HSPnet Canada partners have expressed keen interest in and appreciation for the Guidelines work by PECbc. They intend to review, and adopt or adapt, much of the work as soon as it is finalized and available for broader circulation. This work addresses an important need in many jurisdictions beyond BC.

Recommendations for Sustainability

The value of the project will be fully realized if the following occurs:

1. BCAHC Practice Education Committee:
 - i. Promotes use of HSPnet in all schools, disciplines and health authorities, including the PE Guidelines module and the e-Orientation module. Advocates for assignment of resources to enable its comprehensive implementation
 - ii. Identifies mechanisms to develop the additional resources identified by September 2007 Workshop participants as relevant to student confidentiality

- agreement implementation: shared learning tool kit, including case studies specific to clinical groups and settings.
- iii. Identifies mechanisms and resources to support ongoing intersectoral dialogue on student pre-requisite implementation and compliance, including a broad communication plan to reach both sectors' senior executives regarding PE Guidelines work, risk management issues, and implementation opportunities. Specific suggestions from the September Workshop were:
- Allow a 6 to 12 month window for implementation following HA adoption of PE guidelines as policy
 - Increase HA & PSE sector dialogue to align policies and ensure effective practices (eg. update Deans & Directors on PE Guidelines work, risk management issues, and implementation opportunities).
 - Link to professional associations and regulators to ensure alignment of policies and implementation support
 - Ensure ongoing forums to review status of implementation and compliance.
 - Promote use of the HSPnet e-Orientation module. Uptake requires Health Authorities to each populate it with organization, program, site and/or unit information.

Appendix A – September 2007 Workshop Report – Key Findings

BC Practice Education INITIATIVE **tion Guidelines – Addressing Implementation**

Student Placement Pre-requisites*:

Improving Processes & Managing Risks

September 14, 2007

WORKSHOP REPORT – KEY FINDINGS

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** Student placement pre-requisites: immunization, health & safety training, orientation, confidentiality agreements*

1. Background

The Practice Education Collaborative of BC, a working group of BC Academic Health Council's Practice Education Committee, developed standard provincial guidelines for student practice education (PE). In most cases, these parallel requirements for employees in health authorities, including topics such as patient confidentiality, proof of immunization status, basic health and safety knowledge and criminal record check. In March 2007, the Practice Education Committee endorsed 22 guidelines for release and BC health authorities are underway with PE policy development. An additional six guidelines were drafted and are now under review by the Committee.

Systematic communication to and confirmation of adherence to PE policy by all learners and faculty undertaking clinical placements is required in order to optimally manage risks, and is currently a significant challenge to all organizations. Improving processes and infrastructure to manage this is a priority identified by PE leaders and risk managers.

Additional background information on the Practice Education Guidelines project and content of the provincial guidelines is available at:

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

2. Purpose

This workshop sought input from PE leaders in health and education sectors to address how organizations in BC can improve management of student placement pre-requisites, including communication and compliance monitoring, and use of relevant tools and approaches, including HSPnet <http://www.hspscanada.net/index.asp>.

3. Participants

The 34 participants represented 5 BC health authorities and 11 post-secondary education institutions, and a diversity of PE roles, including practice education planning and implementation, managing clinical programs where students are placed for practice learning, and risk, health and safety and/or privacy management.

4. Context for Implementation Discussions

To ensure a common understanding of the current PE environment, including key issues and opportunities related to student pre-requisites, brief presentations were made as follows:

- System Level Practice Education Initiatives - Update: Grace Mickelson, Practice Education Committee, BCAHC

- Pre-requisites for Placements: Perspectives from specialists:
 - Risk Management - Linda Irvine, A/Senior Risk Management Consultant, Client Services, Education Programs, Risk Management Branch & Government Security Office
 - Wellness & Safety - Catherine Kidd, Regional Director, Employee & Workplace Health, Vancouver Coastal Health

Opportunities provided by on-line tools, notably BCAHC's HSPnet, were reviewed by Theresa Roberts, Director, HSPnet, including an update on the uptake and further development of this resource in other Canadian jurisdictions.

5. Promising Options for System-level Improvement in BC

Small groups discussed implementation of specific pre-requisites/guidelines, and reported out on the following questions:

- When and where should the new guideline information be provided to faculty and students, and by whom?
- What mechanism(s) will enable guideline communication and data collection (where required)?
- What should our compliance and tracking standards be in relation to guidelines? How will we monitor performance against those standards?
- How can HSPnet be used as a tool to support guideline implementation and performance tracking? Could HSPnet provide this function in your organization? Why? Why not? What changes are needed?
- Suggest best options and/or next steps for the BC system to support effective guideline implementation.

Discussion focused on the following guidelines:

- Immunization Status
- Workplace Health & Safety - Respiratory Protection
- Orientation
- Information Access, Confidentiality & Privacy.

Generalizable highlights and recommendations of those reports are presented below.

- **When and where should the new guideline information be provided to faculty and students, and by whom?**

Student pre-requisites for clinical practice should be communicated by schools to students either at time of application to the educational program (immunization status, respiratory mask fit testing), or prior to clinical placements (placement orientation, information access / confidentiality / privacy).

Current and new faculty should be introduced to pre-requisites for clinical practice on hire, at time of clinical placement assignment, and through regular professional development education.

- **What mechanism(s) will enable guideline communication and data collection (where required)?**

Suggestions included the program application package, the student program registration process, standardized in-program learning modules, the HSPnet e-Orientation and pre-requisite tracker modules, and various options for school administration and data management.

- **What should our compliance and tracking standards be in relation to guidelines? How will we monitor performance against those standards?**

Full compliance of all students and faculty is recognized as a shared goal of health authorities and post-secondary education institutions (PSE). More engagement and dialogue is required to enable timely implementation. Deans & Directors group is identified as a useful route to relevant PSE leaders. HSPnet capacity to track and report provides helpful monitoring capacity. Alternative administrative record systems and tracking activities are in place for selected prerequisites in some schools to a limited degree. These may need to be sustained and enhanced while HSPnet implementation is pending, or if HSPnet implementation is not planned by a given program or school.

- **How can HSPnet be used as a tool to support guideline implementation and performance tracking? Could HSPnet provide this function in your organization? Why? Why not? What changes are needed?**

HSPnet is used to varying degrees in diverse programs and jurisdictions to address many of the communication, coordination and tracking functions identified as necessary for policy implementation.

In BC, continuing dialogue within and between sectors on PE guidelines and risk management is likely to result in increased commitment for HSPnet implementation. The PE strategic planning currently underway may highlight this as system-wide strategic priority, with a need for appropriate resourcing.

- **Suggest best options and/or next steps for the BC system to support effective guideline implementation.**

A number of suggestions were made including:

- allow a 6 to 12 month window for implementation following HA adoption of PE guidelines as policy
- update Deans & Directors on PE Guidelines work, risk management issues, and implementation opportunities. Increase HA & PSE sector dialogue to align policies and ensure effective practices.
- link to professional associations and regulators to ensure alignment of policies and implementation support
- promote use of the HSPnet e-Orientation module. Uptake requires Health Authorities to each populate it with organization, program, site and/or unit information
- develop specific additional resources - e.g. shared learning tool kit on confidentiality, including case studies specific to clinical groups, settings.
- ensure ongoing forums to review status of implementation and compliance.

6. Next Steps

Workshop outcomes will be reported to the BCAHC Practice Education Committee and included in the project's final report to the Practice Education Innovation Fund in autumn 2007. Participants are encouraged to share the findings to support action in their own organizations and networks.

7. Contact Information for Health Authority Practice Education Leaders

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