

BUILDING QUALITY *in* PRACTICE EDUCATION

SELF-ASSESSMENT CHECKLIST FOR

Corporate Leaders in Health Authorities

(Senior Executive Team, Academic Leaders,
Practice Education Leaders)

*Produced by the Practice Education Committee
of the BC Academic Health Council*

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Practice education¹ is a strategic issue for health care organizations and improved capacity for student² practice learning is of critical importance to health human resource development.

This checklist is designed to support a comprehensive assessment of practice education infrastructure, as well as practice education quality review, planning, and improvement.

The checklist includes items important to:

- organizational risk management
- health and safety
- human resources recruitment and retention
- organizational learning culture

The checklist document is also available online, and can be downloaded from www.hspanada.net (click on *Managing Practice Education*, then *Resources*).

Completion of the self-assessment checklist is a voluntary and self-guided process. Corporate leaders who use the checklist will be able to identify potential gaps in their organization's practice education strategy, infrastructure and processes. Communicating assessment results can increase your organization's understanding of practice education issues and opportunities, and support more systematic and strategic management of practice education.

This checklist tool was developed with extensive input from practice education leaders and the support of the BC Academic Health Council.

We welcome your feedback. Please send your comments about the checklist by email to the practice education committee of the BC Academic Health Council at PEC@bcahc.ca.

Further resources concerning practice education

- Practice education management – overview:
<http://www.hspanada.net/managing/peg.asp>
- Literature review on quality indicators for practice education:
http://www.hspanada.net/docs/quality_indicators/quality_indicators.pdf
- HSPnet:
<http://www.hspanada.net>
(HSPnet is a “made in BC” web-based tool for supporting practice education placement and management and is a significant resource for quality management)
- BC Academic Health Council and the Practice Education Innovation Fund:
<http://www.bcahc.ca>

¹ “Practice education” refers to educational experience that occurs in the health services workplace and may involve direct patient care or access to patient information. In such an experience, the student may provide services for the benefit of patients/families. The student provides such services under the general direction and supervision of practicing professionals from health authority or education institution staff who are authorized and qualified to provide the services. Note: In this checklist, any reference to staff includes independent practitioners, such as physicians, working in the health authority and participating in the provision of practice education.

² For this checklist, “student” refers to all undergraduate and graduate students in health service professions, including interns and residents, who are involved in a practice education experience. Students from non-clinical programs may also have practice experiences in health authority service units, such as information management and human resources. Students placed in a health authority to do research are not addressed in this checklist as they require different support.

Instructions for Completing the Checklist

First Level & Second Level Items: In each category, rate your organization on 'first level' items first. These have been selected as foundational indicators for practice education quality. 'Second level' items for each category probe further into relevant areas concerning practice education. The checklist aims to be a guide to doing 'first things first' in addressing practice education infrastructure needs.

Quality Indicators: Each item or item cluster is a process indicator. Based on practice education development work underway in British Columbia since 2004, the expectation is that most organizations will find many gaps. However, innovation initiatives are producing new knowledge which can help organizations improve their practice education capacity and quality.

Self-Rating Scores: Looking across your organization and considering all programs, disciplines and locations, compare your organization against the benchmark statements within each quality indicator. Assign a score for your organization on the overall indicator (comprised of one or more bulleted items) based on the rating levels described below.

- 0 – Not yet considered/nothing in place related to goal
- 1 – Beginning stage of implementation/performance is inconsistent across disciplines, programs, locations
- 2 – Actively in progress and halfway or more to full compliance
- 3 – Fully established and functioning well

Examples & Priorities for Improvement: You may want to document your rationale for certain ratings in the space provided on the form so that an assessment team at a future point could make a reasonable comparison. Providing examples of existing relevant activity within your organization for items on the checklist will assist in communicating organizational strengths to build on and areas for improvement. Priorities for improvement can also be suggested as part of the initial self-assessment, or developed in an action planning process once your assessment is complete.

Organization-wide Assessment: This corporate leaders' checklist complements the perspective provided by a companion checklist distributed to clinical program and service unit leaders (posted at www.hspanada.net – click on *Managing Practice Education*, then *Resources*). Practice education leaders or committees for the health authority as a whole may find value in collating assessment results from a number of programs and service units as well as from the corporate-level assessment to obtain an overall organizational assessment.

Acknowledgements

This quality assessment checklist reflects the contributions of many individuals in health care, education and government across BC. The spirit of partnership and impressive expertise of these individuals, coupled with our established collaboration forum via the BC Academic Health Council, has enabled province-wide teamwork to develop such standardized tools for practice education management.

*Thank you to the **Practice Education Innovation Fund**, jointly sponsored by the BC Ministries of Health and Advanced Education, for supporting*

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*Practice Education Committee
BC Academic Health Council*

Category 1: Practice Education Leadership, Strategy & Engagement

<i>First Level</i> (Foundational indicators)	The Corporate Leader confirms that the Health Authority has:	RATING
Indicator A		
<ul style="list-style-type: none"> A strategic plan that explicitly affirms the health authority's role in providing practice education for students. For example, goals and targets are set for organizational performance related to practice education (e.g. related to capacity, utilization, satisfaction, recruitment, prerequisites compliance) 		
Indicator B		
<ul style="list-style-type: none"> Clearly assigned responsibility for student practice education at the executive level, defining leadership roles of planning, coordination, and liaison with external stakeholders. For example, a corporate-level inter-professional leadership structure or council regularly reviews student practice education issues and recommends future directions 		
<i>Second Level</i> (Additional indicators)	The Corporate Leader confirms that the Health Authority has:	RATING
Indicator C		
<ul style="list-style-type: none"> An organizational priority that clinical programs/ service units participate in practice education, and regularly report on progress towards an agreed upon target for participation 		
Indicator D		
<ul style="list-style-type: none"> Job descriptions for senior leaders that describe their academic responsibilities 		
Indicator E		
<ul style="list-style-type: none"> Allocated resources to practice education in its operating budget and tracks performance 		
Indicator F		
<ul style="list-style-type: none"> Mechanisms to engage with academic partners to coordinate planning and improve the quality of practice education. Activities may include: <ul style="list-style-type: none"> – seeking and using stakeholder feedback on the quality of practice education – promoting and tracking the expansion of inter-professional practice learning opportunities – evaluating the quality of and access to student practice education 		

Example/supporting data for ratings	Priorities for improvement

Category 2: Building Capacity & Tracking Performance in Practice Education

<i>First Level</i> (Foundational indicators)	The Corporate Leader confirms that the Health Authority has:	RATING
<p>Indicator A</p> <ul style="list-style-type: none"> Processes and systems organization-wide to assist effective practice education management. For example: <ul style="list-style-type: none"> implementation of HSPnet³ standardized reporting and analysis of practice education capacity, utilization, resources, safety and risk management and outcomes⁴ 		
<p>Indicator B</p> <ul style="list-style-type: none"> Corporate communication to students that is accessible and welcoming, provides information on career opportunities, and invites feedback on their practice education experience 		
<i>Second Level</i> (Additional indicators)	The Corporate Leader confirms that the Health Authority has:	RATING
<p>Indicator C</p> <ul style="list-style-type: none"> Corporate-level performance monitoring and reporting for practice education, supported by relevant data. For example: <ul style="list-style-type: none"> whether and where to place additional students annual targets for student placements number and percentage of staff to be trained as preceptors student placement requirements compliance rates percentage of organizational vacancies filled by previous students percentage of student destinations providing regular practice education indicators reporting <p><i>Note: reporting both number and percentages enables more effective comparison of findings across programs, sites or organizations.</i></p>		
<p>Indicator D</p> <ul style="list-style-type: none"> Practice education and human resources leaders collaborating to leverage practice education investments to address recruitment challenges 		

Example/supporting data for ratings	Priorities for improvement

³ HSPnet is an internet-based system that streamlines the student placement process and supports delivery of quality. This tool is available from www.hspscanada.net (click on Managing Practice Education, then Resources).

⁴ Risk management reporting would include such items as student/faculty adherence with required health and safety training, immunization assessment and confidentiality agreements. Outcome reporting would address such items as satisfaction with the learning experience, and recruitment rates of placed students

Category 3: Collaboration & Innovation in Practice Education

<p>First Level (Foundational indicators)</p>	<p>The Corporate Leader confirms that the Health Authority:</p>	<p>RATING</p>
<p>Indicator A</p> <ul style="list-style-type: none"> • Works internally and externally to promote best practices and innovation in practice education. For example: <ul style="list-style-type: none"> – there is a health authority-wide process in place for sharing knowledge and experience regarding best practices in student education, promoting innovation and creating new knowledge – the health authority is engaged with provincial and national councils and committees working to improve practice education (e.g. BC Academic Health Council, Association of Canadian Academic Healthcare Organizations) 		
<p>Second Level (Additional indicators)</p>	<p>The Corporate Leader confirms that the Health Authority:</p>	<p>RATING</p>
<p>Indicator B</p> <ul style="list-style-type: none"> • Supports practice education innovation and demonstrates increasing capacity for student learning experiences by identifying and promoting: <ul style="list-style-type: none"> – inter-professional collaborative learning units⁵ – diverse service delivery models and settings for practice education, including primary care, ambulatory care, tertiary care, long term care, community care, etc. – opportunities for student exposure to the organization’s community engagement processes – new models of supervision or teaching – practice education innovation projects underway in the organization 		

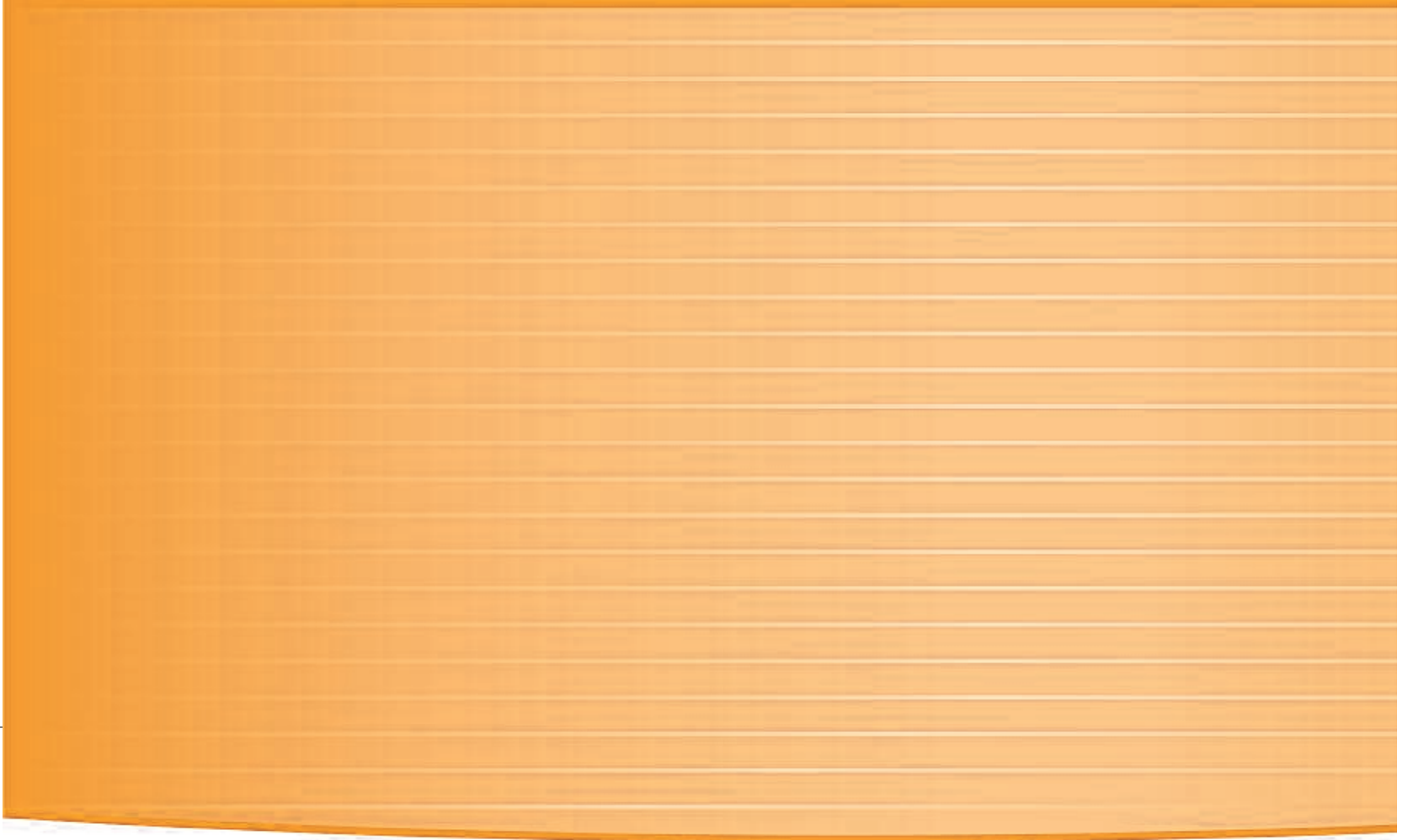
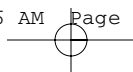
Example/supporting data for ratings	Priorities for improvement

⁵ Collaborative learning units are those with a defined collaborative decision-making process, with inter-professional team processes that are frequently evaluated, and in which all staff members know the roles of other professionals.

Category 4: Practice Education Delivery & Support

<i>First Level</i> (Foundational indicators)	The Corporate Leader confirms that the Health Authority has:	RATING
Indicator A <ul style="list-style-type: none"> • Processes in place to recruit, develop, support and provide recognition for staff engaged in teaching and mentoring roles, including capacity for inter-professional education 		
Indicator B <ul style="list-style-type: none"> • Appropriate orientation for all students and education institution faculty via ready access to relevant information. For example: <ul style="list-style-type: none"> – site access and security information – program services profile – any program or site-specific requirements 		
Indicator C <ul style="list-style-type: none"> • Accessible facilities and equipment to support the practice education experience, including: <ul style="list-style-type: none"> – assignment of individual computer user accounts (as appropriate) – use of the health authority’s intranet and patient clinical information systems (as required) on the unit where they are placed – library and study areas – internet access to support clinical learning – remote access to specialized learning opportunities, e.g. for e-learning, webcasting, videoconferencing 		
<i>Second Level</i> (Additional indicators)	The Corporate Leader confirms that the Health Authority has:	RATING
Indicator D <ul style="list-style-type: none"> • Identified and regularly communicates processes for: <ul style="list-style-type: none"> – working with students having difficulty during the practice education placement – reporting by students, health authority staff or education institution faculty about complaints or concerns related to practice education and for tracking, follow-up and resolution of such complaints or concerns 		

Example/supporting data for ratings	Priorities for improvement



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