

Interim Report March 15, 2007					
<b>Project Number:</b>	PEIF #7				
<b>Project Title:</b>	Practice Education Renewal in Health Authorities: Integrated Framework and Online Tools				
<b>Project Leader:</b>	<b>Title:</b>	Corporate Director, Academic Development	<b>Name:</b>	Grace Mickelson	
	<b>Phone:</b>	604 707-6395	<b>Fax:</b>	604 707-6399	
	<b>Email:</b>	gmickelson@phsa.ca			
<b>Organization:</b>	Provincial Health Service Authority				
<b>Project Dates:</b>	<b>Start:</b>	July 15, 2005	<b>Interim Report #2 and Project Extension Proposal:</b>	March 15, 2007	
			<b>Finish:</b>	July 31, 2007	
<b>Project Overview:</b>	<p>Practice education partners from health and education sectors across B.C. developed 'best practice' guidelines in 22 areas of practice education activity. An additional 6 guidelines were drafted and are under review.</p> <p>An online Practice Education Guidelines module via HSPnet was concurrently developed to introduce users to the guidelines and their application, track extent of standardization province-wide, and enable periodic review and update.</p> <p>Various communication and dissemination activities increased awareness of, and engagement with, the new practice education tools. Each health authority has established a process for internal vetting of the guidelines and all are underway with related policy development.</p> <p>Additional important project deliverables to support guideline implementation were identified based on risk management feedback to the project team. An extension to address these deliverables within the existing project budget is described in this report.</p>				

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## Acknowledgements

### Practice Education Collaborative of BC - Steering Committee (PECbc)

Carol Wilson, Regional Advisor, Employee Learning & Development, VCH

Candy Garossino, Director – Nursing Education, PHC

Mardi Lowe-Heistad, Director, Professional Practice & Integration: Allied Health, FHA

Arlene Galloway-Ford, Practice Consultant – Professional Development, VIHA, *co-chair*

Monica Adamack, Leader – Clinical Professional Education, IHA, *co-chair*

Peter Martin, Manager of Education, NHA

Grace Mickelson, Corporate Director, Academic Development, PHSA

Lesley Bainbridge, Associate Principal – Interprofessional Programs, UBC College of Health Disciplines

Allen Billy, Associate Dean, Diagnostic & Therapeutic Technologies, BCIT

Cathy Clark, Faculty, BSN Program, North Island College

Heather Correale, Clinical Placement Coordinator, Nursing, University of Northern BC

Monica Lust, Executive Director, BC Career Colleges Association

Theresa Roberts, HSPnet Director

Gerianne Clare, Practice Placement Coordinator, School of Nursing, TRU Rep (to June 2006)

### Project Team Members

Stuart MacLeod, Executive Sponsor, PHSA

Grace Mickelson, Project Lead, PHSA

Val Embree, Project Manager/Consultant

Barbara Collingwood, Project Consultant – Guidelines

Carol Wilson, Project Consultant - Guidelines

Lisa May, Communications Consultant

Mia Woerler, Project Assistant (to July 2006), PHSA

Sarah Titcomb, Administrative Coordinator, PHSA (from July 2006)

Jaime Woo, HSPnet Project Coordinator

Theresa Roberts, HSPnet Director

## Introduction

This project was undertaken to address gaps and inefficiencies in practice education across British Columbia. Practice education guidelines and processes across professions and health authorities were inconsistent and in some cases non-existent. Compounding the problem was insufficient dissemination of those guidelines that did exist, as well as out-of-date paper copies in circulation.

Recommendations from a provincial Student Placement Summit held in 2004 advised that guidelines, policy and collaborative planning are needed to improve quality and utilization of practice education resources in health authorities. In addition, it was recommended that HSPnet technology should be maximized to achieve administrative efficiencies and improve access to information that supports practice education (see BCAHC report Health Profession Student Practice Education: Post-Summit Action Plan for Student Placements, January 2005; available at [www.bcahc.ca](http://www.bcahc.ca)).

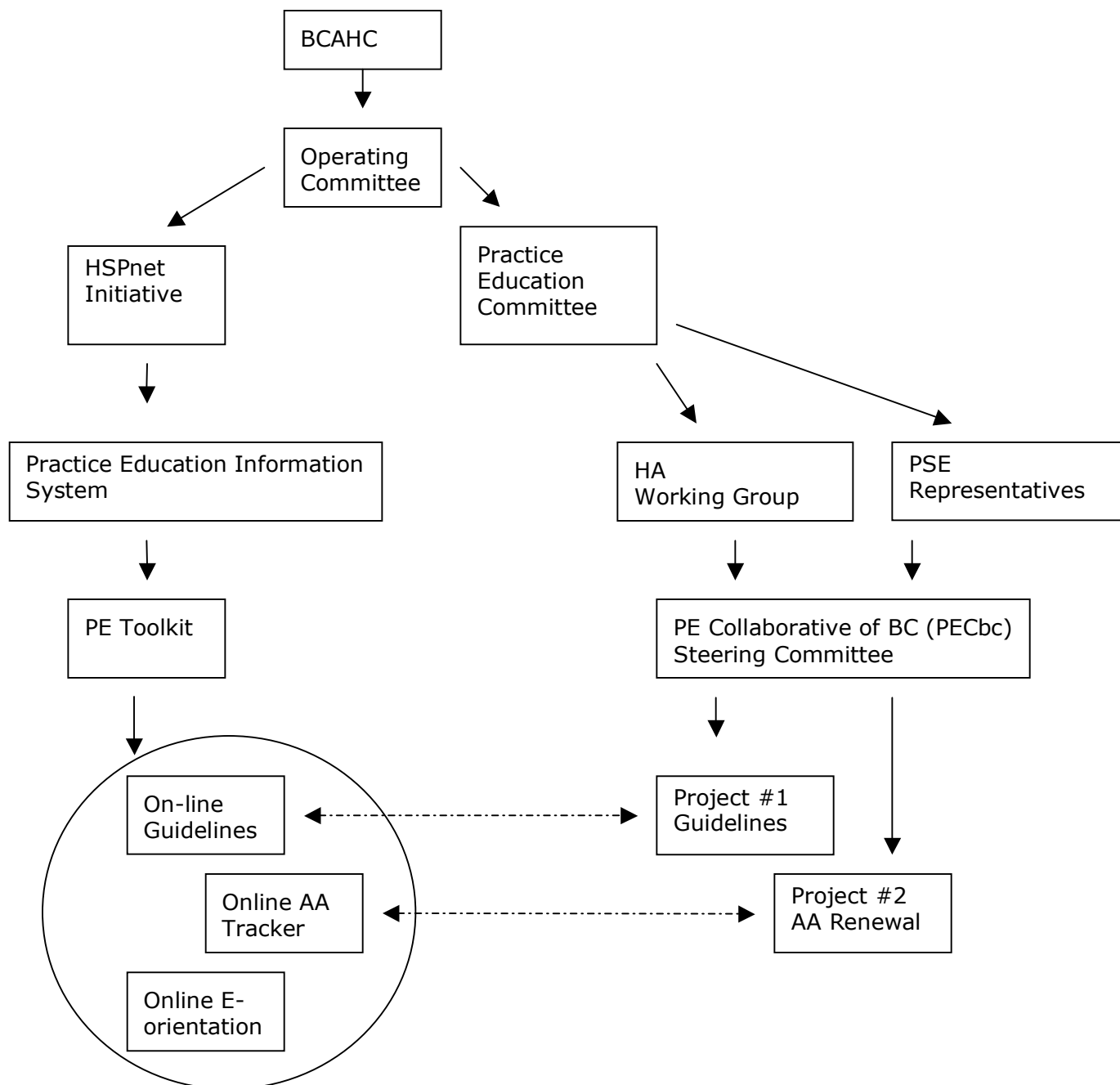
The Practice Education Collaborative of BC (PECbc) led a project to develop standardized, corporate inter-professional guidelines for health authorities, addressing policy issues relevant to clinical practice education. This work was enabled by and built upon substantial recent work at Vancouver Coastal Health (VCH).

PECbc is a steering committee dedicated to completion of the guidelines development project and the linked affiliation agreement modernization project, both funded by round #1 of the Practice Education Innovation Fund. PECbc was created by the Health Authorities Working Group of the Practice Education Committee of BC Academic Health Council. (See Fig. 1, pg 5)

PECbc membership consists of representatives from:

- all six BC health authorities
- a sample of BC post-secondary education institutions (PSE). PSE representatives were selected to provide diverse representation – large and small, Lower Mainland and rural, and various health professions
- HSPnet, the electronic practice education information management system developed in BC through BC Academic Health Council

**(Figure 1) Organizational Relationships – PECbc Partners & Linkages**



BCAHC – BC Academic Health Council  
 HA – Health Authorities  
 PSE – Post Secondary Education Institutions  
 PE – Practice Education  
 AA – Affiliation Agreements

PECbc's guidelines development project was supported by several part-time resources: two content specialist consultants, one from the health authority sector and one from the PSE sector; a communications consultant; two HSPnet team members; and two project team members funded through the PEIF grant.

The guidelines address priority student practice education issues and are intended as a resource for all health authorities as they review and update practice education policies and procedures in their own organization. The guidelines reflect significant effort to identify and incorporate 'best practices' in practice education.

The 'made in BC' information system, HSPnet, is an integral part of the initiative. Its Practice Education Guidelines Toolkit supports a sustainable 'one-stop-shop' and 24/7 access to the PE guidelines, and provides the ability to track the status and variations of PE policy and procedure adoption in each participating HA.

## Objectives / Deliverables

The shared practice education guidelines and the supporting HSPnet Practice Education Guidelines (PEG) module assist both health authorities and education institutions to address significant current inefficiencies and risks. These developments will enable improvements in practice education capacity and quality across the province.

Specifically, project deliverables provide health authorities and post secondary institutions with:

- 22 corporate, inter-professional guideline templates reflecting 'best practice' in practice education activity, including student policy and practice in relation to confidentiality and privacy, health and safety. Recommendations are also provided for managing the placement process itself.

Each guideline lists relevant law, regulations, standards, or other literature / research which form the basis for the recommended policy. The list of guidelines topics is in Table 1 below and in Appendix A. Full text of guidelines is available by March 31<sup>st</sup>, 2007 at [www.hspscanada.net](http://www.hspscanada.net) (no user ID required to access).

- An online HSPnet Practice Education Guidelines module (PEG) to introduce users to the guidelines and their application, and to track extent of standardization province-wide. This module is part of the Practice Education Content Management Services toolkit ("PE Toolkit") which includes an E-orientation module and an Affiliation Agreement Tracker module.
- HSPnet capacity to enable periodic review and update of HA practice education guidelines and tools, thereby ensuring current and accurate information.

***Additional Deliverables – Project Extension***

Additional project deliverables have been identified as a priority, based on consultation within participating organizations on the Guidelines.

PE Leaders and risk managers have identified a need to ensure robust and efficient processes to track compliance by students with requirements of Receiving Agencies as outlined in Practice Education Guidelines or other policy (e.g. confidentiality requirements). This is a significant challenge to all organizations currently.

The Project Extension Proposal attached (Appendix C) outlines a work plan to address these needs, within the existing guidelines development project budget. The Extension timeline is March 15, 2007 through July 31, 2007.

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

While PECbc formally finished its role as project steering committee at the February 19<sup>th</sup> meeting, members and other experts (e.g. risk managers) from their organizations will continue to be involved as stakeholders invited to the Project Extension Workshop (see Extension Proposal work plan, Appendix C).

## Key Lessons from the Project Processes

### **Finding** – weak infrastructure for practice education policies and procedures

A December 2005 / January 2006 survey in five health authorities found that about half of respondents did not know whether any practice education guidelines, policies or processes existed. Respondents were all individuals involved in practice education, including clinical leaders, supervisors, managers or coordinators (~75%), and clinical educators (~25%).

As health authorities and post-secondary education institutions began to discuss implications of PE guidelines in their organizations, it became evident that limited or no mechanisms were operational to track and report student compliance in key areas (e.g. confidentiality and health and safety training)

### **Project outcomes:**

- A set of 22 guidelines have been drafted and circulated to PECbc members as a basis for regional development of practice education policies and procedures.
- An HSPnet Toolkit for PE Guidelines has been developed and is in beta stage development with the support of two health authority user groups. The module will allow for sustainable processes for updating guidelines and sharing 'best practice' information on practice education policies and procedures
- Each health authority has undertaken cross-site and inter-professional consultation and communication on the topic of practice education policies and procedures. As of winter 2006, all regions have included education sector partners in these discussions. (e.g. see Appendix B for a description of regional processes for review and feedback on the guidelines.
- Health authorities are in various stages of internal guideline review leading toward policy implementation (see table pg 9 for status of activity)
- Feedback on final draft Guidelines in late 2006 and early 2007 has been very positive, from stakeholders in both sectors:

*"We're on track with a clinical placement policy. ... We've been the beneficiary of all the work that [PECbc] have put into this. " Manager of Education, a BC Health Authority*

*"the Practice Education Guidelines are well done and will provide clarity and direction to both agencies and schools" Placement Coordinator, Clinical Program, BC College*

*"We looked at several guidelines and are impressed with the work that has been done. We feel these will be extremely useful. Thank you for all your hard work!" Program Head, BC PSE*

**Table 1. Status of Progress: Health Authority Review/Adoption of Practice Education Guidelines into Policy – reported January 2007**

1. *Very close to ready* -- HA reviewed; Minimal/no further discussion required; not yet adopted
2. *Soon ready* – HA reviewed; raised questions. Some discussion and follow-up required; not yet adopted
3. *Far from ready* – HA has not reviewed; or has reviewed and resolution of issues may take several months; not yet adopted

**A Adopted** – HA has reviewed, adapted and approved the guideline (this may include modification to meet regional needs).

**N Not included** – guideline not included in HA guidelines package, or not applicable in the region

<b>1-0 Pre-Placement</b>		<b>VCH</b>	<b>PHC</b>	<b>FHA</b>	<b>VIHA</b>	<b>IHA</b>	<b>NHA</b>	<b>PHSA</b>
1-1	Placement Process(es) – <i>drafted</i>	3	3	3	3	3	A	3
1-2	Criminal Record Search (Criminal Record Check)	2	3	2	3	1	A	2
1-3	Communicable Diseases & Immunization	2	3	2	3	1	A	2
1-4	Respiratory Protection	1	3	2	3	2	N	2
1-5	Orientation - On Site Faculty	2	3	2	3	2	A	2
1-6	Orientation - Students	2	3	2	3	2	N	2
<b>2-0 On Site - General</b>								
2-1	Confidentiality	3	2	2	3	2	A	3
2-2	Identification	2	2	2	3	1	A	2
2-3	Copyright/Intellectual Property – <i>drafted</i>	3			3			
2-4	Contracted Vendor Placements	3	2	3	3	3	N	2
2-5	Remuneration /Reimbursement	3	3	2	3	1	A	1
2-6	Vehicle Ride-Along/Use	2	3	2	3	1	N	1
2-7	Strike/Job Action	3	3	2	3	1	A	2

		VCH	PHC	FHA	VIHA	IHA	NHA	PHSA
2-8	Evaluation of Placement Experiences	3	2	2	3	2	A	1
2-9	Professional Behaviour of Students	3	2	2	3	2	A	1
2-10	Student Practice Issues	3	2	2	3	2	A	2
2-11	Usage of Library Services and Resources	3	3	2	3	1	N	2
2-13	Supervision of Students by Staff	3	3	2	3	2	A	2
<b>3-0 On Site - Safety</b>								
3-1	Personal Conflict & Human Rights	3	3	3	3	1	N	2
3-2	Workplace Health and Safety	3	3	3	3	2	N	2
3-3	Incident Reporting	3	3	3	3	3	N	3
3-4	Communicable Diseases Outbreak	3	3	3	3	3	N	2
<b>4-0 On Site - Direct Care</b>								
4-1	Consent For Student Involvement In Care	3	3	2	3	3	A	2
4-2	Autopsy viewing	3	3	2	3	1	N	1
4-3	Student Scope of Practice	3	3	2	3	2	N	2
4-4	Documentation by Students	3	3	2	3	2	A	2
4-5	Medication Administration	3	3	3	3	2	A	2
4-6	Orders – verbal/written	3	3	3	3	2	A	2

## Conclusions

PECbc provided a very useful inter-sectoral and inter-professional provincial table to:

- review the status of practice education policies and procedures in health authorities across BC
- prioritize policy topics for practice education guidelines project attention
- consult within the regions with health authority and education institution leaders on the emerging practice education guidelines.

Members demonstrated a shared commitment to review and update the policy surrounding clinical practice education. The project deliverables provide a useful basis for policy and procedure review and update in each region, in consultation with the professional practice groups and education institutions.

As a result of the project, the roles and responsibilities of education institutions and health authorities in the process of ensuring timely clinical practice education are clearer, and the importance of establishing structures for effective communication between these parties has been underlined.

There is also recognition that organizational supports in both health and education sectors are frequently insufficient at present to ensure that all students are in compliance with key health authority policies and procedures e.g. privacy and confidentiality, health and safety. The project extension is intended to develop mechanisms to support compliance.

The 2006 PEIF Project "PE Quality and Infrastructure in HC Organizations: Indicators, Measures and Tools" (PHSA) has benefited from the identification of PE issues and opportunities by PECbc and the guidelines and PE overview resulting from PECbc's two linked projects. Many BC stakeholders will be more informed participants in the June 2007 provincial stakeholder forum to validate quality indicators as a result of the PE guidelines development and consultation work.

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, and the standard to which the Guidelines have been researched and evaluated makes it likely that much of the work will be broadly generalizable.

## Recommendations

The project report (interim – March 2007) includes the following recommendations:

- i. BCAHC Practice Education Committee at its March 2007 meeting
  - a. Endorse the Guidelines development and consultation process of 2005-2007

- b. Endorse the release of 22 PE Guidelines through HSPnet for adoption or adaptation by BC's health care organizations, as each deems appropriate.
- c. Establish a Working Group to address sustainability of the provincial PE guidelines work. This Group would be responsible for:
  - Follow up on the additional draft or pending guidelines currently in process
  - Establishing an archive of PE policy research materials
  - Reviewing status of PE guidelines uptake in the province in 2009, on condition that appropriate resources to support such a review are made available
  - Making recommendations on any additions or changes to provincial PE guidelines
- ii. PE leaders in BC's health care organizations and post-secondary education sector review and integrate the provincial PE guidelines into their organizational PE policies and practices, across all professions and programs, as appropriate.
- iii. MoH & MAVED provide dedicated funding for full implementation of HSPnet capability province-wide in all professions and programs in 2007/2008 and 2008/09.
- iv. PE leaders / Practice Education Committee members report on status of PE guidelines review and organizational PE policy and practice update to June 2007 provincial workshop (related to PHSA PEIF Round #2 Project – "Indicators of Quality Environments for Practice Education") and November 2007 International *Practice Makes Perfect* PE Conference in Vancouver.

## Future Plans

### 1. Provincial monitoring and follow up on PE Guidelines

The Health Authority Working Group will be reporting out to BCAHC's Practice Education Committee on March 29. It will propose that the PE Committee carry out bi-annual monitoring of PE Guidelines uptake, adaptation and emerging needs, and Affiliation Agreement template uptake, adaptation and emerging needs, if appropriate resources can be obtained. This approach has been agreed upon by project steering committee members (PECbc) as a preferred route to ensure system-wide issues are addressed and benefits shared.

### 2. As noted above in 'Project Deliverables', additional project deliverables are proposed in a Project Extension Proposal attached. These aim to address a priority concern of PECbc members and other stakeholders by strengthening

infrastructure for robust, efficient and cost-effective compliance by students with relevant PE policies. Stakeholders have advised that:

- 1) policy implementation in health authorities will be limited if there are no mechanisms available to support compliance and,
- 2) PECbc identified this as an important component to support implementation province-wide.

The Project Extension Proposal attached provides a work plan for the period March 15, 2007 through July 31, 2007 which involves

- review of options for ensuring student compliance with relevant PE guidelines (e.g. agreement to respect patient confidentiality)
- examination of the potential for leveraging HSPnet functionality to track compliance through a combination of online tools, self-documentation by students, etc.
- 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.  
HSPnet has the potential to offer a mechanism for compliance which can handle the high volume of students. In addition, it introduces minimal new infrastructure demands while addressing privacy impacts and student authentication requirements.

The deliverables identified in the Project Extension Proposal will significantly enhance project outcomes and reflect a system wide approach to solutions.

The Project Extension Proposal budget fits with unexpended funds within the existing PE Guidelines Project budget.

## Appendix A - List of Practice Education Guidelines

### 1-0 Pre-Placement

- 1-1 Placement Processes - drafted
- 1-2 Criminal Record Search (Criminal Record Check)
- 1-3 Communicable Diseases & Immunization – pending further review
- 1-4 Respiratory Protection
- 1-5 Orientation - On Site Faculty
- 1-6 Orientation - Students

### 2-0 On Site - General

- 2-1 Confidentiality – pending further review
- 2-2 Identification
- 2-3 Copyright/Intellectual Property - drafted
- 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 Performance Issues
- 2-11 Usage of Library Services and Resources
- 2-13 Supervision of Students by Staff

### 3-0 On Site - Safety

- 3-1 Personal Conflict & Human Rights
- 3-2 Workplace Health and Safety
  - o Infection control
  - o Musculoskeletal injury prevention
  - o Fire safety
  - o WHMIS
  - o 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 – pending further review
- 4-2 Autopsy viewing
- 4-3 Student Scope of Practice
- 4-4 Documentation by Students – pending further review
- 4-5 Medication Administration
- 4-6 Orders – verbal/written

## **Appendix B - Regional Processes for Guidelines Review**

Feedback on the guidelines was provided by PECbc members and additional individuals and committees from various education institutions and health authorities across the province:

### **Interior**

A Community of Practice (COP) is reviewing the guidelines and providing feedback. The COP is comprised of members representing Selkirk College, College of the Rockies, Thompson Rivers University, UBC-Okanagan, Okanagan College and representatives from Interior Health Authority who deal with clinical placement significantly in their existing roles.

### **Northern**

A committee established by Northern Health Authority reviewed and adapted the guidelines and presented them for executive approval as policy.

### **Vancouver Island**

Vancouver Island Health Authority has established a Practice Education Steering Committee to lead the effort to review the guidelines. An initiative is simultaneously underway for implementation of HSPnet across the health authority.

### **Lower Mainland**

#### *Post-secondary Education Institutions*

- All were invited in November, 2006 to provide feedback on the guidelines and responses were received from the following:

Douglas College - Departments of Psychiatric Nursing and Nursing

UBC - School of Nursing; and the Practice Education Committee (representing all health sciences professions at UBC)

BCIT - Nursing Administration

Kwantlen University College - Nursing Program

Langara College - Nursing Program

#### *Health Authorities*

##### **Fraser Health Authority**

Focus groups with professional practice leaders from various professions have been held, and are continuing, for review and feedback on the guidelines.

##### **Vancouver Coastal Health and Providence Health Care**

Various professional practice committees have been, and are, reviewing and providing feedback on the guidelines.

##### **Provincial Health Services Authority**

The Student Education Coordinating Committee reviewed and provided feedback on the guidelines. This is an inter-professional and interagency committee.

## **Appendix C - Project Extension Proposal**

**March 15, 2007 – July 31, 2007**

Project Title:

**Practice Education Renewal in Health Authorities:  
Integrated Framework and Online Tools**

### **Coordinating Organization**

Provincial Health Services Authority (PHSA)

### **Project Lead**

Rep: Grace Mickelson, Corporate Director, Academic Development, PHSA

Contact: [gmickelson@phsa.ca](mailto:gmickelson@phsa.ca); Tel: 604-707-6395

<b>Project Name:</b>	<b>Student Compliance Assessment</b>	<b>Updated:</b> March 7, 2007
<b>Requestor(s):</b>	PHSA, on behalf of Health Authority Working Group and the Practice Education Collaborative of BC – working groups of the Practice Education Committee, BCAHC	
<b>Project Description:</b>	<p>Additional project deliverables will assess options to track compliance by students with requirements of Receiving Agencies as outlined in Practice Education Guidelines or other policy.</p> <p>Project work to date has identified a number of policies and practices which need systematic communication and confirmation of compliance by all learners undertaking PE placements, in order to optimally manage risks. In most cases, these parallel staff requirements in health authorities, and include topics such as agreement to respect patient confidentiality, to meet minimum immunization and health and safety standards, etc.</p> <p>Given the numbers of students and limited time periods in PE placements, managing communication and compliance is a significant challenge to all organizations currently. Improving processes and infrastructure to manage this has been identified as a priority by PE leaders and risk managers in both health and PSE sectors.</p> <p>Included in this assessment will be examination of the potential for leveraging HSPnet functionality to:</p> <ul style="list-style-type: none"> <li>• improve student access to information about PE policies that require action by them</li> <li>• track student compliance with requirements</li> </ul> <p>The assessment will include addressing privacy impacts and authentication requirements of using student access to HSPnet/eOPE as a means of tracking compliance through a combination of online tools, self-documentation by students, etc.</p>	

### Terminology

Term	Description
eOPE	eOrientation for Practice Education – a module of HSPnet that allows students to complete online orientation courses via the internet, and tracks their completion in HSPnet
Student Prerequisites (SPRE)	A module of HSPnet, visible only to a student’s educational program, for tracking and reporting on status of immunity/immunization status, criminal records checks, certifications, infection control requirements such as respiratory mask fit testing, orientation activities, and completion of forms.

## Project Objectives

1. To consult with stakeholders on current compliance monitoring practices, gaps, workload impacts, and concerns. Stakeholders will be invited from participants in the PE Guidelines Project, representing PE leaders in all BC health authorities and a representative group of BC post-secondary education institutions.
2. To identify optional processes for monitoring compliance, such as:
  - Online tools (e.g. track completion of an online course or test)
  - Self-monitoring (online or manual checklist to be completed by student, with or without validation checking)
  - Monitoring or validation by educational program
  - Monitoring or validation by placement site
3. To identify which option(s) are best suited for different compliance requirements
4. To review manual and online tools already in use in participating organizations and consider their use for each option
5. Where appropriate, to enhance existing compliance functionality of HSPnet (eOPE course completion, Student Prerequisites tool) for quick wins and/or pilot tests of monitoring compliance.

## Project Timelines

Activity / Deliverable	Target Date
Workshop with representatives from Placing and Receiving Agencies, risk management	April 30, 2007
Report on compliance monitoring options and quick win opportunities	May 15, 2007
Requirements Definition – HSPnet enhancements	May 31, 2007
Compliance Monitoring Pilot – final report	July 31, 2007

**Project Resources**

<i><b>Student Compliance Assessment</b></i>	<b>Resource Days</b>				<b>TOTAL</b>
	<b>PM</b>	<b>Cons.</b>	<b>DBA</b>	<b>Prog.</b>	
Stakeholder Workshop	2.0	1.5	1.0		4.5
Options Discussion Paper	1.0	.5	0.5		2.0
Privacy/Authentication impacts	3.0				3.0
Requirements - enhancements	1.0		3.0	1.0	1.0
Design, development and testing	1.0		0.5	8.0	9.5
Documentation & Training	0.5		0.5	3.0	4.0
Communications		.5			.5
<b>TOTAL</b>	<b>8.5</b>	<b>2.0</b>	<b>5.5</b>	<b>12.0</b>	<b>28.0</b>