Progress Report

Student Practice Education Action Plan
2012 – 2015

November 2014

Prepared by: Student Education Coordinating Committee
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Fast Facts – Students at PHSA

During 2013 – 2014:

Student Placement Volume

- Nursing, paramedic and allied health professions students completed 287,426 practice hours (or 35,928 days @ 8 hrs)
- Medical students, residents and fellows completed specialty and sub-specialty training (total practice hours TBD)

Where Students Practice

Available data for nursing, paramedic and allied health professions shows settings and placement hours:

- Inpatient unit 89,980 hours
- On car 67,840 hours
- On plane 60,720 hours
- Outpatient/ambulatory 33,006 hours
- Mixed (IP & OP/Amb) 27,477 hours
- Support services & admin 8,404 hours

Peak Times of Year

Highest demand months for student placements were:

- September
- January
- May

Top Placing Institutions

Majority of student placement hours were from 4 institutions:

- University of British Columbia
- Justice Institute of British Columbia
- BC Emergency Health Services (delivering Critical Care Paramedic Program)
- BC Institute of Technology

Source: PHSA Practice Education Metrics Report – Baseline Report, Fiscal Year 2013/14
Students from more than 30 disciplines learn about, with and from patients, families and staff. The ‘hands on’ students featured here are learning specialized skills in radiation therapy, nursing, respiratory therapy and physiotherapy.

PHSA’s mandate as an academic health sciences organization includes creating a high-performance health workforce by providing experiential learning opportunities in specialized care for students from a full range of health disciplines throughout BC. This work is done in partnership with BC’s academic institutions.

In 2012-13, PHSA launched its first strategic plan to advance student practice education. The plan focuses on three directions and seven goals addressing common priorities jointly identified by stakeholders from PHSA and affiliated academic institutions. The relevant background reports are listed in Appendix A.

This Progress Report summarizes accomplishments at 31 months into the three year action plan. Areas of emphasis for 2014-15 are identified. Snapshots of students and their instructors or preceptors in practice settings provide a glimpse of PHSA’s unique role in ‘hands on’ specialty education.

Definitions

Students are learners who are involved in a practice education experience as part of their studies in an undergraduate, graduate, post-graduate (eg. post-doctoral fellowship) or post-professional (eg. resident) education program in the health and human service professions.

Practice education is the experiential component of an educational program in which students learn and practice in a community, clinical or simulated setting.

Acknowledgement

The Student Education Coordinating Committee is leading implementation of the plan in collaboration with the Nursing Advisory Council and agency departments leading Learning and Development and Professional Practice (see Appendix B for membership lists). The efforts of these leaders and all staff who support student learning at PHSA are greatly appreciated.

If you have questions or would like more information about this Progress Report, contact the Student Education Coordinating Committee co-chairs Grace Mickelson gmickelson@phsa.ca or Paul Anderson panderson@bcmhs.bc.ca.
In 2013-14:
228 staff advanced their teaching skills through preceptor development and the Educator Pathway program
Key Direction: Advance health workforce priorities in specialized care

Goal 1: Sustain capacity to educate students and staff and recruit outstanding graduates
Goal 2: Foster practice education innovation in interprofessional and ambulatory care contexts

### Action Plan: Progress Highlights (at 31 months)

- Core funding established for Educator Pathway program. Nursing Advisory Council (NAC) leads implementation.
- Over last 5 years, the number of education affiliation agreements has been streamlined from 125 to 77. At present, 71% of agreements are based on the standard provincial template reflecting improvements in efficiency, risk management and partnerships.
- New internal cost sharing model adopted for e-Health Library of BC resulting in more equitable approach and efficient process.
- Two projects completed to advance interprofessional education:

### Other Initiatives:
- PHSA assumed leadership role in management of HSPnet and the BC Practice Education Committee upon dissolution of BC Academic Health Council.
Students practice assessment and positioning skills and learn teamwork in the safety of the Simulation Centre at BC Children’s Hospital and BC Women’s Hospital.

UBC medical residents and fellows in pediatrics and maternal-fetal medicine are frequent learners at the Sim Centre.

BC Cancer Agency works closely with BC Institute of Technology to deliver the province’s only radiation therapy training for students. BCIT’s new VERT unit mirrors the set up at the cancer centres and students find it invaluable to practice their skills away from the pressure of the clinics. BCCA staff and preceptors have found that novice students who have learned in this simulated environment are more confident when they begin clinical rotations.
### Key Direction: Optimize use of practice education capacity in specialized care

**Goal 3:** Improve the management of practice education  
**Goal 4:** Increase readiness of students and faculty for practice education in specialized care settings

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<thead>
<tr>
<th>Actions</th>
<th>2012-13</th>
<th>2013-14</th>
<th>2014-15</th>
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<tbody>
<tr>
<td>Goal 3:</td>
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<tr>
<td>▶ Define PHSA’s unique PE role and priorities</td>
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<tr>
<td>▶ Develop and implement standard processes for student access to the IT network and clinical information systems</td>
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<td>▶ Assess and strengthen processes for student placement decision making</td>
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<td>Goal 4:</td>
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<tr>
<td>▶ Assess and strengthen preparation of students and on-site faculty for PE in specialized care:</td>
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<tr>
<td>• Standard core orientation</td>
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<tr>
<td>• Standard confidentiality training and agreements</td>
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### Action Plan: Progress Highlights (at 31 months)

- Board Research Committees new Terms of Reference included governance oversight for academic education.
- Launched or advanced the following in collaboration with academic partners:
  - New process for nursing and allied health student access to the PHSA network and eChart at sites using Cerner. HSPnet supports auto-provisioning component of the process.
  - Updated provincial Practice Education Guidelines.
  - Online Student Practice Education Core Orientation (SPECO). May 2014 survey across PHSA, VCH and FH (n = 2710) found that 87.3% of respondents completed SPECO prior to placement and 99% of respondents felt that SPECO prepared them for a safe practice education experience.
  - PHSA-specific confidentiality training and agreements for students in ALL disciplines.

#### Other initiatives:
- A specialized program to prepare a cohort of 10 Medical Laboratory Assistant students for rural practice.
- Advancement of simulation education in specialized care.
Students bring new knowledge, intellectual energy and a spirit of inquiry that both challenges and inspires our staff and physicians to continually learn and keep current.
Key Direction: Sustain practice education excellence and demonstrate impact

Goal 5: Assess practice education progress and impact annually
Goal 6: Integrate practice education knowledge and best practices
Goal 7: Increase the valuing of practice education at the organizational level

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<tr>
<td>Goal 5:</td>
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<tr>
<td>➢ Develop and implement a standard approach for practice education reporting and analysis</td>
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<td>➢ Develop and implement a student survey</td>
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<td>➢ Facilitate broader use of HSPnet to administer and track student placement activity</td>
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<td>Goal 6:</td>
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<tr>
<td>➢ Develop and implement PE knowledge exchange activities</td>
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<td>Goal 7:</td>
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<tr>
<td>➢ Develop and implement a PE communication and engagement plan.</td>
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Action Plan: Progress Highlights (at 31 months)

✔ Baseline Practice Education Metrics Report (2013-14) presented to Board Research Committee in October 2014.

✔ Project completed to support innovation in evaluation of the clinical learning environment -- ‘Placements for Learners: Assessing Capacity and Effectiveness of Clinical Sites ($222K over two years with $25K to PHSA). Funded by the Michael Smith Foundation for Health Research. Completed November 2014. Partners were UBC, BCIT, Douglas College, Fraser Health and Vancouver Coastal Health. The instrument - *Quality of the Clinical Learning Environment* - will be used for a student survey at PHSA.

✔ Increased uptake of HSPnet by allied health professions.

✔ PHSA supported knowledge exchange and development activities:
  - BC Practice Education Committee’s development and dissemination of the interprofessional tool – Advancing Teamwork in Health Care.
  - UBC hosted invitational meeting of the national Task Group working on Accreditation of Interprofessional Health Education.
  - Aboriginal Practice Education Forum hosted by BC Academic Health Council.
Conclusion and Current Areas of Focus – 2014/15

PHSA has made significant progress on priorities identified in the Action Plan for Student Practice Education 2012 – 2015 and successful completion is expected by the end of 2014-15.

A PHSA milestone is the baseline Practice Education Metrics Report 2013-14 (see Appendix C for the metrics framework). This first annual metrics report offers important preliminary insights into PHSA’s practice education system and illuminates the potential for using HSPnet-enabled data to improve management of that system. In this first analysis of HSPnet data for metrics reporting, there was recognition of the need to improve data quality and strengthen use of HSPnet to support improved decision making. Going forward, addressing these needs will continue to be an area of focus. We also anticipate implementation of an annual student survey which will provide valuable data to assess the quality of PHSA’s learning environment.

Substantial time over the past two years has been devoted to working with Clinical Informatics, IMITS, HSSBC and affiliated academic institutions to develop and implement new processes for provisioning student access to the PHSA network and Cerner at those agencies where it has been implemented1. For nursing and allied health professions students whose placements are tracked in the HSPnet database, an effective provisioning process has been developed and implemented. For students whose placements are not captured in the HSPnet database (e.g. medical students), there are gaps in the process that must be addressed going forward. The Student Education Coordinating Committee will continue to support PHSA and Clinical and Systems Transformation Project committees and working groups addressing:

- Readiness of students for practice in Cerner supported environments.
- Identity and access management pertaining to students.
- Trouble-shooting and problem solving of day-to-day student access issues.

Another area of focus for 2014 -15 includes completion of a literature review of practice education models in ambulatory care settings. The need for new practice education models that encompass ambulatory care was re-illuminated by the metrics report showing that the majority of training takes place within inpatient settings despite care being increasingly delivered in outpatient and ambulatory care settings.

Finally, communication about practice education will be strengthened by a refresh of the Student Practice Education website in conjunction with the Enterprise Wide Initiative led by PHSA Communications.

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1To date, some components of Cerner have been implemented at BC Children’s Hospital, Sunny Hill Health Centre for Children, BC Women’s Hospital and Health Centre and BC Mental Health and Substance Use Services – Child/Youth Mental Health
Appendix A: Background Reports

The following reports are posted on the PHSA POD:


2. Stakeholders’ Perspectives Report – Taking Action on Student Practice Education, June 2, 2011


If you do not have access to POD and would like a copy of any of the above reports contact: studenteducation@phsa.ca
## Appendix B: Membership Lists

### Student Education Coordinating Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Role and Department</th>
</tr>
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<tbody>
<tr>
<td>Ellen Chesney</td>
<td>Chief Administrative Officer – Research, Executive Sponsor</td>
</tr>
<tr>
<td>Paul Anderson</td>
<td>Co-chair, Director - Learning &amp; Development</td>
</tr>
<tr>
<td>Grace Mickelson</td>
<td>Co-chair, Corporate Director - Academic Development</td>
</tr>
<tr>
<td>Sarah Titcomb</td>
<td>Administrative Coordinator - Academic Development</td>
</tr>
<tr>
<td>Cathy Rayment</td>
<td>Provincial Library Leader</td>
</tr>
<tr>
<td>Lorelei Newton</td>
<td>Professional Practice Leader – Nursing</td>
</tr>
<tr>
<td>Jagbir Kohli</td>
<td>Education Resource Nurse – Fraser Valley &amp; Abbotsford</td>
</tr>
<tr>
<td>Amanda Bolderston</td>
<td>Professional Practice &amp; Academic Leader-Radiation Therapy</td>
</tr>
<tr>
<td>Dori Van Stolk</td>
<td>Acting Director - Learning &amp; Development</td>
</tr>
<tr>
<td>Sandra Harris</td>
<td>Senior Leader - Clinical Education, Learning &amp; Development</td>
</tr>
<tr>
<td>Karen Derry</td>
<td>Professional Practice Leader Speech-Language Pathology</td>
</tr>
<tr>
<td>Lori Roxborough</td>
<td>Associate Director – Occupational Therapy &amp; Physical Therapy (Sunny Hill Health Centre)</td>
</tr>
<tr>
<td>Sylvia Wu</td>
<td>Manager – Education, Department of Pediatrics</td>
</tr>
<tr>
<td>Marian Hands</td>
<td>Manager - Education Operations</td>
</tr>
<tr>
<td>Sharon Stapleton</td>
<td>Multi-site Director – Laboratory Operations</td>
</tr>
<tr>
<td>Sherry Hamilton</td>
<td>Chief Nursing &amp; Liaison Officer, corresponding</td>
</tr>
<tr>
<td>Debbie Mcdougall</td>
<td>Director of Professional Practice, corresponding</td>
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<tr>
<td>Katie Cummins</td>
<td>Student Coordinator</td>
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### Nursing Advisory Council

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Sherry Hamilton</td>
<td>Chief Nursing &amp; Liaison Officer, Chair</td>
</tr>
<tr>
<td>Fiona Walks</td>
<td>Vice President - Safety Quality &amp; Supportive Care</td>
</tr>
<tr>
<td>Becky Palmer</td>
<td>Vice President – Professional Practice, Research, Learning &amp; Development</td>
</tr>
<tr>
<td>Sarah Bell</td>
<td>Executive Director – Mental Health Outpatients Programs</td>
</tr>
<tr>
<td>Sharon McNulty</td>
<td>Director Nursing &amp; Manager of Professional Practice – Forensic Psychiatric Services</td>
</tr>
<tr>
<td>Noorjean Hassam</td>
<td>Senior Director of Operations</td>
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</table>

1. PHSA Corporate
2. BC Mental Health & Substance Use Services
3. BC Cancer Agency
4. BC Children’s Hospital
5. Sunny Hill Health Centre for Children
6. BC Women’s Hospital & Health Centre
7. BC Ambulance Service
8. PHSA Laboratories and Pathology
9. BC Centre for Disease Control
Appendix C: Framework for PHSA Practice Education Metrics

1. Indicator: Build Practice Education Capacity
   *This category includes measures reflecting the optimal use of practice education capacity and readiness in specialized care.*
   a. # of student hours by receiving agency, discipline, and sub-discipline
   b. # of medical school students (undergrads & post-grads) by specialty (UBC provided)
   c. # of medical student hours by specialty (UBC provided)
   d. # of confidentiality/privacy courses completed by participant type
   e. Estimated cost of staff time by encounter type
   f. # of confirmed placement requests by month
   g. # of declines by reason (most frequent)
   h. # of staff participants in preceptor/educator training (Educator Pathway Project & BCEHS training)
   i. # preceptors in HSPnet with and without a placement by FY
   j. # of destinations in HSPnet with and without a placement by FY
   k. # of PHSA staff with practice education activities as part of defined job responsibilities

2. Indicator: Build Effective Partnerships and Collaborations that Support Innovation
   *This category includes measures reflecting partnerships and innovation in ambulatory and inter-professional collaborative practice education placements.*
   a. # of formal affiliation agreements and % based on standard template
   b. Top % of education institutions by student hours
   c. # of student hours in ambulatory/outpatient placement care setting
   d. Distribution of student hours by practice education setting

3. Indicator: Monitor the Quality of the Clinical Learning Environment and Results
   *This category includes measures reflecting improved practice education planning and decision making and assessment of PE progress and impact.*
   a. # hires at PHSA with previous PE placement
   b. Quality of Clinical Learning Environment (QCLE) survey results by student, HA staff and faculty/instructor
   c. Readiness for Student Practice Education (RSPE) survey results by HA clinical program

*Source: PHSA Practice Education Metrics Report – Baseline Report, Fiscal Year 2013/14*