Saskatchewan Academic Health Sciences Network

Clinical Learning and Interprofessional Practice Unit

Building Quality in Practice Education

Results of a Self-Assessment Checklist for Corporate Leaders in Health Authorities

October, 2015

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Building Quality in Practice Education:

Results of a Self-Assessment Checklist for Corporate Leaders in Health Authorities

EXECUTIVE SUMMARY

The Regional Health Authorities (RHAs) play a significant role in the provision of practice education opportunities for all health science students in Saskatchewan. Discussions during process improvement events for nursing clinical placements, which took place in fall 2014 with RHA and education partners, identified a need to better understand RHA goals, expectations and priorities related to practice education. The "*Building Quality in Practice Education: Self-Assessment Checklist for Corporate Leaders in Health Authorities*" was identified as a potentially useful tool for this purpose. Developed by the B.C. Academic Health Council in 2007, the Checklist provides an opportunity to assess the structures, processes and resources in place within RHAs to support practice education, and the self-identified priorities for improvement.

The Checklist was distributed in February, 2015 to all RHAs and the Saskatchewan Cancer Agency. Responses were received between May and August from 10 organizations, including 9 RHAs and the Saskatchewan Cancer Agency.

Checklist responses were collated and reviewed with a view to identifying areas of common priority that could inform the development of a provincial strategy for practice education. Areas where similar or common priorities were identified include:

Planning and goal setting for practice education
Several responses identified a desire to be more strategic with respect to practice education. This ranged from clarifying roles and expectations for staff participation, to reviewing existing organizational strategies for possible inclusion of students where appropriate, to developing a specific organizational plan for providing practice education and establishing goals and targets.

Determination of capacity for practice education
The need to understand, assess and communicate capacity for practice education also came through as a common priority among the checklist responses. This is closely linked with the setting goals and targets since it is important to first understand organizational capacity to support practice education before reasonable targets can be established.

Expanded support for/use of HSPnet
Expanding support for and/or use of HSPnet was commonly identified among many of the responses. Specific priorities varied from expanding use to more (all) programs, to expanding use among managers to improve timeliness of communication (i.e. acceptance or denial of placement requests), to making better use of existing features, such as agency profiles and/or reporting capabilities.

More formalized monitoring, tracking reporting of practice education
Several responses identified the need to establish or formalize tracking of practice education activities, and/or to develop and monitor practice education performance indicators. In particular, several responses expressed interest in linking practice education and employment data to track the number or percentage of organizational vacancies that are filled by previous students.

Collaboration with education programs to explore new models of teaching and supervision
Checklist responses commonly called for continued collaboration with education to identify new models of supervision and innovative ideas in practice education. Innovation is essential both for building capacity for student learning experiences, and to address ongoing challenges related to traditional models (e.g. preceptor burnout, inadequate supervision when group placements must be split).

Enhanced preceptor recruitment, development and recognition
Many of the checklist responses identified priorities related to enhancing preceptor recruitment, support and/or recognition. Examples include developing and building capacity for preceptorship (possibly building into people value stream), developing internal processes to identify and recognize staff who take on mentoring and preceptoring roles, and seeking to identify forms of recognition that preceptors find most meaningful.

In addition to highlighting the above areas of common priority, completion of the Checklist provided an opportunity for individual organizations to identify gaps in their structures, processes and systems related to practice education, and many have already taken steps to address these. With a baseline assessment in place, health authorities are encouraged to consider repeating the Checklist in future as a means of tracking their progress, and/or to conduct the companion tool, "Building Quality in Practice Education: A Self-Assessment Checklist for Clinical Program & Service Unit Leaders in Health Authorities".

On a provincial level the collective Checklist results, along with results and remaining recommendations from other recent projects and initiatives related to practice education, will be used to support discussion with the Advisory Committee on Clinical Education and other provincial stakeholders to identify one or more areas of focus for a provincial practice education strategy.

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The following pages contain a detailed summary of all responses and priorities that were identified for each of the 16 Checklist indicators.

BACKGROUND

Within the health sector, the Regional Health Authorities play a significant role in the provision of practice education[1] opportunities for all health science disciplines. However, discussions during process improvement events for nursing practice education, which took place in fall 2014 with RHA and education partners, suggested a need to better understand RHA goals, expectations and priorities related to practice education. The "*Building Quality in Practice Education: Self-Assessment Checklist for Corporate Leaders in Health Authorities*" was identified as a potentially useful tool for this purpose. It provides an opportunity to assess the structures, processes and resources in place within the RHAs to support practice education, and the self-identified priorities for improvement.

The Building Quality in Practice Education Checklist was originally developed by the British Columbia Academic Health Council in 2007. Following a review of the literature to identify factors that support quality in student practice education, the results of the review were organized into categories based on the Baldrige National Quality Program criteria for education. Draft indicators were developed and reviewed/refined at a provincial workshop in 2007, resulting in a checklist comprised of 16 indicators grouped into 4 categories. The indicators assess the extent to which health care organizations are engaging in practices that support practice education quality.

With endorsement from the Advisory Council on Clinical Education and the Joint Health Human Resources Committee, each of the 12 Regional Health Authorities and the Saskatchewan Cancer Agency were asked to complete the checklist and submit responses to the Saskatchewan Academic Health Sciences Network for compilation of results. The intent is to use the results to determine if there are common areas of priority and/or gaps that could help inform the development of an overall strategy for practice education in Saskatchewan.

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[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 practising professionals from health authority or education institution staff who are authorized and qualified to provide the services. [Building Quality in Practice Education: Self-Assessment Checklist for Corporate Leaders in Health Authorities, BC Academic Health Council, October, 2008]

THE CHECKLIST

Within each checklist category, indicators are identified as First or Second Level. "First level indicators have been selected as foundational indicators for practice education quality. Second level items 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."[2]

Indicators are self-rated based on the following scale:

0   Not yet considered/nothing in place related to the goal

1   Beginning stage of implementation/performance is inconsistent across disciplines, programs, and locations

2   Actively in progress and halfway or more to full compliance

3   Fully established and functioning well

RESULTS

Responses were received from 9 Regional Health Authorities and the Saskatoon Cancer Agency. Findings are collated on the following pages. The most commonly selected rating for each checklist item is noted below. For a complete listing of the indicators and rating charts, refer to Appendices A and B, respectively.

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[2] Building Quality in Practice Education: Self-Assessment Checklist for Corporate Leaders in Health Authorities, BC Academic Health Council, October, 2008.

CATEGORY 1: PRACTICE EDUCATION LEADERSHIP, STRATEGY & ENGAGEMENT

First Level	The Corporate Leader confirms that the Health Authority has:
INDICATOR A: A strategic plan that explicitly affirms the health authority's role in providing practice education. For example, goals and targets are set for organizational performance related to practice education (e.g. related to capacity, utilization, satisfaction, recruitment, prerequisites compliance).	

- ➢ **Most frequent rating: 0 and 1 (equal)** – see Appendix B for a complete summary

- ➢ Examples given/Supporting data:
  - o Active participation in student placements
  - o Support for education is a key recruitment & retention strategy; region strives to meet standards set by Accreditation Canada and to support accreditation of academic programs
  - o Ongoing work with nursing programs to address capacity issues; other ongoing education programs: Pharmacy (residency program), Medicine, Physical Therapy, Nutrition
  - o Support for education included but no specific goals
  - o Region has a workforce action plan, representation on SAHSN and strong links with colleges and universities
  - o Strategic plan does not specifically reference students/practice education (3 survey responses noted this)
  - o Starting to track how many placement requests are accepted/declined and the reasons; our goal is to accept as many students as possible to our region while still being able to manage our patients and staff in an efficient manner
  - o Capacity pilot project with SAHSN; draft report completed

- ➢ Priorities identified:
  - o Possible future development of a "strategic plan" that confirms targets, goals etc.
  - o We do not have established goals and targets, but continue to work with program leaders to establish capacity and support student placements
  - o Improve communication with educational institutions; identify barriers to placement request declines
  - o There is an opportunity to include "students" in several of the region's strategies; this would help change our culture when it comes to practice education
  - o Review goals for the coming year

o Clarify organization's role in practice education and commitment in terms of time and resources; we need a plan for providing practice education
o Set goals/targets for each facility so we can gauge our success; collect feedback from preceptors and students to assess satisfaction and opportunities for improvement
o Goals and targets need to be set

First Level	The Corporate Leader confirms that the Health Authority has:
INDICATOR B: 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.	

➢ **Most frequent rating: 1 and 2 (equal) –** see Appendix B for complete summary

➢ Examples given/Supporting data:
- o Recruitment and Retention Coordinator works with stakeholders to facilitate positive clinical placements
- o HR Coordinator meets with SAHSN and educational institutions; coordinates student practica, job shadows, work experiences, clinical placements, including out-of-province
- o Director and Clinical Quality Educator review placement requests; participate in semi-annual meetings with nursing programs to discuss challenges and opportunities and share information about expectations; HSPnet used for nursing programs but not all managers are users; ongoing training issues discussed quarterly by regional Academic Health Sciences group
- o Several health region leaders have attended meetings over the past few years to address changes in nursing programs and issues related to preceptorship
- o No defined roles other than Receiving Coordinator which is limited; no council or structure to review issues or provide recommendations
- o Interprofessional Practice Lead structure established for some professions with clear role descriptions that outline responsibilities in relation to student clinical placements
- o Practice education is managed at the front-line manager level; not clearly defined at the executive level
- o Recruitment and Retention Coordinator communicates with the region's senior leaders regarding placement issues and is responsible for implementing any changes or new policies; We have a good relationship with placing coordinators which provides support for placements, and the preceptors also have a close

relationship and are in frequent contact with the schools regarding student progress

- o Director of Workforce Planning and Staff Development builds partnerships and relationships with post-secondary education institutions and expands on those partnerships

- ➢ Priorities identified:
  - o Better identify those with direct roles in coordination of student placements within the facility/agency; better communication between coordinator and all departments regarding placement requests
  - o Continued development of standard work process to facilitate placements for RHAs and educational institutions; it would be helpful if all programs used HSPnet
  - o Work towards all unit managers/designates being HSPnet users; this will improve timeliness of communication
  - o Clearly identify practice education responsibility at the executive level

Second Level	The Corporate Leader confirms that the Health Authority has:
INDICATOR C: An organizational priority that clinical programs/service units participate in practice education, and regularly report on progress towards an agreed upon target for participation	

- ➢ **Most frequent rating: 1**

- ➢ Examples given/Supporting data:
  - o Actively working to improve capacity for clinical placements; recent discussions between Nursing program leaders and the region's Care Team manager to discuss opportunities to improve clinical placement partnerships
  - o Practice education is a priority but there are no targets for participation
  - o Providing clinical experiences is a priority for some units; others are experiencing turnover and unable to provide student placement opportunities
  - o There is a priority to participate but tracking targets are not in place
  - o Informal expectation that units participate in practice education but no targets or reporting on progress
  - o No goals/targets currently in place
  - o Participation in practice education occurs as capacity allows; no reporting; not a clearly articulated priority
  - o As an organization, we encourage all programs/services to participate in student placements and accommodate as many as possible throughout the year

- ➢ Priorities identified:
  - o Communicate expectation of full participation in practice education to extent staffing can operationally support it
  - o Assess regional capacity to provide practice education opportunities in order to identify reasonable targets
  - o Determine and communicate actual capacity; accept that it may be insufficient to meet demand in some areas; once capacity is reached, parties must negotiate any additional placements
  - o Once units with staff turnover are more settled, the will be able to provide opportunities for students
  - o Review current participation and potential targets
  - o We require an organizational plan for providing practice education
  - o Determine an agreed-upon goal/target for the number of students each year at each facility/discipline

Second Level	The Corporate Leader confirms that the Health Authority has:
INDICATOR D: Job descriptions for senior leaders that provide their academic responsibilities	

- ➢ **Most frequent rating: 0**

- ➢ Examples given/Supporting data:
  - o Academic responsibilities not specified in job descriptions; responsibility to be a preceptor falls on experienced staff to volunteer and follow through on
  - o Job description is not specific to academic responsibilities, however it is clear that the leader promotes and supports learning opportunities
  - o Support of education is included but does not refer to specific academic responsibilities
  - o Nothing stated in job descriptions surrounding academic responsibilities
  - o There are VP and Director-level leaders with research/innovation and professional practice/education responsibilities, respectively
  - o There is a general statement in the Director's job description; physicians have some academic responsibilities in their job descriptions
  - o Our region does not provide any guidelines for what is expected academically for a student; A package is sent from the placing agency that provides this information to the preceptors

- ➢ Priorities identified:
  - o Work with union stakeholders to identify academic support requirements within job descriptions
  - o Increase awareness that leaders need to advocate with staff to participate in students' learning needs
  - o Review and potential revision of wording in job descriptions

Second Level	The Corporate Leader confirms that the Health Authority has:
INDICATOR E: Allocated resources to support practice education in its operating budget (e.g. training and release time for preceptors)	

- ➢ **Most frequent rating: 0 and 1 (equal)**

- ➢ Examples given/Supporting data:
  - o The region supports staff who preceptor students; Specific time definers are used to pay staff who preceptor students during clinical placements
  - o We have offered training for preceptors and have supported some preceptors to attend provincial training opportunities; Preceptors are now using SAHSN Preceptor Education and Support website
  - o Nursing provides paid time for preceptor training; Nursing Collective Agreement provides for hourly premium when a nurse is serving as preceptor for a student but preceptors are not supernumerary; other disciplines do not provide release time for preceptors
  - o Preceptors receive an increase in their hourly wage when they are preceptors but they don't have extra time for orienting students; Preceptors are paid to attend preceptor workshops
  - o Resources are allocated to support practice education as operationally feasible
  - o No dedicated budget; time allocated to practice education is absorbed in the operating budget
  - o No allocated dollars to support practice education and no supernumerary dollars to support preceptoring; No preceptor program exists
  - o There is no budget for preceptor training externally; we share information about events for preceptors and the new preceptor website; recently we promoted an event and provided CVAs for transportation but were not able to provide paid time off work to attend

➤ Priorities identified:
   o Continued support of preceptors to the level we do now
   o We have not been able to provide release time for preceptors
   o Allocate resources to support practice education
   o More recognition for our preceptors and/or paid time to attend preceptor seminars

Second Level	The Corporate Leader confirms that the Health Authority has:

INDICATOR F: Mechanisms to engage with academic partners to coordinate planning and improve the quality of practice education. Activities may include:

- 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

➤ **Most frequent rating: 1 and 2 (equal)**

➤ Examples given/Supporting data:
   o HR Coordinator and Director of Professional Practice engage with our academic partners to coordinate planning and improve practice education through participation in provincial SAHSN meetings and direct communication with various programs; Interprofessional practice learning opportunities are promoted and supported, e.g. U of S undergraduate student research assistant, Co-op placements, numerous public health and social work placements
   o Interprofessional education working group coordinates educational events in the simulation centre as well as problem-based learning; semi-annual meetings with nursing education programs; pharmacy residency program has non-pharmacist practitioners on the steering committee
   o Participation on Advisory Council on Clinical Education and the Process Mapping exercise
   o Participation on provincial committees
   o Interprofessional learning opportunities available, but not promoted or tracked
   o Liaise frequently with educational institutes in relation to student clinical placements; evaluation mechanisms are in place for each student in each program
   o Front-line managers, not executive leaders, are involved with the academic partners for planning/improving practice education
   o Strong relationship with external stakeholders (SK Polytech, U of S, etc)

- The relationships with post-secondary institutions has been a great collaborative effort with ongoing communication and meetings, for example with the SCBScN program and scheduling for the 3rd year students

➤ Priorities identified:
- No tracking mechanism in place to evaluate the success of our efforts
- Feedback is not always provided by the educational institution to influence changes in the practice education experience
- Increased involvement in education is a priority in all areas (nursing, social work, medicine (post-graduate), and pharmacy)

CATEGORY 2: BUILDING CAPACITY & TRACKING PERFORMANCE IN PRACTICE EDUCATION

First Level	The Corporate Leader confirms that the Health Authority has:
INDICATOR A: Processes and systems organization-wide to assist effective practice education management. For example: - Implementation of HSPnet - Standardized reporting and analysis of practice education capacity, utilization, resources, safety and risk management and outcomes	

➤ **Most frequent rating: 2**

➤ Examples given/Supporting data:
- HSPnet is used by the Coordinator, information is generated through the system and conveyed out; computer resources/training/skills are preventing further expansion; capacity varies based on staffing abilities/availability/experience; must be assessed on a term by term basis
- We use HSPnet and have started to track student placements on a monthly basis; affiliation agreement is in place to assist with resources, safety and risk management and outcomes
- Academic Health Sciences group tracks students within the region on an annual basis; HSPnet is used for nursing; there are no other receiving coordinators in other disciplines

- o HSPnet used for all nursing placements; Provincial Clinical Placement Agreement in place for Saskatchewan students; separate agreements for out of province student placements
- o Fully implemented HSPnet; students/employer; following provincial policies
- o HSPnet used; some usage reports pulled; no other reporting or analysis done
- o HSPnet used for student placements in Nursing and Nutrition; PT and CXLT use to a small extent (PT and CXLT use HSPnet to generate a pdf of the placement after accepted into region); Student programming hub housed in HR that assists with streamlining of student protocols and organizational information prior to student arrival; students receive additional orientation on their unit/department
- o HSPnet has been implemented; we have an HSPnet Receiving Coordinator who passes all request on to directors/managers (they are not on HSPnet); there is currently no standardized reporting
- o Using HSPnet in our region and participated in capacity project with SAHSN to collect information and complete profiles for all Destinations; We maintain a preceptor database and collect feedback from preceptors; there are Preceptor Conference opportunities for staff to attend in person or via Telehealth

- ➢ Priorities identified:
  - o Work with those within the agency to better determine term capacity and future use of HSPnet
  - o We do not know our ideal practice education capacity; It is critical that all educational institutions and RHAs use HSPnet to place their students
  - o Implement HSPnet for all user groups in the region
  - o See if there are surveys of practicum students being done and how they are being used to improve the experience
  - o Further expand support for HSPnet within the region; need to determine if this is a regional priority
  - o Develop processes and systems for effective practice education management in conjunction with Health Sciences programming
  - o Utilize the reporting function of HSPnet to collect data regarding capacity and utilization

First Level	The Corporate Leader confirms that the Health Authority has:
INDICATOR B: Corporate communication to students that is accessible and welcoming, provides information on career opportunities, and invites feedback on their practice education experience.	

- ➢ **Most frequent rating: 1**

- Examples given/Supporting data:
  - Recruitment and Retention Coordinator provides reference material to be handed out to students upon their arrival for the term
  - HR Coordinator and Professional Practice Director attend career fairs, respond to invitations to speak at secondary and post-secondary institutions, and respond to individual inquiries from students, prospective students, parents, teachers, career counsellors etc.
  - Recruitment is usually based on manager to individual student about career opportunities
  - HR meets with nursing students in Regina every year to talk about employment opportunities with our health region
  - Meet with many practicum groups during the session and provide information
  - We provide messaging and career info and get survey feedback from medical students after their placements, but not other programs
  - Career exploration tab on our main website provides information to prospective and current students about various health care careers, licensing and regulatory body information; We do not currently invite corporate feedback which results in corporate change being more status quo than advancing
  - Currently done at the front-line manager level; Pharmacy staff teach in the U of S undergraduate program
  - Orientation is provided by the preceptor/facility administrator; we will adding more information for each site to the HSPnet agency profiles; we use Gateway Online and provide access to the Intranet
  - Clinical placement website will be located on the health region website and have a link to the clinical placement survey so students can provide their feedback

- Priorities identified:
  - Make information more readily available to preceptors to give to their students and make them aware of the opportunities and benefits of working in our region
  - Could improve on getting feedback from students and discussing career opportunities
  - Possible development of a "career opportunity" package
  - HR could meet with groups of nursing students to welcome them, provide information on career opportunities, and to receive feedback on their experience
  - A coordinated approach to welcome students would be valuable
  - Implementation of a survey for when students leave their placements

Second Level	The Corporate Leader confirms that the Health Authority has:

INDICATOR C: Corporate-level performance monitoring and reporting for practice education, supported by relevant data. For example:

- 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 monitoring

Note: reporting both number and percentages enables more effective comparison of findings across programs, sites or organizations.

> **Most frequent rating: 0 and 1 (equal)**

> Examples given/Supporting data:
> - There is no system in place for this type of monitoring and mining of data. Currently the Recruitment & Retention Coordinator works with managers on an individual basis to assess these areas
> - We have started to track number of student placed in a month
> - Pharmacy tracks annually the number of undergraduate students, pharmacy residents, pharmacy resident applications, % of staff who have successfully completed a residency; There is extensive communication with nursing education programs; We are fortunate that these programs have completed the logistics of practice placements before the request comes to the region
> - We keep a record of students who have received bursaries from us. Once they graduate they fulfill return of service employment in hard-to-recruit areas
> - Some being done on an informal basis
> - Not done; no comprehensive tracking
> - Starting to gather this data; hope to have more in future
> - Local programs including CCA, LPN, SCBScN have set # of students and targets; project completed with SAHSN to determine placement capacity;; keep a preceptor database and collect feedback from preceptors

> Priorities identified:
> - Work to make a more easily accessible model for this type of monitoring/data mining
> - There is opportunity for ongoing development of data and indicators
> - Consultation with HR to develop and collate the employment information
> - Review and determine next steps for formalizing tracking
> - Develop a corporate-level monitoring and reporting system for student activity and placements

- o Using HSPnet reporting function; implement student/preceptor surveys/reviews; Set up an alert system for when a previous student is hired by a manager – track numbers and compare sites
- o Find a system to track the number of students who do clinical placements in our health region and how many stay and work here; set annual targets for student placements for each department that takes students

Second Level	The Corporate Leader confirms that the Health Authority has:
INDICATOR D: Practice education and human resource leaders collaborating to leverage practice education investments to address recruitment challenges.	

➢ **Most frequent rating: 1**

➢ Examples given/Supporting data:
- o Recruitment & Retention Coordinator works with educational reps/preceptors/students to address the opportunities in the region
- o We hold recruitment lunches for group placements and accept invitations from educational institutions to talk to student groups and attend graduating ceremonies to talk about recruitment opportunities. We have supported regulatory body conferences through the provision of speakers, displays and recruitment booths, sponsorships and support to staff to attend their regulatory body/professional association educational conferences
- o Pharmacy has expanded to 4 residency positions and moving to add 1 more to fill vacancies and increase residency-trained pharmacists
- o Areas that are struggling with staffing shortages are often interested in providing clinical opportunities for students; Sometimes these areas lack experienced staff who are able to be preceptors
- o Meet with practicum students re: employment opportunities; meet with provincial groups and education classes to expand opportunities
- o No collaboration occurring in regards to using practice education to address recruitment challenges
- o Collaboratively developing an interprofessional strategic plan for staffing which will include the strategic placement of clinical students as part of a longer term succession plan; Organize and attend Meet & Greet, classroom presentations at universities, career fairs, lunch & learns; there are some bursary options available; rural incentives; mentorship and internship opportunities
- o We work toward assisting with practicums; linking practice education with recruitment needs happens at the manager level; starting to do this on medical side with resident electives

- Currently in talks about approaching students before they leave their practicum; in most cases managers/facility administrators currently do this for students they want to offer employment to
- CCA students have the opportunity to earn while they learn so they can work in the health region while they attend their courses (in person or via Telehealth in rural sites); there is also a payment plan to assist them financially as they go through the program; relocation assistance program; LPN and SCBScN programs offered locally so students can stay here and complete their education

➢ Priorities identified:
- Continue working together to optimize hiring in rural regions
- Continue to seek additional opportunities as they arise
- Continue to review for additional opportunities
- Need to address barriers in hiring
- More robust engagement with nursing programs for ongoing recruitment and with medical learners (residency program, mandatory rotational electives)
- Implement a standard process for doing this across the region

CATEGORY 3: COLLABORATION & INNOVATION IN PRACTICE EDUCATION

First Level	The Corporate Leader confirms that the Health Authority:
INDICATOR A: Works internally and externally to promote best practices and innovation in practice education. For example: - 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 committee working to improve practice education (e.g. SK Academic Health Sciences Network, HealthCareCAN)	

➢ **Most frequent rating: 1**

➢ Examples given/Supporting data:
- Engaged in SAHSN efforts, adhere to guidelines implemented and continued development of the clinical placement model; Regional participation in value stream mapping was educational and allowed for regional voicing of the issues we face
- Engaged with SAHSN and our educational partners to share knowledge and experience re best practices in student education

- The regional Academic Health Sciences committee shares info on educational and preceptoring practices. We also support preceptor workshops and participate on ACCE and its sub-committees
- Actively participate on provincial committees; informal sharing of RHA best practices in student education
- No formal process for sharing knowledge regionally; engaged with SAHSN and other regions
- Actively engaged with SAHSN; Practice Leads regularly share knowledge and experience regarding best practice in student education
- External engagement – we have staff attending Canadian Nursing and Psychosocial conferences where best practices are shared
- Clinical Nurse Educators share insights when located at the student facilities and promote learning; our region does not have a Telehealth program as a way of sharing information in general
- We have a regional Clinical Practice Manager; provincial Clinical Advisory Committee; Simulation Centre; MoreOB program; CADTH provincial contact

➢ Priorities identified:
- Continued involvement with SAHSN and ACCE
- Have not yet developed a region-wide process to share information across sites
- Explore areas that facilitate the sharing of best practices within RHAs
- Develop mechanisms to share best practices and innovations with students on an ongoing basis

Second Level	The Corporate Leader confirms that the Health Authority:
INDICATOR B: Supports practice education innovation and demonstrates increasing capacity for student learning experiences by identifying and promoting: - Inter-professional collaborative learning units - 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	

➢ **Most frequent rating: 1 or 2 (equal)**

➢ Examples given/Supporting data:
- We have been and continue to be open to changes in the clinical placement model, types of placements, terms etc.
- We make all of our sites and setting available for practice education; we have new inter-professional collaborative units in our largest community

- Rotations in acute care support interprofessional collaboration and learning, e.g. critical care, MTU, community
- Instructor-led community groups offer opportunities for students to be involved in some community organizations; students in community-focused preceptorship placements have an opportunity to be involved with the community as well
- Students have opportunities in practice education to collaborate with other professionals and experience how inter-professional relationships develop in various settings; Variety of opportunities provided in different settings of care and service delivery
- Variety of service-delivery models; interprofessional collaboration is promoted
- Practice Leaders' role elevates support for this in identifying diverse practice settings for student learning opportunities; Region has many opportunities to host creative interdisciplinary placements but leadership is needed to spearhead planning; SWITCH program
- Managers are involved in planning the student's experience; we try to link with our external partners (palliative care, acute care, home care) in order to provide a comprehensive experience.
- We make sure that students are exposed to as many learning opportunities as possible
- In any area a student placement occurs, they will get an inter-professional collaborative learning experience; Simulation Centre provides interdisciplinary learning and education opportunities; MoreOB program includes all disciplines working together

➢ Priorities identified:
- Continue working partnerships to determine best fit for placement types in our region
- Our challenge is our limited capacity on smaller units to accommodate group and preceptored placements. For preceptorships, staff begin to feel burned out after a time with continuous student placements. With group placements often it is not possible to place the entire group in one area, so groups get broken up and rotate through 2 or 3 areas which means the faculty supervisor is not always on site which impacts the staff who are called on to support students.
- Need to work with educational institutions to understand and communicate new models of supervision and other innovative ideas in practice education
- New models of supervision and other innovative ideas are usually spearheaded by the educational institutions
- Review potential adjustments in supervision/teaching, and potential for innovation projects in our region.
- Social work is implementing a model to share a 16-week practicum student across sites in an effort to support staff in supervising a lengthy practicum
- This requires designated accountability at the executive leadership level

CATEGORY 4: PRACTICE EDUCATION DELIVERY & SUPPORT

First Level	The Corporate Leader confirms that the Health Authority has:
INDICATOR A: Processes in place to recruit, develop, support and provide recognition for staff engaged in teaching and mentoring roles, including capacity for inter-professional education	

➢ **Most frequent rating: 1**

➢ Examples given/Supporting data:
- o Recognition is given every year to preceptors in the region. Promotion of the new preceptor support website has been aimed at all departments in the region this Spring at the same time as recognition
- o We have previously held mentorship training, and have now started our Regional Mentorship Program. We provide support, where possible, for staff to attend regional and provincial educational opportunities. The Mentorship Coordinator is a support for mentors and mentees. The region will be requiring its SK Leadership Program participants to engage in a mentorship role in return for the region's financial support for the program's tuition, expenses and paid time.
- o We have a mentorship program that provides mentorship for any new employee that is interested. It supports new employees as they transition into their new roles
- o We provide preceptor training, education, professional development, and recognition opportunities
- o We recruit preceptors as needed when requests come in, and promote preceptor training opportunities provided by the educational institutions and SAHSN; no recognition is provided
- o Preceptor conferences (SAHSN – one-time funding); informal recognition at the unit/department level
- o Managers would mention in performance review and day-to-day interaction; no formal recognition or support for preceptoring/mentoring
- o Currently looking at new ways to recognize preceptors in a way that is favourable to them

- Priorities identified:
  - Continued promotion of the upcoming preceptor workshops and conferences, and the funding from SAHSN for those who want to attend
  - We have held formal appreciation events but these were done through receipt of designated funds from provincial bodies for support of same. We currently do not have funds to hold recognition events or provide tangible rewards. There are opportunities for improvement in this area.
  - Staff participating in mentorship are paid to attend a mentorship workshop and can utilize their mentorship experience for continuing education credits
  - Continue to review and improve opportunities
  - Development of a longer term plan for developing and building capacity for preceptors – possibly build into People Value Stream
  - Develop and implement processes for support and recognition of staff engaged in teaching and mentoring
  - Focus on recruiting and developing new preceptors; Provide additional funding to allow current preceptors to have more time on the floor for training students so that it doesn't affect patients
  - Need to develop a process to recognize staff who take on mentoring and preceptoring roles

First Level	The Corporate Leader confirms that the Health Authority has:
INDICATOR B: Appropriate orientation for all students and education institution faculty via ready access to relevant information. For example: - Site access and security information - Program services profile - Any program or site-specific requirements	

- **Most frequent rating: 2 and 3 (equal)**

- Examples given/Supporting data:
  - This is handled through the Preceptor and their superior as required by the type of placement being supported
  - Instructors are provided with an orientation to the site; Communication between the region and the educational institutes is working well; Common provincial student policies have assisted to ensure all requirements are met
  - Orientation of groups of students is organized by faculty. Faculty request help with orientation from the region in certain areas, but they provide most of the orientation themselves
  - There is nothing formal or standardized from a regional perspective; we follow orientation instructions in preceptor manual from educational institutions

- Orientation/accessible information at organization level as well as unit level is in place. Various timeframes are allotted for the different clinical student experiences (e.g. social work provides a 2-day orientation for all students)
- Managers and/or educators are responsible for doing this; some processes in Pharmacy for student orientation
- Preceptors/facility administrators give them a site tour and all the necessary information for that site
- Instructors who have groups of students on a unit are oriented to the unit prior to the placement; usually they are health region staff so they have already been oriented to the region; when individual student placements occur, the preceptor does the orientation to the unit or department

➢ Priorities identified:
- Continued support of our preceptor and their superior with updates and information relevant to the placement.
- This is an area we monitor and appears to be going well; We are fulfilling our part of the affiliation agreement
- Continue to offer orientation support when requested; Ensure that faculty is provided orientation to the unit/facility.
- Information technology limitation for students (i.e. nursing students don't get access to Infonet); PACS and other IT applications is limited for students to access; HSPnet- not maintaining or further developing use/support within the region.
- Standardize orientation for all students coming to our Agency
- Make a welcome package for each student as a reference guide for each facility
- Working on a consistent orientation to the health region to make sure the same information gets to every student

First Level	The Corporate Leader confirms that the Health Authority has:
INDICATOR C: Accessible facilities and equipment to support the practice education experience, including: - Assignment of individual computer use 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. e-learning, webcasting, videoconferencing	

➢ **Most frequent rating: 1**

➢ Examples given/Supporting data:
- Currently access is in development within the region as it has to be determined to what level and how we would grant different access to the many different areas available

- o Instructors are provided with an orientation to the site; Students are provided with ID/IT cards, computers, free parking; they get all of the professional/technical training (e.g. glucometer) required for the placement and for student and patient safety; students have used Telehealth, SHIRP, UptoDate, Mosby etc
- o All pharmacy students and residents are given computer accounts and have access to the intranet, as well as Sunrise and Centricity; they also have library access and learning centre access
- o Students are provided the needed infrastructure while participating in clinical education here in the region; we have a dedicated classroom for nursing student groups as well as one for medical students in our present hospital and our new hospital; medical students have been provided with remote access to their classes; all students have access to the internet and they have access to clinical information systems as needed
- o Students have computer accounts and access as deemed necessary; access to the most specialized learning opportunities is dependent on availability of equipment
- o Students have internet access but no assignment of user accounts; we don't have intranet or libraries; study area would be dependent on the facility
- o Library and study areas are available in most facilities; IT access is not available for nursing given the number of students
- o Currently no/limited space for students; they must share with an existing staff member; med students have access to files of patients they are seeing with their preceptor
- o Given user accounts, if necessary; Internet access is given with computers on the ward; online learning opportunities are provided through Telehealth
- o Students do not have their own computer access but would have access to the intranet at a nursing station; students have access to patient clinical information of whichever patients their nurse preceptor is caring for on that shift; students have access to the public library area and staff kiosk areas; for some programs rooms may be booked upon request; students are invited to attend educational events when they are offered

- ➢ Priorities identified:
  - o Continued consultation between SAHSN and the health region technical departments for access requirements as they become identified
  - o This is an area we monitor and appears to be going well, i.e. we are fulfilling our part of the affiliation agreement
  - o Need to provide remote access to policies and procedures to the educational institutions
  - o Improving access to facilities and equipment to support practice education

Second Level	The Corporate Leader confirms that the Health Authority has:

INDICATOR D: Identified and regularly communicates processes for:

- 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

➢ **Most frequent rating: 2**

➢ Examples given/Supporting data:
   o The Recruitment & Retention Coordinator is in contact with preceptors and the educational institution coordinators to help address any concerns the students may have if brought up to either side
   o Processes are in place to address these
   o There is Faculty support for preceptors to assist during challenging times
   o Educational institutions have communication processes in place when there are concerns with students and/or faculty
   o There are processes in place – dealt with on unit where practice education takes place
   o No standard processes in place other than what is in the SK Clinical Placement Agreement
   o We work with the educational processes with the exception of using AEMS reporting
   o This is done at the manager/educator level
   o Placing Coordinators require the student/preceptor to fill out a survey at the end of the placement; extensive feedback is provided to professors (written/telephone); mid-term and final evaluations are required

➢ Priorities identified:
   o Make a more defined process available to students so they are better aware of the communication/support available
   o Review – need for tracking
   o Standardize the processes and documentation for communication
   o Need to have a formalized process in place for dealing with concerns or complaints of a student

Category 1: Practice Education Leadership, Strategy & Engagement

First Level Indicators[3]

Indicator A: A strategic plan that explicitly affirms the health authority's role in providing practice education

Indicator B: Clearly assigned responsibility for student practice education at the executive level

Second Level Indicators

Indicator C: An organizational priority that clinical programs/service units participate in practice education

Indicator D: Job descriptions for senior leaders that describe their academic responsibilities

Indicator E: Allocated resources to practice education in the operating budget

Indicator F: Mechanisms to engage with academic partners to coordinate planning and improve the quality of practice education

Category 2: Building Capacity & Tracking Performance in Practice Education

First Level Indicators

Indicator A: Processes and systems organization-wide to assist effective practice education management.

Indicator B: Corporate communication to students that is accessible and welcoming, provides information on career opportunities and invites feedback on their practice education experience

Second Level Indicators

Indicator C: Corporate-level performance monitoring and reporting for practice education, supported by relevant data.

Indicator D: Practice education and human resources leaders collaborating to leverage practice education investments to address recruitment challenges

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[3] First level indicators represent foundational factors 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. *Building Quality in Practice Education Self-Assessment Checklist for Corporate Leaders in Health Authorities*, BC Academic Health Council, 2008.

Category 3: Collaboration & Innovation in Practice Education

First Level Indicator

Indicator A: Works internally and externally to promote best practices and innovation in practice education

Second Level Indicator

Indicator B: Supports practice education innovation and demonstrates increasing capacity for student learning experiences by identifying and promoting inter-professional collaborative learning units, diverse service delivery models and settings for practice education, etc.

Category 4: Practice Education Delivery & Support

First Level Indicators

Indicator A: 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: Appropriate orientation for all students and education institution faculty via ready access to relevant information.

Indicator C: Accessible facilities and equipment to support the practice education experience
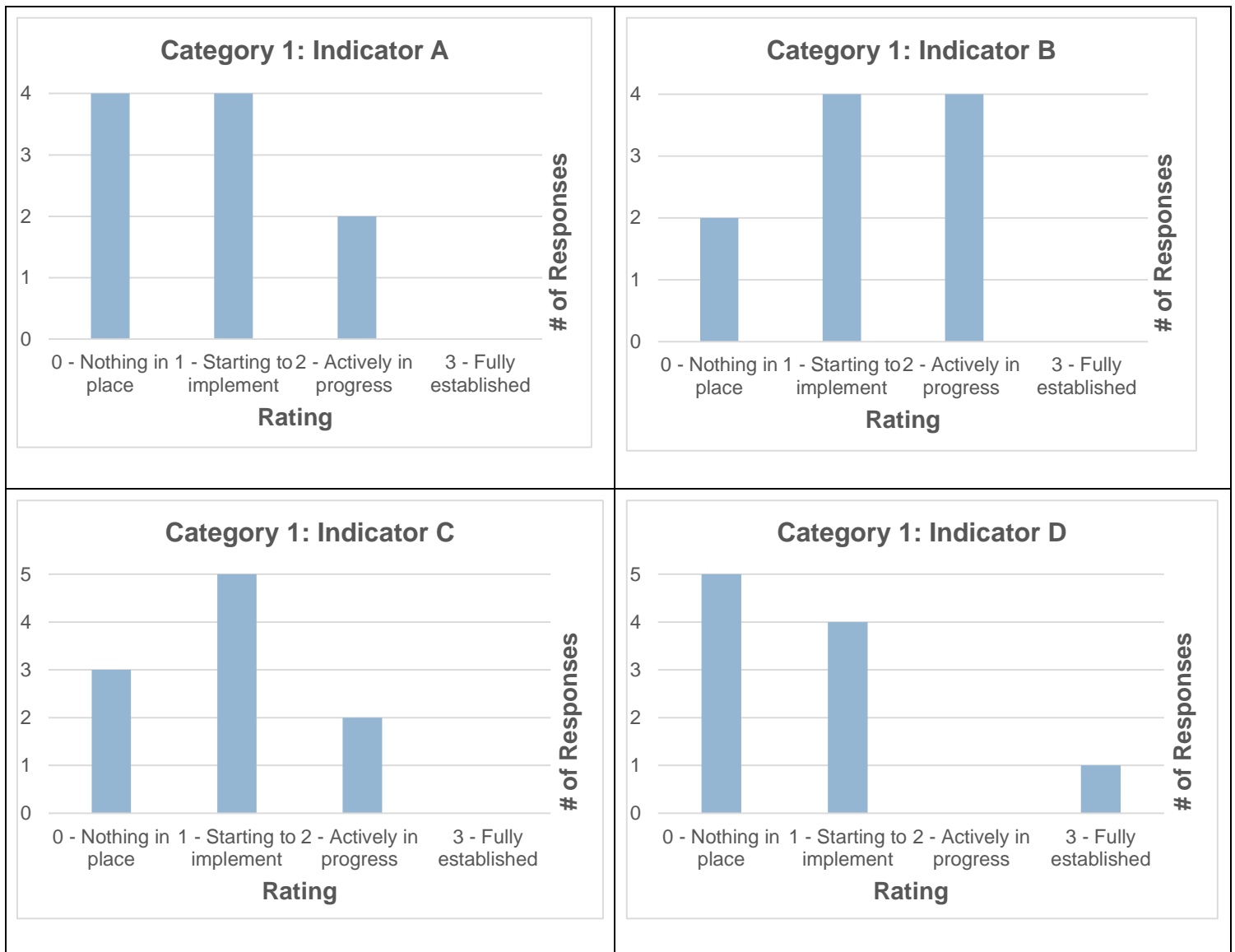
Second Level Indicator

Indicator D: Identified and regularly communicates processes working with students having difficulty, reporting by students, health authority staff of education faculty about complaints or concerns related to practice education, and for tracking, follow-up and resolution
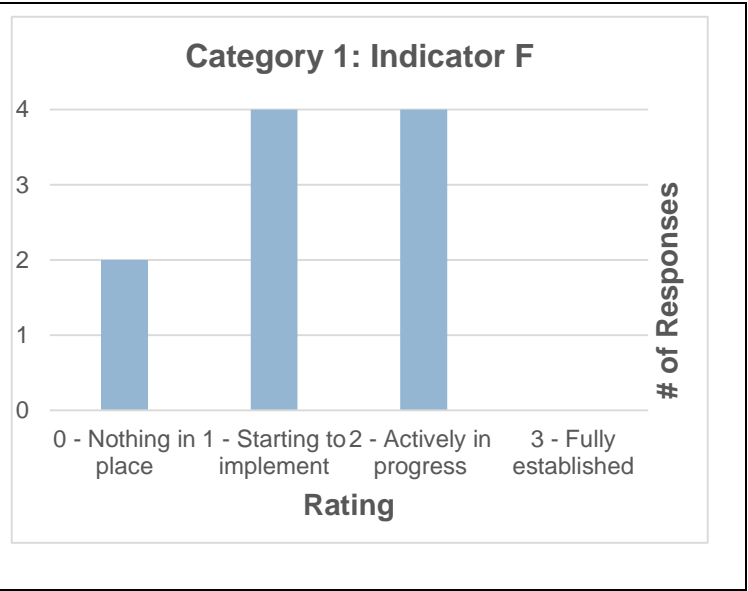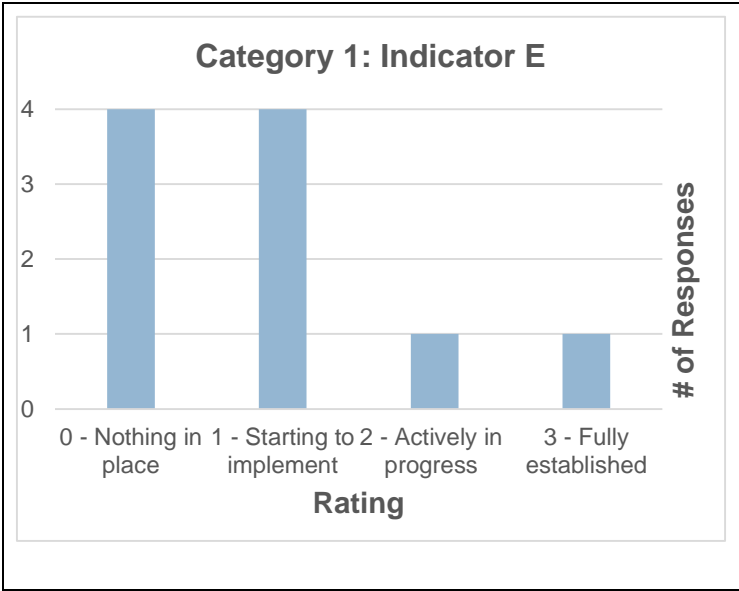
The following charts show how many regions (organizations) selected 0, 1, 2, or 3 for each checklist question.
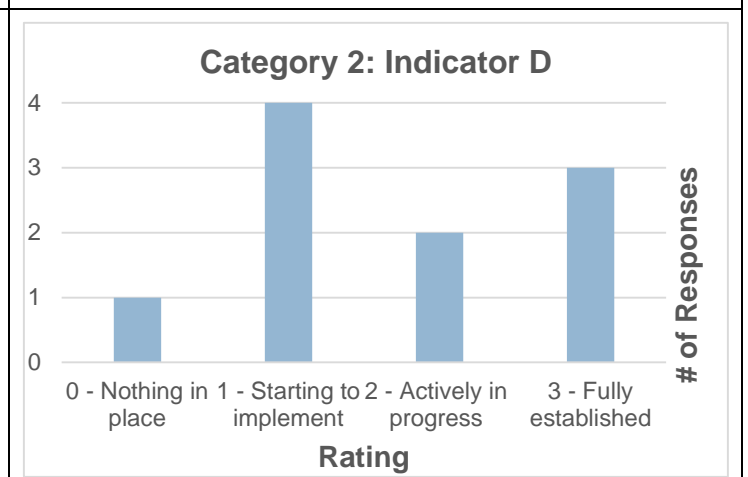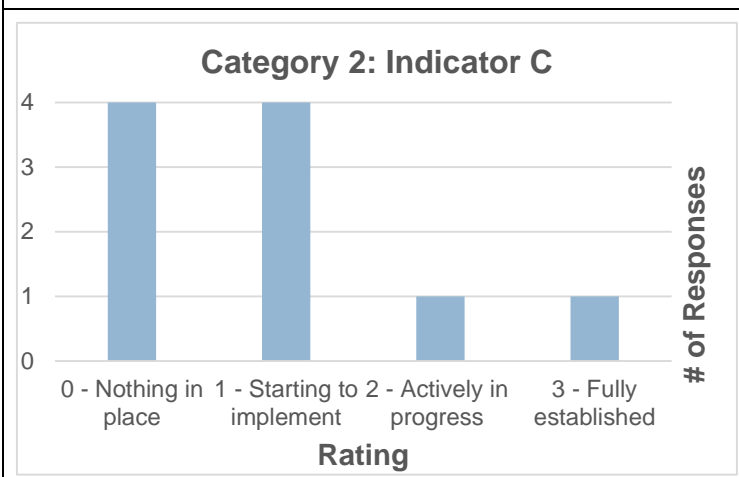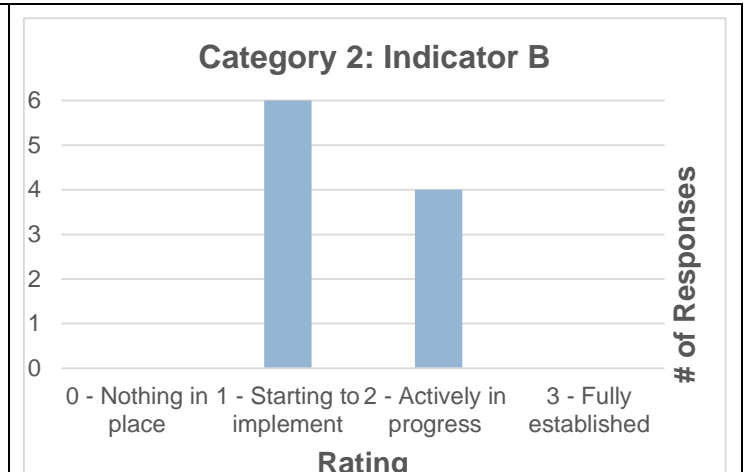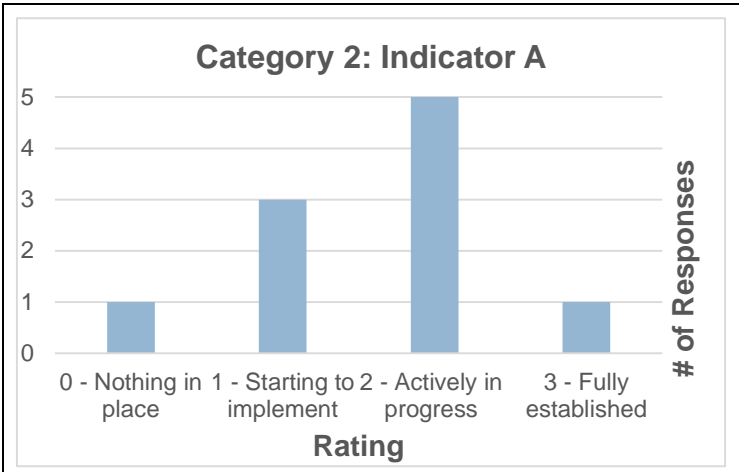
For ease of reference, a complete listing of the indicators (questions) is also provided at the end of the document.

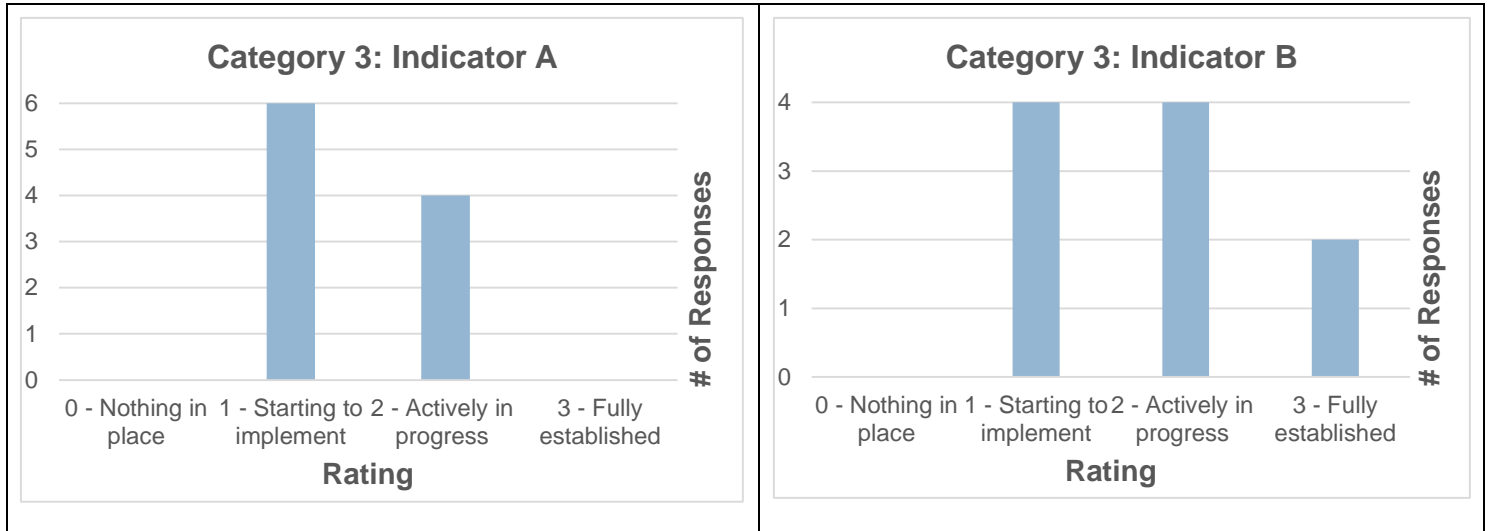**Category 1: Practice Education Leadership, Strategy & Engagement**

Category 1: Indicator A

Category 1: Indicator B

Category 1: Indicator C

Category 1: Indicator D

Category 1: Indicator E

Category 1: Indicator F

Category 2: Building Capacity & Tracking Performance in Practice Education

Category 2: Indicator A

Category 2: Indicator B

Category 2: Indicator C

Category 2: Indicator D

Category 3: Collaboration & Innovation in Practice Education

Category 3: Indicator A

Category 3: Indicator B

Category 4: Practice Education Delivery & Support

Category 4: Indicator A

Category 4: Indicator B

Category 4: Indicator C

Category 4: Indicator D