

Practice Education Guidelines Introductory Module

February 2013

Purpose of the Guidelines:

Practice Education Guidelines (PEGs) provide direction for Post Secondary Institutions (PSIs) and Health Care Organizations (HCOs) to collaboratively plan and direct student practice experiences for all health care disciplines in BC. The guidelines are intended to address a broad range of disciplines and vocations in diverse organizational contexts in the province of British Columbia.

The purpose of the guidelines is to promote:

- quality and safety of the practice experience;
- evidence based practice;
- alignment with current regulations, standards & legislation;
- clarification of roles and responsibilities for all practice education partners;
- common, inclusive language understood by a broad range of disciplines and vocations (regulated and unregulated)
- clarity, consistency and equity for planning and placement processes.

Guidelines do not address specific clinical procedures. Students are expected to practice in accordance with the relevant policies of the Health Care Organization and their Post Secondary Institution and within their discipline defined scope of practice.

Target Audience:

The PEGs are a provincial resource for Health Care Organizations and Post Secondary Institutions to draw upon to inform their particular agency policy and practice for student practice education. The guidelines apply to students and educators who are affiliated with a Post Secondary Institution, and, to staff employed by a BC Health Care Organization.

The PEGs target all disciplines working in health care.

Guideline Governance:

Practice Education Guideline development and content is overseen and approved by the BC Practice Education Committee membership. This committee has the authority to endorse, disseminate and evaluate the guideline information, but has no inherent authority to enforce adoption and/or compliance by individual agencies.

Guideline adoption and compliance is governed by the individual agencies. As stated, the guidelines are intended for PSI and HCO direction and as such, may be modified by agencies to reflect and align with their respective individual contexts.

It is the responsibility of each agency to communicate their approved guidelines to stakeholders.

How to Use the Guidelines:

Provincial PEGs are posted on the following websites:

<http://practiceeducation.org/>

and,

<http://www.hspscanada.net/managing/content-management.asp>

Healthcare organizations (HCOs) use PEGs to support consistent student practice education within their region and across the province. The PEGs offer a common reference source to inform their particular agency policy.

Post Secondary Institutions (PSIs) use the PEGs to design, plan, implement and evaluate practice education placements for students in accordance with HCO requirements.

Individual HCOs and PSIs must communicate their modified guidelines to all relevant stakeholders. Frequently, these guidelines are posted on individual HCO and/or PSI student practice websites.

Development / Review and Approval Process:

Practice Education Guidelines are collaboratively developed and revised by HCO and PSI partners. They are informed by relevant legislation and best practice evidence and are guided by policy experts.

Frequency and criteria for updates:

Guidelines are reviewed and updated:

- every 3 years or,
- when new knowledge, research, evidence is available, or
- when new legislation/regulation/accreditation changes are made, or
- when a new risk is identified, or
- when there are new relevant regional or provincial policies, or
- when there is an identified need for streamlining / integration, or
- where technology / system designs imposes implications.

Process for Development / Review:

Requests for development or review are submitted to the BC Practice Education Committee.

Development or review of the Practice Education Guideline is completed in accordance with an established process and guided through use of the following tools:

- PE Guideline Development / Review Request Form (Appendix A)
- PE Guideline Planning / Reporting Document (Appendix B)
- PE Guideline Content and Usability Feedback Form (Appendix C)

Each PEG is written using a standardized format template as outlined below:

- **Introduction and Purpose:** describes rationale and the purpose of the guideline.
- **Definitions:** defines only those terms unique to the specific PEG. Includes a reference to this introductory module for standardized definitions.
- **Practice Guideline Standards:** states the requirement or best practice, including principles and /or overarching and relevant legislation. Does not include operational details.
- **Roles, Responsibilities and Expectations:** states responsibilities for:
 - Post Secondary Institutions (PSI)
 - Students
 - PSI Educators
 - Health Care Organizations (HCO)
- **References and Resources:** references and resources used to inform the development / review of the guideline.
- **Guideline Review History:** a record of guideline development / revision details including revision #, date, author and change.

Process for Approval: The BC Practice Education Committee's PEG Working Group is responsible for approval of the PEGs. The approved guidelines are presented to the Practice Education Committee for information and endorsement.

Process for Dissemination:

Approved PEGs are posted on the:

BC Practice Education website ~ <http://practiceeducation.org/>

and,

HSPnet website: <http://www.hspscanada.net/managing/content-management.asp>

Notification of new/revised guidelines and the website address for access, is sent to:

- Post Secondary Institution Directors, Deans of Health Sciences;
- Health Care Organizations Directors/ Leaders of Practice Education Departments;
- Provincial Practice Placement Coordinators.

Process for Guideline Evaluation: Directed by the BC Practice Education Committee.

Standardized Terminology / Definitions:

The following definitions are consistent and applicable to all PEGs and are not re-stated in each specific guideline. Only definitions unique to the content of the specific guideline will be defined in that guideline.

Client: patient, resident, health care recipient

Guideline: recommended practice that allows some discretion or leeway in its implementation or use.¹

Health Care Organization (HCO): health service delivery organization where practice education occurs.

Health Care Team (HCT): common term representing diverse disciplines, professionals, regulated and unregulated, who work together in a health care setting.

HCO Educator: term representing an experienced practitioner who plans, coordinates and supports practice education experiences for group and/or individual students and staff within the health care organization. May include but not limited to clinical or practice educator, instructor, supervisor or preceptor.

HCO Directors: identifies senior health care organizational leaders with authority for overall organizational policy, practice and strategic decisions in relation to practice education. Includes but not limited to Directors Academic Development, Directors/Consultants for Professional Practice, Directors/Consultants Clinical Education.

Policy: a written statement of an organization's operations and by-laws. Policies serve as guiding principles for decision making. Policies describe what must and must not be done but in general do not describe how the work is done. They set limits, assign responsibilities and set out expectations.

Post Secondary Institution (PSI): academic / training health sciences institution, public or private.

PSI Directors: identifies senior post-secondary institution leaders with authority for education policy, curriculum and strategic decisions in relation to practice education. Includes but not limited to Deans and Directors Health Sciences Programs, Associate Deans / Directors, Program Heads.

PSI Educator: term representing faculty, instructors and other terms for educators employed by the Post Secondary Institution. Specific discipline may be identified.

Practice Education: Practice education (PE) is the experiential learning component of education that occurs in health service delivery and/or simulated settings².

Practice Placement Coordinators: identifies roles within HCO and PSI responsible for coordination, planning and communication for student placement.

¹ Businessdictionary.com. Retrieved November 4, 2012 from:

<http://www.businessdictionary.com/definition/guideline.html>

² BC Academic Health Council. (2012). *BC practice education website*. Vancouver, BC. Available at: www.practiceeducatio.org

Preceptor: term representing a practitioner who provides primarily *one-to-one* role support and learning experiences to students and staff members in the practice education setting. Includes but not limited to clinical or practice supervisor, preceptor, mentor.

Research: “is defined as an undertaking intended to extend knowledge through a disciplined inquiry or systematic investigation.

Stakeholder: a person, group or organization that has an interest or concern in an organization. Stakeholders can affect or be affected by the organization’s actions, objectives and policies³

Student: those students of the Institution who are selected by the Institution to participate in the Programs⁴.

Appendices:

Appendix A: PE Guideline Development / Review Request Form

Appendix B: PE Guideline Planning & Reporting Document

Appendix C: PE Guideline Content and Usability Feedback Form

³ Businessdictionary.com. Retrieved November 4, <http://www.businessdictionary.com/definition/stakeholder.html>

⁴ BC Academic Health Council. (2007). Education institution affiliation agreement template. Available at: www.hspanada.net/docs/aam/aa_template.pdf

Appendix A:
PE Guideline Development / Review Request Form

Date Initiated: _____

1. REVISION REQUEST BY:

- Health Care Organization (HCO)
- Post Secondary Institution (PSI)
- Practice Education Committee
- Other: _____

2. REASON FOR REVISION:

- > 3 years since last revision
- Knowledge: new research or information
- Integration: need to streamline current Practice Education Guideline
- Risk: a new risk has been identified
- Legislation / Regulation/ Accreditation – new requirements
- Technology / System Design – new implications
- Policy – new regional or provincial policy
- New Service – not previously offered in health authorities i.e. IPE
- Other: _____

3. DELIBERATION OF REQUEST:

PEG Working Group considers practice implications, budget implications, minimal/moderate operational responses of existing PEG and then select:

- Approve request without PEC consultation and initiate guideline working group
- Approve request with PEC consultation and initiate guideline working group
- Do not approve request, advise PEC with rationale
- Revisit request in 6 months – one year.
- Other: _____

4. DEVELOPMENT/REVIEW PROCESS (Iterative):

Working group comprised of HCOs and PSIs representatives:

- Working group lead identified for updating the PEG based on expertise in area, interest.
Lead: _____
- Lead develops work plan prior to initiating the work. Plan is endorsed by the working group chair / co-chairs. Date endorsed: _____
- Lead consults with key stakeholders and experts as needed and listed in workplan.
 - HCO experts (eg: Infection Control, Privacy, Workplace Health and Safety)
 - External experts (eg: BC Centre for Disease Control)
- Literature and best practice guideline review completed. Reference list updated.
- PEG draft using standard template developed
- PEG draft circulated to stakeholder groups for feedback using *Content and Usability Review Form* (Appendix C).
- Feedback to draft obtained from PEG Working Group and incorporated.
- PEG final developed and submitted with work plan and completed framework checklist to PEG Working group chair. Date final submitted: _____

Appendix B:

PE Guideline Planning/Reporting Document

PE Guidelines Working Group	Guideline #			Leads: WG members
Identify below: Contributors : Experts, HA departments as relevant, regulatory body, government etc Reviewers: WG members, HA or PSI staff, other experts in Practice Education Approvers: PEC WG Members				
Purpose: Target Completion Date:				
Milestones and Deliverables:	Target Date	Revised Date	% Compl	Comments
<ul style="list-style-type: none"> Review the guideline - identify issues that require research Undertake research for best practice 				
<ul style="list-style-type: none"> Re-write the guideline 				
<ul style="list-style-type: none"> Consult with key groups 				
<ul style="list-style-type: none"> Draft ready 				
<ul style="list-style-type: none"> Manage the review process 				
<ul style="list-style-type: none"> Update the draft 				
<ul style="list-style-type: none"> Present the draft to PEC 				
<ul style="list-style-type: none"> Other (report monthly to PEG WG) 				

Check the appropriate colour column. Add comments to explain “red” or “yellow” rating

Key:

Red = Serious Concerns/ Yellow = Some Concerns but in Control/ Green = No Concerns

Dashboard:	Red	Yellow	Green	Comments
Scope				
Quality				
Time				
Budget				This area may be identified, if the PEG requires actual funding to update e.g., legal counsel.

Issues Requiring Review/Decision:	
Issues (List any issues that need to be escalated for resolution)	Recommendations

**Appendix C:
PE Guideline Content & Usability Feedback Form**

Date	Name of Stakeholder					
<p>You have been identified as a key stakeholder - someone who has experience and knowledge related to the content and/or usability of this tool.</p> <ul style="list-style-type: none"> - Please make additional comments directly on the attached draft tool. - Attach any reference/resource materials required to substantiate your remarks. - Return to the contact person identified above. <p><i>Thank you in advance for your feedback.</i></p>						
From					Phone Number	
Title of Practice Education Guideline:						
Return To					Requested Date of Return	
Check the comment that best represents your level of agreement with the following statements:	Strongly Agree	Agree Somewhat	Agree	Disagree Somewhat	Strongly Disagree	Unable to Comment
Reflects current literature evidence and evidence based practice						
Reflects current regulatory/legislative information						
Follows logical sequence						
Is easy to read and understand						
Provides direction for institutional policy development as applicable						
Provides adequate information and resources appropriate to a broad audience (students, educators, post secondary institutions, health care organizations)						
Supports decision making related to practice education						
<p>Are you aware of any existing policies or standards that conflict with this guideline? If so, please explain, identify reference and /or attach:</p>						

