

BUILDING QUALITY *in* PRACTICE EDUCATION

SELF-ASSESSMENT CHECKLIST FOR

**Clinical Program &
Service Unit Leaders
in Health Authorities**

Clinical Program & Service Unit Leaders in Health Authorities

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

This checklist is designed to support a comprehensive assessment of practice education infrastructure, as well as practice education quality review, planning, and improvement. Indicators on the checklist are cross-referenced to relevant standards from the human resources component of the Canadian Council on Health Services Accreditation – Achieving Improved Measurement (AIM).

The checklist includes items important to:

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

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

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

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

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

Further resources concerning practice education

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

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

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

Instructions for Completing the Checklist

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

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

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

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

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

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

Acknowledgements

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

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*Practice Education Committee
BC Academic Health Council*

Category 1: Practice Education Leadership, Strategy & Engagement

First Level <i>(Foundational indicators)</i>	The Clinical Program or Service Unit has:	RATING
Indicator A AIM* 1.3; 2.0; 6.0; 6.3 <ul style="list-style-type: none"> A well-defined leadership and planning structure for practice education, including: <ul style="list-style-type: none"> – an inter-professional committee that addresses student education issues – linkages to health authority processes for management of student education 		
Second Level <i>(Additional indicators)</i>	The Clinical Program or Service Unit has:	RATING
Indicator B AIM 6.0; 4.4 <ul style="list-style-type: none"> Job descriptions and performance planning and review tools – for program/department managers and for staff who supervise students – that specifically address performance in supporting/providing practice education 		
Indicator C AIM 2.0; 2.1 <ul style="list-style-type: none"> Defined goals related to practice education based on the organizational strategic plan, and measures performance regularly. For example, it has: <ul style="list-style-type: none"> – targets for practice education utilization linked to size and complexity of the program or unit – targets for practice education capacity utilization – targets for recruitment from among students with previous placement in the program or unit 		
Indicator D AIM 1.2 <ul style="list-style-type: none"> Allocated resources to support practice education in its operating budget (e.g. training and release time for preceptors) 		

Example/supporting data for ratings	Priorities for improvement

* Wherever possible, for each indicator in this checklist the relevant accreditation standard is provided from the human resources component of the Canadian Council on Health Services Accreditation's (CCHSA) Achieving Improved Measurement document (AIM). This document can be viewed by CCHSA members at www.cchsa.ca.

Category 2: Building Capacity & Tracking Performance In Practice Education

First Level <i>(Foundational indicators)</i>	The Clinical Program or Service Unit has:	RATING
Indicator A	AIM 2.0; 2.1 <ul style="list-style-type: none"> Data for regular planning and decision making related to practice education, for example: <ul style="list-style-type: none"> measures of the program's practice education capacity, utilization, resources and efficiency (including preceptor training, availability, workload) measures of the program's practice education safety and risk management performance (e.g. communication of and compliance with student prerequisites) measures of the program's practice education outcomes (e.g. placement satisfaction, placement linkage with recruitment challenges, recruitment percentage) designated staff who are competent with HSPnet³ 	
Indicator B	AIM 1.0; 9.4 <ul style="list-style-type: none"> Routine processes and systems to evaluate and track: <ul style="list-style-type: none"> student satisfaction with their placement experience in the program student interest in employment in the program after graduation 	
Second Level <i>(Additional indicators)</i>	The Clinical Program or Service Unit uses:	RATING
Indicator C	AIM 2.0; 2.1 <ul style="list-style-type: none"> Key quality indicators for program performance in practice education identified by the health authority and routine processes to capture and review data on at least an annual basis to support performance and trend monitoring (e.g. related to numbers of students, hours and ratios of student training, origin of student placement requests, satisfaction measures, education outcomes) 	
Indicator D	AIM 1.4; 2.2 <ul style="list-style-type: none"> Routine processes for at least annual communication to stakeholders (e.g. post-secondary education partners) about practice education performance and trends 	

Example/supporting data for ratings	Priorities for improvement

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

Category 3: Collaboration & Innovation in Practice Education

First Level <i>(Foundational indicators)</i>	The Clinical Program or Service Unit has:	RATING
Indicator A AIM 1.3; 5.2; 6.0 <ul style="list-style-type: none"> A process in place and people accountable for sharing knowledge and experience regarding best practices in student education, promoting innovation and creating/sharing new knowledge (for example, the program leverages emerging technology and practice education supports such as simulation, collaborative learning units, e-orientation, policy guidelines, HSPnet) 		
Second Level <i>(Additional indicators)</i>	The Clinical Program or Service Unit demonstrates:	RATING
Indicator B AIM 5.2 <ul style="list-style-type: none"> Support for practice education innovation and increasing capacity for student learning experiences by: <ul style="list-style-type: none"> identifying and encouraging inter-professional collaborative learning units⁴ promoting diverse service delivery models and settings for practice education, including primary care, ambulatory care, tertiary care, long term care, community care, etc. promoting opportunities for student exposure to the organization's community engagement and consultation processes promoting new models of supervision or teaching promoting and monitoring the numbers of practice education innovation projects underway in the organization 		
Indicator C AIM 1.2; 2.2 <ul style="list-style-type: none"> Implementation of available and emerging technology and education models to improve practice education efficiency and effectiveness (e.g. e-orientation, collaborative learning units, simulation tools, HSPnet, etc.) 		

Example/supporting data for ratings	Priorities for improvement

⁴ Collaborative learning units are those with a defined collaborative decision-making process, with inter-professional team processes that are frequently evaluated, and in which all staff members know the roles of other professionals.

Category 4: Practice Education Delivery & Support

<i>First Level</i> (Foundational indicators)	The Clinical Program or Service Unit has:	RATING
Indicator A	AIM 1.2 <ul style="list-style-type: none"> An agreed upon number of staff trained and available to supervise students (for example, staff workload can be adjusted to enable and support roles in practice education) 	
Indicator B	AIM 5.1; 6.0 <ul style="list-style-type: none"> Regular orientation and communication to all staff regarding: <ul style="list-style-type: none"> organizational and program commitment to student training and practice education their roles and responsibilities related to student training and practice education 	
Indicator C	AIM 6.0 <ul style="list-style-type: none"> A mechanism to inform staff about students' level of knowledge and learning objectives in advance of placement start date 	
Indicator D	AIM 9.2; 9.4 <ul style="list-style-type: none"> Routinely high levels of satisfaction (e.g. 80%) among students and faculty in relation to their welcome and orientation to the program or service unit 	
<i>Second Level</i> (Additional indicators)	The Clinical Program or Service Unit has:	RATING
Indicator E	AIM 5.2 <ul style="list-style-type: none"> High rates (e.g. 80%) of staff who have undertaken professional development related to practice education within the last three years (e.g. teaching, mentoring, precepting, coaching, and inter-professional practice) 	
Indicator F	AIM 3.4 <ul style="list-style-type: none"> Practices and resources in place for recognition of staff who supervise students 	
Indicator G	AIM 9.3 <ul style="list-style-type: none"> Processes in place that ensure student difficulties during the practice education placement are routinely dealt with in a timely and effective manner. 	

Example/supporting data for ratings	Priorities for improvement



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