Practice Education Metrics Report
Baseline Report

Fiscal Year 2013-14

Prepared For: PHSA Research Committee
Prepared by: Beth Palacios, Consultant
PHSA Student Education Coordinating Committee
PHSA Performance Measurement & Reporting

Acknowledgement

The following report is prepared for the Provincial Health Services Authority (PHSA) Board of Directors on an annual basis to present data related to the Framework for PHSA Practice Education Metrics (see Appendix C). As an academic health sciences organization, PHSA works in close partnership with the University of British Columbia, BC Institute of Technology, Simon Fraser University, University of Victoria, University of Northern BC and other BC educational institutions. BC Emergency Health Services works closely with the Justice Institute of BC.

The practice education activities described in this report are made possible only through the collaboration and partnership of PHSA, its agencies and programs, and its academic partners.

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PHSA Practice Education Metrics Summary

Indicator			• **Key Measure Description**	**FY 2013-14 Value**
Build Practice Education Capacity		1a	**Total Number of Student Hours** (excludes medical students) **by PHSA Agency**	**287,426**
			BCEHS	136,860
			BCCH	79,173
			BCW	31,045
			BCCA – all locations	23,893
			SunnyHill	8,080
			Forensics	7,294
			All Other (BCCDC, BC Transplant, Cardiac Services BC, BCMHSUS)	1,082
		1b	**Total Number of Medical Students by Specialty** (Undergraduate & Post-Graduate)	TBD
		1c	**Total Number of Medical Student Hours by Student Type and Specialty**	
			Undergraduate Medical Students	TBD
			Post-Graduate Medical Students	TBD
		1d	**Number of Students who completed the Conf./Privacy course by Participant Type**	**1,967**
			Medical Student	731
			Student – all other disciplines	1,016
			Unidentifiable Students	220
		1e	**Estimated Cost of Staff Time by Encounter Type**	
			One-to-one	$6,301,657
			Group	$195,804
		1f	Total Number of confirmed placement requests (this is # of requests not # of students)	578
		1g	Total Number of PHSA declined placement requests	280
		1h	**Total Number of Staff Participants involved in Preceptor/Educator Training**	
			Educator Pathway Project (Preceptor/Educator Training)	89
			BC Emergency Health Services (Preceptor Training)	139
		1i	**Total Number of Preceptors* in HSPnet with and without a placement**	
			With a placement	90
			Without a placement	446
		1j	**Total Number of Destination*s in HSPnet with and without a placement**	
			With a placement	116
			Without a placement	285
Build Effective Partnerships and Collaborations to Support Innovation		2a	Total # of Affiliation Agreements / % based on standard template	77 / 71%
		2b	Top 4 Education Institutions by placement hours	
			BCEHS	69,020
			JIBC	68,352
			BCIT	40,263
			University of BC (excluding undergraduate and post-graduate medical students)	36,914
		2c	Total Number of student hours in an ambulatory/outpatient care setting	33,006
		2d	Distribution of Student Hours by practice education setting	
			Inpatient	89,980
			Ambulatory/Outpatient	33,006
			Mixed (OP/Amb & Inpatient)	27,477
			On Car (Paramedic)	67,840
			On Plane (Paramedic)	60,720
			Admin/Support Services	8,404
Quality of Clinical Learning Environment and Results		3a	# of hires at PHSA with previous PE Placement	TBD
		3b	Quality of the Clinical Learning Environment survey results	TBD
		3c	Readiness for Student Practice Education survey results	TBD

Executive Summary

The BC Academic Health Council (BCAHC) defined Practice Education as *"the experiential learning component of healthcare provider education that occurs in health service delivery and/or simulated settings, and that helps students learn the necessary skills, attitudes and knowledge required to practice effectively in their field*. In 2012, the PHSA Student Education Coordinating Committee (see Appendix A) developed the Action Plan for Student Practice Education 2012-2015. This document shows advances in PHSA's progress as an academic health sciences organization and its mandate to create a high performance health workforce.

As part of this process, the Practice Education Performance Indicators Working Group (see Appendix B) drafted a set of desired outcomes and indicators with a view towards developing an annual Practice Education metrics report. In March of 2014, a draft Framework for PHSA Practice Education Metrics was developed (see Appendix C), outlining three broad categories of indicators; **1) Build Practice Education Capacity; 2) Build Effective Partnerships and Collaborations that Support Innovation, and 3) Monitor the Quality of the Clinical Learning Environment and Results.**

In 2003, the Health Sciences Placement Network or HSPnet was launched to provide a web-based system for managing practice education in the health sciences across BC. This system has the functionality to coordinate, track and report placement activity for a wide array of disciplines in BC and is a key data source for this report. HSPnet is currently utilized by most health disciplines at PHSA agencies but does not capture 100% of placement activity. Current disciplines not utilizing HSPnet for placement management are PHSA corporate departments (Information Technology, Communications, Finance, Human Resources), Population and Public Health, co-op students, medical students, and paramedic program placements. Manual collection of data from BC Emergency Health Services (BCEHS) is included, when applicable, due to the scope of practice education activities related to the paramedic programs. In February of 2014, management of HSPnet was transferred to PHSA as a result of the dissolution of the former managing organization (i.e. BC Academic Health Council).

This report presents the first annual reporting of practice education metrics and includes baseline metrics in the first two categories of indicators. While every effort was made to collect data for all indicators, some data were unavailable but considered important to continue to pursue for future reporting. Most notably, UBC is currently working on a Clinical Placement Management Initiative (See Appendix M) that will streamline processes around the management of clinical training capacity and learner placements for both MD undergraduate and postgraduate education at all clinical locations throughout the province. UBC announced that is has chosen MicroPact as the vendor and the system is currently expected to be completed in 2-3 years. As a result, data related to medical student placements included in this report is qualitative in nature but included to provide some context related to MD student volumes.

Further work is underway to report the indicators in category three, Monitor the Quality of the Clinical Learning Environment and Results. PHSA Human Resources has committed to begin collection of previous placement data on all new hires. This will result in a suitable measure of the recruitment benefits of participating in practice education. In addition, two survey instruments to measure the quality of the clinical learning environment (see Appendix K & L) have been validated in FY 2013-14 and will be implemented and reported in future fiscal years.

To better understand the metrics report, it is helpful to refer to the glossary and definitions document (see Appendix D) that guided data collection.

The ability to report on all metrics included in the PHSA's practice education metrics framework is an iterative process and metrics will continue to be refined further in future reports.

Build Practice Education Capacity

One measure of practice education capacity within PHSA is to monitor activity levels by student hours* (excluding medical students). In FY 2013-14, PHSA provided 287,426 student hours of which 83% were one-to-one preceptorships (supervised by a PHSA preceptor/employee) and 17% were group placements (supervised by an instructor provided by the educational institution). A breakdown of student hours by PHSA agency and placement type can be found in Figure 1 and by discipline and placement type in Figure 2. A detailed table of student hours by agency, discipline and sub-discipline is shown in Appendix E.

Figure 1
Total FY 2013-14 Student Hours by Agency and Placement Type

Agency	One-to-one	Group
BCEHS	136,860	
BCCH	55,958	31,295
BCW	17,569	13,476
BCCA	23,893	
Other	4,196	4,180
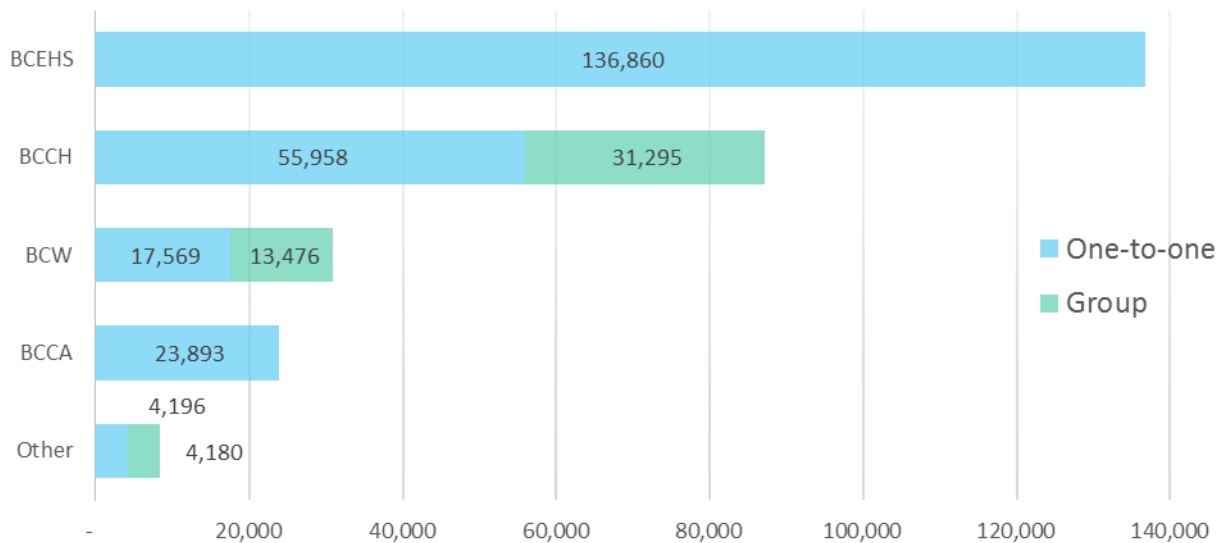
Figure 2
Total FY 2013-14 Student Hours by Discipline and Placement Type

Discipline	One-to-one	Group
Paramedic	137,308	
Nursing	36,802	48,887
Therapist	29,644	
Technologist/Technician	13,818	
Rehabilitation Sciences	6,919	
Social Work	6,020	
Food & Nutrition	3,120	
Administration	2,325	
Pharmacy	2,280	
Psychology	240	
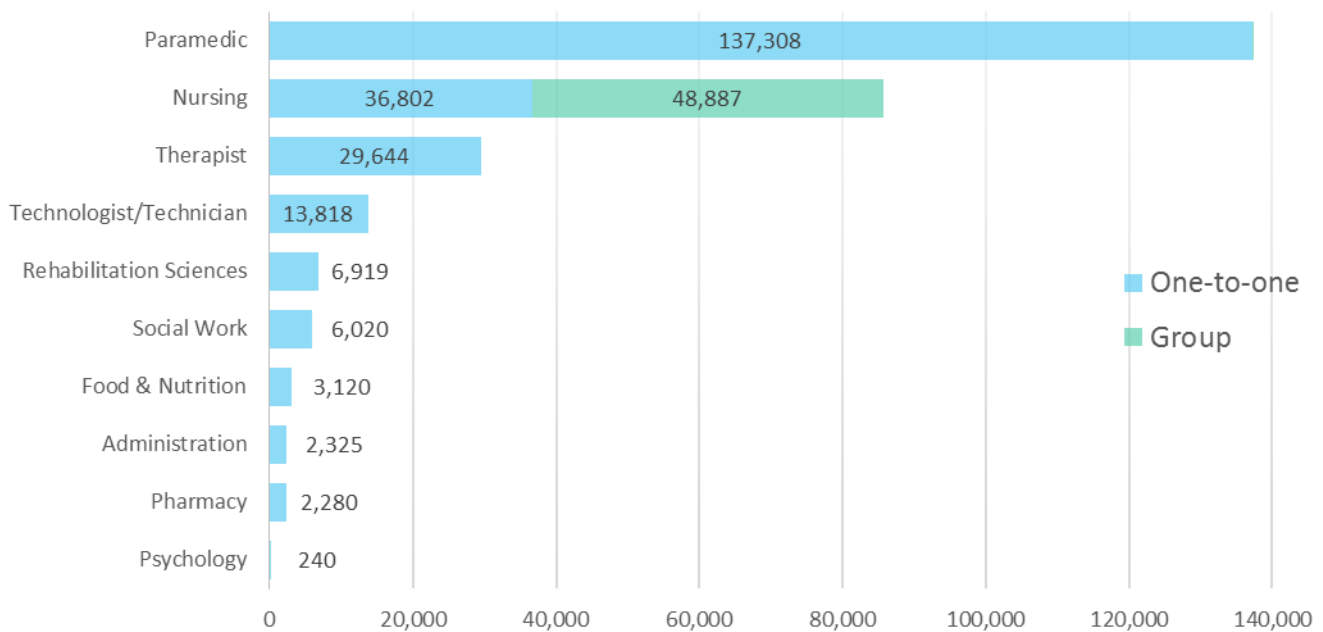
The total number of requested placement hours times the number of students placed

Due to the inability of UBC to provide the number of students and hours for medical students, the number of students who completed the confidentiality/privacy course by participant type is being used to provide some context for medical student volumes in the Province. All UBC MD students are required to take this course, regardless if they have a placement at a PHSA facility. As can be seen in Figure 3, over 700 medical students participated in this course and participate in practice placements throughout BC.

Figure 3
Total Number of Students who completed the Confidentiality/Privacy Course by Participant Type & Month

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Total Number of Students who completed the Confidentiality/Privacy Course by Participant Type & Month
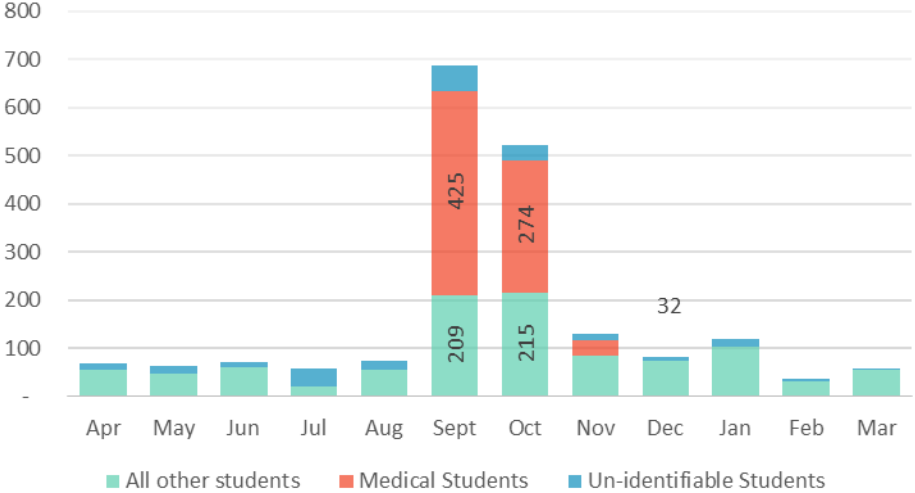
As reported by UBC, all MD undergraduate students (288 admitted annually) are required to do a 6 week placement in year 3 in both pediatrics and obstetrics, although these can take place in non-PHSA facilities. In year 4, some will return to PHSA for elective placements in specific specialties. In addition, in its 2012-13 Annual Report, UBC reported there were 1,156 undergraduate students across the 4 years.

Post-graduate MD students in years 1-7 (i.e. residents; fellows) also utilize PHSA for specialty placements at BC Children's Hospital, BC Women's Hospital, BC Cancer Agency, BC Mental Health and Substance Use Services and BCCDC. As reported by UBC, there are approximately 1,400 medical residents, fellows, etc. across the province in various years of the post-graduate medical education program. They admit approximately 365 first year and new-to-UBC residents each year

It is anticipated that in future reports, details related to MD student placements and hours will be included.

The number of placement requests processed by month (Figure 4) illustrates high demand in September (25%), January (16%) and May (13%). These months represent 54% of total requests and this impacts the availability of placement resources (clinical destinations and preceptors). This has led both Kwantlen Polytechnic University and Langara College to modify curriculum to more evenly distribute requests and placements throughout the year. Excluded from this graph are medical students (residents and 3rd/4th year MD undergraduates) who begin their placements in July and August respectively and paramedic placements whose current policies result in an equal distribution of placements throughout the year.

Figure 4
FY 2013-14 Number of Confirmed Placement Requests by Month
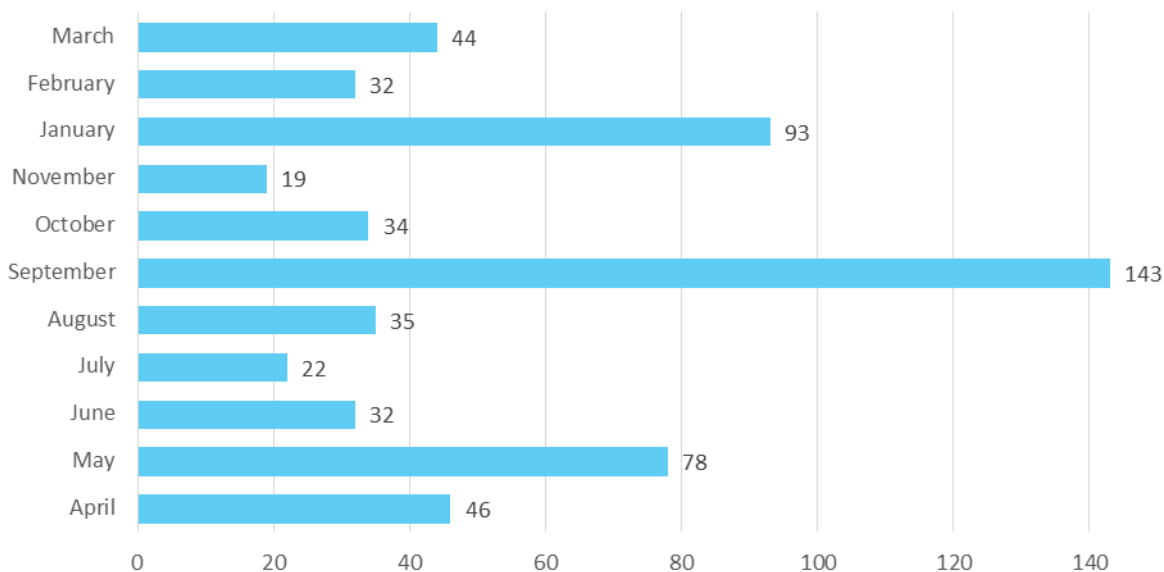
In FY 2013-14, PHSA agencies declined a total of 280 placement requests. Top reasons for these declines are shown in Figure 5. Top disciplines declined include Practical Nurses and Unit Clerks, which PHSA offers limited spaces for, and the remainder were in baccalaureate student nurse (BSN) placements from lower mainland education institutions. While there is consistently greater demand for placements in our specialty areas than supply, this is an important metric to measure to inform PHSA's efforts to reach optimal placement capacity.

Figure 5
FY 2013-14 Top Reasons for Placement Decline by PHSA
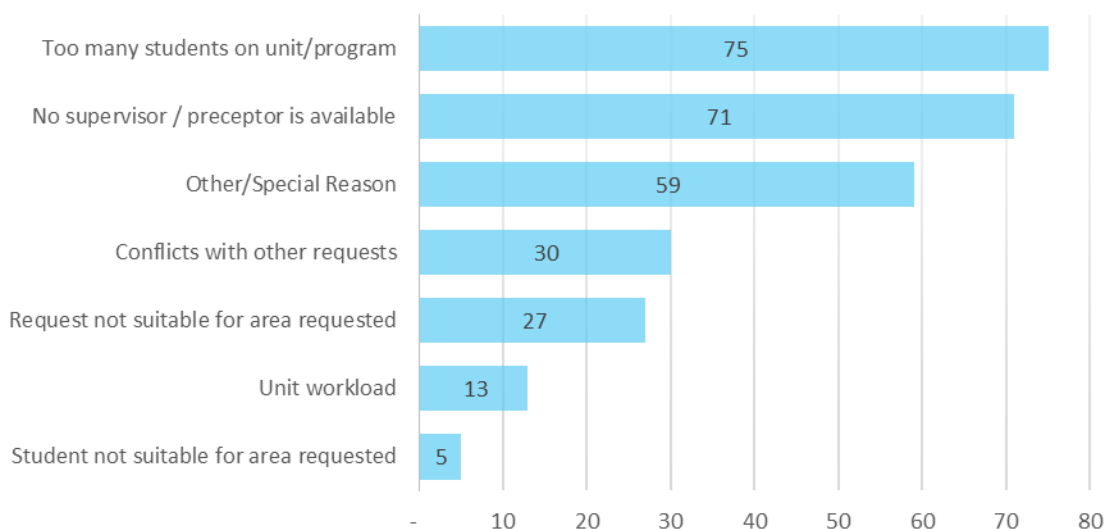
Preceptor/Educator Training

To increase practice education capacity PHSA is committed to providing preceptor/educator training on an ongoing basis. In 2011, the Educator Pathway (EP) program was implemented throughout PHSA. The EP Program was developed from a three year research collaboration between practice and academic partners. This inter-professional multi-level curriculum targets health care professionals in formal education roles who support learners in a clinical health care setting. In FY 2013-14, 89 preceptors/educators were trained (see Figure 6). For a definition of Levels 1-3, see glossary (Appendix D).

Figure 6
**Number of Preceptors/Educators trained by the Educator Pathway Program by Agency in FY 2013-14**
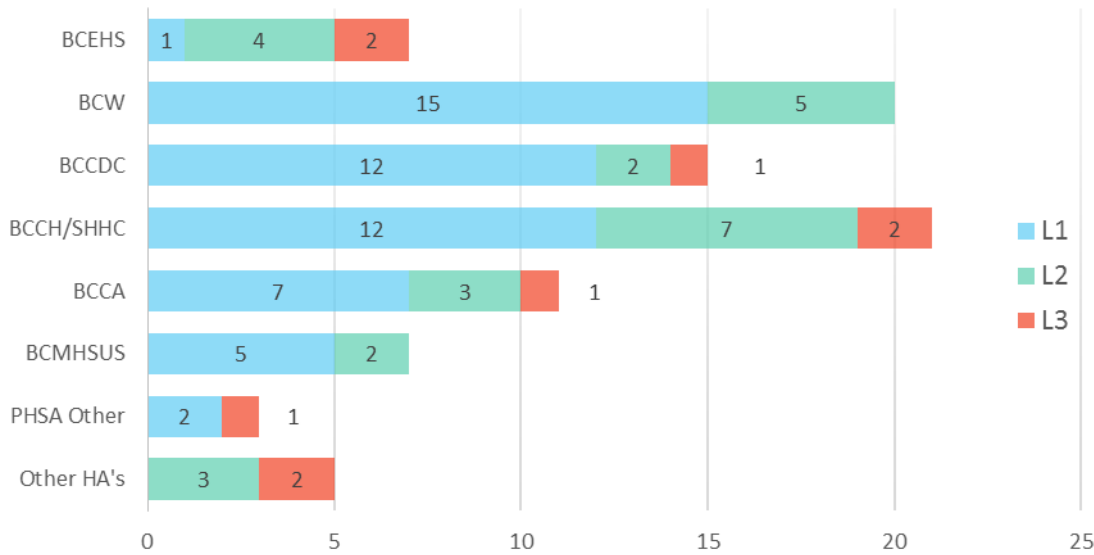
In addition to the Educator Pathway program, BC Emergency Health Services (BCEHS) also offers preceptor training. BCEHS has trained 139 preceptors in FY 2013-14. See Figure 7 for program enrollment figures.

Figure 7
Number of Preceptors trained by BC Emergency Health Services by Program in FY 2013-14
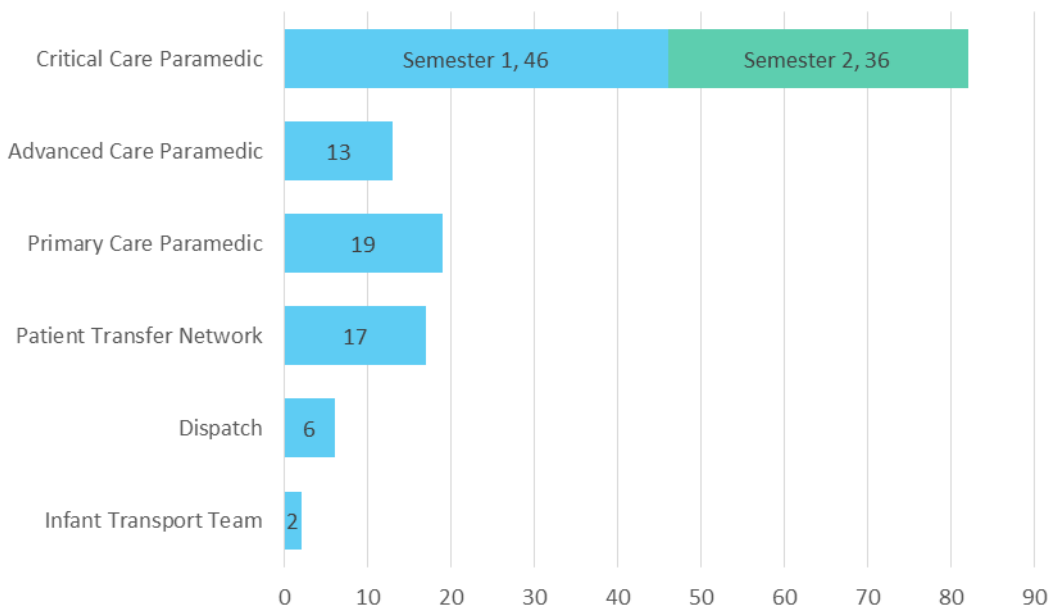
Preceptor/Destination Activity

The number of trained and active preceptors in BC Emergency Health Services (BCEHS) are detailed below in Table 1. This includes all preceptor and student training for the following programs: Primary Care Paramedic, Advanced Care Paramedic, Critical Care Paramedic, Infant Transfer Team, and Dispatch. Patient transfer network preceptor activity will be included in future reports.

Table 1
Number of BCEHS Preceptors & Placement Activity by Program in FY 2013-14

BCEHS Training Program	# of Available Preceptors	# and % of Total with an Active Placement in FY 2013-14
Primary Care Paramedic	180	141 (78%)
Advanced Care Paramedic	106	48 (45%)
Critical Care Paramedic	53	Semester 1 – 50 (94%) Semester 2 – 43 (81%)
Infant Transport Team	16	No cohort in FY 2013-14
Dispatch	35	17

In HSPnet, PHSA has a total of 401 active placement destinations and 536 preceptors. These represent placement locations and preceptors across PHSA for all disciplines who have had an active placement since HSPnet's inception. Excluded from these graphs are medical students and the programs administered by BCEHS for paramedic and dispatch training. The number of destinations and preceptors with and without an active placement in FY 2013-14 is shown in Figure 8. These may represent underutilized placement resources but more likely are a reflection of data quality in HSPnet. Efforts to purge HSPnet of inactive preceptors or destinations is ongoing and will be impacted by more formal data governance policies. In addition, preceptors train new staff members and employees and thus may be unavailable to take a student placement.

Figure 8
Number and % of HSPnet Preceptors and Destinations by Placement Activity in FY 13-14

Preceptors
90 17%
446 83%
■ With a Placement ■ Without a Placement

Destinations
116 29%
285 71%
■ With a Placement ■ Without a Placement

A breakdown of the number of preceptors, by their HSPnet designated department, for those with an active placement in FY 2013-14 is shown in Figure 9.

Figure 9
Number of Active Preceptors by HSPnet Department in FY 2013-14
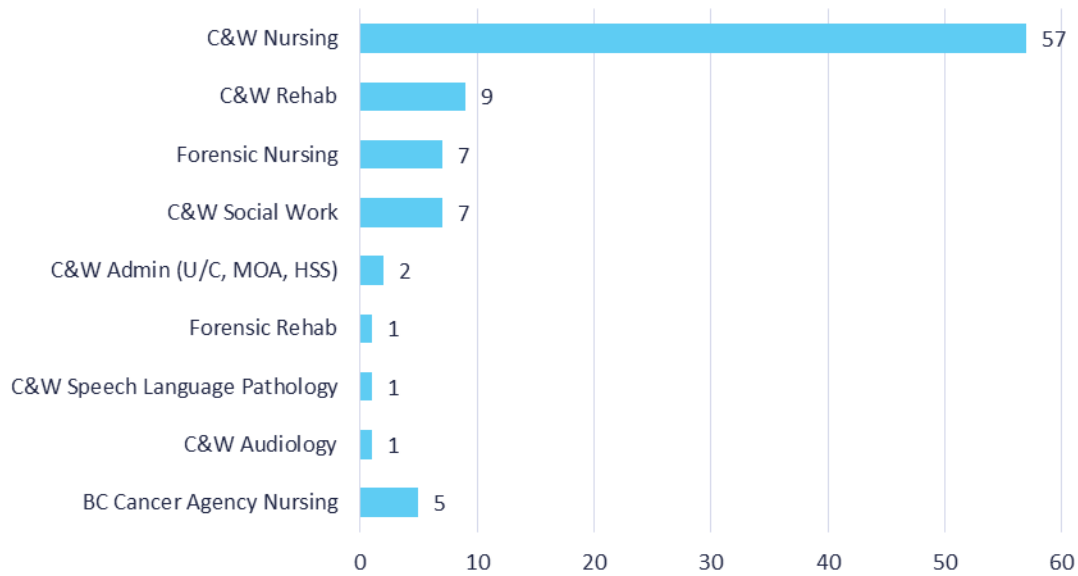
Destinations (agency specific units) with an active placement in FY 2013-14 are detailed in Appendix G for BC Children's Hospital, Appendix H for BC Women's Hospital, and Appendix I for all other PHSA agencies.

One element of the total cost of practice education is staff time related to direct supervision of students. These activities include orientation of the students to the site, unit and/or program, planning of daily learning activities that meet learning objectives, skill demonstrations, supervision of students while they practice, dealing with student performance issues, and evaluations. Past reports that include total cost details for practice education in PHSA, C&W and Fraser Health can be found Appendix M. Utilizing the ratio of staff hours to student hours, 1:20 for group placements and 1:5 for one-to-one placements, developed from these reports, and 1:1 for all paramedic programs, Table 2 shows the estimated cost of staff time by discipline for FY 13-14. Also assumed is a $40 per hour average staff salary cost. Excluded from this table is estimated cost related to medical students.

Table 2
Estimated Cost of PHSA Staff Time by Discipline and Encounter Type in FY 2013-14

Discipline	Group	One-to-One	Total
Administration	$0	$18,600	$18,600
Food & Nutrition	$0	$24,960	$24,960
Nursing	$97,774	$294,416	$392,190
Paramedic	$128	$5,492,320	$5,492,448
Pharmacy	$0	$18,240	$18,240
Psychology	$0	$1,920	$1,920
Rehabilitation Sciences	$0	$55,349	$55,349
Social Work	$0	$48,160	$48,160
Technologist/Technician	$0	$110,540	$110,540
Therapist	$97,902	$237,152	$335,054
Grand Total	$ 195,804	$ 6,301,657	$ 6,497,461

Build Effective Partnerships and Collaborations that Support Innovation

PHSA has seventy-seven (77) affiliation agreements with sixty-nine (69) educational institutions in both the public (71%) and private (29%) sector. See Figure 10 for a breakdown by region and sector. In addition to these, PHSA has affiliation agreements (Inter-health authority agreements) in place with other BC Health Authorities and BC Emergency Health Services to support continuing professional development. For a detailed list of education partners see Appendix J.

Figure 10
Number of Affiliation Agreements by Region and Sector in FY 2013-14
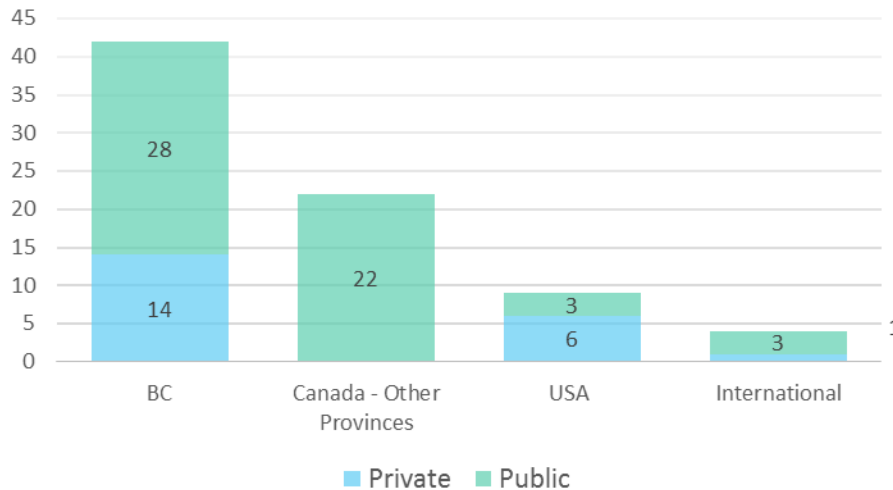
The standard template for this agreement was developed as a project of the Practice Education Innovation Fund of the BC Academic Health Council in 2007. PHSA is working to transition all educational institutions to the standard template (endorsed by BC Healthcare Protection Program) (see Figure 11) when existing agreements expire and this is a measure of effective risk management, efficiency and building effective partnerships. Over the last five years the number of affiliation agreements has declined from 125 to 77. The Inter-health authority agreement is mostly identical to the standard template.

Figure 11

Number of Affiliation Agreements Utilizing Standard Template in FY 2013-14
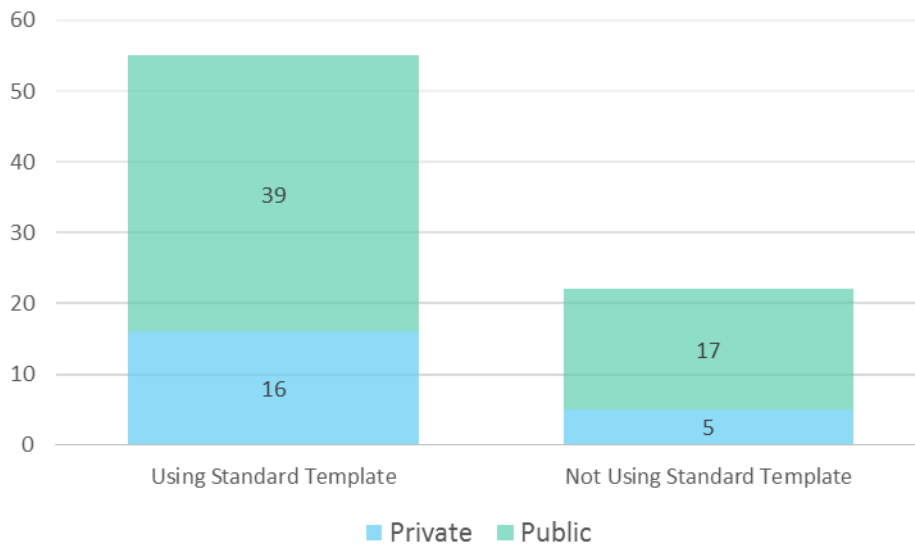
While PHSA has 77 partnerships in place, 94% of student practice hours for FY 2013-14 were with 8 of these institutions (see Figure 12) covering 11 affiliation agreements. Some educational institutions have more than one affiliation agreement in place. A detailed listing of student hours by institution and discipline can be found in Appendix F. It is important that PHSA continues to strengthen its relationship with primary academic partners, and evaluate relationships with other affiliates to determine whether continued affiliation is warranted.

Figure 12
Top 94% of Student Hours by Educational Institution in FY 2013-14
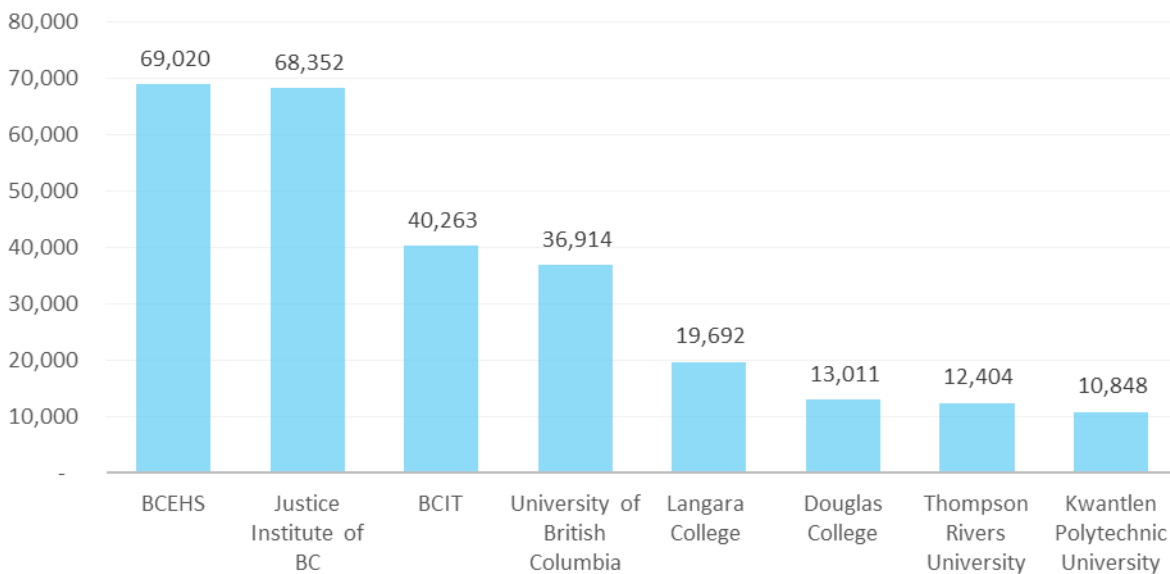
The majority of services provided by PHSA agencies are outpatient or ambulatory in nature and delivered by inter-professional teams. Accordingly, a key goal in the PHSA Action Plan for Student Practice Education: 2012 – 2015 is for PHSA to foster innovation in ambulatory care and inter-professional practice education placements. See figure 13 for the distribution of student hours by placement setting.

Figure 13

Distribution of Student Hours by Placement Setting in FY 2013-14

Setting	Hours
Inpatient	89,980
On Car	67,840
On Plane	60,720
Outpatient/Ambulatory	33,006
Mixed (OP/Amb & Inpatient)	27,477
Admin/Support Srvcs	8,404
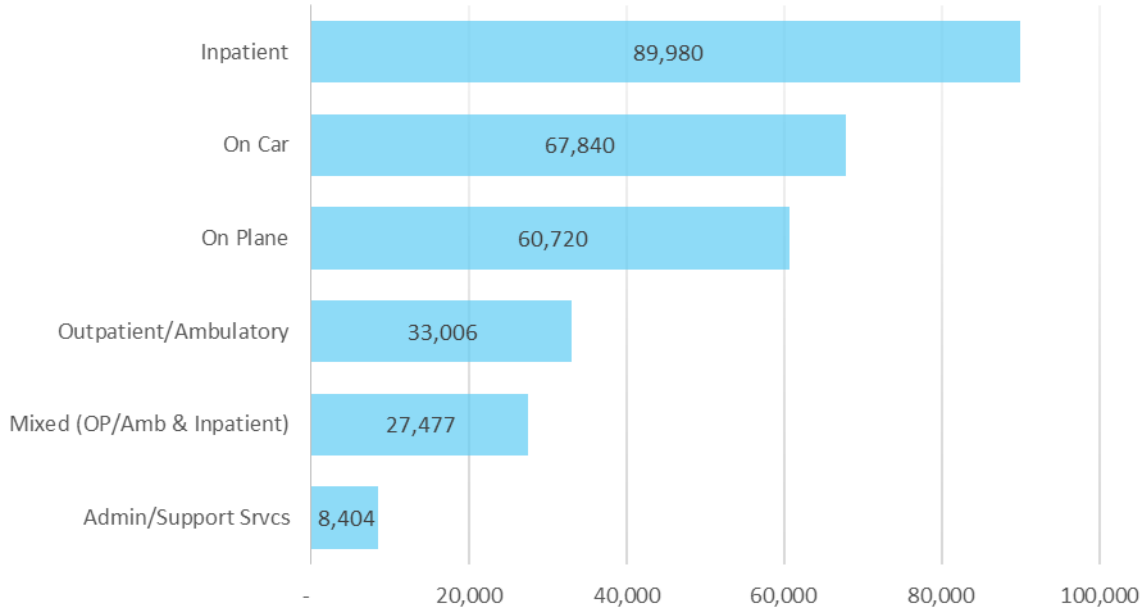
Practice setting is also influenced by the agency mandate as can be seen in Figure 14. Please see glossary for definitions of practice settings.

Figure 14
Percent of Student Hours by Practice Setting by Agency in FY 2013-14

Agency	Outpatient/Ambulatory	Inpatient	Mixed	Admin/Support Srvcs	On Car	On Plane
BCEHS			6%		50%	44%
BCCH	7%	66%	27%			
BCW	18%	82%				
BCCA	81%	5%	15%			
BCMHSUS	18%	82%				
BC Transplant	100%					
BCCDC	100%					
Cardiac Services BC				100%		

Legend: ■ Outpatient/Ambulatory ■ Inpatient ■ Mixed ■ Admin/Support Srvcs ■ On Car ■ On Plane
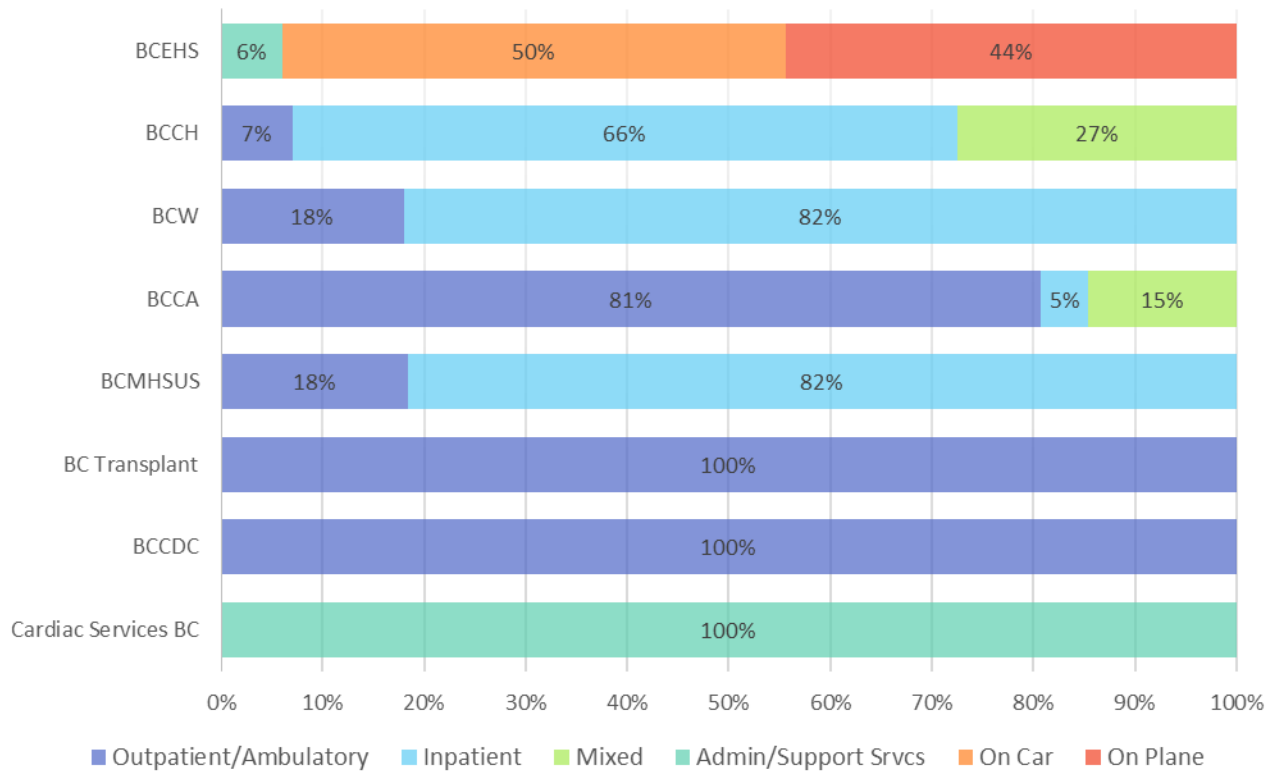
Monitor the Quality of Clinical Learning Environment and Results

Measures included in this category will reflect on improved practice education planning and decision making and assessment of the practice education progress and impact.

Several steps were taken this year to enable further data collection on indicators in this category. First, PHSA has agreed to modify the data collected on the new hire form in Peoplesoft to capture whether a new hire had a previous PHSA placement as a student. Tracking of this helps measure the links between recruitment and education activities throughout PHSA and helps gauge the benefits of participation in practice education.

Another project that will support measurement of the quality of the clinical learning environment is the Michael Smith Foundation for Health Research funded project titled "Places for Learners: Assessing Capacity and Effectiveness of Clinical Sites" (PLACES project), which concludes in November 2014. PHSA partnered with UBC, VCH, FH, PHC and 8 lower mainland schools of nursing on this project. This project produced a validated instrument to assess the quality of the clinical learning environment from three perspectives: 1) students, 2) health authority staff who are teaching and supervising the students, and 3) onsite faculty/instructors from the education institutions. The goal for PHSA is to adapt and deploy this instrument electronically and be able to include initial results in next year's report. An instrument sample is shown in Appendix K.

This project also developed an instrument called "Readiness for Student Practice Education" (RSPE). This was an extension of a provincial project that PHSA led in 2008 to develop "Practice Education Quality Improvement Checklists" for health authorities. Development of the RSPE instrument takes this work a step further. The RSPE is for use by health authority clinical programs. See Appendix L for a sample of the RSPE survey questions.

Appendix A - Student Education Coordinating Committee*

Ellen Chesney[1]   Chief Administrative Officer – Research
                           Executive Sponsor

Paul Anderson[2]   *Co-chair,* Director - Learning & Development

Grace Mickelson[1]   *Co-chair,* Corporate Director - Academic Development

Sarah Titcomb[1]   Administrative Coordinator - Academic Development

Cathy Rayment[3]   Provincial Library Leader

Lorelei Newton[3]   Professional Practice Leader – Nursing

Amanda Bolderston[3]   Professional Practice & Academic Leader
                           Radiation Therapy

Jagbir Kohli[3]   Education Resource Nurse – Fraser Valley & Abbotsford

Dori Van Stolk[4,5,6]   Director - Learning & Development

Sandra Harris[4,5,6]   Senior Leader - Clinical Education
                           Learning & Development

Karen Derry[4,5,6]   Professional Practice Leader
                           Speech-Language Pathology
Lori Roxborough[6]   Associate Director – Occupational Therapy & Physical Therapy (Sunny Hill Health Centre)

Sylvia Wu[4]   Manager – Education, Dept. of Pediatrics

Marian Hands[7]   Manager - Education Operations

Sharon Stapleton[9]   Multi-site Director – Lower Mainland Pathology & Laboratory Medicine

Sherry Hamilton[1]   Chief Nursing & Liaison Officer, *corresponding*

Debbie Mcdougall[4,5,6]   Director of Professional Practice, *corresponding*

1. PHSA
2. BC Mental Health and Substance Use Services
3. BC Cancer Agency
4. BC Children's Hospital
5. BC Women's Hospital and Health Centre
6. Sunny Hill Health Centre for Children
7. BC Emergency Health Services
8. BC Centre for Disease Control
9. Lower Mainland Pathology and Laboratory Medicine

Appendix B - Practice Education Performance Indicators Working Group (2010 – 2012)

Paul Anderson, Director, Learning & Development
BC Mental Health & Addictions Services

Maxine Alford, Provincial Professional Practice Director, Nursing
BC Cancer Agency

Debbie Mcdougall, Senior Clinical Education Leader, Learning & Development
BC Women's Hospital & Health Centre and BC Children's Hospital

Margaret Landstrom, Director, Learning & Development
BC Women's Hospital & Health Centre and BC Children's Hospital

Elizabeth Elliot, Director of Nursing & Manager of Professional Practice
BC Centre for Disease Control

Marian Hands, Manager, Education Operations
BC Ambulance Services

Donna Drynan, Director, Practice Education
College of Health Disciplines, University of British Columbia (UBC)

Ognjenka Djurdjev, Corporate Director, Performance Measurement & Reporting, PHSA

Beth Palacios, Corp. Manager, Performance Measurement & Reporting, PHSA (past member)

Gecelyn Betinol, Strategic Planning, Transformation Support & Innovation, PHSA (past member)

Sarah Titcomb, Administrative Coordinator, Academic Development, PHSA

Grace Mickelson, Corporate Director, Academic Development, PHSA, *Chair*

Collaborators:

Stella Leung, Work-Study Student, College of Health Disciplines, UBC
Victoria Wood, Project Research Coordinator, College of Health Disciplines, UBC

Source: Moving to the Future as an Academic Health Sciences Organization, *Imagine What We Can Do…*Taking Action on Student Practice Education, Discussion Paper, July 13, 2011 (prepared by the above for PHSA)

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*

- Metrics denoted *in grey and italics* will be reported on in future reports

Glossary

Term	Description
Metric Definitions	
Metrics 1a – Total number of Student Hours by Receiving Agency, Discipline, and Encounter Type Source: HSPnet activity report/custom field	Total number of Student Hours (calculated as number of students X requested placement hours) for the confirmed placement status beginning within the Fiscal Year. These numbers are calculated by Receiving Agency, HSPnet discipline, sub-discipline and Encounter Type (Group or One-to-One)
Metric 1b – # of Medical Students by Type (Undergraduate and Post graduate) and Specialty	TBD
Metric 1c – # of Medical Students hours by Type and Specialty	TBD
Metric 1d – # of Confidentiality /Learning Hub Orientation Courses Completed by Participant Type Source: LH Course Completed report from Sarah Titcomb, manual	A count of those completing the Confidentiality course on the Learning Hub from a designated student, employee, or unidentified email address.
Metric 1e – Estimated Cost of Staff Time by Discipline and Encounter Type Source: HSPnet activity report/custom Field	Total number of student hours * $40 average wage. The ratio of staff hours to student hours of 1:5 for One-to-one, and 1:20 for Group placements is utilized.
Metric 1f - # of confirmed placement requests by month Source: HSPnet + custom field	The sum of the # of Placement Requests by the month in which it starts within the Fiscal Year.
Metric 1g - # of PHSA declined placements by top reason Source: HSPnet Declined and Cancelled Report	The number of declines for the Declined by Agency (DecA) status and reasons as provided in HSPnet.
Metric 1h – Number of staff participants involved in preceptor and educator training (Educator Pathway and BCEHS programs) Source: Educator Pathway participant report (from Sandra Harris, Lead – Educator Pathway Program) and Self-reported numbers by BCEHS Manager, Education Operations	Educator Pathway Program participant report, manual. A sum of all levels. Level 1 - Preceptor/Mentor Theory and Practice (EP Level 1 & 1A) - The preceptor and mentor competency development and education programs vary across agencies within PHSA. Level 2 - Education Theory and Practice (Staff preparing for Clinical Educator Role) 8 Instructional days spread over the course of 4 months. - Content moves to supporting group and classroom learning focused on a specific clinical area of practice. - Eligibility – PHSA professional clinical staff in an educator role that primarily focuses on program specific education. Endorsement letter from leader required. Level 3 - Education Theory and Practice: - Five instructional days over 3 months. - Focus is on supporting learning beyond the context of a specific clinical area of practice. Best suited for experienced educators shifting from developing content-based education to concept-based facilitation for learners across programs, disciplines and/or Health Service Delivery Areas. - Eligibility – PHSA professional clinical staff in an educator role and who have significant experience as an educator, and whose role typically goes beyond the confines of a specific practice area. - Endorsement letter from leader required

Glossary

Term	Description
	Level 4 – Masters in Education from a University.
Metric 1i – # of Preceptors in HSPnet with and without a placement within the Fiscal Year Source: Unused Supervisor Custom Report from HSPnet and Listing of all Preceptors from HSPnet report wizard.	Calculated number of preceptors showing as active in HSPnet – those without a placement from the Unused Supervisors Report.
Metric 1j – # of Destinations in HSPnet with and without a placement within the Fiscal Year Source: Customer HSPnet report listing all destinations with and without a placement	A listing of destinations within an agency, and a tally of each PR status for each destination. Calculated number for only the confirmed placement status.
Metric 1k – # of PHSA staff with practice education activities as part of defined job responsibilities.	TBD
Metric 2a – Number of formal affiliation agreements and % based on the Standard Template Source: Affiliation Agreement excel worksheet from Practice Education plus custom fields	A count of the number of educational institutions with an affiliation agreement and their designation as a private or public entity and on the standard or non-standard template
Metric 2b – Top % of education institutions by student hours Source: HSPnet Activity data	Sum of student hours by education institution. Calculation of the top 90% or above.
Metric 2c – Number of student hours in ambulatory and/or inter-professional collaborative practice setting by site Source: HSPnet Activity data plus custom fields	Utilizing the destination field in the HSPnet activity report, added another field called practice setting. Calculates the number of student hours by the ambulatory/ outpatient setting type.
Metric 2d – Distribution of student hours by practice education setting Source: HSPnet Activity data plus custom field	Utilizing the practice setting field, calculates the number of student hours in each category.
Metric 3a - # of hires at PHSA with a previous practice education placement	TBD
Metric 3b – QCLE survey results	TBD
Metric 3c – RSPE survey result	TBD
HSPnet Definitions	
Hours	
Student Hours	Total number of placement hours for all students (groups and non-groups) for all confirmed placements. (calculated as # of students x the number of placement hours requested)

Glossary

Term	Description
Placement Hours	Total number of hours requested, per student/group for all confirmed placements.
Placement Status	
Confirmed	Represents all accepted requests that are confirmed by the school and agency.
Declined by Agency	Represents all requests that were officially declined by the receiving agency. The reasons for decline are also captured for this placement status.
Accepted by Agency	Represents all accepted requests that have not been confirmed by the school. Once a school accepts the placement, it becomes a Confirmed Status.
Placement Type	
One-to-one (supervision provided by PHSA preceptor)	These placements include the following types of encounters: **Preceptor**: These involve direct care and are supervised by an individual of the same discipline. An individual placement with an experienced practitioner in a collegial learning relationship; students may be assigned to one or more preceptors during the placement. A preceptor is an employee/contractor of the Receiving site; the educational program may also identify an instructor, facilitator or liaison. **Observation**: A supervised placement involving student observation only, or "shadowing" a service provider. **Project**: Does not involve direct care, students function independently. An opportunity for one or more students to work on a project involving content, data, and/or materials that are furnished by the Receiving site. Supervision is provided by a Project Supervisor, who is an employee/contractor of the Receiving site; the educational Program may also assign an instructor, facilitator or liaison. **Fieldwork**: Individual: A placement that is focused on linking what is learned in class with what is seen, collected, and tested in the field. Supervision is provided by a field guide, who is an employee/contractor of the Receiving Site; the educational Program may also identify a facilitator or liaison. **Internship**: A placement involving supervised practical experience, for a student or recent graduate. Supervision is provided by a preceptor or supervisor, who is an employee or contractor of the Receiving site; the educational Program may also assign an instructor, facilitator, or liaison. **Practice Education**: A generic description for placements in educational programs that prefer not to use another term like "Fieldwork" or "Preceptor". **Independent Study**: A placement that is organized by a learner directly, and not through an educational program. The learner may be a student or graduate. The placement does not normally involve direct patient care. Supervision is provided by an employee/contractor of the Receiving Site. **Collaborative Learning Unit**: A preceptored placement of students in groups on a unit where a Collaborative Learning Unit (CLU) program has been introduced (e.g. BC). Students are involved in direct patient care and have a high level of independence. All staff on the unit participate in the teaching-learning relationship with all students in the CLU group.

Glossary

Term	Description
Group (supervision provided by instructor from education institution)	**Group:** Instructor led, groups of two or more students in a placement location, under the clinical supervision of an instructor or faculty member who is assigned by the educational program. **Alternate experiences**: involves spending a portion of a placement in an alternate destination within the same receiving agency. An experience offered to students of an Instructor-led Group, whereby some or all students from the "parent" group may rotate to another unit for one or more shifts. Supervision is provided by the instructor who is assigned by the educational Program.
Other Applicable HSPnet terms	
Discipline	A health sciences field of expertise such a Nursing or Medical Radiography,
Placing Agency	Typically a health sciences educational institution that initiates a student placement, but can be any organization that places a student (e.g. BCEHS)
Placement Destination	The physical or virtual location in which the student will complete their placement experience (e.g. 6th floor surgical ward, 2B). A destination is considered "active" if a Destination Coordinator is actively managing the Inbox (accepting/declining).
Receiving Agency/Site	The agency (typically but not necessarily a health services organization) that receives a student placement request. The Receiving Agency represents the legal entity (health authority, private lab, etc.) as opposed to the placement destination or site.

General Terms

Students	Learners who are involved in a practice education experience as part of their studies in an undergraduate, graduate, post-graduate (eg. post-doctoral fellow) or post-professional (eg. resident) education program in the health and human services professions. This may include students from non-clinical programs in health services support areas such as information management, human resources, communications and decision support.
Practice education	The component of an educational program in which students learn and practice in a community, clinical or simulated setting. It provides the experiential learning that helps students acquire the necessary skills, attitudes and knowledge to practice effectively in their field. It may include direct contact with patients/clients and access to their personal health information.
Affiliation Agreement	A legal contract that defines the roles and responsibilities of a health authority and education institution in providing practice education.
Practice Setting	**Inpatient** - a student placement that takes place only in an inpatient care delivery setting **Outpatient/Ambulatory** - a student placement that takes place only in an outpatient or ambulatory care delivery setting **Mixed (OP/Amb & Inpatient)** - a student placement that takes place partly in an inpatient setting and partly in outpatient/ambulatory care settings **Admin/Support Services** - a student placement that takes place in a health authority administrative or support unit versus a clinical care delivery unit **Public/Pop Health** - a student placement that takes place in a service unit focused on public or population health (e.g. epidemiology program at BCCDC) **On Car/Plane** – a student placement that takes place on a BC Ambulance or Air Ambulance.
Fiscal Year 13-14	April 1, 2013 – March 31, 2014

Appendix E - Total Student Hours by Discipline and Sub-discipline by Agency

AGENCY	DISCIPLINE	SUB-DISCIPLINE	TOTAL STUDENT HOURS
BCEHS	Paramedic	Critical Care Paramedic	60,720
		Primary Care Paramedic	50,553
		Advanced Care Paramedic	17,287
		Dispatch	8,300
	Paramedic Total		**136,860**
BCEHS Total			**136,860**
BCCH	Nursing	Bacc Nursing - BScN/BSN/BN	44,511
		Registered Nurse	1,992
		Psychiatric Nursing Bacc - BScN/BN/RPN Psych	1,156
		Post-RN Specialty	918
		Psychiatric Nursing - Diploma	360
		Bacc Nursing - Post Diploma BSN/BN	312
		Nurse Practitioner	258
		Nursing - Masters	35
	Nursing Total		**49,542**
	Therapist	Respiratory Therapist	10,780
		Music Therapist	1,700
		Recreation Therapist	700
	Therapist Total		**13,180**
	Technologist/Technician	Medical Laboratory Technologist	6,460
		Radiology Tech	1,780
		Nuclear Medicine Tech	960
	Technologist/Technician Total		**9,200**
	Rehabilitation Sciences	Occupational Therapist	2,744
		Physiotherapist	2,538
		Speech & Language Pathologist/Communications	576
		Audiologist	202
		Orthoptist	175
		Rehabilitation Assistant	144
	Rehabilitation Sciences Total		**6,379**
	Social Work	Master of Social Work	3,150
		Child and Youth Care Worker	300
	Social Work Total		**3,450**
	Food & Nutrition	Dietitian	3,120
	Food & Nutrition Total		**3,120**
	Pharmacy	Pharmacist	870
		Pharmacy Technician	610
	Pharmacy Total		**1,480**
	Administration	Unit Clerk	543
		Clerical - General	360
	Administration Total		**903**
BCCH Total			**87,253**
BCW	Nursing	Bacc Nursing - BScN/BSN/BN	20,062
		Post-RN Specialty	3,600
		Registered Nurse	432
		Nurse Practitioner	406
		Nursing - Masters	208
		Bacc Nursing - Post Diploma BSN/BN	156
		Post Masters Programs	140
	Nursing Total		**25,004**
	Technologist/Technician	Sonography Tech	2,443
	Technologist/Technician Total		**2,443**
	Administration	Unit Clerk	1,182
		Medical Office Assistant	150
	Administration Total		**1,332**
	Social Work	Master of Social Work	900

AGENCY	DISCIPLINE	SUB-DISCIPLINE	TOTAL STUDENT HOURS
		Bachelor of Social Work	350
	Social Work Total		**1,250**
	Paramedic	Advanced Care Paramedic	512
	Paramedic Total		**512**
	Rehabilitation Sciences	Physiotherapist	360
	Rehabilitation Sciences Total		**360**
	Therapist	Music Therapist	144
	Therapist Total		**144**
BCW Total			**31,045**
BCCA	**Therapist**	Radiation Therapist	16,320
	Therapist Total		**16,320**
	Nursing	Bacc Nursing - BScN/BSN/BN	2,896
		Registered Nurse	304
		Nurse Practitioner	150
		Bacc Nursing - Post Diploma BSN/BN	78
	Nursing Total		**3,428**
	Technologist/Technician	Nuclear Medicine Tech	1,560
		Medical Laboratory Assistant	615
	Technologist/Technician Total		**2,175**
	Social Work	Master of Social Work	1,320
	Social Work Total		**1,320**
	Pharmacy	Pharmacist	320
	Pharmacy Total		**320**
	Psychology	Counselling Psychology	240
	Psychology Total		**240**
	Administration	Clerical - General	90
	Administration Total		**90**
BCCA Total			**23,893**
BCMHSUS	**Nursing**	Bacc Nursing - BScN/BSN/BN	2,464
		Psychiatric Nursing - Diploma	1,940
		Psychiatric Nursing Bacc - BScN/BN/RPN Psych	1,600
		Registered Nurse	1,008
	Nursing Total		**7,012**
	Pharmacy	Pharmacist	480
	Pharmacy Total		**480**
	Rehabilitation Sciences	Physiotherapist	180
	Rehabilitation Sciences Total		**180**
BCMHSUS Total			**7,672**
BC Transplant	**Nursing**	Nursing - Masters	312
	Nursing Total		**312**
BC Transplant Total			**312**
BCCDC	**Nursing**	Bacc Nursing - BScN/BSN/BN	288
	Nursing Total		**288**
BCCDC Total			**288**
Cardiac Services BC	**Nursing**	Nursing - Masters	104
	Nursing Total		**104**
Cardiac Services BC Total			**104**
Grand Total			**287,426**

Appendix F - Total Student Hours by Top Education Institutions by Sub- Discipline

Educational Institution	Discipline	Total Student Hours
BCEHS	**Paramedic**	**69,020**
	Critical Care Paramedic	60,720
	Dispatch	8,300
BCEHS Total		**69,020**
Justice Institute of BC	**Paramedic**	**68,352**
	Advanced Care Paramedic	17,799
	Primary Care Paramedic	50,553
Justice Institute of BC Total		**68,352**
BCIT	**Therapist**	**16,320**
	Radiation Therapist	16,320
	Technologist/Technician	**13,203**
	Medical Laboratory Technologist	6,460
	Nuclear Medicine Tech	2,520
	Radiology Tech	1,780
	Sonography Tech	2,443
	Nursing	**10,740**
	Bacc Nursing - BScN/BSN/BN	6,972
	Post-RN Specialty	3,768
BCIT Total		**40,263**
University of British Columbia	**Nursing**	**22,024**
	Bacc Nursing - BScN/BSN/BN	21,780
	Nurse Practitioner	244
	Rehabilitation Sciences	**6,600**
	Audiologist	202
	Occupational Therapist	2,744
	Physiotherapist	3,078
	Speech & Language Pathologist/Communications	576
	Social Work	**3,500**
	Bachelor of Social Work	350
	Master of Social Work	3,150
	Food & Nutrition	**3,120**
	Dietitian	3,120
	Pharmacy	**1,670**
	Pharmacist	1,670
University of British Columbia Total		**36,914**
Langara College	**Nursing**	**19,692**
	Bacc Nursing - BScN/BSN/BN	19,692
Langara College Total		**19,692**
Douglas College	**Nursing**	**12,011**
	Bacc Nursing - BScN/BSN/BN	9,891
	Psychiatric Nursing - Diploma	2,120
	Therapist	**700**
	Recreation Therapist	700
	Social Work	**300**
	Child and Youth Care Worker	300
Douglas College Total		**13,011**
Thompson Rivers University	**Therapist**	**10,780**
	Respiratory Therapist	10,780
	Nursing	**1,624**
	Registered Nurse	1,624
Thompson Rivers University Total		**12,404**
Kwantlen Polytechnic University	**Nursing**	**10,344**
	Bacc Nursing - BScN/BSN/BN	7,588
	Psychiatric Nursing Bacc - BScN/BN/RPN Psych	2,756
	Administration	**504**
	Unit Clerk	504
Kwantlen Polytechnic University Total		**10,848**

Grand Total		270,503

Appendix G - Destinations with a placement in FY 2013-14 - BCCH

Agency	Destination Long Name	Number of Placements
BCCH	Alternate observation experiences	2
	Asthma Clinic	2
	Attention Deficit Hyperactivity Disorder Clinic	1
	Audiology Department	1
	Cardiology Clinic	5
	Child & Youth Health - primary care	3
	Child Youth Counselor	2
	Concurrent Disorders Program	2
	Dermatology Clinic	3
	Diabetes/Endocrine Clinic	3
	Eating Disorders Outpatient Clinic	6
	Emergency	9
	Hospital Support Specialist - Radiology	4
	Intensive Care Unit	17
	Kelty Resource Centre	1
	Laboratory	9
	Medical Day Unit	2
	Medical/Cardiac - 3M	27
	Mental Health	7
	Music Therapy	1
	Nuclear Medicine	13
	Nutrition	2
	Oncology - 3B	10
	Oncology/Hematology Clinic	4
	Outpatient Clinic Psych	4
	P1 Child Psych Inpatient Unit	4
	P2 Adolescent. Psych Inpatient Unit	11
	P3 Eating Disorders	6
	Pain Clinic	1
	Pediatrics	13
	Pharmacy Technologist	16
	Physical Dysfunction	1
	Radiology	8
	Renal Clinic	2
	Renal/Endocrine - 3F	17
	Respiratory	44
	Social Pediatrics Initiative 2	1
	Speech Language Pathology	1
	Surgery/Neurosciences - 3R	24
	Surgical Day Care Unit	2
	Surgical Services	15
	Unit Clerk	6
	Youth Health Ambulatory Clinic	2
BCCH Total		**314**
SunnyHill	Acute Rehab - IP	1
	Brain Injury	1
	Inpatient	10

Agency	Destination Long Name	Number of Placements
	Occupational Therapy	6
	Speech Language Pathology	1
	Therapeutic Recreation Services	6
	To be determined	4
SunnyHill Total		**29**
Grand Total		**343**

Appendix H - Destinations with a placement in FY 2013-14 - BCW

Agency	Destination Long Name	Number of Placements
BCW	Administration	2
	Antepartum Home Care Program	5
	ANY Unit	16
	Arbutus Square	3
	Balsam Square	2
	Birthing (SRMC & LDR)	44
	Diagnostic Ambulatory - general	8
	Dogwood	4
	Evergreen Square	13
	Family Practice Clinic	1
	Heartwood Centre for Women	2
	Lactation Services	2
	Medical Office Assistant - WHC	2
	Neonatal Care Nursery	4
	Oak Tree (HIV & AIDS)	4
	Obstetrics-Physio	2
	Prenatal Program	1
	Special Care Nursery	3
	The Heart Program for Women	2
	UBC Family Practice Clinic 2	2
	Ultrasound	12
	Unit Clerk - AP	4
	Unit Clerk - Birthing	1
	Unit Clerk - Diagnostic Ambulatory	3
	Unit Clerk - PP	1
	Withdrawal Management-Fir Square	11
BCW Total		**154**
Grand Total		**154**

Appendix I - Destinations with a placement in FY 2013-14 - All Other PHSA Sites

Agency Site	Destination Long Name	Number of Placements
BCCA-Abbot	Patient & Family Counselling	1
	Radiation Therapy Clinic	4
BCCA-Abbot Total		**5**
BCCA-Fras	Administration	1
	Fraser Valley Cancer Centre	1
	Patient & Family Counselling	1
	Radiation Therapy Clinic	15
BCCA-Fras Total		**18**
BCCA-Kel	Nursing - Radiation Therapy	3
	Nursing - Systemic Therapy	1
	Pharmacy	2
	Radiation Therapy	9
BCCA-Kel Total		**15**
BCCA-Van	5E Inpatient Oncology	5
	Laboratory	7
	Nuclear Medicine	16
	Pain & Symptom Management/Palliative Care	1
	Patient & Family Counselling	3
	Professional Practice	1
	Radiation Therapy	10
BCCA-Van Total		**43**
BCCA-VICC	Medical Day Care	1
	Pain & Symptom management/Palliative Care	1
	Professional Practice Nursing	1
	Radiation Therapy Clinic A	8
BCCA-VICC Total		**11**
BCCDC	STD/HIV Services - Nursing Outreach Program	2
BCCDC Total		**2**
BC Transplant	Transplantation Donation	2
BC Transplant Total		**2**
Cardiac Services BC	Advanced Practice	1
Cardiac Service BC Total		**1**
Forensic	Ashworth Four	3
	Ashworth One	4
	Ashworth Three	4
	Ashworth Two	3
	Dogwood East	1
	Dogwood West	1
	Elm-North	4
	Elm-South	3
	Hawthorne	3
	Kamloops - Outpatients Clinic	1
	Pharmacy	3
	Physiotherapy	1
	Psychiatry Inpatients - all wards	3
	Surrey - Outpatients Clinic	4
	Vancouver - Outpatients Clinic (Broadway)	4

Forensic Total		**42**
MentHthAdc	BC Psychosis Program	1
MentHthAdc Total		**1**
Grand Total		**140**

Appendix J - Education Institutions with Affiliation Agreements in Place FY 2013-14

Standard Template	Private
Public	AcadLearn - Richmond
Athabasca University	Bilkent University, Turkey
BC Institute of Technology	City University of Seattle
Camosun College	Discovery Community College
Capilano University	Insignia College
Cardiff University	LaunchLife International
Concordia University	Sarah Lawrence College
Dalhousie University	Stenberg College
Douglas College	Surrey Community College
Justice Institute of BC	Thompson Career College
Kwantlen Polytechnic University	Trinity Western University
Lakehead University	Utopia Academy of Integrated Health & Beauty
Langara College	Walden University
McGill University	West Coast College of Health Care
Mount Royal University	West Coast College of Massage Therapy
Nicola Valley Institute of Technology	Western University of Health Sciences
North Island College	**No Standard Template**
Queens University	**Public**
Royal Roads University	Department of National Defense
Ryerson University	McMaster University
School District #41 - Burnaby	Michener Institute
Selkirk College	Mohawk College
Simon Fraser University	Okanagan College
Thompson Rivers University - Open Learning	Saskatchewan Institute of Applied Science & Tech
University College of Northern Denmark	Simon Fraser University
University of Abertay, Scotland	UBC - Health Sciences
University of Alberta	UBC - School of Nursing
University of Calgary	UBC - Social Work
University of Guelph	UBC - University of British Columbia
University of New Brunswick	University of Lethbridge
University of Northern BC	University of Manitoba
University of Porto	University of Missouri-Kansas
University of the Fraser Valley	University of Saskatchewan
University of Victoria	**Private**
University of Western Ontario	Adler School of Professional Psychology
University of Washington - School of Pharmacy	City University of Seattle (Victoria)
Vancouver Community College	Gonzaga University
Vancouver Island University	MTI Community College
Western Washington University	Western Seminary - Seattle

Appendix K - Quality of Clinical Learning Environment Validated Instrument

Definitions:

For the purposes of this survey the following terms are used and are defined as follows:

- *Clinical teachers:* Employees from schools of nursing who supervise students on site (in clinical settings) or are responsible for overseeing fieldwork/preceptorship placements (off site). This term is used in order to differentiate between clinical nurse educators or other clinical instructors who are employees of a health authority.
- *Staff:* Health Authority employees who are responsible for the supervision of a student during the practice education experience.
- *Students:* Individuals who are enrolled in an accredited school of nursing including students in the following types of programs: Bachelor of science in nursing, bachelor of science in psychiatric nursing, diploma in psychiatric nursing, specialty certificate programs, international student programs, RN to BSN transition program.
- *Manager:* Patient care coordinator or other managerial role

Overall, in this clinical setting/unit…	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Staff are easy to approach	1	2	3	4	5
2. Students are encouraged to take part in the discussion during shift report/patient care rounds	1	2	3	4	5
3. Staff are supportive of those in the role of preceptor	1	2	3	4	5
4. Students are made to feel comfortable when they start each shift	1	2	3	4	5
5. Clinical teachers are capable of supporting students to meet their learning goals	1	2	3	4	5
6. The manager regards the staff as a key resource	1	2	3	4	5
7. There is mutual interaction in the learning relationship between staff and students	1	2	3	4	5
8. The manager is a team member	1	2	3	4	5
9. Clinical teachers help students bridge the theory-practice gap	1	2	3	4	5
10. Staff are positive role models for nursing	1	2	3	4	5
11. Feedback from the manager contributes to learning	1	2	3	4	5
12. The efforts of individual staff are appreciated by the manager	1	2	3	4	5
13. The nursing philosophy is clearly defined	1	2	3	4	5
14. Clinical teachers integrate theoretical knowledge in their everyday practice of nursing	1	2	3	4	5
15. Staff are generally interested in working with students	1	2	3	4	5
16. Clinical teachers support student learning	1	2	3	4	5
17. Staff make an effort to get to know the students	1	2	3	4	5

18. Staff encourage more independence as students' skills increase	1	2	3	4	5
19 There is a good learning environment	1	2	3	4	5
20. Students are satisfied with the supervision they receive	1	2	3	4	5
21. Clinical teachers are able to provide their expertise to the clinical team	1	2	3	4	5
22. Staff are aware of students' learning objectives before students arrive	1	2	3	4	5
23. There is a spirit of solidarity among the clinical team	1	2	3	4	5
24. In common meetings, students experience collegial relationships with clinical teachers	1	2	3	4	5
25. Staff inform students of possible learning experiences	1	2	3	4	5
26. Staff have the opportunity to attend preceptor/mentor training	1	2	3	4	5
27. There is a well-defined communication process between the clinical unit and the Education Program	1	2	3	4	5

If you are intending to use the Quality of the Clinical Learning Environment Survey, please contact:

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Appendix L - Readiness for Student Practice Education Instrument Questions

Definitions:

For the purposes of this survey, the following terms are used and are defined as follows:

- *Clinical teachers:* Employees from schools of nursing who supervise students on site (in clinical settings) or are responsible for overseeing fieldwork/preceptorship placements (off site). This term is used in order to differentiate between clinical nurse educators or other clinical instructors who are employees of a health authority.
- *Staff:* Health Authority employees who are responsible for the supervision of a student during the practice education experience.
- *Students:* Individuals who are enrolled in an accredited school of nursing including students in the following types of programs: Bachelor of science in nursing, bachelor of science in psychiatric nursing, diploma in psychiatric nursing, specialty certificate programs, international student programs, RN to BSN transition program.
- *Student practice education*: An educational experience when students learn and practice in clinical settings. It typically involves students gaining hands-on experience that helps students learn the necessary skills, attitudes and knowledge required to practice effectively in nursing. Such services are under general direction and supervision of practicing professional staff of the health authority (e.g., preceptors) or educational institution clinical teachers who are qualified to provide the service.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
1.	In this organization, there is a strategic plan related to *student practice education*	1	2	3	4	5	6
2.	In this organization, there is a leadership structure for *student practice education*	1	2	3	4	5	6
3.	In this organization, there is a committee dedicated to *student practice education*	1	2	3	4	5	6
4.	In this clinical setting/unit, *student practice education* is discussed at staff or unit meetings	1	2	3	4	5	6
5.	In this clinical setting/unit, *s*taff job descriptions include *student practice education* responsibilities	1	2	3	4	5	6
6.	In this clinical setting/unit, staff responsibilities for student teaching and supervision are clear	1	2	3	4	5	6
7.	In this clinical setting/unit, staff receive feedback about their performance as a *preceptor or mentor*	1	2	3	4	5	6
8.	In this clinical setting/unit, staff workload is adjusted to accommodate *student practice education*	1	2	3	4	5	6
9.	In this clinical setting/unit, funding is available to support *student practice education* (e.g.: preceptor or mentor training courses)	1	2	3	4	5	6

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
10. In this clinical setting/unit, staff attend training opportunities to become a *preceptor or mentor*	1	2	3	4	5	6
11. In this clinical setting/unit, staff are familiar with *student practice education* guidelines	1	2	3	4	5	6
12. In this clinical setting/unit, staff receive updated knowledge related to *student practice education*. (e.g.: Clinical Teaching Unit Model, Practice Education Guidelines)	1	2	3	4	5	6
13. In this clinical setting/unit, communication between the *education program* and the unit is adequate	1	2	3	4	5	6
14. In this clinical setting/unit, staff are notified of students' learning objectives in advance of the placement start date	1	2	3	4	5	6
15. This clinical setting/unit provides orientation for new clinical teachers from *education programs*	1	2	3	4	5	6
16. In this clinical setting/unit, students have access to student practice orientation (e.g. Online Student Orientation, hospital-wide orientation, etc.)	1	2	3	4	5	6
17. In this clinical setting/unit, students have access to electronic documentation systems (e.g., access to computer systems such as: MediTech, Cerner, Pixalere, PCIS)	1	2	3	4	5	6
18. In this clinical setting/unit, there is sufficient space for students (e.g., lockers, meeting rooms, break rooms)	1	2	3	4	5	6
19. In this clinical setting/unit, there is adequate equipment for student practice education (e.g., computers, desks, chairs, glucometers, IV Poles etc.)	1	2	3	4	5	6
20. In this clinical setting/unit, data are examined to assess the unit's capacity for *student practice education* (e.g., HSPnet data)	1	2	3	4	5	6

If you are intending to use the Readiness for Student Practice Education- Clinical Unit Survey, please contact:

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Appendix M - Other Resources

A: UBC Clinical Placement Management Initiative
https://mednet.med.ubc.ca/AboutUs/StrategicPlanning/InitiativesAndProjects/Pages/default.aspx#CMPI

The Clinical Placement Management Initiative (CPMI) will streamline processes around the management of clinical training capacity and learner placements for both MD undergraduate and postgraduate education at all clinical locations throughout the province. This will include centralized technology, through which decentralized (local) administrators in the various departments, disciplines, programs and sites can continue to manage their own rotation offerings. Overarching governance, coordination, policies, procedures, and processes will be defined throughout the project as the supporting framework for the initiative.

The primary goals of CPMI include:

- Visibility of all clinical capacity across the Faculty, province-wide.
- Placement control at the program level.
- Standardized processes for placement and reporting.
- Streamlined workflows for time savings and improved responsiveness.
- Centralizing and standardizing the systems for clinical placement.
- Developing real time, accurate reporting capabilities in order to share information with strategic partners including Health Authorities and Ministries.

Press Release announcing choice of Micropact:
http://www.entellitrak.com/blog/detail/micropact-delivers-enterprise-case-management-solutions-to-major-universiti/

B: Reports related to Practice Education Costs in BC:

Education and Research in the Fraser Health Authority. (2005). Report prepared by Janet MacIntosh Newberry for Dr. Peter Hill, Vice President, Academic Development and Clinical Innovation.

Corpus Sanchez International Consultancy Inc. (May 5, 2004). Understanding the costs of academic health sciences centres. Final Report to Vancouver Coastal Health Authority and Provincial Health Services Authority.

Children's & Women's Health Centre of BC (2004). Students and Resident Education at Children's & Women's Health Centre of BC: Planning for increased numbers.