



Ministry of Advanced Education and Skills Training Policy Instrument

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Ministry Contact:	Lorrie Cramb (Ministry of Health, Allied Health Policy Secretariat), Zachary Matieschyn (Ministry of Health, Nursing Policy Secretariat), Sara Bergen (Ministry of Advanced Education and Skills Training)
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Name: Mark Armitage

Name: Nicola Lemmer

Signature:

Signature:

Assistant Deputy Minister, Health Sector Workforce and Beneficiary Services Division, Ministry of Health

Assistant Deputy Minister, Post-Secondary Policy and Programs Division, Ministry of Advanced Education and Skills Training



STUDENT PRACTICE EDUCATION

POLICY OBJECTIVE

British Columbia (B.C.) will foster a sustainable Student Practice Education Network¹ to enable health education programs to develop competent health practitioners to meet B.C.'s workforce needs in order to deliver high-quality health services for British Columbians (see Appendix A).

The policy pertains to Partners of the Network comprised of the Ministry of Health (MoH), Ministry of Advanced Education and Skills Training (AEST), Post-Secondary Institutions (PSIs), and Health Care Organizations (HCOs). The Student Practice Education Network also includes the contributions from other groups, such as BC Health Regulators, professional associations, research networks, and subject matter experts, however these respective roles and contributions are not outlined in detail in this policy.

A collaborative Student Practice Education Network will ensure the delivery of high-quality Student Practice Education in health service settings. Student Practice Education is a critical component of Student training across allied health, nursing, and medical programs. It is essential to ensure high-quality Practice Education Placements are available within B.C. to align with current and future health labour market needs. The quality of the education and training of the health workforce is one of the key determinants of efficient healthcare services.² The availability of Practice Education Placements may be influenced by a variety of factors including health human resources, public health emergencies, and levels of communication and coordination between HCOs and PSIs.

The Student Practice Education Network is responsible for:

- Developing and sustaining a collaborative integrated systems approach that articulates the collective roles and responsibilities of the Partners.
- Ensuring B.C. has sufficient Practice Education Placements available to meet ongoing program requirements, support health program expansions, and to secure a stable health workforce to meet the needs of the population.
- Collaborating to design, plan, implement, evaluate, and maintain Student Practice Education in B.C.

¹ [What Works Partnerships, networks and alliances \(assets.kpmg\)](#) Accessed May 14, 2021.

² <https://www2.health.vic.gov.au/-/media/health/files/collections/research-and-reports/1/low-res-web-version-victorias-strategic-plan-for-clinical-placements-2012-2015---pdf.pdf?la=en&hash=86FD29036274741A9A89A722FC15BC41EB0EC0A0>
Accessed May 14, 2021.

- Upholding safe, positive, inclusive, and diverse Quality Learning and Practice Environments which welcome Students as valuable members of the healthcare team.

Expected Impact on Health Outcomes and Service Attributes

Strong partnerships and coordination between the Partners will ensure B.C. is able to meet its health workforce needs and support the MoH’s commitment to ensuring high quality and culturally safe health services for the people of B.C.

Expected impacts include:

1. *Accessibility*: Inclusive Practice Education Placements will be available to health education Students throughout the province at the right time to ensure they are able to fulfill all their education program requirements to graduate and meet requirements set by the associated regulatory body (if applicable).
2. *Appropriateness*: Practice Education Placements will be flexible and responsive to meet the needs of health education programs, Students, patients, communities, and organizational operations, while promoting alignment to ongoing health system transformation (e.g., new models of care, new professions, and priority strategies).
3. *Efficiency*: Collaborative planning and clear roles and responsibilities will result in enhanced efficiency, create economies of scale, and maximize the shared use of resources, facilities, and infrastructure among the Partners.

Expected Impact on four pillars of Health Sector Performance Management Framework

1. Population Health Needs

- Student Practice Education will contribute to assuring a skilled, diverse, and dedicated health workforce supply as a critical provincial asset.³ This workforce will provide health services that meet the population health needs of British Columbians and Indigenous Peoples by ensuring that care and services are delivered in a manner that demonstrates cultural safety and humility, is anti-racist, incorporates Indigenous ways of knowing and being, and considers the social determinants of health.

2. Service Delivery Meets Population Health Needs (Organizational Capacity)

- B.C. will see an increase in the number and type of Practice Education Placements in health care settings to meet demand. Students will be placed in a wide variety of rural and urban settings, and in Practice Education Placement designs that support Interprofessional Practice and other models of care.

3. Health Human Resources Management

³ B.C.’s Provincial Health Workforce Plan 2020/21 – 2024/25 draft, May 2021.

- B.C. will have a sufficient supply of Preceptors and Faculty to meet Practice Education Placement demand.
- 4. *Digital, Information Management/Information Technology, Infrastructure Support***
- Secure technologies optimally support the management and delivery of Student Practice Education across a range of settings.
 - Simulation infrastructure is widespread, and its use will be optimized to support innovative Practice Education Placement models.
 - HSPnet is optimized to support local Practice Education Placement administration, planning, and evaluation. HSPnet will be capable of generating reports and will contribute to improving the accuracy of a Practice Education Placement data set.

LINKAGES

- [*Affiliation Agreements*](#)
- *BC Provincial Health Workforce Plan 2020/21 – 2024/25*
- [*Practice Education Guidelines*](#)
 - [*Terms and abbreviations*](#)
- [*Student Practice Education Guideline for Healthcare Settings during the COVID-19 Pandemic*](#)
- [*In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care Report*](#)
- [*Truth and Reconciliation Commission of Canada: Calls to Action*](#)
- [*United Nations Declaration on the Rights of Indigenous Peoples \(UNDRIP\)*](#)

DEFINITIONS

BC Practice Education Guidelines: Formally adopted guidelines that promote shared accountability for Student Practice Education quality and safety, evidence-based practice, alignment with current regulations, standards and legislation, clarification of roles and responsibilities for all Student Practice Education Partners; and that utilize common, inclusive language understood by a broad range of disciplines and vocations (regulated and unregulated) achieving clarity, consistency and equity for planning and Practice Education Placement processes.⁴

Capacity: Is the extent to which Practice Education Placements are available. Capacity is determined by the following factors: number and size of Practice Education Placement destinations; availability of supervision; Practice Education Placement hours and service hours; learning objectives and opportunities.⁵

⁴ PEG Introductory Module, 2020

⁵ HAPEC working definition September 2021

Education Affiliation Agreement: A legal contract between HCOs and PSIs or among PSIs or HCOs that defines the roles and responsibilities in providing Student Practice Education. It addresses the risks in the relationship for both organizations and their patients, clients, and residents; staff, Faculty, and Students and should be in place prior to any Practice Education Placements.^{6 7}

Faculty: Faculty, instructor, course leader, PSI Educator, and other terms for educators employed by the PSI. An individual might also be an employee of the HCO, but while in the practice education setting, the PSI Educator represents and acts on behalf of the PSI.⁸

Health Care Organization (HCO): An organization where health services are delivered and Student Practice Education occurs.⁹

Health Sciences Placement Network (HSPnet):¹⁰ HSPnet is a web-based system for Student Practice Education. Used across Canada, HSPnet supports Practice Education Placement coordination, communication, risk management, documenting Capacity, and data-informed planning.

Health Service: Service provided by any health or care setting, large or small, public or private, including hospitals, aged care services, mental health services, private allied health clinics, and general practices.

Innovative Student Practices: Includes the advancement of new Student placement models, designs, modalities, and approaches across existing and expanded settings (e.g., simulation, collaborative learning units, hybrid approaches, and, in collaboration and cooperation with Indigenous peoples, incorporation of Indigenous approaches to health and wellness) to meet the evolving needs of the health system and increase provincial Practice Education Placement Capacity.

Interprofessional Practice Education:¹¹ Designed to provide individuals from different professions with Practice Education Placements that assist them in developing their ability to work collaboratively in care teams by:

- Socializing health care team members in shared problem solving and decision making, towards enhancing benefit for patients and other recipients of services.
- Developing mutual understanding of, and respect for, the contributions of various disciplines.
- Instilling the requisite competencies for collaborative practice.

⁶ BC Academic Health Council, Health Authority Working Group. April 20, 2009. Affiliation Agreements in British Columbia (BC): Frequently Asked Questions.

⁷ <https://hspscanada.net/docs/pegs/0-0%20Terms%20and%20Abbreviations.pdf> accessed Nov 24, 2021

⁸ <https://hspscanada.net/docs/pegs/0-0%20Terms%20and%20Abbreviations.pdf>

⁹ Adapted from HCO definition <https://hspscanada.net/docs/pegs/0-0%20Terms%20and%20Abbreviations.pdf>

¹⁰ Adapted from [About | HSPnet \(hspscanada.net\)](#). Accessed May 21, 2021.

¹¹ Adapted from The University of Western Ontario, Interprofessional Student Placements, A guide to Incorporating an Interprofessional Placement into Your Educational Experience.

Partners: The Partners in this policy includes AEST, MoH, HCOs, PSIs, FNHA. The Partners have shared responsibility to design, plan, implement, evaluate, and maintain Student Practice Education in B.C. Together, they establish and evaluate measurable goals on an ongoing basis, contribute strong leadership, have structured accountability, and celebrate successes.

Post-Secondary Institution (PSI): The following outlines the different types of post-secondary institutions in B.C.:

- **Aboriginal-controlled post-secondary institutes offer courses and programs to adult Aboriginal learners**¹²
- **Private and out-of-province public degree-granting institutions** are authorized to deliver degree programs in B.C. under the Degree Authorization Act
- **Private training institutions** are regulated under the Private Training Act – the [Private Training Institutions Branch \(PTIB\)](#) administers how standards for these schools are met
- **Public post-secondary institutions** are authorized under provincial legislation to deliver post-secondary education and training in B.C.
- **Theological institutions** in B.C. have statutory authority under a Private Act to offer specific programs

Practice Education Placement: The specific arrangement between a PSI and HCO for an individual or group of Students for the experiential learning component that occurs in health care locations, under supervision. Practice Education Placements enable Students to apply and develop their knowledge in healthcare environments. Practice Education Placements have a start and end date, and a specified location for the learning activities. Completion of one or more Practice Education Placements is a required element of many health programs, vocational education and training courses. Other terms include: clinical placement, clinical rotation, clinical practice, practicum, clerkship, preceptorship, fieldwork.¹³

Preceptor: Preceptors are practitioners in HCO settings who support the learning experiences of Students enrolled in a designated program of study with a PSI, for a defined period of time. Depending on the health discipline, preceptors may be known by other terms such as field guides, supervisors, or practice educators.¹⁴

Quality Learning and Practice Environments: Quality learning and quality practice environments prepare Students well for their anticipated future occupational roles, are a highly satisfying experience, use resources as efficiently as possible, and conduct regular evaluation activities.¹⁵

¹² <https://www2.gov.bc.ca/gov/content/education-training/post-secondary-education/find-a-program-or-institution/find-an-institution> Accessed Nov 25, 2021

¹³ Adapted from <https://hspscanada.net/docs/pegs/0-0%20Terms%20and%20Abbreviations.pdf>, accessed Nov 25, 2021

¹⁴ PHSA Preceptor Tips and Resources, Accessed Nov. 24, 2021

¹⁵ Adapted from *Indicators of Practice Education Quality in Health Care Organizations: A literature review*. 2007

Student: Means an individual admitted to an education program who is in good standing in a course or program of studies within a PSI or HCO and selected to take part in a Student Practice Education experience. Other terms: Student intern, trainee, apprentice, preceptee, mentee.¹⁶

Student Practice Education: The collection of activities coordinated between PSIs and HCOs that support the experiential learning experiences of Students that align with the program curriculum requirements. Student Practice Education is a key component in program design to support Students to acquire the necessary skills, attitudes and knowledge required to practice safely and effectively in their field and discipline¹⁷. Student Practice Education may occur in a variety of settings that deliver health services, including but not limited to, hospitals, long term care settings, public health clinics, primary care sites, collaborative learning units, or virtually.¹⁸

Student Practice Education Network: A formally structured association of provincial Student Practice Education Partners and other contributors. The Network is characterized by mutual trust and respect; shared vision, commitment, and goals; recognition of opportunities and strengths; open and ongoing communication; and the ability to take risks and tolerate ambiguity.¹⁹

System: An organized collection of parts (or subsystems) that are highly integrated to accomplish an overall goal. The system has various inputs, which go through certain processes to produce certain outputs, which together, accomplish the overall desired goal for the system.²⁰

SCOPE

This policy addresses the Partners who have a role and responsibility for the delivery of Student Practice Education in health care settings to fulfill Students' requirements for the completion of an academic program.

This policy pertains to nursing, allied health, and medical Students enrolled in undergraduate, graduate, or post graduate health education programs from PSIs in B.C./Canada. This policy excludes postgraduate medical education Residents and Fellows, and others who participate in a learning employment role (e.g., co-operative education or employed student nursing). The policy may apply to other programs where there is a Student Practice Education component (e.g., medical device reprocessing technicians) upon agreement of the Partners.

POLICY DIRECTION

¹⁶ Adapted from: <https://hspscanada.net/docs/pegs/0-0%20Terms%20and%20Abbreviations.pdf>

¹⁷ Adapted from: Practice Education (PE) Definition, former provincial PE Committee, B.C. Academic Health Council, 2011

¹⁸ Adapted from: Managing Practice Education, BCAHC, 2007

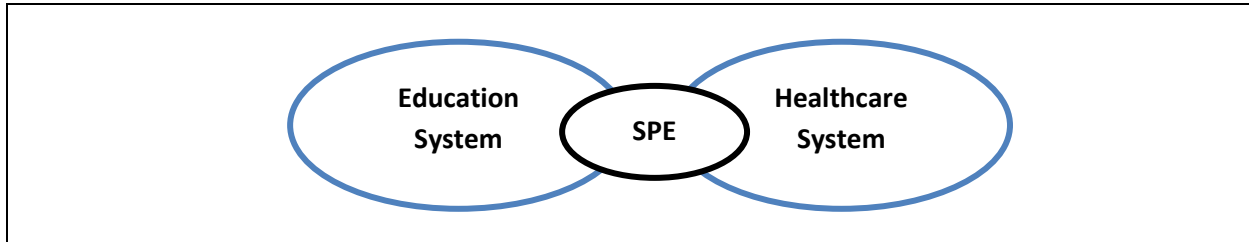
¹⁹ Academic-Service Partnerships in Nursing: An Integrative Review (hindawi.com) Accessed April 23, 2021.

²⁰ What is a System? (managementhelp.org) Accessed April 12, 2021.

The policy focuses on the four strategic areas below.

1. Collaborative Planning and Coordination

This aspect of the policy emphasizes the importance of the sectors' collective responsibility for the Student Practice Education preparation component of the health workforce which requires significant partnership and coordination. The diagram below denotes the intersection of Student Practice Education activities between the two Systems. Student Practice Education depends on the interaction and collaboration of many individuals and organizations (see Appendix A).



- a) The Partners are responsible for establishing and maintaining provincial and regional integrated planning and collaboration that fosters the growth and sustainment of the Student Practice Education Network and coordination of Student Practice Education. The MoH and AEST will support the enablement of the structure.
- b) The Partners are responsible for identifying shared strategic priorities, sharing key information and metrics/data, and establishing monitoring systems. This will enable the Student Practice Education Network to be responsive in meeting workforce needs, promoting operational alignment, and adapting as health system priorities emerge.
- c) HCOs and PSIs are responsible for providing Practice Education Placements in accordance with a co-developed regularized plan.
- d) HCOs and PSIs are responsible to communicate in advance any planned changes to academic curricula and/or clinical practice areas that could impact Student learning or Practice Education Placement continuity to promote coordination (see Appendix B).
- e) The ministries will support HCOs and PSIs to develop Practice Education Placement management/operational processes and Capacity.
- f) PHSA will provide support for provincial collaboration (e.g., hosting forums and platforms).

2. Accountability

This aspect of the policy emphasizes the roles and responsibilities of each of the Partners in the performance of the Student Practice Education Network to meet the strategic priorities for Student Practice Education. The policy is owned jointly by the MoH and AEST who will monitor if it is achieving its intended goal and objectives.

- a) The ministries are responsible to support the growth, innovation, strategic investment, and quality improvement to sustain and advance Student Practice Education in B.C.
- b) The Partners are responsible for contributing to a shared and effective management and delivery of Student Practice Education in B.C.
- c) The Partners are responsible for meeting their respective commitments for Student Practice Education according to the monitoring framework (see Monitoring and Evaluation section). PHSA will steward the development and maintenance of province-wide standards and guidelines.
- d) The Partners will utilize a collaborative approach to resolve Student Practice Education issues such as delay, suspension, or cancellation of Practice Education Placements to meet accountabilities to each other (see Appendix C).
- e) HCOs and PSIs are responsible to adhere to the Practice Education Guidelines and the delineated roles and responsibilities outlined.
- f) PSIs and HCOs are responsible to obtain, utilize, and maintain B.C.'s standard Education Affiliation Agreements with one another prior to any Practice Education Placement.
- g) The Partners will utilize planning, communication, policies, and procedures to maximize the effectiveness of matching Practice Education Placements supply with demand.

3. Capacity, Quality, and Innovation

This aspect of the policy outlines the Partners' shared and unique responsibilities for ensuring sufficient Practice Education Placements with an emphasis on evidence-based quality, supporting Preceptors, Faculty development, and Innovative Student Practices aligned with health system transformation.

Capacity: B.C. has sufficient Practice Education Placements across an expanded range of care settings and interprofessional teams that are reasonably accessible to all health Students to meet current and future health education program requirements.

- a) The ministries are responsible for developing a process that ensures adequate Practice Education Placement Capacity for their respective sectors to meet education requirements (e.g., program expansions, new program development).
- b) PSIs are responsible for planning Practice Education Placements that optimize Innovative Student Practices and consider Capacity in collaboration with HCOs and AEST.
- c) HCOs are responsible for developing, coordinating, monitoring, and managing Practice Education Placement Capacity for current education programs and responding to proposed changes or expansions in partnership with MoH, PSIs, and community partners.
- d) PSIs and HCOs should establish an ongoing agreement that outlines the responsibilities within their partnership and the number and hours of Practice Education Placements for each Practice Education Placement interval.
- e) HCOs and PSIs are responsible for delivering the number and hours of agreed upon Practice Education Placements.

Quality: Education and training will be evidence-based and delivered by supported Preceptors and Faculty to ensure the development of a skilled and competent workforce.

- a) The Partners are responsible for the development, support, and recognition of their respective workforce to ensure there is sufficient qualified human resources to deliver Student Practice Education.
- b) PSIs are responsible for designing health program curricula in collaboration and cooperation with the Indigenous Peoples in B.C. and with support from HCOs where appropriate - providing the theory, teaching the requisite knowledge, skills, attitudes, and behaviours, and defining the learning objectives and evaluation frameworks for quality Practice Education Placements.
- c) HCOs are responsible for delivering Practice Education Placements that align with PSI Student learning objectives, support the attainment of required competencies, and contribute to Student evaluation activities that support the delivery of safe care.
- d) PSIs may request additional requirements from HCOs, including resources and supports for Students and Faculty, within a reasonable timeframe.
- e) HCOs provide the necessary resources and supports to deliver quality Practice Education Placements (e.g., organizational policies, decision support tools).
- f) HCOs and PSIs are responsible for sharing resources that promote quality of learning and outline the clinical learning objectives and opportunities that are appropriate to the level of Student and the delivery of health services in the care area.

Innovative Student Practices: B.C. will foster new models of education and training.

- a) The Partners will develop best practices to guide and inform the development and implementation of Innovative Student Practice models, designs, modalities and approaches across existing and expanded settings (e.g., simulation, collaborative learning units, hybrid approaches, and, in collaboration and cooperation with Indigenous peoples, incorporation of Indigenous approaches to health and wellness) to meet the evolving needs of the health system and increase provincial Practice Education Placement Capacity.
- b) The Partners are responsible for building and supporting Interprofessional Practice Education to increase exposure to interdisciplinary workforce opportunities.

4. Quality Learning Environments, Workplace and Cultural Safety: This aspect of the policy outlines the Partners' shared and unique responsibilities for ensuring Quality Learning and Practice Environments with an emphasis on workplace and cultural safety.

- a) PSIs and HCOs are responsible for fostering Quality Learning and Practice Environments that welcome Students as members of the health care team.

- b) PSIs and HCOs are responsible for ensuring the availability of appropriate channels where Students, Faculty, and clinicians may access education and training to develop/enhance their cultural safety competencies.
- c) PSIs and HCOs are responsible to create a psychologically safe workplace and for developing and managing a supportive framework such as reporting of practice issues during Practice Education Placements.
- d) PSIs are responsible for supporting HCOs in educating staff, Faculty, and Students on basic workplace health and safety practices.
- e) PSIs and HCOs are responsible for ensuring that Practice Education Placements are anti-racist, culturally safe, trauma-informed, and acknowledge Indigenous health and wellness. This includes the integration of:
 - A meaningful and ongoing commitment to reconciliation with Indigenous peoples.
 - A process that honours Indigenous self-determination and working with Indigenous partners.
 - PSI, HCO, and community anti-racism and reconciliation policies.
 - Provincial anti-racism policies and legislation.
 - Provincial policies and legislation related to the rights of Indigenous Peoples.
 - Collaboration with the ministries on the response to *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* report. The report makes recommendations to ensure the recruitment of Indigenous individuals into health education and care to oversee system change; increase the safety of the learning environments for Indigenous Students; and ensure that health education and training focuses on anti-racist approaches and cultural safety through cultural humility and trauma-informed care.
 - An awareness of the Truth and Reconciliation Commission's Calls to Action, including the call to those who can effect change in health care to recognize the value and use of Indigenous knowledge and healing practices; and the call to provide health education and training that focuses on cultural competency, conflict resolution, human rights, and anti-racist approaches.

MONITORING AND EVALUATION

Student Practice Education in B.C. will be guided by a monitoring and evaluation strategy that is informed by quantitative and qualitative data.

- The Partners are responsible for developing a shared monitoring framework and establishing a monitoring system including targets for Practice Education Placement numbers and hours for the Partners, by occupations and care locations.

- PSIs and HCOs are responsible for tracking and reporting Student Practice Education data in accordance with an established provincial reporting framework.
- The Partners are responsible for developing a shared evaluation strategy for the quality of Practice Education Placements that outlines a systematic and thoughtful approach to gathering and sharing data in order to support continuous improvement. Key questions may include the extent to which the Practice Education Placement provided opportunities to develop relevant competencies and feedback on Student, Faculty, staff, Preceptor, leader, and patient experiences.
- PHSA is responsible for maintaining a Student Practice Education database for PSIs and HCOs and providing data and analytics to support Partners with planning, coordination, and evidence-informed decision-making. Practice Education Placement data for First Nations' communities and partners will be governed by OCAP Principles (Ownership, Control, Access and Possession).²¹

REVIEW & QUALITY IMPROVEMENT

1. The policy will be refreshed, as needed. The policy will be reviewed at least annually by the ministries via the Provincial Practice Education Coordinating Committee.
2. Information from evaluations and data reports will be used to assess the performance of the policy, identify areas of success, and issues to support a continuous quality improvement cycle.

²¹ <https://fnigc.ca/ocap-training/> Accessed Nov 26, 2021

Appendix A – Student Practice Education Network

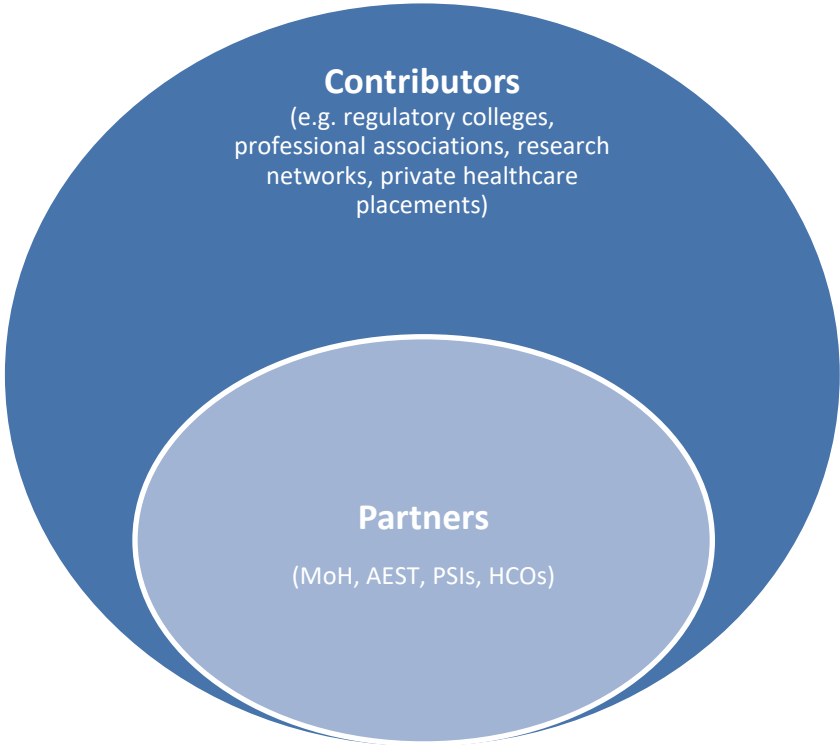


Figure 2. Student Practice Education Network Partners and Contributors

Appendix B: HCO and PSI Responsibilities for the Management of Significant Delays or Suspensions²²

Any adjustment to the practice education preparation of Students will have significant impacts on the future availability of the health system workforce.

Examples of the above terms:

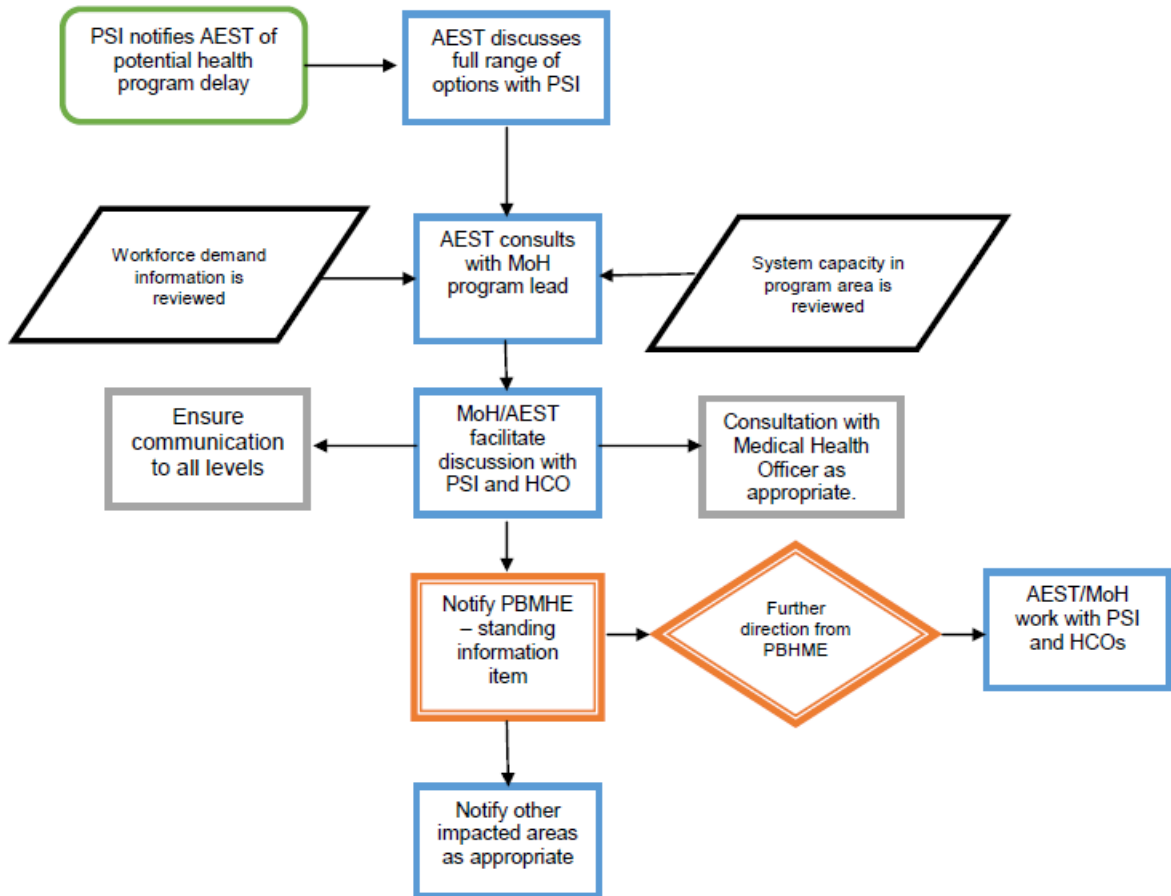
- Suspended: Practice Education Placements that have started and need to be paused part way through.
- Delayed: A Practice Education Placement that does not start when scheduled.
- Modified: A Practice Education Placement with significant changes in location or duration.

Longer Term Delays/Suspensions of Student Practice Education: Requirement of PSIs and HCOs

- If PSIs are considering cancelling or significantly modifying a health program cohort or Practice Education Placement, they should work with AEST and their HCO partners to explore alternatives before a final decision is made. To ensure that the decision is informed by an appropriate assessment of risk, consultation with the local Medical Health Officer (MHO) is highly recommended.
- HCOs considering cancelling or significantly reducing Practice Education Placements should work with their senior leaders, MoH, other HCOs, and their PSI partners to explore alternatives to mitigate impacts on Student progression before a final decision is made. To ensure that the decision is informed by an appropriate assessment of risk, consultation with the local MHO is highly recommended.

²² Process as outlined in *Student Practice Education Guideline for Healthcare Settings during the COVID-19 Pandemic*. Please note process could change with updates to SPE guidelines or other guiding documents

Appendix C: Example of a PSI Health Program Delay Process Resolution Used in Response to the COVID-19 Pandemic²³



²³ Process as outlined in *Student Practice Education Guideline for Healthcare Settings during the COVID-19 Pandemic*. Please note process could change with updates to SPE guidelines or other guiding documents