Introduction to
Practice Education Guidelines for British Columbia
August 2021

The Goals of Practice Education

Practice education is the experiential learning component of education that occurs in health service delivery and/or simulated settings. Students gain 'hands-on' experience under the general direction and supervision of authorized and qualified practitioners.[1]

Practice education allows:

1. the acquisition of knowledge, skills, and attitudes
2. the theorizing of practice and the practicing of theory
3. the forming of a professional identity[2]

Other terms include placement, clinical placement, clinical practice, practicum, preceptorship, mentorship, apprenticeship, fieldwork.

An environment of collaboration and collegiality facilitates learning with common goals of providing safe, consistent, quality care and service. Both the Post-Secondary Institutions and Health Care Organizations have a role in the learning of the Student.

Post-Secondary Institutions provide the theory and skills that meet the requirements for graduation. Health Care Organizations provide learning opportunities for Students to apply theory and skills to practice in a safe and realistic environment. A learning environment is at its best when this partnership exists.

The ultimate goal is to employ graduates who are safe, competent, and ready to contribute to their chosen field.

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[1] School of Occupational Therapy. (n.d.). *An Introduction to Practice Education: The role of practice education.* University of Liverpool. Retrieved March 28, 2021 from http://pcwww.liv.ac.uk/ehls/prescott/Practice-Education/_04.htm#:~:text=Practice%20education%20is%20the%20term,supervision%20of%20a%20qualified%20practitioner.%20(

[2] Ibid.

Purpose of the Guidelines

Practice Education Guidelines (PEGs) provide Health Care Organizations (HCOs) and Post-Secondary Institutions (PSIs) direction for working together to plan and direct student practice education for all healthcare disciplines in the province of British Columbia (BC).

The PEGs apply to a broad range of disciplines in diverse organizational contexts across the province. PEGs do not address PSI or HCO specific procedures and practices.

PEGs:
- Align with current regulations, standards, and legislation.
- Clarify roles and responsibilities for all practice education partners.
- Promote quality and safety of the practice experience.
- Promote evidence-based practice education.
- Provide common, inclusive language understood by a broad range of healthcare disciplines (regulated and unregulated).
- Promote clarity, consistency, and equity for planning and placement processes.

Scope of the Guidelines

The PEGs are a provincial resource. HCOs and PSIs can use them to guide their roles in practice education.

These PEGs **apply to:**
- all Students enrolled with and Educators employed by PSIs with practice education experiences,
- all disciplines of Workers employed by BC HCOs involved in practice education , and
- all non-clinical and clinical Contractors/Vendors who accept Students for practice education experiences while providing goods or services within or on behalf of the HCO

While these PEGs primarily apply to PSI Students in unpaid practice education experiences, some PEGs or aspects within PEGs could also apply to paid co-operative education, residency, internship, and apprenticeship practice education.

These PEGs **do not apply to** individuals seeking an observational or learning experience*
who are:

- not affiliated with or enrolled in any PSI, or
- enrolled PSI Students seeking an opportunity for a defined learning purpose outside
  of an existing curriculum requirement (self-directed), or
- Secondary Students (e.g. high school) seeking self-directed learning experiences for
  career exploration or requiring an observational experience as part of the application
  process for a PSI health care program

*HCOs decide whether or not allow these types of experiences to take place based on
risk to Clients, Workers, and/or business operations.

Governance of the Guidelines

The **HCO Chief Nursing and Allied Health Officers** and the **PSI Deans and Directors**
oversee and approve the development and content of the PEGs. This group has the
authority to endorse, disseminate, and evaluate the information within the PEGS, but
has no authority to enforce adoption and/or compliance by individual agencies.

PEGs are intended to provide direction to both HCOs and PSIs.

Individual agencies can articulate in more detail how the PEGs apply specifically to that
agency's individual context through policy, procedure, and processes.

Each agency is responsible for communicating their agency's application of the PEGs to
their stakeholders.

Use of the Guidelines

Provincial lead agency makes PEGs publicly available on the Health Sciences Placement
Network (HSPnet) web site.

The PEGs offer a common reference source to inform PSI and HCO policy.

HCOs use PEGs to support consistent Student practice education within their
organization, region, and across the province.

PSIs use PEGs to design, plan, implement, and evaluate practice education placements
for Students according to HCO expectations and requirements.

HCOs and PSIs should:

- Review the posted PEG.

- Communicate endorsement of the PEG by linking to the posted PEGs within agency policies, procedures, and processes

- Review internal policies, procedures, and processes where needed to further specify how the PEG applies to and is implemented within the agency.

- Clearly communicate with stakeholders how the PEGs apply to that agency's practice education.

- Ensure all relevant stakeholders have access to how the PEG is implemented by making relevant policies, procedures and processes available on agency websites.

- Regularly monitor the implementation of the PEG across the agency.

Development, Review, and Revision of the Guidelines

Guiding Principles

HCO and PSI partners:

- Develop, review, and revise PEGs collaboratively.

- Ensure guidelines apply broadly to all healthcare disciplines.

- Use relevant legislation and best practice evidence to inform PEGs.

- Refer to regulatory bodies for discipline-specific professional standards where appropriate.

- Engage content experts to review guidelines for accuracy and currency.

- Use strong consensus of support from key stakeholders where legislation, evidence, or regulatory body standards do not exist.

- Use policy experts to guide the process.

- Use inclusive, succinct, everyday language.

- Use consistent standard terminology and abbreviations.

Frequency and Criteria for Updates

Practice education leaders in BC:

- Review the PEGs regularly, at least every 3 years for relevancy and currency.

- Initiate updates when:
  - new knowledge, research, or evidence is available,
  - new legislation, regulation, recognition/approval, or accreditation changes are made,
  - a new risk is identified,
  - there are new relevant regional or provincial policies,
  - there is an identified need for streamlining or integration of systems, processes, or programs, and/or
  - technology or system designs impose an impact

Process

Any PSI or HCO practice education leader can request a PEG be developed, reviewed, or revised.

- Submit requests via provincial lead agency
  (Director of Provincial Practice Education and HSPnet, Provincial Health Services Authority) to the:
  - HCO Chief Nursing and Allied Health Officers
  - PSI Deans and Directors

- Use the standard template (Appendix A).

- Engage relevant stakeholders and content experts.

- For revisions, identify or highlight the changes made.

- Seek consensus agreement between the HCOs and PSIs.

Disseminate

The provincial lead agency via the Director of Provincial Practice Education and HSPnet and/or Director of Academic Education with Provincial Health Services Authority:

- Posts the approved PEGs on the HSPnet website: hspcanada.net/features/

- Notifies stakeholders, such as:
  - Representatives from the Ministry of Health and Ministry of Advanced Education and Skills Training
  - HCO directors and practice education leaders
  - PSI deans, directors, and practice education leaders
  - HCO and PSI Practice Education Coordinators

Appendix A - Practice Education Guideline Template

Intent / Purpose

- Describe the intention, purpose, or objective of the guideline briefly and succinctly using active voice.

- Include both sectors' points of reference.

Definitions

Refer to: *Standard Terms and Abbreviations*

Term	Definition with reference wherever possible
Term	Define only those terms unique to the specific PEG.

Practice Education Guidelines

State the expectations of stakeholders from both sectors.

Identify requirements or best practices, based on:

- existing policies, procedures, and protocols
- practice standards and guidelines
- expert protocols
- research
- overarching and relevant legislation

Use evidence to support expectation:

- Explain variations to guideline.

- Support with clear rationale.

Be inclusive of all types of health care disciplines, Students, and practice education experiences, both general and direct care specific.

State possible risks of not adhering to the PEG.

Cross-map to other relevant PEGs where applicable.

Do not include operational details (the 'how'). Leave this to the individual agency.

Roles, Responsibilities and Expectations

Post-Secondary Institutions

- Describe the responsibilities and expected way of implementing the guideline for relevant stakeholders in both sectors:

Students

-

PSI Educators

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Health Care Organizations

-

HCO Supervisors

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HCO Workers (if relevant)

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References and Resources

List all references and resources used to inform the guideline. Include link to resource. Use APA style.

Government of British Columbia. (n.d.). *Title Protection.* Retrieved August 27, 2019 from https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/professional-regulation/title-protection

Guideline Review History

Record the details of the development or revision including revision #, date, people responsible (and roles within the process: author, editor, reviewer), and brief description of or reason for change.

Version	Date	People Responsible	Brief Description (reason for change)
#	Month Year	Role: Name (Organization)	Updated references and resources