

Practice Education Guidelines for BC

Respectful Practice Education Experiences

July 2021

Intent / Purpose

- Outline the expectations for creating and maintaining a respectful practice education experience within a Health Care Organization (HCO).
- Outline the process for responding to and resolving situations when a Post-Secondary Institution (PSI) Student, Educator, and/or HCO Educator/Worker experiences problematic behaviour during the practice education experience.

Definitions

Refer to: *Standard Terms and Abbreviations*

<i>Bullying</i>	"Repeated and persistent behaviours that can include social isolation, creating or spreading rumours, engaging in excessive or unjustified criticism, intimidating a person, physically abusing or threatening abuse, and withholding job responsibilities..." ¹
<i>Cultural Safety</i>	"...an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care." ²
<i>Discrimination</i>	When a person is "treated badly or denied a benefit because of a personal characteristic." Under the BC Human Rights Code, protected grounds include race, colour, ancestry, place of origin, religion, family status, marital status, physical disability, mental disability, sex (includes being a man, woman, inter-sexed or transgender. It also includes pregnancy, breastfeeding, and sexual harassment), age, sexual orientation (includes being heterosexual, gay, lesbian or bisexual), political belief, or conviction of a criminal or summary conviction offence unrelated to employment. ^{3,4}
<i>Disrespectful Conduct</i>	"...inappropriate behaviour, bullying or harassment directed against another person that a reasonable person knows, or ought to know, would cause offence, humiliation, or intimidation." ⁵
<i>Harassment - Discriminatory</i>	"...a form of discrimination. It can be words or actions that offend or humiliate... when someone repeatedly says or does things [to a person] that are insulting and offensive" ⁶ "...conduct which is known or ought to be known to be unwelcome, whether intended or not, on the basis of any of the protected categories. It has the effect of creating a hostile, intimidating, or offensive work environment, and results in negative impacts for an individual or group." ⁷ "Prohibited conduct may be verbal, non-verbal, physical, deliberate or unintended, unsolicited or unwelcome, as determined by a reasonable person. It may be one incident or a series of incidents, depending on the context." ⁸

¹ Registered Nurses Association of Ontario. (2019). *Best Practice Guideline: Preventing Violence, Harassment and Bullying Against Health Workers*. (Second edition) Pg. 7 Retrieved July 21, 2019 from https://mao.ca/sites/mao-ca/files/bpg/VPW_FINAL_WEB_July_2.pdf

² First Nations Health Authority. (n.d.). *Creating a Climate for Change*. Page 5. Retrieved October 29, 2020 from <https://www.fnha.ca/wellness/cultural-humility>

³ Government of British Columbia. (2016). *Human Rights Protection in British Columbia Fact Sheet: What you need to know*. Retrieved July 21, 2019 from <https://www2.gov.bc.ca/gov/content/justice/human-rights/human-rights-protection/english>

⁴ Ibid. (2019). *Human Rights Code [RSBC 1996] Chapter 210*. Retrieved July 21, 2019 from http://www.bcclaws.ca/civix/document/id/complete/statreg/96210_01#section1

⁵ Provincial Health Services Authority. (2011). *Corporate Human Resources Policy HR_004 Resolution of respectful workplace and human rights issues*. Pg. 1. Retrieved July 21, 2019 from http://www.phsa.ca/Documents/HR_004ResolutionofRespectfulWorkplaceandHumanRightsIssues.pdf

⁶ Government of British Columbia. (2016). *Human Rights Protection in British Columbia Fact Sheet: What you need to know*. Pg. 1. Retrieved July 21, 2019 from <https://www2.gov.bc.ca/gov/content/justice/human-rights/human-rights-protection/english>

⁷ Fraser Health Authority. (2019). *Corporate Policy, Standards, and Procedure: Respectful Workplace*. Pg. 4. Retrieved November 3, 2020 from <https://www.fraserhealth.ca/-/media/Project/FraserHealth/FraserHealth/About-Us/Accountability/Policies/RespectfulWorkplace-Policy-2020527.pdf>

⁸ Government of British Columbia. (n.d.). *Define Discrimination & Harassment*. Harassment Paragraph 1. Retrieved July 21, 2019 from <https://www2.gov.bc.ca/gov/content/careers-myhr/all-employees/working-with-others/address-issue/define-discrimination-harassment>

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<i>Harassment - Personal</i>	"...any behavior (including Disrespectful/Disruptive Conduct) by a person directed against another person that a reasonable person would know or ought to know would cause offence, humiliation or intimidation, where the conduct is not carried out in good faith and serves no legitimate work-related purpose." ⁹
<i>Incivility</i>	"...low-intensity behaviour that violates workplace norms for mutual respect... includes singular acts that are characteristically rude and discourteous, demonstrate a lack of regard for another and are associated with an ambiguous intent to harm the target." ¹⁰
<i>Interpersonal Conflict</i>	"...conflict that occurs between two or more individuals that work together in groups or teams... Many individual differences lead to interpersonal conflict, including personalities, culture, attitudes, values, perceptions, and the other differences." ¹¹
<i>Problematic Behaviour</i>	Mistreatment of another person, "...any conduct that is contrary to the principles that support a respectful environment and includes making demeaning, offensive, belittling and disrespectful comments, using abusive language, engaging in bullying, harassment, and discrimination" ¹²
<i>Respectful Workplace</i>	"We all have the right to work in an environment that is respectful and a responsibility to treat everyone at work with consideration. A respectful workplace is inclusive, values diversity, clearly communicates expectations around behaviour, promotes employee health and safety, provides resources and training to resolve disputes, strives for improvement, has open channels of communication." ¹³
<i>Trauma-Informed Practice</i>	Recognizing the link between substance use, mental health, stigma, health care access barriers, and other challenges, and making sure that people feel safe and are not re-traumatized by their care. ¹⁴
<i>Violence - Horizontal or Lateral</i>	"Violence, harassment or bullying directed at colleagues who are of equal level within an organization." ¹⁵
<i>Violence - Vertical</i>	"Violence, harassment or bullying that occurs between colleagues who are at unequal levels within an organization" ¹⁶

⁹ Interior Health Authority. (2019). *Workplace Environment Guide*. Pg. 21. Retrieved November 3, 2020 from

<https://www.interiorhealth.ca/AboutUs/Policies/Documents/Workplace%20Environment%20Procedural%20Guidelines.pdf>

¹⁰ College of Licensed Practical Nurses of Alberta. (2020). *Practice Guideline: Addressing Co-worker Abuse in the Workplace*. Pg. 3. Retrieved November 3, 2020 from https://www.clpna.com/wp-content/uploads/2013/02/doc_Practice_Guideline_Addressing_Co-Worker_Abuse_Workplace.pdf

¹¹ Beheshifdar, M. & Zare, E. (May 2013). *Interpersonal Conflict: A Substantial Factor to Organizational Failure*. International Journal of Academic Research in Business and Social Sciences. Vol. 3, No. 5. Pg 401. Retrieved November 3, 2020 from

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¹² Faculty of Medicine. (n.d.). *Definitions: What is Mistreatment?* University of British Columbia. Retrieved November 3, 2020 from

<https://mistreatmenthelp.med.ubc.ca/definitions/>

¹³ BC Public Service. (n.d.). *Promote Respect in the Workplace: Respect in the Workplace*. Government of British Columbia. Retrieved October 29, 2020 from

<https://www2.gov.bc.ca/gov/content/careers-myhr/all-employees/working-with-others/promote-respect>

¹⁴ BC Mental Health & Substance Use Services. (2020). *Trauma-Informed Practice*. Provincial Health Services Authority. Retrieved October 29, 2020 from

<http://www.bcmhsus.ca/health-professionals/clinical-professional-resources/trauma-informed-practice>

¹⁵ Registered Nurses Association of Ontario. (2019). *Best Practice Guideline: Preventing Violence, Harassment and Bullying Against Health Workers*. (Second edition) Pg. 8. Retrieved July 21, 2019 from https://mao.ca/sites/mao-ca/files/bpg/VPW_FINAL_WEB_July_2.pdf

¹⁶ Ibid.

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Practice Education Guidelines

HCOs "are committed to promoting a work environment in which employees, students, medical staff, physicians, residents, fellows, volunteers, contractors, visitors, patients, and clients conduct themselves in a civil, respectful, and cooperative manner."¹⁷

HCOs and the Post-Secondary Institutions (PSI) have respectful workplace and personal conduct policies and procedures in place that:

- address human rights, respectful conduct, cultural safety, and behavioural expectations
- are consistent with the BC Human Rights Code and WorkSafeBC policy
- apply to all Workers including Students
- include a zero tolerance for problematic behaviours
- allow for collaborative problem-solving when problematic behaviours arises
- protect all parties from any reprisal

All parties involved in a practice education experience within a HCO setting are responsible for:

- abiding by the HCO respectful workplace and personal conduct policies, as well as WorkSafeBC Occupational Health and Safety policy and regulation for workplace conduct and violence in the workplace¹⁸
- creating and maintaining a practice education environment of mutual trust, respect, and safety

Students who are witness to or victim of any problematic behaviour during the practice education experience involving:

- HCO Clients or Workers report the situation to their PSI Educator and/or HCO Supervisor and take action according to the HCO policy
- another Student or a PSI Educator report the situation according to their PSI policy

PSI Educators and/or HCO Supervisors support Students through the HCO and/or PSI policy for taking action related to problematic behaviour.

¹⁷ Health Employers Association of BC (HEABC). (2019). *2019-2022 Provincial Collective Agreement between HEABC and the Nurses' Bargaining Association Appendix G Memorandum of Agreement Addressing Workplace Violence and Respect in the Health Workplace*. Pg. 225. Retrieved February 7, 2021 from <http://www.heabc.bc.ca/Page20.aspx>

¹⁸ WorkSafeBC. (n.d.). *OHS Policies/Regulations Part 4: General Conditions*. Retrieved July 21, 2019 from <https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-policies/policies-part-04> and <https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-04-general-conditions>

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PSI Educators who are witness to or victim of any problematic behaviour by HCO Clients or Workers can report the situation according to both HCO and PSI policies.

HCO Supervisors/Workers who are witness to or victim of any problematic behaviour by Students or Educators can report the situation according to the HCO policy.

HCOs and PSIs address complaints in a timely manner according to their policies.

Complaints of problematic behaviour are differentiated from practice issues (see **PEG Student Practice Issues**).

The PSI or HCO have the authority to suspend or terminate the practice education experience if the risk to any party is determined too great or the issue cannot be adequately resolved.

Roles, Responsibilities and Expectations

Post-Secondary Institutions

- Establish respectful workplace and personal conduct policies that adopt a zero-tolerance approach to problematic behaviour by Students and Educators within both the education and practice education setting.
- Embed the concepts of respectful behaviour, cultural safety, and trauma-informed practice into curriculum, where appropriate.
- Communicate workplace and personal conduct policies and expectations to Students and Educators.
- Provide education opportunities (formal and informal) to Students for preventing, recognizing, and responding to problematic behaviour of others, including how to protect themselves, in the practice education setting.
- Promptly investigate reports of problematic behaviour during practice education experiences:
 - of Students or Educators reported by Students, Educators, or HCO Workers
 - of HCO Workers reported by Students or Educators
- Notify the HCO Practice Educator Coordinator and HCO manager (or delegate) of the practice education setting when the problematic behaviour involves any HCO Workers.
- Facilitate the resolution of any complaint of problematic behaviours.

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Students

- Conduct self in a manner that is respectful to others.
- Take action to resolve any interpersonal conflicts within the practice education setting that hinder communication, collaboration, and teamwork.
- Recognize how personal stress can impact relationships and practice performance.
- Take steps to address any form of problematic behaviour by HCO Clients, HCO Workers, other Students, or PSI Educators during practice education experiences:
 - Recognize that the problematic behaviour could get worse the longer it is ignored.
 - Address problematic behaviour as soon as possible, if feeling safe to do so.
 - Keep a record of all relevant facts surrounding the situation including the date, time, location of the incident(s), and names of any witnesses.
 - Inform their PSI Educator or HCO Supervisor of the situation and ask for help to resolve the situation through collaborative problem-solving, as needed.
 - Follow the HCO and/or PSI policies for informally and formally addressing and resolving problematic behaviours.
- Leave the practice education situation or setting if feeling unsafe and immediately inform their PSI Educator or HCO Supervisor.

Health Care Organization

- Establish respectful workplace and personal conduct policies and procedures that include preventing, receiving, and resolving complaints of problematic behaviours within the HCO.
- Embed the concepts of respectful behaviour, cultural safety, and trauma-informed practice into policies, procedures, and work practices, where appropriate.
- Communicate workplace and personal conduct policies and expectations HCO Workers.
- Make workplace and personal conduct policies available to PSIs.
- Provide education opportunities (formal and informal) to PSI Students and Educators for preventing, recognizing, and responding to problematic behaviour of others, including how to protect themselves, in the practice education setting. (see *PEG Orientation – Students*; *PEG Orientation - On-Site Post-Secondary Institution Educators*)

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- Promptly investigate reports of problematic behaviour during practice education experiences:
 - of PSI Students or Educators reported by HCO Clients or Workers
 - of HCO Clients or Workers reported by PSI Students or Educators
- Notify the PSI Practice Educator Coordinator when the problematic behaviour involves PSI Educators.
- Facilitate the resolution of any complaint of problematic behaviours.

PSI Educators / HCO Supervisors

- Role model a zero tolerance approach to all forms of problematic behaviours in the workplace and Student learning environments.
- Take action to resolve any interpersonal conflicts within the practice education setting that hinder communication, collaboration, and teamwork.
- Assess complaints involving Students and differentiate between problematic behaviours and practice issues (see *PEG Student Practice Issues*).
- Recognize the impact on Students who experience any form of problematic behaviour:
 - Provide a safe and supportive learning environment.
 - Guide and support Students in the process for collaborative problem-solving and resolution, where appropriate.
 - Follow the HCO and/or PSI policy for addressing and resolving problematic behaviour.
 - Inform the HCO and/or PSI Practice Educator Coordinator (or designate) of situations where collaborative problem-solving did not achieve resolution.
 - Work with the HCO and/or PSI representatives when a formal process to investigate and resolve the situation is needed.
- When witness to or victim of problematic behaviour, follow the HCO and/or PSI policy for addressing and resolving the situation.

References and Resources

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Guideline Review History

Version	Date	People Responsible	Brief Description (reason for change)
1	March 2007	Authors/Editors: Carol A. Wilson (BCAHC), Barb Collingwood (BCAHC) Reviewers: Practice Education Committee of the BC Academic Health Council (Grace Mickelson, Chair)	
2	March 2013	Editors: Heather Straight (VCH) Deb Filliel (Langara) Angela Wolff (FHA) Deb McDougall (BCAHC)	New template format Updated content and language Included violence / horizontal violence Referenced Practice Issues guideline to differentiate discrimination/harassment from identification of practice issues Updated references
3	March 2021	Editor: Carol A. Wilson (PHSA) Reviewers: Judy Lee (KPU) BJ Gdanski (PHSA) Ministry of Health (Allied Health Policy Secretariat and Nursing Policy Secretariat) Ministry of Advanced Education, Skills and Training (Health Education Reference Committee) Health Authority Practice Education Committee	Changed title and focus to be on respectfulness and more broadly to problematic behaviours Updated definitions and references Refers to situations where the person could be a victim, witness, or perpetrator