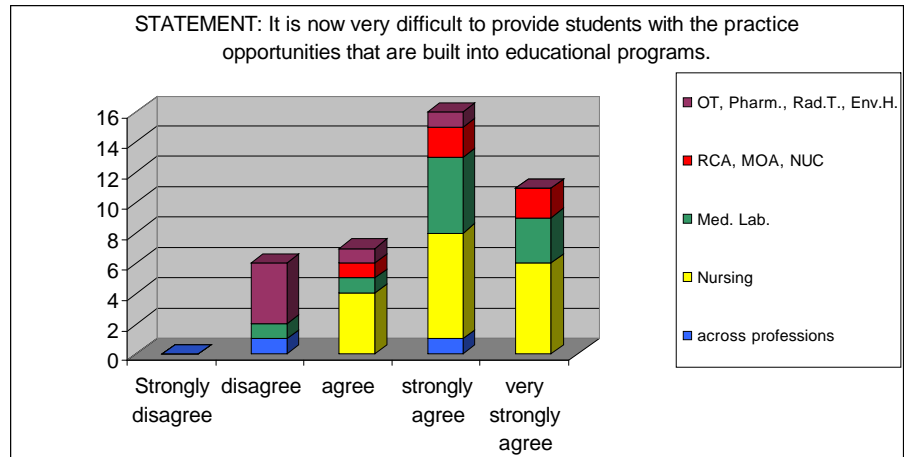


March 2004

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## Student Placement Survey

CAHC has conducted a web-based survey to validate the view that student placement challenges in practice settings have now reached a critical state, as some have indicated. Responses are still trickling in, but it seems that the bulk of responses (approximately 50) have been received. The response pattern allows stronger conclusions about the Vancouver and Fraser regions and less so about other regions. The majority of responses covered nursing and medical laboratory professions. The analysis work is continuing, but preliminary indications are available and are captured in this article.

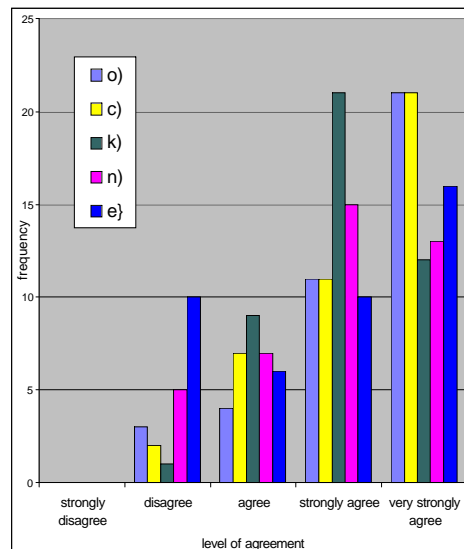
Respondents strongly agreed that it is now very difficult to provide students with the practice placements designed into the educational programs. The challenge seems to be across the continuum of care and across all years of the educational program. Acute care does seem to be a slightly bigger area of concern.

Respondents were also asked to identify in broad and specific terms the major causes for increasing placement difficulties.

culties. Answers include:  
 "We have to find additional clinical seats for the Program. The funding for these new seats is available, but without new clinical seats this plan is not feasible. I have been in discussion with the majority of the placement sites in the province and the Yukon. Loss of historical clinical seats is a real problem as sites are more challenged to reduce costs."  
 "In the mid 1990's, our local hospital had

403 beds; local School of Nursing had a BSN Program with about 60 students in each of 4 years, as well as an RCA program that graduated about 60-90 students per year. Currently the hospital has 260 beds and our BSN program has increased to 80 students in each of 4 years as well as maintaining the RCA program and adding an LPN program (24 students per year). In addition there are two other LPN

Respondents from a number of health professions (nursing, laboratory, technology, OT, LPN, etc.) confirmed that the following items, ranked by severity, are major causes for placement difficulties:



- o) Closure of facilities; reduction in service
- c) Downsizing of healthcare staff
- k) Healthcare restructuring
- n) Preceptor burnout
- e) Increased number of students
- g) Increased number of schools and programs
- a) Fiscal constraints in health care
- l) More part-time, less experienced front line staff
- d) Flattening of the practice supervisory structure
- h) Curriculum changes
- f) Broader range of required experiences
- b) Fiscal constraints in advanced education
- i) Patients are more acutely ill
- m) Lack of system data
- j) Shift toward program management

education institutions vying for the same clinical placements. It is the same story with the downsizing of extended care facilities in our area, all of whom are accessed by the above nursing-related programs.”

In 2003, the Health Human Resource Advisory Council recommended 10 action items in response to the placement challenges. In addition to offering a number of new ideas, such as collaborative learning units, respondents to the BCAHC survey agreed strongly with all of the recommendations, including: ensuring that preceptor and mentor training resources are promoted to all clinical education facili-

ties; identifying needs of employers and preceptors in meeting requests for clinical education services and develop strategies for support; examining the costs associated with clinical education and the impact on schools, students and health authorities.

The issue of practice placements is now a hot topic across the country with several ongoing parallel investigations for nursing and allied health professions, some of which are expected to complete by the end of April 2004. Contact has been made with the organizers, and sharing of results is likely to take place.

The Vancouver Island Health Authority is

conducting a review of student placements and Children’s & Women’s Health Centre (C&W) has recently also completed a major study of its student population and associated resource allocation. In a landmark study of the C&W challenges led by health consultant Janet Newberry, 49 recommendations were made with respect to student placement capacity and related infrastructure needs.

These reports along with the results of the BCAHC survey will all be incorporated in the final environmental scanning report.



## BCAHC Facilitates Public-Private Dialogue

The competition for practice placements for health professional students in health service delivery environments has heated up over the past few years. The resulting stresses were felt between publicly funded educational institutions and increasingly between public and private sector educational organizations. While a variety of forums for dialogue existed in the public sector, none had been established until recently for a public-private dialogue.

BCAHC’s Practice Education Standing Committee with the endorsement of the Ministry of Health (MOH)

and Ministry of Advanced Education (MAVED) has begun a process to engage the parties in an exchange of views about the student placement challenge.

On January 23, 2004, MAVED representatives attended a meeting chaired by Dr. George Eisler with representatives of over 20 private training institutions as a first step in the process. The

process continued with a very positive joint meeting of BCAHC’s Practice Education Standing Committee and private institutions’ representatives on March 2, 2004.

As a result of these meetings, a number of shared principles were evolved, which are now being shared with stakeholders with an invitation to express support, concerns and any other feedback.

In addition to the meetings, private institutions participated in the recent BCAHC student placement survey. The parties share in all the issues addressed in the survey. There are,

- MOH and BCAHC to review the opportunities for representation of the private education sector in health human resource planning.
- Private Career Training Institution Authority (PCTIA) to consider getting specific input from the health care/education community relative to the accreditation of private schools.
- Meeting participants with specific knowledge about quality control for any of the unregulated professions to forward a summary of current practice to BCAHC, who will distribute the information.

A meeting of stakeholders to be organized around this issue.

- Implementation of HSPnet to be further encouraged and promoted to health care and educational institutions.
- Health authority representatives to continue to participate in student placement planning discussions. It is recognized that patient safety and restructuring demands

might lead to refusals of certain student placements. However, efforts toward better quality assurance and more streamlined processes would likely be met with continued attempts by health care delivery organizations to optimize placement capacity.

### Private sector schools voiced the following concerns:

- Delays and difficulties in the signing of affiliation agreements with some hospitals/health authorities
- Attitude in some public facilities towards private training programs, impacting on acceptance of students and graduates
- Lack of involvement in provincial health human resource planning process

### Public sector representatives voiced the following concerns:

- Lack of control about the number and size of programs in the private sector in light of the student placement challenges and in response to provincial health human resource planning
- Evidence of standards of education and policies around the sale of public sector curriculum to private sector
- Issues around payment of fees/incentives to health care organizations or individual preceptors and clinical teachers.

however, particular challenges that relate in part to the public-private characteristics and in part to the particular educational programs commonly, but not exclusively, offered by the private sector.

The next step in the process involves consultation with appropriate parties to review and endorse the principles discussed at the joint meeting:

# Health Human Resource Planning and Development Landscape

## Health Human Resource Committees and Relationships

NATIONAL	PROVINCIAL		
1. Health Canada	7. MOH Strategic Planning	9. MAVED Health Programs	12. Health Care Leadership Council
1.1 Physician Resource Strategy	7.1 HRR Planning Directorate	10. Educational Institutions	13. Health Authorities
2. F/P/T Conference of DMs of Health	7.1.1 HHR Advisory Cttee.	10.1 Program Advisory Structures	13.1 VPs HR/OD
2.1 Adv. Cttee. on Delivery and HR	7.1.1.1 Health Education Working Group	10.2 Interschool	13.2 VPs Academic, Medicine, Nursing
2.1.1 Sub. Cttee. on HHR Planning	7.2 Nursing Directorate	10.3 PSE Institutions Presidents Councils	14. Health Employers Association
2.1.1.1 Canadian Nursing Advisory Cttee.	7.2.1 Nursing Advisory Council	10.4 Med. Program Expansion Structure	14.1 Health Match BC
2.1.1.2 Entry to Practice Credentials	7.3 Physician Directorate	10.5 Deans and Directors	14.2 VPs HR/OD Cttee.
2.1.2 Health Sector Joint Review Cttee.	7.4. Medical Services Commission	10.6 Nursing Education Council	15. Unions
3. HR Development Canada	7.5. Inter Ministerial Working Group	11. BCAHC Council & Operating Cttee.	16. Prof. Associations and Colleges
4. Can. Institute for Health Information	8. Western HHR Planning Forum	11.1 Academic Health Centre Standing Cttee.	
5. Statistics Canada		11.2 HHR Development Standing Cttee.	
6. National Associations		11.3 Practice Education Standing Cttee.	

Note: Numbers and colors denote reporting hierarchy:



With the assistance of the Ministry of Health (MOH), BCAHC undertook an environmental scan of the health human resource landscape in BC and beyond. The 04/05 action plan for BCAHC's Health Human Resource Development Standing Committee will build on the findings.

Initiated by the Council of University Teaching Hospitals seven years ago, BC has been moving steadily toward a province-wide planning and development system for health human resources (HHR). Along the way, many successful partnerships have evolved and MOH has taken on the recognized leadership and coordination role for HHR planning. The increasing pressures and challenges

on HHR planning and development have raised this issue to one of the top priorities in national and provincial strategic forums. In response, many new and old committees and organizations have initiated excellent activities.

The HHR landscape is now complex, as indicated by our recent environmental scan. Many of the HHR challenges still exist. A new challenge has been added, namely the streamlining and integrating of the many positive initiatives and structures.

Nationally, the parties to HHR Planning include Health Canada, the F/P/T Conference of Deputy Ministers of Health (CDM), the Canadian Institute of Health Information (CIHI), the Human Resource Development Council (HRDC) and various individual national health professional associa-

tions. An advisory group has been formed around health delivery and health human resources with sub-committees focused on HHR planning, entry to practice credentials, nursing, physicians and HHR research. Collectively, these forums attempt to develop national HHR policies and strategies. BC is well represented through MOH personnel.

Closer to home (BC), the Western Health Human Resource Planning Forum of MOH officials identify strategies and initiatives that would be best addressed across the Western Provinces.

BC's health care Leadership Council (Deputy Minister and CEOs of health authorities) receives advice from a number of different sources, such as:

- MOH Human Resource Planning Executive Director and staff
- Nursing Directorate
- Medical Services Commission
- Medical Program Expansion Governance Structure
- Health Employers Association
- Health Match BC and
- All of their various working committees

In addition, inter-ministerial and cross-organizational bodies have formed to link educational planning and programming in post-secondary education with the health care system, such as:

- Health Human Resource Advisory Committee
- Health Education Working Group
- BC Academic Health Council and its working committees

Individually, the six health authorities through their human resources and organizational development departments and the 23 educational institutions (5 universities, 3 Institutes, 5 University Colleges and 10 Colleges) have numerous departments, initiatives and advisory committees to strengthen health professional development. An unknown number of cross-organizational disease-specific and population-segment-specific committees also deal with their related human resource issues.

This landscape is continuously changing. [BCAHC's web site](#) will list the terms of reference for many of the organizations and committees identified in the table. Updates and changes to this picture will be periodically incorporated.



## Integrating Research, Education and Practice in Community Health

Expansion of academic health capacity across the continuum of care is critical to our ability to respond to current and future health human resource needs. A brainstorming session of interested individuals was organized jointly between BCAHC and the "Partnerships for Community

Health Research" (PCHR) training program. The group, co-chaired by Dr. Allan Best and by Dr. George Eisler, agreed to collaborate on the development of a proposal to review the literature and identify beacon projects.

The purpose of the proposal is to facilitate and promote the establishment of effective integration of research, education and practice, similar in effect to the traditional teaching hospital and academic health centre concept, but outside of the acute and hospital care environment. The goal is to identify suitable approaches, models and processes.

The proposal was conceived specifically as an approach that would facilitate enhanced performance and achievement of shared academic health goals between health authorities and educational institutions with respect to community health. Such enhancement is urgently needed to support best practice applications and ensure that the human resources with the right knowledge, skills and attitudes will be available to the evolving and reforming community health system when and where needed.

An Academic Health Centre for Community Health is not defined by its organizational form, but by its focus on integrated research, education and practice to support the achievement of high quality efficient community health care. Possible organizational arrangements will be recommended as an outcome of the proposed project. It is anticipated that the centres would combine their community health service focus with other focus areas, such as specific populations or geographic areas.

The working group is inviting indications of interest and participation by other evolving academic health initiatives in community health settings around the province.

## IT Collaboration Across Health Care And Education

Major interface issues between the health care and education sectors were identified in a series of meetings in fall 2003 with CIOs from both industries. The issues relate to students, faculty and staff who move between and across organizations and need continuity of access to electronic information, library resources, research teams, e-mail and e-learning infrastructure. Wireless applications were also a big interest area.

About one year ago, Michael Hrybyk, CEO of [BCNET](#), and George Eisler, CEO of [BCAHC](#), began to discuss the potential benefits of IT collaboration between health authorities and academic institutions. Since then, George has represented BCAHC on two annual BCNET conferences:



as Conference Committee Chair and host of the telehealth session at "*The Future of Internet Innovation: Moving to Collaborative Solutions*" in April 2003, and as a member of the Conference Committee and host of the e-Health session at the upcoming "*Advanced Networks Conference*" in April 2004.

With the support and encouragement of John Schinbein, CIO of [Ministry of Health](#), Don Henkelman, CIO of [Provincial Health Services Authority](#), and Ted Dodds, CIO of [University of British Columbia](#), a meeting of CIOs from the six health authorities and the BCNET member organizations ([UBC](#), [SFU](#), [UNBC](#), [UVIC](#), [BCIT](#)) was organized in February 2004.

The purpose of this meeting was to establish better mutual appreciation of priorities, challenges and constraints in each organization. Specifically, the meeting covered:

- Access and licensing of e-library resources
- Identification and authentication of faculty and students
- Network redundancy and interconnects
- Security
- Research support for faculty in

- health facilities
- Videoconferencing facilities
- E-learning and training facilities
- Electronic health records access

A follow-up conference is currently being planned for April/May 2004 around the highest common priority issues, including identity management, security and IT staffing challenges. The BCNET-BCAHC partnership and the joint CIO forum are expected to contribute positively to the advancement of health research, health human resource development, e-learning and telehealth in BC.



## Conferencing in Cyber Space

Anyone involved in organizing province-wide multi-stakeholder teams and committees these days knows that a major challenge to progress is the scheduling of meetings, especially if travel is involved. Our development focus at BCAHC has been on the use of desktop computers as an effective collaboration tool.



We are pleased to introduce **AH Meeting**, a web-based meeting tool that will complement **AH CENTRE**, our collaboration space for the academic health community. While **AH CENTRE** allows effective collaboration asynchronously, thus reducing the need for real-time meetings, **AH MEETING** allows for effective real-time communications and collaboration.

This is an exciting step in the development of BCAHC as we strive to achieve our goals of:

- Creating more efficient methods of communications and bringing the Province's academic health practitioners, educators and researchers to gether real-time;
- Empowering the academic health community with powerful meeting tools for presentations, voting, surveys, recording, application sharing

and more;

- Enhancing interactivity and sharing of valuable information quickly, easily and cost-effectively;
- Producing instant breakout sessions or focus groups to forward our action;
- Maximizing the time and resources of our members and providing the convenience of not having to leave their desktop

The establishment of this web conferencing solution is well underway, with BCAHC members already harnessing the power of the Internet to MEET and collaborate online. We have negotiated an attractive rate for the BCAHC membership, making a one year commitment for a premier service that allows a web meeting for up to 10 connections around the world. Very cost-effective accompanying audio conferencing services have also been acquired.

The branding feature of this software has allowed us to retain the look of our website (check it out at <http://www.placeware.com/cc/bcahc>). You will soon be seeing two new links on **BCAHC website**: one that will take you right to your live meeting space, and another that will allow you to request the organization and scheduling of a live meeting for up to 10 user locations.

One of the conferencing centre services enabled by this tool is the recording capabilities, which allow individuals who cannot attend a live meeting to: (1) listen to the meeting at a later time; (2) review Powerpoint presentations; (3) review other web slides, pictures and uploaded documents; and (4) participate in voting/polling activities - at their convenience.

Presenter and organizer training is in full swing, with both user and technical support offered by Microsoft and BCAHC (**Sherry Lipp** and **Susanna Gilbert**). Our meeting leaders have been encouraged to participate in one of the following presenter training sessions, which will immediately allow them to put this service to work by filling out a scheduling form and emailing it to [sgilbert@bcahc.ca](mailto:sgilbert@bcahc.ca):

March 15: 10-11 am  
March 24: 2-3 pm  
March 30: 10-11 am

## Microsoft Live Meeting Security

In the face of the strong security and spam control environment that characterizes the health care environment, we have the assurances of Microsoft that organizations' sensitive information is protected with hardware and software as well as security policies and procedures, ensuring that no unauthorized visitors can view presentation content or participate in private meetings. In addition, Microsoft's Live Meeting software gives our meeting leaders the flexibility to define the appropriate level of security required for various types of meetings we conduct.



## Sharing Space With HCLABC

Starting April 1, 2004, one of the BCAHC offices will become the new central home for the Health Care Leaders Association of BC (HCLABC). The close physical proximity has symbolic, strategic and practical implications. It should enhance an image of BC's health care leaders of being close to and open to learning environments and should facilitate cost-effective evolution of a province-wide communication and collaboration infrastructure, a critical success factor for both organizations.



## Profiling Our Extended Team



*Kathy Copeman-Stewart*



*Theresa Roberts*



*Sandra Morris*



*Brenda Sawatzky-Girling*

We introduced our four core team members in our inaugural *AH Collaborations* edition. We are now very pleased to introduce you to our Extended Team, fondly known as the E-Team. This group is comprised of our four core staff and four additional external academic health project managers, writers and researchers. The external E-Team makes an important contribution to the work of the BC Academic Health Council. They are contracted to undertake specific projects and are responsible for their effective development and implementation. The Extended Team meets bi-monthly to share progress on their respective projects, identify inter-relationships across projects, discuss health industry trends, and identify opportunities for collaboration.

**Kathy Copeman-Stewart** provides continuity with work undertaken over the past several years by the Council of University Teaching Hospitals (COUTH). She is currently the **Interprofessional Rural Program of BC (IRPbc)** orchestra leader. She has the recognized ability to bring people together and to capitalize on their wisdom, strengths and knowledge. Her background in rural health and health policy makes her ideally suited to be the Project Manager of IRPbc.

**Theresa Roberts** has worked as a consultant with COUTH and BCAHC for several years in the development of the **Health Sciences Placement Network of BC (HSPnet)** and for an earlier project on Coordinated Physician Credentialing. She has been involved since the inception of HSPnet, and contributed to the original funding proposal to the Ministry of Health. When

HSPnet was funded in April 2003, she assembled a consulting team to manage the design, development and implementation of HSPnet.

**Sandra Morris** was instrumental in the transition planning for BCAHC, developing criteria for membership, researching governance options, and revising the Society bylaws. She prepared the original proposal for IRPbc. In May 2002, she coordinated the planning team for the one-day forum which facilitated a common understanding of future trends in the education of health professionals and promoted partnerships across programs in the health disciplines. She developed policy for HSPnet, and coordinated the development of a proposal for a provincial licensing strategy for electronic library materials.

**Brenda Sawatzky-Girling** has performed the literature searches for most of the recent COUTH and BCAHC initiatives, from the economic and quality aspects of Academic Health Centres, to interprofessional education, and the support needs of preceptors and mentors. She also did the background research for the recent Health Human Resource environmental scan.

### The BCAHC Secretariat

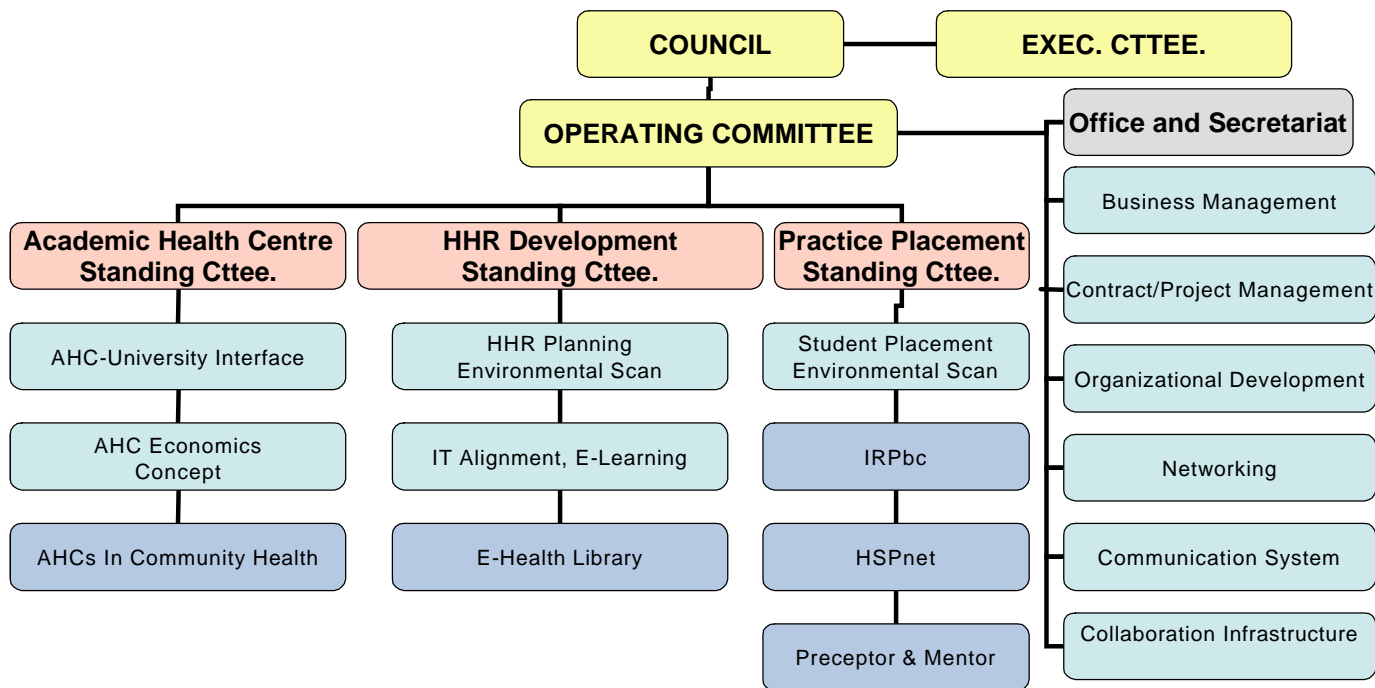
- Provides leadership and coordination in the development of operational plans, action plans and terms of reference for BCAHC committees
- Supports, facilitates and coordinates the functioning of the Council, Operating Committee, three Standing Committees and several Working and Discussion Groups
- Manages and administers projects and contracts
- Administers finances and operations
- Establishes a communications system, including the web site and newsletters
- Implements an on-line web-based collaboration environment, **AH-CENTRE**, and **AH MEETING**

### BCAHC Networking and Partnerships

BCAHC maintains close working relationships with a variety of agencies in BC. Examples of networking efforts:

- Discussions and meetings at many levels with representatives of member organizations
- Particularly focused discussions with the Ministries of Health and Advanced Education
- Participation in workshops and conferences with focus on directional planning in health care, health human resources, e-learning for health professionals and telehealth developments

## BCAHC ORGANIZATIONAL STRUCTURE – MARCH 2004



**GOVERNANCE CTTEE.**

**STANDING CTTEE.**

**WORKING CTTEE.**

**TASKS**

The strategic direction for BCAHC is set by Council, made up of the six Health Authority CEOs, three Deputy Ministers, and Presidents, VPs or Deans of 25 post secondary educational institutions. The Operating Committee, made up of VPs, Deans and Directors of member organizations, develops and oversees the BCAHC work plan. Three Standing Committees reflect the current priority areas for BCAHC. They oversee certain tasks directly or delegate them to Working Committees.

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*AH-Collaborations* is a monthly publication of BCAHC that highlights the collaboration activities within the academic health community of B.C. For comments or story ideas, or to be added or removed from the mailing list, please send an e-mail to [newsletter@bcahc.ca](mailto:newsletter@bcahc.ca).