Health Education Series

(Allied) Health Education Program Standard

Standards Council of Canada
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People powered health™

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(Allied) Health Education Program Standard

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It is important to note that the views of the Technical Committee members are representative of their expertise and not their respective organizations.

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Contents

Preface

This is the first edition of the Health Standards Organization HSO 40001:2020 (E), *(Allied) Health Education Program Standard*. The standard outlines requirements and provides guidance in the following areas:

- Student attainment of competence
- Student interests and rights
- Educational program resources
- Educational program management, oversight, administration, and structure
- Quality improvement and innovation

The standard specifies requirements for health education programs to conduct educational activities that enable graduates to deliver quality health services to patients and families. The content was prepared by the HSO Technical Committee on Health Education Programs.

This standard will be undergoing periodic maintenance. HSO will review and publish this standard within five years of the date of publication.

Standard type: This standard is intended to be used as part of a conformity assessment.

The technical content of the standard consists of clauses, criteria and guidelines.

- **Clause:** Introductory statement for a set of criteria. It is not a goal statement.
- **Criterion:** A requirement that is to be evaluated. May be referred to as a sub-clause.

In this standard, criteria use the following auxiliary verbs.

- **Shall/Shall not:** is used to express a requirement. A provision the user is obliged to satisfy to comply with the standard.
- **Should/Should not:** is used to express a strong recommendation that is expected to be followed unless there is a strong reason not to.
- **May/Need not:** is used to express permissible provisions within the limits of this standard.

- **Guideline:** Additional information to help understand the criterion. It does not contain new information of evaluation content.

HSO's People Centred Care (PCC)-Guiding Principles

HSO is committed to working closely with people around the world who share our passion for achieving quality health services for all.

PCC is defined by the World Health Organization as "an approach to care that consciously adopts individuals', carers', families' and communities' perspectives as participants in, and beneficiaries of, trusted health systems that are organized around the comprehensive needs of people". As such, a people-centred care philosophy guides both the development process and content of HSO's standards. PCC calls for a renewed focus on the interaction and collaboration between people, much like what is suggested by those who use the expression "relationship-centered care" where it is acknowledged that stronger and more intentional connections lead to improved decision making and teamwork, higher morale, decreased hospitalizations and improved trainee competence.

As an organization striving to develop the best health and social services standards for improved health outcomes, PCC truly reflects our mandate.

HSO's principles of people-centred care are based on patient partners guiding principles, Standards Development guiding principles and new principles added to cultural safety and humility charter that all play a part in providing safe, high quality care in all health and social services sectors. These principles are HSO's basis for people-centred care.

HSO's principles of people-centred care are:

1. ***Integrity and relevance:*** *Upholding the expertise of clients and families in their lived experiences of care; Planning and delivering care through processes that make space for mutual understanding of needs/perspectives and allow for outcomes that have been influenced by the expertise of all.*

2. ***Communication and trust:*** *Communicating and sharing complete and unbiased information in ways that are affirming and useful; Providing timely, complete, and accurate information to effectively participate in care and decision making.*

3. ***Inclusion and preparation:*** *Ensuring fair access to care and opportunities to plan and evaluate services to people from diverse backgrounds and contexts; Encouraging and supporting clients and families to participate in care and decision making to the extent that they wish.*

4. ***Humility and learning:*** *Encouraging people to share problems and concerns in order to promote continuous learning and improvements; Promoting system improvement over individual blame and judgement.*

Disclaimer

Although the intended primary application of this Standard is stated in its Scope, it is important to note that it remains the responsibility of the users to judge its suitability for their particular purpose.

HSO standards are not intended to replace clinical or best practice guidelines. The intent of this publication is not to contravene existing national, provincial, or territorial legislation/regulations.

Patents/trademarks:

(Identification of patent) NOTE - The user's attention is called to the possibility that compliance with this standard may require use of an invention covered by patent rights.
By publication of this standard, no position is taken with respect to the validity of this claim or of any such claim(s) or of patent rights in connection therewith. If a patent holder has filed a statement of willingness to grant a license under these rights on reasonable and non-discriminatory terms and conditions to applicants desiring to obtain such a license, then details may be obtained from HSO.

(Allied) Health Education Program Standard

Introduction

HSO's *(Allied) Health Education Program Standard* aims to ensure health education programs in Canada are designed and delivered effectively and in an integrated way to contribute to the competence of graduates and the quality of patient care. This standard guides educational institutions and a variety of clinical settings in designing and delivering quality health education programs and producing graduates who meet the standards of competence for entry-level practice set by the health profession or discipline. It is based on evidence-informed practices that focus on program quality, including integration between didactic and clinical education components, to help students attain the required competencies. Institutions with health education programs accredited under this standard must demonstrate that their program's curricula, learning environments, and resources adequately prepare students to achieve the competencies they need to practise their chosen profession and provide safe, high-quality care to patients.

Health professionals have specific technical skills and work as part of teams to deliver health care. They are qualified by appropriate education, and in many cases, are licensed to work in the health care field. Health professionals identify, evaluate, treat, and prevent diseases and disorders, and are involved in rehabilitating patients and managing health systems.

Health professionals must adhere to relevant national, provincial, and jurisdictional education requirements. They typically have their own professional scopes of practice and establish their credentials through degree- or diploma-granting educational programs, certificate-granting educational programs, and continuing education.

The *(Allied) Health Education Program Standard* is the basis for accreditation of health education programs in participating health professions.

Scope

Purpose

This standard specifies the requirements that institutions are expected to meet in the design and delivery of all components of their health education programs to ensure they are effective and integrated.

This standard provides:

Educational institutions and clinical settings with national guidance on program quality for health education programs.

Regulators with a national standard on which to base the accreditation of health education programs.

External assessment bodies with measureable requirements against which to assess health education programs.

This standard is intended to be used along competency profiles and provincial requirements, where applicable.

Applicability

This standard applies to health education programs in professions whose representative organizations have accepted and endorsed the standard.

For the purposes of this document, the *(Allied) Health Education Program Standard* will hereby be referred to as the *Health Education Program Standard*.

Normative References

This standard does not contain normative references.

Terms and Definitions

Definitions

Please follow the link to obtain a full list of our standards glossary: https://healthstandards.org/files/HSO-MasterGlossaryList-2018E.pdf

Adequate supervision: Authorized supervision of students at all times when they are in a clinical or didactic setting. Supervision is provided by a certified, registered, or academically qualified professional until the students are competent to perform a given task. Once students have attained the required competency, they must still be supervised by an authorized certified, registered, or academically qualified professional who is on the premises and can assist the students immediately if required, but the supervision may be indirect. Adequate supervision ensures patient and student safety.

Affiliation agreement: A written agreement between the governing authority of the educational institution and the clinical site and/or partner educational institution. The agreement specifies the authority, obligations, and responsibilities of each signatory.

Assessment: A process of appraisal. In education, assessment is the process by which didactic and clinical personnel measure and document students' academic readiness, learning progress, skill acquisition, clinical competence, or educational needs.

Assessor: A person who participates in students' assessments in a clinical or didactic setting.

Certification: The process by which the appropriate body for a health profession (e.g., national and/or provincial professional association, alliance of regulators) recognizes individuals who have attained the competencies for the profession and any other pre-determined qualifications.

Clinical education: Structured learning experiences in a clinical environment (e.g., hospital, clinic, laboratory, paramedic unit) that set the practice of the health profession. In some professions, the competency profile specifies the competencies that must be demonstrated in an actual professional practice setting; it may also specify which competencies may be applied in a simulated environment.

Clinical personnel: Health professionals who may assist in the education and evaluation of students at the clinical site in partnership with the didactic program.

Clinical/practicum site: A clinical institution, teaching clinic, preceptorship placement location, or agency that provides students with a learning experience or rotation in the practice setting of the health profession.

Competency: A behaviour or set of behaviours that demonstrates that a person has acquired the knowledge, skills, or attitudes needed to perform a given task.

Competency attainment: The process of acquiring competence. This process may occur through various learning modalities organized in a logical progression, including:

Theoretical learning and clinical/simulation activities: Theoretical learning and clinical/simulation activities help students gain foundational knowledge and specific skills. Managing simulated patient cases can help prepare students for direct patient contact and help them attain competence in uncommon and/or high-risk clinical procedures.

Direct patient contact in the professional practice setting: Students attain and demonstrate competencies through direct contact with patients in the actual practice setting of the profession. Direct contact with patients in the practice setting gives students the opportunity to integrate their knowledge, skills, attitudes, and judgment in real clinical situations that require problem solving, communication, and critical thinking to address patient needs and conditions.

While health education programs make every effort to optimize a student's experience with real patients, it may not be feasible for students to apply all competencies in actual clinical situations.

The outcome of a well-integrated learning experience is a professional who has attained the competencies required for safe and effective practice when they enter their profession.

Competency-based objective: A target for behaviour that reflects a specific element or elements such as knowledge, skills, behaviours, and attitudes to be attained by the student in gaining a given competency. Health education programs

establish competency-based objectives and outcomes according to the competencies specified in the competency profile for the profession.

Components of a competency-based objective (as identified in traditional approaches to behavioural objectives) include:

- Condition: A boundary placed on the student
- Act: The behaviour demonstrated by the student
- Standard: An acceptable level of performance of the act by the student

Competency profile: The competencies required for practitioners entering a given profession to provide safe, high-quality care in a variety of work environments. The competency profile may be national, provincial, or jurisdictional. Depending on the profession or discipline, the competency profile may be referred to as a competency framework.

Curriculum: A course of study offered by an educational institution.

Didactic education: Structured learning experiences for students in an actual or virtual academic environment (e.g., actual or virtual classroom, computer-based learning program, or audio-visual centre).

Didactic personnel: Qualified individuals who have a role in administering or facilitating the educational process, including the provision of medical or educational direction and teaching.

Educational institution: A teaching organization that provides health education programs and is authorized to issue degrees, diplomas, certificates, and other forms of documented recognition of fulfilled requirements.

EQual™ Canada: A health education accreditation program offered by HSO and delivered by Accreditation Canada that assesses health education programs across various health professions against minimum standards required to ensure that graduating students can deliver safe, high-quality care at entry to practice. A list of health professions currently participating in the EQual Canada program can be found at https://accreditation.ca/health-education-accreditation/.

Equitable: A fair and accessible opportunity that minimizes variability and maintains equivalency.

Formative evaluation: An evaluation that takes place during the teaching process to give students direction on how to improve while they are still gaining knowledge and practising skills.

Health education program: The integrated resources and components of all sites (didactic and clinical/practicum) participating in the delivery of health education. A health education program may also be referred to as an educational program throughout this document.

Health professional: A health care practitioner with formal education and clinical training who is credentialed through certification, licensing, and/or mandatory registration. Health professionals collaborate with other members of the health care team to identify, evaluate, treat, and prevent diseases and disorders. They also support the rehabilitation of patients and the management of health systems.

Innovation: An educational practice that responds to emerging changes and clearly improves existing processes or initiatives in a meaningful way.

Institution partner: An organization with which the educational institution delivering the health education program provides education and support for students.

Integration: The interrelationship of all components of the educational process to give students a cohesive educational experience.

Licensing/mandatory registration: A process by which a regulatory body authorizes individuals who have obtained the necessary credentials or qualifications to engage in a particular occupation or profession and to use a particular title.

Natural justice: A legal philosophy that embodies the principles of procedural fairness and objective decision making.

Objectives: Statements that describe what students are expected to learn. Attained objectives are referred to as outcomes.

Patient: A person who participates in and benefits from health systems and services as co-producers of health. Depending on the health setting or context, patients may be referred to as clients, residents or community members, and may include carers and families when designated by patients.

Patient partner: A patient with lived experience who works with an educational institution or with individual health education programs. A patient partner may be involved in recruiting and orienting students and educators, working with them directly, and gathering feedback from patients and clinical team members. Integrating the patient perspective into the educational system enables institutions and health education programs to adopt a people-centred approach.

People-centred care: An approach to care that consciously adopts individuals', carers', families', and communities' perspectives as participants in, and beneficiaries of, trusted health systems that are organized around the comprehensive needs of people.

Performance data: Data collected to support timely, evidence-informed action to improve the quality of health education programs (e.g., information from stakeholder groups, key performance indicators, exam results).

Performance environment: The setting or context in which a student's competencies are demonstrated and assessed. Performance environments include, but are not limited to, the academic environment; the simulation environment, which is typically in an institution's laboratory facilities; and the clinical/practicum environment in the actual practice setting of the profession, such as the hospital, clinic, or preceptorship environment. Performance environments may also be known as assessment environments.

Practicum: The practical field work component of a health education program that takes place in the practice setting of the profession (e.g., hospital, clinic, laboratory, paramedic unit).

Preceptor: An expert or specialist (e.g., a technologist or a health care practitioner) who provides students with opportunities to gain practical experience, supervision, and education in the practice setting of the profession.

Program evaluation: The systematic process of observing, collecting, analyzing, and using information to answer questions about projects, policies, and programs. Program evaluations focus on assessing the effectiveness and efficiency of programs to improve their quality.

Provincial program client: A provincial professional regulatory body that has signed a program client agreement with HSO for the accreditation of health education programs in its profession(s) and jurisdiction by Accreditation Canada through the EQual Canada program.

Provincial requirements: A set of requirements mandated by the provincial regulatory body within a jurisdiction with which a health education program must comply. Provincial requirements are determined by EQual Canada provincial program clients, where applicable, and used alongside a competency profile to determine students' readiness to enter practice.

Regulatory body requirements: Conditions or restrictions setting the standard for activities in a profession enforced by a regulatory body.

Resiliency training: Training that helps students to adapt and recover quickly after stress, adversity, trauma, or tragedy.

Simulated participant: A person trained to portray a patient in realistic and repeatable ways. Simulated participants interact with students in experiential education and assessment contexts.

Simulation: A structured learning activity in which key elements of the practice setting of a health profession are replicated through the use of mock patient cases or specimens, mannequins, clinical scenarios, standardized patients, or other means. Clinical simulation activities can range from performing simple clinical procedures to clinical assessment and decision making in a high-fidelity recreation of a complex patient case.

Student evaluation: The process of characterizing and appraising student knowledge and skill acquisition.

Summative evaluation: An evaluation that occurs at the end of pre-defined segments of student learning. Summative evaluations are used to summarize, evaluate, and communicate what students know and can do in relation to curriculum objectives.

Abbreviations

BLS – Basic life support

CPR – Cardiopulmonary resuscitation

HSO – Health Standards Organization

ISED – Innovation, Science and Economic Development

MSI – Musculoskeletal injury

PCC – People-centred care

PHAC – Public Health Agency of Canada

SCC – Standards Council of Canada

WHMIS – Workplace Hazardous Materials Information System

1   Student Attainment of Competence

1.1   **The health education program enables students to attain the competencies in the competency profile for the profession.**

1.1.1   The educational program shall ensure that the content, sequence, and delivery of its learning units provide an integrated learning experience for students.

Guidelines:

The educational program's structure and delivery is designed to enable students to attain the competencies in the competency profile for the profession. A student's path from the beginning to the end of the educational program is clear and logical.

The length of the educational program, delivery modes, sequence of courses, and clinical/practicum placements optimize student learning and attainment of competencies within the context, mandate, and restrictions of the educational program.

1.1.2   The educational program shall have competency-based learning objectives that address all professional entry-to-practice competencies, as well as any additional provincial requirements for entry into the profession.

Guidelines:

The educational program personnel develop competency-based objectives and implement learning activities to ensure all competencies in the competency profile are addressed in the curriculum.

The curriculum gives students opportunities to acquire the knowledge, skills, and behaviours specified in the competency profile.

The educational program identifies the courses (e.g., by module, by term) where students will acquire the knowledge, skills, and behaviours outlined in the competency-based profile. The courses prepare students to practice and eventually attain the competencies in the clinical/practicum setting. A cross-reference document or a curriculum map demonstrates how the courses meet the requirements of the competency profile.

Many health professions are regulated through legislation. Provincial regulatory bodies that are EQual Canada program clients may define additional provincial requirements that must be included in programs' learning objectives and activities.

1.1.3   The educational program shall establish and publish institutional and program-specific policies and procedures to evaluate student performance and progression through the program.

Guidelines:

Institutional and program-specific policies and procedures include, at minimum:

- Requirements for successful completion of each didactic course and clinical/practicum placement and of the program as a whole

- Information to be included in all program course outlines regarding testing, grading, assessment, and progression

- Criteria for students to progress from one course to another and one term to another (i.e., course pre-requisites)

Students and assessors are informed of these policies and procedures.

1.1.4   The educational program shall use evaluation methods and tools that validate student performance and progression in attaining the competencies indicated in the profession's competency profile.

Guidelines:

The educational program conducts formative and summative evaluations to determine valid and timely indications of student progress toward attainment of the competencies in the competency profile.

Evaluation tools validate students' attainment of required competencies. The tools relate directly to the competency-based learning objectives, evaluate student competence according to defined performance criteria, and are used consistently and accurately.

Tools are used in an equitable way to ensure consistency and transparency.

1.1.5   The educational program shall have processes to identify students whose performance requires improvement and, when appropriate, develop remediation plans to support student progression.

Guidelines:

A defined and consistent process is undertaken to identify deficiencies in student performance. When performance deficiencies are identified, remediation plans may be required to help students succeed.

Remediation plans may include self-assessment, coaching, and involvement of peers, tutors, or small groups to support students with similar needs. Students are encouraged to participate in the development of their remediation plan.

1.1.6   The educational program shall provide evidence to demonstrate that students have attained the competencies in the competency profile for the profession.

Guidelines:

Program personnel use completed student evaluation records, certification and/or licensing exam results, and feedback from graduates and employers to confirm that graduates have attained the competencies in the competency profile.

Competencies are assessed as attained in the performance environments identified in the competency profile. If the competency profile does not stipulate where the competency must be demonstrated, it is expected that attainment of the competencies in the competency profile that require the application of clinical skills will be assessed in the actual practice setting of the profession.

The rationale for any variation in the performance environment must be provided.

2   Student Interests and Rights

2.1   The educational institution and/or health education program supports students' educational interests and protects their rights.

2.1.1   The educational program shall provide prospective students with accurate information about the requirements of the profession, the program, and applicable costs.

Guidelines:

Information about the requirements of the profession and the program is provided to prospective students so that students can make informed career choices. This information includes the physical and/or psychological demands of the profession, the fee structure, and/or costs associated with the educational program.

The educational program ensures that relevant requirements for licensing/mandatory registration are communicated to prospective students. These requirements may include

language assessment; disclosure of criminal convictions and findings of professional misconduct; and disclosure of physical and/or psychological conditions that could impact students' ability to practice safely.

The educational program communicates to prospective students the requirements necessary to attain competencies in the practice setting of the profession. For example, prospective students are informed whether they will be required to travel for clinical/practicum placements. Requirements for clinical/practicum placements are communicated to prospective students before they apply to the program. These requirements may include, but are not limited to, the following:

- Immunization

- Basic life support (BLS) and cardiopulmonary resuscitation (CPR) education

- Physical fitness requirements

- A criminal record check

- A vulnerable sector search

- Possible locations of clinical placement sites

Prospective students are advised in writing of conditions that may prevent their access to clinical/practicum placements and/or completion of the educational program.

2.1.2 The educational program's admission policies and procedures shall be equitable, and admission practices shall be consistent with published information, institutional policies, and, when applicable, regulatory body requirements.

Guidelines:

Institutional policies and procedures are defined for prospective students and applied consistently to all applicants.

Selection criteria for admission are determined by the institution and/or the educational program and published as part of the application process. These criteria comply with specific institutional policies, legislation and regulatory body requirements.

Exceptional admission processes and associated procedures, such as "seat purchases" or "equity seats," are defined and communicated to prospective students. For example, programs may reserve a specific number of seats for international students, members of the Canadian armed forces, or Indigenous peoples; or the government of another province may subsidize entry into the program for a given number of students from that province.

2.1.3 Upon enrolment, the educational program shall provide students with accurate information on institutional and program-specific policies and procedures, and student rights and responsibilities.

2.1.4 The educational program shall take measures to ensure student safety and exposure to safe working practices.

Guidelines:

The educational program has policies and procedures to ensure a safe environment. Students have access to and are informed of institutional and program-specific safety policies and procedures for all sites (didactic and clinical/practicum). Students should be aware of safety legislation and regulations relevant to the profession (e.g., jurisdictional occupational health and safety acts and regulations).

Program-specific policies and procedures should outline an appropriate safety culture that accounts for the safety of patients, students, and others in the context of the program and the profession.

Educational program facilities and equipment should be routinely monitored so they are safe for students to use. Student education should include safe and proper use of equipment. Students have the right to refuse to work in an unsafe environment.

Safety policies and procedures may address:

- Interprofessional collaborative measures to protect:
    - Patients and other members of the public
    - Students
    - Personnel
- Use of personal protective equipment

- Acquisition and maintenance of safety equipment

- Infection prevention and control

- Biosafety, such as protocols from the Public Health Agency of Canada (PHAC)

- Radiation monitoring

- Compliance with Workplace Hazardous Materials Information Systems (WHMIS)

- Compliance with the *Human Pathogens and Toxins Act*

- Prevention of musculoskeletal injuries (MSIs)

- Reporting of injuries and unsafe practices

- Risk management

- Emergency preparedness and response

- Limited access to specialized teaching areas (e.g., laboratories) after hours

Students are informed of the physical and psychological risks and workplace hazards of the profession. They are provided with relevant and effective education to reduce the risks to an acceptable level.

Within the context of the profession, students are taught to employ safe work practices using proper body mechanics and ergonomic principles, as well as other safety practices. Safety practices include infection prevention and control measures, radiation safety practices, use of personal protective equipment, resiliency education, stress management techniques, and awareness of the safety concerns of colleagues and patients, as appropriate.

The educational program and its clinical/practicum sites model safe work practices. Safe and unsafe conditions or practices may be simulated during student learning as a teaching tool to promote awareness.

2.1.5 The institution and/or the educational program shall have policies and procedures related to harassment and violence prevention education, conflict resolution, and anti-discrimination.

Guidelines:

Educational program guidelines:

See the institution guidelines below.

Institution guidelines:

Harassment, violence prevention education, conflict resolution, and anti-discrimination policies and procedures apply to both the didactic setting and clinical placements (didactic and clinical/practicum).

2.1.6   The institution and/or the educational program shall provide academic and non-academic support services for students.

Guidelines:

Educational program guidelines:

Students are informed about the academic and non-academic support services available to them, as well as how to access these services while at the educational institution or clinical/practicum placements.

Academic support services may include instructor availability outside of class hours, peer tutoring, or other support.

An educational program that offers online or distance education informs students of the support services available to them and how they can access those services from a distance.

Institution guidelines:

All students must have access to support services. These services may be delivered by third-party organizations.

Non-academic support services may include counselling services, psychological services, wellness programs, financial aid, referrals to outside agencies, health services, or other support.

2.1.7   The institution and/or the educational program's policies, procedures, and practices for student information and records shall protect student privacy.

Guidelines:

Educational program guidelines:

Privacy of student records and information is assured. The educational program has policies and procedures or descriptions of processes and practices related to the secure storage of student information and records at the clinical sites.

Institution guidelines:

Privacy of student records and information is assured. The institution has policies and procedures for the maintenance, removal and archiving of student evaluation records.

Information in a student's record may be disclosed to others with the student's consent or when required by law.

2.1.8   The institution and/or the educational program shall give students access to their official records and have a process for students to update or correct these records.

Guidelines:

Educational program guidelines:

See the institution guidelines below.

Institution guidelines:

Students can access their academic records and other information in their official student record. They can update or correct information, check their grades, report mistakes, and modify their contact or other personal information.

2.1.9   The institution shall establish and publish policies and procedures for student academic appeals.

Guidelines:

The institution provides an academic appeal process for students that represents their interests fairly and promotes unbiased decision making in a timely manner.

The appeal process is based on principles of natural justice. At minimum, the appeal policy includes:

- Information on how students can file an appeal, including the required documents, forms, and anticipated timelines.

- A mechanism to represent the student's interests. Students may present their case alone or with a student representative, or have a representative present the case on their behalf.

- A decision-making process that promotes a bias-free decision.

Timelines are communicated to the student, so that the student knows when to file the appeal and when a decision will be made at each stage of the process.

3   Educational Program Resources

3.1   The health education program's resources help students learn and attain the required competencies.

3.1.1   The educational program shall have didactic and clinical personnel with the relevant professional certification, licensing/mandatory registration, and/or academic qualifications to help students learn and attain competencies.

Guidelines:

Didactic and clinical personnel have appropriate professional designations and/or academic qualifications that are directly relevant to the educational program/profession.

Personnel supervising and assessing student performance are educationally prepared and clinically competent in the field. Didactic and clinical personnel may have a credential relevant to the educational program/profession. For example, a certified medical laboratory assistant may supervise and assess a medical laboratory technologist student's competence for phlebotomy or other procedures within the scope of their field.

3.1.2   The educational program may include patient partners as experts with lived experience to support students in their learning.

Guidelines:

Patient partners may play various roles to help students develop interpersonal competencies. Educational programs may identify the parts of the curriculum that could be enhanced by including patient partners. For example, patient partners may act as guest speakers to share their experiences on their patient journey, mentors to provide feedback on simulated or clinical/practicum experiences, or content experts on people-centered care. Patient partners are well positioned to help students understand how professional conduct and performance can support or hinder patients' experiences, outcomes, and trust in the health care system. Programs consider timing, context, and methods in collaboration with patient partners to ensure the best possible interactions between students and patient partners.

When identifying appropriate patient partners, it is important for programs to consider patients who can demonstrate:

- Significant lived experience accessing health or social services

- Comfort speaking candidly in a group about their experience

- Capacity to share and use personal experience constructively

- Ability to listen with empathy and provide constructive feedback on how to partner effectively with patients

3.1.3   The educational program shall demonstrate that didactic personnel maintain current and relevant experience and education required to fulfil their role in the program.

Guidelines:

Didactic personnel are prepared for their roles as educators and engage in professional development to remain current with professional and educational practices. The educational institution supports professional development activities for its didactic personnel. Didactic professional development and clinical updating activities may include, but are not limited to:

- Participating in peer review

- Attending or presenting at workshops and conferences

- Enrolling in certificate-, diploma-, or degree-granting educational programs

- Receiving orientation on new equipment and procedures

- Contributing to professional journals

- Participating on accreditation teams

- Participating on academic or professional committees

- Maintaining competence as required by certification or regulatory bodies

- Attending clinical rounds and in-service sessions

- Returning to clinical practice

3.1.4   The educational program shall demonstrate that clinical personnel maintain current and relevant experience and education required to fulfil their role in the program.

Guidelines:

The educational program works closely with staff at the clinical/practicum sites to ensure that clinical personnel are prepared to teach and supervise students and to assess and evaluate whether students have attained competence.

The educational program provides continual education to clinical personnel on its evaluation processes and tools. This education may include, but is not limited to:

- Orientation to clinical manuals, assessment tools, the competency profile for the profession, and assessment criteria and processes

- Information for preceptor education

- Educational components included as part of clinical meetings

Professional development activities may include, but are not limited to:

- Enhancing skills in education techniques

- Participating on accreditation teams

- Participating on academic committees

- Enrolling in educational programs that grant certificates, diplomas, or degrees

3.1.5   Volunteers and patient partners involved in the educational program should be oriented to their role in the program.

Guidelines:

Volunteers and patient partners who will directly interact with students should receive orientation before they participate in the educational program. Volunteers may need to sign consent forms or otherwise have their consent confirmed before interacting with students.

Patient partners may collaborate in the education process. When they do, they should be prepared for their educational roles that enable learning. To prepare patient partners to participate in the education process, program personnel may:

- Help ensure patient partners understand their roles

- Facilitate coaching from peer patient partners on sharing stories and mentoring students

- Provide an overview of core competencies and expectations in the educational program's institutional contexts, jurisdictions, and professions

3.1.6   The educational program shall ensure it has sufficient didactic and clinical personnel to sustain effective instruction and facilitation, adequate supervision, and timely assessment of student learning and attainment of competencies.

Guidelines:

The number of qualified personnel at each didactic site is sufficient to provide the necessary instruction, supervision, and assessment of student learning. The educational program works closely with the clinical/practicum sites to ensure there are sufficient personnel to supervise and assess all students placed at each site. Timely feedback is provided with adequate time for students to change or improve behaviours or skills as required and have them reassessed. Appropriate documentation is provided to students at the end of their rotation when they attain the required competencies.

3.1.7   The educational program shall provide adequate resources to help students learn and practise the required competencies in the didactic setting.

Guidelines:

The educational program's didactic and laboratory equipment and resources provide students with equitable opportunities to learn and practise skills, attain competencies, and be prepared for the professional practice setting. Equipment is in a good state of repair and adequately reproduces the equipment used in the practice setting of the profession.

3.1.8   The educational program shall provide each student with adequate and equitable clinical learning opportunities to practise and attain the required competencies.

Guidelines:

Clinical learning opportunities are provided in the actual practice setting of the profession, such as the hospital, clinic, laboratory, or paramedic unit. Clinical/practicum placements are selected based on the sites' ability to provide the resources and learning experiences that will enable students to practise and attain the required competencies.

The volume and variety of cases or procedures at the clinical/practicum sites are appropriate and sufficient for students to practise and attain the required competencies within the expected duration of the clinical education portion of the educational program.

The educational program consults the competency profile for the profession to determine any direction or latitude regarding the attainment of certain competencies in environments other than the actual practice setting (e.g., through simulation). Where

simulation is considered to be an adequate assessment environment, the educational program evaluates it for effectiveness before replacing any portion of the clinical/practicum experience.

Rotations to different clinical/practicum sites may be scheduled for students to attain competencies and/or to gain equitable learning experiences. The determination of rotations should ensure an equitable learning opportunity for each student and the process should be transparent and fair.

4   Educational Program Management, Oversight, Administration, and Structure

4.1   The health education program is managed effectively, and its structure supports student learning.

4.1.1   The educational institution jointly offering an educational program with a partner shall have formal written agreements that define the roles and responsibilities of each partner.

Guidelines:

Educational and clinical institution partners have current and valid agreements that define the roles and responsibilities of the partners. The agreement details which party is accountable for which aspects of delivering education and support for students. These agreements are often called affiliation agreements.

The agreements should, at minimum, designate which activities are subject to the authority of the educational institution, which are subject to the authority of the clinical institution, and which are subject to both authorities. There should also be a clear process for managing the agreements and renewing them in a timely manner.

Educational institutions that jointly deliver an educational program, such as a community college and a university delivering a program together, also have agreements that define the roles and responsibilities of each partner. These agreements should include the process for dissolving agreements and a clear process for managing the agreements and renewing them in a timely manner.

4.1.2   The educational program shall ensure effective coordination of student education throughout the program.

Guidelines:

The educational program achieves effective coordination for operational and day-to-day activities within the didactic components of the program and with clinical/practicum sites.

Effective coordination may be achieved through:

- Faculty meetings

- Communication and interaction with clinical personnel who are participating in the program at the clinical/practicum sites

- Designation of a clinical coordinator and a clinical liaison committee

Patient partners may collaborate in the determination of methods to coordinate student-patient activities, when appropriate.

Coordination processes are such that sudden changes in key personnel would not compromise the effective coordination of student education.

4.1.3   The educational program's organizational structure, committees, and personnel shall support effective program delivery.

Guidelines:

Organizational structure and oversight, including committee membership, administrative support and accountability, may be institutional or program-specific, and cover didactic and clinical/practicum placements.

Roles and responsibilities of personnel involved in program management and delivery shall be clearly documented and fulfilled. Organizational charts, roles of committees, terms of reference of applicable committees and related information are specific and clear.

Senior administrators fulfil their roles in overseeing the management and administration of the educational program.

Didactic and clinical personnel fulfil their responsibilities for program delivery, coordination, oversight, and for student instruction and assessment. Personnel include, but are not limited to, instructors employed by the program, preceptors employed at practicum sites, deans, associate deans, and patient partners.

All stakeholders, including students, are aware of the roles and responsibilities of the didactic and clinical personnel in relation to the educational program.

5   Quality Improvement and Innovation

5.1   The health education program's processes continuously improve the quality of the program and support innovation.

5.1.1   The institution and/or the educational program shall have a quality evaluation system that identifies strengths and areas for improvement.

Guidelines:

Educational program guidelines:

The educational program has tools to collect quantitative and qualitative performance data. Stakeholder feedback is collected from employers (industry), clinical partners, didactic and clinical personnel, students, graduates, and patient partners, where applicable.

The educational program uses the data to assess program effectiveness and make systematic and timely changes to the educational program. The quality improvement process accounts for emerging trends in education and the profession.

The educational program uses certification and/or licensing/mandatory registration exam results to identify and address gaps or shortcomings in students' attainment of competencies, where available.

Institution guidelines:

The quality improvement system includes policies and procedures to collect and analyze stakeholder feedback and educational program performance data. The institution has policies and procedures for reviewing the program and revising the curriculum.

5.1.2   The educational program shall respond to the analysis of collected performance data and stakeholder feedback with relevant and timely actions to improve the program.

Guidelines:

The quality improvement processes lead to timely actions to improve the program. Timely actions based on input, feedback, and evidence gathered by the educational program are central to overall quality improvement.

The educational program reviews reports from certification or registration bodies that list exam pass rates to identify gaps, areas for program improvement, and corresponding actions to implement. The educational program also responds to broad, overarching institutional directives, new developments within the profession, and feedback from stakeholders (e.g., employers, industry, clinical partners, educational program personnel, students, graduates, patients).

Decisions to change the educational program can have impacts on current and upcoming student cohorts and the practice of the profession. Given these impacts, several factors are considered to determine when changes should occur. For example, a change may occur while the program is in session or while personnel and students are preparing for the next program session. In some cases, it may be considered appropriate to monitor an issue over time or to delay a decision to make a change until the conditions needed to facilitate the change are in place.

5.1.3 The educational program shall evaluate the effectiveness of implemented improvements to the program and take further action as needed.

Guidelines:

The educational program assesses the effectiveness and success of measures implemented as a result of the program's quality evaluation and improvement processes.

If a corrective measure is not effective, the educational program takes further action to address the situation.

5.1.4 The educational program shall monitor and ensure its ongoing compliance with accreditation standards.

Guidelines:

Maintaining a high-quality educational program involves monitoring changes to the program and considering how they may impact the program's compliance with the accreditation standards.

5.1.5 The educational program should research and determine the value of incorporating new technologies or methods into programming to improve the quality or to respond to strategic directions in the profession.

Guidelines:

The educational program and didactic and clinical personnel consider and determine whether innovative technologies or methods could be implemented in the didactic and/or clinical settings to best engage students in the attainment of competencies.

Examples of innovative technologies and methods include simulators, mobile technologies, teaching methods to deliver and assess theory, inclusion of standardized patients and simulated participants, and peer-to-peer learning and assessment.

Innovation is not exclusive to technology. It could also mean novel processes, ideas, or new uses for old tools, processes, methods, or other changes in practice. Transforming an existing practice already implemented elsewhere by adapting and applying it in a significantly different way is also appropriate and encouraged.

Examples to consider implementing include, but are not limited to:

- Monitoring evidence-informed education practices and methodologies and consequently adapting curriculum
- Adapting a curriculum demonstrating a program's response to new, mainstream, and emerging changes in practice that impact the clinical application of technology and patient care
- Introducing IT in health care, such as automation, big data, artificial intelligence and considering its impact on education
- Incorporating diversity and inclusion

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