COLLABORATIVE APPROACH TO MLA PRACTICUM

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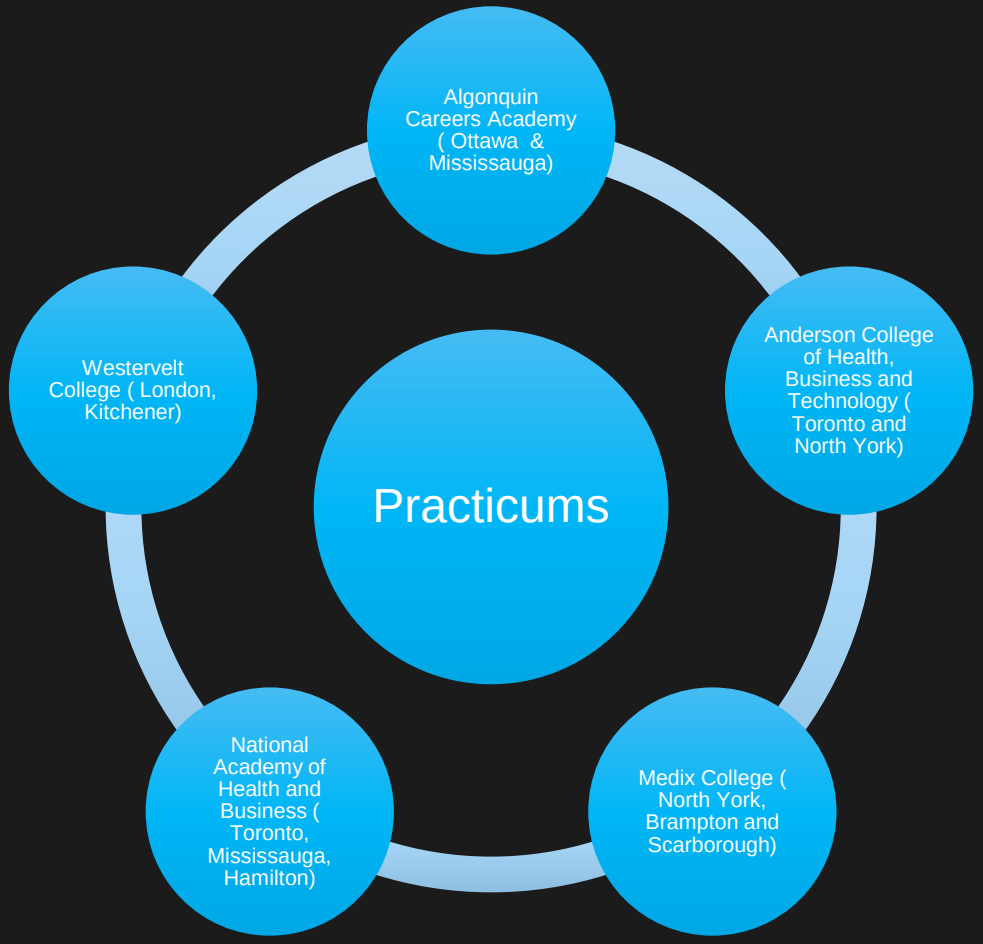
Agenda

- History Of The Consortium
- Objective Of The Collaborative Approach To The Practicum
- Benefits Of A Standardized Approach
- Challenges/Opportunities
- Outcome
- Questions

History of The Consortium

- Algonquin Careers Academy (Ottawa & Mississauga)
- Anderson College of Health, Business and Technology (Toronto and North York)
- Medix College (North York, Brampton and Scarborough)
- National Academy of Health and Business (Toronto, Mississauga, Hamilton)
- Westervelt College (London, Kitchener)



PRACTICUM /EXTERNSHIP LENGTH

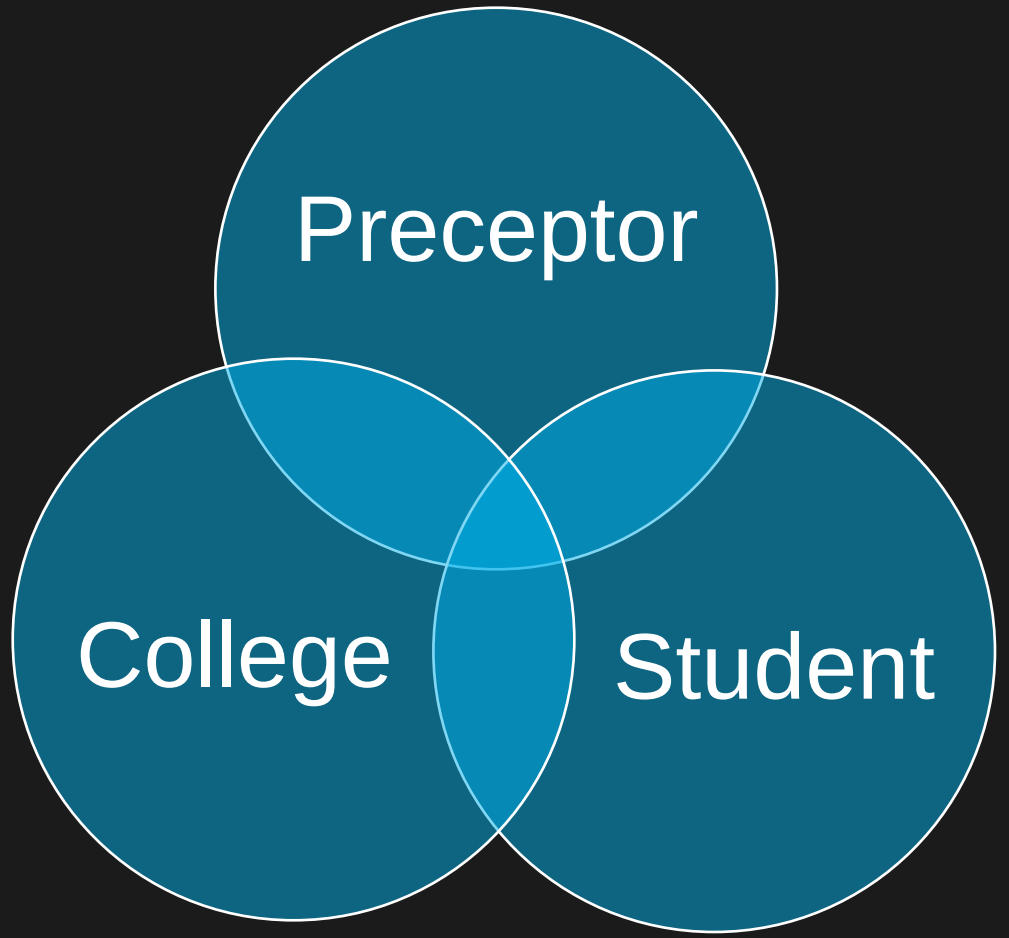
4 – 8 weeks WHY The difference in time?

- Legacy
- Students were sent to one site to obtain their competencies,
- Centered around OSMT competencies
- Students are now rotated between sites to meet CSMLS Competencies

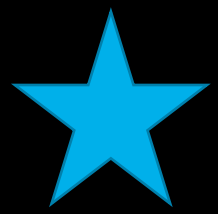
CMA memo - “MLA programs are required to provide students with timely and equitable clinical placements, but there is no specified length for the placement. Each program is expected to design a curriculum that enables students **to attain all competencies of the CSMLS competency profile and demonstrate their attainment in the clinical setting**. Clinical/practicum learning opportunities are in the actual practice setting of the profession (hospital or clinic). The program consults the national 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. Every effort should be made to maximize the student’s clinical experience but it is recognized that it may not be feasible for the student to perform all entry-level competencies in actual clinical situations.”

Objective of the Collaborative Approach

1. Create an evaluation tool that would meet Accreditation requirements.
2. Create an evaluation tool that is manageable for stakeholders and students.
3. Design an evaluation tool that everyone could agree on.
4. Make evaluation tools user-friendly for preceptors.
5. Make it student-focused to ensure they obtained competencies in a clinical setting.
6. Create one evaluation tool for the consortium that is easily recognizable by preceptors
7. Identify competencies that are difficult to obtain and develop simulation scenarios



Benefits of Standardization



- Colleges working together with a common goal
- Sharing best practices among the colleges
- Collaborative approach on how students can obtain competencies
- One common document that preceptors recognize; they know what to look for.
- Saving money and sharing resources by not reinventing the wheel
- Provide resources to strengthen the preceptors' ability to understand the requirements of being a preceptor http://www.preceptor.ca/register.html

NOTE: **The Collège communautaire du Nouveau-Brunswick (CCNB) shared their MLA Practical Evaluation tools to make this possible.**

SAMPLE OF CONTENT

- Practicum Requirements;
- Purpose of Professional Practicum Experiences
- Standard
- Student Responsibilities
- Confidentiality and Code of Conduct
- Care of Patients, Care of Practicum Environment
- Failure to Meet Practicum Expectations Standard
- Procedure for Removal of Student from the Clinic Site
- Practicum Methods of Evaluation
- Formative Evaluations and Assessments
- Summative Evaluations and Assessments
- What does it mean to be deemed competent?
- Practicum Homework
- Evaluation Forms
- Personal and Professional Qualities
- Safe Work Practices, Data and Specimen Collection, Specimen Collection Technique
- Related Tasks, Specimen Receiving and Handling
- Pre-Analytical Procedures and Quality Management
- Evaluation of Professionalism at the End of the Practicum
- Venipuncture Log Sheets

Scenarios

CSMLS	Evaluation Criteria Safe Work Practices	Formative Mid-Training evaluation √	Summative evaluation Check when reached √	Comments/Date
1.02	1. Uses personal protective equipment correctly, e.g. gloves, gowns, masks, face shields, aprons. To meet this criterion, the student expected to wear appropriate protective equipment at all times when required by protocol.			
1.04 **1.10**	1. Minimizes possible dangers from biological specimens, laboratory supplies, and equipment ▪ Wear gloves for blood collection □ ▪ Sanitize hands before and after each patient □ ▪ Dispose of the used equipment properly □ To meet this criterion, the student must always adhere to protocol.			
1.03	1. Applies appropriate laboratory hygiene and infection control practices. To meet this criterion, the student is always expected to practice hand washing and disinfection of equipment and work area.			
***1.11**	**1. Apply appropriate measures in response to laboratory accidents/incidents** **To meet this criterion, the student has knowledge, understanding of and responds appropriately when situations arise.**			

Sample of a Simulation Provided to the Preceptor

- 2.13 **Identifies documents and initiates corrective action for pre-examination (pre-analytical) errors**
- Demonstrates knowledge of specimen rejection criteria in regards to test/tube requirements, patient identifiers, etc.
- Demonstrates knowledge of proper reporting/documentation of such incidents.
- Ask the student what they would do if a blood test for CBC is collected in the wrong tube - blue stopper, instead of purple stopper; or if the name on the tube does not match the name on the requisition and it is a sample that can be retaken, what would they do?. Or an urine specimen is not tested within the required time frame, or sample has not been held under the correct temperature, what would the student do?

Challenges

- Agreement about the process
- Finding practicum sites to meet the competencies
- Finding sufficient practicum sites to meet Accreditation requirements for all consortium students
- Training Preceptors, time, meeting with actual preceptors
- Streamlining the document
- Creating the availability of an online tool
- Rotating students through various sites
- Ensuring students' privacy (sites copying document for future reference)
- Completing surveys

Opportunities

- **OPPORTUNITY SIMMULATION TESTING**
- Creating an Objective Simulated Competency Evaluation (OSCE) day among the colleges –SIMULATION – Case scenarios are standardized
- Purpose: to test the students in a simulated environment for those competencies that may not be obtained at the various sites.

SAMPLE OF SIMULATION WITHIN THE COLLEGE

Inoculation and Incubation of a Specimen	**3.04 Selects appropriate culture media, inoculates and incubates specimens using aseptic technique**		
Procedure:	Inoculation and Incubation of a Specimen		
Outcome:	Properly inoculate an Agar slant from agar plate		
Conditions /Equipment:	Gloves Test tube rack swab Biohazard container Incubator disinfectant Sharps container	Biological Safety Cabinet Inoculation loops (disposable) Inoculation loops (metal) Paper towels	Culture Media Sample wound Bacti Incinerator Surface
OSCE STATION 2	Student: You are working of the sample planting bench. You have received a wound swab from a patients left arm. Choose the correct media for culture and incubate the sample appropriately.		

Sample continued

Standards Instructions	**TIME: 10 Minutes** **INSTRUCTOR:** **Provide the student with a swab in transport media labeled wound swab, left arm. The student must complete all steps to be successful.** **OSCE Summative Evaluations are intended to test the student's competencies in a given area. The student must perform each step in order to be deemed competent. *Additional attempts are only required if the student is not successful completing all steps on the first attempt.** **Satisfactory: Student successfully performs each step of the competency** **Unsatisfactory: Student did not successfully perform each step of the competency**

Evaluation

	Performance Standard	1		2		3					
		S	U	S	U	S	U	S	U	S	U
1	Wash hands , Put on gloves										
2	Assemble materials and equipment										
3	Turn on incinerator (if needed)										
4	Turn on biological safety cabinet										
5	Select agar plates to be inoculated										
6	Place package of sterile disposable loops within reach, if using reusable wire loop, place in loop holder										
7	Lift the agar plate lid and apply the sample										
8	Streak the agar plates in four quadrants										
9	Prepare slide for gram stain if required										
10	Replace lid										
11	Sterilize loop and place in holder or discard disposable loop into sharps container										
12	Turn off incinerator										
13	Label agar plates										
14	Place agar plates in the incubator										
15	Discard contaminated items into appropriate biohazard or sharps container										
16	Wipe work area with disinfectant										
17	Remove gloves										
18	Wash hands										
	Overall Competency Level (Satisfactory or Unsatisfactory):										
	Evaluator Initials:										
	Date of Each Attempt:										

Outcome

The evaluation tool is DYNAMIC and never STATIC!

- ✓ The colleges who have applied and or have received accreditation have used the document
- ✓ The document matches to the current CSMLS/OSMT competencies
- ✓ Preceptors are becoming more familiar with the document and are more accepting
- ✓ All of the students from the consortium are being evaluated the same way,
- ✓ Evaluation process provides a level of quality assurance for students and preceptors
- ✓ Equitable opportunities for all students as they are all being evaluated with the same tool
- ✓ Feedback from stakeholders is constantly being examined

QUESTIONS