

Implementation of the BPCLE Framework

Stakeholder Guidelines

August 2016

About these guidelines

This document provides guidance to health services on implementing the Best Practice Clinical Learning Environment (BPCLE) Framework. The process described in the following pages was originally developed through a pilot conducted at 11 health services across Victoria, including large metropolitan acute health services, regional and rural health services, community health, general practice and aged care settings. The process has subsequently been refined, based on the experiences of Victorian public health services and community health services in implementing the BPCLE Framework.

Primarily, these guidelines have been developed for the individuals at each health service that are responsible for coordinating implementation of the BPCLE Framework. However, other personnel involved in the various steps of the process and stakeholders from other organisations may also find these guidelines useful, particularly as a means of understanding how the different steps relate to each other and to the process overall.

While these guidelines present information about each step of the process, they are not intended to be a detailed instruction manual and should be used in conjunction with other sources of information, such as the tutorials developed as part of the BPCLE Framework online implementation tool (BPCLEtool).

Since the BPCLE Framework is essentially an *aspirational* document, the role of these guidelines is to assist health services with applying the philosophy of the framework to the everyday activities that go into creating the clinical learning environment. Thus, the steps set out in these guidelines represent a practical approach to translating the BPCLE Framework into reality.

Table of Contents

<u>ABOUT THESE GUIDELINES</u>	<u>I</u>
<u>TABLE OF CONTENTS</u>	<u>II</u>
<u>INTRODUCTION</u>	<u>1</u>
BENEFITS OF IMPLEMENTING THE BPCLE FRAMEWORK	1
AN OVERVIEW OF THE PROCESS	2
WHAT ASSISTANCE IS AVAILABLE?	4
SOME POINTS TO CONSIDER BEFORE YOU BEGIN	5
GETTING STARTED: RECOMMENDED SET-UP STEPS FOR THE COORDINATOR	6
WHO SHOULD BE INVOLVED?	7
<u>IMPLEMENTING THE BPCLE FRAMEWORK</u>	<u>9</u>
BEGIN AT THE BEGINNING: WHAT IS THE BPCLE FRAMEWORK?	9
THE BPCLE FRAMEWORK	9
BPCLE RESOURCE KIT	11
BPCLE PERFORMANCE MONITORING FRAMEWORK (PMF)	11
THE RECOMMENDED IMPLEMENTATION PROCESS	12
STEP 1: SELF-ASSESSMENT	12
STEP 2: ACTION PLAN DEVELOPMENT	16
STEP 3: ACTION PLAN IMPLEMENTATION	18
STEP 4: INDICATOR MONITORING	20
TIME REQUIREMENTS FOR EACH STEP OF THE PROCESS: A SUMMARY	24
GOING FORWARD: INTEGRATING THE BPCLE FRAMEWORK INTO EVERYDAY PRACTICE	25

Introduction

The BPCLE Framework provides guidance in relation to six key elements that are the underpinnings of a quality clinical learning environment. It presents a set of objectives and encourages organisations to explore the most effective and appropriate mechanisms to achieve them. The framework is relevant to all those who deliver and are responsible for the provision of clinical education and training in health professional disciplines. More information about the framework is presented in the section *Begin at the beginning: What is the BPCLE Framework?* (page 9).

Benefits of implementing the BPCLE Framework

High quality clinical learning environments are a competitive advantage for any jurisdiction, both in relation to attracting health professional learners (who may subsequently be recruited to the health workforce) and in recruiting and retaining senior clinical staff. This framework will assist jurisdictions by ensuring consistently high quality clinical education across its health and social care sector. In turn, this will create genuine and sustainable increases in clinical education capacity and will result in better trained health professionals who deliver better clinical care for patients and clients.

Implementation of the BPCLE Framework is expected to bring direct benefits to health services, including:

- Improvements to the clinical learning environment, resulting in better experiences for all learners and for staff involved in delivery of education and training.
- Efficiencies and improvements in clinical education activities and processes, resulting in less wasted effort by staff.
- Better relationships between health service and their education provider partners, resulting in more support for health service staff in the delivery of clinical education and improved teaching programs that produce work-ready graduates.
- Enhancement of the organisational learning culture, resulting in improved patient care and health outcomes.

In addition to these improvements relating to the delivery of clinical education and training, health services will derive a number of benefits from undertaking the processes associated with implementation of the BPCLE Framework, including:

- Organisational learning across and within health professions, leading to better relationships between disciplines and between staff.
- Increased awareness and understanding at all levels of the organisation of the costs and workloads associated with clinical education.
- Greater awareness of the processes associated with delivery of clinical education, which will in turn drive innovation and improvement.
- Empowerment of clinical education staff, through their involvement in review and planning activities and including them in the selection of appropriate indicators and objectives for targeting improvements.

An overview of the process

The aim of implementing the BPCLE Framework is to embed the principles and ideals of the framework in the day-to-day practice of managing, organising and delivering clinical education and training. To successfully achieve this aim, health services need to take a deliberate step-by-step approach to implementation.

The first step involves **self-assessment of the organisation**, to rate how well the organisation performs in creating and maintaining high quality clinical learning environments.

The second step involves **developing an action plan** for addressing those aspects of its performance where the organisation has identified problems or issues that are a priority for improvement.

The third step is where the **action plan is implemented**, while the fourth step involves **measuring the health service's performance** against appropriate indicators. The third and fourth steps overlap, with several of the key tasks being undertaken concurrently.

Implementation of the BPCLE Framework follows a typical quality improvement cycle, sometimes referred to as the *Plan-Do-Review* cycle (or the *Plan-Do-Study-Act* cycle), as shown in the diagram to the right.

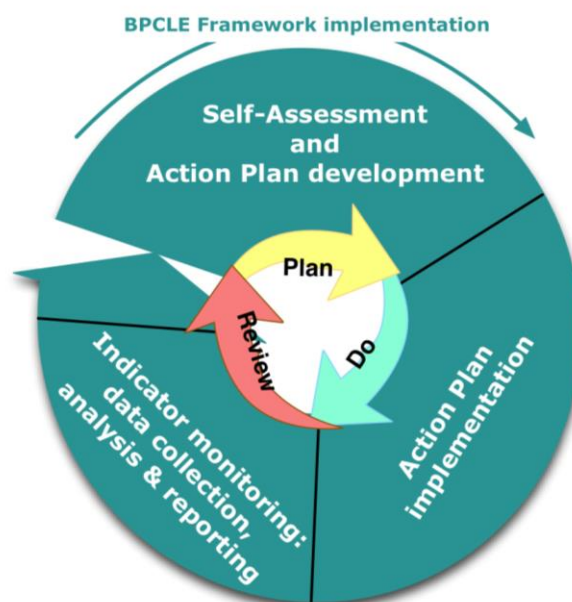


Figure 1: Implementation of the BPCLE Framework is a quality improvement exercise

The following table shows the four steps of the implementation process – as well as the major tasks comprising each step – aligned against the three phases of a quality improvement cycle.

Quality cycle phase	Implementation step	Major tasks
Plan	Step 1: Self-assessment	Task 1: Preliminary assessment Task 2: Detailed assessment
	Step 2: Action plan development	Task 3: Identify action plan tasks and priorities
Do	Step 3: Action plan implementation	Task 4: Undertake action plan tasks Task 5: Monitor progress against the action plan
Review	Step 4: Indicator monitoring	Task 6: Select indicators Task 7: Develop data collection tools Task 8: Collect/analyse data Task 9: Report data

The diagram on the next page (Figure 2) shows the recommended order for conducting the nine major tasks of the implementation process. As noted earlier, steps 3 and 4 overlap, with several of the tasks occurring concurrently. Indeed, it is recommended that Tasks 6 and 7 (*Select indicators* and *Develop data collection tools*) be undertaken before Tasks 4 and 5 (*Implement action plan* and *Monitor action plan*) commence, so that organisations can be set up to collect data against their indicators throughout the quality improvement process, including baseline data.

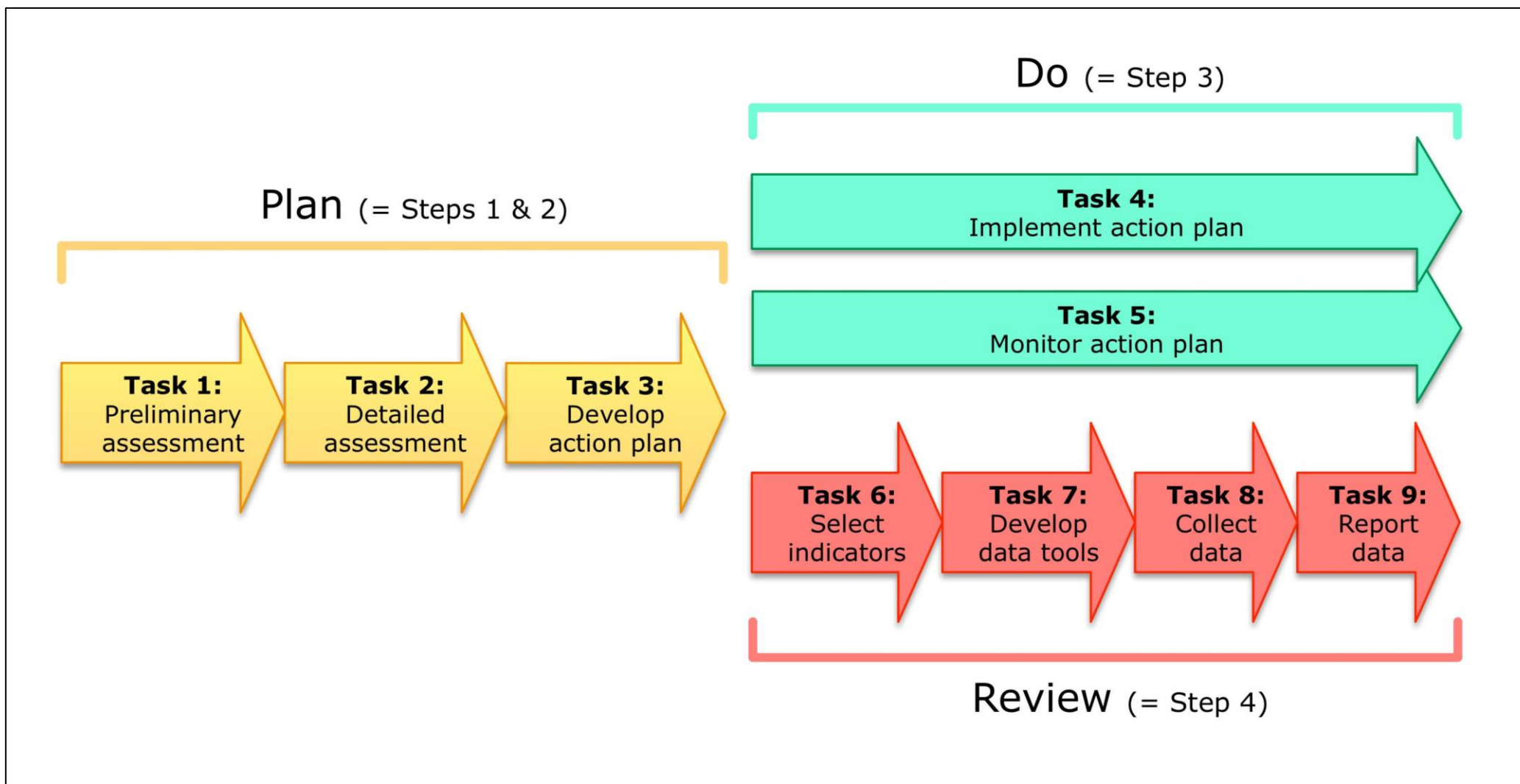


Figure 2: A process flow diagram for the nine implementation tasks.

What assistance is available?

Implementing the BPCLE Framework in your organisation is likely to be a challenging task. At the beginning of the process, everything will be unfamiliar and you may need some help to get started and stay on track.

Several sources of assistance are available to smooth the process as much as possible.

The first place most people will look for assistance is in the various implementation resources that are available to health services. There are several key sources of information that may provide answers when you need assistance:

- These *Stakeholder Guidelines*;
- The online implementation tool (BPCLEtool), which includes background information and instructions for how to use the tool (including a number of video tutorials), as well as online help functions and information balloons available with the click of your mouse; and
- A Help Desk that is accessible through BPCLEtool.

BPCLEtool has been developed specifically to guide health services through key steps of implementing the framework, as shown in Figure 3. The tool was developed and trialled during the pilot project, where it was very enthusiastically received by the pilot sites. Further refinement and improvement of the tool has occurred in the development of the online version (available at www.bpcletool.net.au).

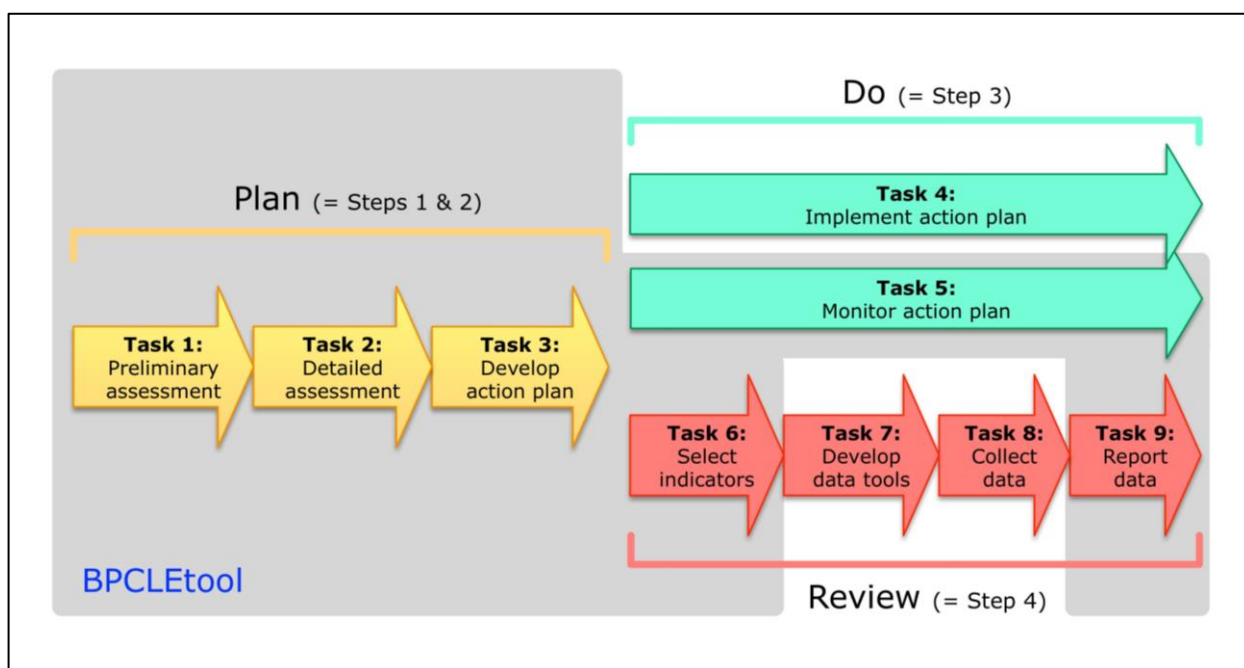


Figure 3: How the online tool (BPCLEtool) relates to the implementation process.

Some points to consider before you begin

The experience of implementing the framework in Victorian health services has produced several insights that might be useful as you consider how you will implement the BPCLE Framework in your organisation.

Insight 1: Start by reading the BPCLE Framework.

The BPCLE Framework was four years in development and the process generated a lot of information, particularly relating to the BPCLE indicators. It is **not** essential that you read every piece of BPCLE documentation and, as far as possible, the information has now been structured and presented to allow you to access what you need, when you need it.

However, at an absolute minimum, you should read the BPCLE Framework itself before you do anything else. At 14 pages in length, it will not take long to read and will provide essential context for the implementation processes you will undertake.

Insight 2: Read the instructions and use the video tutorials.

Most steps of the implementation process have tools for you to complete and most of the tools have been combined into BPCLEtool. Instructions for using the tools are provided with the tools and in demonstration tutorials within BPCLEtool. This *Stakeholder Guideline* document also includes information about each step of the process, to help you approach each task as well prepared as possible.

Some people don't like to "waste time" reading instructions or working through tutorials. However, during the pilot, those people that did read the instructions and observe the demonstrations generally found the tools easier to use and spent less time overall than those people that did not.

So, it is highly recommended that you read the instructions and watch the tutorials before you begin each step. However, don't try to review all the information at the start, since it will make more sense and be less overwhelming if you read and prepare one step at a time.

Insight 3: It takes time, but don't let it take too much time.

Each step of the implementation process takes time. Some steps take more time than others and this information is included in the relevant sections later in this document.

Individuals that coordinated BPCLE Framework implementation in their organisation were asked to provide feedback on the time they spent on framework-related activities. Most reported spending between 30 and 65 hours in total (over a number of months) on the implementation tasks, although there were coordinators that reported spending significantly less or more time than this.

The one thing most participants agreed on was the need to not let too much time elapse between starting and finishing a task, or before starting the next task. Once you have made a start, it is better to complete tasks as quickly as possible. This will avoid wasting time trying to remember what you were doing, or what decisions were made and why they were made.

Insight 4: Don't panic.

The BPCLE Framework is a common sense document that sets out the requirements for creating and maintaining high quality clinical learning environments. Most requirements have been well understood for some time, even if they have rarely been explicitly stated.

The process for implementing the BPCLE Framework is also mostly common sense.

When you start implementing the framework, particularly if you have not read any of the BPCLE documents until now, everything will be unfamiliar. However, by calmly working your way through each step, you will quickly become familiar with the concepts and content. By the end of the process, you will know a great deal more about the BPCLE Framework and about how your organisation organises and conducts its clinical education activities.

In the meanwhile, don't panic!

Getting started: Recommended set-up steps for the coordinator

To assist individuals taking on the role of project coordinator for implementation of the BPCLE Framework, the following set-up activities are suggested:

Set-up activity #1: Background reading. Before you do anything else, finish reading these guidelines and read the BPCLE Framework. Everything you do in this project will be a lot easier if you start with an understanding of the overall implementation process and have some familiarity with the framework. As you read through these guidelines, don't be put off by the amount of information provided in The recommended implementation process section (pages 12–24). This information will assist you to plan and prepare for each step of the process and can be used as an ongoing reference once the implementation process is underway.

Set-up activity #2: Familiarise yourself with BPCLEtool. These *Stakeholder Guidelines* provide guidance for completing steps included in BPCLEtool, but do **not** include instructions for using the tool. Those instructions are built into BPCLEtool and, particularly for the administrative functions of the tool, it is recommended that you take time to understand how to set the tool up within your organisation.

Set-up activity #3: Identify likely team members. Once you have done the background reading, you'll have more of a sense of the process. Give some thought to the individuals that would be appropriate to include in each task. Depending on the size and complexity of your organisation, you may need to enlist the assistance of others (e.g. department- or discipline- or unit-heads) to choose the right people. These guidelines provide some advice about the staff that might be appropriate to include (see the section *Who should be involved?*; page 7).

Set-up activity #4: Disseminate information. Provide your colleagues with information about the BPCLE Framework and the implementation process early on, so they know what the project is about when you seek their support, assistance or input. To help you with this activity, several *briefing documents* and *fact sheets* are available on the BPCLEtool resources page. You can use these documents as is or adapt them for your own purposes. The documents include:

- Briefing document for senior management, who may be asked to support the activities.
- Briefing document for health service clinical education staff that will be asked to join the project team.
- Fact sheet for clinical staff of the health service, who may not be asked to join the team, but whose activities may be impacted by the implementation of the BPCLE Framework.
- Fact sheet for administrative staff involved in clinical education activities, but who may not be part of the project team.
- Fact sheet for learners.

After you have sent the briefing document to senior managers, it is advisable to meet with them to discuss the requirements of the project and negotiate the level of support.

Set-up activity #5: Meet with the team. Get the project team together for an initial briefing before you commence the first task of the implementation process. This meeting will provide you with an opportunity to deliver some key messages and information to the whole team at the same time. During this meeting, you might choose to:

- Review the implementation process overview
- Answer queries
- Show relevant tutorials within BPCLEtool
- Explain the level of support from senior management and other sources
- Agree on the timelines for the conduct of the process
- Encourage team members to read the BPCLE Framework

Set-up activity #6: Review the relevant tutorials. Prior to undertaking each step of the process, review the relevant tutorial(s) within BPCLEtool. It is probably advisable to review each tutorial just before you are ready to start that step. This will avoid *information overload* and help you to focus on the task at hand.

Who should be involved?

This section provides some suggestions and guidance about the most appropriate staff to include in the various implementation tasks. This guidance is mostly targeted to larger health services, since those organisations are more likely to delegate the various clinical education roles across a larger number of individuals. In smaller organisations, it will often be the case that only a few individuals have responsibility for organisation and delivery of clinical education. Where this is the arrangement, most of those individuals may need to be involved throughout the BPCLE implementation process.

Importantly, although most staff of your organisation may ultimately be impacted – directly or indirectly – by the implementation of the BPCLE Framework, it is not necessary to involve all staff in the implementation process.

The first issue to address is whether a **project champion** is needed. A project champion is generally a more senior individual within an organisation and is in a position to advocate for support for a project at an executive level and to facilitate processes that cross internal organisational boundaries. To a large extent, the decision about whether to enlist a project champion depends on the seniority of the project coordinator and the size and complexity of the organisation.

The second issue is to decide which staff are most appropriate to include in the project team. From experience to date, some health services found that having the same individuals involved in all tasks was preferable to having project team members come and go throughout the process. However, health services also found that some staff were less able or interested in contributing to some of the activities. Therefore, if your organisation has a degree of flexibility in terms of which staff to involve in each task, it is worth thinking about the match between staff and tasks. Key considerations for each task of the implementation process are summarised in the following table:

Tasks	Main considerations
Task 1: Preliminary assessment	<ul style="list-style-type: none">▪ Participants must have an awareness of clinical education activities, but don't require detailed knowledge of the mechanics of how those activities are conducted.▪ It is useful to include individuals who, between them, cover a range of perspectives.▪ Staff who might be asked to participate include:<ul style="list-style-type: none">○ Director of Education○ Manager of Education○ Education coordinators○ Education administrators○ Preceptors, supervisors, buddies, etc○ Other clinicians involved in clinical education
Task 2: Detailed assessment	<ul style="list-style-type: none">▪ Participants must have at least some knowledge of the mechanics of how clinical education activities are conducted.▪ It is useful to include individuals who, between them, cover a range of perspectives, particularly as single individuals may have detailed knowledge about some clinical education activities but not others.▪ Staff who might be asked to participate include:<ul style="list-style-type: none">○ Director of Education○ Manager of Education○ Education coordinators○ Education administrators○ Preceptors, supervisors, buddies, etc
Task 3: Identify action plan tasks and priorities	<ul style="list-style-type: none">▪ Participants should have experience with activities like planning and developing timelines; a smaller group with knowledge of organisational priorities is also needed.▪ The task can be undertaken in two stages: stage (1): the group that conducts

	<p>the assessment steps identifies the range of things to be included in the action plan; stage (2): a smaller, more senior, group prioritises the tasks included in the action plan and allocates timelines and responsibilities for task completion.</p> <ul style="list-style-type: none"> ▪ Staff who might be asked to participate in the first stage of the task include: <ul style="list-style-type: none"> ○ Any individuals that participated in Tasks 1 and/or 2 ▪ Staff who might be asked to participate in the second stage of the task include: <ul style="list-style-type: none"> ○ Director of Education ○ Manager of Education ○ Senior education coordinators
Task 4: Undertake action plan tasks	<ul style="list-style-type: none"> ▪ Participants will vary, depending on the activities included in the action plan.
Task 5: Monitor progress against the action plan	<ul style="list-style-type: none"> ▪ Participants could include individuals responsible for undertaking the activities included in the action plan, although the BPCLE project coordinator will be best placed to coordinate monitoring of progress.
Task 6: Select indicators	<ul style="list-style-type: none"> ▪ Participants should have an understanding of performance monitoring. ▪ At least one member of the group should have an awareness of the broader organisational context, in terms of data collection, analysis and reporting against performance indicators. ▪ The task can be undertaken in two stages: stage (1): a small number of more senior individuals identify a starting list of possible indicators; stage (2): a larger group that includes more junior individuals discusses and refines the list. ▪ Staff who might be asked to participate in the first stage of the task include: <ul style="list-style-type: none"> ○ Director of Education ○ Manager of Education ○ Senior education coordinators
Task 7: Develop data collection tools	<ul style="list-style-type: none"> ▪ Participants should include the individuals responsible for developing and/or using the various data collection tools. ▪ Staff who might be asked to participate in the task include: <ul style="list-style-type: none"> ○ Manager of Education ○ Education coordinators ○ Education administrators
Task 8: Collect/analyse data	<ul style="list-style-type: none"> ▪ Participants will include the individuals responsible for data collection/analysis. ▪ Staff who might be asked to participate in the task include: <ul style="list-style-type: none"> ○ Manager of Education ○ Education coordinators ○ Education administrators ○ Preceptors, supervisors, buddies, etc
Task 9: Report data	<ul style="list-style-type: none"> ▪ Participants could include individuals responsible for data collection, but the BPCLE project coordinator should have oversight of all data entry into BPCLEtool.

Implementing the BPCLE Framework

Begin at the beginning: What is the BPCLE Framework?

The BPCLE Framework incorporates three major components, namely the framework itself, a resource kit and a framework for monitoring performance. This section briefly introduces each component.

The BPCLE Framework

The BPCLE Framework was developed through two consultation projects conducted over an 18-month period (2008-10) that sought to address the question “*What are the elements that are needed to create a positive learning experience for entry-level and early-graduate learners?*” Stakeholders consulted during the process included education providers, health service staff and learners, and information relevant to a broad cross-section of professions, health service settings and geographical locations was collected.

The resulting framework defines six elements as the essential underpinnings for a high quality clinical learning environment, namely:

1. An organisational culture that values learning
2. Best practice clinical practice
3. A positive learning environment, which incorporates features such as: a welcoming environment for students, appropriate learning opportunities, high quality clinical education staff, and appropriate ratios of learners to both educators and patients
4. A supportive health service-education provider relationship
5. Effective communication processes
6. Appropriate resources and facilities

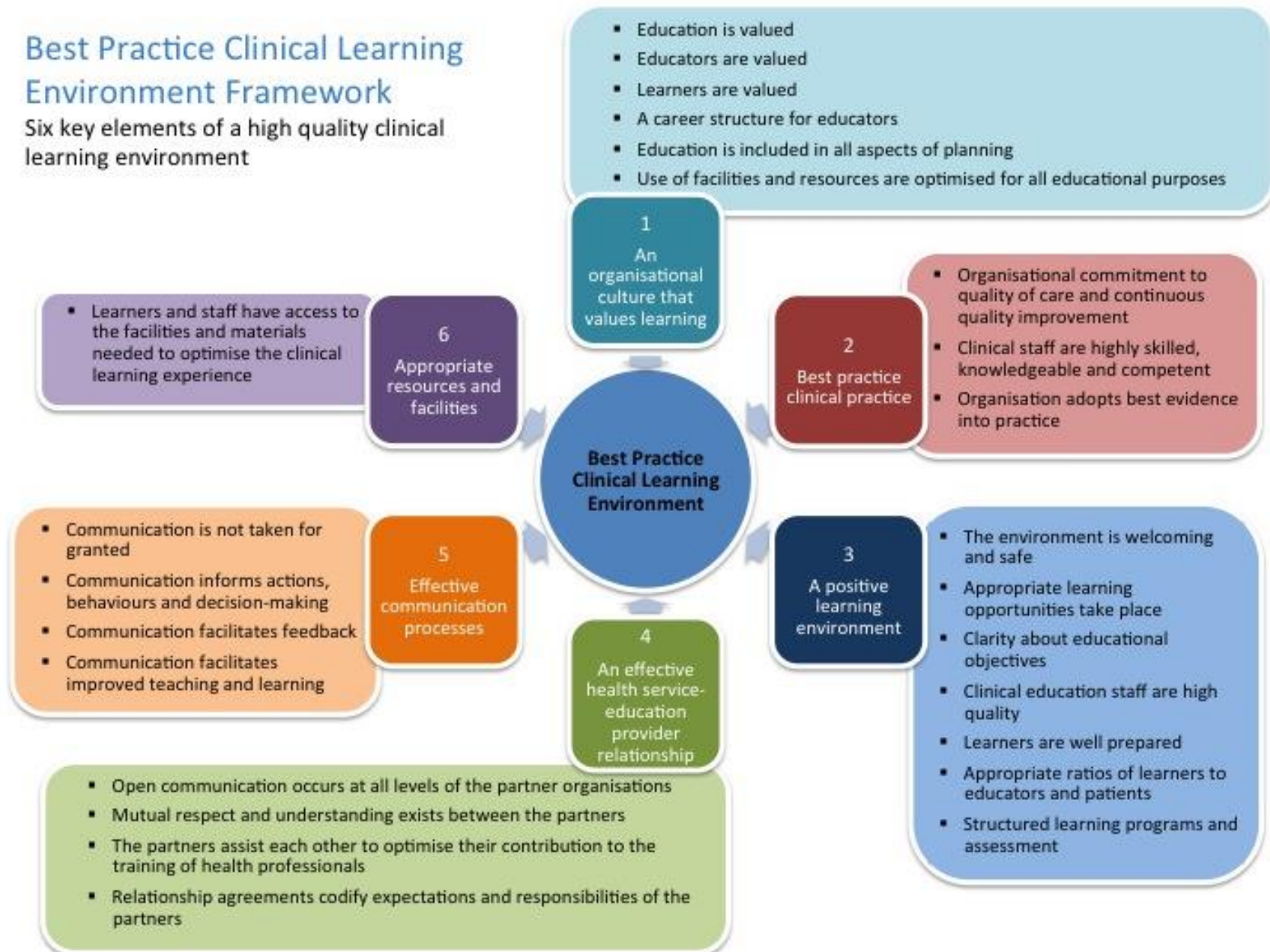


The elements are essentially high-level objectives, which are further defined in terms of a number of sub-objectives (28 in total across the six elements). The figure on the next page summarises the key sub-objectives of the BPCLE Framework, aligned against the six elements. Each element is *necessary but not sufficient* for achieving best practice and a number of the elements overlap or are inter-related.

The framework also provides contextual information, including a set of four principles that define the assumptions on which the framework is based, a discussion on the responsibilities of various stakeholder groups in creating and maintaining best practice clinical learning environments, and an introduction to the recommended indicators for measuring performance against the elements of the BPCLE Framework.

Best Practice Clinical Learning Environment Framework

Six key elements of a high quality clinical learning environment



BPCLE Resource Kit

This kit, developed in 2011 to complement the BPCLE Framework and updated in 2014 and 2016 to be consistent with the functionality of BPCLEtool, comprises a total of 18 resources including survey questions, document templates or guides, and an Excel workbook to assist with data collection. The resources fall into three categories with respect to the BPCLE Framework:

- (1) Resources to assist health services with **implementation** of the BPCLE Framework, principally the document guides and templates;
- (2) A workbook to assist health services with **monitoring** the implementation of the BPCLE Framework, which includes spreadsheets for collection and collation of data required to report against the indicators of the BPCLE Performance Monitoring Framework (PMF); and
- (3) Resources likely to assist with **both implementation and monitoring**, specifically the surveys.

The implementation resources were developed following a review of resources currently in use in Victoria and other jurisdictions, while the monitoring workbook was developed based on the requirements set out in the indicator specifications of the PMF and updated to be consistent with the indicator monitoring functionality of BPCLEtool.

The BPCLE Resource Kit is available electronically as a ZIP file or a PDF portfolio, in which each resource is included in its functional format (that is, as a Microsoft Word document, or a Microsoft Excel document, or as a PDF).

BPCLE Performance Monitoring Framework (PMF)

The PMF is a companion document to the BPCLE Framework itself, expanding significantly on the brief introduction to indicators presented in Section 9 of the BPCLE Framework. The PMF is a practical guide for evaluating clinical education activities and incorporates:

- General information about program evaluation;
- Principles that define the assumptions on which the PMF is based;
- Detailed indicator specifications for each of the 55 indicators of the PMF, which include the rationale or evidence supporting the use of the indicator as a meaningful measure of quality, as well as specifying the information or data that must be collected for monitoring and reporting against the indicator;
- A weighting system that provides a systematic approach for health services to prioritise the indicators for monitoring; and
- Guidance for health services in relation to data collection, analysis and reporting.

The PMF was updated in 2016 following a review of the PMF and its 55 indicators undertaken in 2015–16.

The recommended implementation process

The process described below was initially developed through a pilot project conducted across 11 health services in the period December 2011 to May 2012 and amended based on the BPCLE implementation experiences of all Victorian public health services in the period 2013 – 2015. Wherever possible, tools have been developed to assist with each step and these have been combined into a single online implementation tool (BPCLEtool). Improvements to the tools and resources continue to be made based on feedback provided by end-users.

The implementation process has been designed to ensure that results or outcomes from each step (and each task within each step) are carried forward into subsequent steps, to assist with later decision-making about what should be included in your action plan and indicators to monitor your performance. Therefore, although organisations are encouraged to tailor the following process to their individual needs, it is recommended that you follow the tasks in the suggested order (see Figure 2 on page 3) and avoid taking short cuts.

Step 1: Self-assessment

Before commencing the tasks that comprise this step, you must decide whether the self-assessment process will be conducted on a whole-of-organisation basis, on a discipline-by-discipline basis, or as groups of disciplines. If your organisation is a large, multi-site health service, you may also wish to consider conducting separate assessments at each site (and possibly separate assessments for each discipline – or groups of disciplines – within each site). As well as determining how assessments are conducted, this decision will have implications for how you create *users* and *assessments* within BPCLEtool (see the Help section on *Tool Administration* and relevant video tutorials within BPCLEtool for further information about this).

The majority of health services that have implemented the BPCLE Framework to date opted for a whole-of-organisation approach and reported satisfaction with this decision. Even those that did not take a whole-of-organisation approach generally included several professions in each task of the implementation process. This multi-disciplinary approach increases the opportunities for organisational learning and enhances inter-professional understanding and cooperation. Indeed, since the clinical learning environment is a shared environment, there is great benefit to be derived from learning about how other groups experience that environment.

If you decide to conduct the self-assessment on a facility-by-facility or discipline-by-discipline basis, you will need to duplicate the processes described below for each facility or discipline in your organisation.

Task 1: Preliminary assessment

What is the preliminary assessment?

This is an initial assessment of your health service's clinical learning environment and entails rating how well you believe you are achieving the 28 sub-objectives of the BPCLE Framework on a five-point scale from *very poorly* to *very well*.

Why do this task?

Preliminary assessment captures an overall – rather than a detailed – impression of which aspects of delivering clinical education your organisation does well and which aspects could be improved. This information may assist you with prioritising the tasks in your action plan.

In 2016, changes were introduced to BPCLEtool functionality that allow organisations to skip the preliminary assessment task, if desired. However, it is highly recommended that this task be completed, as it provides a good overall introduction to the BPCLE Framework and helps you and your project team members become familiar with the concepts and language of the framework. It also provides a gentle introduction to the detailed self-assessment process, which is central to the implementation of the BPCLE Framework.

Which staff should be involved?

As a starting point, project team members that will undertake Task 2 of the implementation process (*Detailed assessment*) should participate in this task.

Staff members with an interest in – or responsibility for – clinical education, but who are **not** directly involved in its delivery may also be invited to participate in this task. This will provide additional perspectives on the clinical learning environment, and will reveal whether the views of the core project team reflect the views of the health service more broadly.

Conducting the preliminary assessment

The preliminary assessment is a very straightforward task. If your assessment includes all six of the BPCLE elements, there are 28 statements for your team to rate. These statements correspond to the 28 sub-objectives of the BPCLE Framework. Simply consider each statement in turn and assign a rating score according to how well you believe your organisation achieves that sub-objective.

The recommended approach to this task

The aim of this task is to capture the “gut feeling” of relevant staff about the clinical learning environment of the organisation. As such, you should try to complete it relatively quickly and without attempting to reflect too deeply on the underlying issues. Try not to spend more than a minute or two per statement.

You should also try to be honest in your assessment. Completing the preliminary assessment is the first task in a quality improvement exercise and toning down a poor assessment or exaggerating a good assessment will ultimately be self-defeating.

The preliminary assessment task should reflect a collective view on the organisation’s clinical learning environment and therefore a group discussion about each of the sub-objectives is part of the process. Although such a discussion can be challenging – particularly if this is not the norm for your organisation – the benefits of undertaking this task as a group include:

- Project team members are immediately introduced to the idea of sharing of viewpoints and perspectives, which is important for the detailed self-assessment in Task 2; and
- A meaningful consensus view on the appropriate rating for each sub-objective can be achieved quickly.

Importantly, in developing your consensus, the final rating score given to each sub-objective should **not** be an average of all the input provided by the members of the assessing group. In the interests of quality improvement, there is more value in having the score reflect the lowest rating assigned within the group, than to adopt either the highest rating or an average of all ratings.

How long will this task take?

If you are completing the preliminary assessment as an individual, it should take no more than 20–30 minutes to complete. If you undertake this task as a group exercise, it may take a little longer but still no longer than 45–60 minutes. You should avoid spending too much time on this task because this will defeat the purpose of it being a *preliminary* assessment.

Interpreting the outcome

There is no need for in-depth analysis of the preliminary assessment results. More detailed analysis takes place in Task 2.

Relevant tutorial

The BPCLEtool video tutorial entitled *Preliminary assessment* provides a demonstration of how to complete the preliminary assessment task.

Task 2: Detailed assessment

What is the detailed assessment?

Like the preliminary assessment, the detailed assessment is a rating exercise. However, while the preliminary assessment rated how well the sub-objectives of the BPCLE Framework are achieved overall, the detailed assessment considers the *mechanics* of organising and delivering clinical education. This task requires the assessment team to look at the *inputs, processes* and *outcomes* that are needed to actually achieve each sub-objective. The inputs, processes and outcomes are displayed on *program logic maps* (also known as *process maps*), with arrows showing how the items on the maps are logically connected to each other. A program logic map has been developed for each of the six BPCLE Framework elements and, to complete this task, your project team will work its way through the map for each of the elements included in the assessment, rating each item on the map in turn.

Why do this task?

To implement the BPCLE Framework effectively, you need to identify the areas that require attention and establish the baseline from which you are starting your quality improvement journey. The first time you self-assess against the BPCLE Framework, it is important to thoroughly assess all six elements that comprise the framework to enable a systematic approach to improvement, rather than an *ad hoc* response to known problem areas. In subsequent assessments, you might decide to focus on particular elements and, to this end, you are now able to create assessments that include a subset of the six elements, or to complete a subset of the elements included in your assessment.

Completing the detailed assessment will provide a platform from which you will be able to develop your action plan and will serve as the basis for selecting indicators for monitoring your organisation's performance.

Which staff should be involved?

Participants in this task must have at least some knowledge of the mechanics of how clinical education activities are conducted in your health service. Except in the case of very small health services, it is likely that no single individual will have a comprehensive knowledge of the whole organisation, so the team assembled for this task should, between them, cover the breadth of clinical education activities in the organisation.

It is important to remember that this task occurs in the *Plan* phase of the quality improvement cycle and participants need to come prepared to be analytical and constructively critical of the health service. Staff members that are not comfortable with this type of activity should not be included in this task.

Conducting the detailed assessment

To complete this task, you and your colleagues will be rating the nodes in the program logic maps (one map for each BPCLE element included in your assessment) using the Detailed Assessment component of BPCLEtool.

For each node, your group is asked to consider a specific question. As the group discusses the question, you are able to record the number of group members that nominate each rating choice using the voting panel on the card, although recording the votes of group members is optional. You can also record notes or comments on the card. You are then asked to nominate a consensus rating for the node. If the node is not applicable to your organisation or work area, you can select "Not applicable to my organisation", which will complete this node.

Once you have decided on your consensus rating for the node, you move to the final step for the node, which is to decide whether to include it in your Action Plan. BPCLEtool will make a suggestion about inclusion in the Action Plan based on your consensus rating, but your group has control over this decision and you must tick the relevant box ("Add this item to my Action Plan") if you want to include the node in your action plan.

When you have decided whether to include the node in your Action Plan, click the “Complete & go to next item” button at the bottom of the card. BPCLEtool will automatically direct you to the next node in the logical sequence for that map.

As you complete the rating for each node, you will see that items with an average, below average or “does not exist” rating are highlighted in red or black on the program logic map, providing a diagrammatic representation of problem areas in the organisation’s clinical learning environment.

There are 239 nodes to rate across the six elements of the BPCLE framework, but it is important not to be put-off by this number. After you have completed a few nodes, you will see that the process is quite straightforward and takes less time than you imagine it will. You are also quite likely to find it an interesting task that is both informative and enjoyable.

[The recommended approach to this task](#)

As with the preliminary assessment, this task is undertaken as a group exercise.

Note that it is possible to complete the detailed assessment of all six BPCLE elements within one three-hour workshop, although most organisations required 6–8 hours for the task. To accommodate the needs of clinical staff who may not be available for long blocks of time, you may decide to spread the assessment across a number of sessions, each of 1-2 hours’ duration. However, it is highly recommended that you do not allow too much time to elapse between sessions, in the interests of maintaining momentum.

The order in which you complete the elements in the Detailed Assessment tool is for you and your colleagues to decide. There is no prescribed order and you might wish to work through the maps in the numerical order of the six elements. Alternatively, if you will be conducting this assessment over a number of sessions, your decision about which element(s) to work on in each session might depend on the time available, since some maps are larger than others.

On this point, the BPCLE Framework element that will most likely be a low priority for most health services is *Element Two – Best practice clinical practice*. Although this element is clearly a prerequisite for any high quality clinical learning environment, it is likely that other dedicated systems exist within your health service to address this domain. It is recommended that your project team bear this in mind when assessing items within this element.

As with the preliminary assessment, the final rating score given to each node should reflect a consensus arrived at by the group. There is a brief video tutorial that addresses the question of *How to reach a consensus rating*. It is recommended that you avoid simply averaging the ratings nominated by individual group members and opt instead for an approach that ensures issues where corrective strategies may be required are flagged. BPCLEtool allows you record the ratings nominated by individual group members and record notes relevant to arriving at the final consensus score of the group.

Finally, you will find that some interesting conversations occur in the course of this task, particularly where you have staff from different disciplines involved and where this type of exchange is not the norm. While this dialogue should be encouraged, it is important to avoid becoming bogged-down with excessively detailed analysis or distracted by tangential discussions. A common sense approach should be adopted and ideas that are important but are holding up the assessment process should be noted and set aside for later consideration as the action plan is being developed.

[How long will this task take?](#)

The time taken to complete this task will vary depending on the size of the health service, the size of the group participating in the activity and the extent to which the action planning task is rolled into the detailed assessment task. When no action planning was included in the context of the detailed assessment, the average time required to complete the detailed assessment was less than eight hours.

Interpreting the outcome

The most informative way to consider the outcomes of the detailed assessment is to examine the completed program logic maps in their entirety. BPCLEtool allows you to download the completed maps in PDF format, which can then be printed (A3 is the minimum recommended paper size). The density of red and black highlighted items (resulting from the ratings assigned by the project team) will reveal whether there are isolated problem areas or systemic “top-to-bottom” issues that could impact on the quality of the clinical learning environment.

However, some caution should be exercised in the interpretation of the results. Firstly, the exercise does not require any substantiation of the assessment made by project team members. While the views expressed are likely to be well informed, there is still a degree of subjectivity inherent with these assessments.

Secondly, the critical nature of the assessment process may present a more negative picture of your system than is actually the case. For example, a large number of highlighted items in a program logic map do not necessarily indicate your clinical learning environment is poor, but simply serves to identify areas where your team believes improvements may be possible. On this point, you might find it informative to compare the results from the preliminary assessment with the detailed assessment. This will tell you whether your “gut feeling” about your organisation’s performance was borne out in the detailed analysis.

Relevant tutorials

BPCLEtool includes six video tutorials that deal with various aspects of completing the detailed assessment task.

Step 2: Action plan development

Once you have completed the assessment of your organisation’s clinical learning environment, you need to develop a plan for addressing the issues or problem areas you have identified. Without an action plan, your health service will either take a very *ad hoc* (and potentially wasteful) approach to improving the quality of the clinical learning environment, or it may end up doing nothing at all. Having an action plan – particularly if it is signed off by senior management and there are accountabilities for its completion – will ensure that quality improvement with respect to clinical education does not languish as a low priority for the organisation.

In 2016, the action planning functionality of BPCLEtool was significantly upgraded, to allow organisations to fully develop their quality improvement action plan – and monitor progress against the plan – within BPCLEtool.

Task 3: Identify action plan tasks and priorities

What is a quality improvement action plan?

An action plan provides a structured approach to addressing issues identified in the course of self-assessment against the BPCLE Framework. It does this through the identification of specific activities (or tasks) that will be conducted, setting priorities and timelines for those tasks, and allocating responsibility for task completion to specific individuals.

Why do this task?

By developing an action plan, an organisation documents its expectations with respect to quality improvement, which then guides the actions and activities of staff. This will help you avoid doing work that ends up being redundant or contributing little towards achieving the desired outcomes.

Which staff should be involved?

It may be prudent to consider this task in two stages as you select the staff to be involved. In the first stage, problematic nodes identified in the detailed assessment task are nominated for inclusion in the action plan, while the second stage involves further development of the detail of the action plan.

The first stage will most likely be undertaken by the group conducting the detailed assessment task. One advantage of including this group in the process is that this helps to ensure there is a widespread sense of *ownership* of the action plan that is being developed.

For the second stage, it may be advantageous to keep the group small and include individuals who have some understanding of organisational planning. Broadly speaking, these are likely to be more senior staff whose responsibilities include strategic or operational planning. While prior experience is not necessary for all participants in this stage of the process, having at least one person with experience in developing action plans can be very useful to keep the group on track. If possible, for this stage of the task, try to avoid including staff who think planning activities are a waste of time.

Developing the action plan

The first step of developing your action plan within BPCLEtool actually occurs during the detailed assessment task (Task 2), when you nominate nodes for inclusion in the action plan, based on the recommendation of BPCLEtool and other considerations.

When you go to the action planning step, you will see a section for each of the six BPCLE elements. If you didn't include some of the elements in your assessment, there will be a message to that effect against the relevant element(s).

For each element where you have completed some or all of the detailed assessment, you will see a card for each node that you nominated to include in the action plan. The cards will appear in the "To Do" column.

Click on the card to open it. You are able to set the status of the card, the overall due date and the priority. The "Tasks" section includes a number of generic tasks suggested by BPCLEtool. You don't have to adopt those suggestions – they are just to get you started – and you can delete them if they are not relevant. You can also add your own tasks and you can assign tasks to individuals and set a due date. When you close the card, the overall due date and priority are presented on the front of the card. As the due date approaches, a warning will appear on the card.

The recommended approach to this task

The process of developing your action plan begins in the detailed assessment task (Task 2), when you consider whether to include a node in your action plan. Indeed, the **only** way to add a node to your action plan is at the detailed assessment step of the process. So, it is recommended that, during the assessment, your group nominate any node they *might* want to see addressed in the quality improvement action plan. Once you are refining your action plan, you can archive any card you have added but no longer wish to include.

To assist you with deciding whether to include the node in your action plan, BPCLEtool has been programmed to make a suggestion about action plan inclusion, based on the consensus rating your group nominated for that node. If your consensus rating was average or below, or "does not exist", BPCLEtool suggests you include the node. If the consensus rating was above average, BPCLEtool doesn't make a suggestion either way. It is recommended that you use the BPCLEtool suggestion as a starting point, but other considerations – such as organisational priorities and resource constraints – should inform your final decision.

If you decide to include the node in the action plan, BPCLEtool provides a link to allow you to go directly into the action planning tool to flesh out the detail for that node. You might want to use that link if you have been having a productive discussion about how to address the issues that have been identified and you want to immediately add tasks to the action plan card for that node.

However, in general, it is recommended that you complete the assessment for a whole element before working on the action plan for that element. This will provide more context to assist you with setting priorities and deciding on due dates and task allocation to individuals.

Once you are working on the cards you have added to your action plan, use the task suggestions made by BPCLEtool as a starting point. These are fairly generic suggestions and are intended to get the ball rolling if you're not sure what kinds of things you might do to address any issues you have identified with each node. You can delete the tasks suggested by BPCLEtool if they're not appropriate, and you should delete any of these tasks you don't intend to do, since the task completion tracker counts all the tasks listed in this section. If you decide to include the generic tasks in your action plan, you can nominate someone who'll be responsible for the task and set a due date. You're also able to add your own tasks, which can be assigned to someone and given a due date.

How long will this task take?

The amount of time required to flesh out the detail of your action plan will depend on the number of nodes you have nominated to include in the plan. The experience of your group in action plan development will also impact on the amount of time required.

Relevant tutorials

The BPCLEtool video tutorial entitled *Action planning* provides a demonstration of how to complete the action plan development task. There is also a tutorial entitled *Detailed Assessment: Deciding whether to include a node in the action plan* that will assist you with this process.

Step 3: Action plan implementation

Once your BPCLE action plan has been signed off by the appropriate authority within the organisation, implementation of the action plan will primarily involve undertaking the various tasks set out in the plan. As the activities will vary between health services, it is not possible to provide extensive guidance about this process.

Task 4: Undertake action plan tasks

Why do this task?

The biggest challenge health services will face in implementing the BPCLE Framework will be maintaining momentum and ensuring there is continual progress towards the agreed outcomes. Development of a BPCLE action plan is an essential first step in addressing this challenge, but there is little point in having a plan that is only incompletely implemented, or not implemented at all.

Which staff should be involved?

As noted in Task 3, developing the detail of the action plan should include assignment of oversight or responsibility for tasks to appropriate staff members.

Depending on the size and complexity of the organisation and the seniority of the project coordinator, the project coordinator or another more senior manager may be the individual charged with overall responsibility for the successful implementation of the action plan.

Conducting the task

Meaningful guidance cannot be provided about how to conduct individual activities or tasks, as the activities will vary between action plans and the circumstances of individual health services will differ. However, it is possible to provide some general guidance on implementing an action plan.

Firstly, ensure all relevant staff members receive the final action plan once it has been signed off and are aware of the tasks, expectations and timelines that apply to them. Most – if not all – tasks in your action plan will require a commitment of time and input from staff members and unless everyone is making the necessary contribution in a timely manner, it will be almost impossible to achieve successful implementation of the action plan.

Secondly, maintain regular contact with staff responsible for, or involved in, specific activities to remind them about upcoming deadlines or to request an update on how their activity is

progressing. Encourage staff to be honest about difficulties they are having in meeting agreed deadlines, so that assistance or alternative strategies can be applied to keeping the activity on track.

Thirdly, include review of action plan progress as a regular item on the agenda of relevant team or staff meetings. This will help staff to see the implementation of the BPCLE Framework as something more than a one-off flurry of activity with no lasting impact on the policies and practices of the organisation.

Finally, establish a schedule for providing regular updates to senior management (ideally delivered under the standing agenda item for clinical education at the relevant senior management meeting). This will help to reinforce the importance of clinical education activities amongst senior management and, from the perspective of staff involved in action plan activities, the accountability at the most senior levels will provide added impetus for ongoing progress against the action plan.

The recommended approach to this task

As with any project, it is unlikely your organisation's action plan will be implemented without any problems or slippage in the timelines. To avoid the whole process unravelling, the following advice is offered:

- Treat this as a learning exercise. Be prepared to revise your action plan if there are significant changes in circumstances that will impact on activities and/or timelines.
- As you work your way through your action plan, if a particular task is too challenging for your organisation in the current circumstances, move onto something else rather than just giving up.
- Don't allow a small slippage in the timeline to derail the whole process. Try to get back on track and maintain momentum.
- Throughout the process, keep reminding yourself and your colleagues about what you are trying to achieve and the benefits of implementing the BPCLE Framework. It is very easy to get caught up in the minutiae of individual tasks and to lose the big picture, so it is important to periodically revisit where you started and contextualise what you are doing on a daily basis.
- Honour and acknowledge the progress you and your colleagues have made along the way. Take time to celebrate the successes and ensure your colleagues feel their input and efforts are appreciated.

How long will this task take?

For most health services, the BPCLE action plan will span a period of 12–18 months, with tasks continuing throughout that period.

Task 5: Monitor progress against the action plan

Why do this task?

Monitoring progress against the action plan is an essential adjunct to undertaking the action plan tasks. If timely, up-to-date records of progress are not kept, the implementation of the quality improvement action plan will quickly derail. Monitoring progress will facilitate reporting to senior management and provide important feedback to staff about progress.

Which staff should be involved?

All staff members that are involved in undertaking action plan tasks should be encouraged to provide regular updates to the BPCLE project coordinator about the status of their activities. However, updating the action plan in BPCLEtool should probably be restricted to the project coordinator and other individuals designated as Organisation Administrators in BPCLEtool. This will avoid a situation where too many individuals are making changes to the plan that have not been signed off by staff with relevant seniority or authority.

Conducting the task

Monitoring progress against your action plan involves recording information that relates to the activities being undertaken, as well as tracking the completion status of each card and its associated tasks.

On each action plan card, you are able to record notes or comments and upload files relevant to the card. The card also includes a *card history* section, which date stamps every action taken in relation the card, to allow you to keep track of when changes to the card were made and who was responsible for making the change.

For each task included in each action plan card, you are able to record when the task is completed and you can see this reflected in the task completion tracker on the open card. This tracker also appears on the front of the closed card, to allow you to see at a glance the completion status of each card in your action plan. You can change the card status from "To Do" to "In Progress" or "Completed" either in the card or by dragging and dropping the card from one column to another in the action plan overview screen.

You are able to download a snapshot of your action plan as a CSV file, which can be opened in Excel (or another spreadsheet program). This allows you to regularly review the current state of play of your action plan. You can sort and filter the downloaded data according to priority, card status, due dates, completion status, who tasks are assigned to and so on.

The recommended approach to this task

The BPCLEtool action planning tool provides a single repository for all information relevant to the implementation of your action plan, but it is only useful if it is kept up to date.

It is recommended that the action plan be updated in BPCLEtool weekly at a minimum. BPCLEtool flags action plan cards up to two weeks before their due date, as well as overdue cards, but does not flag due dates for individual tasks within those cards. Viewing the action plan in BPCLEtool regularly will allow the project coordinator to follow up with team members about the status of their tasks and make notes about progress or any issues that may impact on timely completion of the overall card.

You can also regularly download a snapshot of your action plan and use that data to identify where follow-up is needed on incomplete tasks.

How long will this task take?

Monitoring the progress against your action plan will continue for the life of the action plan.

Relevant tutorial

The BPCLEtool video tutorial entitled *Action planning* includes information about using the tool to monitor progress against your action plan.

Step 4: Indicator monitoring

This step of the process relates to the *Review* phase of the quality improvement cycle and has four component tasks, namely:

- Identify the indicators to be monitored by the health service;
- Determine whether the health service has the tools to collect and record relevant performance information to enable the selected indicators to be measured, and develop the tools as required;
- Collection and analysis of data; and
- Reporting of the data against each indicator.

Although the *Review* phase is the final phase of the quality improvement cycle, the first two tasks in this step must be undertaken relatively early in the implementation of the BPCLE Framework, so that the data collection structures and processes can be in place by the time the implementation of the BPCLE action plan (Task 4) gets underway.

If your health service already has existing mechanisms for collecting information about your performance in delivering clinical education, as far as practicable, your aim with this series of tasks should be to build upon those mechanisms.

Task 6: Select indicators

Why do this task?

To be useful to an organisation, performance monitoring must represent an appropriate balance between the *value* of the information derived from the evaluation process and the *cost* to the organisation of conducting the evaluation. The BPCLE PMF includes 55 indicators that provide a comprehensive assessment of the range of components and outcomes associated with clinical learning environments. Clearly, to monitor all 55 indicators would be unnecessarily burdensome, particularly if some of the indicators are measuring aspects of the clinical learning environment that are either not relevant to the organisation or are not particularly problematic.

Selecting a sub-set of the 55 indicators will allow health services to focus on monitoring those aspects of its performance where the information will be of most practical use to the organisation.

Which staff should be involved?

Based on the experience of health services to date, this task should be considered in two stages as you select the staff to be involved. During the first stage, a list of possible indicators will be compiled and then culled, while in the second stage, the list of indicators may be further culled and finalised.

For the first stage, it is advisable to keep the group small and to include participants who have some understanding of performance monitoring, although prior experience in indicator selection is not a prerequisite. Generally, these are likely to be more senior staff whose responsibilities include data collection, analysis and reporting against performance indicators. Having at least one person within this small team who has an awareness of the broader organisational context with respect to data collection and performance monitoring would also be useful.

For the second stage, you can expand the group to include the whole project team if you wish. Ideally, you would like to obtain feedback from a broad group to ensure there is a widespread sense of *ownership* of the indicators that will be reported against.

Conducting the selection process

Before you commence this process, it is recommended that you print a copy of the BPCLE Indicator Specifications and keep this as a hard copy resource for use during this task.

As with the task of identifying the objectives for your action plan, the process of selecting indicators for your organisation to monitor should be guided by the outcomes of your self-assessment task. The Indicator Selection component of BPCLEtool has been designed to assist you with this as far as possible, but there is a limit to the extent that this exercise can – or should – be automated.

You will see that BPCLEtool “suggests” a number of indicators based on the ratings your project team assigned to the various program logic map items. These suggestions are intended as a starting point only and you can adopt them or reject them depending on the needs and priorities of your health service. Note that some jurisdictions have nominated indicators as *externally reportable* and for organisations within those jurisdictions, those indicators are automatically included in the list of selected indicators and cannot be removed from the list.

Working with the small group, consider each of the suggested indicators in turn, to determine whether there is a good fit for that indicator with your organisation’s priorities, resources and current data collection/monitoring activities. Information that will help you make this determination includes:

- The Indicator Specifications, which present detailed information about each indicator including: numerator and denominator values and the data that should be collected to support the generation of these values; suggested/recommended benchmarks (if relevant or appropriate); specific data collection tools required; and issues that might confound analysis or interpretation of the result.
- The running totals of the number of selected indicators by category and by indicator type (structural, process or outcome) that are tabulated and presented by BPCLEtool as part of the Indicator Selection step of the process.

To change the selection status of an indicator within BPCLEtool, simply click on the check box in the Indicator Status column. Alternatively, if you click on the BPCLE Framework element links in the Indicator Selection step, you will see the indicators displayed on their respective program logic maps, aligned with the map item they are associated with. Recommended indicators are shaded in dark green, while indicators that are not recommended are shaded in pale green. If you double click on an indicator icon in the map, this will open a dialog box and you can check or un-check the box next to the indicator name.

During this first stage of the process, your working group should aim to achieve a list of no more than 30 possible indicators, which can then be taken to the larger project team for further discussion. At the end of the process, the final list of selected indicators should be in the range of 15–25 (including any externally reportable indicators), although health services may choose more or less indicators than this if appropriate.

The recommended approach to this task

Organisations are strongly advised to take a pragmatic approach to the selection of indicators. It is important to collect data that will be meaningful and to make use of indicators where the results can be acted upon. Data collection for its own sake is not recommended.

As you and your colleagues review the list of suggested indicators, consider whether the list adequately covers the following:

- Sufficient Category I indicators (60% of the total number of Category I indicators is needed to meet the requirement of Indicator 1)
- Indicators that are a particular area of interest or priority for the health service
- Indicators that are already being collected by the health service

As you and your colleagues try to refine the list of indicators to achieve a manageable number, consider the following:

- Reduce the number of indicators being monitored within any single pathway on the BPCLE element program logic maps.
- Reduce the number of indicators in Category II (aim for 4–5 indicators), Category III (aim for 2–3 indicators) and Category IV (aim for 1–2 indicators).
- Reduce indicators for which the Indicator Specifications suggest difficulties with data collection or with interpretation of the result.
- Retain indicators that use common data collection tools in preference to indicators that require different data collection tools.

How long will this task take?

This task will take anywhere from two hours to two days to complete, depending on the size and complexity of your organisation, the number of indicators initially “suggested” by BPCLEtool (which depends on the results of your self-assessment) and the extent to which you decide to consult more broadly within your health service about the selection of indicators.

Relevant tutorials

BPCLEtool includes two video tutorials on indicator selection, namely: *Indicator selection – background* and *Indicator selection in BPCLEtool*.

Task 7: Develop data collection tools

Why do this task?

Once you have selected the indicators your health service will use to monitor its performance against the BPCLE Framework, you must ensure you have the appropriate data collection tools and data registers to collect and record the relevant information, so that you are able to enter the required data into BPCLEtool.

Which staff should be involved?

Any staff members in your organisation that have responsibility for developing data collection tools, and/or end-users of these tools, may be invited to participate in this task.

Developing the tools

To begin, your project team should consider whether your health service has each of the resources it needs for monitoring the indicators you have selected. These resources include tools to collect data (such as surveys or databases) and tools to collate or compile data in preparation for data entry into BPCLEtool (such as spreadsheets). You will find the relevant information is provided in the Indicator Specifications, which describe the data collection tools you need, the information to collect, and the data you are asked to enter into BPCLEtool. There is also a version of the Indicator Specifications that includes an image of each BPCLEtool data entry form, so that you can see the format in which data are entered into the system.

Since most health services have not been monitoring any of the BPCLE indicators until now, it is highly likely that your health service does not yet have any of the monitoring resources. The BPCLE Resource Kit includes survey templates (that incorporate prescribed survey questions for each relevant indicator) and the BPCLEtool Indicator Data Collector, which incorporates a spreadsheet register for collecting, collating or compiling the required data for each indicator.

While health services are not obliged to use the survey templates or BPCLEtool Indicator Data Collector resources that have been provided, it is **strongly recommended** that organisations incorporate the key features from those resources into their own monitoring resources, as the provided resources are fully compatible with BPCLEtool.

The recommended approach to this task

The simplest approach is to use the survey templates and the BPCLEtool Indicator Data Collector resources that have been provided, making use of those survey questions or indicator spreadsheets that are relevant to the indicators your organisation is monitoring.

However, if your organisation already has resources that could be used for monitoring the BPCLE indicators, you may prefer to make the necessary amendments to those resources to adapt them for this purpose. For example, if you already have survey instruments, you may simply copy the relevant questions from the BPCLE survey templates into those surveys. Similarly, you can expand your existing databases to include the fields for the additional data you need to collect, based on the fields in the relevant spreadsheets of the BPCLEtool Indicator Data Collector.

How long will this task take?

The time requirement for this task will vary depending on whether you make use of the survey templates and BPCLEtool Indicator Data Collector resources as supplied, or integrate components from those resources into your existing monitoring resources, or develop your own monitoring resources from scratch.

Relevant tutorials

Video tutorials relevant to developing data collection tools (including the *BPCLE Resource Kit* tutorial and the *Adding data to an indicator Master List* tutorial) are being updated in 2016 to be consistent with upgrades to the indicator monitoring functionality of BPCLEtool.

Task 8: Collect/analyse data and Task 9: Report data

Why do these tasks?

Data collection, analysis and reporting is integral to performance monitoring.

Which staff should be involved?

Staff with responsibility for collection and/or analysis of data relevant to the management, organisation and delivery of clinical education will be the most appropriate individuals to handle this task.

The BPCLE project coordinator or another senior staff member should take responsibility for entering data into BPCLEtool and uploading the data into the system. Although data entry tasks can be delegated to other staff, caution should be exercised in deciding who to delegate this task to and in ensuring any individuals involved in the task are adequately trained in how to complete the task.

Conduct of these tasks

Once data collection tools and other indicator monitoring resources have been set up, collection and recording of data should occur routinely. It is recommended that data collection commence as soon as practicable for the selected indicators. This will allow your organisation to establish a baseline against which future results can be compared.

How long will this task take?

These tasks are ongoing.

Relevant tutorials

The tutorials relevant to data collection and analysis (namely: the *Creating an indicator Master List* tutorial and the *Adding data to an indicator Master List* tutorial) are being updated in 2016 to be consistent with upgrades to the indicator monitoring functionality of BPCLEtool.

Time requirements for each step of the process: A summary

Task	Time requirement
Task 1: Preliminary assessment	20–30 minutes for an individual to complete; 45 – 60 minutes for a group to complete
Task 2: Detailed assessment	6 – 8 hours (on average)
Task 3: Identify action plan tasks and priorities	Depends on the number of nodes nominated for inclusion in the action plan
Task 4: Undertake action plan tasks	Ongoing over a 12–18 month period
Task 5: Monitor progress against the action plan	Weekly update of the action plan (0.5 – 1 hr per week) over the course of implementing the plan
Task 6: Select indicators	2–16 hours
Task 7: Develop data collection tools	Depends on the number of resources being developed
Task 8: Collect/analyse data	Ongoing
Task 9: Report data	Ongoing

Going forward: Integrating the BPCLE Framework into everyday practice

Congratulations! You have reached the end of the Stakeholder Guidelines and you now have some idea about what you and your colleagues need to do in the weeks and months ahead as you implement the BPCLE Framework.

By now, you may be thinking, “This all looks too hard. We just want to deliver clinical education...simple, straightforward, not all this navel-gazing with assessments and action plans and indicators.”

It’s important to remember that delivering clinical education is exactly what this process is all about. Indeed, once you have been through the early BPCLE implementation tasks and are completing the activities in your action plan, you will be improving your clinical learning environment to enable you to deliver clinical education better than before.

Importantly, aside from the completion of your various action plan activities, annually reviewing your education-related resources to keep them current and collecting/analysing data for monitoring your selected indicators, you won’t need to revisit most of the implementation tasks for some time. It is recommended that you repeat your assessment periodically (once every 18 – 24 months) to determine whether your ratings against the BPCLE Framework have improved and BPCLEtool includes comparison reporting functionality to help you track your progress. You may also review the indicators you have selected, moving on to measure new aspects of your clinical learning environment once you are satisfied with the standard achieved through the first selection of indicators.

Of course, in an ideal world, it would be possible to simply read the BPCLE Framework and instantly apply its guidance to everything you do.

Unfortunately, it doesn’t work this way in the real world. Where a clinical learning environment falls short of the ideals presented in the framework, it does so for a number of reasons, usually reflecting historical precedents, resource constraints and lack of knowledge about how to bring about change.

This is where the systematic approach of the implementation process will make the difference. The step-by-step approach to implementing the BPCLE Framework presented in these Stakeholder Guidelines is not *an end unto itself*, but is instead a *means to an end*. The process will challenge you and your colleagues to think about many issues that you accept on a daily basis simply because they are the *status quo*. It will also guide you through the development of an agenda for change. In this regard, the BPCLE Framework implementation process is a guided change management process.

As with other change management processes, the changes are intended to become the norm. You are striving to achieve an operational state where the policies, practices and behaviours of your organisation are routinely guided by the principles and objectives set out in the BPCLE Framework. Ultimately you would like to reach a point where, as an organisation, you feel you have achieved the optimum level of performance against all aspects of the BPCLE Framework.

Whether you attain this optimum level of performance across the board or not, an important by-product of working through the BPCLE Framework implementation process is the establishment of robust systems that support self-reflection and assessment with respect to clinical education and training. In reality, *best practice* is a moving target and an environment that fosters continual quality improvement will be better equipped to evolve as the clinical education landscape shifts in years to come.