Introduction

The Interprofessional Rural Program of British Columbia (IRPbc) Summer 2009 placements, which took place in eight communities across four health authorities in British Columbia, provide a number of valuable lessons for health human resources planning, rural recruitment and the education of health professionals.

This IRPbc 2009 Summary Report gives an overview of this year’s approach as we continue to evolve the model for interprofessional rural learning in BC, highlights some successes as well as continued challenges, and identifies opportunities to lever for 2010. In addition, a Background table briefly profiles the evolution of IRPbc through the eight phases since 2003.

These documents are intended to help document IRPbc progress, and to share lessons learned with others involved with practice education, rural health and interprofessional education in BC.

Background

The Interprofessional Rural Program of BC (IRPbc) was initiated in 2003 by the BC Ministry of Health and BC Academic Health Council to:

1. Support rural recruitment and retention,
2. Expand the capacity for educating students in rural communities,

Over the past six years, it has evolved and grown from an initial three communities to involving eleven across the province through eight placement phases. Students from thirteen professions and twelve universities and colleges have participated on the student teams. IRPbc’s focus has been on the placement of interprofessional student teams in rural communities that have a strong history and commitment to educating students. Although rural placements are not new to these BC communities or schools, the IRPbc approach of community engagement and interprofessional collaboration has provided a number of lessons and benefits for communities, students, schools and the broader system.
Approach for 2009

The focus for 2009 was to continue to strengthen the capacity of rural communities to educate students within an interprofessional context, and to align with other initiatives such as regional practice education activities and the Rural Coordination Centre of BC.

The principles identified in the Rural Academic Health Project which helped to shape this phase are:

- Community-driven
- Partnership
- Community as teacher
- Service learning

The eight participating communities included Bella Coola, Port McNeill, Trail, Powell River and Enderby in addition to new communities of Clearwater, Ladysmith and Lakes/Omineca. Communities were identified by their respective health authority, and were asked to complete a community submission form and proposed budget.

Student teams had representation from eleven professions (medicine, nursing, pharmacy, social work, PT, OT, audiology, SLP, midwifery, nurse practitioner, x ray technology), and varied in size from three students (in Bella Coola, Enderby, Lakes/Omineca) to 15 in Port McNeill.

A 1 ½ day student orientation was reinstated at UBC First Nations House of Learning. Attended by about 40 students and 12 rural community representatives, the orientation featured rural health (with presentations by IRPbc community representatives) and interprofessional teamwork (facilitated by Marcia Choi and Barbara Casson). In addition, an adjacent half day workshop was held for community representatives to strengthen capacity for interprofessional education and share lessons learned across communities. Donna Drynan provided a presentation on interprofessional education and collaboration, and Robin Roots facilitated dialogue and strategies for implementation.
Interprofessional student activities (in addition to discipline-specific learning) were similar to previous years and included:

- Shadowing
- IP case conferencing
- Community team project

as well as informal learning/interaction. Communities organized a number of activities for students ranging from visits to smaller communities/clinics to fly-fishing and white water rafting.

Student teams participated in a community project, which is intended to foster interprofessional collaboration and engage in a relevant health issue for that community. Projects this summer included the following:

- Clearwater team helped organized a community information session on “End of Life Care” featuring a panel with a physician, hospice provider and funeral director. Attended by 50 people, it was very well received.
- Port McNeill team wrote health care articles from an interprofessional perspective for the local newspaper.
- Working with the Interprofessional Practice Committee of Kootenay Boundary Regional Hospital, the Trail team co-hosted a day long workshop on Interprofessional Teamwork. Participants included health providers and faculty.
- Enderby students held a falls prevention workshop for the local community.
- Bella Coola team participated in the planning for a Youth Health Centre.
- Lakes/Omineca team put on an information session for the community entitled Keeping Seniors Safe at Home.
- And the Powell River team organized and hosted a health information booth on at the community’s Canada Day celebrations.

Housing for students in IRPbc rural communities continues to be a challenge, and yet progress is being made. A growing number of communities including Bella Coola, Lakes/Omineca and Port McNeill have year round housing available for students. And through involvement with IRPbc this year, Clearwater rented and furnished a house which is now available to support year round placements and HR needs (e.g. locums). Unfortunately, for some communities, an inordinate amount of energy continues to be invested in short term housing (with no long term availability or sustainable solution). And in some communities the opportunity to link/lever with medical students is still untapped.

From the perspective of the students, living together is one of the most valuable components of the program.

When asked what the highlight of their experience was, students cite:

*Social events with the student team because in a relaxed way we learned about each other and our chosen professions.*

*Rooming with students from different faculties and being able to talk about our different experiences.*

*Getting to work with both a previous and current IRP students from various professions and then mix it all up with a social "at home living" atmosphere.*
Students who live together consistently rank their experiences much higher than the teams that do not live together and they refer to the informal discussions that take place as critical to their understanding of their profession as well as others. Students also note that living together reduces the isolation of living and working in a small community.

**Marketing** approaches for 2009 involved a number of activities including:

- Information display at UBC’s Celebrate Learning event in October 2008 which provided good visibility with pharmacy and physical therapy students in particular
- Student information sheet distributed to placement coordinators across the province
- Email and telephone conversations with schools/programs across the province
- Presentation to the Deans and Directors of Health Sciences
- Website updated at www.irpbc.com
- Two presentations to UBC medical students, which were aligned with REAP presentations
- Visit to Prince George and meetings with UNBC as part of planning for the rural symposium
- Display at the rural symposium in Prince George
- Articles in In-BC newsletters and other.

We continue to learn that the placement coordinators in the various schools/programs play a vital role in highlighting the IRPbc opportunities to students, and in selecting strong students for the IRPbc communities.

The IRPbc participated in the “Heart of the Matter” Rural Symposium, held in in Clearwater in March and co-hosted with other provincial partners, the Rural Health Workforce Symposium: A Collective Commitment to Action in Prince George in May. Not only did these venues provide opportunity to profile IRPbc, but help to align the program with rural initiatives taking place across the province.

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**Student 2009 Feedback**

As in other years, students rate the IRPbc program very highly. Feedback has been extremely positive with regards to the learning opportunities afforded by living and working together. Students cite their placements as unique and enhanced opportunities to better understand their own profession, other professions and the role of each health care provider in collaborative, client-centred care.

*Oftentimes in school we don’t get to see how our piece of the puzzle fits into the big picture, but with IRPbc you get to see this and experience this first hand.*

*I realized that good interprofessional teamwork involves as much about understanding one’s own profession as it does understanding other professions.*

The placement offers a rich context for students to enhance their team skills in a practical environment and supported by preceptors well versed in interprofessional teams.

*Holistic health care is talked about a lot but you rarely get to see it. The interprofessional team care in a rural setting exemplified this for me.*

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October 5, 2009  
www.irpbc.com
Students also develop a greater appreciation and understanding of the complexities of rural health and for some, positively influences their future choice of practice locations.

_This experience changed my view of people who live in rural areas. It opened my eyes to the bigger “health care” picture._

_I am definitely considering rural medicine because my experience was AWESOME!_

_Before I would not have considered working in a rural area. I wouldn’t have gone up so far away for placement either. The money, and housing, and support given by IRP convinced me that going up to ... was worth a try. I am very grateful for the opportunity, I was exposed to a lot of things that I would not have otherwise seen, and would now consider taking a job in a rural town._

When asked what improvements can be made to the program, students consistently note the challenge of building a team and carrying out meaningful team projects when there is minimal overlap of placement schedules.

_Of the 7 week placement there was only 1.5 week where we were all up together._

### Community 2009 Feedback

Recognizing the benefits of IRPbc to their community, communities contribute significant energy and creativity in hosting their student team. In addition to exposing students to the broad range of health services and needs in their communities, communities host barbeques, take students fishing/boating and involve them in a variety of community activities.

While a number of challenges are common across communities, they have also had many of their own successes. One community noted that IRPbc provides them a sense of ownership over the future of their health care, given that training students is a means to attract future health care professionals to their community.

_IRPbc remains our best recruitment tool._

Another community noted that the program “put them on the map” and highlights rural health care and recognizes the unique skills and knowledge of rural practitioners. Students are exposed to the innovative and successful models of care that many of these communities are engaged in and recognize the opportunity this presents:

_I felt that the comprehensiveness of care provided by this facility far exceeded any organization I have ever been involved with. It was amazing!_

The influx of students has spin offs for patients in the community as well as professionals: extra hands can enhance the care provided, stimulate learning for professionals and increase awareness of health profession careers amongst local youth. Community projects are designed to meet a need in the community and offer something to the community in return for their support. The community is often very thankful for the “different perspective” and the “new approaches offered by different professions”. Several communities note the potential of the program to build partnerships, such as Lakes / Omineca envision IRPbc as enabling them to link First Nations communities and educational institutions in an effort to increase the opportunities for aboriginal students to pursue health careers.
Continued Key Challenges to Interprofessional Rural Placements

Summer 2009 reinforced yet again the incredible opportunities provided through interprofessional rural learning for students and for rural communities. In particular, IRPbc has been able to lever a number of activities underway in the province and in regions relating to practice education. However, a number of key areas continue to be a challenge, including:

- Complexity of selecting and scheduling student teams
  - differing timetables across professions, schools, programs for when students are confirmed and placed
  - student selection processes vary across communities, professions/preceptors, programs and schools
  - marketing to students and having the right incentives in place
  - variation in length of placement
  - rotating membership on student teams – students come and go at different times

- IPE capacity building
  - building collaborative partnerships with academic institutions
  - educating and supporting health care preceptors in interprofessional collaboration

- Capacity of rural communities to host students
  - health care managers and physician “champions” who value and support education of students
  - administrative coordination to liaise across schools/programs, preceptors and students
  - availability of housing close to health services and/or with available transportation
  - preceptor training and support

- Engagement of medicine
  - involvement of medical students, schools and rural physicians

- Evaluation and follow-up
  - resources for evaluation
  - complexity of evaluation across multiple programs and schools
  - mechanisms to track student for the longer term
  - recruitment and retention – no mechanisms to link interested grads with communities in need

- First Nations/Aboriginal Collaboration
  - engagement of Aboriginal communities in the education of health professionals

- Alignment with related initiatives
  - growing complexity across multiple initiatives
  - balancing perspectives of health and education partners
  - aligning IRPbc with academic programs, practice education, IP and rural initiatives across province

- Uncertainty of funding from year to year making planning and budgeting challenging
Opportunities to Lever for 2010

2009 had some specific “wins” for communities. For example, Clearwater linked IRPbc with a community-led rural HR symposium and is now leasing long term housing for students and locum health providers (which saves money and supports ongoing health HR needs).

At least four of the 2009 communities (Bella Coola, Clearwater, Lakes/Omineca, Port McNeill) are committed to participate again in the coming year. In particular, these communities have many of the key supports (health leader and physician “champions”, housing, experienced preceptors and engaged communities) that are integral to successful student teams. In addition, there is interest by some new communities to become involved.

There may also be potential to add UBC dental hygiene and dentistry to the student teams, as well as have pharmacy students choose IRPbc as an elective or independent study. These changes will provide rural communities exciting opportunities to engage the students more actively in community health and education, chronic disease management, elder care and more.

Conclusion

Summer 2009 reinforced the power of IRPbc when the right supports come together for communities and students. Feedback confirmed the importance of local champions, administrative coordination and a welcoming community. Successful student experiences depend upon shared student housing (which promotes informal learning), senior level students who are “risk takers”, and orientation to interprofessional learning and collaboration. Where these components align, there are significant benefits for students, communities and the broader system.

Communities view their investment in educating students as valuable given the energy that students bring, the link to recruitment and retention, and the opportunity to contribute to their health services. Students experience invaluable learning (and transformation) through exposure to a broad range of health services, rural communities and collaborative teamwork.

The IRPbc model works, and yet it takes commitment by many and resources to continue to build capacity in rural communities and across professions and schools. There are a number of key challenges include the differing placement schedules (and processes!) across programs, capacity of communities to receive student teams, and the uncertainty of IRPbc funding from year to year. However, there is also significant momentum and commitment by communities, schools and students to continue to build on what IRPbc has accomplished to date.
IRPbc 2009 Community Champions

IRPbc 2009 is indebted to the leadership and commitment of its community “champions”, which include health leaders, administrative coordinators and preceptors. In particular, we acknowledge and thank:

Bella Coola
Lorinda Andersen, Director of Patient Care, Bella Coola General Hospital, Vancouver Coastal Health

Trail
Linda Sawchenko, Project Leader, Interprofessional Education and Advanced Practice, Interior Health
Dr. Blair Stanley, Physician, Waneta Primary Care Clinic, Trail

Enderby
Randy Forsyth, Enderby Community Health Centre, Interior Health

Port McNeill
Marie Duperreault, Manager of Rural Health, Mount Waddington
Dr. Granger Avery, Physician and Executive Director, Rural Coordination Centre of BC
Lesa Mollinga, Administrative Assistant to Marie Duperreault

Lakes/Omineca
April Hughes, Health Services Administrator, Lakes and Omineca Districts, Northern Health
Cynthia Heslop, Manager, Southside Health and Wellness Centre
Lisa Puglas, Burns Lake Hospital, Northern Health

Powell River
Nora Koros, Manager, Mental Health & Addiction Services, Vancouver Coastal Health
Cynthia Stevens, Employee Engagement Associate, Vancouver Coastal Health

Ladysmith
Heather Dunne, Site Manager, Ladysmith Community Health Centre, Vancouver Island Health Authority

Clearwater
Bernice Easson, Manager, Health Services, Clearwater/Barriere/Blue River, Interior Health

2009 IRPbc “Core Team”

Lesley Bainbridge, Associate Principal, College of Health Disciplines, UBC
Kathy Copeman-Stewart, IRPbc Program Manager
Susanna Gilbert, IRPbc Coordinator
Robin Roots, Physiotherapist, MSc Student

With special thanks to:

Donna Drynan, Director of Practice Education Division, College of Health Disciplines, UBC
Sue Murphy, Academic Coordinator of Clinical Education, Department of Physical Therapy, UBC
### Summer 2003 to Summer 2009

- **8 placement phases**
- **11 communities:** Bella Coola, Clearwater, Enderby, Fort St. John, Hazelton, Hope, Ladysmith, Lakes/Omineca, Port McNeill/Mt. Waddington, Powell River, Trail
- **13 health professions:** medicine, nursing, pharmacy, physical therapy, social work, midwifery, speech-language pathology, audiology, laboratory technology, occupational therapy, dietician, nurse practitioner

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<thead>
<tr>
<th>Year</th>
<th>Communities</th>
<th>Professions</th>
<th>Costs</th>
<th>Key Lessons/milestones</th>
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<tbody>
<tr>
<td>2009</td>
<td>Bella Coola Trail Enderby Port McNeill/ Mt. Waddington * Lakes/Omineca Powell River * Ladysmith * Clearwater</td>
<td>Audiology (1) Nursing (10 – Selkirk, TRU, UBC, VIU, Calgary) *Nurse Practitioner (2 – UNBC, UVic) Medicine (10) MedLab (1) Midwifery (1) Pharmacy (2) PT (2) OT (3) Social Work (2 – UBC, TRU) Speech language (1)</td>
<td>Community support: $3,000–$11,000 based on community projections. Emphasis on determining long term housing solutions Student support: $400, linked to participation in student orientation Funded by MOH as part of the In-BC interim funding to College of Health Disciplines, UBC</td>
<td>▪ IRPbc and RCCbc presentations to medical students resulted in increased interest and participation by med students ▪ Reinstated ½ day student orientation at UBC, positive response from communities &amp; students ▪ Half day workshop for IRPbc community reps with focus on IPE &amp; sharing approaches ▪ Participated in and featured at rural symposiums in Clearwater and Prince George ▪ Student and community evaluations reveal continued positive impact of program on rural HHR through IP learning, collaborative practice, interest in rural practice career, and building capacity in communities through housing, professional development and community engagement. ▪ Key challenges: complexity of IP placement processes, student placement schedule (ie lack of overlap for IP learning) and lack of longterm housing in some communities e.g. Trail, Enderby, Powell River</td>
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<td>Year</td>
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| 2008 | Bella Coola, Port McNeill Trail | (Medicine – 10) Nursing (5) PT (2) Speech language (1) | Community support: $6,500 each for housing, administrative coordination, preceptor support, travel and student activities Student support: $400 Funded as part of RAHP/PEIF funding from MOH/BCAHC to College of Health Disciplines, UBC | - No face-to-face orientation dramatically undermined IP teamwork  
- Student Field Guide developed and circulated (good resource but not enough without face-to-face interaction)  
- Trialed videoconference with communities while students on placement (limited success given that number of students had left communities)  
- Port McNeill symposium attended by Minister of Health and student teams (Port McNeill & Bella Coola) |
- Rural Academic Health Project initiated |
| 2006 | Bella Coola, * Enderby, Hope, Port McNeill, * Powell River Trail | (Medicine) Midwifery (2) Nursing (10 – Kwantlen, Selkirk, TRU, UBC, UVic) Pharmacy (6) PT (5) Social Work (4 UBC) | Community support: $11,000 for new, $6,000–$8,200 for existing Student support: $500 Interim funding from MOH to BCAHC | - Aligned with In-BC projects and provincial activities: curriculum, knowledge translation and evaluation  
- Vancouver Island Interprofessional Education Project adapted IRPbc model for interprofessional placements in several Island communities |
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<th>Year</th>
<th>Communities *new</th>
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<td>2005</td>
<td>Bella Coola</td>
<td>MedLab (1)</td>
<td>Community support: $15,000 for new, $6,300 for existing Student support: $500 Interim funding from MOH to BCAHC</td>
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<td>Hazelton</td>
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<td>* Hope</td>
<td>*Midwifery (2 UBC)</td>
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<td>Trail</td>
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<td>Social Work (5 UBC)</td>
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<td>Speech language (2)</td>
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<td>2004</td>
<td>Bella Coola</td>
<td>*Audiology (1)</td>
<td>Community support: $15,000 new communities, $10,000 existing communities Student support: travel up to $700 Continuation of initial funding by MOH</td>
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<td>* Fort St. John</td>
<td>*Counseling psych (1)</td>
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<td>Port McNeill</td>
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<td>OT (1+1)</td>
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<td>Speech language (1)</td>
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<td>*X-ray Tech (1)</td>
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<td>2003</td>
<td>* Bella Coola</td>
<td>*Med Lab (1)</td>
<td>Community support: $15,000 each Student support: travel up to $700 Funding provided by MOH to BCAHC</td>
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