Notes from September 18, 2010
Action Planning for Rural Interprofessional Placements in BC

On September 18, 2010, 18 people came together to confirm the vision for rural interprofessional education and develop an action plan for moving forward. Facilitated by Dr. Suzanne Johnston, Northern Health, the group engaged in intense and interactive dialogue on aligning and embedding rural interprofessional learning. Key concepts included integrating interprofessional education and collaboration into how health professionals are prepared and embracing a “new right way.” The following flipchart notes reflect the work of the day which set the stage for our next steps.

Top of Mind Issues
Sustainability
Partnerships
Recognition of value
Opportunity
Expansion
Models that fit communities
Outcome of the day: Tangible
Academic overlap
Seniors program
Community fatigue, burnout
In the face of other challenges
Team design: learning objectives
Placement process: HSPnet
Shadowing
Collaboration (academic)
Capitalize on initiatives:
  – Provincial
  – Political
  – Financial
Collaborative learning units
Sharing the experiences between communities
Making it a way of practice
Educating programs about the program
Evaluation
Research
New knowledge

Vision
Community-based interprofessional education for patient-centred collaborative practice
Short-term Goals

High
Present evidence demonstrating value
Incorporate critical elements: echo student stories – housing/leadership/achievable, meaningful project
Will require resources: community
Don’t create the silo of “IRPbc” (i.e. integrate into health and education processes) – Mainstream it
Recognize the value of change – “the new right way”
Identify drivers (e.g. accreditation), provincial priorities & initiatives, practice support programs
Get involved in divisions of family practice
Do roadshow: HAs, PSE, IP/rural
Identify clear vision as group
Have upper level meetings with Ministry & other stakeholders: reinforce recruitment/retention/life changing opportunities for students
Community leadership: year-round/designated
Connect service & education

Medium
Organize (local) social events: foster informal collaboration/involve community
Foster relationships among programs, PE coordinators, communities
Develop social gathering places to foster IP relationships
Educate preceptors and support role – all staff should be aware. Define benefits – personal and professional
Identify and support champions across the professions – achieve critical mass
Allocate funding to support teaching
Appoint a leader: community leader – paid position? Where will funding come from?
Excite students: program leaders/health authorities
Develop year-round IP coach: what do want to get from this? Coordination/networking/advocacy/conduit
Strengthen communication: before/during/after – preceptor/student/faculty
Develop partnerships: municipal & local government/visibility of students

Low
Could more service projects be developed?
Notes from September 19 Forum

Medium-term Goals

High
Student project: link to community need/more on-going/define purpose
Review models of healthcare practice (learning models)
Foster concept of co-learning: preceptors/healthcare workers learn from the student as well as students learning from preceptors. Promote shared responsibility for learning.
Develop year-round teaching/learning – increase to a “way of being”
Consider student learning: exposure – engagement – immersion
Shift student orientation (past) and move to embed in programs
Approach various professional organizations for funding support – approach community businesses for $ support as benefit to them
Explore whether financial support is a barrier to rural placements outside IRPbc (except medical students)
Look at financial commitment from faculty: what are the benefits to all? Long term, what are you committing to?

Medium
Community-centred (placement opportunities for programs)
Culture: practice setting, buy-in, same common language
Decentralize: community-centred/client&patient-centred
Identify and support rural community as the “immersion piece” all year round
Focus on client-centred care
Use technology to connect with mentors
Priority review at different levels
Evaluate, research/publish data
Identify funding partnerships to expand the programs
Long-term Goals

High
Secure accommodation for students: safe/healthy/not excessively lockable
Align with academic programs and partners
Expand the program: untangle the roots
Provide flexibility: year-round, involve other students (non-IRPbc)
Look at stakeholder list: align their needs with program needs (per seasonal organization, school, communities)
“De-silo” the schools
Have multiple preceptors (varied supervisory models)

Medium
Persevere
Change culture: Schools need to begin to help change culture with students
Energy
Become part of the bigger picture

Short-term Action Steps
Compile info - synthesis of IRPbc outcomes – 1-pagers
Compile list of stakeholders, including health authorities (student education) and regulatory bodies
Present evidence (elevator speech)
Create Key Messages (depending on target audiences)
Bring message to regulatory bodies, communities
Get to mayor, city council, etc.
Involv Aboriginal communities
Foster regional dialogue – use existing partners to spread message
Communicate to students/schools what next year will look like
Utilize IPCLS
Community involvement
Housing, preceptor development & flexibility
Update community application form to reflect shift to community-based interprofessional education for patient-centred collaborative practice