Creating an Action Plan for Rural Interprofessional Placements in BC

The Interprofessional Rural Program of BC (IRPbc) was established in 2003 as a provincial program to expand placement opportunities for students, support rural recruitment and retention, and advance interprofessional education. The nine placement phases and activities across the province have reinforced the benefits for rural communities and students, and provide valuable lessons for developing the capacity of rural communities to participate in the education of health professionals.

However, we are at a critical juncture. IRPbc is now one of a number of initiatives/activities relating to rural and interprofessional education. It involves a relatively small number of communities and health sciences students at only one time of the year. And it requires significant effort and goodwill to craft “student teams”, amidst the complexity of varying program schedules for determining and placing students.

How do we take the lessons from IRPbc and other practice education/interprofessional/rural initiatives and collectively “fast forward” rural interprofessional learning into a longer term sustainable model? How do we lever and support rural communities as “collaborative learning environments”? How do we embed formal processes that align with practice education activities in and across the province? What provincial/regional/local community actions are required to support rural practice education?

Vision

"We envision a future in which interprofessional learning is an integral part of the practice education for all health and human service providers in rural communities."

The September 2010 Forum will create a collaborative action plan for integrating and supporting rural interprofessional placements for health sciences students in BC.

A number of documents inform and contribute to our learning and planning as we move forward to build a coordinated approach and formalize the processes for rural IP placements. These include:

- IRPbc evaluation reports and CPD- KT Evaluation (2006)
- IRPbc Strategic Planning Session Reports including Proceedings from the March 26, 2010 workshop, Growing IPE in Rural Communities and Beyond: A Collaborative Workshop for IPRbc Communities and Educators
- Rural Academic Health Project Final Report – 2007
- 2009 Rural Symposium report
- IRPbc Placement Process Review, July 2010
- BCAHC Practice Education Strategic Plan
- BCAHC Preceptor Development and Support Initiative Strategic Plan
- BCAHC Practice Education Innovation Fund projects and reports
- Other

Building on the work to date, proposed key principles for moving forward include:

- Be community-driven
- Represent a partnership with all levels (including health authorities, post-secondary education, communities, health professionals)
- Provide a service learning opportunity for students that meets student learning requirements of programs while engaging in social responsibility,
- Recognize and honour community as teacher
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The following are fundamental activities for embedding rural interprofessional placements in health and education in BC:

− aligning the education of students with health human resources needs and health priorities at local, regional and provincial levels;
− integrating interprofessional education in academic programs: in curriculum and through practice education (ie valued by program through learning objectives and measured accordingly)
− incorporating rural experience in academic programs (if not already): recognizing rural as a context to learn about determinants of health, and/or primary health care, rural and urban relevance (valued by program through learning objectives and measured accordingly)
− engaging and supporting rural communities as Collaborative Learning Environments, and aligning with related initiatives in other settings
− streamlining/formalizing placement processes to facilitate communication, planning and evaluation
− strengthening linkages with Aboriginal communities and health services.
− establishing mechanisms for students and practitioners interested in rural and IP to connect, share resources (communities of practice, network, database, links with organizations such as RCCbc, Health Match BC)

Enablers

From our work to date, there are a number of core areas which consistently arise as key elements/levers to supporting effective rural interprofessional placements:

− Community supports/capacity building
− IP preceptor training and support
− Student recruitment, selection and orientation
− Placement processes
− Rural IP practice education

Each of these is briefly described in the next section, highlighting lessons learned and questions That may guide us forward as we confirm our collective vision and go forward strategy.
Community Capacity Building

Synthesis of Lessons Learned

**Champions/Coordination**

At a local level, there are several key roles that facilitate effective rural IP placements

- *Health authority and physician champions* that support the education of students, interprofessional collaboration and preceptors
- *Administrative coordinator* who liaises with schools, preceptor and students across programs/professions, organizes housing/schedules etc.
- *Supportive community* that actively welcome and involve students

**Housing**

- Housing is critical to attract students for a rural placement and promotes informal learning;
- Housing can be a shared resource for rural health services for locum staff, students, new staff, visitors etc.

Critical aspects

- Students need to know as they consider a rural placement that housing is available
- Ideally, housing is close to hospital/health services, has some shared living spaces (e.g. kitchen), is clean and comfortable. It should be furnished and be equipped with basic kitchen essentials and linens.

Communities vary in the approaches that work in their area. These include (but are not limited to): short or long term leases on a house or apartment; local B&Bs/hotels/inns; or billeting. Some communities own housing next door to the hospitals, and use this as an integral part of meeting their health human resources needs. In other, health providers or community service groups have contributed resources to ensure the accommodation is welcoming and comfortable.

Considerations

- Ideally, located close to hospital/health services, has shared living spaces, is clean and comfortable etc.
- Partnerships with community, business, other to finance or share accommodations;
- Student transportation between accommodation, health services and community amenities (e.g. shopping) need to be considered and communicated to students in advance of placement.
- Whether or not students are charged rent;
- Ongoing maintenance, cleaning, pets, etc.

**Questions**

- How do we ensure that essential supports are in place to support communities’ involvement in educating students?
- How can we integrate community capacity building activities across schools/programs/initiatives?
- What are the roles at the local, regional and provincial level?
IP Preceptor Training and Support

Synthesis of Lessons Learned

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<tr>
<th>CONTEXT/CONSIDERATIONS</th>
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<tbody>
<tr>
<td>– Preceptors of interprofessional placements use enhanced skills: collaborative practice, conflict resolution, creativity and flexibility in learning moments, case based learning</td>
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<td>– Preceptor training for rural interprofessional teams has not been consistently provided through the years, or across IRPbc communities – which correlates with feedback on effectiveness of the placements by students and preceptors.</td>
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<tr>
<td>– A range of preceptor education and IPE resources are available across the province – e.g. online such as E-Tips <a href="http://www.practiceeducation.ca/">http://www.practiceeducation.ca/</a>, by health authorities, IP-Collaborative Learning Series</td>
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<tr>
<td>– Students express higher satisfaction with placements when preceptors have a good understanding of interprofessional education and model collaborative practice</td>
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<td>– Preceptors value students as a continuing professional development tool to enhance their learning</td>
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<td>– IP student teams have prompted practitioners to consider the strengths and weaknesses of existing teams in their community and have utilized resources made available to them to enhance their collaboration</td>
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<td>– More formal preceptor recognition is needed: acknowledgement (from education institutions and organizational levels) of the additional effort and time commitment of IPE</td>
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<tr>
<td>– Preceptors have expressed an interest in / need for mechanisms to share IP ideas, IP activities and experiences across rural communities</td>
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<tr>
<td>– Preceptors are interested in reconciling the tension between IP and discipline specific learning objectives</td>
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<td>– A concept that continues to arise/be explored is that of an IP coach who would support preceptors, practitioners and students.</td>
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Questions

– How can rural preceptors be partnered with preceptor training and IP resources available across the province? E.g.
  o IP Collaborative Learning Modules (developed by the College of Health Disciplines/Continuing Professional Development in partnership with health authorities)
  o IP Education Facilitation Manual (UBC Drynan and Murphy 2010)
  o other
– What other resources / supports are required to enhance IP Education and IP CP (collaborative practice) in rural communities?
Rural IP Placement Processes

Synthesis of Lessons Learned

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<thead>
<tr>
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<tbody>
<tr>
<td>Effective planning and processes are integral to ensuring the quality of the student practice experience.</td>
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<tr>
<td>Currently, there are diverse processes (communication, placement dates, planning and confirmation dates, student selection) and systems (manual/paper-based and electronic/web-enabled) utilized by schools and practice agencies for requesting, planning and communicating about IRPbc and other rural placements.</td>
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<tr>
<td>Sourcing, requesting, coordinating and confirming rural student placements across programs (ie for interprofessional learning opportunities) is exceptionally complex and difficult to do. In particular, current IRPbc placement processes are too unwieldy/unsustainable.</td>
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<tr>
<td>To date, we’ve not collected and analyzed data on rural student placements across programs to assess where/which/when students are being placed, what requests are being made and/or rejected (and why).</td>
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<td>From a recent external review of placement processes, there is agreement from stakeholders that a more streamlined and clearly defined process for rural interprofessional student placements is essential.</td>
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<tr>
<td>HSPnet is a provincial web-based system for managing and tracking health sciences student placements;</td>
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<tr>
<td>An increasing number of health authorities, community sites and schools/programs are implementing HSPnet. However, there is an expressed lack of knowledge regarding the full capabilities of HSPnet and perception that the system is labour intensive.</td>
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<tr>
<td>Capacity and feasibility of interfacing HSPnet with other electronic systems (eg: 145 used by Medicine) requires further exploration;</td>
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<tr>
<td>Through membership with BCAHC, there is no additional cost for access and use of HSPnet</td>
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<tr>
<th>RECOMMENDATIONS FROM EXTERNAL REVIEW</th>
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<tbody>
<tr>
<td>For detailed discussion of recommendations related to IP placements, refer to: “Interprofessional Rural Program of BC: A Review of Student Placement Process”, July 2010. (Debbie McDougall)</td>
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<tr>
<td>In summary:</td>
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<tr>
<td>Establish consistent processes and systems for rural interprofessional student placements between school and practice sites, including:</td>
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<tr>
<td>HSPnet as web-enabled system for requesting, confirming and tracking placements</td>
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<tr>
<td>Dates/timelines for placement requests by schools and placement confirmations by practice sites</td>
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<tr>
<td>Clear articulation of roles/responsibilities for student placement of all partners (school &amp; practice)</td>
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<tr>
<td>Determine data collection needs and processes for collection/collation and synthesis of data</td>
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<tr>
<td>Explore future opportunities to streamline and enhance the student placement process, including:</td>
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<tr>
<td>HSPnet enhancement development: eg: Practice site driven “Call for Students” enhancement (sites pre-determine capabilities for placements and push an offer to the schools)</td>
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<td>Increased capacity, including year round IP education experiences</td>
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Questions

- If HSPnet was used to its full capacity for rural placements in BC, what would it look like?
- Is there support across schools, health authorities, communities to use HSPnet for coordinating and evaluating rural placements (non-medicine)?
- What are some of the barriers, and how could we overcome these?
Student Recruitment, Selection and Orientation

**Synthesis of Lessons Learned**

- There is significant and increasing complexity across regions, communities, schools and the many provincial partners – given the number of initiatives underway relating to rural and IPE.

**Marketing/Recruitment**

- Students must be aware of rural interprofessional opportunities in order to pursue them. Online information and promotion by school placement coordinators play a key role.
- IRPbc communities and teams have benefited from student selection criteria applied by school placement coordinators, which focus on senior level students who are interested in and committed to actively participating and contributing to this “enhanced” rural IP experience.
- Housing is an important recruitment tool.
- Travel funding is helpful, however, it is very difficult to apply equitably across programs/schools/locations – and takes inordinate energy to administer.

**Preparing Students for Rural IP Placements**

- Orientation has been identified as a key feature of a successful rural and IP placement (consistently rated highly by students and communities in developing team rapport and preparing for placement).
- Topics included in the orientation include: introduction to interprofessional education, collaborative practice, rural health, cultural sensitivities, the rural community they will be placed in, learning styles, and teamwork.

**Questions**

- How can we continue to build the profile of rural opportunities for students? – using technology, student influence, other champions (e.g. rural practitioners).
- How can/should student orientation be provided:
  - 1) cost effective delivery, 2) accessible to more students, and 3) what content is most important?
**Rural IP Practice Education**

*Synthesis of Lessons Learned*

### Benefits of Rural IPE Placements

- Potential to increase the capacity for practice education placements in BC
- Provide an excellent environment for learning about social determinants of health, continuum of care, cultural sensitivities in delivering health care in First Nations communities
- Model and evaluate interprofessional education
- Shown to increase the interest of future professionals to work in a rural setting (literature as well as IRPbc students choosing rural practice)

### IP PE Learning Activities Used in IRPbc Communities

- Team meetings – most widely used IP learning activity
- Team rounds cited by students as one of the most valuable IP learning activity: opportunity to see collaborative practice in action
- Shadowing fellow student, preceptor or shared patient reported as very insightful & excellent learning
- Community project
- Other: working on case-based scenarios as a team, hosting a patient conference as a team
- Informal activities such as social time and living together provide excellent opportunities for IP learning
- IP learning opportunities (formal & informal) require organization on behalf of the community and preceptors

### Learning Objectives for Rural IP Placements

- Need to reconcile the tension noted by students and preceptors regarding discipline specific learning objectives of placement and interprofessional expectations
- Academic programs have not made Interprofessional learning objectives an explicit aspect of the placement or curriculum making it difficult for students to see overlap with other learning objectives
- Interprofessional learning objectives do not form part of a formal assessment by the academic program
- Each academic program uses different evaluation tools, so there is little commonality of IP learning objectives

### Opportunities

- Some communities are interested in linking students interprofessionally with specific populations or health services e.g. primary health care clinic, mental health, home and community care
- Rural IP placements in communities where direct discipline specific supervision is not available: blend of distance supervision, support from academic institution and preceptor from another discipline
- Increased use of technology: connection with other students, use of e-mentoring, e-health learning opportunity, etc

### Challenges

- Often minimal overlap of students given variation in placement schedules
- Varying degree to which students are supported in IPE by their academic programs

### Questions

- How can we support embedding IP learning objectives into programs and support rural placements to meet these?
- What steps can communities take in planning for and fostering interprofessional learning with students?