Rural interprofessional practice education (IP PE) in British Columbia is shifting from a program approach of formal student teams assigned once a year to rural communities to integrating rural IP PE into existing community and educational initiatives.

**2011 Approaches**

- Provincial Forum identified collective vision and action for shifting from "a program to a philosophy"
- Placement processes shifted to support direct connection between schools and communities
- Student orientation shifted from face-to-face to online module and community-based communication
- 10 communities piloted transition from student team to hosting students in an IPE and collaborative practice environment
- Communities focused on primary care champions and offered IPE experiences e.g.: shadowing, IPE hospital rounds, care planning, community projects and community forums

**2011 Lessons Learned**

- A clear understanding of the emerging philosophy and processes for rural IP learning led by communities, educators and students must be developed to ensure wide student and community participation
- Early connection of students with the community, together with clear incentives and support for participation in online student orientation
- Significant increase in student interest in rural and IP collaborative practice post-placement is emerging and may influence future career choices of students

**Key Elements of Rural Interprofessional Practice Education**

**Communities:**
- Champions for IPE and collaborative practice
- Engaged preceptors working in collaborative practice / learning environments
- Infrastructure - housing and coordination

**Academic Programs:**
- Rural IP embedded in curriculum
- Students prepared for rural IP experiences
- Linkages with preceptors / communities re: student learning objectives

**Students:**
- Access to information about rural IPE opportunities
- Oriented and supported for rural IPE
- Rural IPE integrated into learning objectives

**Systems Level:**
- Processes to facilitate seamless placements of students in rural IP learning settings
- Effective marketing of rural IP placements to students and academic programs
- Alignment of rural IP learning with health system priorities
- Networking to share approaches and ideas

**Conclusions**

Changing from a formally structured and operated rural IPE program to a philosophy that integrates IPE concepts to support collaborative practice within rural health delivery requires a multi-faceted approach. Key elements of rural IPE must be aligned with a sound post-secondary focus on rural IPE that is embedded in curricula, regional integration with health priorities, active community engagement and innovation, and clearly defined expectations for students.

We'd like to acknowledge the leadership of communities who hosted students in 2011: Bella Coola, Burns Lake, Clearwater, Fraser Lake, Port McNeill, Smithers, Southside, Terrace, Trail, and Vanderhoof.