

IRPbc

Interprofessional Rural Program of BC

A program of the BC Academic Health Council

OVERVIEW AND FINDINGS

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WORKING TOGETHER TO PREPARE TOMORROW'S HEALTHCARE WORKFORCE

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This project has been transformational in BC. It has galvanized the rural communities and their representatives who have led the way with commitment, energy and generosity. The early trust demonstrated by key Ministry of Health officials in the IRP team and the financial start-up support empowered the stakeholders and partners to make it happen. Led by UBC's College of Health Disciplines, IRPbc has put interprofessional education and rural community based education on the map in BC. Among many others, the project was blessed by its skillful, enthusiastic, and exemplary project manager, Kathy-Copeman Stewart.

IRPbc has proven that collaboration works.

Thank you all.



George Eisler, CEO, BC Academic Health Council

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- The Ministry of Health for funding the IRPbc and Craig Knight for stipulating that student teams be in place in three communities within three months! This opportunity and challenge pushed us forward.
- The College of Health Disciplines, and in particular, Grant Charles, Lesley Bainbridge, Rosemin Kassam, and the Practice Education Committee for their leadership in interprofessional education, student and preceptor orientation and evaluation.
- Implementation Team members (see appendix 1) who brought a wide range of perspectives from health and education across the province and have established a strong foundation for moving forward.
- Carl Whiteside who continued to promote community focus.
- IRPbc Community Leads who provide significant leadership at the local and provincial levels. These champions include Granger Avery and Jean Wheeler, Port McNeill; Lorinda Anderson, Bella Coola; Alfred Laskowski, Bent Hougese, and Cindy Aronson, Hazelton; Linda Sawchenko, Trail; Jerry Causier, Powell River; Doug Blackie, Enderby; Ray Scott and Maureen Wood, Hope; and Angela deSmit, Fort St. John.
- Rural health professionals and community members who warmly welcome the students, and help orientate and “turn them on” to rural life and practice.



- Susanna Gilbert for capably coordinating and supporting many aspects of the program including communications, student placement processes and workshops.
- Practice education coordinators across post-secondary education programs for their significant input, flexibility in adapting to the complexity of interprofessional placements, and liaison with students, faculty, and preceptors.
- Facilitators at student orientations, including Elizabeth Robinson, Marcia Choi, and Rosemary Usher, who play a vital role in getting students prepared and excited about the interprofessional rural opportunities.
- Carol Wilson for the developmental work in IRPbc student placement processes and preceptor training.
- Brenda Sawatzky-Girling for researching and writing the initial background papers for the IRPbc.
- Staff at the BC Academic Health Council including Sherry Lipp (financial management), Joan Gray and Breann Specht (Implementation Team support).
- Continuing Professional Development and Knowledge Translation for the 2006 evaluation of the IRPbc.
- George Eisler who has provided significant leadership in linking the program with the larger context of practice education in the province.
- And of course, the students who pioneered interprofessional rural learning in British Columbia.



Introduction

The Interprofessional Rural Program of BC (IRPbc) was initiated in 2003 in response to growing challenges relating to rural recruitment and student placement for health professional programs. Funded by the Ministry of Health and coordinated through BC Academic Health Council, the IRPbc was a unique endeavour in the province and indeed across Canada, linking rural health needs with education capacity issues and interprofessional education.

Over the past four years, the IRPbc has fostered a cadre of champions for interprofessional education and collaboration, profiled rural health and practice to emerging health professionals, and created a foundation for a range of related initiatives such as the Interprofessional Network of BC. There is significant momentum and commitment to continue the key concepts relating to interprofessional learning and rural practice education, and leverage the lessons learned.

This report summarizes the key concepts, findings and recommendations for the future based on the five phases of the Interprofessional Rural Program of BC between 2003 and 2006.



Overview

The Interprofessional Rural Program of British Columbia places teams of students into remote and rural BC communities to expose them to rural life and practice, and to advance both interprofessional and discipline-specific learning.

The goals of the IRPbc are to:

- Recruit and retain health professionals in rural communities,
- Model and evaluate interprofessional learning,
- Expand the capacity to educate health professionals in BC, and
- *ultimately*, enhance healthcare in rural communities.

To date, the IRPbc has involved eight communities – Bella Coola, Hazelton, Port McNeill, Trail, Fort St. John, Hope, Enderby and Powell River - and 23 student teams representing 10 professions including medicine, nursing, pharmacy, physical therapy and social work. The diagram on the next page provides an overview of the program since its inception in 2003 to the completion of five placement phases in 2006.



Vision

Improved healthcare for BC's rural communities

IRPbc Goals

- Model & evaluate interprofessional learning
- Expand capacity for educating health professionals in BC
- Recruit & retain health professionals in rural communities

IRPbc Implementation Team

- Rural communities
- Post-secondary institutions
- Health authorities
- Ministries of Health & Advanced Education
- Health Match BC
- BCAHC - coordination

Inputs

- Background papers
- Student selection & orientation, team activities
- Preceptor orientation & support
- Communication & coordination
- Evaluation

Outputs

8 rural communities

(Bella Coola, Port McNeill, Hazelton, Trail, Hope, Enderby, Powell River, and Fort St. John)

13 health professions

(medicine, nursing, pharmacy, physical therapy, social work, midwifery, speech language pathology, laboratory technology, and more)

10 PSEs

5 placement phases

23 student teams = 130 IRPbc students



Outcomes

For students

- Exposure to rural life and practice
- Interprofessional collaboration
- Discipline-specific skills
- Leadership

For rural communities

- Recruitment of health professionals
- Enhanced healthcare services
- Youth inspired to pursue healthcare careers

For rural practitioners

- New energy & ideas
- Linkages with academic facilities
- Enhanced interprofessional collaboration
- Lifelong learning and leadership

For System – Advancement of a range of interprofessional education, practice education, and rural health initiatives in BC

Key Concepts

PROVINCIAL PARTNERSHIP & COORDINATION

The IRPbc is a partnership among rural communities, education programs, health authorities and provincial partners. Each of these partners contribute to the planning, implementation and ongoing monitoring of the program through a provincial Implementation Team (see appendix 1). Coordination has been through the BC Academic Health Council which leads a number of practice education initiatives across health and education in the province.

The College of Health Disciplines at the University of British Columbia provides significant leadership through its champions for interprofessional education.

In addition to teleconference meetings of the Implementation Team, four provincial planning sessions have fostered face-to-face interaction among key participants in planning the program, reviewing progress and making recommendations for the future.

Communications about the IRPbc and its outcomes relating to rural health, practice education and interprofessional learning have been extensive given the contributions of many stakeholders and have included:

- Website at www.bcahc.ca/irpbc.
- Newsletters, articles, presentations, posters, newspaper articles, radio interviews, journal articles, conference presentations and posters – at local, regional, provincial, national and international levels.

RURAL COMMUNITIES

The principle of “community-driven” underpins the policies and processes relating to the IRPbc.

At a provincial level, an IRPbc Lead in each community actively contributes to identify needs, issues, and recommendations; participate in student orientation; and help profile the program to policy makers etc. Locally, the IRPbc Lead and other health professionals secure student accommodation, welcome and preceptor the students, and oversee/support team activities in the rural communities. Some communities designated an administrative person to handle many of the logistics and schedules for students.

Communities are provided IRPbc funds to support education infrastructure, student accommodation, administrative coordination, preceptor and student support and travel/conferences for IRPbc activities.

STUDENTS

IRPbc students are selected based on recommendation by their respective education placement coordinators and criteria which include senior level, strong discipline-specific skills and commitment to interprofessional learning and rural practice. Placements are for 4-12 weeks as part of student's regular program curriculum.

Teams are comprised of ideally 4-6 students with a core of medicine, nursing and social work, but also may include physical therapy, pharmacy, midwifery, speech language, x-ray technology, laboratory technology, counseling psychology, or others.

COMMUNITY PROJECTS BY IRPBC STUDENTS

- Community displays on health careers (Port McNeill, 2003), lung health (Hope, 2005) and smoking cessation (Enderby, 2006)
- Presentation on IRPbc made to the Minister of Health (Hazelton, 2003) and subsequently became the keynote address at the international “All Together Better Health” conference in Vancouver, 2004.
- Presentations on health care careers to young people in the community
- Brochure on Long QT Syndrome (Hazelton, 2004)
- Brochure on health care services and resources (Hazelton, 2005)
- Diabetes resource manual for health professionals (Bella Coola, 2004)

Coordination of student selection is in the process of being integrated into HSPnet (www.hspscanada.net) which will streamline processes and facilitate longtime tracking of interprofessional student placements.

To date, students have participated in a student orientation at the University of British Columbia which provides an opportunity for students to interact and meet rural health professionals and learn about personal learning styles, interprofessional teamwork, and working in rural communities.

Shared student accommodation is provided in the rural community, which significantly fosters informal learning among the student team. In addition, students spend a minimum of three hours per week together for a ‘community project’, case presentations/clinical rounds and shadowing.

Through these shared activities, participating students are expected to:

- Develop an understanding of the roles of the members of the interprofessional team including such areas as professional boundaries and areas of collaboration;
- Develop an understanding of teams and team interactions;
- Share with others what they are learning in their placements;
- Provide and seek peer support in their learning experience;
- Identify and explore issues of common professional interest to the student team.

A student debrief session is held for student teams to share lessons and provide feedback for future placements.

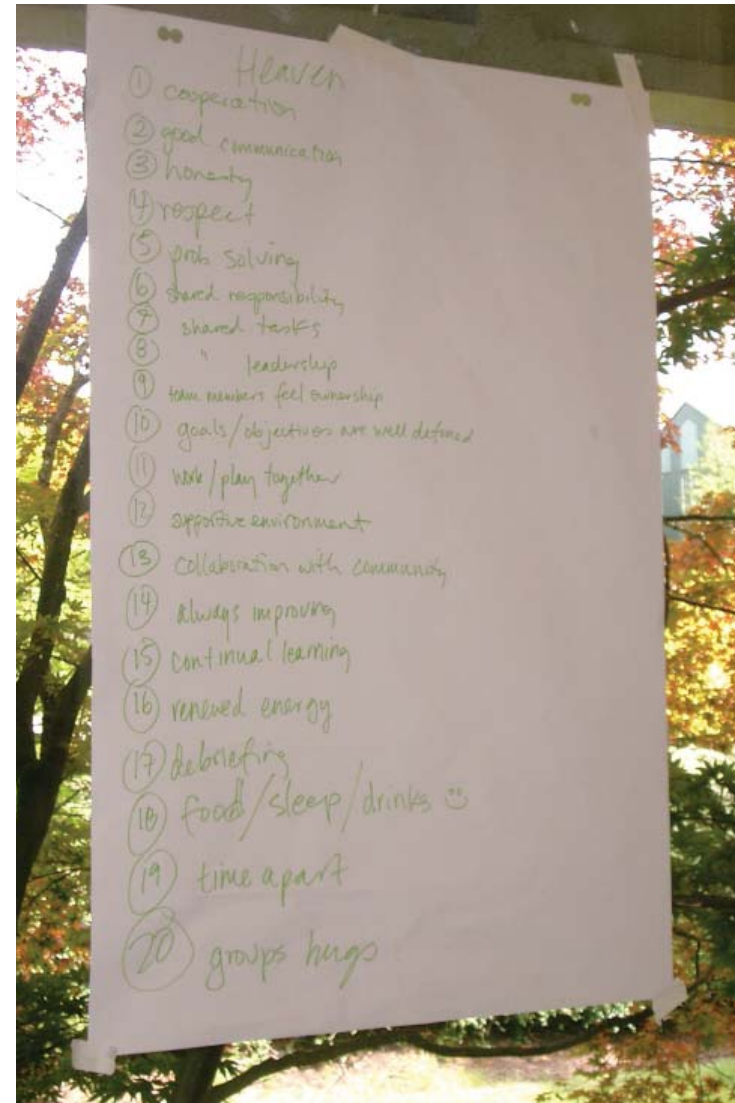
In these early phases of establishing the program, students have been provided funding to offset travel costs.



Evaluation

Evaluation of the program has included the following activities:

- An IRPbc program logic model links the program goals, inputs, outputs and outcomes. (see IRPbc Final Report, October 2004)
- An IRPbc evaluation team led by Grant Charles has undertaken a qualitative evaluation which has included interviews of preceptors, local administrators and students, as well as student debrief sessions.
- Community reports at the end of placement phases and IRPbc workshops have highlighted what's working well, challenges and recommendations for the future.
- An external program evaluation undertaken in 2006 by Continuing Professional Development and Knowledge Translation, University of British Columbia reinforced impacts, successes, challenges and recommendations for the future. (Program Evaluation of the IRPbc, January 12 2007).



Characteristics of a Team Made in Heaven: Cooperation, good communication, honesty, respect...group hugs
Perspectives from IRPbc Student Team, May 2004

Benefits

The evaluation of IRPbc has consistently reinforced a number of benefits for students, rural communities and the broader health and education systems. Students experience first-hand the joys and challenges of rural life and practice, advance their discipline-specific skills, and learn interprofessional collaboration. Rural communities are invigorated through the involvement of emerging health professionals participating in health care services and broader community events. Youth in rural communities are inspired to pursue health care careers.

In particular, there is a synergy across the three inter-related goals of practice education, interprofessional learning and rural recruitment. Rural communities have untapped capacity for educating students and provide a quality learning experience given the continuum of care and teamwork. An interprofessional approach provides a supportive (and fun!) environment for students to experience rural practice. The positive and supportive experience helps recruit strong students who bring new energy, ideas and leadership, and contribute to rural recruitment.

One of the surprises has been how the IRPbc model begins to influence change within rural healthcare and the broader system. For example:

- BELLA COOLA has implemented an interprofessional hospital discharge form developed by a student team through input from the rural practitioners;
- PORT MCNEILL is implementing a primary health care model, which is leveraging the involvement of interprofessional student teams. And the community has begun dialogue with the students, health professionals and the broader community along with decision-makers at a provincial, regional and local level regarding rural health and interprofessional education;
- TRAIL & ENDERBY are linking its IRPbc experience to the development of interprofessional collaborative learning units.

At a provincial level, the processes, “lessons learned” and partnership through the IRPbc have provided an important foundation for the Interprofessional Network of BC (www.in-bc.ca) which has a number of projects underway across the province linking interprofessional education and collaboration to health care priorities such as Aboriginal health and primary health care.

Challenges

A number of key challenges impact interprofessional rural placements in British Columbia, and are particularly relevant for planning a longer term model. These include:

- **STUDENT SCHEDULING ACROSS DISCIPLINES/PROGRAMS** is difficult given that schools/programs have varying timeframes for selecting and placing students.
- **INTERPROFESSIONAL PRACTICE EDUCATION COORDINATION** is complex given multiple people and organizations involved. This requires additional effort by education practice coordinators to adapt to a “centralized” process, select and support students, and continue to liaise directly with rural preceptors about discipline-specific requirements.
- **MEDICAL STUDENT INVOLVEMENT** is influenced by a number of factors including selection process for rural placements, effectiveness of IRPbc communication with medical students, timing of IRPbc orientation, and involvement of physician preceptors at the local level.
- **STUDENT ACCOMMODATION** in rural communities can be very difficult to secure and yet represents a critical success factor for recruiting students and fostering a supportive informal learning environment. Increasingly, rural communities involved in IRPbc are recognizing that short-term housing is integral to managing health human resources needs by helping attract and support students as well as locums and new hires.
- **COMMUNITY COORDINATION** is a significant responsibility given the logistical details relating to students and preceptors as well as liaison with the broader community and IRPbc at a provincial level. Communities that hired a part-time administrative coordinator had the most success in managing these responsibilities.
- **RECRUITMENT TO RURAL PRACTICE BEYOND MEDICINE AND NURSING** is difficult given there are no existing mechanisms to link interested students/emerging health professionals with needs in rural BC communities.
- **ACCESS TO COMPUTERS AND INTERNET** is inconsistently available, and yet is important resource for students for ongoing coursework and research.

'Best Practice' for Interprofessional Rural Placements

The following factors are vital for the provision of sustainable, high quality interprofessional rural practice experiences:*

1. Leadership and support within educational institutions for interprofessional rural placements;
2. Physician commitment within communities and educational institutions;
3. Community champions and administrative coordination;
4. Contributions of practice-education coordinators in promoting interprofessional placements, navigating the complexity of interprofessional placement processes, and liaising with students and preceptors;
5. Careful student screening, selection and orientation;
6. Appropriate shared accommodation for students;
7. Preceptor training, support, and recognition; and
8. Principles of inclusion, collaboration, and good communication.



*CPD-KT report page 23

Sustainability of Interprofessional Rural Placements

There continues to be strong support for the IRPbc model in British Columbia. However, there are also related initiatives within respective health authorities and in education such as the Vancouver Island Interprofessional Education Project that need to be considered in the longer term model and sustainability of interprofessional rural placements.

Feedback from the external evaluation by UBC CPD-KT and the December 7, 2006 provincial session includes the following recommendations:

- Capitalize on current momentum for interprofessional rural practice education;
- Develop a communication strategy to translate knowledge and "lessons learned". Key stakeholders include rural communities, decision-makers in health and education, students, health regulatory bodies, Union of BC Municipalities, faculty, health professionals and preceptors;
- Bring an Aboriginal perspective to the model;
- Target primary health care sites for interprofessional practice education sites;
- Develop integrated and more longer term placements of students;
- Use HSPnet to coordinate processes.

In building a longer term model for interprofessional rural practice education in British Columbia, there are a number of key considerations:

- Community coordination, shared accommodation for students, preceptor and student orientation together in the community, socialization of students and preceptors, interprofessional clinical decision-making, preceptor training, support and recognition, shared definitions across team, and patient-focus;
- Buy-in from a range of stakeholders including local community and health professionals, health authorities, post-secondary education programs, Ministries of Health and Advanced Education;
- Involvement of medicine at the education and community level;
- Coordination and communication across sites and educational programs; and
- Continued effort to address challenges such as curriculum for interprofessional education and timing of practice education across health and human services programs.

The College of Health Disciplines, UBC, has received funding through the Practice Education Innovation Fund for a provincial consultation on a longer-term model to build capacity for rural practice education/rural academic health. The consultation will build on the knowledge gained to date through the IRPbc program and other models in BC, Canada and beyond. As part of this funding, interprofessional rural placement will be supported for summer 2007 in existing IRPbc communities. The final report and recommendations for a longer term model will be available by the end of 2007.

Implementation Team

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