

Program Evaluation of the Interprofessional Rural Program of BC (IRPbc)

Final Report

Submitted by:

Yolanda Liman, MA, Project Coordinator
Abhirami Gunasingam, BSc, Lead Researcher
Tunde Olatunbosun, B.Comm, Researcher

Helen Novak Lauscher, PhD, Director of Research
Sandra Jarvis-Selinger, PhD, Associate Director of Research

Jan 12, 2007

THE UNIVERSITY OF BRITISH COLUMBIA



The Division of
Continuing Professional Development and Knowledge Translation
Faculty of Medicine

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	1
EXECUTIVE SUMMARY	1
DEFINITIONS	4
INTRODUCTION	5
PURPOSE & OBJECTIVES	5
METHODOLOGY	6
FINDINGS	10
IMPACT.....	10
<i>Impact of IRPbc on Students</i>	10
<i>Impact of IRPbc on Recruitment and Retention</i>	11
<i>Unexpected Benefits of IRPbc</i>	13
IRPBC PROGRAM FEEDBACK.....	14
<i>Successes Experienced</i>	14
<i>Challenges Encountered</i>	15
<i>Hopes for Future IRPbc Placements Expressed by Students and Preceptors</i>	16
SUSTAINABILITY OF IRPBC	20
<i>Strong Support for IRPbc</i>	20
<i>Specific Suggestions</i>	21
<i>Bringing an Aboriginal Perspective to the IRP Model</i>	22
<i>IRPbc Best Practice for Rural, Interprofessional Practice Education</i>	23
CONCLUSION.....	26
APPENDIX A: STUDENT INTERVIEW/FOCUS GROUP PROTOCOL.....	- 1 -
APPENDIX B: COMMUNITY INTERVIEW/FOCUS GROUP PROTOCOL.....	- 3 -
APPENDIX C: IMPLEMENTATION TEAM INTERVIEW PROTOCOL	- 5 -
APPENDIX D: PRACTICE EDUCATION COORDINATORS PROTOCOL.....	- 7 -



ACKNOWLEDGEMENTS

We would like to acknowledge the financial support provided by the BC Academic Health Council. This project also benefited greatly from the direction and support of George Eisler (CEO, BCAHC), Kathy Copeman-Stewart (IRPbc Program Manager), and Grant Charles (Associate Principal, UBC College of Health Disciplines).

We would also like to thank Erin Crisfield for her assistance with data collection and analysis. Erin's commitment to producing high quality research and ability to mobilize in such a short amount of time was truly impressive.

Finally, we would like to acknowledge all of the preceptors, students, community leads, practice education coordinators and IRPbc implementation team members who gave their time to participate in an interview for this evaluation. We appreciate your willingness to share your insights, and recognize your commitment to rural practice, interprofessional education and training future health professionals.



EXECUTIVE SUMMARY

Background

IRPbc is a unique model for practice education and team-based learning. Over the last three years students from a wide range of health disciplines such as nursing, social work, medicine, physical therapy, occupational therapy, laboratory technology and pharmacy have had an opportunity to learn with, from and about each other while completing their clinical and practice education requirements. The interrelated goals of IRPbc were to:

- Model and evaluate interprofessional learning among health professionals;
- Expand capacity for educating health professionals in BC; and
- Support the recruitment and retention of health professionals in rural BC communities, ultimately leading to improved health care for rural communities.

Purpose

To supplement previous evaluation work conducted with IRPbc, the UBC Division of Continuing Professional Development & Knowledge Translation (CPD-KT) was contracted to provide an objective, third-party evaluation of IRPbc. This involved reporting on the experiences, thoughts and suggestions of community partners, past IRPbc students, and key informants.

Objectives

The purpose of this evaluation was to provide IRPbc organizers, health educators, policy makers, health administrators, and health professionals with research data about the value and sustainability of the IRPbc concept. This evaluation will help IRPbc organizers strategize for future planning and decision-making, by facilitating a discussion with IRPbc stakeholders on the necessary conditions for success, growth, and sustainability of the IRP model. The specific objectives of this evaluation were to:

- ✓ Investigate how IRPbc stakeholders experienced IRPbc, what outcomes resulted from program, and impacts of IRPbc on communities and students;
- ✓ Provide evidence for informed decision-making about the challenges, successes, and sustainability of the IRP concept; and
- ✓ Assist in determining effective approaches to sustaining the IRP concept.



Approach and Methods

Between October and November 2006, CPD-KT conducted 62 interviews and focus groups with IRPbc stakeholders across six community sites. The six communities were: Port McNeill, Hazelton, Enderby, Bella Coola, Trail, and Powell River.

Interviews were completed with:

- 34 community partners (preceptors and community leads)
- 18 past IRPbc students
- 5 practice education coordinators
- 5 implementation team members

The framework for the protocols was developed in consultation with the BC Academic Health Council (BCAHC).¹ Initial contact lists were provided by BCAHC. Participants were recruited by e-mail, fax and phone and all interviews and focus groups were conducted by teleconference. Interviews and focus groups were scheduled for 30 and 90 minutes respectively.

Data Analysis

Interview and focus group recordings were reviewed and responses to each question were summarized in point form. The summaries were analyzed and coded separately by different researchers, using the following set of codes: **overall satisfaction**, **impact**, **program feedback**, and **sustainability**. Within each code, individual coded units were assembled, refined and analyzed for emergent themes. Key findings were prioritized based on an analysis of similarities and/or differences between the various stakeholder groups.

Findings

Several key themes emerged during the course of the evaluation, as categorized under the following headings:

1. Impact - What has been the impact of IRPbc on students and communities?

- IRPbc made tremendous contributions to the interprofessional learning of students, preceptors and community members.
- Students unanimously agreed that teamwork skills learned through IRPbc will enhance their future practice regardless of whether they are working in an urban or rural location.

¹ Please see Appendices A, B, C, and D for respective interview protocols.



- Approximately one-half of the students interviewed indicated they would seriously consider working in a rural community as a result of participating in IRPbc.

2. Program Feedback - What specific challenges and successes did students and preceptors experience?

- Students and preceptors provided insightful comments on the successes and challenges of the program itself. Key successes included: excellent program organization, a comprehensive and effective orientation, and welcoming community sites. Challenges highlighted included: complexity of student scheduling across disciplines, including medical students in IRPbc, varied academic support for IRP concept, expanded role required of practice education coordinators, securing appropriate shared accommodation, and central coordination within the community.
- Preceptors' and students' hopes for the future focused on: enhancing lines of communication between preceptors and students, improving student preparation and support, maintaining the face-to-face meeting time with students and communities, and reconciling interprofessional goals with discipline-specific expectations.

3. Sustainability - What input did stakeholders provide regarding the sustainability of IRPbc?

- All stakeholders had strong support for IRPbc and expressed disappointment at the prospect of a potential discontinuation of the program.
- No one expressed concerns about the fundamentals of the program; however, continued success of IRPbc must address the logistical and academic challenges outlined in this evaluation.



DEFINITIONS

For the purposes of this evaluation, the following definitions will assist in clarifying the different groups outlined in this report:

Community	Communities that participated in IRPbc
Community Partners	Preceptors and community leads
Students	Past IRPbc students
Preceptors	Health professionals within the respective communities that that supervised students' learning
Practice Education Coordinators	Coordinators at post-secondary institutions responsible for administration of student placements including, matching students to communities and preceptors
Implementation Team	Committee members responsible for overseeing the implementation of IRPbc. Included representatives from rural communities, post-secondary institutions, health authorities, Ministry of Health, Ministry of Advanced Education, Health Match BC, and BCAHC
Stakeholders	All preceptors, students, practice education coordinators, implementation team members, and community leads interviewed in this evaluation



INTRODUCTION

Background

IRPbc is a unique model for practice education and team-based learning. Over the last three years students from a wide range of health disciplines such as nursing, social work, medicine, physical therapy, occupational therapy, laboratory technology and pharmacy have had an opportunity to learn with, from and about each other while completing their clinical and practice education requirements. The interrelated goals of IRPbc were to:

- Model and evaluate interprofessional learning among health professionals;
- Expand capacity for educating health professionals in BC; and
- Support the recruitment and retention of health professionals in rural BC communities, ultimately leading to improved health care for rural communities.

PURPOSE & OBJECTIVES

Purpose

To supplement previous evaluation work conducted with IRPbc, the UBC Division of Continuing Professional Development & Knowledge Translation (CPD-KT) was contracted to provide an objective, third-party evaluation of IRPbc. This involved reporting on the experiences, thoughts and suggestions of community partners, past IRPbc students, and key informants.

Objectives

The purpose of this evaluation was to provide IRPbc organizers, health educators, policy makers, health administrators, and health professionals with research data about the value and sustainability of the IRPbc concept. This evaluation will help IRPbc organizers strategize for future planning and decision-making, by facilitating a discussion with IRPbc stakeholders on the necessary conditions for success, growth, and sustainability of the IRP model. The specific objectives of this evaluation were to:

- ✓ Investigate how IRPbc stakeholders experienced IRPbc, what outcomes resulted from program, and impacts of IRPbc on communities and students;
- ✓ Provide evidence for informed decision-making about the challenges, successes, and sustainability of the IRP concept; and
- ✓ Assist in determining effective approaches to sustaining the IRP concept.



METHODOLOGY

Interview/Focus Group Protocol Development

Interview and focus group protocols were developed in consultation with the BC Academic Health Council (BCAHC).² Specific areas of focus within the protocols as a whole were agreed upon by CPD-KT and BCAHC before commencement of data collection.

The following questions guided the basic development of all protocols:

1. What are the lessons learned for sustainability?
2. What has been the impact of IRPbc on students?
3. How have students contributed to IRPbc?
4. What has been the impact of IRPbc on rural communities?
5. How have rural communities contributed to IRPbc?
6. How has IRPbc contributed to health professional education within post-secondary institutions?
7. How have academic institutes contributed to IRPbc?
8. How have the various stakeholders worked together?
9. What effects has IRPbc had on health, health care, and health education?

The protocols varied slightly between stakeholder groups, as each protocol was tailored to the characteristics of each group. For example, practice-education coordinators were asked “How do you think the program structure of your discipline contributed to IRPbc?” because of their familiarity with and expertise in practice-education curriculum. Other stakeholders were not asked this question because it was not directly relevant to their experience with IRPbc.

² Please see Appendices A, B, C, and D for respective interview protocols.



Participant Recruitment and Data Collection

Between October and November 2006, CPD-KT conducted interviews and focus groups with IRPbc stakeholders across six community sites. The communities were Port McNeill, Hazelton, Enderby, Bella Coola, Trail, and Powell River.

In total, 62 interviews/focus groups were completed with:

- 34 community partners (preceptors and community leads)
- 18 past students
- 5 practice-education coordinators
- 5 implementation team members

A combination of purposeful and snowball sampling techniques were used to select participants. Purposeful sampling was conducted using a preliminary list of IRPbc stakeholders provided by BCAHC. Potential participants were contacted by email, fax and phone and invited to participate in an interview or focus group. A snowball sampling technique was then used to identify further participants by asking current participants to suggest other IRPbc preceptors/students/stakeholders who might be interested in participating in an interview or focus group. All interviews/focus groups were conducted by teleconference and scheduled for 30 and 90 minutes, respectively.

Data Analysis

Procedures most closely associated with grounded theory were used to analyze the data, primarily in terms of its cyclical pattern of analysis (Creswell, 1998).³ As suggested by Yin (1994), qualitative analysis takes place both during and after data collection.⁴ It must be remembered that the nature of this approach, data analysis was ongoing even though it is described here in a more linear fashion.

In most instances, data collection, coding, and analysis occurred simultaneously. While data collection and interviews were being carried out, preliminary/ongoing analysis began in the form of summative notes. After each interview/focus group, CPD-KT researchers would document the salient points to come out of the interview, noting key themes, unexpected responses, emotional tone etc. These notes helped keep track of tentative descriptions that were arising out of the data and set the iterative coding process in motion.

³ Creswell, J. W. (1998). *Qualitative Inquiry and Research Design*. Thousand Oaks, California: Sage Publications.

⁴ Yin, R. (1994). *Case Study Research: Design and Methods*. Thousand Oaks, California: Sage Publishing.



Following data collection, interview/focus groups were analysed using a constant comparative method (Glaser and Strauss, 1967).⁵ During the first level analysis, interview and focus group recordings were not transcribed but reviewed and summarized through audio analysis. Responses to each question were captured in point form.

Full verbatim transcripts were not created, as key coding themes were developed a priori and thus automatically directed the interview/focus group responses toward the four themes of **overall satisfaction, impact, program feedback, and sustainability**. These themes or “codes” were identified by BCAHC as key areas of focus for this evaluation, and built on previous evaluation work conducted internally by IRPbc. As such, emergent theme analysis did not need to begin from the raw data, but rather from within each of the four themes.

Data analysis was carried out in two phases:

First level analysis involved organizing and classifying the data into appropriate text units. This was carried out according to the following steps:

- CPD-KT researchers listened to the audio recordings and summarized participants’ responses to each question.
- Each question was assigned a time reference to enable researchers’ to revisit each section of the recording easily.
- Highly effective quotes were transcribed verbatim. These were quotes that spoke clearly and succinctly about a specific topic related to one of the four theme areas.
- Summarized points/quotes were then “tagged” using one of the four theme areas.

Second level analysis involved describing, comparing and interpreting responses within each theme area. This process led to the key findings reported in this evaluation and reflected a prioritized set of findings based on a comprehensive analysis of similarities and/or differences between the various stakeholder groups. This was achieved through the following steps:

- Points/quotes corresponding to each theme area were organized according to stakeholder group.

⁵ Glaser, B. G. & Strauss, A.L. (1967). *The Discovery of Grounded Theory*. Chicago: Aldine Publishing Company.



- Within each theme area, individual sub-themes were assembled, refined and analyzed for emergent themes. This stage occurred in two steps: first, common sub-themes were identified, synthesized and noted as key findings *within each* stakeholder group. As more data points were introduced, they were either added to a pre-existing sub-theme or a new sub-theme was created.
- Sub-themes were constantly compared to researchers' summative notes to ensure clear interpretation and that each interview/focus group was contributing to the broader picture of that particular stakeholder group. Commonalities and differences *across* stakeholder groups were also identified, synthesized and noted as key findings.

Within this report, key findings are organized according to theme area with the voice of each relevant stakeholder group indicated within the text (i.e. students, preceptors, practice-education coordinators, and the implementation team).

FINDINGS

Key findings of this evaluation are presented in this section. The section is organized under the following headings: Impact of IRPbc on Communities and Students, IRPbc Program Feedback, and the Sustainability of IRPbc.

IMPACT

Impact of IRPbc on Students

On Interprofessional Learning

All students agreed that participating in IRPbc enhanced their learning. IRPbc emphasized the importance of collaboration between different health care professionals and provided them with first hand experience in collaborative, patient-centered care. As a result, students better understood the value of interprofessional teamwork and gained a better appreciation of other health professions. These effects were best illustrated by two students, who noted:

"I value and respect my colleagues in other disciplines perhaps a lot more than I would have otherwise."

(Student, Focus Group, Nov 10/06)

"The IRP really gave me a lot of confidence in working within a team and working collaboratively and learning about the other disciplines and how they impact health care and how my discipline impacts health care...it was just such a positive experience and really laid the foundation for interdisciplinary health care practice."

(Student, Focus Group, Nov 10/06)

Students were much more willing to refer their patients to other health care professionals after having experienced IRPbc. Students also gained an understanding of the resourcefulness of other health care professionals and, in turn, learned to be more resourceful themselves.

Impact of IRPbc on Communities

Enhanced Learning within Communities

Overall, preceptors agreed that IRPbc had a positive impact on the learning within the communities. Similar to the students, community members and preceptors said they gained a better understanding of the different health disciplines and gained a better appreciation of interprofessional teamwork by observing the students work as a team.



Even for preceptors that already practiced team-based care, IRPbc made them more aware of the key elements of working in a team, and gained insight on where they could improve.

All preceptors were generally pleased with the outcomes of the team projects and believed they were good demonstrations of the value of interprofessional teamwork. Highlights of some of the team projects included:

- Conducting home care assessments for the elderly;
- Creating an interprofessional discharge planning process;
- Creating a diabetic resource and medication manual;
- Creating pamphlets specific to local First Nations populations within the community;
- Organizing informational sessions about the different health disciplines. For example, students in one community organized a day-long symposium outlining the roles of each health disciplines; attendees included First Nations' Chiefs, First Nations health professionals and community members;
- Visiting local high schools and talking to youth about future career paths in health.

Patients also benefited from the individual attention provided by the students. In one case in particular, IRPbc greatly enhanced the quality of care of a patient living with chronic disease. Students worked as a team to provide comprehensive care and support for this patient and her family. They also produced a professional resource guide for the local health professionals on how to enhance patient care through interprofessional care, and specifically, how to avoid communication pitfalls experienced by the patient when health professionals were not working as a team. The family members and the community at large greatly appreciated these student efforts.

Impact of IRPbc on Recruitment and Retention

Students and preceptors agreed that IRPbc was an invaluable tool for recruitment and retention as well as for increasing the profile of rural practice as a viable option for future students.

Facilitating Students' Understanding of Career Options

IRPbc provided students with excellent introduction to rural practice, and provided them with a strong understanding of what to expect, should they decide to work in a rural practice. For all students, IRPbc helped them decide whether or not they were a good fit for rural practice.



As expressed by one student:

"It encouraged me to pursue work in communities outside of the cities despite being a new grad. I felt more comfortable because of doing IRP. I felt a sense of being able to be on your own and still be connected to other professionals even though you may be the only one in your field...the feeling that you are not alone."

(Student, Interview, Nov 15/06)

Broader Understanding of Scope of Rural Practice

IRPbc enabled students to appreciate the expanded scope of rural practice compared to urban practice. Specifically, students gained a better understanding of:

- The challenges of continuity of care when all the health disciplines were not represented;
- How protection of patient confidentiality was more challenging in rural communities;
- Maintaining a work-life balance in a rural community; as well as
- How rural settings encourage interprofessional teamwork with everyone working together collaboratively to make the most out of limited health resources.

Students also began to understand the role of their profession within the larger context of health care and, rural health care in particular. Students were strongly affected by what they observed as rural community needs and how they could fulfill these needs in their future career paths. This realization contributed greatly to students' confidence and understanding of their "usefulness". It also helped them identify how they could help the community through the team project. For example, in one community, students recognized a need for a non-smoking campaign and set up a resource booth on smoking cessation on Canada Day. In another community, students created a brochure on local women's safety and distributed it to a local transition house.

Preceptors were also highly supportive of the value of IRPbc for recruitment and retention. Several preceptors believed that IRPbc was the only way students could ever be exposed to their rural community, and hence know about career possibilities in the area. Other positive impacts reported by preceptors were:

- Decreased chance of turnover among rural health professionals because expectations have been tempered and rural life was experienced first hand;
- Head start for students interested in rural practice as students gained relevant work experience through IRPbc;



- Students became ambassadors for recruitment and retention; preceptors hoped IRPbc students would share their experiences with their colleagues and encourage others to consider rural practice.

Unexpected Benefits of IRPbc

Impacts on Preceptors

Preceptors noted a range of impacts IRPbc had on them personally and professionally. Specifically, IRPbc contributed to preceptors' learning in the following ways:

- Enhanced their learning by shedding light on the strengths and weaknesses of their own teamwork skills. For example, preceptors in one of community observed that they tended to work more as a team when the students were around and realized they were not making full use of their own interprofessional resources they had in place. After watching the students working together, preceptors gained a better appreciation and understanding of interprofessional care;
- Provided up-to-date information about their respective discipline. Preceptors valued the new knowledge that was coming into their community but also enjoyed the opportunity to share their own expertise with students on what it was like to practice in a real-life community setting;
- Renewed preceptors' confidence in their own knowledge and decreased feelings of isolation.

Impact on Community Youth

Throughout the interviews, several preceptors shared stories of how IRPbc students inspired their community youth to pursue a career in health. For example, one preceptor's daughter is now enrolled in a university nursing program; another student has remained friends with an IRPbc pharmacy student and is pursuing a degree in pharmacy at UBC.

Interprofessional Faculty Development Opportunities

Participating in IRPbc led to the creation of several interprofessional faculty development opportunities in one of the partner IRPbc schools, including a regular advisory session and an interprofessional faculty day.



IRPBC PROGRAM FEEDBACK

Throughout the interviews, students and preceptors provided valuable feedback about the IRPbc program itself, usually in response to questions such as: What were the strengths/barriers you encountered while participating in IRPbc? What were the main lessons learned from implementing a program such as IRPbc in a rural community? These findings are outlined below, as organized under the headings of Successes Experienced, Challenges Encountered and Hopes for the Future.

Successes Experienced

In addition to the feedback provided in the previous section on the impact of IRPbc on students and communities, stakeholders also highlighted the following areas as key points of success.

Program Organization

IRPbc as a whole was very well organized at both the community and provincial levels. IRPbc organizers provided excellent support to preceptors and community in terms of program administration and keeping stakeholders 'in the loop'.

Comprehensive and Effective Orientation

Preceptors and students saw great value in the face-to-face orientation session held in Vancouver. Students described it as effective in outlining core expectations and a fun way to get to know each other and the communities. Preceptors enjoyed meeting the students, and also valued the orientation as an opportunity to hear about some of the needs, challenges and solutions experienced by other communities. One key suggestion put forth by both preceptors and students was to spend more time discussing the team projects in order to get a head start and to bring a practical purpose to the orientation.

Warm and Welcoming Community Sites

Students were impressed with the degree to which preceptors and the community members went to make them feel welcome. Many preceptors went beyond their normal duties to make students feel welcome. Examples of community activities organized around the students included: a welcome barbeque, a meeting with the mayor, article in the local newspaper, recreational trip to local lakes/parks, dinner with preceptors, free gym passes, and an invitation to provide input at local community meetings.



Challenges Encountered

Specific feedback on challenges experienced throughout the IRPbc experience was also provided. These are outlined in order of decreasing emphasis below:

Complexity of Student Scheduling Across Disciplines

The complexities associated with coordinating students' placement schedules across health disciplines and across schools was a major challenge for all stakeholders. The inability to find one time that all students could participate resulted in students arriving and leaving the communities at different times. Sometimes, there was only a one to two week overlap between all the disciplines. This had a significant effect on team-building, students' ability to carry out the team project, and students' enthusiasm toward participating in interprofessional learning activities (e.g. decreased desire to participate in journal clubs and rounds when only a few students present).

Involving Medical Students in IRPbc

Involving medical students in the IRPbc program was a challenge faced by all communities. In those cases where medical students were able to be involved, however, it generally led to an excellent and enhanced interprofessional experience for all students and preceptors.

Varied Academic Support for IRP Concept

This challenge was manifest in two ways, 1) the degree to which each discipline facilitated the necessary academic/logistical program changes to accommodate the needs of IRPbc and 2) the degree to which students were already prepared for interprofessional teamwork. For example, students enrolled in the newly restructured pharmacy program at UBC were more familiar with the interprofessional model of care than students taught from more traditional perspectives of health care and education.

Expanded Role Required of Practice Education Coordinators

Practice education coordinators had the most unique voice and feedback out of all stakeholders interviewed. While their general support for the IRPbc program was clear, they also provided the most detailed critique of what needed to be improved. By all accounts, practice education coordinators accomplished the bulk of the logistical work around student scheduling, screening, and matching to communities. They often went beyond the requirements of their normal duties to accommodate the needs of IRPbc.



Their strongest advice to IRPbc organizers was to improve communication with preceptors, or “front-line people”, to ensure they are on board and committed to participating in the program. They stressed that all preceptors needed to be aware of the potential positive outcomes of the program (e.g. recruitment and retention) as well as interprofessional education to create the best placement experience.

Securing Appropriate Shared Accommodation

It was very difficult to find appropriate accommodations in some communities (i.e. large enough to accommodate all students, comfortable, adequate amenities, convenient location). However, when suitable accommodations were secured, it resulted in excellent outcomes for team-building. Students learned the most through informal discussions, sharing their experiences with their practicum and challenges they faced.

Central Coordination within Community

Having a community coordinator to oversee the logistical details of IRPbc was essential (e.g. finding and preparing the accommodation, welcoming students, showing them around etc). Communities that specifically hired a coordinator had the most success. Sometimes preceptors played a dual role, serving as both the coordinator and community lead. For some, this created a high demand on their workload that was not sustainable.

Hopes for Future IRPbc Placements Expressed by Students and Preceptors

Preceptors and students also provided a wealth of information on how IRPbc could be improved and some of the changes they would like to see in the future. The following section is a summary of their feedback and suggestions.

Increased Interaction between Preceptors and Preceptors and Students

All preceptors expressed that they wanted more opportunities to meet with each other and the students. For many preceptors, their only method of hearing about how the program was going was through their student. Preceptors wanted more opportunities to interact with the other preceptors and IRPbc students in order to:

- Enhance their own learning;
- Plan students’ activities in a more coordinated fashion; and
- Evaluate how things were going in order to make necessary adjustments.

Suggestions: Have the community coordinator organize specific opportunities for preceptors and students to meet (e.g. social barbeque, weekly team meetings, group rounds etc).



Student Preparation and Support

Almost all students suggested that they would like to have had more information and IRPbc support while in the community. Specifically, students wanted more information in the following two areas:

- Community Background Information
 - What are the community's health needs?
 - Are there any cultural aspects they should be aware of, especially regarding local Aboriginal populations?
- IRPbc Expectations
 - What are the standards of professional conduct across disciplines?
 - What key elements does the team project need to include?
 - Who should a student turn to should they have a conflict with another student?

Suggestions: Ensure topics of community background, professional conduct, and IRPbc expectations are covered in more detail during the Vancouver orientation session.

More Student Background Information for Preceptors

Conversely, almost all preceptors wanted a bit more background information about the students who were coming to their community. Some preceptors explained that they did not know anything about their student before they arrived, such as when their student was arriving, what were their career interests, what expectations did the student need to fulfill for IRPbc? Most preceptors acknowledged that although communication within the program was generally good, this was one area that could have been improved.

Suggestions: Provide preceptors with more student background information. This may be achieved by providing background information to respective community representatives at the Vancouver orientation, who then can transmit the information to preceptors within their respective communities). Clarify lines of communication within each community. The community coordinator would be most appropriate person to ensure preceptors and students are receiving the same information.

Reconciling IRPbc and Discipline Specific Expectations

Both students and preceptors commented on the challenge of balancing a full-time practicum with the interprofessional learning component. This resulted in an increase in students' workload, which in turned affected the scope and quality of the team project students' stress levels.



Both students and preceptors suggested more clarity around IRPbc goals and expectations, as well as guidelines on how discipline-specific competencies and interprofessional learning objectives can be better integrated.

Suggestions: Encourage faculties and schools to create an integrated set of competencies that encompass both discipline-specific and interprofessional requirements. Focus on parity and consistency between disciplines to ensure equal student workloads across disciplines (and hence the team project).

More Hands-on Practice of Team-Based Care

Although virtually all students and preceptors reported IRPbc was an excellent way to teach about interprofessional teamwork, most students did not get to *practice* team-based care.

Suggestions: Have all the students work together through case-based scenarios and/or work with one patient for the duration of their placement. Having students work in one location would greatly encourage this.

Post-IRPbc Support for Promotion of Recruitment and Retention

Several students were very interested in engaging in rural practice as the result of participating in the IRPbc program. This spoke strongly to the success of IRPbc in encouraging new health professionals to choose rural practice. Unfortunately, some of these students did not know what resources existed that could facilitate their transition to rural practice or how to find a job in a rural area. Clearly, students need more support after IRPbc, should they wish to pursue a career in rural practice.

Suggestions: Ensure all students leave IRPbc with a rural careers 'toolkit' that includes advice on how to get involved in rural practice, rural contacts and job match resources.

Evaluation

Both students and preceptors desired a formal evaluation session after each placement to allow them to debrief, share experiences, and discuss best practices. This feedback would ensure a continuous improvement process embedded within the program. It would also provide a sense of closure to the program because students tended to arrive and leave the community at different times, which resulted in no clear sense of start and finish for both students and preceptors.



Suggestions: Gather feedback from students and preceptors following each IRPbc session through a paper/online survey, group debrief session (similar to orientation session), community discussion forum, or teleconference meeting.

SUSTAINABILITY OF IRPbc

At the end of the each interview/focus group, all participants were asked “If you could pass on one piece of advice to the program organizers or funders, what suggestions or recommendations would you make for the sustainability of interprofessional student placements in rural communities?” This question was posed to all students, preceptors, practice education coordinators and the implementation team. Although no one cohesive solution emerged from this question - understandable, given the magnitude of the question - all participants shared very similar ideas. These are outlined below and reflect the summary of pooled responses.

Strong Support for IRPbc

All participants expressed strong support for the program, and believed it should continue. Many people were very hopeful about the future of the program and said they would be disappointed if IRPbc was discontinued. Not one person expressed fundamental concerns about the program, or suggested that it should not go on.

When critical remarks were made about the long-term sustainability of the program, they were framed in terms of what was needed to make the program better. Most of these were logistical challenges, as described in the program feedback section of this report. Others had to do with the need to address broader challenges impacting the effectiveness of IRPbc, such as:

- Galvanizing academic support for interprofessional education by promoting the value of interprofessional education and team-based care among faculty and health professionals. This would help immensely toward resolving the student scheduling dilemma (across disciplines, across schools).
- Broader recognition of interprofessional education and team-based care as a sustainable model of future health care in Canada. This would help to legitimize the rationale for funding interprofessional rural placements such as IRPbc in the long-term.



The desire to continue with IRPbc was most effectively captured in the words of two participants who said:

“For a very low cost, the province is getting a tremendous result in terms of training, rural orientation; this is actually a big bang for their buck.”

(Preceptor, Focus Group, Nov 10/06)

“I would encourage anyone to do it. No matter what comes out of it, it will probably be one of the most amazing experiences you’ll ever have in school.”

(Student, Interview, Nov 17, 2006)

These statements speak to the overall positive impressions people were left with after participating in IRPbc, in spite of any of critique they shared.

Specific Suggestions

A few participants provided a number of specific strategic advice for the future sustainability of IRPbc:

1. **Target primary health care centres as IRPbc sites.** Placing interprofessional teams of students within a primary health care centre would have several advantages:
 - Create better physician incentives to engage in interprofessional education because of salary (versus the fee-for-service) payment system;
 - This would promote medical student involvement because of increased physician participation; and
 - Students would then have more hands-on opportunity to practice team-based care as all health professionals would be under one roof.

Primary health care clinics can be found in Chase, Enderby, Kamloops, James Bay, and Vancouver (e.g. the Raven Song Health Centre).

2. **Capitalize on current momentum.** Use current support for IRPbc to generate excitement among other communities (e.g. Union of British Columbia Municipalities), health professionals (e.g. BC Pharmacy Association) and students (e.g. Health Sciences Students Association). This may lead to unexpected commitment of resources and funds and the need to consider incentives for all groups involved (e.g. what are the benefits to students who participate in IRPbc?)



Bringing an Aboriginal Perspective to the IRP Model

Perhaps the most salient, stand-alone theme to emerge from the interviews was the need to bring more of an Aboriginal perspective to the IRP model. This was expressed by both preceptors and students.

Some students were strongly affected by the differences they observed in health status and access to care between Aboriginal and non-Aboriginal populations. In some instances, students did not feel adequately prepared for this aspect of rural health. Specific suggestions for improving this aspect of IRPbc (provided by students):

- Have more Aboriginal input in the planning and implementation of IRPbc;
- Ensure equal access to IRPbc students for Aboriginal communities, so they can also derive positive experiences and benefits from the program;
- Improve students' understanding of Aboriginal health and culture before they arrive in the community;
- Include an "anti-racism" component in the orientation, where students can reflect on their own behaviour as a young health professional and the impact of their behaviour on various populations within the community.

Preceptors did not raise this topic as a problem with the IRP model, but rather provided detailed descriptions of the differences between Aboriginal and non-Aboriginal populations within their communities and how the students interacted with the local Aboriginal communities.

It seems that the role IRPbc students played in working across those differences varied between communities. For example, in one community, students focused their team project on a health topic of particular relevance to the local Aboriginal community. Specifically, they provided information about health resources available to them and the various professional perspectives on their unique health condition. In another community, differences between Aboriginal and non-Aboriginal populations led to tension. Specifically, when IRPbc students wanted to visit the local Aboriginal community, the community was not welcoming of the students because they did not see what benefits the students were bringing to their community.

While there is not one solution on how to best address this challenge, it is clear that there is much potential within IRPbc to play a role in bridging the gap between Aboriginal and non-Aboriginal populations in rural communities. Whether through the team projects or better student preparation, IRPbc could have a very positive impact on Aboriginal communities as well.



IRPbc Best Practice for Rural, Interprofessional Practice Education

Examination of the findings across stakeholders and communities revealed a number of factors that could clearly be identified as ‘best practices’ in the provision of a sustainable, high quality interprofessional rural experience. These factors can be thought of as the essential ‘pearls’ of knowledge to emerge from the myriad of experiences shared with us by IRPbc stakeholders.

These best practices are indicative of a successful program overall, as reflected by the general principles of inclusion, collaboration, and good communication that have permeated the evaluation findings and the strong support of all stakeholders to continue the program.

1. Leadership and Support within Educational Institutions for Interprofessional Rural Placements

Multi-level support within post-secondary institutions is essential to the success and sustainability of interprofessional rural programs such as IRPbc. This is because it is at this level where faculty leaders can greatly affect the learning opportunities available to future health professionals. Within the context of IRPbc, we observed the detrimental effects of not having students placed together in the same place at the same time. These difficulties need to be resolved at the institutional and discipline-specific level.

Key questions for consideration include:

- From what health care and service delivery perspective should we be teaching future health professionals?
- What is the value of interprofessional rural placements for students’ learning?
- To what lengths are programs willing to go to, to provide students with such opportunities?

2. Physician Commitment: Within Communities and Educational Institutions

As described in previous sections, the most successful IRPbc experiences occurred when medical students and physician preceptors were engaged in the program. Medicine is a vital component of many health care teams, and must be included for a comprehensive experience. This point was not lost on students or preceptors. As one student perceptively noted:

“Physicians need to be the key player in the interprofessional interaction...if the physician isn’t on board incorporating other health professions; it is difficult to creating a team, simply because it is the physician directing patient care, generally.”

(Student, Interview, Nov 17, 2006)



3. Recognition of and Support for Community Champions

IRPbc worked best for students, preceptors, and communities when there was a strong community champion. These community champions were generally the community leads, but sometimes a preceptor or administrative coordinator. This person was always highly enthusiastic and went beyond the call of his or her normal duties by taking time to organize social functions, working on weekends to ensure students were comfortable, and showing the students around the community.

4. Recognition of and Support for Practice-Education Coordinators

Practice education coordinators appeared to be the 'unsung' heroes of IRPbc, as they were the ones who had to work out student scheduling challenges. As the main liaison between the preceptors, students and communities they also played a vital role in the whole communication process. The value and role of practice education coordinators should be appropriately recognized in future sustainability strategies in conjunction with institutional / discipline-specific discussions on reconciling the student scheduling issue.

5. Careful Student Screening and Selection

All students interviewed demonstrated considerable resilience, self-motivation, and adaptability to change while in the rural communities. Many students shared detailed stories of how they made the best out of a complex situation by working with the resources around them to get what they wanted out of the program. This suggests an effective student screening process, and one that should be maintained in future adaptations of this program.

6. Selection of and Support for Preceptors

A key factor in determining the success of students' experiences was the quality of the preceptor. Students enjoyed their placement much more when preceptors were enthusiastic and committed to interprofessional teamwork and teaching. In some cases, the opposite was encountered and the student did not feel as much a part of IRPbc. One student suggested that preceptors be screened just as students are screened for their suitability for the program.



It should be recognized that many preceptors would also benefit greatly from some training to facilitate development of their leadership and coaching skills, and how to teach interprofessional learning. Such training would lead to increased preceptor confidence and quality of the learning experience for both student and preceptor.

7. Appropriate Shared Accommodation

Having students share accommodation was the best way for students to bond and learn about each profession. Future discussions need to address how to secure long-term housing within each community – identifying places that are large enough, conveniently located, and equipped with suitable amenities for students.



CONCLUSION

The purpose of this evaluation was to capture the thoughts and experiences of key IRPbc stakeholders in a comprehensive and objective manner. In so doing, this evaluation serves as a solid evidence base as to how IRPbc has impacted students, communities, and other IRPbc stakeholders. The challenge that remains is to determine viable sustainability options and plans for the program over the long-term.

As an important aspect of addressing this challenge, this evaluation carries the following key messages:

1. IRPbc is an excellent model for interprofessional learning among health professionals and students – due to rural community focus

- Inherent in most rural communities is the need for health professionals to work as a team, thus making rural communities an excellent showcase site for interprofessional teamwork and care;
- At the same time, preceptors involved with IRPbc also gained a better understanding of the learning goals and processes of students in other disciplines, and the value of working together as a health care team.
- These key facets differentiate IRPbc from other rural student placements as IRPbc students are placed in communities where interprofessional learning can be modeled and evaluated in a realistic setting.

2. IRPbc is an effective tool for rural recruitment and retention, although cannot solve this challenge on its own

- Without a doubt, IRPbc has expanded the number (and potential number) of health professionals practicing in rural communities. IRPbc introduced students to a career path that they would otherwise have never considered, and in this regard, it was a success in raising the profile of rural practice as a whole.
- This evaluation also recognized the inherent limitations of IRPbc on recruitment and retention, as the choice to work in a rural area is a complex decision and dependent on many external factors.
- An exact “input-to-output” ratio of effectiveness of IRPbc for recruitment and retention cannot be clearly defined, however, external barriers mentioned by students include such factors as availability of rural positions, financial incentives for health professional students to work in a rural community, and the change in lifestyle required when living in a rural community.



3. Fundamental principles and approach of IRPbc are solid

- It is clear from the feedback received from the evaluation that all stakeholders groups are supportive of IRPbc. As a whole, the program is based on solid principles of inclusion, collaboration, and bridging gaps within the health care and health education systems. The high degree of satisfaction among program users is impressive, especially given the number and diversity of stakeholders involved.
- IRPbc should continue building on the momentum that has been achieved, as it will continue to improve and expand the quality of health care and health education throughout British Columbia.



APPENDIX A: STUDENT INTERVIEW/FOCUS GROUP PROTOCOL

Program Evaluation: The Interprofessional Rural Program of BC (IRPbc)

Interview Questions (Students)

Section 1: You and IRPbc

1. Could you please briefly describe your experiences as part of the IRPbc Program?
 - What have you learned from the IRPbc Program?
2. Please rate your experience of the IRPbc Program on a scale of 1 to 5,
3. In your experience, what were the strengths of the IRPbc Program?
4. What were the barriers you encountered while participating in the IRPbc program?

Section 3: On Impact

5. How has the IRPbc Program impacted your future plans/career path?
6. What impact did the IRPbc Program have on how you practice today?

Section 2: About IRPbc

7. Do you think the IRP concept is an effective learning model for
 - team-based care?
 - recruitment and retention of health professionals in rural areas?
8. This next question is about collaboration. How well did you and the other students work together?

What about:

- you and your preceptor?
- you and community members?



Section 4: On Contribution

9. How have rural communities contributed to the IRPbc Program?
10. How do you think the program structure of your discipline contributed to the IRPbc Program?
11. What about other health disciplines' structures?

Section 5: On Sustainability

12. Looking back, what would you say are the main lessons learned for
13. Looking forward, what suggestions or recommendations would you

Section 6:

14. Do you have any other comments?



APPENDIX B: COMMUNITY INTERVIEW/FOCUS GROUP PROTOCOL

Program Evaluation: The Interprofessional Rural Program of BC (IRPbc)

Interview Questions (Community)

Section 1: You and IRPbc

1. Could you please briefly describe your role in the IRPbc Program?
And what was that experience like (Probe a bit)
2. Please rate your experience working in the IRPbc Program on a scale of 1 to 5, 1 being very bad to 5 being very good)
3. In your experience, what were the strengths of the IRPbc Program?
4. What were the barriers you encountered while participating in the IRPbc program?

Section 2: On Impact

Community:

5. What do you think the impact of the IRPbc Program has been on your community?

Preceptors:

6. To what extent IRPbc affected your understanding of other health care professionals? Please explain.

Section 3: On Contribution

7. How have students contributed to the IRPbc Program?

Section 4: About IRPbc

8. Do you think the IRP model is an effective model of learning for:
 - team-based care?
 - recruitment and retention of health professionals in rural areas?
9. This next question is about collaboration. In your opinion, how well did all the partners and stakeholders involved in this program work together?



Prompts:

- What worked?
- What didn't?

Section 5:

5: On Sustainability:

10. Looking back, what would you say are the main lessons learned from implementing a program like IRPbc?
11. Looking forward, what suggestions or recommendations would you make for the sustainability of interprofessional student placements in rural communities?

Section 6:

12. Do you have any other comments?

Thank you for your time.



APPENDIX C: IMPLEMENTATION TEAM INTERVIEW PROTOCOL

Program Evaluation: The Interprofessional Rural Program of BC (IRPbc)

Interview Questions (Implementation Team)

Section 1: You and IRPbc

1. Could you please briefly describe your role in the IRPbc Program?
 - And what was that experience like? (Probe a bit)

Section 2: About IRPbc

2. In your opinion, does the IRP learning model have the potential to expand capacity for educating health professionals in BC, and perhaps across Canada? (Get them to explain).

Prompts:

- Do you think the IRP concept is an effective learning model for practice-education?
- team-based care?
- recruitment and retention of health professionals in rural areas?

3. This next question is about collaboration. In your opinion, how well did all the partners and stakeholders involved in this program work together?

Prompts:

- What worked?
- What didn't?

Section 3: On Impact

4. Please rate your experience working in the IRPbc Program on a scale of 1 to 5, 1 being very bad to 5 being very good)
5. In your experience, what were the strengths of the IRPbc Program?
6. What were some of the barriers you encountered while you were involved in the IRPbc program?
7. In your opinion, what is the significance of the IRPbc program on health care in British Columbia?

Prompts:



- E.g. contribution to health care?
- E.g. contribution to health education in the province?

Section 4: On Contribution

8. Can you comment a little bit on how the program structures of the different health disciplines contributed or hindered the IRPbc Program?

By program structure, I mean how the different health disciplines were set-up... for example did the program requirements for each discipline facilitate the IRPbc program? Did certain programs already have courses that helped prepare students learn to work in teams? Etc...

Section 5: On Sustainability

9. Looking back, what would you say are the main lessons learned from implementing a program like IRPbc?
10. Looking forward, what suggestions or recommendations would you make for the growth and expansion of interprofessional student placements in rural communities?

Section 6

11. Do you have any other comments?

Thank you for your time



APPENDIX D: PRACTICE EDUCATION COORDINATORS PROTOCOL

Program Evaluation: The Interprofessional Rural Program of BC (IRPbc)

Interview Questions (Practice Education Coordinators)

Section 1: You and IRPbc

1. Could you please briefly describe your role in the IRPbc Program?
 - And what was that experience like? (Probe a bit)

Section 2: About IRPbc

2. In your opinion, does the IRP learning model have the potential to expand capacity for educating health professionals in BC, and perhaps across Canada? (Get them to explain).

Prompts:

- Do you think the IRP concept is an effective learning model for practice-education?
- team-based care?
- recruitment and retention of health professionals in rural areas?

3. This next question is about collaboration. In your opinion, how well did all the partners and stakeholders involved in this program work together?

Prompts:

- What worked?
- What didn't?

Section 3: On Impact

4. Please rate your experience of the IRPbc Program on a scale of 1 to 5, 1 being very bad to 5 being very good)
5. In your experience, what were the strengths of the IRPbc Program?
6. What were the barriers you encountered while participating in the IRPbc program?
7. In your opinion, what was the impact of the IRPbc Program on students?



Section 4: On Contribution

8. How do you think the program structure of your discipline contributed to the IRPbc Program?

By program structure, I mean how your department is set-up, for example in terms of program requirements, did the way your department is set-up facilitate introduction of the IRPbc program? Or maybe your department offer courses that help students learn to work in teams? Etc...

9. What about other health disciplines' structures?

Section 5: On Sustainability

10. Looking back, what would you say are the main lessons learned from implementing a program like IRPbc?
11. Looking forward, what suggestions or recommendations would you make for the sustainability of interprofessional student placements in rural communities?

Section 6:

12. Do you have any other comments?

Thank you for your time