

Student Perspectives Of Interprofessional Learning In Rural And Remote Clinical Placements In Northern Ontario

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Disclaimer



None of the presenters have any perceived conflict of interest or financial incentives tied to the conduct or presentation of this research



Background

The Northern Studies Stream mandate

- To recruit and retain PT and OT practitioners in Northern Ontario by providing opportunities for students to experience situated learning in the North (both academic and clinical)
- Students will develop the skills required for the unique interprofessional generalist approach to practice that is characteristic of the North.

Session Goals



- Discuss the nature of interprofessional (IP) relationships during small community clinical placements.
- Discuss the extent of formal and informal IP learning in rural/remote practice settings
- Explain how IP contributes to a generalist role in rural settings

Tell us about yourselves...



Professions?:

R/R?:

IPE?:

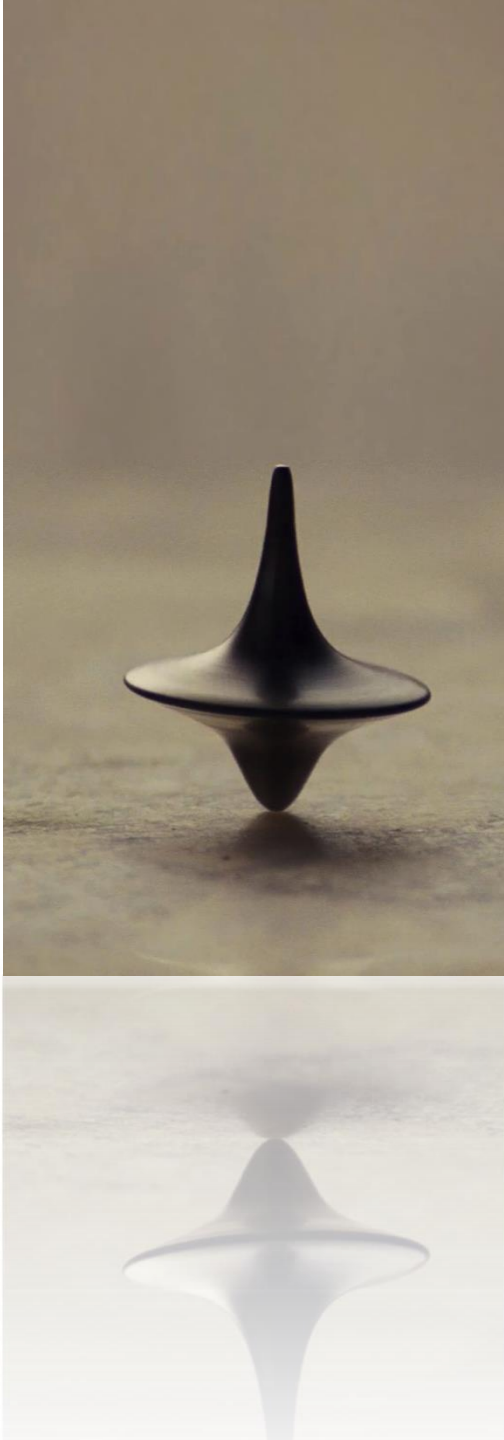
Your goals?:

Study Inception

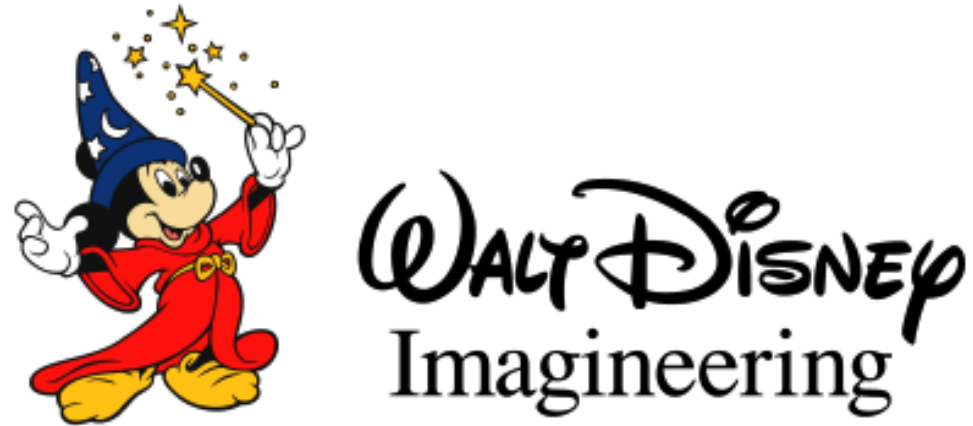
A need to understand how OT and PT students felt about their Northern Ontario placement experience in terms of:

- Expectations
- Actual experience
- Post-placement reflection

...in the context of rural, generalist practice with an IPE focus



Study Implementation



- Team of OT/PT colleagues from NOSM and McMaster University
- Grant received from PIPER
- Study took place in Spring of 2014



Literature review

- Interprofessional knowledge and collaboration are important elements of rural and remote rehabilitation practice - a generalist skill set with a broad scope of practice
- the 'community aspect' of rural and remote practice

Bushy & Leipert, 2005; Geyman, Hart, Norris, Coombs, & Lishner, 2000; Shepherd, 2005; Deaville et al., 2009; MacRae et al., 2007

Purpose of Study

To explore the unique nature of rural and remote clinical practice through an interprofessional learning lens.



Study Objectives



1. To determine the current level of formal/informal interprofessional education (IPE)/IPC experiences
2. To ascertain how IPE experiences contribute to students' understanding of generalist roles
3. To categorize learner experiences in clinical placements with reference to relationships with or between other disciplines

Expected Outcomes



1. Understand the actual lived experience of the students
2. Develop toolkit to prepare students for placement in rural and remote settings
3. Generate suggestions for clinical instructors to best support students in IP learning within rural/remote practice



Methodology

- Approach – qualitative, phenomenological, arts-based
- Participants – 3 OT and 3 PT NSS students
- Focus groups, interviews, essays, artwork
- 3 phases of data gathering
 - ✦ Pre-placement
 - ✦ Placement
 - ✦ Post-placement



Data Gathering

Pre-placement

Learners were asked to complete a brief one to two page paper or create a work of art prior to going on placement regarding their expectations about the experience including IPC.



Data Gathering

During 6-8 week placements:

- Learners gave a weekly update of IPC experiences via email or telephone interviews
- Immediately at the end of placement completed a critical reflection essay on their clinical placement experiences

Data Gathering

Post-placement (4-6 weeks)

Learners engaged in discipline specific focus groups to elaborate on their experiences



Data Analysis



- Thematic content analysis
- All investigators read at least one component and coded the content
- PI read all components, coded and compared findings within and across components
- All investigators reviewed themes until consensus was reached.



Small Groups (30 minutes)

3 themes / 3 timeframes – read the quotes for each and discuss the issues it raises :

1. “You’ve got a friend in me”-
Interprofessional Collaboration &
Engagement with Community
2. “A Whole New World”- Northern and
Aboriginal Culture
3. “It’s a small world after all”
Rural and Remote Realities



“You’ve got a friend in me”- Interprofessional Collaboration & Engagement with Community

Pre- placement: “I’m not sure what to expect in terms of interprofessional relationships as being in small town can create cohesiveness or it can work in the opposite way where it’s harder to put space between people if needed to resolve a conflict.”

“I have heard that preceptors often try to make students feel more comfortable living in the communities by taking them out fishing or doing other activities.”



“You’ve got a friend in me”- Interprofessional Collaboration & Engagement with Community

Placement: “the small town feel extends to the interprofessional relationship”

“interprofessional lines are so blurred between physio and OT, it’s more who feels more capable, who’s currently around and has the skills”

“everyone knows everyone”



“You’ve got a friend in me”- Interprofessional Collaboration & Engagement with Community

Post - Placement: “Social relationships outside of clinical practice had an impact [on interprofessionalism]”

“there’s a lot of trust, there’s a lot of relationships here”

“It felt like there was much more personal investment in the family meetings and inter-professional rounds for the professional involved than those in more urban areas.”



“You’ve got a friend in me”- Interprofesional Collaboration & Engagement with Community

Key Themes You Identified:



“You’ve got a friend in me”- Interprofessional Collaboration & Engagement with Community

Key Themes:

- Warm(er) welcoming environment
- Interprofessionalism transcends the workplace
- Mindful IPE -> richer IP experience
- Student truly valued -> considered a resource
- Richer depth of experience



“A Whole New World”- Northern and Aboriginal Culture

Pre-Placement: “to be working with many Aboriginal patients. [I] anticipate [I] will be seeing Aboriginal people living both in [placement community] as well as Aboriginal people living on a First Nations Community”

“I’m anxious about the existing relationships between First Nations and Caucasian individuals.”



“A Whole New World”- Northern and Aboriginal Culture

Placement: “... I think people have been without water for over 2 months now so this gentleman had a heart attack while outside shovelling snow so he could boil water ”

(regarding working with First Nations people):
“sometimes it’s hard to know if things that you do to try and be respectful are coming across as respectful or if they think you’re being naïve ”

“A Whole New World”- Northern and Aboriginal Culture

Post-Placement:

“[Northern] healthcare affords more opportunities for collaborations between team members, and health care professionals appear to be more compassionate and accommodating for various circumstances of their patients...”

“While there is opportunity for change in rural settings if there exists people to pioneer it, there also seemed to be just as much opportunity for people to work at a more leisurely pace or be paid salaries with Northern bonuses for the same or even less amount of work done.”



“A Whole New World”- Northern and Aboriginal Culture

Key Themes You Identified:



“A Whole New World”- Northern and Aboriginal Culture

Common Themes the Students Identified:

- Respectful anxiety about working with FN people
- More collaboration (IPE)
- Time is different
- Patients kept longer -> enhanced care
- Environmental realities



“It’s a small world after all” Rural and Remote Realities



Pre-Placement: “I feel that working in a small town will enhance the interactions between health care professionals because almost everyone will know each other beyond the hospital.”

“It’s a small world after all”

Rural and Remote Realities



Placement: “With regards to rounds - very succinct, very, very client-centred, everybody knows everybody in the community so when they are talking about discharge planning, people know the street that they’re living on, and the house and what the house looks like and what the barriers are... they know exactly what their patients need because they know their environment which is really cool.”

“It’s a small world after all”

Rural and Remote Realities



Post-Placement: “I was impressed with not just the quantity because you would see people all the time in the hospital but the quality of the conversations you were able to have because you weren’t always rushed... found that people are more thoughtful towards each other because they usually knew what was going on in the other person’s life .”

“It’s a small world after all” Rural and Remote Realities



Common Themes You Identified:

“It’s a small world after all” Rural and Remote Realities



Common Themes the Students Identified:

IP team interaction generally met expectations -

- HCP were welcoming, inviting, involving
- Personal investment in patient/family care
- Concerns re: confidentiality in small community
- Knowledge of individual's life assisted with d/c
- Laid back atmosphere; more time with all professions
- Commonly asked for HC info in the community.

Advice from Students to Students



- Engage – get your hands dirty, be a sponge, don't be shy, take the **initiative**
- Own your learning – more opportunity to be **self-directed**
- Generate at least one **IPE goal** specific to your placement and share with the team
- Understand time is different – you may be run off your feet or you may have a slow week
- You will meet your patients/clients in the community – be prepared
- Get involved in the community – Important learning takes place there too

Advice to Preceptors



- Work with your student and the IP team to identify learning gaps and make suggestions to meet them.
- Develop and support IPE learning activities
- Pay attention to ‘heavy’ (emotionally loaded) situations – do an emotional check in about the “pain of practice”, and utilize the IP resources at your disposal to address the issues
- Discuss strategies to respect confidentiality in small community setting
- Discuss expectations regarding exposure to IPE/FN early on and make realistic goals

Study Outcomes

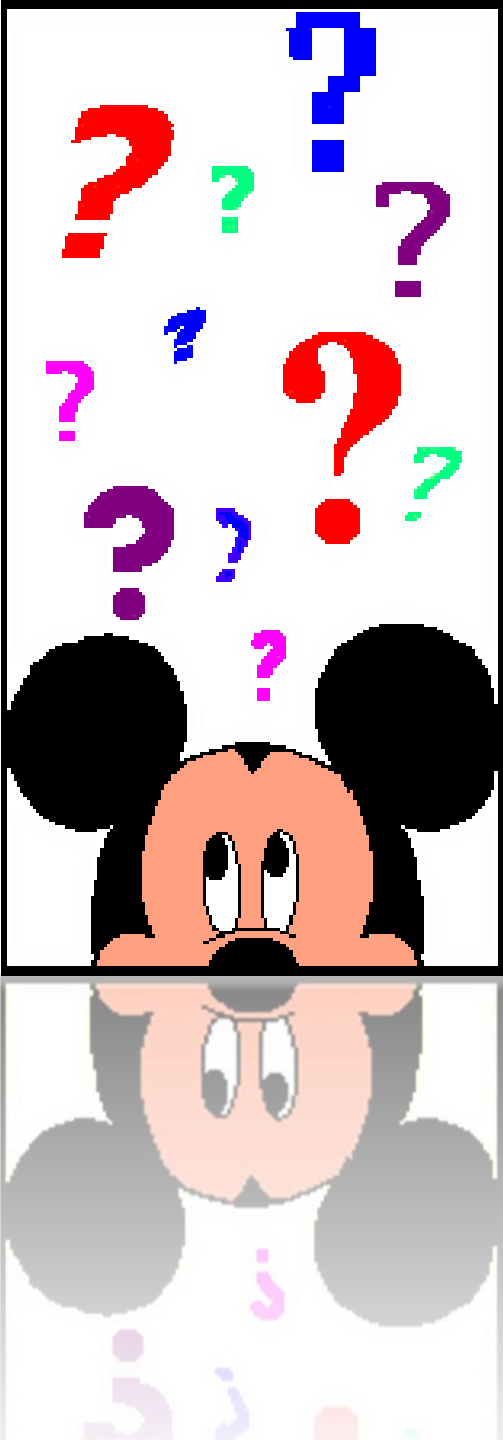


- Conference presentations to (potential) preceptors
- Resource kit for learners
- Webinar and/or resource materials for preceptor education
- Journal submission

Acknowledgements



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Questions?

Note: please fill out your session
feedback forms