Interprofessional Rural Preceptorship with Nursing and Medical Students

A clinical preceptorship initiative:
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Study Purpose

• Preparing students to learn competencies in their respective disciplines

• learning to work collaboratively within complimentary partnerships

• increasing awareness, appreciation, exposure to rural health professional teams/settings
Assumptions

Health Care in Canada is a *Universal right*

- *Rural populations are entitled to health care regardless of:*
  - Geographic location
  - Age
  - Socio economic status
Assumptions cont

• Interdisciplinary teamwork in the rural health care setting indicates that in highly functioning rural communities physicians and registered nurses work together as a team.

• The uniqueness of the rural setting makes working together more likely and more effective.
Rural Context

Rural Population

- 6.3 million people or 18.9% of the population
- Provide agriculture and natural resource sustainability
Rural Context cont

The Number of Registered Nurses in Rural/Remote Regions

• The number of registered nurses working and living in rural/remote regions dropped from 17.9% to 13.7%

• The vast majority of this drop took place between 2006-2009
As of 2011 in Alberta there were:

- 123 physicians per 100,000 population in the Edmonton zone
- 119 physicians per 100,000 population in the Calgary zone
- 97 physicians per 100,000 population in the south zone
- 92 physicians per 100,000 population in the central zone
- 81 physicians per 100,000 population in the north zone
State of Knowledge

• Evidence indicates that patients’ health conditions improve with rural interdisciplinary care

• An interdisciplinary approach leads to better environments, decreased workloads, cost benefits and increased efficiency
Preceptorship

• Traditionally preceptorship involves the one to one pairing of a discipline specific health professional with a student.

• Preceptorship provides a well established clinical model for high quality teaching and learning outcomes.

• Physicians and RNs who teach (preceptor) are known to be happier with their work and more engaged in providing quality care.
Interprofessional (IP) Practice


• Shift from tertiary hospital to patient centred, home based and team driven care

• Increasing incidence of chronic conditions

• Core competencies include: patient centred care, partnering, quality improvement, information and communication technology and a public health perspective
The World Health Organization recognizes interprofessional collaboration in education and practice as an innovative strategy that will play an important role in mitigating the global health crisis.
Interprofessional (IP) Rural Preceptorship

• Provide students with a formal interprofessional (IP) collaboration in a rural clinical setting

• Institute an up-stream IP clinical opportunity prior to graduation

• Facilitate IP learning using educational modules during the preceptorship [1)IP collaboration and communication for health care professionals; 2)Today's learner; 3)Rural context; 4) Roles and responsibilities in nursing and medicine practice]

• Enhance rural IP exposure to contribute to recruitment and retention needs in rural settings
Research Question

• “What is the social psychological process involved in a preceptorship that is specifically designed to foster interprofessional engagement of medical and nursing students in the clinical setting?”
Research Design

- Grounded theory

  specifically Glaserian
Data Collection

- **Sample**
  - three nursing students placed in the rural setting.
  - four medical students placed in the rural setting
  - three rural nurse manager preceptors.
  - four rural medical preceptors
  - one nursing faculty member
  - nursing and medical administrators.

- **Setting and Population**
  - The rural setting included a larger acute rural hospital and community centres (medical clinic, PCN, long term care facility) in Alberta.
  - The population for this study included key members of the interprofessional rural preceptorship.
Procedures

- Data collection comprised the following:
  a) Individual semistructured interviews.
  b) Focus group interviews
  c) Memos, researchers’ journaling, field notes
  d) Computer program coding.
  e) Secondary data sources including any documentation appropriate to the study, documents such as literature, curriculum/course outlines, students reflections, self evaluations.
Data Analysis

• Substantive coding

• Theoretical coding

• Memoing
Rigor

- Creditability
- Fittingness/transferability
- Auditability
- Confirmability
Ethical Considerations

• Ethical Approval
• Informed Consent
• Confidentiality
• Anonymity
Findings

THE OVERALL THEME

‘Committing’ to interprofessional learning in the rural setting

Includes the key elements of:

• *seeking opportunities* to promote authentic interprofessional learning

• *protecting the time* in order to attend to interprofessional practice

• *focusing on the patient* in a rural teamed approach
Seeking opportunities to promote authentic interprofessional learning

The psychosocial process involved in seeking opportunities included:

- A relational commitment (students, preceptors, staff)
- It’s a journey (students, preceptors)
- Trusting the journey
- Self direction (students)
- Motivation (students)
- Attitude (students, preceptors)
- Committed to roles, learning (students and preceptors)
- Engaged (students and preceptors at times)
- Confidence building related to individual roles responsibilities
- Additions/advantage to learning about the other and self (students)
- Take the best of the traditional and combine with IP (students, preceptors)
- Building on traditional preceptorship (students, preceptors)
- Allowing student some scheduling flexibility and self scheduling for learning (students, preceptors)
Protecting the time in order to attend to interprofessional practice

The psychosocial process involved in protecting time included:

- **Carving** out time
- **Scheduling** in advance
- **Planning** weeks before
- But planning **on the day**, hour, moment (all needed)
- **Rural setting** provides supportive environment
- **Support IP** as worthwhile
Focusing on the patient in a rural teemed approach.

The psychosocial process involved in focusing on the patient in a rural context included:

- Prioritizing face to face interaction as a central component to collaboration and communication
- We’re a team (staff and students)
- Prior to this experience we (students) lived 2 separate lives
- I know who they are (students)
- Not just a uniform but a person (students)
- I seek them out (students, staff)
- Interacting is better than reading a chart (students, preceptors)
- Additions/advantage to learning as a holistic approach to patient care
- Increases patient care outcomes (students, preceptors)
- Staff role modeled IP behaviors (students)
References

http://www.bcma.org


