

APHCRI – Stream 10



**ENHANCING PRIMARY CARE AND GENERAL
PRACTICE AS A CAREER CHOICE: THE
CANADIAN EXPERIENCE**

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Research questions

- n What is known about the effects of introducing interprofessional primary healthcare teams in terms of attracting health professionals to work in the community (doctors, community and practice nurses, other health professionals)?
- n Is the effect likely to be positive?
- n What influence does interprofessional education at pre-qualification level have on choosing a career in which interprofessional practice and collaboration is an increasing component of patient health care delivery?



Interprofessional education

n **'Occasions when two or more professions learn from, with and about each other to improve collaboration and the quality of care'**

n Barr H. *Interprofessional education: today, yesterday and tomorrow*. London: Learning and Teaching Support Network for Health Sciences and Practice, 2003.



IPE

Two of main learning outcomes are teamwork and collaboration in practice.

TEAMWORK



Interprofessional team

... a group of people from different professional backgrounds who deliver services and coordinate care programmes in order to achieve different and often disparate service user needs. Goals are set collaboratively through **consensual decision making** and result in an individualised care plan which may be delivered by one or two team members. This level of collaborative practice maximises the value of **shared expertise** and minimises the barriers of professional autonomy.

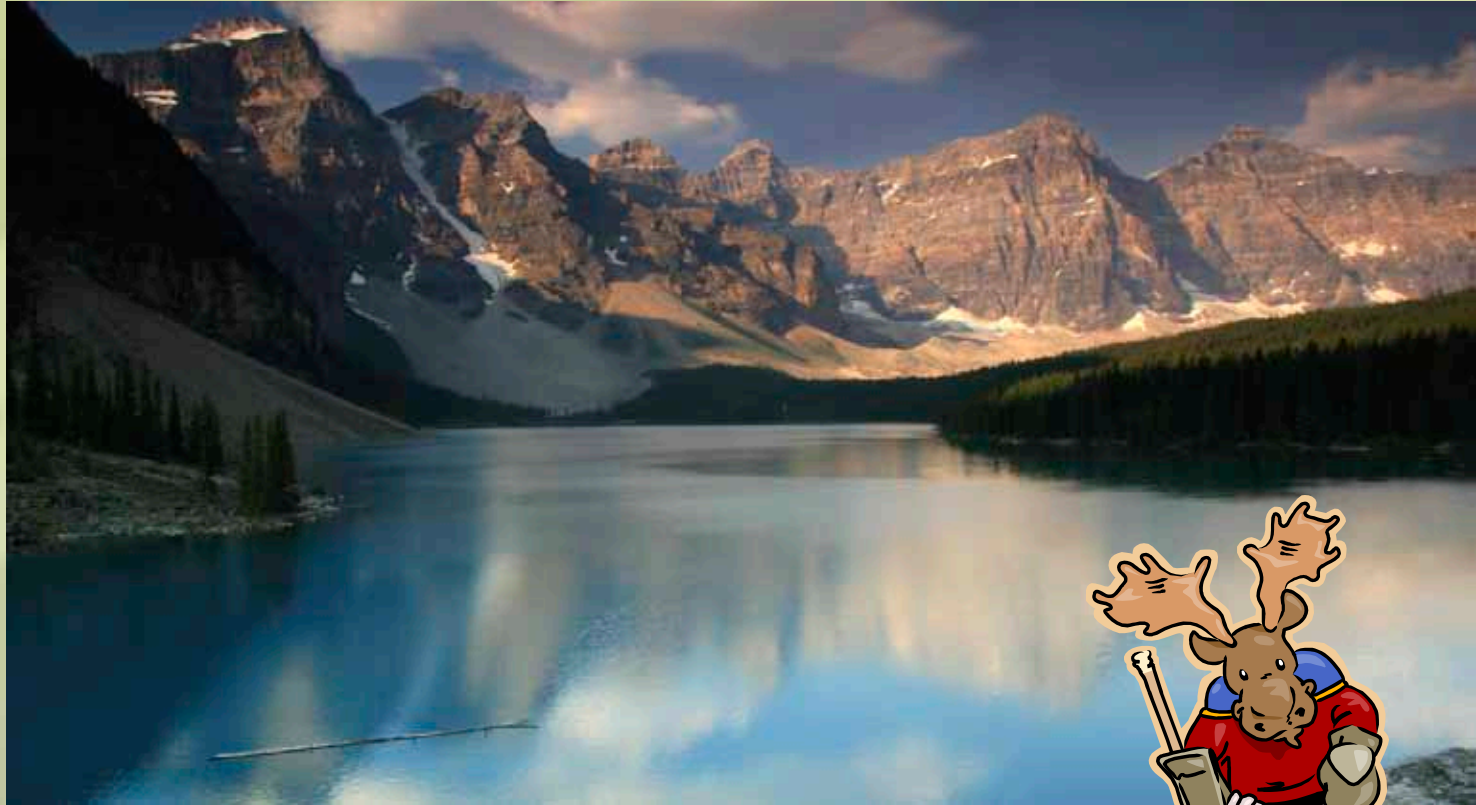


Stream 6

Very little published data about the effects of potential teamwork opportunities on career choice.



Canada...





Canada

Canada is undergoing a similar crisis in health professional workforce as Australia, with shortages of doctors entering family medicine, particularly in rural areas.

Rosser WW. The decline of family medicine as a career choice. *Can Med Assoc J* 2002; 166: 1419-1420.



Visits...

- n University of British Columbia – interprofessional health centre, rural practice, interviews with students and health professionals
- n Northern Ontario School of Medicine – established to help provide doctors for rural areas of need – interviews with health professionals, nurse practitioners, GP residents...



Two rural practices

- n Bella Coola - Rural community of 2000 population (about 50% first nations), 428 km north of Vancouver, with FP-run hospital, family practice, and allied health professionals. Hosts health professional students and trains FM residents.
- n North Bay - 125km east of Sudbury; family practice which hosts NOSM medical students and train FM residents; Blue Sky FHT.



Rural recruitment

- n 'When we do it right and we meet with the students afterwards, they're absolutely turned on to rural practice.' (BCF)
- n 'About 98 percent of the students who returned to practise here, were those students who did a complete academic clinical unit, so 14 weeks of study in a northern community.' (Rural co-ordinator)



Ideas about family practice

- n 'I think that's one of the great things about family practice is having a counsellor role with the patients.' (BCMS)
- n 'When you go into private practice in a small town or anywhere really, you are not just a doctor now, you are a business person and all of a sudden you are running an office with overheads and people that you have to pay and you need to understand all of that. I have no idea how to run a business, like zero.' (BCMS).



The IP experience

- n 'I like being able to go to different people and knowing that they're there as resources and it's very up-to-date this clinic...I think it offers the patient a better experience.' (BCMS)
- n 'One of our [rural] physicians says - well, first he says, I've never been happier in my work than I am now in this collaborative model, and he says the patients are getting better care.' (BCF)



Pharmacy pilots

- n 'It's a primary health clinic...we have electronic medical records and they [the doctors] communicate with me and they collaborate with me and they'll send me questions and drug information questions and ask me to see a patient or talk to a patient.'
(BCP)

TEAMWORK



Family health teams

- n 'I really see the evolution of that team, with this group I'm working with, just in communication, respect, because they're seeing better outcomes and better outcomes can mean better patient care, happier patients, decent compensation, more free time, all kinds of issues and a collegiality that wasn't there before.' (ND)
- n 'The students are changing, there is no question about it. They thrive on this, they are passionate about working and learning together.' (NF)



Career choice

- n 2-year residency straight from medical school
- n 'I've seen people come out of two years of training and they go up into really fairly remote areas and they're outstanding because you've given them the right tools and they also know how to find what they need and they come back and upgrade themselves for whatever. They're just fine.' (BCF)

n



Role models/experience

- n 'Originally it [family medicine] wasn't on my radar at all. Now I'm finding - mainly because I had a couple of really good preceptors who showed me the ride that you can have - how you can go to a nursing home for the afternoon or you can go to the emergency department and have hospital privileges and just have that variety and get to continue like teaching and research if you want to and it's more of a self directed career.' (BCMS)



Conclusions...

In relation to choice of rural practice, the findings here suggest that health professional students who are exposed to continuous and quality learning experiences in rural practices may preferentially choose a career in rural locations. However it is unlikely that many health professionals will decide to stay in one rural location for the whole of their careers – a change from the former generations.



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- n APHCRI
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- n NOSM – David Topps in particular

TEAMWORK