



We envision a future in which there is a positive focus for rural health training and where support for preceptors, cultural safety, and interprofessional learning is an integral part of the practice education for all health and human service learners and clinical educators in rural and remote communities.

Rural Education Acceleration and Collaboration in Health (REACH)

Action Framework

IN BRIEF

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Smithers, British Columbia

Going Rural: Enhancing Practice Education

Remote and rural areas of BC suffer from a chronic and historic shortage of health professionals, including nurses, doctors, occupational therapists, physical therapists and other allied healthcare professionals. Research has shown that this leads to poorer health outcomes and other social inequities. The future of the healthcare workforce in rural areas is complex and requires an approach that is both novel and holistic.

Health professions education has an important role in rural health. In health professional programs, about 40% of the required training happens through clinical placements, which is a form of work-integrated-learning (WIL). Yet, few health professional students choose to complete WIL in rural areas. Programs struggle to secure quality WIL placements, with increasing numbers of trainees and static or declining numbers of preceptors. The COVID-19 pandemic magnified the issues, and authorities are predicting greater shortfalls in the healthcare workforce.

The challenges we face are unprecedented and growing. We need an immediate and integrated response to enhance the capacity and quality of rural health professional WIL. Various sector partners and past projects have shown that dramatic gains in rural WIL can be achieved; however, sustaining those gains requires collective and cross-sector collaborative action.

There are few practical tools to guide an integrated cross-sector approach to enhancing rural and remote WIL. The Rural Education Acceleration and Collaboration in Health (REACH) Action Framework is a guide for planning and action that can be used to enable a unifying approach to addressing the quality and capacity of rural and remote WIL. The REACH Action Framework also responds to the social accountability mandate of health professions' education. Some strategies are complex while others leverage economies of scale and can be deployed quickly.

Why now?

- There is an increased focus by the BC government on a comprehensive rural healthcare worker retention program for targeted communities and occupations designed to offer financial incentives and support for priority healthcare workers. A stable rural healthcare workforce provides more trainee access to expertise, supervision, and rural learning experiences.
- The BC government will foster a sustainable Student Practice Education Partnership Network comprised of the Ministry of Health, Ministry of Advanced Education and Skills Training, healthcare organizations, post-secondary institutions, educators, students, and preceptors to ensure the delivery of high quality and meaningful student practice education in health service settings.
- Health professional programs are expanding and already experiencing challenges to accessing suitable placements for students needed to meet graduation requirements.
- A commitment by UBC Health to work with colleagues and partners to identify ways to support the health of all people in BC through inclusive and coordinated engagement with the practitioners, communities, and policymakers who have an interest in health.

Purpose and Promise

The REACH Action Framework aims to deliver fast results at an increased scale. REACH and its cross-sector partners, driven by health professional program demands, UBC Health coordination, and partner commitment will unify the provincial community's support for the enhancement of rural and remote WIL.

Guiding Principles

The REACH Action Framework follows a set of guiding principles that aligns with the six principles outlined in [Rural Health Services in BC: A Policy Framework to Provide a System of Quality Care](#) and prioritizes health equity, diversity, cultural safety, anti-racism, and interprofessional and team-based approaches as a key skill for health professional trainees.

The principles highlight the shared responsibility to support WIL across communities, health organizations, practitioners, post-secondary

institutions, and learners. They recognize that rural and remote WIL is unique and requires flexible innovation. This framework incorporates the tenets of the partnership pentagram, which is considered the foundational framework for socially accountable health professions education and system change.

REACH ACTION FRAMEWORK

Rural Education Acceleration and Coordination in Health: Intersectoral collaboration model for enhanced desirability, capacity, and quality of northern rural and remote placements



Acceleration Themes

The REACH Action Framework is designed as a flexible and scalable model that may be utilized in any rural and remote area of British Columbia. The framework describes a number of strategic directions, which are organized into four acceleration themes: **Plan & Innovate, Recruit, Retain, and Sustain.**

Each theme has associated quick start actions, which are contextual, iterative, responsive, and timebound. The quick start actions listed in the framework are intended to be starting points and may change over time. Implemented together, they will strengthen capacity for rural and remote WIL opportunities for health professional students and create a network of rural and remote health clinicians, academics, health service administrators, and communities to foster innovation.

Plan & Innovate

Innovative practices and technologies will be leveraged and scaled up, ultimately leading to improved capacity and quality of rural/remote WIL. Complex change requires collaborative networking across health professional education programs, schools, health organizations, and communities. Within these networks, we can connect with like-minded individuals, identify opportunities and synergies, access available funding and grants, and undertake interdisciplinary educational projects and research endeavours.

Strategic Directions

- Align WIL with rural healthcare context
- Develop profile of the rural trainee and enhance supports for rural and Indigenous health professional learner needs
- Advance WIL models that support the development of rural healthcare providers

Quick Start Actions

- Establish mechanisms that work across post-secondary institution programs to connect interdisciplinary students completing rural and remote placements
- Agree to a common vision, purpose, and approach for interprofessional education in placements with key partners across all faculties and organizations
- Promote and support the development of WIL educational models within multidisciplinary rural and primary healthcare teams

Success looks like: innovative practices and technologies for enhanced rural/remote WIL are leveraged across sectors at the program, community, and provincial levels. Innovation includes finding ways to support learners (such as remote supervision) to be in remote communities not typically identified as learning environments.

Recruit

Scaling up program-level, community, and regional coordination and information sharing mechanisms will enhance understanding and build interest and confidence among communities, students, preceptors, and health professional programs/schools. Addressing the key factors for successful recruitment of rural/remote preceptors and learners to rural/remote WIL practicums must be integrated into WIL processes across sectors.

Strategic Directions

- Emphasize information sharing and cultivate rural interest
- Enhance coordination and administrative supports for rural placements and establish mentorship support for novice preceptors.
- Engage rural and remote communities

Quick Start Actions

- Launch a shared information platform for students that features information about rural/remote learning opportunities, rural communities, transportation, and housing
- Develop and share communications toolkits for rural/remote WIL partners
- Host informational webinars for students

Success looks like: leveraging the convening power of UBC Health and other partners to connect WIL stakeholders, unify communications, provide information and resources, and facilitate relocation of trainees.

Retain

Creating a positive teaching and learning environment for trainees and preceptors requires support and incentives to facilitate retention of both. The rural practice education environment is positively affected when there is reduced turnover of clinicians, well-utilized rural WIL placements, efficient communications, protected teaching time, a welcoming community, preceptor recognition, and a good match of energy exchange between preceptors and health professional schools.

Strategic Directions

- Create a desirable teaching and learning environment for learners and preceptors
- Establish centralized, effective communication platforms between health professional schools, preceptors, and students
- Enhance rural learning environments with interprofessional education, cultural immersion experiences, and training in cultural awareness and sensitivity to Indigenous and rural/remote health issues
- Demonstrate a value in teaching and incentivize preceptors by providing relevant training, support, professional development, and recognition for rural preceptors

Quick Start Actions

- Protect time to stay connected with partners to continue to dialogue about rural WIL
- Collaboratively co-construct, implement, and evaluate rural interprofessional student placement experiences
- Host an annual rural/remote WIL event to acknowledge preceptors and showcase initiatives
- Establish an interdisciplinary shared approach to rural, regional interprofessional preceptor development
- Develop a rural health education stream for health professions students

Success looks like: healthcare practices are engineered to support trainees and preceptors, trainees are integrated as part of an interprofessional health team and community and able to participate in local cultural immersion experiences. Learning experiences are grounded in community with a commitment to equity, antiracism, cultural sensitivity, and support for community needs.

Sustain

Sustainable collaboration requires ongoing dialogue and strong relationships with policymakers, health education administrators, practice educators, and communities. Cross-sector collaboration, clear roles, and effective coordination will make enhancing the quality and capacity of rural/remote WIL everyone's investment. The collective partnership can plan together; however, each respective partner group can only be responsible for what they have control over and the commitment to move forward rests with each partner.

Strategic Directions

- Facilitate ongoing dialogue and a commitment to information sharing about rural WIL between post-secondary institutions, health professional schools, health organizations, government, and communities.
- Establish an evaluation plan and reporting structure for rural/remote WIL collaborations.
- Advocate for or reduce barriers to student participation in rural/remote WIL placements
- Prepare all students to gain the competencies and opportunities to provide culturally safe care, navigate BC's healthcare system from a rural practice perspective, and effectively advocate for rural and Indigenous patients

Quick Start Actions

- Establish an intersectoral advisory committee for the partnership
- Develop and ratify vision, and goals for REACH
- Facilitate annual review of rural/remote WIL to progress the rural/remote WIL agenda
- Establish and/or identify rural/remote WIL grant funding opportunities
- Develop rural WIL placement opportunities that support students to recognize deeply set colonial practice and apply culturally safe practices that serve the communities where they are located

Success looks like: Strong social accountability mandates includes working with community partners to integrate learners. There is commitment to resources required for collaboration, shared decision-making, shared vision of success, data sharing, evaluation strategy, and sense of pride in the collective action's achievements.

Accountability

The REACH Action Framework requires promoting shared accountability and commitment among all partners by reviewing progress, learning, and innovating together. Partners will lead and take ownership for advancing Directions and Actions towards collective impact. Evidence-based implementation and building on past successes will be leveraged to support a rural/remote WIL learning ecosystem where partners learn from each other, use the latest evidence on what works and what can be sustained, learn from failures, and adapt to changing realities.

UBC Health supports the ongoing communication and engagement in REACH. The newly launched UBC Health REACH Action Space aims to mobilize sector partners to review and record actions related to the enhancement of rural/remote WIL. UBC Health will convene and facilitate an annual cross-sector partner forum to review rural/remote WIL initiatives, discuss issues, celebrate successes, and recognize rural/remote WIL ambassadors in health professions education.

Partnership Pentagram

