Docs on the Rocks: A Recipe for a Better Cocktail

PERRT: Project for Enhanced Rural and Remote Training

Robert Miller, MD
Associate Professor
PERRT Lead

Patti McCarthy, PhD Candidate
Marshall Godwin, MD
Roger Butler, MD
Leslie Rourke, MD
Ean Parsons, MD
Lyn Power, MD
John Campbell ,MD
Madeleine Cole, MD
Sandy MacDonald, MD
Cheri Bethune, MD
Lisa Grant, MA
Reanne Meuse, MASP
Shannon Fisher, MASP

Funding & Partnerships

Financial contribution from

Health Canada Santé Canada

In Partnership with:

MEMORIAL UNIVERSITY

CONTEXT

Program for Enhanced Rural and Remote Training (PERRT)

- Enhanced rural &remote training for FM residents
  - Newfoundland and Labrador (NL) and the territory of Nunavut (NU).
- Many communities in NL and NU have limited medical resources
  - Several communities do not have a family physician
  - Individuals have to travel great distances for medical care
  - Recruitment of appropriately trained family medicine physicians to specific rural and remote areas of NL and NU

GOAL

The goal of the program is to increase the number and quality of family physicians practicing in rural and underserviced areas of both Newfoundland and Labrador and Nunavut, thereby improving access to primary care in those areas.

Where Are We?

Nunavut

Iqaluit

Newfoundland & Labrador

Grand Falls

Burin

MEMORIAL UNIVERSITY

TRAINING SITES – NUNAFAM – IQALUIT, NU

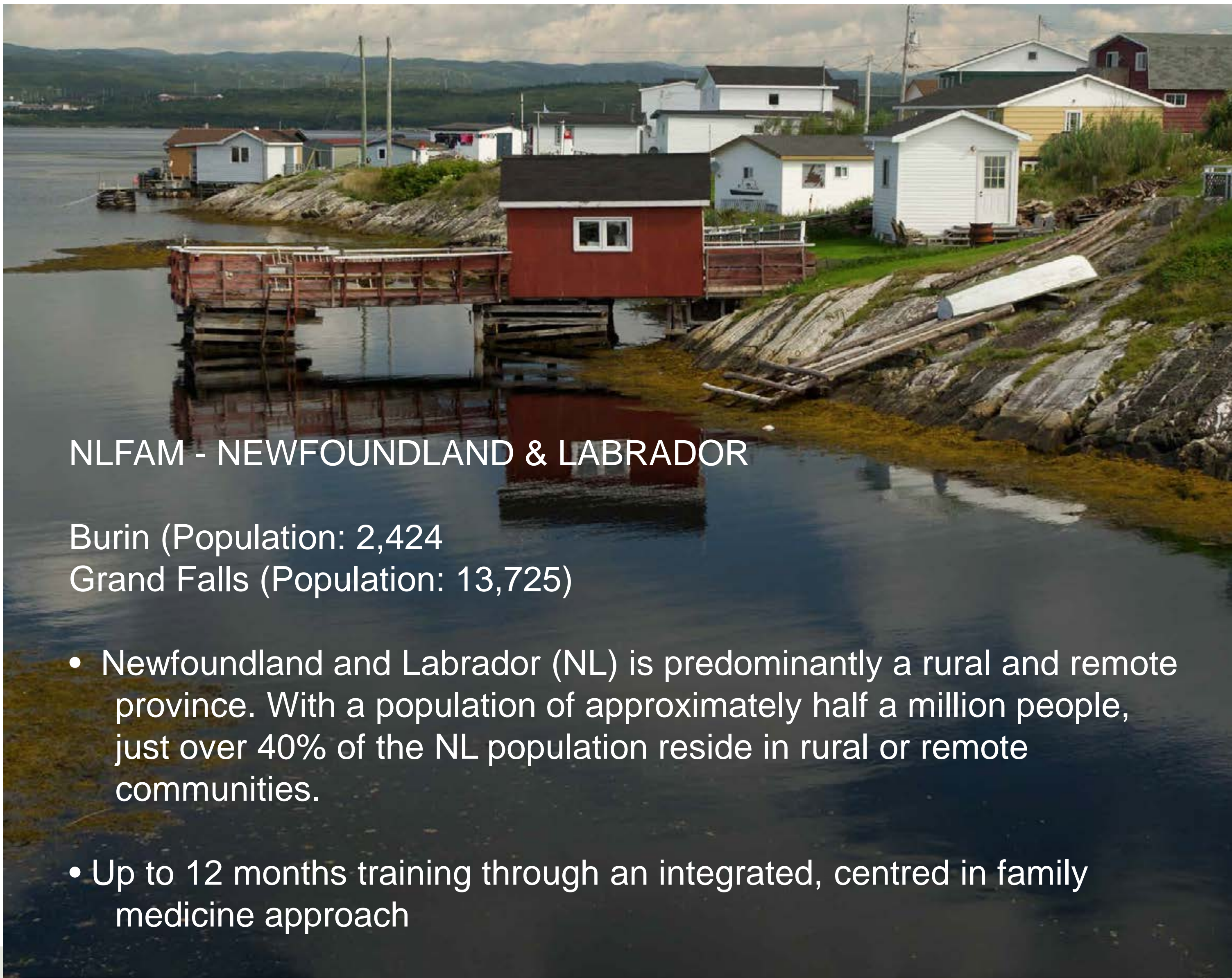
NUNAFAM - IQALUIT, NUNAVUT

Iqaluit (Population: 6,699)

- Territory of Nunavut (NU) spans nearly 2 million square kilometres and has 25 communities with populations ranging from 130-7250
- 1st year resident: 2 month Maternal & Child Health
- 2nd Year resident: 4 month Rural Family Medicine

MEMORIAL UNIVERSITY

TRAINING SITES – NLFAM – NEWFOUNDLAND & LABRADOR, NL



Program Description

- Training through a longitudinal, integrated curricular framework
  - Iqaluit, NU, Grand Falls Windsor, NL, and/or Burin, NL
- Exposure & attainment of competence in various domains of family medicine through long term exposure in a variety of learning contexts
- Purported benefits of a longitudinal design are
  - enhanced continuity of care for the patient
  - the resident's connection with the community

MEMORIAL UNIVERSITY

Benefit for Residents

- Additional supports
- Accommodations
  - appropriate for long–term rotations
  - suitable for those with a partner or family
- Funds - travel back to main academic centre
  - academic curriculum when required

MEMORIAL UNIVERSITY

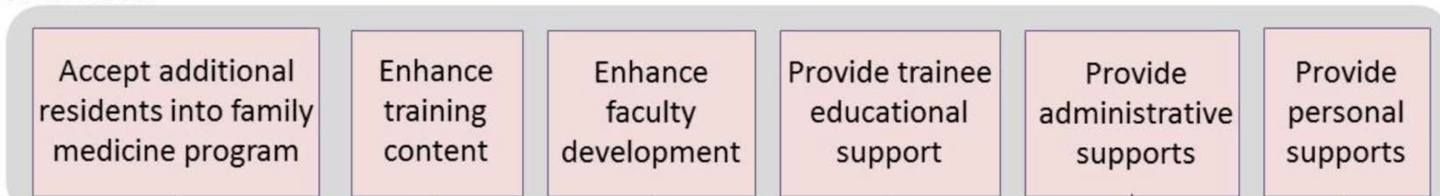
SUPPORT FEATURES

- Enhanced communications with preceptors
- Faculty development for preceptors
- Dedicated learning resource centre
- Dedicated educational and administrative support
- Enhanced training program content
- Learning resources, travel, and accommodations
- Physician and academic site leads

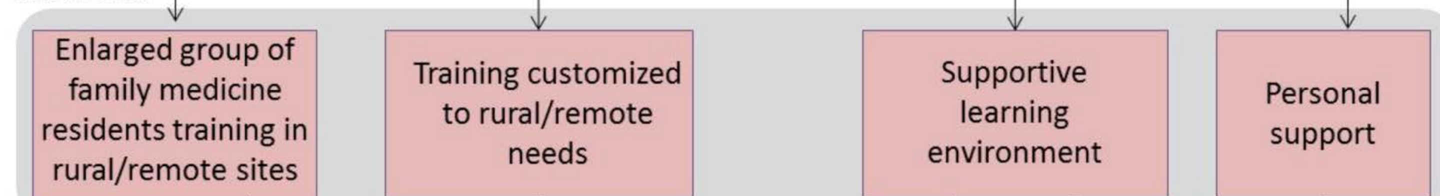
Program Evaluation - LOGIC MODEL

MEMORIAL UNIVERSITY

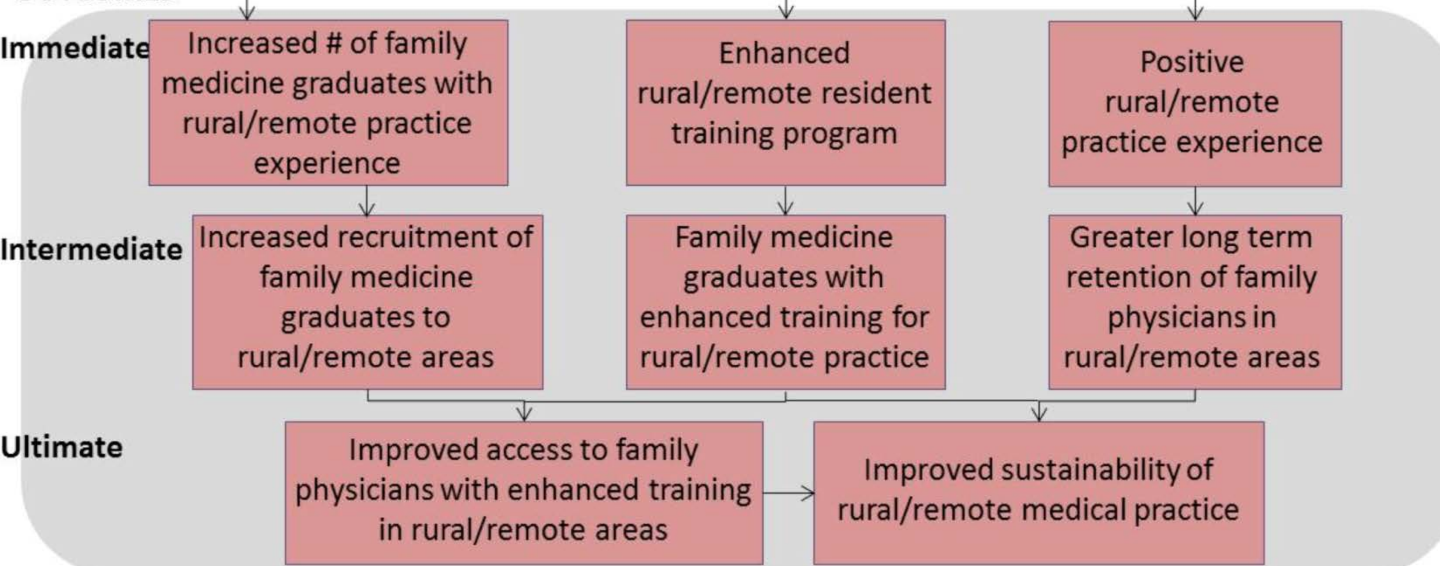
ACTIVITIES



OUTPUTS



OUTCOMES



MEMORIAL UNIVERSITY

Baseline Data

Rural NL areas are largely staffed by IMGs (59%) with considerable turnover in some regions.

Almost all (46 of 50) family medicine graduates are comfortable responding to healthcare needs of a rural/remote community.

The majority (62%) of graduates currently practice in an urban area.
One third of these plan to practice in a rural location at some point.

Most of those who practice rurally (85%) intend to remain in a rural area on a long term basis.

65% of current family medicine residents (n=20) intend to practice in a rural location upon graduation.

Barriers

1. Community Engagement - Preceptors
2. Integrated Teaching and Learning Framework
   - Initially block rotation
   - Family Medicine, Internal Medicine, internist, Ob/Gyn
   - “key players”:
     - Hospital-based preceptors ⟷ Community-based preceptors
   - Curriculum:
     - Regionally relevant; accreditation (limitations); local regional teams
3. Centered in Family Medicine (Triple C)
4. Continuity of Care (Triple C)
5. Administrative Issues - regional; who “owns” them

MEMORIAL UNIVERSITY

Key Findings: NunaFam

Challenges

- not currently capable of delivering an integrated, longitudinal rotation
- electronic tools difficult to implement due to internet limitations
- finding permanent, full-time administrative support onsite
- Office and learning centre space

Successes:

- approach to teaching women's health/obstetrics.
- Funding – 2 additional family medicine residents

Key Findings: NLFam

Challenges:

- Obtaining program infrastructure
  - enhanced accommodations and program space in small rural areas
- Confusion - competency based education (preceptors and residents)
-

Successes:

- Successfully delivered high quality rural training experiences to residents
- Sites are building teaching capacity onsite
- funding 4 additional family medicine residents

MEMORIAL UNIVERSITY

Key Findings: Best Practices

- Site coordinator onsite dedicated to the pilot project
- Educational/curriculum assistant supporting the project
  - provided an important area of expertise
- The organizational structure
  - presence of academic leads and site leads
  - ensured ongoing support and communication between sites and project administration located in St. John’s