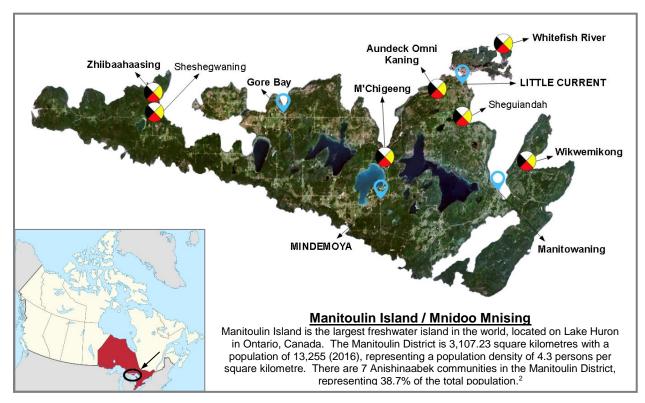


# Opportunities and Obstacles in a Longitudinal and Integrated Rural Pharmacy Placement



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### <u>Placement Description</u>

On Manitoulin Island, a rural community in Northern Ontario, the University of Waterloo School of Pharmacy and the Northern Ontario School of Medicine (NOSM) have supported the development of a **longitudinal and integrated** learning program for pharmacy learners. This marks the second year PharmD leaners have completed their clinical rotations on Manitoulin Island.

Pharmacy students from The University of Waterloo usually complete interprofessional rotations in large centres in Southern Ontario and at the Northern Ontario School of Medicine (NOSM), using the traditional format of three 2-month block rotations at the end of their training. We describe a longitudinal and integrated 6-month rural interprofessional rotation. Clinical preceptors modified the rotation based upon their experiences with distributed medical education. As a result, PharmD learners have greater opportunities to develop their professional identity<sup>1</sup> and comprehensive patient-care abilities within a rural healthcare setting while at the same time experiencing and learning about traditional Anishinaabek culture.

#### **Structure of Experience**

In order to optimize the rural clinical experience, we adapted the traditional PharmD placement to a longitudinal program integrating the hospital, community pharmacy, local Family Health Teams, administrative offices, Indigenous health services, and cultural experiences within the six-month rotation. This format parallels the Longitudinal Integrated Clerkship as utilized at NOSM.

#### **Placement Settings & Activities**

Healthcare Settings (Learning from, and being a resource for, the community)

- Reviewed and optimized patient medications; repeat visits with patients where needed.
- Created in-patient management plans
- Created policies & delivered modules to health care & office staff on naloxone administration
- Assisted hospital management personnel in preparation for pharmacy accreditation
- Acted as a resource to medical students & residents, as well as permanent HCPs.
- Responded to drug recall: created electronic medical record search & personalized recommendations to HCPs.
- Produced a series of health information articles for the local newspaper.
- Developed medication reconciliation presentation for nurses & physicians.
- Created site-specific PharmD Hospital Orientation Checklists for future learners

#### **Cultural Settings**

- Participated in online cultural competency training
- Attended Residential School Conference, Justice Victim Respect Conference, and the Wikwemikong Wellness Gathering
- Learned about the 7 Grandfather Teachings, the medicine wheel, and tobacco teaching; medicine walk, sweat lodge, sweetgrass picking, and pow wows; received spirit names and colours; made traditional crafts (dreamcatcher and tobacco pouch).

#### Future Planning

- Compare placement experience for traditional versus integrated clinical rotations within Northern Ontario
- Capture patient perspectives on the influence of PharmD learners in health management
- Evaluate the impact of PharmD learners on local healthcare communities
- Consider the impressions of medical learners regarding the impacts of PharmD learners



## Reflections on Rural Pharmacy Role-Emerging Placements in Northern Ontario, Canada: Manitoulin Island

"I see my pharmacist-self with more confidence. This role required me to work autonomously and independently, forcing me to develop as a clinician. From the first day, I was kind of thrown into the middle of things and I think that helped foster confidence and my abilities and knowledge as a pharmacist. I've developed my problem-solving skills, my ability to think quickly, and my organizational skills. I think these are good skills to have for the profession and for real life."

- Learner

"You create real relationships and connections, not only with the patients but with the healthcare team. The 6 months allows for an opportunity for continuous growth and learning, and you can really self-reflect on the gains in confidence in clinical knowledge from beginning to end. I think that this experience being so immersed in the culture and in the healthcare system has given both of us a really good opportunity to grow into the practitioners that we want to become."

Learner

"I have seen the students taking more ownership over their personal learning objectives and leadership opportunities within their rotations and within the community - that is unique to this type of integrated placement. I have seen a difference truly in their level of independence practicing as a pharmacy healthcare professional and I think they are getting the value out of that enriched growth and learning."

Placement Coordinator

"You have the ability to have a greater understanding of the social determinants of health that affect the community you're in by being fully immersed, both in the healthcare system but in the community as well."

- Learner

"One message which really resonated with me is how simply it's not one culture leading the other, but how it's both cultures – Western medicine and Traditional medicine – walking side-by-side, holding hands as we navigate the future and this healthcare system."

- Learner

"This experience has shown me as a pharmacist that I'm an integral member of an interprofessional team, and I'm not simply like a silo within the healthcare system."

- Learner

"A pharmacy learner is a resource to such a broad spectrum of people within the hospital and within our office."

- Primary Preceptor

"I think the advantage of the longitudinal placement is that you have time to build a relationship with the learner, even if you aren't interacting with them everyday. For the learner, they are able to follow patients and experiences over a longer period of time."

Community Pharmacist

"Personally, I find it very enriching to watch the pharmacy students sort of emerge and develop as they're embedded in a different role. So, I see it as a support for their professional identity formation, and a chance to really explore areas that they might not get to in an urban-based, more traditional block-oriented program."

- Community & Hospital Physician

"The PharmD learners have been able to root themselves and become integrated within the community at a deeper level and establish partnerships in both the healthcare field as well as the local community. I don't think students in traditional placements are able to establish those roles and opportunities in as much depth."

Placement Coordinator

"One of the most eye-opening experiences that I had during this rotation was during my first week here when I attended a residential schools conference. Growing up, I didn't remember anything really about residential schools, but as I got older and I started to learn what they were, I still didn't have the whole picture. It was really eye-opening to hear of the trauma that the students were forced to go through. And I hadn't even realized that these events had happened so close to home or had even happened while I was alive. It affected their relationships, their culture, the language, and their history. And it also surprised me to learn that it didn't just affect those who attended the schools, but the affects trickled down throughout the generations and are still being seen today."

- Learner

"The fact that this placement is integrated is beneficial because I've been able to see patients in both the family health team or hospital setting, and then again in the community at the local pharmacy. And since I'm here for 6 months, I'm able to work with the same staff over a longer period of time and show my value to the team."

- Learner

"There were many different times that I worked with the same patient more than once during my placement, and I think this is valuable because you can then bring the component of history into your clinical assessment and decision making, because you've kind of experienced it first hand through your past encounters with that patient."

Learner

"Seeing a patient in their home really kind of breaks down that barrier that might be there when they come to the clinic – you're able to see where they keep their medications and what their home life is like."

Learner

"These types of placements are, I think, the way of the future and they're really enriching for the students. They really just allow the student to grow and be prepared to enter practice, giving them that independence and clinical confidence to be able to do this on their own."

- Placement Coordinator

"The most interesting thing is that we have a person with a different and unique skill set on our team that's immediately beneficial to patients, so we can see the results of her work very quickly. The interactions she provides is something that doesn't exist elsewhere in our team. It expands what we can offer and how we can care for patients."

- Community & Hospital Physician

"I've been able to see first hand how people are able to use both Traditional and Western approaches to healing their aliments. I also learned it's important to respect the patient's beliefs and find a way to combine both Traditional and Western medications in a way that suits the patient's needs."

Learner

"I think when you have someone whose sole job it is to consider the medication aspect of patients, it sort of stimulates the team to pay more attention to that area; not that we don't pay attention to it, but it kind of hones our focus in because she, in some ways, raises the bar a little bit in terms of how we structure and plan and think about our approach to medication."

- Community & Hospital Physician

"It was a real enhancement to patient care, more than anything. Now that we recognize the role that a PharmD learner can play within the family health team, we realize we're really going to miss her and wonder how we're going to manage those roles without her. We're anxiously awaiting the arrival of the next PharmD student!"

Primary Preceptor

"I think that the Anishinaabek culture is all about connection - your connection with your own spirit, your connection to Mother Earth, and your connection to those around you. Early in our rotation, we had a teaching on the 7 Grandfather Teachings which value love, respect, honesty, bravery, humility, truth, and wisdom. All those qualities, I think, unify people - we're all searching for those 7 things. So, as a healthcare practitioner, to embrace humility and acknowledge that we are learners in understanding a patient's experiences, both Indigenous and non-Indigenous. We offer medication as a potential but small piece of the puzzle, where there's an aim for self-driven wellness and individualizing the whole care plan. Finally, it's to be grateful to witness the powerful approach of traditional medicine. I've heard a lot of testimonials from patients who have used traditional medicines and it's really helped them in times of need and severe aliments. And I think sometimes we have to step back a little as healthcare practitioners to allow for our patients to reconnect, whatever that means to them, to gain strength."

- Learner



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