ON OUR OWN TOGETHER
Journeys in Rural Health Care
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For the caregivers, clients, and students who keep our rural communities whole.
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In contemporary health care education, research, and policymaking, it is widely agreed that optimal patient outcomes depend on effective communication and coordination between disciplines such as Nursing, Medicine, Pharmacy, Imaging, Laboratory Services, and Physiotherapy. It is also widely acknowledged that, in practice, the boundaries between these disciplines are not easily traversed. Longstanding hierarchies, turf battles and silos are persistent in 21st Century health care, to the extent that educators are constantly in search of cutting-edge ways to foster positive attitudes towards interprofessionalism before graduation. Practice behaviours and attitudes are shaped through clinical experience. But what clinical environment is most conducive to interprofessional teamwork?

Our answer is the rural health care setting, in which the only alternative to teamwork is calamity. Isolation; limited health human resources and infrastructure; and the unique health profile of the rural client base all add up to one of the most challenging placements a student in the allied health sciences can undertake. In such circumstances, mutual trust, respect and reliance between disciplines are essential.

To better understand how rural settings foster interprofessional teamwork, we approached students in Nursing and Medicine, co-placed in a number of rural Alberta communities, with a unique assignment: to document their experiences in photographs; to share and discuss these images as a group; and to author brief narrative accounts exploring the underlying themes. In effect, they became our rural research team, and the true owners of the project.

What did they discover? That rural health care is a balance of independence and interdependence. That rural health care providers—like all rural community members—must be resourceful and self-reliant, but also connected. This connectivity permeates all aspects of rural life—professional, social, and spiritual—and it is the true foundation of rural patient care. This is the value system expressed in our title, On Our Own Together.

The following images and words also show that, in rural health care sites and communities, connectivity is mediated by place. This collection may be about relationships between people, but our participants rarely chose to focus the lens on each other. Rather, they focused on the sites where such relationships were built—from the nursing desk and the break room, to the local recreation centre, to the natural panoramas that served as a backdrop to everyone’s daily routine. Like the health care teams who precepted them, these students were inspired by their setting to form connections of their own, which they vowed to carry forward into their own clinical practices.
TO MAKE A VIRTUE OF NECESSITY

While teamwork or collaborative practice has become important to provide better patient care regardless of location, the consequences of not collaborating may be more disastrous in rural areas.*

In rural communities, silos are for storing grain. They make little sense in the close confines of a rural acute care setting, where caregivers of all designations must be prepared to trust each other’s judgment, to step in for one another, and to accept that their practices will intersect and overlap.

One effect of proximity, and the limited personnel available at any given critical moment, is to level the playing field between disciplines which might otherwise defer to each other out of tradition and etiquette. Outsiders are frequently taken aback by the informality: “How many students can say they were on a first-name basis with all the physicians in their hospital?” remarked one nursing student who took part in the project.

Another effect is efficiency. Trust and respect between disciplines translate into fewer bureaucratic speedbumps in patient care. For a rural emergency room nurse, the autonomy to assess and implement a care plan, with the implicit trust of a physician who may not be present, may have life and death implications.

Whatever the less than ideal circumstances giving rise to this practice model, the students agreed it was worth implementing in any setting, rural or urban.

Everyone is wearing scrubs and a sweater on a cold night, as always, and you literally can’t tell who’s a health care aide, who’s a registered nurse…. Everyone is more on an even playing field in a rural setting, and everyone really works as a team. Designation only matters when scope is involved, but otherwise everyone's opinion and knowledge is respected.

(Nursing Student)
There is only one nurse who works in the Emergency Department on nights, so if all three beds were taken by unstable patients simultaneously, the result could be catastrophic. Luckily, more staff are generally a mere phone call away.

(Nursing Student)
I used this to illustrate the inherently transient role of physicians at the hospital, and the way this shapes the responsibilities and scopes of practice of the different disciplines. I think it makes nursing the anchor of in-hospital care and assessment, and it puts extra responsibility onto their assessments.

(Medical Student)
The challenges associated with rural practice also foster a strong sense of interprofessional collaboration, by motivating healthcare providers to adopt flexible, team-oriented approaches to patient care.

(Nursing Student)
We always have to react, and to be very timely with what we do. We don’t have a lot of staff, and the physicians will be going [between] different units. Sometimes we have to be able to make those informed decisions by ourselves, and act on them appropriately. 

(Nursing Student)
This kind of represented to me the whole process, and team dynamic involved, from the time that we got the call from EMS that they were arriving, to getting that patient into the CT scanner. Frankly, it was really incredible to watch how efficiently everyone did their jobs and got that patient into the CT scanner.

From the time that the ambulance arrived, to the time that the patient was receiving this scan, was seven minutes, which is very, very fast. That was really cool to see.

(Nursing Student)
The connection between the interdisciplinary team creates a collaborative atmosphere that supports high quality care, despite the limitations that rural settings face.

(Nursing Student)
This piece of art, donated from the registered nurses to the licensed practical nurses, shows their appreciation for each other. **Teamwork in a rural setting is essential**, as the amount of staff may be limited due to low employee retention rates.

(Nursing Student)
One of the inductions returned when all of our labor rooms were full, so we ended up having to deliver the baby in the emergency department. Which luckily went well, but is a little bit of an unsafe situation because we don’t have a warmer, or any of the required neonatal resuscitative equipment. So it could have gone very poorly. …Even to work in the emergency department, you have to be competent in labor and delivery here.

(Nursing Student)
I’ve seen two patients get transferred by STARS, and a lot of the process that goes into that involves a lot of communication and teamwork. Every person that’s involved in that handover... is really familiar with their roles and responsibilities. ... It’s really important to have effective communication to ensure that patient gets all the care they can get, and they’re transferred out safely.

(Nursing Student)
Treatments aren’t just the responsibility of one specific healthcare professional, but are usually related with more than one… say it’s PT, OT, or any other healthcare professionals. **We’re all involved ultimately for the treatment of a patient** —just for different aspects of the treatment.

(Nursing Student)
Everyone in the hospital is very cohesive. We all know each other by first name, and buy each other coffee, and make fun of each other openly. I think that’s a really nice environment to be working in.

It’s pretty incredible that we would be comfortable with each other enough to have a hospital-wide competition going on, that includes taking the faces of your co-workers, and drawing on them, and sticking it on the door.

(Medical Student)
Nursing and Medicine would not be complete without the addition of these invaluable team players. ...It shows that many scopes are expanding and perhaps other roles might be seen here, such as Naturopaths, Pharmacy Technicians, LPNs...

(Nursing Student)
I think everybody on the unit really understands that, in order to get through this staff shortage, and all these major policy changes, that **we all need to work together**. It was actually pointed out one day, in one of the staff meetings, this particular quote on the window, just as kind of a reminder that we are all in this together. By showing more animosity, and calling in sick because you’re getting burnt out, you’re not doing any favours to the rest of the team.

(Nursing Student)
Almost every day, we get some kind of thank you food, and it’s our number one time for social gathering at work. Every time we get a cake, everybody—the physicians, the students, the nurses, the pharmacist—jumps into the break room and sits together, eats, talks. That’s where the actual friendships happen.

(Nursing Student)
The students observed interprofessional collaboration everywhere in their placements, but nursing stations and their vicinities are especially prevalent amongst the images submitted. Naturally, the compactness of most rural hospitals tends to prevent disciplines from spreading out and establishing boundaries between themselves (such as separate break rooms for nurses and physicians). But nursing desks are unique places. Everyone passes by at one point or another—caregivers, managers, housekeeping, visitors, and patients. Like roundabouts, nursing desks are strategically placed for multiple streams of traffic to converge, interact, and move on efficiently. As in a bank, you can expect to remain standing for the entirety of your visit, no matter who you are.

Perhaps because rural nursing desks typically adjoin corridors, they retain some of what Bleakley (2013) calls the corridor’s transactional smoothness.* Unlike formal meeting spaces such as conference rooms and offices, corridors (and nursing desks) are places where informal relationships between disciplines can be established, without the baggage of tradition and etiquette.

In rural acute care, information flow between disciplines, especially during transfers of care, codes, and other critical moments, could not take place smoothly without nursing stations. They are critical sites for the maintenance of patient safety culture, and mutual accountability between all health professionals.

Compared to other hospital environments I have been in, there is much more mixing of professions... and the nursing desk is the focal point for this mixing as it is really the nerve center of the hospital, where all the decisions end up getting made.

It's a central hub of collaboration and patient care here. In our context, physicians in the communities just can't be at the hospital all the time.... I think this makes nursing care the bedrock of the patient care in the hospital. It also allows for a lot closer relationship between the doctors and nurses.

The nursing desk is really the hub of where that open communication and level playing field between the professions plays out.

(Medical Student)
On Unit Two, members of the interprofessional team often shared responsibilities, combined their expertise, and worked collaboratively to care for their patients. Interprofessional collaboration was never limited to a structured setting or meeting. It was ongoing—at the patient's bedside, during collaborative assessments, or during conversations at the nursing desk.

(Nursing Student)
It’s **basically the hub of communication** between the doctors on call, the lab, EMS, acute care and pretty much everyone who needs to be in touch with the nursing in the ER.

(Nursing Student)
Every health care professional documents their specific assessments; their interventions; their findings; and everything is accessible through our computer system. ...Every profession documents their own stuff, but at the end of the day it's all around that one patient.

(Nursing Student)
The maternity rooms are at the front behind the nursing desk; the palliative rooms are at the very far end of the hallway; and then in between there [are] a few rooms for just general med-surg.

The one theme that kept coming up was really the cradle-to-grave philosophy that everyone seems to really hold here. And that's really obvious from the layout of this hallway.

(Nursing Student)
The nursing desk can be seen quite clearly from the waiting room. In some cases, the ER is a waiting game: waiting for cardiac markers labs, waiting for 20 minute NST strips, waiting for doctors orders and many other reasons nurses and health care professionals may need to wait. I find that this sometimes can give the public a perception that nursing and health care providers are just sitting at a desk, not doing anything!

(Nursing Student)
This is the first step when a patient comes in—**their first step on the path towards getting the health care that they need**. It’s a vital step in getting the basic information that we require later on, as nurses and doctors and other health professionals, to help out the patient.

(Nursing Student)
This is a picture at the nursing desk in acute care. My preceptor is on the right checking orders, and the other two nurses are at the nursing desk doing some charting. Just a few roles nurses play! :)

(Nursing Student)
It was a very rare slow day on the unit—actually it was a night—and so we just decorated for Halloween. You know, it was just more team bonding.

(Nursing Student)
A sense of place, if allowed to fully develop, can provide feelings of security, belonging and stability, similar to the feelings that arise from a fully developed pair bond.*

Unplugging and getting away from it all may seem like a counterintuitive approach to connectivity, yet one of the recurrent themes amongst our participants was the value of nature for its own sake, and of downtime as a respite from the stresses of rural acute care. For all its limitations and challenges, country life afforded unparalleled opportunities for recreation, which all the students sought to exploit during their placements.

Paradoxically, the act of getting away actually brought the students closer to their colleagues and clients—an effect corroborated by the rest of the health care team. In rec centres, parks, and backwoods trails, students found common ground with their preceptors and patients. They discovered that rural health care means practising what you preach—not only on account of the high likelihood of encountering patients in the community, but because one cannot effectively attend to others’ wellness if one does not attend to one’s own.

Staying active and in touch with nature brought the students closer to the community in other ways.

They adopted their hosts’ shared values of environmental stewardship and holistic community health. By engaging with the landscape, the students transitioned from guests to community stakeholders.

Many outdoor-minded individuals are drawn to High Level due to the opportunities for activities, such as hiking, motocross, skating, snowmobiling, fishing, and canoeing. Some of these opportunities are even available within town limits. For example, there are some people who are known to snowmobile to work during the wintertime.

(Nursing Student)
One of the most notable features of the area is the strong sense of community, seen throughout the town. It can be seen in community-driven projects and activities, such as the skate track near town hall.

(Nursing Student)
It's a really important part of finding that work-life balance, that you're able to be exposed to this kind of peace and quiet, and natural beauty… whether that be through physical exercise or just unplugging in a quiet area. That's something that's much more difficult to obtain a larger center, in urban practice.

(Medical Student)
The natural beauty available to be explored in rural Alberta… is a major source of recreation and relaxation for many of our patients and colleagues, and something that could potentially be a shared interest and area to discuss while forming rapport with our patients.

(Medical Student)
Many residents of Camrose can be found walking through these trails, showshoeing, walking their dogs…. Having walking trails also encourages people to go out and enjoy the outdoors while partaking in exercise, and that's a really important part of building a healthy lifestyle.

(Nursing Student)
Living in this context, there's a lot of opportunity to be outdoors, to exercise, and to enjoy a more balanced life. Nurses, and healthcare providers in general, should place a stronger emphasis on that—*not only for our patients, but for ourselves.*

(Nursing Student)
This library provides... pedometers, snowshoes, as well as many other resources to promote recreation and active living. I will hopefully be making use of this library this semester, to work on assignments, or to perhaps borrow a pair of snowshoes.

(Nursing Student)
Health care providers have a role in health promotion. …Also, as a healthcare provider, it is equally as important to take care of yourself and have balance in your life.

(Nursing Student)
[We] have made it a weekly routine to play pickleball in the community every Monday evening. I often see patients I have treated in the community, and the patients never seem to mind. There doesn’t seem to be any reluctance among the patients here to approach their doctors or [med] students, and the preceptors are all very involved as members of their local community.

(Medical Student)
Nurses and other health professionals live in and are a part of the community, and therefore the overall surrounding determinants of health also affect their lives. Acknowledging and understanding these major determinants of health is important, as policies and services are made to address the community members.

(Nursing Student)
When you’re so close to the mountains, finding somewhere to play outdoors is simple! Whether you enjoy skiing, snowshoeing, skating, or many other activities, it’s easy to stay active in the winter. So far, I’ve noticed the majority of patients coming in live a fairly active lifestyle and there are less obese patients than in the city.

(Nursing Student)
I thought was a beautiful sunset, so I decided to snap this picture. It just provides a sense of community. It may not look like it, but there were children with their moms playing in this playground over here. There was a senior sitting on this bench over here. There was a female jogger in her 20s, a middle-aged man just taking pictures of the lake that was over here. ...The community is very active here.

(Nursing Student)
The Four Seasons Park is an incredible nature, recreational and historic resource. This park is home to the Camrose Ski Club, and this photo shows the ski hill that visitors can use. This park is full of cross-country ski trails as well as walking trails. The Camrose community is very active and this park definitely supports the active lifestyle all year round for the residents of Camrose.

(Nursing Student)
This recreation center in Camrose is located really close to St Mary’s Hospital. It’s very convenient to get to. There is a swimming pool and two ice rinks and a running/walking track. I go here regularly and I see all walks of life come here to either swim, workout, walk/run or play hockey.

Hockey in this town is very big. Almost every time I visit the recreation center, there is a practice or game going on. The convenience of this center, as well as the parks and trails really does encourage the residents to be very active.

(Nursing Student)
Northern Lights: a rare gift to those who live in the north, and far from city lights. This spectacle is an example of how nature instills in us a sense of wholeness and wonder. With a strong influence from Aboriginal culture, High Level encompasses a stewardship position over the natural surroundings—a living with nature in a mutual, symbiotic relationship. This connection to nature is important, as the outdoors have proven benefits on health.

(Nursing Student)
Pitching In

...better economic and health outcomes result when people use their collective knowledge and skills through networks with shared values and commitment to the group.*

In rural health care, teamwork traverses not only disciplines but also entire sectors. As the students discovered, rural health care professionals often find themselves working alongside first responders, law enforcement, public works, and local businesses. Underlying all these instances of collaboration is the mutual awareness that rural health and wellness are everyone’s concern, even if they entail roles not in one’s official job description, and repayment in kind.

Townspeople employed in other sectors recognize they too are stakeholders in health care and other essential services. These services, taken for granted by most urban Canadians, are reliant on reciprocal donations of time, money, goods and expertise in most rural settings. As with interprofessional teamwork in health care, mutual goodwill can be seen as a tacit acknowledgement that the wellness of the community is at stake; no sector is an island.

In their photographs the students memorialized gestures, large and small, which betokened community-mindedness, team spirit, and kindness in multiple contexts. Despite the brevity of their placements, the students eagerly bought into this local economy of social capital. “The local mechanic fixed my car,” recalled one nursing student, “and told me that I did not have to pay for the car being fixed, if I brought him supper in his combine that night.”

There was one case where we had a patient who we thought might be having a stroke, and the ambulance staff stuck around so that we could rush her over to the CT. And they stayed while she was in the CT, just in case we needed any help with anything.

(Nursing Student)
In the occasional cases where patients are maybe causing a bit of a disturbance, [ER nurses] can call the RCMP.

(Nursing Student)
This is a picture of four firefighters and two EMT employees. Firefighters are in fact volunteers, who came in at 2:30 a.m. and then again at 5 a.m., to help assist with the transfer of a patient.

In a rural setting it’s very, very important because of the limited resources they have. The fact that these people will step out not only to assist with fires, but with medical emergencies as well—it really signifies that tight-knit community.

(Nursing Student)
The staff at this Tim Horton’s will apparently—on night shifts—give away all the leftover baked goods that they didn’t sell, to the staff at the hospital and to the RCMP. Which obviously would never happen in the city. And it just kind of goes to show the sense of community that exists here in High Level.

(Nursing Student)
The nurses and doctors and healthcare staff are paying homage to the dedicated RCMP, who sometimes stay behind during nights, acting like security.

(Nursing Student)
There’s this phenomenon in St Paul known as the Backstreet Boyz. This group is kind of notorious among the hospital staff, and among the RCMP, for frequenting both the hospital and the police station. It is an expression on community, where our communities—the medical and the legal communities—are aware of this group of people, so much so that we know a lot of them on a first-name basis.

(Medical Student)
Many of these businesses rely on the support of members of the community, and also play a role in facilitating the closeness felt within the community. When I walked into one of the cafes lining the street... they offered me a free cup of tea and told me a bit about the community.

Other sectors that contribute to the economy include St. Mary’s Hospital, the trades, and agriculture. These different sectors provide employment and income to many individuals and families throughout Camrose and the surrounding areas.

(Nursing Student)
Small towns may seem unlikely crucibles for the next generation of health care professionals. Most rural hospitals lack the state-of-the-art technology and specialized care units one expects to find in urban centers, and most are nowhere near major postsecondary institutions offering training in the allied health sciences. Nonetheless, rural health care sites have their own longstanding tradition of teaching and learning, and the values they foster are advantageous in any practice context. Health sciences students come away from rural placements with the confidence and competence to work across disciplinary lines, knowing their opinions are valid and valuable.* The connections made by our participants, with the interprofessional teams and with each other, were authentic and indelible. Their rural health care journeys shaped them as individuals, caregivers, and advocates for practice-based, interprofessional education.

“It will truly be an experience that I carry with me throughout my career.”
“There’s more interprofessional collaboration in a rural context, and that can lead to a better quality of care.”
“Doing a rural preceptorship opens so many doors for you, by preparing you to work just about anywhere.”
“Overall, my experience there is an immense responsibility to pay it forward.”

In a rural context, because there are very limited health care personnel—the residents, nurses, medical students and doctors—they need to work very closely with one another and collaborate. By doing things such as team-bonding, it fosters healthy relationships between the staff, and that positively impacts quality of care.

(Nursing Student)
While caring for my patients, my preceptor made sure to always include me in consultations made with the members of the team. I learned that nursing practice in the rural setting is a team effort, and interprofessional collaboration is an integral part of patient care.

(Nursing Student)
If we have any interprofessional assessments with the med students, we might have them at the clinic or at the hospital. So we might spend some time at the Smith Clinic.

(Nursing Student)
There's always new nursing students, medical students, residents, cleaning staff, unit clerks, and new EMTs even, doing placements here, or doing their training, or orientation. This is yet another responsibility, which is not necessarily mandatory for the staff, which they happily take on, and you can tell that they really take pride in helping people blossom into future professionals.

(Nursing Student)
During my experience, I got to work alongside some brilliant health care professionals. This included two medical students doing their clerkships in Edson. They were an invaluable resource for information, and I looked forward to our weekly assessments, debriefs, and learning more about each other’s roles.

(Nursing Student)
The person who is your bedside nurse on an obstetrics unit may also be the community palliative care expert. The community depends on each other to help out when challenges arise, and are met with teamwork, and a commitment to the small community. Everyone here is willing to step up to teach the students, new grads, or anyone in need of assistance, in whichever way they can.

(Nursing Student)
It was my breakfast, it was their supper. I was going on my night shift, they were getting off their day shift. That’s just me going out for supper with the med students. That was actually one of the first days we met. It’s just us getting to know each other outside of these conference calls, and outside of the hospital. I am three hours away from my home, so [they] have become the people that I go to around here, and they have become my friends. This is just us hanging out in a not entirely stressful situation.

(Nursing Student)
They make space in their circle for you. It's not only the nurses you spend everyday with; it's the nurses, the doctors, the pharmacist, the housekeepers, the lab techs, the spiritual advisors. Even the patients were involved in making sure that you are welcome. You feel like a valuable part of the team.

(Nursing Student)
The photographs and narratives in this book were provided by 4th Year nursing students and 3rd Year medical students undertaking clinical rotations in rural Alberta.

About the Researchers
Drawing inspiration from our own journeys as rural health care practitioners, our interdisciplinary research team has devoted years to the exploration and advancement of clinical instruction in rural settings. We have presented our findings in academic journals and conferences around the world. Using digital media and online resources, we have helped many students and practitioners share their own stories and advocate for their own communities. To learn more about our research and our partners, please visit https://www.ualberta.ca/nursing/research/research-units/rural-preceptorship.