**Learner Perspectives:**

**Excerpts of Interviews with OT and PT Learners**

 **on Placement in Rural Communities**

**Interprofessional Collaboration and Learning in a Rural/Remote Setting**

“…when it comes to lunch it’s just sort of one little table that everybody gathers around. So whether that be the doctors or the nurses or the PT’s or the housekeeping staff. So it’s a very inclusive environment at the hospital which I haven’t seen and I’ve been in stroke rehab and PTs and OTs tend to be together and you know what I mean. So it’s very very inclusive here.” (PT learner)

“And also I found, initially I went in there hoping to learn a lot about the equipment and nursing role and I did that, but I also realized the importance of just getting to know your team members, the people that you’re working with at a more personal level. Shadowing the nurse really provided me with the opportunity and I got to meet the one I was shadowing and also her friends that she also works with. And I just feel the results, even on Monday, I find myself talking to the nurses more, them talking to me more, asking questions. I think it just helps develop that cohesiveness the same way we talk about building rapport with clients. I think it’s just as important that, when I was shadowing the nurse to build rapport with your team members so you feel comfortable communicating with them and they feel comfortable communicating with you as well.” (PT learner)

“I really like the rounds in the morning. At my last placement, I found them very medically focused. You just kind of heard the list of medications that they were on and, not that it doesn’t concern me but it’s not my primary focus and I don’t know what half of them are but these rounds are more interactive, people kind of chime in and I’ve gained a lot of really good information from it. You know, if the dietician was speaking to a patient about their diet and noticed that they had a hand tremor they would mention, “Oh, maybe you should see them.” I think a lot of referrals get to me that way and if Allied Health members think that someone should be seeing them they make recommendations. And the physicians are really good at getting a referral if someone thinks there needs to be one.

And then after rounds we typically stay and talk to the physiotherapists. If they have new clients we’ll typically do our initial assessment together so we both get our referral at the same time. This week has been a bit different, there has been some staff members on vacation so even sometimes if someone’s a two person or a three person assist the physiotherapist would need help with them. So we’ve been doing that as well.” (OT learner)

“There were actually two patients this week where one of them was a suspected frozen shoulder and someone else might have had compartment syndrome in their calf and we saw my preceptor text the doctor as opposed to like going through official channels. Because he knew the guy. They train together. Like the doctor was an Olympic rower and so they know each other. So he’s like, “Ah, the wait time’s three weeks but I’m going to see if he can take you right away kinda thing.” So that was kind of interesting.” (PT learner)

“Yeah, I’ve been able to shadow the speech pathologist, the dietician and when the physiotherapy student was here I pretty much worked with him. We often had the same clients so we often worked together, we did our stuff together. That was really good, seeing what he did, so kind of learning from him, especially because he has all that new knowledge. And then just getting feedback from him on what he thinks I did well or what he thinks I could improve on. He’s also a Mac student so very used to that, getting feedback.” (OT learner)

 “We had an individual that came in, he was a below-the-knee amp. His wound, there was a little bit of leakage that came out and we were worried about that so we sent him to ER. So it was nice to be able to go to the ER, talk to the doctor face to face, they did a swab and then we got the results right after and we were able to communicate the whole time regarding the course of action after so that was really good, really quick, there was no waiting period, there was no…yeah so that was good, there was just that continuity from PT to ER and back so that was really good.”

“…the physio is doing a lot of things that would traditionally be thought of as a role of an OT where you’re prescribing mobility devices, working on school health and things like that. But interprofessional lines are so blurred between physio and OT, it’s more who feels more capable, who’s currently around and has the skills. So in terms of scarcity, I know that the funding has recently changed and I know that they’re only providing funding to physios for the long term care unit and because it’s too much for one person or one physio to handle, even though the OT at our facility isn’t currently funded or it isn’t part of her job because the funding has changed she’ll still make trips over there if the physio is too overwhelmed by other things. So I think it does affect and I think people do understand the situation and are willing to help for sure.” (OT learner)

“I suppose just today I was going to go in with the social worker and do an interview with a client and her husband about discharge. When I went to talk with the social worker she ended up having lots more to do than she anticipated so she asked me to go in and do that on my own on her behalf. And I had worked with the social worker before and I’ve seen what she had done and the questions she asked and the information she gathered about discharge so she gave me the sheet that she used and used my OT assessment sheet because I had looked at it before and I had a pretty good idea of what she wanted. I felt comfortable going in on my own and talking to the husband and the wife.” (OT learner)

“…what we did have a chance to do was one PFT, so the Pulmonary Function Test that we hadn’t done. So I think that comes with just the variety and roles that the PT does over here? But he stated that this wasn’t necessarily a PT role but he had to take that on because nobody else at the hospital could have so he just did it. So that was really nice exposure for us, so very relevant to PT but definitely something I would not have seen down south.” (PT learner)