**Those Who Have Gone Before:**

**Advice from Clinical Learners in Rural Northern Ontario**

Learners on placement in rural Northern Ontario in 2014 participated in focus groups to explore their experiences. At the end of the focus groups, learners were asked, “What advice would you give future students who are wishing to experience a Northern placement?” The following tips and quotes arose from the focus group discussions.

***Advice about rural and remote practice for future learners, by consensus of learner focus group participants:***

* Don't be afraid of going outside of urban centres like Thunder Bay – Thunder Bay is a really large area - not rural and remote.
* Make it known that you are interested in doing something; people will help make that happen.
* Don’t be afraid to get your hands dirty in the clinical setting. Take advantage of learning opportunities.
* Be adaptable when things don’t go as planned. Be self-directed in your learning.
* Have a car if you have access to one. It opens a lot of possibilities.
* Be aware of where the other students are - co visiting and co-activities across communities.
* Be open, be friendly, have good communication skills, impromptu conversations with strangers. Openness to conversations opened up doors to more experiences and opportunities.
* Be aware that you will see clients in the community
* Put in the effort to be a part of the community - go for it.
* Be open to outdoor activities.
* If you have the opportunity, definitely take part in aboriginal experiences.
* It is cold in the winter; there can be snow even at end of April.
* Consider bringing book resources if you are a book learner.
* In a small community, be prepared to see everything under the sun.

***Comments around the idea of being self-directed, adaptable, and “getting your hands dirty”:***

“…don’t be shy, go in and take on an initial assessment or the initiative to ask to do things because I think there’s a lot of opportunity to do things with more time and just interprofessionally.”

“Take the initiative to do whatever you want cause I found that in this placement there was significantly less red tape and people were genuinely excited that you were there. There was a student there, because they know their area’s underserviced, they were happy you were there and they really wanted to help. So if I wanted to do something here I would make a call or send an email and I would get an almost immediate response and it would be positive and they would say, ‘Just come, yes we want to see you.’”

“Taking initiative is like taking ownership of the learning and that goes in line with self directed learning and I think I’ve really taken it to heart. And also recognizing, coming up here, it’s a holistic experience of learning, it’s not just about being in the hospital. That’s not where all of the learning takes place. It’s outside of the hospital, it’s living in a remote place, seeing people that might be in the hospital in the grocery store. Um, and just having an experience for what is in the community as well too, I think that is part of the learning as well as opposed to just being inside of the hospital, placement setting.”

“And obviously you want to learn everything but one of the things that I did that I found really helped, is after I had a week at my placement I sat down and reflected on where my knowledge gaps were and then I looked into the community as well as into the hospital about how I could fill that specific gap. Cause you do have the opportunity up here to do it depending on what your gap is.”

“I think the 2 first weeks of my placement it was like, it was quite slow. And you know, having another student there with me, we kinda bounced ideas off each other, we were able to use each other to help fill gaps and do other things and we were wondering. We started to make a plan, well if things are this slow what are we going to do and then we started to make a list and then all of a sudden things picked up and didn’t slow down so our expectations changed very quickly in terms of how things were going to progress so as you say, just adapting, and that’s like…. things don’t go the way it’s planned sometimes but look for the opportunities that are there and take a strengths based approach [chuckles] um and adapt and overcome.”

***Comments related to the idea of getting involved with the community:***

“I would say use the people you’re working with. They live in the community and they have all this information and so, for example, one day I walked in the [small community] hospital and I was wearing those Nordic ski caps they have in Thunder Bay with the little pom poms on the end? I was wearing one of those that the cross country skiers always wear and the SLP said, “do you x-country ski? Do you want to come with me today?” I was like, “yeeeah” [laughs], and just asking people where’s a good spot to eat. How do I do this? What’s available to me?”

“…I think when I think of it as holistic experience, for me, it’s a question of whether or not, do I see myself working in that setting and do I see myself working in that community as well. It’s not just about the hospital, it’s can I see myself living in this community and being from the south I’ve grown up in a big city so I had to really question, “What’s important for me in a community, to live in it.” And for me I’ve sort of evaluated how small would I go and what sorts of things would need to be there for me to enjoy living in that community. So that’s something that I evaluated for myself, just a sort of living setting as well.”

“I think it’s important to get involved, like I volunteered at the shelter while I was there just to get to know, it was almost like an extension of the hospital because a lot of people that use those services also depended on the hospital a lot. Um, just to understand what a day in the life looks like, of somebody, and what to expect and how to, um, things to be considerate and just build up your level of compassion towards someone.”

***Comments around the idea of seeing clients in the community and professional boundaries:***

“…you are going to see clients in the community so just being aware and thinking about how you are going to handle that situation and what’s ethically appropriate for you to do in those situations. It happened to me a lot in the hospital when someone was discharged and they would often come up and talk to me which was fantastic but I also volunteered on an ACT team and sometimes those people did not want to talk to me when they saw me in the grocery store. Whereas sometimes if I did not talk to them they were insulted.”

“People are generally really friendly and interested in who you are and want to learn about you and we’re taught to put up this professional wall and sometimes it’s tough to figure out that balance in terms of how much of yourself to you show to a client and when are they not a client and when do you start diverging on that becoming a friend and people have to find their own comfort level. There’s no one answer, everyone has to find their own way in terms of what they feel comfortable doing.”