

RE-IMAGINING RURAL AND REMOTE PHYSIOTHERAPY IN SASKATCHEWAN

Summary Report
2020



Sally Sewap-Pelican Narrows Traditional Cree Ceremonialist and Knowledge Keeper

Brenna Bath, Stacey Lovo, Alison Irvine, Peggy Proctor, Kathy Rossler, Melanie Weimer,
Brooke Pachal

Territorial Acknowledgement

We would like to acknowledge that this event was held on Treaty 6 Territory, traditional territory and the Homeland of the Métis Peoples. We pay our respect to the First Nations and Métis ancestors of this place and reaffirm our relationship with one another.



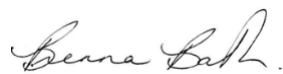
Letter From Dr. Brenna Bath, Chair of Re-imagining Rural and Remote Physiotherapy in Saskatchewan Event

On behalf of the organizing committee for the Reimagining Rural and Remote Physiotherapy in Saskatchewan event held on January 29th, 2020, I am pleased to present the final report. I wish to extend my sincere gratitude to the organizing committee and all of the participants who took part in this highly interactive and exciting event.

I would like to extend a special appreciation for community members from the Northern Saskatchewan community of Pelican Narrows who travelled over 6 hours in winter months to take part in this event in person: Elder Rose Dorion; Elder JB Dorion; and Sally Sewap, Traditional Cree Ceremonialist and Knowledge Keeper. Learning from their lived experiences and wisdom was truly a highlight of the day.

The goal of this event was to bring together diverse perspectives and stakeholders around the issue of improving access to rural and remote physiotherapy in Saskatchewan. The event itself, along with this report, are meant to be a platform for identifying promising directions and actionable solutions for enhancing access to physiotherapy care in underserved communities. The majority of these initiatives, however, will require a collective effort on behalf of many organizations, groups, and individuals in order to create effective, sustainable, and community-appropriate approaches. As we are now currently in the midst of the COVID-19 pandemic and the associated public health restrictions which may limit traditional access to 'traditional' physiotherapy care, finding innovative ways to overcome access barriers is even more imperative.

It is my sincere hope that this event, report and recommendations help to facilitate ongoing conversations to collaboratively move forward together.



Brenna Bath PT, PhD
Associate Professor
School of Rehabilitation Science, University of Saskatchewan

Acknowledgements

Organizing Committee: Stacey Lovo (U of S, School of Rehabilitation Science), Alison Irvine (U of S, School of Rehabilitation Science), Peggy Proctor (U of S, School of Rehabilitation Science), Kathy Rossler (Saskatchewan Health Authority, Moose Jaw), Melanie Weimer (U of S, School of Rehabilitation Science), and Brooke Pachal (U of S, MPT Student).

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Event Photography: William Bath

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Executive Summary

Re-Imagining rural and remote physiotherapy was a one-day event that provided a platform to collaboratively identify and move forward with a number of possible directions to enhance access to physiotherapy services in underserved rural, remote and Indigenous communities across Saskatchewan. This interactive day brought together 55 individuals representing diverse professional, organizational, and geographical areas, including rural, remote and Indigenous community members. In the morning, expert panels provided insight from the perspectives of: health practitioners and administrators; community members and leaders; and clinicians and researchers involved in innovative technology-enhanced service delivery. These panel presentations showcased research, unique professional practice and management approaches, and a breadth of experience from the perspective of training, recruiting and retaining physiotherapists across Saskatchewan as well as important patient and practitioner experiences. In the afternoon, a World Café facilitated discussion guided interactive collaborative knowledge exchange and creation. The themes that emerged from the World Café discussion included: 1) student placement and experience; 2) recruitment and retention; 3) professional practice; 4) working with community and teams; 5) and virtual care and technology. It was found that these 5 themes centre on engaging with communities to understand specific needs as well as opportunities. Within each theme, this report outlines actionable sub-themes including: incorporating more training in virtual care with Masters of Physical Therapy students; specific examples for further incentivization for recruitment and retention of physiotherapists to rural and remote vacancies; collaboration between professionals including Physical Therapy Assistants, physicians and other health care providers; as well as engagement and capacity building within rural, remote, and Indigenous communities.



World Café Themes

Background Rural and Remote Physiotherapy in Saskatchewan

Many rural and remote residents have reduced access to health care despite potentially greater need.¹ People living in rural and remote parts of Canada have poorer health, a shorter life expectancy, and a higher rate of disability compared to those living in urban centres.^{2,3} As primary health care providers and working as part of interdisciplinary teams, physiotherapists facilitate diagnosis, treatment, and management of a variety of acute and chronic health conditions. Physiotherapists work across the care continuum and across the lifespan in response to needs of individual patients and the communities they serve to promote physical activity, improve physical function, and reduce disability. **Unfortunately, there is a mismatch in Saskatchewan between where physiotherapists work and the distribution of the population: 36% of the population lives in a rural or remote area, but only 11.2% of physiotherapists work in these communities.**⁴

There is no simple solution to overcoming rural and remote access barriers to physiotherapy care in Saskatchewan. A co-ordinated and collaborative effort to tackle this complex issue requires engaging with multiple stakeholders in diverse ways.

Event Overview:

This 1-day interactive event was held on January 29th, 2020 at the University of Saskatchewan, Saskatoon, SK. The purpose of this event was to bring together multiple stakeholders representing diverse perspectives to discuss community needs, access barriers, and potential solutions to address and re-imagine rural and remote physiotherapy in Saskatchewan. A total of 55 participants took part in the day with representatives from a wide range of professional, organizational, and geographical areas, including rural, remote and Indigenous community members, clinicians, managers, policy makers, educators and professional associations and regulators ([see Appendix A for participant affiliation list](#)). Our intention was to provide a platform to collaboratively identify and move forward with a number of possible directions to enhance access to physiotherapy services in underserved rural and remote communities.

The morning session included panel presentations and discussion related to the following themes:

- Practitioner Perspectives on Recruitment and Retention Initiatives
- Rural and Remote Community Perspectives
- Innovative Use of Technology and Teams

¹ McFadden, B., Jones McGrath, K., Lowe, T., Thiessen, C., Irinici, S., Shah, T., Milosavljevic, S., & Bath, B. (2016). Examining the Supply of and Demand for Physiotherapy in Saskatchewan: The Relationship between Where Physiotherapists Work and Population Health Need. *Physiotherapy Canada*. 68(4), 335–345. <https://doi.org/10.3138/ptc.2015-70>

² Mitton C, Dionne F, Masucci L, et al. . Innovations in health service organization and delivery in northern rural and remote regions: a review of the literature. *Int J Circumpolar Health*. 2011;70(5):460–72. <http://dx.doi.org/10.3402/ijch.v70i5.17859>.

³ Commission on the Future of Health Care in Canada. Building on values: The future of health care in Canada. Saskatoon: The Commission; 2002. <https://qspace.library.queensu.ca/bitstream/handle/1974/6882/BuildingOnValues.pdf?sequence=5>

⁴ Bath B, Gabrush J, Fritzler R, et al. . Mapping the physiotherapy profession in Saskatchewan: examining rural versus urban practice patterns. *Physiotherapy Canada*. 2015;67(3):221–31. [https://doi: 10.3138/ptc.2014-53](https://doi:10.3138/ptc.2014-53)

The afternoon session was a World Café^{5,6,7} interactive small group discussion on topics including:

- Recruitment and retention
- Student training and experience
- Leveraging technology
- Engaging teams and communities
- Thinking 'outside of the box'

Panel Presentation Summaries

Rural and Remote Community Perspectives

Presenters: Dr. Veronica McKinney (Director of Northern Medical Services and family physician), Elder Rose Dorion (Peter Ballantyne Cree Nation member from Pelican Narrows), Sally Sewap (Peter Ballantyne Cree Nation member from Pelican Narrows, Traditional Ceremonialists and Knowledge Keeper)

Context

In Canada, just over 4% of the population is Indigenous. In the province of Saskatchewan, that percentage is 16.4% and in northern part of Saskatchewan it is 85%, which is a higher proportion than in the territories. It is important to acknowledge that there are diverse populations of Indigenous peoples living in Saskatchewan, with many different cultures and languages.

Indigenous peoples suffer a disproportionate burden of health disparities. Colonization, social determinants of health, access to care and trauma are some of the root causes to the social, economic, cultural and political inequities Indigenous peoples experience today. Overcrowding of houses, lack of safe places to exercise, poverty and limited employment opportunities are common challenges in many rural and remote Indigenous communities. However, it is also important to highlight and acknowledge the ongoing processes that perpetuate these disparities today, such as racism in the health care system and in our government institutions. It must be understood that marginalized populations, including Indigenous peoples, do not have equitable access to health care.

⁵ World Café method is a form of facilitated discussion. It uses a collaborative and conversational process to support knowledge exchange and creation, often through small group discussions. Please see the following articles for more details:

⁶ Delaney, C., Daley, K., Lajoie, D. (2006) Facilitating Empowerment and Stimulating Scholarly Dialogue Using the World Café Model. *The Journal of Nursing Education* 45(1): 46. <https://search-proquest-com.cyber.usask.ca/docview/203910019/fulltextPDF/345E1A8D0F954CE3PQ/1?accountid=14739>

⁷ Anderson, L. (2011) "Use the World Café Concept to Create an Interactive Learning Environment." *Education for Primary Care* 22(5):337-38. <http://web.a.ebscohost.com.cyber.usask.ca/ehost/pdfviewer/pdfviewer?vid=1&sid=ff995a60-28e3-45fb-91c4-8e3ae35c9438%40sdc-v-sessmgr01>

Experiences

Stories of common experiences in accessing health care for Indigenous peoples living in rural and remote areas were shared. With not enough health care providers and more working part-time, there is a reduction in the continuity of care, which impacts the building of trusting relationships.

“There needs to be greater understanding of what goes on in rural and remote communities to identify community-specific ways to move forward.”

-Dr. Veronica McKinney, Northern Medical Services

Given the opioid crisis, many providers are more cautious in providing opioid prescriptions. These factors, coupled with lack of access to specialists and non-pharmacological treatments (such as physiotherapy), lead to the dissatisfaction of patients as well as the distrust in the medical system and sometimes in the relationships with providers.



Sally Sewap, Pelican Narrows Traditional Ceremonialist and Knowledge Keeper

“For a program to have physiotherapy in our community would be so good, so convenient for the client, easy access and more people would use it”

- Sally Sewap, Pelican Narrows Traditional Cree Ceremonialist and Knowledge Keeper

In many Indigenous communities, treatment for chronic health conditions such as back pain, is prescription medication. From community member perspectives, many people want to get away from using medications to treat back pain as it is not a healthy nor a long-term solution. The community of Pelican Narrows has emphasized their commitment to this with their involvement in the project titled ‘*Community-Informed Team and Technology Approach to Chronic Back Pain Management in Partnership with a Northern Saskatchewan Cree First Nation*’.⁸ Greater emphasis must be placed on finding new ways of providing care to improve the living conditions and health outcomes of the next generation.

Barriers to Care

There are several barriers to receiving physiotherapy care in underserved remote Indigenous communities. Travel and time out of the community were noted as well as administrative and

⁸ https://rehabscience.usask.ca/documents/Indigenous_CPA_Practice1.pdf

other barriers. There is a cost burden of travelling to receive care, even when care is within the community, as some communities are geographically quite large.

Case Example- Pelican Narrows

For members living in the community of Pelican Narrows, which is located 375km Northeast of Prince Albert, getting physiotherapy appointments often means a 7-8-hour drive, sleeping in an uncomfortable and unfamiliar place, a short 30-60min appointment with another 7-8-hour drive home. The driving is often lengthened because multiple patients are grouped together for the trip. Travel outside the community can often exacerbate co-morbidities. There is also great stress associated with leaving the reserve, particularly for Elders due to mobility issues, language barriers and being uncomfortable in new settings; they often require an escort and a translator to go with them. There are also multiple safety concerns for certain people when they have to travel out of the community receive care. Those who are caregivers may struggle to find appropriate support to ensure the safety of their family while they are gone. Further, when the roads and weather are in unfavourable conditions, which is the case for a large portion of the year, the physical journey can be dangerous.

“For a lot of people, their first language is Cree and they need a translator and they don’t want to travel, and they are scared...There is anxiety and social phobia of travelling for people that have never left the reserve”

-Sally Sewap, Pelican Narrows Traditional Ceremonialist and Knowledge Keeper

Further, Indigenous peoples with ‘Indian Status’ must abide by Non-Insured Health Benefits (NIHB) processes. There are certain processes in place that sometimes inhibit accessing care in a timely manner. If having to travel out of the community for physiotherapy care, individuals are often grouped together for transportation services, resulting in additional travel and wait times for multiple individuals’ appointments. Further, NIHB travel process approval requires 48-hour delay between a referral and being able to get an appointment. This procedure does not acknowledge that some people are constantly living in crisis and inhibits the ability to receive urgent and timely care.

Community Engagement and Trust

Communities know what they need and are aware of the local opportunities available to make change. Northern Medical Services⁹ follows the community development model, whereby needs are community-identified. When it comes to the implementation of new services and technologies, there are two important processes that should be followed:

- 1) Community engagement to understand concerns and needs
 - Example: with the implementation of remote presence robotics, many communities want to maintain the face-to-face connection and relationship building that comes with the provision of in-person care.
- 2) Engage all decision-makers early on

⁹ www.northerndocs.ca

Entities like the Ministry of Health or local Tribal Councils, for example, will each have specific outcomes of interest (e.g. economic evaluation, health outcomes). However, it is in the best interests of the community and the success of the program if dialogue and collaboration between decision makers and communities happen at the outset.



“Overcoming challenges is really about meeting people where they are and walking with them. We can let community members lead the way through honoring Indigenous ways of being, meaningfully engaging and providing cultural continuity. Providing care in any capacity requires spending time in-person in the communities to get a feel for the

community and understanding that the building of trusting relationships is a lifelong process.”

-Dr. Veronica McKinney, Northern Medical Services

Examples of Leveraging Technology to Connect with Communities

Remote presence technology increases aspects of patient-centred care and patient experiences through:

- Improved engagement and empowerment of families that can be present for appointments
- Improved understanding of patients
- Receiving care in comfortable settings

Ways in which remote presence technology improves health outcomes:

- Improved patient-provider relationships through continuity of care and increased communication
- Multi-assessment approach, for example some remote presence robotics can obtain vital signs if patient is hooked up to a monitor and provider can pick up additional pathologies (e.g. Remote Presence Success in Indigenous communities)
- Increase accessibility for care associated with stigma (mental health, HIV)
 - Collaboration with different providers visually and verbally (example: a nurse practitioner receiving instructions from a nurse practitioner located with the patient, working together with a physiotherapist during a patient consult)

Summary points

- Unique experiences and needs of rural, remote and Indigenous communities must be understood in order to address the inequities and community-specific barriers, as well as champion the unique opportunities, in accessing and providing physiotherapy care
- Travel out of the community to receive care often places undue burden and stress on individuals, particularly Elders
- There is overreliance on prescription medication to deal with chronic pain due to the wait times and inaccessibility of receiving non-pharmacological treatment, including PT
- Community engagement and empowerment is required to provide respectful and sustainable change

Practitioner Perspectives:

Presenters: Rochelle Yelland (PT, SHA, Buffalo Narrows), Krista Barnett (Manager of Therapies, SHA, Moose Jaw), Jodie Yathon (Director of Primary Health Care, Yorkton Rural Health, SHA) and Peggy Proctor (Clinical Associate Professor and Academic Lead Clinical Education, MPT Program at the U of S)

Staffing shortages

Chronic physiotherapy staffing shortages and long wait times are constant challenges in the majority of rural and remote areas in Saskatchewan.

Temporary positions often require senior experience and therefore remain difficult to fill with recent graduates. In addition, rural temporary positions are often competing with urban vacancies and are unable to provide additional recruitment incentives. Further, there are limited opportunities for expansion of more focused or specialized programs, such as

women's health, and limited resources for partnerships and collaboration. Private practice is also having similar experiences with staff shortages leading to reduced capacity of service, travel challenges, organization of service delivery. Hub-and-spoke models of care with health care providers travelling to rural and remote communities are common for PT service delivery across the province, but services will remain variable in rural and remote communities depending on consistent and adequate staffing levels. Coverage planning was one suggestion that may be implemented to ensure certain community priorities are met (such as stroke rehabilitation services). However, many patients are still required to travel out of their home community to access care in rural and remote areas. This poses many challenges from the patient perspective including long-wait times and having to leave home and support systems. In addition, there may be limited access to affordable private services, especially for those without additional health insurance.



Krista Barnett, Manager of Therapies in Moose Jaw, SHA

Student Recruitment Challenges

Many rural and remote communities are struggling to recruit new physiotherapy graduates.

Some potential influencing factors include:

- Higher living costs and less amenities (although certain aspects of rural living are lower cost than urban locations)
- Specific mentorship opportunities often require travelling to urban centres

- Sometimes rural areas cannot guarantee specific types of more specialized clinical experiences due to varying types of services
- Competition with private clinics wages and work hours
- Ongoing vacancies in urban communities

Community Connection- Opportunities

Through working within the bounds of budget and regulations, being creative with celebrating staff successes and finding new opportunities for empowerment helps create connections between the provider and the community. Rural and remote areas have the opportunity to create a strong learning environment which include:

- Providing a mixed workload
- Support for continuing education
- See a more direct impact on community well-being due to proximity and connections

Leveraging technology and collaborative care:

Technology is a way to leverage care in rural and remote communities without compromising clinical outcomes and also providing the right service and care at the right time. Examples and suggestions of telehealth models that increase connection, learning and experience include:

- Telehealth provides an opportunity for remote preceptorship to expand experiences and mentorship in rural locations.
- Online learning platforms can increase collaboration between physiotherapy students and providers with occupational therapy, occupational therapy assistant and physical therapy assistant programs.
- Models of tele-rehabilitation incorporated into health networks with physiotherapists to increase access to team-based care.
- Collaboration with other health care providers and increasing physiotherapy's role in primary health care such as home-based COPD services, screening for other providers (ortho, neurology, pain clinics) and implementation of co-treatment or group medical visits.

There are champions all over the province with success stories of rural and remote retention and innovative practice models and we should focus on greater connection and working together to move forward.

Peggy Proctor, U of S

Student Placements

The Master of Physical Therapy program requires students to complete 6 clinical placements (30 weeks of full-time practice) and places an emphasis on acquisition of diverse clinical experiences in rural, regional and remote settings across the province. Clinical placements have a significant impact on employment and career decisions of students primarily through:

1) exposure to practice area or placement setting, and 2) influence of the clinical instructor. Despite common misconceptions, having practicum students often improves patient



Peggy Proctor, U of S

for MPT students.

satisfaction and patient care productivity.¹⁰

Clinical placements must be seen as an investment in recruitment and should focus on providing a good experience through mentorship, skill development, and fostering a sense of team.

Physiotherapists working in rural areas require a unique skill set to work with different populations and a varied caseload. There are many provincial champions who are working to expand rural and remote placement opportunities

Case Example- University of British Columbia Northern and Rural Cohort

To increase recruitment and retention of physiotherapists in northern and rural areas of BC where there is a significant shortage of physiotherapists, a provincially funded distributed education site was developed in Prince George. This program focuses on strong local partnerships, education and clinical support in a northern setting. Unique attributes of this program include:

- Separate admissions process designed for students who are from rural or northern areas and/or are interested in working in those areas (although no return to service model is included)
- 4/6 clinical placements are in rural and northern communities
- Academic block in Prince George using distributed education technology

*The program has not yet seen significant change in retention of recent graduates to northern rural and remote areas

Summary points

- Implement a focussed MPT program recruitment strategy with the goal of increasing support for and connection to candidates from rural, remote and Indigenous communities and those interested in working outside of urban centres
- Advocate for incentives to recruit new graduates to rural positions; it is important to include lifestyle benefits and remain competitive with urban sites and the private sector
- Leverage technology to: expand learning opportunities for MPT students; foster collaboration between professionals; employ recruitment strategies; and enhance access to care
- Acknowledge that student clinical placement experiences significantly impact future career decisions and serve to enhance care being provided

¹⁰ Apke TL, Whalen M, Buford J. Effects of Student Physical Therapists on Clinical Instructor Productivity Across Settings in an Academic Medical Center. *Phys Ther.* 2020;100(2):209-216. doi:10.1093/ptj/pzz148

Teams and Technology

Presenters: Dr. Stacey Lovo (Assistant Professor, U of S), Stephan Bourassa (Pediatric Occupational Therapist, Milestones Occupational Therapy for Children), Chris Wiechnik (Physical Therapist, Clinical Coordinator and Manager, Northern Assessment Services)

Background

Research is demonstrating that the use of teams and technology is an effective way to provide care in under-served rural and remote areas without compromising patient and provider experience as well as clinical outcomes.^{11,12,13} It is important to understand that the specific needs for technology may be different in each community as well as the specific nature of the technology itself.



Stephan Bourassa Milestones Occupational Therapy for Children



Sally Sewap (Ceremonialist and Traditional Knowledge Keeper) and her father Elder Elias Sewap, with Dr. Stacey Lovo speaking with interviewers from the University of Saskatchewan over the robot.

¹¹ Kairy D, Lehoux P, Vincent C, et al. A systematic review of clinical outcomes, clinical process, healthcare utilization and costs associated with telerehabilitation. *Disabil Rehabil* 2009; 31: 427–447.

¹² Kairy D, Tousignant M, Leclerc N, et al. The patient’s perspective of in-home telerehabilitation physiotherapy services following total knee arthroplasty. *Int J Environ Res Public Health* 2013; 10: 3998–4011.

¹³ Lovo Grona, S., Bath, B., Bustamante, L., & Mendez, I. (2017). Case Report: Using a Remote Presence Robot to Improve Access to Physical Therapy for People with Chronic Back Disorders in an Underserved Community. *Physiotherapy Canada*, 69(1), 14–19.
<https://doi.org/10.3138/ptc.2015-77>

Successful models of health care teams using technology were presented:

- Physiotherapists and Nurse Practitioners using telehealth and remote presence robotics for diagnosis and management,¹⁴ which was shown to: improve identification of emergent care needs with a collaborative team; improve satisfaction of patients and care providers; allow physiotherapists to help guide and mentor on the ground practitioners in the area of back pain



Dr. Stacey Lovo working with nurse practitioner and practice patient over the robot¹⁴

- Community-informed interprofessional spine clinic with remote and in-person care¹⁵
- Pediatric OT with focus on mental health and trauma included in travelling multi-disciplinary assessment team to rural areas to provide clinical intervention work with children and families. This was found to reduce caregiver burden
- Multi-disciplinary assessment for injured workers¹⁶

Other proposed benefits of enhanced use of technology presented were:

- Enhanced student experiences as well as increased mentorship and connection with partners in different locations
- Allows specialists to share their knowledge and experiences in different locations
- Allows for mentorship opportunities and education between disciplines for colleagues and students

Being removed from these rural communities, it is difficult to comprehend how little access to care many people experience; technology can not only increase access to care but also ameliorate situations where patients are travelling several hours or days for care. In some cases, the biggest issue is the underusage of technology and looking for ways to provide meaningful and culturally responsive in an Indigenous context.

¹⁴ Lovo S, Harrison L, O'Connell ME, Trask C, & Bath B. (2019). Experience of patients and practitioners with a team and technology approach to chronic back disorder management. *Journal of Multidisciplinary Healthcare*, 12, 855-869.

¹⁵ Lovo, S., Oosman, S., Bath, B. Teams, Technology, and Two-Eyed Seeing: Bridging Health Care Access Gaps in a Remote Indigenous Community. https://rehabscience.usask.ca/documents/Indigenous_CPA_Practice1.pdf

¹⁶ Bishop, S., Wiechnik, C., Bath, B., Mendez, I., Johnson, R., & Lovo, S. (Sept, 2019) Use of remote presence robotics and telehealth to join teams evaluating chronic work-related injuries in rural residents. Building Research Connections- Thinking outside the Box, Saskatoon, SK

Collaboration with communities and partners around the province is key to successful use of technology. Cultural safety and leadership from community are the critical elements to successful implementation of technology-based services. Maintaining patient-centered care will strengthen relationships and ensure best opportunity for community-drive service development.



Chris Wiechnik, Northern Assessment Services

We need greater collaboration across the province and country for best practices in virtual care delivery within health care teams that is delivered in a community-centred way.

-Dr. Stacey Lovo, U of S

Summary points

- Technology can be an effective tool to improve accessibility barriers and provide high quality and timely care for communities and patients
- Technology needs will be community specific
- Technology and virtual care provide opportunities for increased mentorship for students but also with sub-specialists and across disciplines
- Collaboration with communities and partners around the province is key to the successful use of technology.

World Café Summaries

Our World Café facilitated discussion provided a platform for collaborative conversation, knowledge exchange, and creation of new ideas. Participants started off at pre-determined groups (developed by the organizing committee for maximum diversity) assigned to a specific table. The table topics included:

- Recruitment and retention
- Student training and experience
- Leveraging technology
- Engagement teams and communities
- Thinking outside the box

Presented below are summaries of the themes and sub-themes and with details presented in theme tables (tables 1-5). Figure 1 demonstrates the overarching themes. It was found that central to all of the identified 5 themes was 'community needs'.

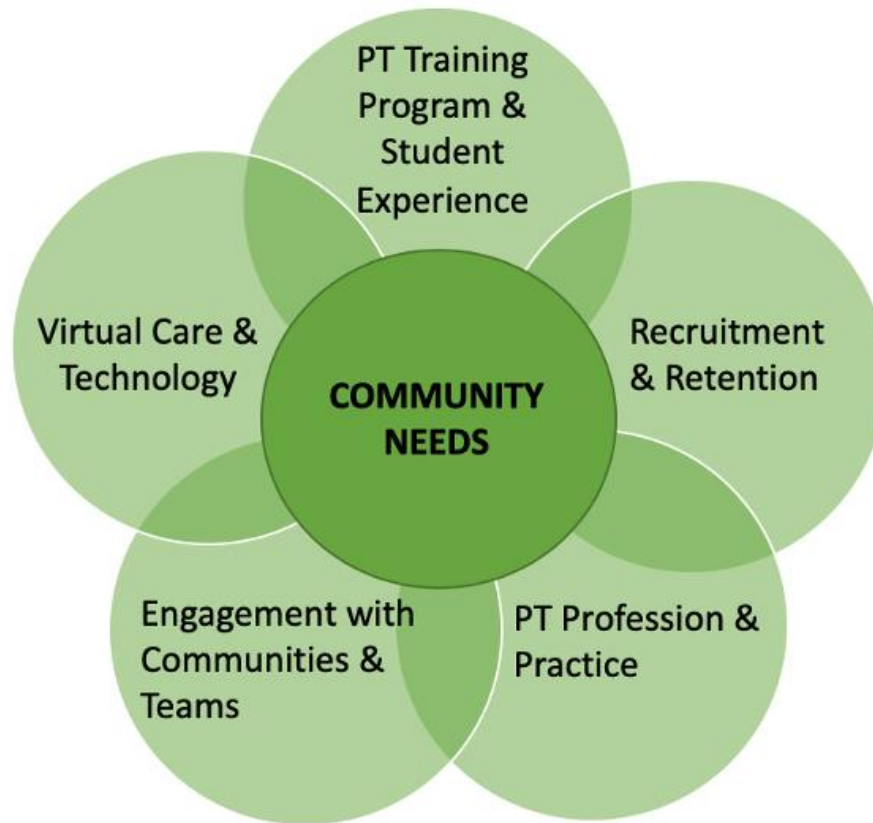


Figure 1: World Café Themes

PT Training Program and Student Experience

The province is currently not training enough PT students to meet clinical demands.

Increasing the number of seats in the MPT program, with targeted recruitment of potential students from rural and remote areas, is a potential solution. Additionally, emphasis on creating positive student experiences when on rural and remote clinical placements, inside and out of the clinical setting, may be beneficial in increasing interest in rural and remote practice later on. More specifically, facilitating student connections to communities, amenities and local recreation can highlight the unique advantages and opportunities of rural and remote practice. Providing avenues for students to formally and in-formally share their rural and remote clinical placement experiences with peers is an opportunity for promotion of rural and remote placements, communities and work environments. Lastly, collaboration and mentorship are key areas that should be leveraged in providing students with optimal rural and remote experiences including virtual care training. It is important for students to not only understand the effectiveness of virtual care in rural and remote practice but also ensure they gain adequate skills to work with various technologies so virtual care is not seen as a challenge when starting their professional careers.

PT Training Program and Student Experience Sub themes:

- Student recruitment
- Supply of new graduates
- Structure of training program
- Student clinic placement

See [Table 1](#) for details (page 20)

Recruitment and Retention

Recruitment of PT's to rural and remote areas throughout Saskatchewan should occur throughout multiple stages of PT development, starting with MPT students prior to graduation. For both recruitment and retention, highlighting the rewarding and distinct aspects that are unique rural and remote PT practice is necessary. Further, creating opportunities for professional development and advancement in rural and remote practice, along with providing associated financial and social benefits, were also identified as solutions areas. Establishing a provincial-wide rural and remote recruitment and retention strategy was recognized as a possible action to address the provincial PT shortage, particularly for chronically underserved rural and remote communities.



World Café discussion

Recruitment and Retention Sub-themes:

- Pre-graduation recruitment strategies
- Financial incentives
- Professional and personal development and advancement
- Addressing persisting vacancies
- Engagement with health care teams
- Connecting to communities

See [Table 2](#) for details (page 22)

PT Profession and Practice

Greater coordination and collaboration between public and private sectors will allow for increased learning opportunities and development of novel care practices to meet rural and remote community needs. Sharing successful components of rural and remote service delivery models can expand access to PT services across the province while also finding innovative ways to work in partnership with communities. Further, collaborating on integrative technology, which includes sharing cross-sector mentorship and learning opportunities such as grand rounds and access to specialist training, are approaches that can enhance the ability for rural and remote PT practice to provide elevated, team-based care.



Elder Rose Dorion, Pelican Narrows community member and Travis Eveleigh, physiotherapist, Canada Back Institute (CBI)

PT Profession and Practice Sub-themes:

- Private/public sector coordination
- Leverage and support innovative practices

See [Table 3](#) for details (page 24)

Engagement with Community and Teams

Collaboration and engagement with rural, remote and Indigenous communities is necessary to provide the best possible care. Each community has individual barriers and facilitators when it comes to accessing and using PT care; service delivery models should be flexible to meet each community's needs and capitalize on individual community opportunities. To establish effective, efficient and respectful models of PT care, institutional support to engage with community members and other health care providers should be provided.

Engagement with Community and Teams Sub-themes:

- Community engagement coordination
- Team-based care

See [Table 4](#) for details (page 25)

Virtual Care and Technology

Enhancing the use of virtual care and supporting PT's practicing in rural and remote areas to be efficient in the use of other technologies could come from establishing provincial-wide 'best practice' approaches. Learning from innovation sites and working with early-adopter clinicians to provide mentorship and training are two ways in which virtual care and the use of other technologies in PT delivery can be improved. Developing local capacity for virtual care and use of technologies will help with greater uptake, capacity and long-term success.

Virtual Care and Technology Sub-themes:

- Administration, funding and policies
- Mentoring and training on best practices

See [Table 5](#) for details (page 27)



Dr. Stacey Lovo and World Café participants

World Café Theme Tables

Table 1: PT Training Program and Student Experience

<u>Sub-Themes</u>	<u>Challenges</u>	<u>Possible Solutions</u>
Student Recruitment	Currently no selection process for students coming from rural/remote areas or those interested in working in rural/remote areas	<ul style="list-style-type: none"> Implement targeted rural/remote student recruitment. <i>Example: College of Nursing recruits 20 students from Swift Current</i>
	Not enough MPT applicants from rural/remote areas	<ul style="list-style-type: none"> Remote cohort application, seats reserved for students from certain geographic regions. <i>Example: UBC Prince George Cohort</i>
Supply of New Graduates	Not training enough PT's to meet provincial clinical demands (rural and urban)	<ul style="list-style-type: none"> Increase enrollment/ training seats in U of S MPT program Purchase bridging seats in other programs (<i>U of A or UBC</i>) with clinical training in Saskatchewan
Structure of Training Program	Students become accustomed to city lifestyle with 2-year MPT program based in Saskatoon and may be reluctant to return to rural and remote communities	<ul style="list-style-type: none"> Remote cohort application, seats reserved for students from certain geographic regions. <i>Example: UBC Rural Cohort</i> Facilitate increased remote/virtual education so students have the option to stay in rural and remote home communities longer
	Students and new graduates need to be better accustomed with best practices in providing virtual care	<ul style="list-style-type: none"> Incorporate Telehealth and virtual care training and exposure incorporated into MPT curriculum- including virtual care clinical placements Highlight how technology can be used for mentorship, further education and collaboration with other HCP's in rural and remote practice
Student Clinical Placement	Financial burden placed on students who go on rural and remote clinical placements (travel costs, accommodations/ rent)	<ul style="list-style-type: none"> Leverage local opportunities to reduce student costs. <i>Example: work with rural municipalities for subsidized housing options</i> <i>Example: develop housing registry for students</i>

Difficult to recruit enough rural and remote clinical instructors

Students may feel isolated on placements

Limited opportunities for students to share positive rural and remote clinical placement experiences

Limited exposure to both public and private practice in rural and remote communities

- Instill confidence in rural PT's and highlight benefits of taking on a student (productivity, experience)
- Promote paired student placements
- Create formal opportunities for students to share their experiences with rural and remote placements within MPT program
- Create rural and remote placements with combined public and private experience

Table 2: Recruitment and Retention

<u>Sub-Themes</u>	<u>Challenges</u>	<u>Possible Solutions</u>
Pre-graduation Recruitment Strategies	Lack of province-wide return of service bursaries for rural/remote service	<ul style="list-style-type: none"> ▪ Implement province-wide rural/remote return of service bursaries based on vacancies and need
	Difficult for students to connect with community outside of a clinical setting	<ul style="list-style-type: none"> ▪ Provide student bio to community before placement ▪ Student 'Welcome Day' to engage with different community members and events
Financial Incentives	Financial incentives for rural and remote practice are not enough	<ul style="list-style-type: none"> ▪ Rural and remote practice should have a different starting wage compared to urban options and increase with inflation. ▪ Additional incentives such as a discretionary professional development spending account
	Public sector competition with private sector that has more flexibility with pay structures and timing of hiring	<ul style="list-style-type: none"> ▪ Implement consistent collective bargaining agreements around compensation
Professional and Personal Development and Advancement	Perception of limited mentorship opportunities for new grads practicing in rural/remote areas	<ul style="list-style-type: none"> ▪ Facilitation access to mentors for new graduates and within focused areas of practice. Consider private practice models of mentorship/professional development.
	Less access to working with clinical specialists and difficult to provide continuous variety in workload	<ul style="list-style-type: none"> ▪ Public and private sector to work together to provide comprehensive continuing education (in-person and virtual). Example: Project Echo* virtual interdisciplinary rounds
	Difficult to recruit for long-term positions in rural and remote areas with limited number of senior positions available	<ul style="list-style-type: none"> ▪ Establish a virtual care and virtual mentorship program ▪ Long-term professional development plans with new hires
	Non-monetary incentives	<ul style="list-style-type: none"> ▪ Flexible work schedule that focuses on quality of life and changes

Persistent Vacancies

No provincial locum program to expose interested new grads and experienced PTs to rural/remote practice and temporarily fill service gaps

- Provincially coordinated locum model with SHA support; provides 'try out' opportunities for new grads and opportunity for PTs who want more temporary, flexible and variable work experiences

Table 3: PT Profession and Practice

<u>Sub-Themes</u>	<u>Challenges</u>	<u>Possible Solutions</u>
Private/Public Sector Coordination	Difficult to develop any province-wide practice strategy given the variability across province in services available and delivery models used	<ul style="list-style-type: none"> ▪ Increased integration between public and private PT services that focus on improving access to PT services in rural and remote areas
Leverage and Support Innovative Practices	<p>Perception within the PT profession of need to providing ‘hands-on’ assessment and management</p> <p>Service delivery models do not efficiently respond to urgent and acute patients</p> <p>Lack of opportunities to share innovative practice management approaches</p>	<ul style="list-style-type: none"> ▪ Work within individual community capacities to understand specific needs and barriers ▪ Develop responsive service model based on teams that leverage local opportunities. (Eg. No-wait strategies: drop-in virtual care appointments, work without waitlists, client-initiated access, EMR.) ▪ Facilitate sharing of innovative practice management approaches-provincially, nationally, internationally, from public and private sectors and other health care provider groups

Table 4: Engaging Community and Teams

<u>Sub-Themes</u>	<u>Challenges</u>	<u>Possible Solutions</u>
Community Engagement	Difficult to develop provincially supported strategies for the provision of community-based care	<ul style="list-style-type: none"> ▪ Build capacity within local communities and use local opportunities to assist with virtual care, reduce burden on health care system, empowerment local staff and families
	No provincial funding/resources to support community member education and training for PT profession (including PTAs)	<ul style="list-style-type: none"> ▪ Funding to develop provincial community health workers can improve and increase training opportunities for community members (e.g. PTA)
	Service provision is often dictated by capacity of health care providers and is not flexible to meet the unique and often changing needs of rural and remote communities	<ul style="list-style-type: none"> ▪ Embrace different forms of engagement to understand community-specific needs and barriers that need to be overcome to address these needs (e.g. language, culture) ▪ Development of a primary health care network that considers broader social determinants of health and socio-economic status as well as different ways of knowing (e.g. Indigenous perspectives)
	Different service delivery models including formal and informal protocols	<ul style="list-style-type: none"> ▪ Fostering ways for early connection and relationship building between newly hired PT's and other health care providers
Team Based Care	Organization and jurisdiction challenges when it comes to resource allocation for team-based care	<ul style="list-style-type: none"> ▪ Broadening funding and liability protection across regions and with First Nations. Share resources (coordinate travel) and use technology for improved connection
	In many rural and remote areas, facilities are siloed, and it creates barriers to provide adequate team care	<ul style="list-style-type: none"> ▪ When facilities are being remodelling or constructed, there should be a focus on creating shared spaces to provide collaborative care. (e.g. <i>La Loche</i>)

Expand training and use of PTAs- Saskatchewan currently does not offer a training program

- Team participation in continuing education: morning rounds, virtual care rounds (*e.g. Project Echo*)¹⁷
- Leverage use of existing PTA programs with online learning components in other provinces (e.g. Medicine Hat Occupational/Physical Therapist Assistant Program)

¹⁷ <https://hsc.unm.edu/echo/>

Table 5: Virtual Care and Technology

Sub-Themes	Challenges	Possible Solutions
Administration, Funding and Policies	Lack of infrastructure to enable and facilitate the appropriate use of virtual care technology	<ul style="list-style-type: none"> ▪ Develop provincial structures, supports and processes to enable optimal use of virtual care by PTs and other rehabilitation professionals
	Lack of awareness of guidelines for use of virtual care	<ul style="list-style-type: none"> ▪ Develop provincial best practice guidelines to facilitate uptake of virtual care and technology.
Mentorship and Training on Best Practices	Limited capacity, support and skill set to adopt and create universal virtual care networks	<ul style="list-style-type: none"> ▪ Increase opportunities for training with technology (includes students, PTs and interprofessional contexts) ▪ Share resources (IT/admin) as well as teaching opportunities between different health care providers and regions. (e.g. team education and problem-solving) ▪ Support and champion innovative ‘early adopter’ clinicians to be mentors and leaders in use of virtual care and technology ▪ Learn from and expand successful technological interventions that are already occurring: <ul style="list-style-type: none"> -RPR examples across the province that are increasing access and collaboration of care (e.g. Peds, LBP in Wollaston). -Telehealth pilots in SHA (e.g. home and stroke monitoring)
IT structure and support	There is a wide variety in system functions, access to internet, and appropriate spaces to provide appropriate virtual care	<ul style="list-style-type: none"> ▪ Move towards virtual care coordination with IT systems (e.g. EMR, virtual care platforms, PACS)

Perception within the PT profession of need to providing 'hands-on' assessment and management

- Increase exposure and training in use of technology to be adaptable to different settings and supported by a provincial E-Health Network
- Greater exposure to technology and virtual care skill set to understand the positive outcomes it can create.

Appendix

Appendix A: Affiliation of Participants

Canadian Back Institute (CBI) Health Group

Government of Saskatchewan
Ministry of Health
Ministry of Advanced Education

Lifemark Health Group

Meadow Lake Tribal Council

Medicine Hat College, PTA Program

Milestones Occupational Therapy for Children

North 49 Physical Therapy

Northern Medical Services

Partners In Health Canada (PIHC)

Peter Ballantyne Cree Nation

Saskatchewan College of Physical Therapists

Saskatchewan Health Authority
Provincial Programs
Continuing Care and Rehabilitation
Geriatric Services
PT Practice Lead
Primary Care

Saskatchewan Physiotherapy Association

University of Saskatchewan
School of Rehabilitation Science
College of Medicine
Canadian Centre for Health and Safety in Agriculture
MPT Students

