

Rural Peer Support:

The impact of coaching and mentoring on rural health professionals' practice

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Continuing professional development (CPD) for rural health care providers takes into account the unique needs and goals of such professionals and the isolated context in which they practice. Coaching and mentoring has emerged as an innovative approach for rural health care CPD.

Background

The Rural Peer Support Network (RPSN) offers coaching and mentoring for rural physicians and surgical, obstetrical and maternity teams. It matches experienced coaches with coachees who wish to further develop their clinical skills and confidence, and connect with colleagues.

RPSN comprises of:

- Coaching & Mentoring Program (CAMP)
- Rural Surgical & Obstetrical Networks (RSON) Coaching
- Rural Obstetrical & Maternity Sustainability Program (ROAM) Coaching



Process

1. **Enroll:** Coachees enroll and identify learning goals.
2. **Match:** Coachees are matched with a coach. The length of time and frequency of coaching is based on the coachees' goals and the RPSN program.
3. **Coach:** Coachees receive support in areas such as clinical skills, personal wellness, workflow support, and transitions in practice.
4. Remuneration, study credits, and program evaluations are provided throughout the RPSN.

Methods

- 2018-2021 data collected
- 195 registration forms
- 23 interviews

Results

Data analysis of evaluation interviews conducted by CAMP and RSON indicated that participants identified the program's outcomes as the following:

Relationship Building: Participants looked to the program to find support and build collegial relationships.

"[...] building collegial relationships with our referral surgeons because they weren't really mentors then, we wanted to make them into be mentors to facilitate that relationship building."

Clinical Skill Improvements: Participants pointed to refining skills and learning new approaches to practice.

"[...] lots of new information, you know, small things. I would call it adjustments to your current skill set."

Clinical Confidence: Increased confidence was achieved by building trust, getting hands-on experience in rarer medical cases and receiving reaffirmation and feedback from coaches.

"Having someone like Dr. [name] say yes you can do this, I feel safe and comfortable knowing that you exist within my health region and are performing this procedure is good for everybody, for us, for the patients and for those that give us privileges."

Clinical Retention: The program helped improve participants' comfort level and resiliency in their practice, positively impacting recruitment and clinical retention.

"CAMP was huge to bring me here and I'm really, really happy. And I've told lots of people about it. And I'm hopeful that it might help me find a locum, actually, next year."

Sustaining Rural Care: Sustaining rural surgical and maternity care was mentioned by several respondents whose sites were on the brink of closure.

"I think clinical coaching makes rural surgery sustainable, and can check off the quality improvement box for accreditation that many – we haven't talked about this at all, but many admin-level people are always concerned about safety. It probably does improve safety, but it also, it's an extra checkbox."

Implications

- **Flexible Funding** empowers coachees and coaches to define how coaching activities would take place.
- **Non-Directive Approach** means coachees were respected as fully qualified professionals seeking different approaches to their practice.
- **Learner-Driven** enables coachees to ask questions in a safe environment.

Acknowledgements



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