ORIGINAL ARTICLE

Tensions and contradictions: Understanding the forces that surround the creation of a rural psychiatry post-graduate education training site

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Abstract

Introduction: Distributed medical education (DME) has been recognised as a valuable approach to addressing physician shortages in rural areas. There are certain factors, such as effective community engagement and communication, that have been identified as important for the success of distributed sites. However, an approach to site development that focuses primarily on identifying and mitigating barriers may not capture the complexity underpinning the process. Our study sought to identify the factors influencing the development of a month-long inpatient training experience for psychiatry residents in Cape Breton, Nova Scotia.

Methods: Before the implementation at the Cape Breton site, our team carried out a focus group with Dalhousie residents and faculty in January of 2023 and also conducted key informant interviews from August 2022 to November 2022. Thematic analysis and a dialectical approach were used to analyse the data.

Results: Four key informants were individually interviewed, and a focus group of 8 was conducted. Five key tensions were identified: (1) individual needs versus systemic needs, (2) enthusiasm versus hesitation, (3) site integration versus site autonomy, (4) uniqueness versus universality of experience and (5) permanence versus transience of rotation.

Conclusion: The development of a new DME site involves contradictory dynamic processes that may be understood by applying a dialectical lens. Recognising these tensions may be useful for educators as they work towards the successful implementation of new DME training experiences.

Keywords: Dialectical approach, distributed medical education, psychiatry

Résumé

Introduction: La formation médicale décentralisée est de plus en plus reconnue comme une avenue importante pour contrer la pénurie de médecins en milieu rural. Certains éléments — notamment un engagement réel des communautés et une

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communication efficace — sont déjà considérés comme essentiels au succès de ces milieux de formation. Cela dit, une approche centrée surtout sur l'identification des obstacles et leur atténuation ne rend pas pleinement compte de la complexité du processus. Notre étude visait à cerner les facteurs ayant influencé la mise sur pied d'un stage d'un mois en psychiatrie hospitalière destiné aux résidents à Cape Breton, en Nouvelle-Écosse.
Méthodes: Avant l'implantation du site de Cape Breton, notre équipe a tenu un groupe de discussion avec des résidents et des membres du corps professoral de l'Université Dalhousie en janvier 2023. Des entrevues avec des informateurs clés ont aussi été réalisées entre août et novembre 2022. Les données ont été analysées au moyen d'une analyse thématique et d'une approche dialectique.
Résultats: Quatre informateurs clés ont été rencontrés en entrevue individuelle, et un groupe de discussion réunissant huit personnes a également été tenu. Cinq tensions principales ont émergé de l'analyse: (1) les besoins individuels versus les besoins du système; (2) l'enthousiasme versus l'hésitation; (3) l'intégration au site versus l'autonomie du site; (4) le caractère de l'expérience versus sa portée plus universelle; (5) la permanence versus le caractère temporaire du stage.
Conclusion: La mise en place d'un nouveau site de formation médicale décentralisée s'inscrit dans des dynamiques à la fois mouvantes et contradictoires, qu'une lecture dialectique permet de mieux comprendre. La reconnaissance de ces tensions peut être utile aux personnes impliquées en formation médicale lorsqu'elles cherchent à implanter avec succès de nouvelles expériences de formation décentralisée.

Mots-clés: Formation médicale décentralisée, psychiatrie, approche dialectique

INTRODUCTION

The low number of physicians in rural Canada is a recognised problem, with many patients lacking access to primary and specialty care.[1] Efforts to address shortages through medical education and training have included adapting medical school admissions processes to identify students who are more likely to practise in rural areas,[2] increasing support of rural teachers[3] and offering exposure to rural practice through distributed medical education (DME).[4-8] DME has been implemented in both undergraduate medical education (UGME) and post-graduate medical education (PGME) and has been successful in promoting recruitment to rural practice.[9-11]

According to the Canadian Psychiatric Association, there are currently about 4770 psychiatrists practising in Canada, with many areas of the country lacking access to psychiatric services, particularly in rural and northern areas.[12] Rural training during psychiatry residency offers a potential solution, with evidence that clinical experience in rural areas during psychiatry residency training may increase the likelihood of graduates choosing to pursue rural practice.[13-15] Rural training experiences provide first-hand knowledge of the healthcare systems in small communities[16] and encourage generalism, an approach to clinical practice which emphasises the breadth of knowledge and integration.[17]

The factors that must be taken into account when setting up a DME training site include choosing a site that allows learners to meet training requirements while providing novel or unique experiences; building and maintaining relationships that are based on shared values and clear communication and engaging and supporting faculty who are committed to the programme.[9,18,19] The quality of the experience and the connections that are forged could influence whether a trainee chooses to stay on to practise within a community.[11,19,20]

For many years, communities in Nova Scotia, outside of the large urban centre, have struggled to recruit and retain psychiatrists. Other than a few weeks spent in Saint John, New Brunswick during their 1st year, Dalhousie's psychiatry residents have historically trained in the Halifax Regional Municipality, where Dalhousie Medical School and its major teaching hospitals are located. A recent survey of psychiatrists at other sites in Nova Scotia and New Brunswick identified a high level of interest in supervising and training learners and the need to develop strategies around resource allocation, policy modifications and incentive structures to support this training.[21] These findings reflect efforts being pursued by the medical school and provincial government to encourage medical training outside of Halifax.

In 2022, the Dalhousie psychiatry residency programme expanded its training to include a 1-month inpatient rotation at the Cape Breton Regional Hospital in Sydney, Nova Scotia, which is located more than 4 h from Halifax. Statistics

Canada defines Sydney as a 'Small Population Centre'.[22] In contrast, Halifax is a 'Large Urban Population Centre'.[22] This was part of a larger project to expand residency training capacity with the goal of eventually establishing a rural training stream. Our team, which included faculty representation from both Halifax and Cape Breton, conducted a needs assessment to explore the opportunities and challenges associated with the new residency training experience at Cape Breton. Through this process, we also hoped to develop an outcome framework that could be used to evaluate the programme's progress.

METHODS

This qualitative study is grounded in social constructivist theory which assumes that life experiences, social interactions and culture shape how individuals, including researchers, construct knowledge and view the world.[23,24] To understand our positionality and contextualise our results, we are a team of 4 psychiatrists (LH, RA, MB and AM) with educational leadership roles within the department. One is located at the Cape Breton DME site (RA), and 2 (LH and AM) have experience in dialectical behavioural therapy (DBT).[25] There are 2 evaluation specialists (ME and PAB) and a university student research assistant (OC). Two team members have master's degrees in education (LH and ME), 1 team member has a bachelor of education degree (AM) and all have experience conducting qualitative research. Many are known to the study participants to varying degrees.

We work in Dalhousie University's Department of Psychiatry, a clinical academic department with a 5-year residency programme. Our 45 residents are primarily trained in the urban core of the Halifax Regional Municipality in Nova Scotia, with training opportunities at DME sites across the Maritime provinces. Our study population included Dalhousie Psychiatry residents, department members involved in psychiatry residency education and key informants who are education leads from other DME sites. These participants were selected using purposive sampling to ensure they had the experience necessary to enrich our data.[26]

A semi-structured interview guide was created, informed by our study objectives, to ensure the collection of essential data and invitations were sent out in July of 2022. Questions focused on gaps, barriers, facilitators and opportunities related to establishing the Cape Breton site. Key informants were invited to 1-h, semi-structured individual interviews at times best suited to them that were conducted from August 2022 to November 2022.[27-29] On January 9, 2023, residents and faculty who were members of the residency programme committee (RPC) were invited to a 1-h focus group that followed a regular Halifax RPC meeting for convenience. A research assistant (OC) arranged, conducted and recorded the focus group and individual interviews on Microsoft Teams and de-identified the transcripts.

Initially, a thematic analysis was conducted to identify and generate the themes.[30] Transcripts were hand-coded independently by 3 of the team members (LH, AM and OC) and then reviewed and revised through a consensus process. During this process, the psychiatrists with DBT experience (LH and AM) recognised that their clinical experience was influencing them to approach analysis through a dialectical lens, potentially bringing a unique perspective to the study's findings. Dialectical approaches recognise the dynamic and complex nature of systems and 'integrate dimensions of contradiction, change and system transformation over time'.[31] They regard the contradictions in narratives and experiences as dynamic, interrelated elements that exist in a 'continuous process of emergent change'.[32] While dialectical methods are not widely used in medical education research, they offer a useful approach to understanding processes with complex interpersonal and systemic elements.[33]

To ensure trustworthiness of the analytical process,[34] multiple authors (LH, AM and OC) independently carried out inductive coding of the transcripts. The team met several times to discuss their individual codes, review the transcripts collaboratively and co-construct themes. Discussions and decisions were documented. One author (LH) presented the analysis at the 2024 Association of Faculties of Medicine of Canada DME Network Research Day,[35] where audience feedback contributed to triangulation. All authors subsequently reviewed and provided feedback on the final findings.

The Dalhousie University Research Ethics Board determined this study was a programme evaluation and exempt from formal review.

RESULTS

The 4 key informant interviews took place. At the focus group, there were 5 residents and 3 faculty members, 2 of whom also were interviewed as key informants. Drawing upon a dialectical approach, 5 conflicting narratives/themes were recognised and organised with supporting participant quotes to demonstrate the conflicting and competing perspectives related to setting up the Cape Breton site. Quotes were chosen for representativeness and relevance; themes did not have to be voiced by both residents and key informants, allowing for distinct group representation.

Conflicting narratives #1: Needs of individual versus needs of system

Participants identified [Table 1] complex individual and systemic factors, comprising the needs of individuals (residents and faculty) and those of institutions and society. An element of urgency was noted in the timing behind the site's development, with systemic influences from academic institutions (curricular enrichment and social accountability) and health/government (psychiatrist recruitment). Many of the individual issues that arose focused on potential negative impacts upon residents due to the distance from Halifax (potential for isolation from family and peers, disconnection from the home department). To mitigate these, opportunities for residents to engage with the community and efforts by the department to connect with distributed faculty were recommended. Some elements were both individual and systemic, such as challenges with recruiting and supporting faculty to teach residents and a lack of available housing, which was identified as a factor affecting individuals (residents) that would require a systemic approach to address effectively.

Table 1: Supporting participant quotes for the needs of the individual versus the needs of the system

Needs of individual	Needs of system
Resident 1: It's really far away. So, residents are separated from their families, and it's especially difficult for those who have young children	Key informant 1: Honestly, I think politically it's a win. There's a lot of pressure from both the government and the university to provide this type of distributed learning
Resident 4: I think any measures would be helpful … to prevent it from being really isolated and making sure that the residents still maintain some community while they're away	Key informant 3: …there are some housing challenges around finding housing, but that's not … specific to Cape Breton
Key informant 4: Creating opportunities that will help faculty to feel more involved in a way that's meaningful to those faculty members (is important)	Key informant 4: I think service is always something that we talk about in balancing the service and learning needs in our training programmes. … (The rotation) may help for recruitment and retainment of … new grads as they leave, which is something that I think we're all thinking about now

Table 2: Supporting participant quotes for enthusiasm versus hesitation

Enthusiasm	Hesitation
Resident 2: It's somewhere that I would potentially want to live so kind of seeing what a career in psychiatry would look like in Cape Breton in that more rural setting would be really helpful	Resident 4: I think just the implications on lifestyle for kind of packing up your life and being just away from your routines … I think that could potentially have an impact on some resident's wellness
Key informant 1: The tone seems to have shifted away from 'we need bodies to see patients' to 'we want to have a flourishing academic site that provides an excellent training experience for residents across the spectrum'	Key informant 3: Already, there's been some concerns about the stability of staff (complement)

Conflicting narratives #2: Enthusiasm versus hesitation

Participants expressed [Table 2] both excitement and reservations about the new site arising from the individual and systemic issues discussed above. While some residents were hesitant to disconnect from their daily lives and uncertain about the unfamiliar rotation, others who are originally from the area were enthusiastic about opportunities to train in their home community. The key informants expressed enthusiasm for training residents and the potential for recruitment, while also expressing concern about the practical implementation of the rotation.

Conflicting narratives #3: Site integration versus site autonomy

The participants identified [Table 3] the tension between empowering the Cape Breton site to function autonomously and ensuring its integration with the Halifax-based department. Approaches

included understanding the local context, encouraging local decision-making, assigning responsibilities, ensuring accreditation standards are met, providing oversight and support, fostering faculty engagement, improving communication between sites, establishing partnerships with faculty and assessing the impact of the rotation on the site and the home programme.

Conflicting narratives #4: Uniqueness versus universality

Participants identified [Table 4] a tension between standardised and contextualised learning. Programme accreditation by the Royal College requires a degree of standardisation to ensure that residents receive training that meets requirements regardless of where training takes place. However, the concept of standardised teaching and learning conflicts with the fundamental rationale for distributed training to provide unique experiences within the local healthcare system.

Table 3: Supporting participant quotes for site integration versus site autonomy

Site integration	Site autonomy
Key informant 4: Including them (Cape Breton faculty), making sure that they're included in a lot of our academic activities … or some sort of communication or involvement with our programme. And other leadership opportunities within our academic department. I think it'd help generate engagement Key informant 1: Enrich the academic environment for the psychiatrists who work there … by allowing them to supervise and teach. That's only going to stimulate further, hopefully, their interest in doing that kind of work	Key informant 2: As much as possible to have the local people make that decision about how to do things. … I think that the local areas may have the best means of measurement Key informant 3: I don't know that it's for us to do, but it's for us to work with for example, (site education lead), to help him to figure out, how do we increase engagement?

Table 4: Supporting participant quotes for uniqueness versus universality

Uniqueness	Universality
Key informant 3: I think the advantage of distributed learning is to have exposure to different styles of practice, different service offerings, seeing how locally (residents) deal with any resource challenges in a way that you know, maybe they're unfamiliar with. Which can also even if they choose not to practise outside of central zone will help in the future with leadership opportunities or in their career in terms of problem-solving in different ways when resource challenges come up	Key informant 3: From a capacity piece, assuming all of their learning was done there, (residents) would have to be able to meet all of the Royal College requirements, provide sufficient training in all the different components, like addictions, outpatient and inpatients

Conflicting narratives #5: Permanence versus transience

In the comments from the participants [Table 5], there was a tension between commitment/permanence (we are doing this) and experimentation/transience (we are trying this). Elements of this tension include risk, potential for success or failure and future growth and development. Factors that might contribute to stability included supportive leadership from various levels, faculty who are committed to supervising residents and contributing to the department's academic mandate and faculty development offerings to support and prepare supervisors for their teaching role. When considering the future, participants emphasised the importance of programme evaluation and recommended a multi-faceted approach to collecting formal and informal feedback, such as check-ins, post-rotation evaluations by faculty and residents, exit surveys and interviews and monitoring of competency completion.

DISCUSSION

By applying a dialectical lens, our analysis revealed 5 primary tensions related to the creation of a psychiatry residency training experience outside a major urban centre. The advantage of using this approach is that it frames these as fluid conversations rather than focusing on specific factors that influence outcomes (the 'barriers and facilitators' approach). There are different ways of managing the conflicts exposed through dialectical approaches.[33] One perspective may be prioritised over the other ('We are definitely doing this') or the contradiction may be left ambiguous and unresolved ('We are both fully committed to doing this and at the same time, only experimenting'). We have included quotes that show how participants sometimes prioritised one view over another or attempted to identify

Table 5: Supporting participant quotes for permanence versus transience

Permanence	Transience
Key informant 3: It comes down to the willingness of the people and also the ability to demonstrate that they are able to maintain a programme. … There has to be long-term commitment to providing that long-term support for faculty and educators, the administrators. … It really goes beyond just the department of psychiatry or our residency programme to ensure that there's enough support there	Key informant 3: So, part of piloting the rotation this year is to really determine whether or not there are some gaps that we're missing. … (Proving) that they have sufficient resources, not just like borrowed from, but allocated to provide that in long term, not just in a short-term capacity because otherwise it's not going to be sustainable
Key informant 3: It becomes a bit of a self-fulfilling thing. Once we start it, the more it kind of also starts to propagate itself or perpetuate itself	Key informant 1: I would say that the post-graduate programme doesn't know some of the psychiatrists there particularly well. So there's also a question of do they actually have a good teaching skill set or are they going to be able to, even if they're physically there, deliver good supervision and provide appropriate assessment and feedback?

strategies that could help to achieve goals for the site. Nonetheless, the underlying dialectical themes are not likely to be resolvable and will continue to shape how the site evolves.

The 5 themes we identified are highly interdependent and may be organised according to contextual and relational dialectics, with contextual dialectics focused on the social sphere and relational dialectics on interactions between individuals.[33] The dialectics related to the site ('Integration versus Autonomy' and 'Uniqueness versus Universality') are contextual, referring to organisational factors such as curriculum and accreditation standards. In relation to 'Integration versus Autonomy', we see how independence of the site may conflict with the organisational need for integration with the home programme. Integration forefronts collaboration as a positive force but may also imply a hierarchical relationship and an implicit bias about the agency or capabilities of the distributed sites. Fostering site autonomy can help to create educational experiences and administrative strategies that are novel and effective, even as this contributes to the tensions inherent in 'Uniqueness versus Universality', where adherence to accreditation standards (universality) may be in contradiction to the desire for unique, context-specific training experiences.

The dialectics of 'Individual needs versus System needs' and 'Enthusiasm versus Hesitation' are more relational and interpersonal, with the human factor central to both. In our interview data, expressions of hesitation were most evident among the psychiatry residents, who were being asked to disconnect from their regular lives to spend 1 month in an unfamiliar location. The disruption of moving and the isolation from their community of learners was a serious concern for many even if they appreciated the unique learning experiences and recognised the value of expanded training to foster rural recruitment and retention. It is worth noting that this may be less of a concern for residency programmes where the primary site is in a rural community, rather than just a month-long rotation. However, it is likely these tensions would still be present if a Cape Breton-based resident were required to travel to Halifax for 1 month.

Of the 5 themes, perhaps the most fundamental tension was between the contradictory yet coexisting views of the rotation as a permanent, stable entity to which there was an organisational commitment versus a fragile and potentially impermanent experiment. When discussing this, the participants talked about the need for appropriate administrative support and a stable cohort of faculty members who are willing to act as preceptors. These findings are in line with factors identified in the literature as requirements for establishing and sustaining a rural training site for PGME.[36] This theme of 'Permanence versus Transience' was related to the 'Enthusiasm versus Hesitation' dialectic. However, there are factors beyond enthusiasm on the part of individuals and systems that will be needed. To date, the collaborative culture within the faculty group at the Cape Breton site, support from the health authority leadership team and communication with the department of psychiatry in Halifax have supported the maintenance of the rotation for the past 3 years. However, retention of psychiatrists in Cape Breton has jeopardised the rotation at various points in the past and may remain a serious threat for the future. Thus, the dialectic between stability and instability is likely to continue shifting for as long as the site exists.

Implications

Our study has implications for theory, research and educational practice. One of our aims was to develop a framework that could be used in evaluating a DME site after a period of operation. Dialectical approaches recognise the dynamic nature of phenomena, and in this, they complement other programme evaluation dimensions, including resource utilisation, educational outcomes and participant satisfaction. The 5 dialectical themes we have identified can be included in the qualitative site evaluation processes to obtain information about how tensions related to the site are evolving. For example, an awareness of how dynamics of integration and autonomy are shifting (or not) could be helpful for framing approaches to enhanced communication and leader development.

Our results align with previous studies[18] that highlight the importance of selecting distributed locations that meet training requirements while providing unique experiences, engaging committed faculty and fostering relationships based on shared values and clear communication. Our study also provides a reminder that the needs of the individual and the system are sometimes in tension. Plans for DME may not fully recognise that residents are individuals with families, obligations and emotional responses. If a resident has a poor or unsupported experience, including suboptimal housing, this will undermine efforts to build positive engagement. Tracking residents who return to Cape Breton for electives or permanent positions would help to clarify the long-term impacts.

Our study contributes to the growing body of literature on developing successful rural DME sites, particularly for training psychiatry residents. Strengths of our study include a diverse team of investigators, including current (AM) and past (MB and DP) residency directors and a Cape Breton-based faculty member (RA).

Limitations

Limitations of our study include a focus on a single rural DME site whose context may not align with other programmes. In addition, most of our study participants were based in Halifax, including the psychiatry residents, none of whom had yet had the opportunity to rotate through the Cape Breton site. Thus, our data largely (although not exclusively) represent the perspectives of people whose knowledge of the site was from an outsider's perspective. While we believe the 5 dialectical themes are likely to still be applicable, we will ensure that future interviews will draw upon the experiences of Cape Breton faculty to a greater extent and include the perspectives of residents who have completed their rotations there.

Future research

A comprehensive formal programme evaluation is being planned to take place after 5 years of operation in 2027. This will consider how the individual and systemic needs have been prioritised and whether there has been a shift in the relative degrees of enthusiasm and hesitation about the rotation. It will also explore how the issues of autonomy and uniqueness have been negotiated within the organisational requirements of the programme. Finally, we will seek to understand how the question of permanence and sustainability has been addressed. With this information, we hope to improve the rotation and gain insights that can be used to support further expansion of DME in our department.

CONCLUSION

By applying a dialectical lens, it is possible to identify shifting tensions that underpin the development and continuing existence of distributed education sites. Paying explicit attention to how these evolve over time provides opportunities to better understand the status of these sites and identify actions to support their success.

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