UBC CPD

CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE

Rural Coordination Centre of BC
Enhancing Rural Health Through Education

UBC RURAL CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM

ANNUAL REPORT

2015-2016

Submitted by:

Ray Markham, MD, RCPD Medical Director
Tandi Wilkinson, MD, RCPD Associate Medical Director
Dilys Leung, PhD, RCPD Project Manager
Andrea Keesey, MA, UBC CPD Director
Stephanie Ameyaw, MA, UBC CPD Research Assistant
Kathryn Young, MA, RCPD/RCC*bc* Program Assistant
Eric Liow, MSc, UBC CPD Research Assistant
Dani Craig, MSc, UBC CPD Research Assistant
Allison Macbeth, MAppSc, UBC CPD Research Assistant
Bob Bluman, MD, UBC CPD Acting Associate Dean

Date: June 18, 2016

CONTENTS

I. RCPD EXECUTIVE SUMMARY AND VISION

The UBC Rural Continuing Professional Development Program (RCPD), affiliated with the UBC Division of Continuing Professional Development (UBC CPD), is committed to supporting the learning needs of rural physicians and other rural health care professionals. Supported by the Rural Coordination Centre of BC (RCC*bc*), the program has been operating since 2008. In the past eight years, we have improved access to CPD programs for rural practitioners using a 'closer to home' delivery method.

The RCPD program has developed rurally-specific CME programs in response to the identified needs of rural physicians. All educational offerings model values of excellence in CME – they are community-based, interprofessional, engaging, interactive, practical, and of relevance to rural physicians.

The RCPD Program is led by Medical Director, Dr. Ray Markham, a Rural Medical Advisory Committee, an Associate Medical Director, Dr. Tandi Wilkinson, with support from senior management at UBC CPD, RCPD Project Manager, Dr. Dilys Leung, and the UBC CPD research team and administrative staff.

To date, program evaluation data indicates that there is significant value in the program for rural physicians.

The overall vision of the RCPD program for 2011 to 2016 has four aims, which are to:

1. Become a rurally-based organization that seamlessly supports CPD needs at both the local community and regional levels;
2. Support provincial level collaboration of rural CPD processes;
3. Continue to build upon our current programming and networks; and
4. Expand our scope beyond traditional CPD initiatives.

This report describes RCPD program activities for the period of **April 1, 2015 to Mar 31, 2016**.

II. RCPD DELIVERABLES AND KEY MILESTONES 2015-16

Quarter	Time Period	Deliverables/Key Milestones
Q1	April 1, 2015 – June 31, 2015	• Held quarterly Medical Advisory Committee teleconference • Completed 2014-15 Rural Rounds videoconference series, planned and began advertising 2014-15 series • Completed 2014-15 Internal Medicine and Rural Emergency Medicine Online Journal Clubs • Delivered pilot Hands-On Ultrasound Education (HOUSE) Courses and faculty development sessions in Terrace and Haida Gwaii, BC • Delivered the Shock Course at RECC and Rural & Remote Conferences • Delivered Hands-On Ultrasound Education Obstetrics (HOUSE-OB) Course at RECC Conference • Held first pilot Rural Rounds Evening Webinar Series • Launched Practice Improvement Groups (PIGs) and held first session (topic: urinary tract infections) • Began development for This Changed My Practice – Rural Edition
Q2	July 1 – September 30, 2015	• Held inaugural RPCD Planning Meeting to connect entire RCPD team and key partners and program plan • Delivered second pilot Rural Rounds Evening Webinar Series • Held inaugural eHITS Telehealth Rounds • Initiated publication process for the Rural EM Needs Assessment study and began writing manuscript • Launched This Changed My Practice – Rural Edition and interviewed two physicians for three articles • Launched Rural Emergency Medicine Online Journal Club and Sexual Health Forum • Launched first half of the 2015-16 Rural Rounds videoconference series: "Many Elements of Being a Medical Expert" • Held second session of PIGs (topic: urinary tract infections and urine dipsticks) • Began planning for the online learning component for the HOUSE Program • Held SEMP-SIM Working Group Meeting to discuss evaluation data, possible changes to the course design, and planning for future courses • Held two Clinical Coaching for Excellence Program Working Group Meetings to begin planning for the program • Held two Rural Continuous Quality Improvement (CQI) Needs Assessment Working Group Meetings to begin planning for the study

Q3	October 1 – December 31, 2015	• Held Medical Advisory Committee teleconference • Delivered HOUSE-OB Courses in Salmon Arm, BC and Yellowknife, NWT • Delivered HOUSE Courses in Castlegar, Nakusp, and Clearwater, BC with the course in Castlegar also serving as a faculty development session for three new faculty • Began planning for HOUSE video series to be filmed in Spring 2016 • Deployed HOUSE online learning component through the Moodle Platform • Sent Airway Mannequins to Sechelt for an education day • Held third session of PIGs (topic: statins) • Began program planning for Family Practice Anesthetist (FPA) stream of the Clinical Coaching for Excellence Program • Revised New to Rural Practice Physician Mentoring Program based on evaluation of pilot program
Q4	January 1 – March 31, 2016	• Launched second half of the 2015-16 Rural Rounds videoconference series: “Heart Sink Issues/Common Challenges” • Held second session of eHITS Telehealth Rounds • Delivered HOUSE courses in Sechelt and Pemberton, BC • Held fourth session of PIGs (topic: review of statin data) • Developed research design, program evaluation strategy, clinical coaching manual, coachee needs assessment, and coach training session for the FPA Clinical Coaching for Excellence Program • Confirmed participation of five communities in year-one of the FPA Clinical Coaching for Excellence Program: Sechelt, Quesnel, Golden, Prince Rupert, and Fort St. John • Commenced literature search and environmental scan for the Rural CQI Needs Assessment study • Delivered two poster presentations and one oral presentation at the 2016 World Congress on Continuing Professional Development

III. RCPD ADMINISTRATIVE PROGRESS

This year has seen the addition of a number of opportunities to the **CPD portfolio**, which are designed to reach further out into the periphery of rural British Columbia. These include: the Hands-On Ultrasound Education (HOUSE) Program, the Clinical Coaching for Excellence Program, Practice Improvement Groups (PIGs), the CPD4ME application, This Changed My Practice – Rural Edition, and the Rural Continuous Quality Improvement (CQI) Needs Assessment.

The HOUSE Program is an innovative and highly popular traveling modular ultrasound course in which the curriculum can be customized to the learning needs of individual rural communities, whether the community has three, or 16 physicians. The **Clinical Coaching for Excellence Program** aims to support physicians practicing in rural BC to enhance their clinical practice through an individualized and contextualized clinical coaching opportunity. **PIGs** is based on a problem-based small group learning model that aims to optimize clinical skills by linking patient data to participation in modules. The modules were designed to include real-life examples of teaching/learning situations to promote discussion of challenging issues/dilemmas that are likely to arise in clinical settings. **This Changed My Practice – Rural Edition** aims to add a rural voice to the award-winning This Changed My Practice blog series and to raise the profile of rural physicians as educators and scholars. The goal of the **Rural CQI Needs Assessment** is to explore how best to facilitate a successful provincial CQI process and to answer what needs to be considered to create a supported system of CQI in rural and remote communities of BC.

We continue to deliver our **ongoing programming**, including the New to Rural Practice Physician Mentoring Program, the Rural Rounds provincial videoconference series, the Online Journal Clubs (rural EM physicians, Sexual Health and a new club for FPA's which will commence in the fall), the 'Dummy Makes Perfect' airway mannequin loan program, and running the Shock and Hands-On Ultrasound Education Obstetrics (HOUSE-OB; formerly the Third Trimester Point-of-Care Obstetric Ultrasound [POCUS-OB] Course) in communities and conferences. After a successful pilot phase, the Combined Emergency Simulation and Procedures (SEMP-SIM) Course is now being delivered in rural communities.

We strive to **reach out and connect** with our colleagues and partners. We held our inaugural **RCPD Planning Meeting** on September 10, 2015 to connect the entire RCPD team, which includes the Medical Directors, the Medical Leads, the Management Team, the Research Team, and external partners with representatives from RCC*bc*, BC College of Family Physicians, and Northern Health. It was a highly successful all-day meeting in which we received feedback on how to strengthen ongoing programs, develop and deliver new programs, and program plan for the next three years. The areas identified for enhancement were: communication and feedback loops at all levels, longitudinal program evaluation whenever possible, faculty recruitment and development, post-program support and building supportive and sustainable relationships.

Some of our internal administrative highlights from the past year include:

- Dr. Ray Markham was appointed Executive Director of RCC*bc* on January 15, 2016, and continues to provide leadership as RCPD Medical Director.
- Dr. Bob Bluman was appointed Acting Associate Dean of UBC CPD on August 1, 2015, and continues to provide leadership and expertise to RCPD in his capacity as Medical Lead for the Clinical Coaching for Excellence Program, the New to Rural Practice Physician Mentoring Program, and the Rural CQI Needs Assessment.
- Dr. Brenna Lynn is on maternity leave as of August 1, 2015 and plans to return on August 1, 2016 as Associate Dean of UBC CPD.
- The Medical Advisory Committee had three meetings in 2015-16: April 21, 2015 (teleconference); November 30, 2015 (teleconference); February 22, 2016 (teleconference).
- A list of the current Medical Advisory Committee members can be found in Appendix 1. MAC meeting agendas can be found in Appendix 2.

IV. RCPD EDUCATIONAL PROGRAMMING

Below is a summary of RCPD educational programming activities…

A. TRAVELING COURSE DEVELOPMENT & DELIVERY

Hands-On Ultrasound Education (HOUSE) Program

We are pleased to report that after two successful pilot courses run in May 2015 (Terrace, BC and Queen Charlotte City, BC), the Hands-On Ultrasound Education (HOUSE) Program commenced a full rollout of courses beginning in Fall 2015. The program brings highly flexible and adaptable hands-on ultrasound learning to rural BC physicians. The courses can be scaled up or down, which means that isolated BC communities with three physicians can host and customize the program to their learning needs, just as easily as a community with 16 physicians. The flexibility lends itself to meet the needs of both new and experienced POCUS (Point-of-Care Ultrasound) users.

The course structure embraces interactive adult learning principles by being hands-on, engaging, case-based, practical, and responsive to individual learners' needs. The teaching materials and modules encourage a sense of enthusiasm and empowerment for the use of POCUS, with the goal of lowering barriers to the acquisition and use of POCUS skills. See Appendix 3 for a course flyer.

During the first quarter of 2015, the working group in prepared for the pilot courses in early May:

- On May 2-3, the first pilot course took place in Terrace with 13 participants and all instructors (nine in total). This larger pilot doubled as a faculty development session to train apprentice instructors and teach all applications.
- The second, smaller-scale community pilot was held on May 5 in Queen Charlotte City on Haida Gwaii. This pilot had seven participants with two instructors teaching for a single day, covering about half of the application modules from the menu.

After the delivery of the pilot courses, UBC CPD staff converted the pre-learning materials packet into digital format on the UBC CPD Moodle Site, an online Learning Management System (LMS) platform. Beginning at the course in Castlegar, participants completed the pre-learning (reading, videos, surveys, and a quiz) online through Moodle. After receiving feedback from participants, UBC CPD has implemented ongoing revisions in order to best present the content for adult learners.

The pilot courses also informed the application modules and the way they are taught in the course. The faculty decided the most effective way to offer the applications for POCUS would be in module form, including Ultrasound for Trauma, Ultrasound for Shock, Ultrasound for Abdominal Pain and Ultrasound for Ambulatory Care. Please see Appendix 4 for details.

HOUSE Course Delivery: Communities and Dates

Fall 2015

- Castlegar (October 3-4, 2015) – 16 participants

- Nakusp (October 5, 2015) – 7 participants
- Clearwater (October 24, 2015) – 7 participants

Winter/Spring 2016

- Sechelt (January 23-24, 2016) – 16 participants
- Pemberton (February 20-21, 2016) – 6 participants

Upcoming courses 2016

- Tofino (April 10, 2016) – 7 participants
- Golden (May 15, 2016) – 8 participants
- Revelstoke (May 16, 2016) – 13 participants
- Prince George (June 11, 2016) – 16 participants
- Port McNeill (September 10-11, 2016) – 11 participants
- Cranbrook (October 13, 2016) – 8 participants
- Fernie (October 14-15) – 12 participants
- Salmon Arm (October 26, 2016) – 8 participants

In early 2015, Phase II funding was approved by the Joint Standing Committee on Rural Issues (JSC) to build capacity and offer the program more broadly across BC following the pilots. This funding will cover twenty courses over a two year period. The course has been approved for up to 14.0 Mainpro-C credits (CFPC). The Program is currently on track to deliver 10-11 courses in 2016, exceeding the initial goal set out when funding was first approved.

Figure 1. Photos from the HOUSE Course in Castlegar, October 3, 2015. Photos by Nick Diamond Photography

Hands-On Ultrasound Education Obstetrics (HOUSE-OB) Course

The Third Trimester Point-of-Care Ultrasound (POCUS-OB) Course is now under the umbrella of the Hands-On-Ultrasound Education Program and has been renamed the Hands-On Ultrasound Education Obstetrics (HOUSE-OB) Course. HOUSE-OB had another successful year with the delivery of three community courses and two conference courses. See HOUSE-OB Flyer in Appendix 5.

- In 2015, the course was delivered three times: the RECC Conference in Penticton, BC, on May 21 with 16 participants (Lead: Dr. Tandi Wilkinson, GP-EM, Kelsey Skulnec, RDMS), in Salmon Arm,

BC, on October 23 with 14 participants (Leads: Chris Eddy, RDMS, Dr. Shireen Mansouri, GP-EM), and in Yellowknife, NWT, on November 10 with 12 participants (Lead: Dr. Tandi Wilkinson, GP-EM, Dr. Shireen Mansouri, GP-EM).

- Dr. Shireen Mansouri is now the Medical Lead for the HOUSE-OB course taking over from Dr. Tandi Wilkinson.
- The course leads are currently working on a program evaluation for the program (from 2012 to 2016) as well as developing an online module for pre-course learning.
- There has been a great deal of interest in the OB Ultrasound Course and we continuing to receive requests to take the course to other communities in BC and beyond.
- The course is scheduled for Duncan on April 8, 2016 (Leads: Chris Eddy, RDMS, Kelsey Skulnec, RDMS) and the SRPC R&R Conference in Charlevoix, QC on May 7, 2016 (Leads: Dr. Shireen Mansouri, GP-EM, Kelsey Skulnec, RDMS).

Local In Situ ER Simulation and Procedures Courses ("The Combined SEMP/SIM Course")

In 2014, with support from the Joint Standing Committee and the Provincial Rural CME Collaborative, an innovative educational emergency medicine course was offered in two rural BC communities as a pilot project. This project was coordinated by the Rural CPD team and involved offering together two existing courses: the Simulation-Assisted Emergency Medicine Procedures (SEMP) Course (UBC Department of Emergency Medicine) in conjunction with the Interior Health Authority's mobile, in situ high fidelity EM simulation (SIM) course. The combined course was offered to rural health care teams and delivered right in their emergency department trauma room. Part of the mandate of this pilot project was to create a template for this process: the effective distribution of an existing high-quality educational opportunity that is not widely distributed and making it available throughout rural British Columbia. The two-day pilot courses were delivered successfully in two Health Authorities: one in Trail in June 6-7, 2014 (Interior Health Authority), and one in Quesnel in October 4-5, 2014 (Northern Health Authority).

Following the successful pilot courses, the RCPD team applied to the Joint Standing Committee on Rural Issues for additional funding to support the limited roll-out of this in situ ER simulation and procedures course over the next three years, which would involve running two courses per year on a cost-recovery basis. RCPD was awarded the development costs associated with the roll-out, which would include supporting the working group to develop and refine course content, build partnerships with simulation programs across the province as well as other existing simulation program leads, and create capacity through interprofessional faculty development.

Dr. Jeff Plant has taken over as Medical Lead for the program from Dr. Tandi Wilkinson. Dr. Wilkinson remains on the Working Group, along with Drs. Afshin Khazei, Julian Marsden, Garth Hunt, and Tara Gill. The Working Group met two times this year via teleconference to incorporate some of the learnings from the pilot courses into the course design. It was decided that the first day of the course will focus on procedural skills development and 'actuation', i.e. putting skills into action, and the second day will focus more on the teamwork elements along with medical case learning by adding a formal session on

teamwork to the curriculum. In terms of improvements to faculty, it was decided that the same instructors should teach on both days and use local educators whenever possible. This will improve the quality of the course and make it more sustainable. Another modification is to make the skills stations on Day 1 more interprofessional by adding an RN educator to demonstrate the nursing perspective and role on the skills taught.

The first post-pilot course is scheduled to be delivered in Nelson, BC on April 2-3, 2016. Eighteen participants are registered to attend the course (eight physicians, four residents, and six RNs), with all rural health care practitioners from the Kootenay Boundary area. See: Combined SEMP-SIM Course flyer in Appendix 6.

Quotations from course participants:

"Great balance of SIM scenarios and procedures," "Increased confidence with rare but emergent procedures," "Better communication between team members," and "Really valuable to have you come here rather than us coming to Vancouver!"

The Shock Course

The Shock Course has returned to offer community and conference courses in order to fulfill the many course requests. We ran three community and conference courses this year.

- The course was offered at the RECC Conference on May 20, 2015 and the St. Paul's Update on September 25, 2015.
- The course is scheduled to be delivered in Ashcroft in April and will featured 11 nurses and eight physicians highlighting the interprofessional aspect of the course, which also speaks to its success.
- We will also offer the course once again at the RECC Conference taking place in June 2016.
- As the Shock Course has now been offered more than 40 times across BC, the RCPD Medical Director, Associate Medical Director, and Medical Advisory Committee have decided to run this course on a by-request basis or at annual conferences that attract many rural physicians.
- Dr Francois Louw is now the Medical Lead for the Shock Course.
- See Shock Course flyer in Appendix 7.

Figure 3. Ultrasound Medical Lead Francois Low at the Ashcroft Shock Course, April 2016

B. AIRWAY EQUIPMENT LOANS

Dummy Makes Perfect

The Dummy Makes Perfect airway loan program is accepting booking requests via our online booking system: http://fluidsurveys.com/s/ubc-cpd-mannequin-booking/. The program creates access to three Laerdal airway mannequins (adult, pediatric, and infant) and educational materials including airway scenarios for local CME (scenarios were developed by The CARE Course co-directors, Drs. Jel Coward and Rebecca Lindley). The mannequins have been loaned to following communities: Stewart in (February 2015) and Sechelt (March 2015). Upcoming loans include Penticton and Grand Forks. Feedback from communities post-loan highlights team building along with skill development. MAC member Dr. Brenda Huff is the Medical Lead for this program.

C. RURAL VIDEOCONFERENCE EDUCATION

Rural Rounds Videoconference Series

The 2015-16 Rural Rounds videoconference series focussed on CanMEDS roles. The first half of the series consisted of topics addressing the "Many Elements of Being a Medical Expert" and the second half of the series focused on "Heart Sink Issues/Common Challenges." This year, participants were able to connect to the Rural Rounds using a WebEx connection from their home or office computer. Participants are able to text their questions in real time to the Rural Rounds moderator or talk real-time using the videoconference equipment. To increase interactivity, participants are given an opportunity to submit their questions or unique cases relating to the topic area in advance, so that the presenter may come prepared to respond. Dr. Janet Fisher and Dr. Clair Biglow are the Medical Leads for Rural Rounds videoconference series. See Appendix 8 for the 2015-16 Rural Rounds course flyer.

eHITS Telehealth Rounds Update

Rural Rounds partnered with Dr. Kendall Ho, Director of the Digital Emergency Medicine at UBC, and BC telemedicine expert Dr. John Pawlovich for the inaugural "**eHITS" (eHealth Innovation Technology Showcase) Telehealth Rounds.** The goal of this initiative is to provide a provincial forum to present and discuss examples of telehealth being used in clinical practice today in BC. This was a three part series held on September 11, 2015, January 15, 2016, with the third session scheduled for April 15, 2016. Each session featured over 80 participants registered and evaluation data has been positive.

The September 11, 2015 session highlights include:

- Identify examples of telehealth technology available today for clinical practice

- Understand how telehealth can support primary care and acute/emergency care services reliably and longitudinally in remote BC
- Tools for developing and implementing Shared Care models, and enhancing relationships between healthcare providers and patients through technology
- Review opportunities that support the integration of telehealth into your practice

The January 15, 2016 session highlights include:

- Review the 'Virtual' Thoracic Consulation
- Review the data – patients seen, kilometers of patient travel saved, patient satisfaction survey results
- Next steps forward – the 'normalization' of telemedicine consultation in BC

D. ONLINE LEARNING PROGRAMS

Rural Emergency Medicine Online Journal Club

The 2015-16 season of *the Rural Emergency Medicine Online Journal Club* featured five guest moderators who were assigned to one of five journal club sessions, which ran for five weeks each. There were 19 participants enrolled from across BC. CPD credits were awarded when participants posted two or more comments per session. Dr. Jeff Plant from Penticton continues to chair the Advisory Group for this program and has enlisted several colleagues from across BC to offer guidance and in kind support for the journal club.

Sexual Health Forum: Online Journal Club & Practice-Based Dialogue

The inaugural *Sexual Health Forum: Online Journal Club & Practice-Based Dialogue*, which recently concluded, was led by Dr. Marisa Collins, who is a Medical Director of Special Projects at UBC CPD and based in from Pemberton. Dr. Collins is also the Medical Director of Options for Sexual Health BC. There were two (2) additional moderators, and each facilitated two (2) sessions each for a total of six (6) sessions over the academic year. Each of these sessions ran for five (5) weeks. The Sexual Health Forum was considered a great success with 63 participants living in areas such as Courtenay, Creston, Cumberland, Nanaimo, Powell River, Queen Charlotte, Revelstoke, Saanichton, Victoria, Williams Lake, and Winlaw. In addition there were several from Vancouver and other Lower Mainland communities such as Burnaby, Richmond, North Vancouver, Mission, and Abbotsford. As well, some participants were from out of province in areas including in the Yukon Territory, Alberta, California, and the United Kingdom.

Participants were involved in selecting topics for journal club discussion through submitting ideas to the website administrator and through rating their favourite topics in two polls which were distributed to them for voting. Topics discussed included an introduction to critical scientific thinking, emergency contraception, human papillomavirus (HPV) vaccination for males, diagnosis and management of

testosterone deficiency syndrome, care for sexual assault victims, and treatment of unscheduled bleeding in women using continuous hormonal contraception.

One new innovation of this club, which has not previously been used in our other online journal clubs, is the addition of a 'Dialogue' section – a forum-style discussion area where participants could discuss anything relevant to sexual health and clinical practice with other members of this online forum that was not directly related to the journal club article session. Participants submitted their ideas for discussion to the website administrator through email or through leaving comments on a specific page of the website. The 'Dialogue' was a great success with 27 active conversations over the course of the program. As well, the midpoint evaluation of the program showed that 23 of 24 respondents thought this was a useful addition to the journal club. Indeed, this additional section of the club will now be added to our other online journal clubs for the next academic year because of its success.

Please see Appendix 9 for Rural EM Journal Club Flyer and Appendix 10 for the Sexual Health Forum Postcard.

New Journal Clubs for 2016-17

The RCPD team has been working with Dr. Kirk McCarroll to design a Family Practice Anesthesia (FPA) Online Journal Club. Starting in fall 2016, the forum will connect FPA's from across BC to participate in a practice-based dialogue. The journal club will feature 5 five-week sessions running from October 2016 to June 2017. Registrants will receive study credits for participating in moderated appraisal and discussion of FPA journal articles. The 'Dialogue' section will enable practice-related collegial conversations on FPA topics chosen by the participants.

The following topics will be featured in the upcoming session: neurology, airway, obstetrical and pediatric anesthesiology.

This Changed My Practice – Rural Edition

This is a new project for the RCPD portfolio led by Medical Editor Dr. Bruce Hobson. The aims of this project are to add a rural voice to the award-winning This Changed My Practice blog series and to raise the profile of rural physicians as educators and scholars. Two Working Group Meetings were held on April 17 and May 22, 2015 to establish the parameters for the project and to brainstorm ideas.

A challenge we have faced with initiating this project is the relatively low engagement of rural physicians. To try and increase engagement, we are offering authors the chance to be interviewed by a UBC CPD research assistant who will then collect the necessary literature to draft an evidence-based article that will then be jointly edited by the rural physician and the research assistant. At present, two interviews have been completed and two articles are being drafted.

E. BUILDING AND SUSTAINING SUPPORTIVE RELATIONSHIPS

New to Rural Practice Physician Mentoring Program

The New to Rural Practice Physician Mentoring Program was piloted in 2014 and a renewed iteration of the program will be offered in June 2016. The formal program offers mentoring support for physicians starting practice in rural BC communities during the eight-month program. The intent of the program is to help ease the transition into rural practice and to enhance recruitment and retention of physicians in rural BC. Training, tools (not rules) and support for the mentors in the form of training sessions, telephone calls, concierge type support, and honorarium will be offered. The mentees will be offered their choice of mentors, flexibility in setting the terms of the relationship, and ongoing support from their mentors and program staff. An extensive evaluation will be conducted and will focus on participants' experiences with the program, perceived influence on comfort in practice and likelihood of remaining in their community.

The renewed offering of the program will include a maximum of 15 mentors and 15 mentees. Several changes have been made based on the evaluation of the pilot program. Program tools have been refined based on the comment that forms and tools were too onerous on the participants. As such, a telephone option for completing surveys will also be provided to participants. To further examine the retention aspects of the program, a post-program three-year follow up will also be included as part of the evaluation process. Finally, mentors and mentee pairs who are not co-located in the same community have the opportunity to request for funds to support an in-person meeting at the start of the mentoring relationship.

The next iteration of the program is near ready for launch. Once the process of finalizing mentor and mentee pairings is completed in June, training and information sessions will be offered to all participants. Optional teleconference 'check-in' meetings with mentors and mentees will take place every two months after the start of the program. Evaluation activities will take place between June 2016 to February 2017. Currently, more mentees have applied to the program than the allotted space allows. As a result, additional funding has been requested. Mentor recruitment will be an ongoing process. The aim is to continuously expand the pool of mentors to allow mentees in later cohorts more choice.

Clinical Coaching for Excellence Program

Since early 2015, the RCPD team, led by Drs. Bob Bluman and Kirstie Overhill, have been working to plan and design the Clinical Coaching for Excellence Program. The working group has put a significant amount of time into developing all aspects of the program including structure, scope, goals, learning objectives, content, timeline, and approach to research and evaluation.

The aim of the coaching program is to support physicians in rural BC to optimize their clinical practice through a personalized and contextualized approach to clinical coaching. The program is designed to assess and respond to community and physician-specific learning needs in order to improve quality of care, communication, and engagement within provincial physician networks. The program aims to

improve physicians' confidence and comfort with clinical and non-clinical skills, demonstrate rural physicians' commitment to continuous quality improvement, establish/enhance collaborative peer-peer and multidisciplinary relationships, and support a clinical coaching culture in rural British Columbia.

Coaching will occur in the rural community of physicians who are seeking training. The scope and structure of individual programs will be driven by the learning needs and preferences of participating rural physicians. Coachees will be asked to complete a needs assessment survey where they will indicate their professional goals, strengths and weaknesses of their practice, the type of cases where they would prefer to have support, and specific techniques they would like to learn from the coach. Participants are also given the unique opportunity to choose and work with their selected specialist and/or peer coach.

As was outlined in the initial program proposal, the introductory phase of the program will involve a number of program streams focused on different clinical areas, and utilize different approaches to coaching including peer coaching within rural communities and external coaching by specialists visiting rural sites. Program streams currently being developed include Family Practice Anesthesiology (FPA), Enhanced Surgical Skills (ESS), and Peer Coaching.

Research and program evaluation will be integrated into the design of each program stream. Evaluation will measure the impact of the programs on a variety of parameters including practitioner comfort and confidence; clinical knowledge and skills; satisfaction with medical career; preparedness to practice in a rural community; and the development of supportive physician networks. It is anticipated that differences in program structure, scope, and objectives for all clinical coaching streams will allow for rich evaluation opportunities.

The Clinical Coaching Program was accepted for endorsement by the Future of Medical Education in Canada CPD Steering Committee.

Family Practice Anesthesiology

The medical co-lead for the FPA stream is Dr. Kirk McCarroll. The RCPD team have been focused on program design and development, and have now finalized course materials and defined program structure.

The program team has successfully achieved a truly collaborative approach to program development. RCPD has been working together with UBC's Faculty Development office to design the content of a coach training session for participating specialist anesthesiologist (SA) coaches. A four hour educational workshop focused on coaching skill development and best-practices will take place in September 2016.

The team has also been collaborating with the UBC Centre for Health Education Scholarship to design a research study to assess program impact and participation engagement. The background, research questions, and methodology have been defined, and the team is now moving forward with finalizing the ethics application, and interview protocols.

Five communities are confirmed to participate in year one of the program, and over ten additional communities have expressed strong interest in having the program delivered at their rural site.

Confirmed year-one communities include Sechelt, Quesnel, Golden, Prince Rupert and Fort St. John, and SAs practicing in Vancouver and Victoria have been selected by each of these communities. The first site visits are planned to occur in Fall/Winter 2016. The formal letter of initial contact and consent for participating in the research study will be sent to all participants in June/July 2016. Program materials will be sent to participants in September 2016.

Enhanced Surgical Skills

The first working group meeting for the ESS Clinical Coaching Program took place in December 2015. The medical co-leads for the program are Drs. Stuart Iglesias, Bob Bluman, and Kirstie Overhill. ESS physicians Nancy Humber and Victoria Vogt Haines also contribute leadership to the ESS working group. Coachee participants for year one have been recruited and will include ESSs, FPAs, and OR nurses from Revelstoke/Lillooet.

The ESS stream is built upon the networks of care model/concept, and is designed to be a more intensive, regionally-based program. It aims to build surgical networks between rural and regional physicians in Revelstoke-Salmon Arm-Vernon, and Lillooet-Kamloops. Further, by providing a platform on which relationships can be built between ESS, FPA and OR nurses, the program can contribute to achieving both quality and sustainability.

Surgeon coaches from Vernon and Kamloops have been selected by ESSs in Revelstoke and Vernon, and the team is working with rural OR nurse and FPA participants to identify and contact potential coaches. Letters of initial contact will be sent on an ongoing bases beginning in June 2016. Program materials from the FPA stream will be adapted to meet the needs of this cohort.

Peer Coaching

The Peer Coaching program is still in the early planning stages. The aim of the Peer Coaching stream is to provide rural physicians with an organized process for the provision and receipt of peer coaching support. The coaching would allow intentional learning based on difficult cases if necessary, but also use expertise of designated coaches to suggest resources and educational opportunities. Program benefits could be relevant to obstetrics and other procedural practices.

The RCPD team is putting together an advisory committee to assist in the development of this program stream. The first advisory committee meeting is planned to take place in late June 2016.

F. SMALL GROUP LEARNING

Practice Improvement Groups (PIGs)

The Practice Improvement Groups (PIGs) is a problem-based small group learning model dedicated to the enhancement of clinician skills that was initiated in May 2015 with Dr. Ray Markham as the medical lead. This initiative is a joint collaboration between the Northern Continuing Medical Education Program, the Northern Interior Rural Division of Family Practice, and RCPD. Learning in these groups is

facilitated through available modules designed to include real-life examples of teaching/learning situations to promote discussion of challenging issues/dilemmas that are likely to arise in clinical settings. This initiative is further aided by using Aggregated Metrics for Clinical Analysis Research and Evaluation (AMCARE) to establish a Quality Metrics Framework (QMF) to provide primary care physicians with metrics and information to aid them in primary health care improvements for Northern British Columbia.

There have been 4 sessions held to date:

- May 14, 2015 – Topic: urinary tract infections
- August 13, 2015 – Topic: urinary tract infections and urine dipsticks
- December 10, 2015 – Topic: Statins
- February 18, 2016 – Review of statins data

G. CONFERENCE PRESENTATIONS

Three RCPD abstracts were presented at the World Congress on Continuing Professional Development in San Diego March 17-19, 2016.

- How CPD can Enhance Rural Physician Practice through Supportive Relationships in Program Design (World Congress on CPD; presented by Dr. Dilys Leung)
- Measuring the Impact of a Formal Mentoring Program for Physicians New to Rural Practice (World Congress on CPD; presented by Dr. Bob Bluman)
- An Example of Bi-Directional Learning in Canada and Zimbabwe (World Congress on CPD; presented by Dr. Bob Bluman)

H. RESEARCH & EVALUATION ACTIVITIES

BC Rural Continuous Quality Improvement Needs Assessment

Dr. Dan Horvat is providing medical leadership for the Rural Continuous Quality Improvement Needs Assessment study. This study will explore what is required to support effective practice improvement (PI)/quality improvement (QI) in rural and remote communities in BC. Further, the results will contribute to a better understanding of a range of parameters related to improving practice in rural communities, and assist in determining how best to support rural physicians to more fully to engage in effective PI/QI activities.

RCPD completed an environmental scan and literature review in February 2015, which has been used to guide the overall direction of the study. The first advisory committee meeting was held on March 31, 2016. Participants provided input around the proposed structure, methods/sequencing, research questions, and focus groups for the study. Dr. Horvat and the RCPD team have also conducted a series of informal interviews with selected informants to receive feedback on the methodological approach,

research questions, and key objectives of the study; to identify current PI/QI activities; and to gain a better understanding of the provincial landscape of rural PI/QI. The RCPD team has integrated guidance and input where possible to finalize study design.

Eight focus groups and up to 10 key informant interviews will be conducted. A survey will be distributed to all rural physicians in BC as well as physicians and others who support rural communities. The RCPD team is in the process of developing protocols for focus groups with QI/physician engagement leaders. The survey will then be developed based on analysis of feedback received during these initial focus group discussions.

The ethics application will be submitted in June 2016, and data collection is planned to occur on an ongoing basis throughout the summer.

V. APPENDICES

APPENDIX 1: CURRENT MEDICAL ADVISORY COMMITTEE MEMBERS

Members	Location	Affiliation
Dr. Granger Avery	Vancouver/Port McNeill, BC	Associate Director, Rural Coordination Centre of BC; President Elect, Canadian Medical Association
Dr. Bob Bluman	Vancouver, BC	GP; Acting Associate Dean, UBC CPD; Medical Lead, Rural CQI Needs Assessment, Clinical Coaching for Excellence Program, New to Rural Practice Mentoring Program, UBC CPD
Dr. Janet Fisher	Trail, BC	GP; Kootenay Boundary Division of Family Practice
Dr. Brenda Huff	Stewart, BC	GP; Medical Lead, UBC Rural CPD Airway Mannequin Loan Program
Dr. Mary Johnston	Blind Bay, BC	GP (retired); Rural Coordination Centre of BC
Ms. Andrea Keesey	Vancouver, BC	Director, UBC CPD
Dr. Dilys Leung	Vancouver, BC	Project Manager, UBC Rural CPD
Dr. Rebecca Lindley	Pemberton, BC	Family Physician, CARE Course Co-Director, wilderness GP; Co-Director, The CARE Course
Dr. Brenna Lynn	Vancouver, BC	Associate Dean CPD, UBC Faculty of Medicine
Dr. Ray Markham	Valemount, BC,	GP; Medical Director, UBC Rural CPD; Executive Director, Rural Coordination Centre of BC
Dr. Chester Morris	Port Alberni, BC	IM; Specialist Services Committee
Dr. Christie Newton	Vancouver, BC	GP; President, BC College of Family Physicians; Director, CPD and Community Partnerships, UBC, Department of Family Practice; Director, Interprofessionalism Interprofessional Education, UBC Faculty of Medicine
Dr. John Pawlovich	Abbottsford, BC	GP; Director, Rural Education Action Plan
Dr. Alan Ruddiman	Oliver, BC	GP; JSC Co-Chair; President Elect, Doctors of BC
Dr. Ian Schokking	Prince George, BC	GP; Chair, Northern Interior Medical Advisory Committee
Dr. John Soles	Clearwater, BC	GP; President, Society of Rural Physicians of Canada
Dr. Tandi Wilkinson	Nelson, BC; Yellowknife, NWT	GP; Associate Medical Director, UBC Rural CPD; Medical Lead, Hands-On Ultrasound Education

Dr. Bob Woollard	Vancouver, BC	GP; Associate Director, Rural Coordination Centre of BC
Dr. Zoe Zimmerman	Victoria, BC	Second Year GP Resident, UBC Faculty of Medicine Rural Residency Program

APPENDIX 2: RCPD MEDICAL ADVISORY COMMITTEE TELECONFERENCE AND RETREAT AGENDAS

UBC CPD
CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE

Rural Coordination Centre of BC
Enhancing rural health through education and advocacy
Linking community needs and policy development with the JSC

AGENDA

RCPD Medical Advisory Committee (MAC) Meeting

DATE: Tuesday, April 21, 2015
TIME: 18:00-19:30 (PDT)
By teleconference
DIAL-IN INFO: 1-877-323-2005; Conf ID: 7389980#
Chair: Dr. Ray Markham

Requested Attendees:

Ray Markham (Chair), Granger Avery, Bob Bluman, Janet Fisher, Brenda Huff, Mary Johnston, Rebecca Lindley, Brenna Lynn, Rod McFadyen, Chester Morris, Christie Newton, John Pawlovich, Ian Schokking, John Soles, Tandi Wilkinson, Bob Woollard, Andrea Keesey, Stephanie Ameyaw, Kathryn Young, Tracy Morton, Chris Eddy, Leslie Carty, Alan Ruddiman, Dilys Leung

Invited Guests: Tracy Morton and Chris Eddy, new ultrasound course Working Group members

Meeting Objectives:

- Input on current activities
- Input on upcoming programming for 2015-2016
- Guidance on the JSC funding proposal

Item	Notes
Welcome (Ray)	• Overview of Meeting Objectives and Agenda • Welcome and Introductions • Roundtable "What's going on in your CPD world?"
HOUSE Course	• Update from Tracy and Chris
Rural EM Needs Assessment	• Update from Bob re: dissemination • Discussion re: Recommendations related to CPD
JSC Funding Proposal	• Discuss items going forward to the May 4/5 JSC meeting from RCPD • Discussion re: Priorities
Rural Rounds	• Suggestions for speakers, 2014-15 series
CPD4Me App	• Update from Andrea
Next meeting	• Next teleconference • Possibility of meeting in late spring/early summer for strategic planning

Meeting materials distributed in advance:

- JSC Funding Proposal
- List of topics for Rural Rounds

UBC CPD
CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE

Rural Coordination Centre of BC
Enhancing rural health through education and advocacy
Linking community needs and policy development with the JSC

AGENDA

RCPD Medical Advisory Committee (MAC) Meeting

DATE: Monday, November 30, 2015
TIME: 17:00-19:30 (PDT)
By teleconference
DIAL-IN INFO: 1- 1-855-453-6958; Conf ID: 4399874#
Chair: Dr. Ray Markham

Requested Attendees:

Ray Markham (Chair), Granger Avery, Bob Bluman, Janet Fisher, Brenda Huff, Mary Johnston, Andrea Keesey, Dilys Leung, Rebecca Lindley, Rod McFadyen, Chester Morris, Christie Newton, John Pawlovich, Alan Ruddiman, Ian Schokking, John Soles, Tandi Wilkinson, Bob Woollard, Stephanie Ameyaw, Kathryn Young

Meeting Objectives:

- Input on current activities
- Input on programming for 2015-2016
- Input on identifying gaps in programming

Item	Notes
Welcome (Ray)	• Overview of Meeting Objectives and Agenda • Welcome and Introductions
JSC Funding Proposal	• Update from Ray • RCPD Planning Meeting
Quality/Practice Improvement	• How to integrate into programming?
Evaluation	• How to integrate into programming?
Process to Receive Feedback	
Community-Based Needs Assessments	
Next meeting	• Next teleconference • Next MAC Retreat

Meeting materials distributed in advance:

- MAC Membership List
- RCPD Program Overview
- RCPD Program Descriptions

UBC CPD
CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE

Rural Coordination Centre of BC
Enhancing rural health through education and advocacy
Linking community needs and policy development with the BC

AGENDA

RCPD Medical Advisory Committee (MAC) Meeting

DATE: Monday, February 22, 2016
TIME: 17:30-19:00 (PDT)
By teleconference
DIAL-IN INFO: 1-855-453-6958; Conf ID: 4399874#
Chair: Dr. Ray Markham

Requested Attendees:

Ray Markham (Chair), Granger Avery, Bob Bluman, Janet Fisher, Brenda Huff, Mary Johnston, Andrea Keesey, Dilys Leung, Rebecca Lindley, Rod McFadyen, Chester Morris, Christie Newton, John Pawlovich, Alan Ruddiman, Ian Schokking, John Soles, Tandi Wilkinson, Bob Woollard, Zoe Zimmerman, Stephanie Ameyaw, Kathryn Young

Meeting Objectives:

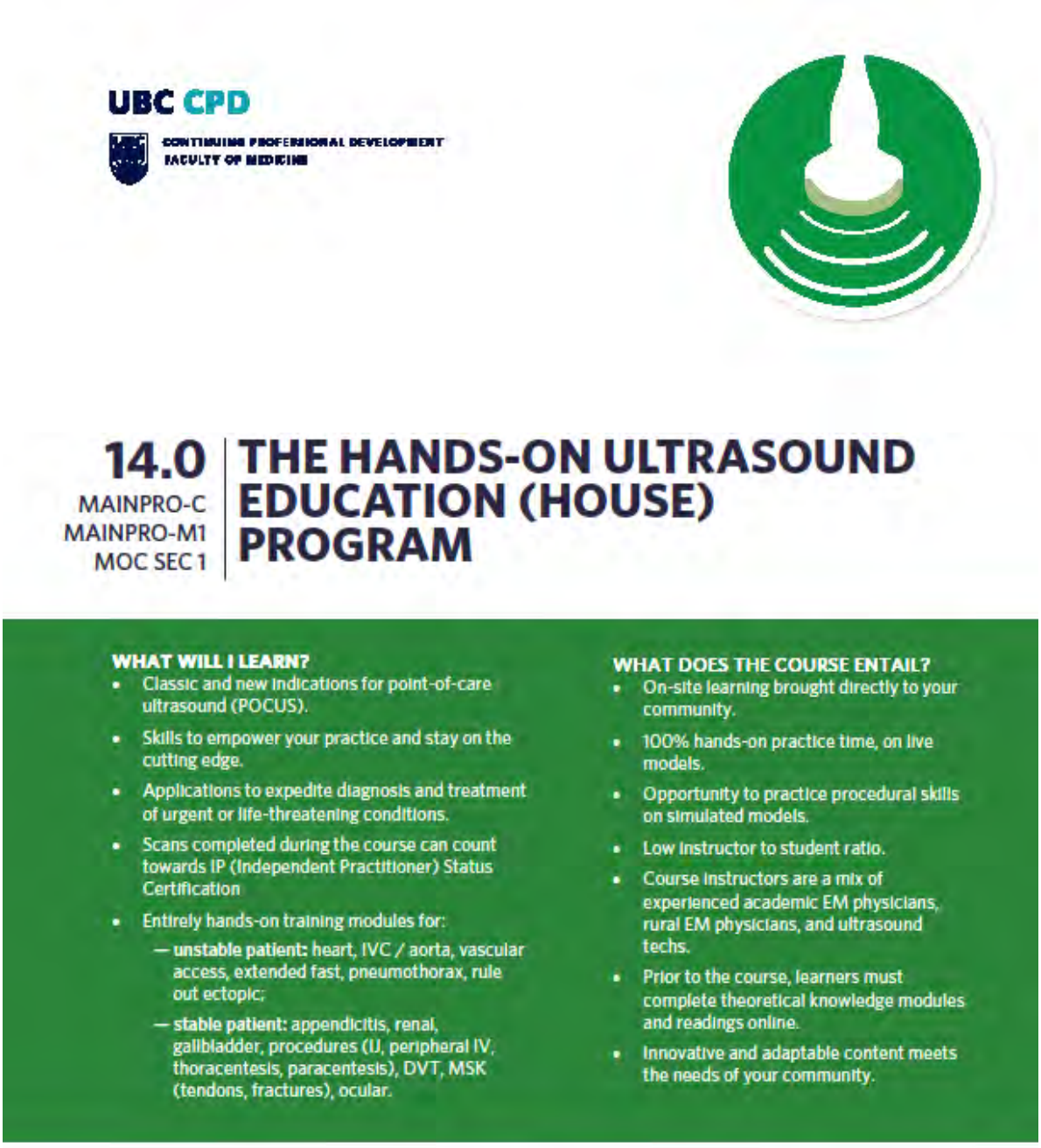
- Input on current activities
- Input on objectives for 2016-2017
- Input on identifying gaps in programming

Item	Notes
Welcome (Ray)	• Overview of Meeting Objectives and Agenda • Welcome and Roundtable • Review Action Items from Nov 30 MAC Teleconference
Supporting REAP for Rural Locum Education	• Call for volunteers to be part of Working Group • Which courses should be considered for funding through the REAP Rural GP Locum CME Program?
Rural Networks	• Ultrasound • Emergency Medicine • Surgical • Role of UBC CPD in supporting networks
Rural Chair	• Update from Ray
Next meeting	• Next MAC Retreat • Next MAC Teleconference

Materials Distributed in Advance:

- Minutes from Nov 30 MAC Teleconference

APPENDIX 3: HOUSE PROGRAM FLYER



APPENDIX 4: HOUSE APPLICATION MODULES

Hands-On Ultrasound Education (HOUSE)

Course Modules

ULTRASOUND FOR SHOCK – 8 hours

- Introductions: 15 minutes
- Demo of Rush Protocol: 10 minutes
- Knobology: 20 minutes
- PUMP
    - Subxyphoid view, and PSL: 60 minutes [CHF w/low ejection fraction; pericardial effusion]
    - Pneumothorax and lung point: 30 minutes
- TANK
    - eFAST: 90 minutes [peritoneal dialysis or ascites]
    - IVC: 30 minutes
    - AAA: 30 minutes [AAA]
- PIPES
    - DVT: 30 minutes [DVT]
- Vascular Access: 60 minutes (could be optional if we want to shorten the day)
- Putting it all together: 60 minutes
- Cases or general review: 60 minutes

ULTRASOUND FOR TRAUMA – 6.5 hours

- Introductions: 15 minutes
- Bedside demo of trauma scan: 10 minutes
- Knobology: 20 minutes
- eFAST - RUQ, LUQ pelvis and lungs for hemothorax: 75 minutes [renal dialysis or ascites]
- Subxyphoid view: 45 minutes [CHF w/low ejection fraction; pericardial effusion]
- Pneumothorax and lung point: 45 minutes
- Long bones for fracture [acute fractures without cast, such as rib or finger fractures]
- Vascular access: 60 minutes
- Putting it all together: 60 minutes.
- Cases or general review: 60 minutes

ULTRASOUND FOR ABDOMINAL PAIN – 4 to 7 hours (depending on need for FAST and intro)

- Introduction: 15 minutes
- Demo of US for abdominal pain around a specific case: 10 minutes
- Knobology: 20 minutes
- Gallbladder: 90 minutes [gallstones]

- FAST for free fluid - RUQ, LUQ, pelvis: 60 minutes [ascites, renal dialysis]
- Renal and AAA: 60 minutes [hydronephrosis; renal stones; AAA]
- Ectopic: 90 minutes [1st trimester pregnancy]
- Cases or further practice: 60 minutes

ULTRASOUND FOR AMBULATORY CARE - 2 hours to 4 hours session

- Introduction: 15 minutes
- Knobology: 20 minutes
- Bones - for fracture and reduction: 30 minutes [acute fractures without cast, such as rib or finger fractures]
- Soft tissue - abscess and foreign body: 30 minutes
- MSK - Tendons - achilles
- Joints - knee, ankle to aspirate, shoulder for dislocation: 30 minutes [joint effusion]
- Could add DVT, eye [DVT]
- Could add procedures – paracentesis [renal dialysis or ascites], thoracentesis [pleural effusion] pericardiocentesis [pericardial effusion]

[Highlighted text = model pathologies]

APPLICATION DESCRIPTIONS

The colour scale reflects the difficulty level in becoming proficient in the skill. Applications that have a higher skill level have a higher rate of an indeterminate scan, meaning a scan that gives no information at all.
most difficult 🔴 moderately difficult 🟡 easiest 🟢

Heart (2 hours) 🔴
Ultrasound of the heart can be a game changer in the diagnosis and management of the unstable hypotensive patient. With a little practice, you can determine if there is a significant pericardial effusion, poor cardiac contractility, or the acute right heart strain associated with a large pulmonary embolism. While getting good images is a bit more challenging in some patients, it can also be quite easy. It never hurts to know how to look!

IVC/Aorta (1 hour) 🟢
Does your patient need more fluids? Is their shock due to hypovolemia? The IVC scan can provide information regarding the volume status of your patient, and is useful for both diagnosing hypotension and for monitoring response to therapy. Is their back pain caused by a ruptured abdominal aortic aneurysm? With a little practice, you can use your POCUS skills to make these diagnoses at the bedside. This provides you with information vastly superior to clinical skills alone.

Vascular Access (1 hour) 🟡

Does the idea of inserting a central line make you break out into a cold sweat? Its very easy to learn how to locate the ideal insertion site for a central or peripheral vein catheter, and you can then watch the needle go right into the vein in real time, confirming placement. POCUS for vascular access turns a nerve wracking procedure into one you can perform with confidence. And complication rates go way down too. This is an easy application to learn.

Extended FAST (1.5 hours) 🟡
The Extended Focused Assessment with Sonography for Trauma (eFAST) is a game changer for the management of trauma patients, and a core skill that all emergency physicians should have. The eFAST will tell you if there is significant free fluid in the abdomen and chest, confirming the diagnosis of hemorrhage in the peritoneal, pericardial or pleural spaces. The eFAST is the initial imaging test of choice in a trauma situation, and one you can perform as part of your primary survey, in only a few minutes. While it is more difficult to learn than some applications, it is an essential one to be skilled in.

Pneumothorax (.5 hour) 🟢
It is now widely accepted that ultrasound has a greater sensitivity and specificity than the chest x-ray for the diagnosis of pneumothorax, and takes only seconds to perform. It is also a simple skill to acquire.

Rule out Ectopic (1 hour) 🔴
The ability to identify an intra-uterine pregnancy, and thus rule out ectopic pregnancy, is a lifesaver for rural physicians faced with an unstable female patient with abdominal pain. It's also very useful in the work up of the stable pregnant patient with abdominal pain. This procedure doesn't take long to learn, and once acquired, has been shown to significantly decrease the time to definitive treatment of ectopic pregnancy.

Appendicitis 🔴 (1 hours)
Learn to use your ultrasound as part of your workup on patients with abdominal pain, where it can confirm your clinical suspicion of appendicitis. This is a cutting edge application of POCUS. While it has great clinical utility, it can be hard to visualize the appendix, so this application has a higher rate of indeterminate scans. However, when positive, it can be very powerful.

Renal (.5 hour) hydronephrosis 🟢, renal stone 🟡
If you have FAST skills, it's an easy step to learn how to diagnose the hydronephrosis associated with acute renal colic, and the enlarged bladder of urinary retention. This is a simple skill to learn, and especially valuable to sites that currently have no other means to diagnose renal colic.

Gallbladder (1.5 hours) 🟡
Point of care ultrasound of the gallbladder is generally easy to learn to perform, and can help confirm the diagnosis of both cholecystitis and gallstones.

Procedures: thoracentesis, paracentesis, pericardiocentesis (1 hour) 🔴
The use of ultrasound prior to performing diagnostic and therapeutic aspirations of fluid reduces complications. This test will show you how to find the largest pocket of fluid in the pleural space for the thoracentesis; guide the needle into the pericardial space in real time to ensure the myocardium is not punctured; find the deepest pocket of fluid in the abdomen; and locate the safest approach for a septic joint. This skill is easy to learn, and will help you perform these procedures with confidence.

DVT (1 hour) 🟢

Patients with leg pain with or without dyspnea can be quickly assessed for thrombus within the veins. Ultrasound is the gold standard for assessing veins, and the point-of-care ultrasound practitioner can quickly and reliably rule-in or rule-out a DVT. This skill is very easy to learn.

MSK (1 hour) 🔴
Learn to use ultrasound to improve your diagnostic accuracy of ruptured muscles and tendons. It's also extremely useful to diagnose and further assess fractures, especially during fracture reduction, where it can be used repeatedly to ensure proper alignment. It's also a great aid in locating radiolucent soft tissue foreign bodies.

Ocular (0.5 hour) 🟢
Physical examination of the eye can be limited due to pain or trauma. Ultrasound is a valuable tool to assess for potential vision-threatening conditions such as the presence of a foreign body, vitreous hemorrhage, globe rupture, retinal detachment and vitreous detachment.

Created by the UBC CPD Hands-On Ultrasound Education (HOUSE) Program (ubccpd.ca/rural/HOUSE)

HOUSE
Hands-On Ultrasound Education

UBC CPD
CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE

Rural Coordination Centre of BC
Enhancing rural health through education and advocacy
Linking community needs and policy development with the JSC

APPENDIX 5: HANDS-ON ULTRASOUND OBSTETRICS (HOUSE-OB) COURSE FLYER

UBC CPD
CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE

9.0
MOC SECTION 1
MAINPRO M1
MAINPRO C

THE HANDS-ON ULTRASOUND OBSTETRICS COURSE

Point-of-Care Ultrasound in the Third Trimester for Primary Care Providers

WHAT WILL I LEARN?

- Use bedside ultrasound to dramatically improve your management of patients in the third trimester.
- Understand the physics and instrumentation aspects of generating an optimal ultrasound image.
- Become confident in basic transabdominal scanning of third trimester pregnancies.

Recognize third trimester ultrasound indications including:

- fetal presentation
- fetal cardiac activity
- placental location
- amniotic fluid index (AFI)
- whether multiple fetuses are present

WHO SHOULD ATTEND?

Physicians who work in the rural areas of BC and provide obstetrical care to patients.

WHAT DOES THE COURSE ENTAIL?

- A six hour travelling course designed specifically for healthcare professionals in rural BC.
- Hands-on sessions using bedside ultrasound for key third trimester indications.
- Short lectures followed by lots of practice with live third trimester models.

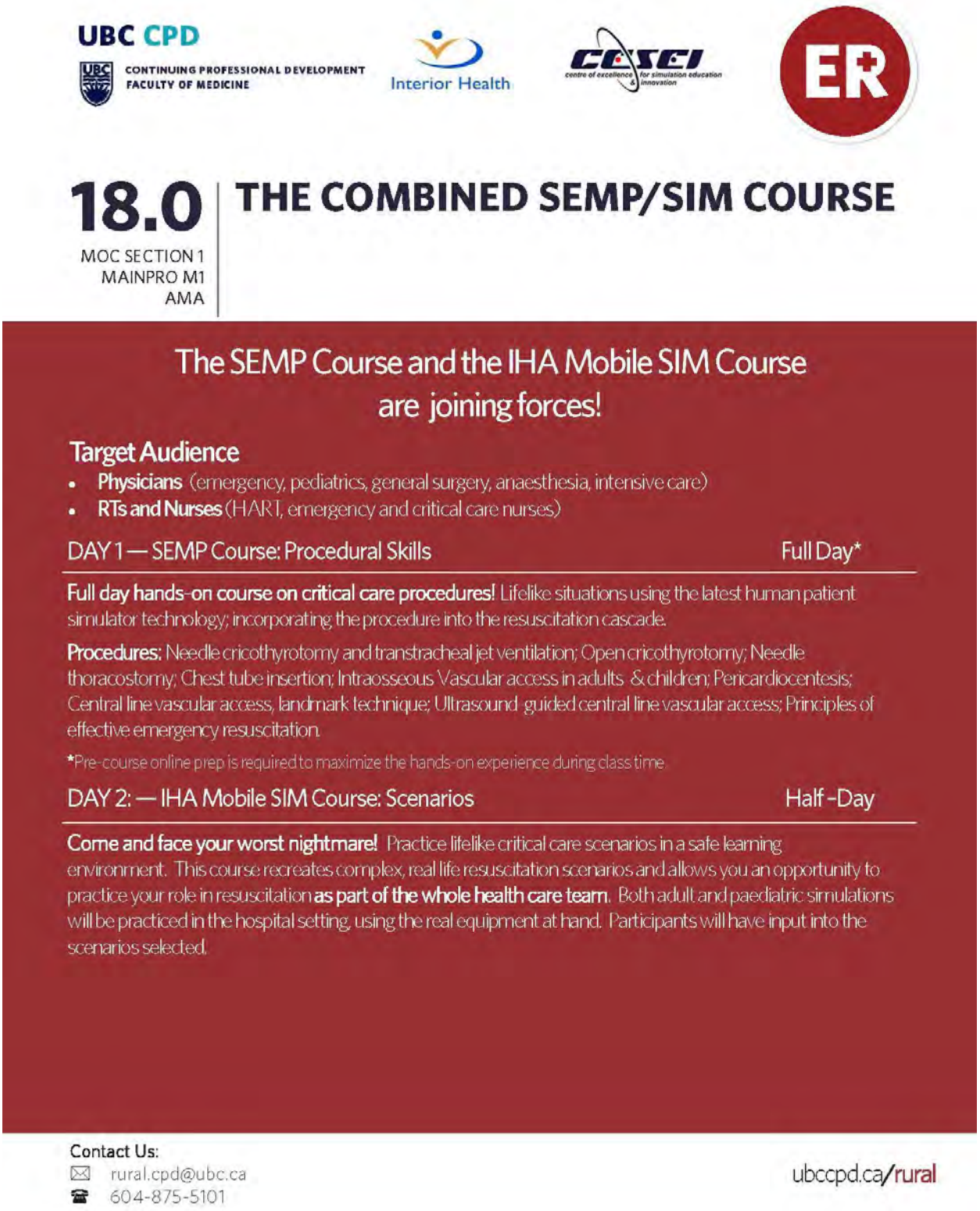
"I feel so much more comfortable now that I am in a better position to identify frequent third trimester complications."
2013 HOUSE-OB Course Participant

Interested in hosting the HOUSE-OB Course in your community?
Please contact Dilys Leung at dilys.l@ubc.ca | 604 875 4111 (ext. 69131)

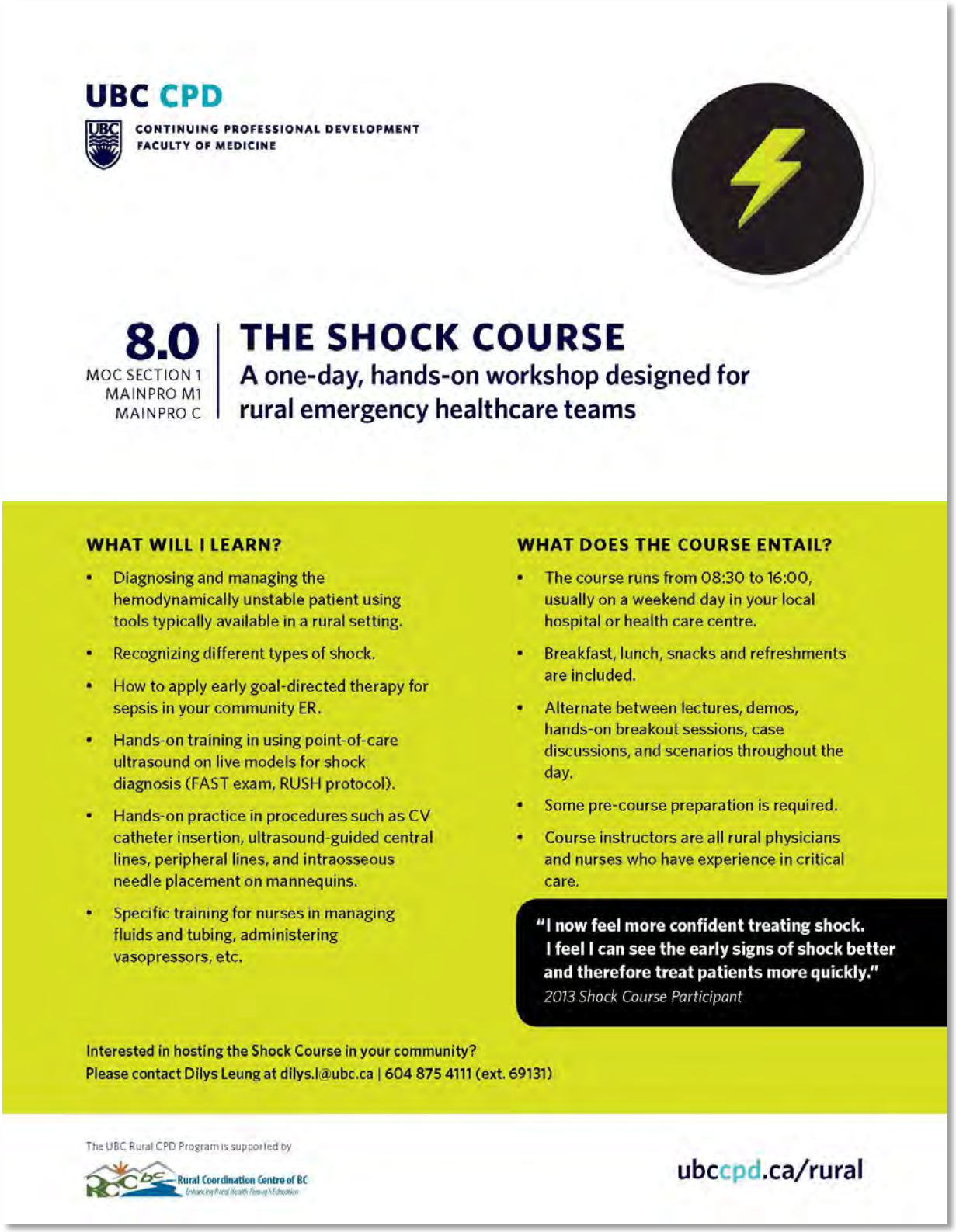
The UBC Rural CPD Program is supported by
Rural Coordination Centre of BC

ubccpd.ca/rural

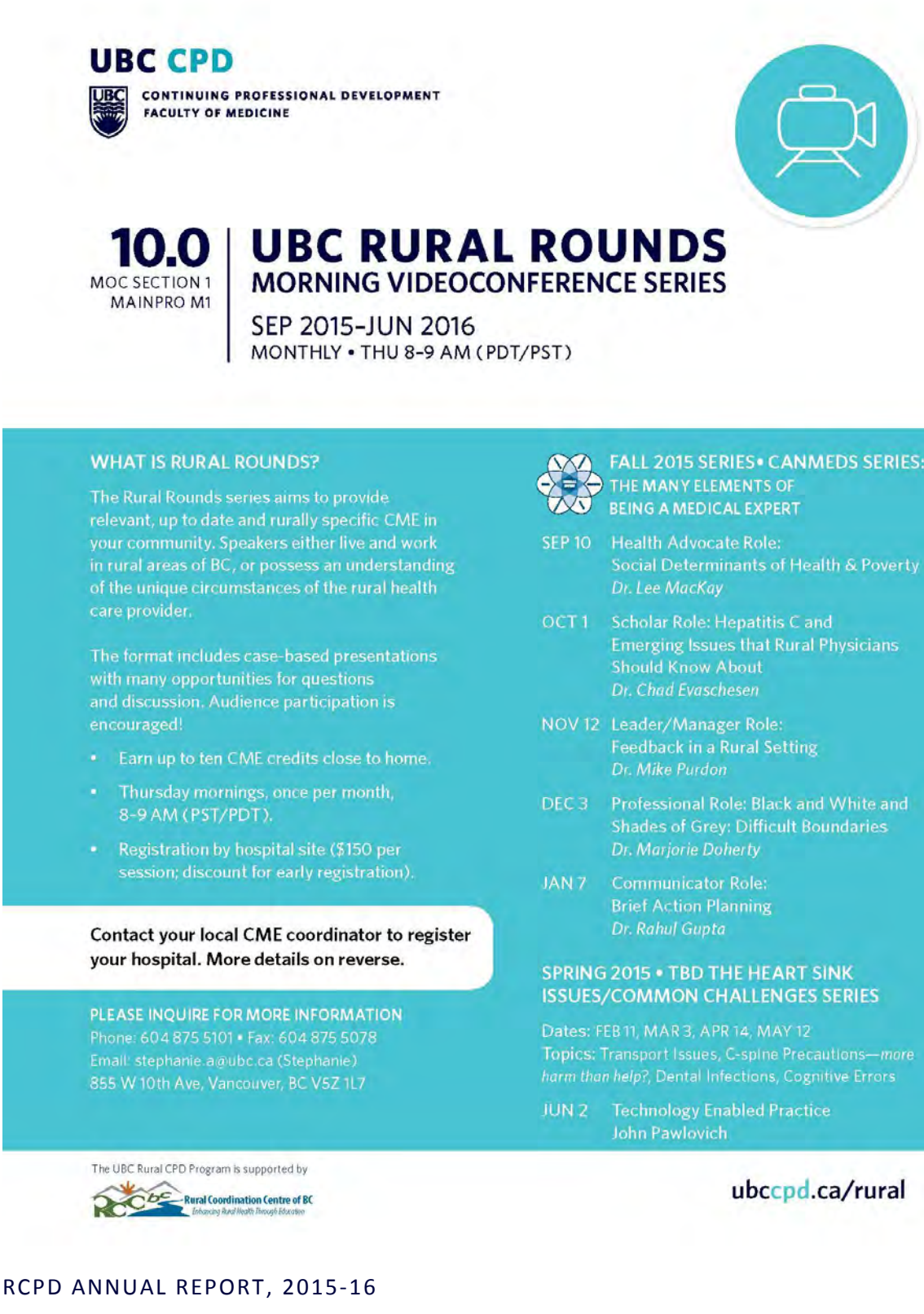
APPENDIX 6: COMBINED SEMP/SIM COURSE FLYER



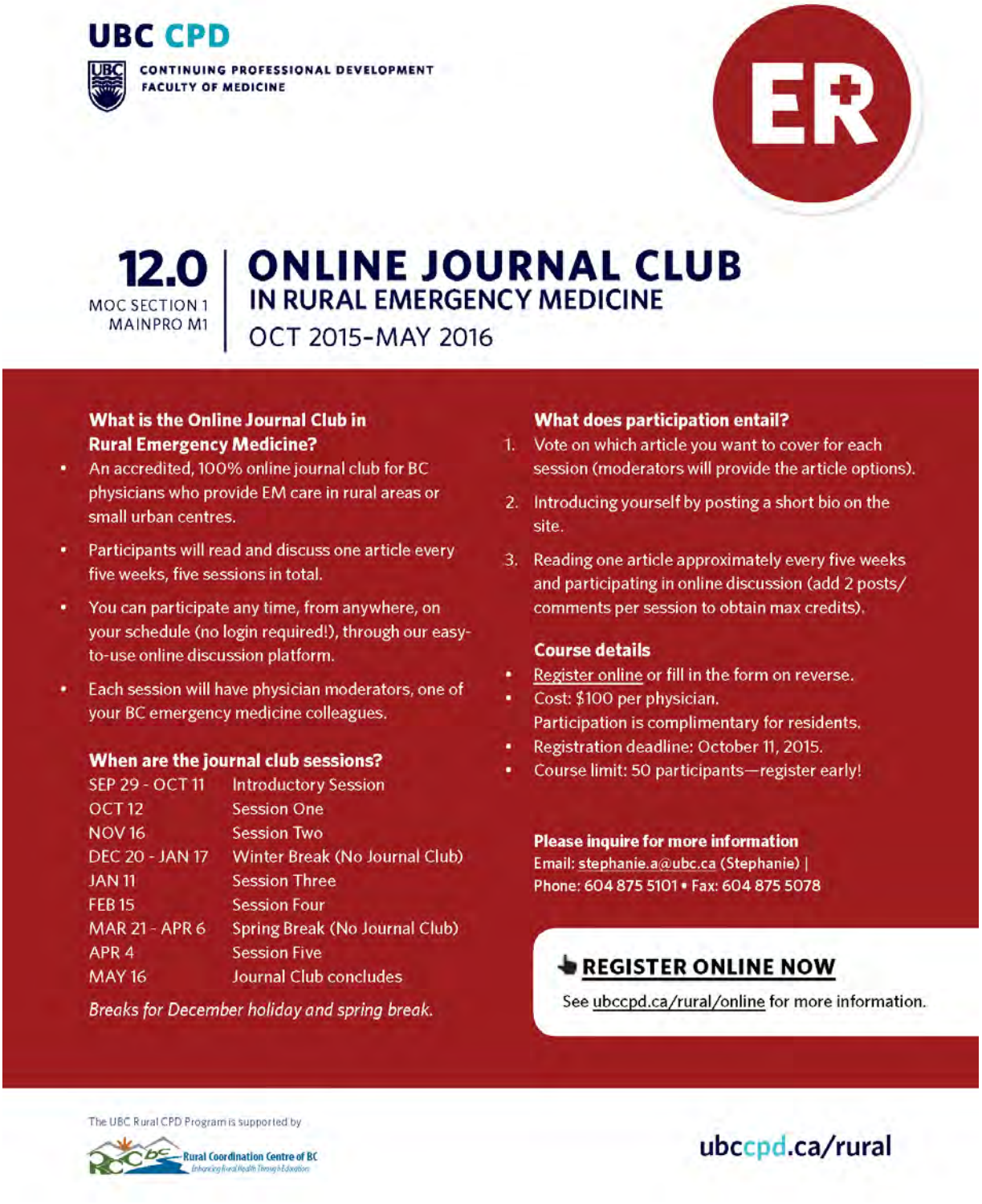
APPENDIX 7: SHOCK COURSE FLYER



APPENDIX 8: RURAL ROUNDS VIDEOCONFERENCE RURAL ROUNDS COURSE FLYER 2015-16



APPENDIX 9: ONLINE JOURNAL CLUB: RURAL EMERGENCY MEDICINE 2015-16



APPENDIX 10: SEXUAL HEALTH PROGRAM POSTCARD

UBC CPD
CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE

SEXUAL HEALTH FORUM

Online Journal Club & Practice-Based Dialogue

The Sexual Health Forum is an accredited online community of practice for physicians with an interest in sexual health.

Starting in late summer 2015, the forum will connect physicians from across BC to critically appraise literature and participate in an open dialogue.

See reverse for details.

How does the program work?
The Sexual Health Forum will consist of two parts:

The Journal Club will feature six five-week sessions running from August 2015 to June 2016. Registrants will participate in moderated appraisal of sexual health journal articles.

The Dialogue section will enable practice-related discussion on sexual health topics chosen by participants.

Pricing
$75 per participant.

Accreditation
This program is accredited for up to **12.0** Mainpro M1 credits.

How to register
Register online at **events.ubccpd.ca/website/index/110441**

For more information, please contact Allison Macbeth at **allison.m@ubc.ca**.

UBC CPD
CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE