



Report

Annual Report

2022-2023

UBC Rural Continuing Professional
Development (RCPD)

ubccpd.ca/rural



THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Medicine

Continuing Professional Development

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UBC Rural CPD is a partnership between the UBC Faculty of Medicine's Division of Continuing Professional Development (UBC CPD) and the Rural Coordination Centre of BC (RCCbc) and is funded by the Joint Standing Committee on Rural Issues (JSC), a joint committee of the Doctors of BC and BC Ministry of Health.

INTRODUCTION

The UBC Faculty of Medicine’s Division of Rural Continuing Professional Development (Rural CPD) is committed to supporting the learning needs of physicians and other health care providers who practice in rural, remote, and Indigenous communities in British Columbia (BC). Our goal is to improve the health of people and communities in rural BC by offering innovative CPD to all rural health care providers.

In 2022-23, we continued to offer a variety of educational initiatives supported by 10 Medical Leads and 12 team members, see our website (<https://ubccpd.ca/learn/tailored-initiatives/rural-cpd>) for summary of our programming. Dr. Dana Hubler continued as Medical Director for the Program and Laura Beamish transitioned back to her role as Senior Manager in June 2022 after parental leave. There were other human resources changes on the team, with some team members moving on to new opportunities and new members joining. See our website (<https://ubccpd.ca/about-us/meet-team>) for a current list of team member profiles.

Throughout the year we continued to engage faculty, learners, and partners both virtually and in-person. The report below summarizes key outcomes and impacts from our programming in 2022-23.

PROGRAM SNAPSHOT

In 2022-23 the RCPD Team delivered:

- 21 Hands on Ultrasound Education course days, in 9 communities, reaching 165 participants in majority RSA A communities
- 10 Rural Point of Care Ultrasound Rounds sessions, reaching 450 participants
- 40 RTVS Virtual Simulations on topics such as pediatric head trauma, postpartum hemorrhage, and pneumosepsis
- 10 Rural Rounds sessions, reaching 543 participants
- 4 Virtual Health Grand Rounds sessions, covering topics such as virtual dermatologic exams, augmented reality as a medical learning tool and virtual ophthalmology exams

We also supported:

- 29 IMG and new to practice physicians through the Personal Learning Plans Program
- 800+ participants through our Coaching and Mentoring Programs, which translates to over 4300 coaching hours
- 100 participants through our “Nawh wlu’nus’en – We see in two worlds”, Indigenous Patient Led trauma and resilience-informed curriculum for rural and rural-serving providers

Experiential Learning

Hands-On Ultrasound Education (HOUSE)

UBC Rural CPD Hands-On Ultrasound Education (HOUSE) courses are designed to give rural physicians the training and confidence to integrate POCUS into their practice and help ensure that rural practitioners in British Columbia have access to high quality, closer-to-home POCUS training. To support ongoing development of POCUS skills after HOUSE courses, RCPD offers a suite of low-barrier resources that contribute to the generation and development of a POCUS community of practice in rural British Columbia, including the Rural POCUS Rounds webinar series, Sonnie: Your Ultrasound Partner (asynchronous, case-based learning), and the Handheld Ultrasound Loan program.

Program Statistics

In 2022-23, a total of 21 course days were delivered to 9 communities, reaching a total of 165 participants. Of those course days, there were:

- 11 HOUSE EM course days
- 4 HOUSE OB course days
- 6 HOUSE for Residents course days

The table below summarizes the communities that hosted a HOUSE course in FY23 and their Rural Subsidiary Agreement (RSA) designation.

Community Name	RSA Designation
Pender Island	B
Quesnel	A
Penticton (Rural Health Conference)	N/A
Terrace	A
Barriere	B
Port Hardy	A
Haida Gwaii	A
Sparwood	A
Campbell River	C

The table below summarizes who attended HOUSE courses this past year and their practice type.

Physician Type	Practice Type
<ul style="list-style-type: none"> • 65 General Physicians • 5 Medical Students • 77 Residents • 1 Specialist • 17 Midwives • 4 Other (NP & Locum) 	<ul style="list-style-type: none"> • 54 Office/Family Practice • 46 Hospital <ul style="list-style-type: none"> ○ 41 ER ○ 3 ICU ○ 3 OR ○ 9 OB

	<ul style="list-style-type: none"> • 8 Other <p>HOUSE OB</p> <ul style="list-style-type: none"> • 26 Antenatal • 25 Intrapartum • 11 Emergency • 10 Other
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Evaluation Highlights

HOUSE EM (general feedback from post-course survey):

- *“Fabulous course! I appreciated the personalized teaching very much.”*
- *“High yield low stress course, thanks!”*
- *“The fact the HOUSE course took over organization was fantastic - they did more than I expected and I probably would have booked sooner had I known how little I would have to do.”*

HOUSE OB (learners prompted for stories at one-month post-course reflection survey):

- *“Showed happy mom the baby...she was worried about decreased activity.”*
- *“I have done a bunch of viability scans -3 that confirmed viability (especially good for one mama who had 5 losses last year).”*

Impact story

The 2022-2023 fiscal year brought multiple long-term impact stories of the joint POCUS education efforts of UBC Rural CPD, the Rural Education Action Plan, and the Rural Coordination Centre of BC. Impacts included lifesaving POCUS use in rural communities across the province by physicians who had actively participated in POCUS education such as the HOUSE course.

One story featured a HOUSE alum from a rural BC community who, in caring for a patient with chest pain, was able to generate cardiac ultrasound images locally and then send electronically for specialist review. Abnormalities were found upon image review and life-saving thrombolytic therapy was administered.

Another story centers on Haida Gwaii, which was one of the pilot communities for HOUSE EM in 2015. This community welcomed the HOUSE team back for its first course in 7 years in October 2022. The course was welcomed by the community and one local, upon noticing a poster recruiting patient models for HOUSE, shared that an ultrasound at her local emergency department helped save her life. The success story surrounding POCUS skill adoption in Haida Gwaii is now being explored by RCCbc and Rural CPD for knowledge translation purposes.

Real Time Virtual Support Simulation (RTVS SIM)

Real-Time Virtual Support (RTVS) provides on-demand consultation to support patient care and rural healthcare collaboration through three 24/7 instant access Peer-to-Peer Pathways (RUDi, CHARLiE & MaBAL), and six quick access pathways (dermatology, neurology, hematology, thrombosis, rheumatology and myoactivation). The UBC Rural CPD RTVS Simulation program works in partnership with RTVS to offer a multi-modal simulation program, through which health care providers can engage in simulation education free of charge. This education gives health care providers an opportunity to hone clinical and collaborative skills, practice connecting to RTVS, and experience receiving support from an RTVS Virtual Provider first-hand.

The UBC Rural CPD RTVS Simulation program includes a combination of just-in-time (JIT), debrief-supported and fully coordinated simulations, along with a variety of collaborative community partnerships (i.e. First Nations Health Authority, UBC Family Practice Residency Program).

Program Statistics

Number of RTVS Simulations* April 2022- March 2023	
Type	Quantity
Just-in-Time	14
Debrief Supported	10
Coordinated	16

***Just-In-Time (JIT):** A community or organization-planned simulation that integrates an RTVS call into the education. No coordination required.
Debrief Supported: A community or organization-planned simulation for which a dedicated RTVS Provider is scheduled to support the education and lead the simulation debrief.
Coordinated: Rural CPD RTVS Simulation team coordinates simulation education from start to finish.

Clinical cases run frequently at RTVS Simulations:

- Pediatric head trauma
- Postpartum hemorrhage
- Pneumosepsis
- Diabetic ketoacidosis

RTVS Simulation 2022-2023 – Rural BC Communities Reached	
Rural BC Participant Community	Community RSA Designation
Bella Bella	A
Castlegar	B
Creston	A
Duncan	C
Fort St. John	A

Gitxaala	A
Golden	A
Grand Forks	A
Hesquiaht	A
Kaslo	A
McBride	A
Nakusp	A
Port Alberni	C
Port Hardy	A
Powell River	C
Prince George	B
Revelstoke	A
Sechelt	C
Sicamous	C
Smithers	A
Sparwood	A
Trail	B
Tumbler Ridge	A
Ulkatcho	A
Vanderhoof	A

Evaluation Highlights

UBC Rural CPD contributes to the evaluation of the Real-Time Virtual Support Program as a whole by accrediting Peer-to-Peer pathway calls and inviting anyone requesting a certificate to provide feedback about their experience. In 2022-2023, a new survey combined the certificate request and call evaluation to encourage a greater number of responses. As of April 2023, there are 34 responses (doubling the response rate in 2021-2022) and 74% of respondents indicated they “strongly agree” that calling RTVS increased their confidence managing the clinical case at hand.

In 2022-2023, RTVS Simulation launched an improved post-simulation evaluation survey and began to utilize local community contacts to distribute the survey to participants. This proved quite successful, but there is still room to improve evaluation tool distribution and increase the amount of data collected. When asked to rate their overall experience participating in an RTVS simulation, 15% of participants responded “Good” and 65% responded “Excellent.”

The RTVS Simulation post-simulation survey also provides participants with an opportunity to share feedback and highlight opportunities for improvement in their own words. All surveys collected to date include positive feedback, including the following comments regarding participants’ intention to incorporate their learning in future practice:

- *“Very interested in incorporating RTVS systems into my practice to improve care I provide to patients.”*
- *“Increase use when working in the ER in a rural setting and requiring expert advice and input.”*
- *“I think this really opened my eyes to this as an option for support as I complete my training.”*
- *“I plan to do some remote locums so I will definitely use RTVS if I encounter any challenging cases that I need help with or even if I need to run my plan by someone else.”*

Educational Rounds

Rural Rounds Education Hub

The Rural Rounds Education Hub program includes two distinct educational opportunities for learners. Both the 10-session webinar series, commonly known as Rural Rounds, and the focused series entitled Pediatric Dermatology Equity through Remote, Management, Education and Study (Pediatric DERMES) utilize a case-based education model to engage participants and ensure that their learning can be applied effectively in clinical settings.

Case-based education is a powerful learning tool for demonstrating best clinical practices, fostering discussion and forging colleague connections. Rural Rounds offers free, case-based education virtually to prioritize accessibility for rural health care providers across BC. Rural health care providers often struggle with professional isolation and lack of access to specialist knowledge in rural practice. By providing opportunities to learn from rural colleagues with real patient cases, the Rural Rounds Education Hub can help to improve provider confidence and comfort, improve physician retention, and improve patient-centered care in rural communities. Topics are selected based on feedback from participants and input from communities, with a focus on translating evidence into rural practice.

The Pediatric DERMES focused series began as a pilot project in 2021, spearheaded by Dr. Wingfield Rehmus at BC Children’s Hospital. Dr. Rehmus recognized a need for pediatric dermatology education specifically tailored for a rural family practice physician audience. Since its inception, the Pediatric DERMES series has now been delivered 6 times, with improvements identified through the collection of evaluation data and incorporated into each new iteration.

Program Statistics

Rural Rounds Provincial Webinar Series Sessions – April 2022 to March 2023					
Session Topic	Speaker(s)	Moderator	Date	Session Registrants	Session Attendees
Child and Youth Mental Health	Dr. Jennifer Russel	Dr. Danielle Pichie	28-Apr-2022	159	47
Climate Change as a Health Care Crisis	Dr. Kyle Merritt	Dr. Gord Horner	26-May-22	70	31
Pediatric Airway Management	Dr. Sean Ebert	Dr. Brydon Blacklaws	9-Jun-2022	100	52

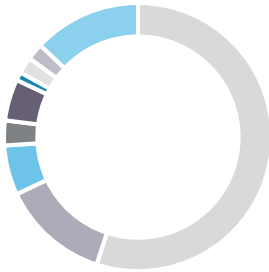
MAID in the Rural Setting	Dr. Jonathan Reggler	Dr. Danielle Pichie	29-Sept-2022	84	46
ADHD in the Rural Setting	Dr. Elisabeth Baerg Hall	Dr. Gord Horner	27-Oct-2022	175	68
The Occasional Airway Emergency	Dr. Caroline Shooner	Dr. Kyle Merritt	10-Nov-2022	103	46
Deprescribing and Polypharmacy	Dr. Mike Allan and Dr. James McCormack	Dr. Gord Horner	1-Dec-2022	118	54
Disaster and Emergency Management in the Rural Setting	Dr. Graham Dodd	Dr. Kyle Merritt	26-Jan-2023	115	52
Sexual Assault Examinations and Response in Rural Practice	Dr. Ian Dobson and Tiffany Kafka	Dr. Danielle Pichie	2-Feb-2023	126	62
Rural ER Care for Youth Mental Health Patients in Crisis	Dr. Jennifer Russel, Kate Cheung, Liz Partridge, and Belle Salvador	Dr. Gord Horner	30-Mar-2023	181	85

**Note: Session attendee numbers are pulled from attendance surveys collected for accreditation purposes. As a result, actual session attendance rates could be approx. 10-30% higher than listed.*

Rural Rounds Provincial Webinar Series 2022-2023 – Rural BC Communities Reached	
Participant Rural Community	Community RSA Designation
Ashcroft	A
Bella Bella	A
Blind Bay	C
Campbell River	C
Castlegar	B
Christina Lake	A
Clearwater	A
Comox	C
Courtenay	C
Daajing Giids	A
Dawson Creek	A
Duncan	C
Fernie	A
Fort St James	A
Gibsons	C
Golden	A
Hazelton	A
Keremeos	C
Lillooet	B

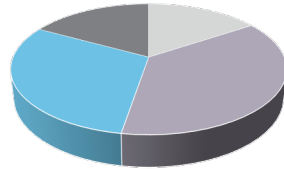
Logan Lake	C
Mackenzie	A
Nelson	B
Port Alberni	C
Port Hardy	A
Port McNeill	A
Powell River	C
Prince George	B
Quesnel	A
Rossland	B
Saltspring Island	C
Saturna Island	B
Shawnigan Lake	C
Smithers	A
Terrace	A
Trail	B
Valemount	A
Vanderhoof	A

Rural Rounds Provincial Webinar Series 2022-2023 -
Attendee Roles



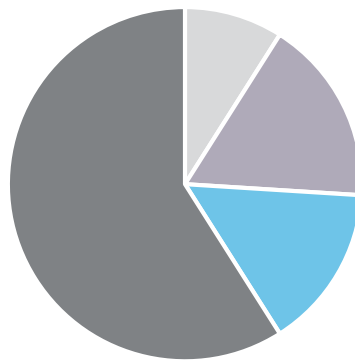
- Family Physician (55%) ■ Specialist Physician (13%) ■ Allied Health (6%)
- Student (3%) ■ Nurse (5%) ■ Midwife (1%)
- Nurse Practitioner (2%) ■ Resident (2%) ■ Other (13%)

Rural Rounds Provincial Webinar Series 2022-2023 -
Attendee Practice Setting



- An urban healthcare clinician (16%)
- A rural healthcare clinician (37%)
- An urban healthcare clinician supporting rural communities (30%)
- None of the above/ other (17%)

Rural Rounds Provincial Webinar Series 2022-2023 -
Attendee Number of Years in Practice

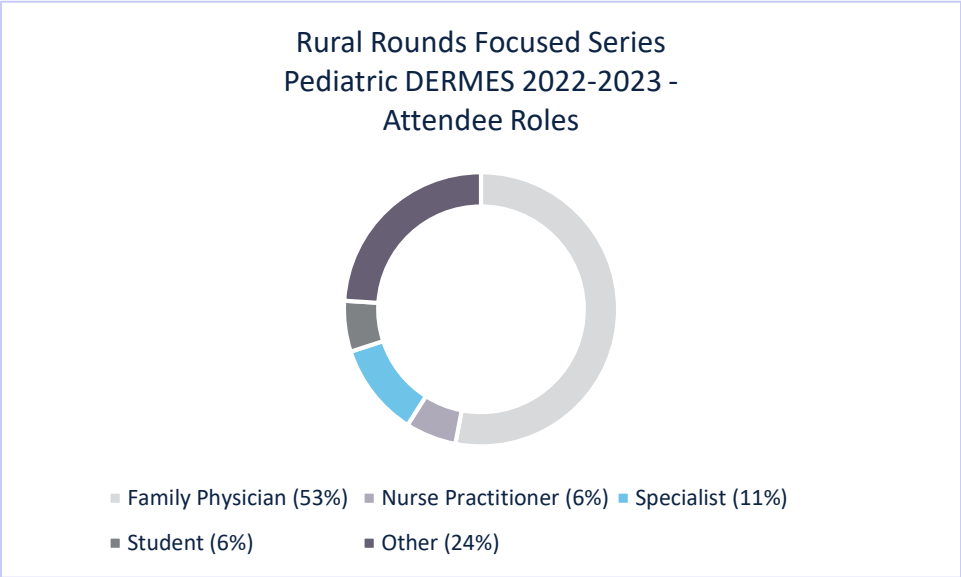


- <1 year (9%)
- 1 - 5 years (17%)
- 6 - 10 years (15%)
- 10+ years (59%)

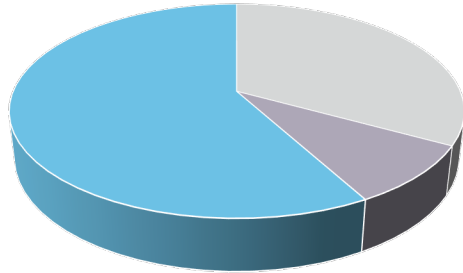
Rural Rounds Focused-Series: Pediatric Dermatology Equity through Remote Management, Education and Study (DERMES) Sessions – April 2022 to March 2023				
Series & Weekly Topics	Speaker	Dates	Series Registrants	Series Attendees
DERMES 4.0 Week 1: Introduction to Dermatology Week 2: Hair and Nails Week 3: Light and Dark Spots Week 4: Red and Scaly Week 5: Blisters and Pustules Week 6: Fever and Rash	Dr. Wingfield Rehmus	May 4, 2022 – June 8, 2022	52	21

DERMES 5.0 Week 1: Introduction to Dermatology Week 2: Hair and Nails Week 3: Light and Dark Spots Week 4: Red and Scaly Week 5: Blisters and Pustules Week 6: Fever and Rash	Dr. Wingfield Rehmus	January 19, 2023 to February 23, 2023	103	42
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Rural Rounds Focused Series Pediatric DERMES 2022-2023 – Rural BC Communities Reached	
Participant Rural Community	Community RSA Designation
Campbell River	C
Castlegar	B
Chetwynd	A
Comox	C
Cranbrook	A
Fernie	A
Fort St John	A
Golden	A
Port McNeill	A
Powell River	C
Prince George	B
Saltspring Island	C
Terrace	A
Williams Lake	B

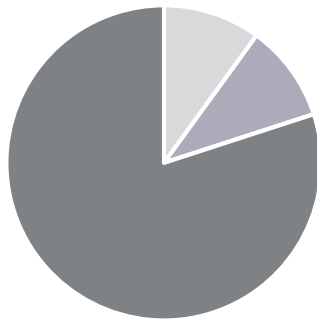


Rural Rounds Focused Series
Pediatric DERMES 2022-2023 -
Attendee Practice Setting



- An urban community (33%)
- Both urban and rural communities (9%)
- A rural community (58%)

Rural Rounds Focused Series
Pediatric DERMES 2022-2023 -
Attendee Number of Years in Practice



- <1 year (10%)
- 1-5 years (10%)
- 6-10 years (10%)
- 10+ years (80%)

Evaluation Highlights

The Rural Rounds Education Hub program delivered 10 monthly sessions and two 6-session focused series in 2022-2023.

By tailoring this education explicitly for rural health care provider learners, both the provincial webinar series and focused series were able to meet the unique rural learning needs of the participants, as evidenced in these quotes from participants:

- *“Great to get topics specific to rural practice! There aren't a ton of CME resources out there for us. Also great to hear about colleagues' experience.” [Pediatric DERMES participant]*
- *“Excellent program. Great for us rural folks to be able to attend remotely.” [Rural Rounds participant]*
- *“The principles apply both to rural and urban care, with great admiration for the ingenuity and vast knowledge of rural practitioners.” [Rural Rounds participant]*
- *“Being the first primary care contact in rural practice, this information is highly valuable.” [Rural Rounds participant]*

The Rural Rounds Education Hub brings together rural health care providers from across the province and connects them in a digital community of practice, reducing professional isolation, increasing confidence, and contributing to the sustainability of rural health care services in British Columbia. The following participant feedback highlights the power of this digital connection for Rural Rounds and Pediatric DERMES participants:

- *“Rural HCP are a unique group who understand and value the need for connection and support of practitioners.” [Pediatric DERMES participant]*
- *“It lifts me up. Fantastic education for one. Also, very encouraging to be part of a group of people who are going the extra mile to help each other and help people in our communities. Inspiring group.” [Rural Rounds participant]*

Rural Rounds webinars and Pediatric DERMES sessions delivered from April 2022 to March 2023 were very well-received. On average, 93% of Rural Rounds webinar attendees agreed or strongly agreed that these presentations met the stated learning objectives, and 92% agreed or strongly agreed that the education met their learning needs. For Pediatric DERMES, 90% of participants agreed or strongly agreed that these presentations met the stated learning objectives, and 97% agreed or strongly agreed that the education met their learning needs. This positive reception is well exemplified in the following participant feedback:

- *“This was one of the best courses that I have done in years!” [Pediatric DERMES participant]*
- *“Amazing presentations by Dr. Wingfield Rehmus! Her approach to the diseases of the skin was remarkable and she was respectful of all the participants. Active interaction was encouraged and she was open to suggestions. One of the best UBC CME presentations that I have come across.” [Pediatric DERMES participant]*
- *“Consistently high standard of presentations.” [Rural Rounds participant]*
- *“These rounds are so useful and relevant to what I do. It is also presented in such a particularly good way that makes it very applicable and useful.” [Rural Rounds participant]*

Virtual Health Grand Rounds

Program Summary

Virtual Health Grand Rounds is a provincial virtual rounds series that brings together health care providers, information technology professionals, health administrators and policy makers to jointly explore the value of using technology-enabled healthcare to support patient-centered care. These rounds, run quarterly, are a collaboration between UBC Rural CPD, UBC Digital Emergency Medicine and the Rural Education Action Plan (REAP).

Virtual Health Grand Rounds sessions aim to spark thoughtful discussion about the risks, benefits, and considerations around the adoption of technology in healthcare throughout BC, while optimizing mutual learning and enhancing relationships. The format includes clinical, case-based presentations with built-in opportunities for questions and discussion.

The medical leads for this program are Dr. John Pawlovich and Dr. Kendall Ho. Nicole Didiuk provides support and oversees the program as Project Manager, Lisa Wissink leads the program as Education Manager, and the Senior Program Assistant is Erica Chaplin.

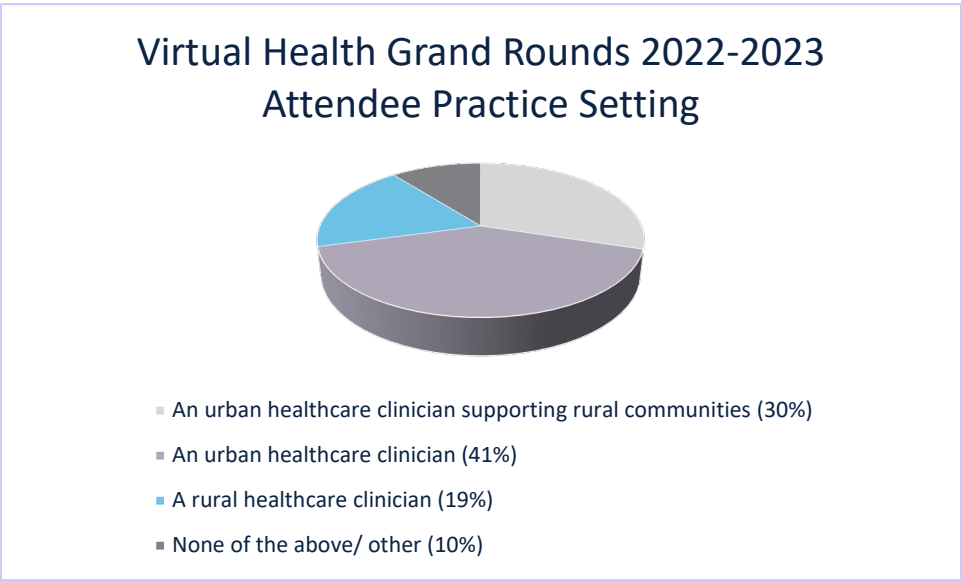
Program Statistics

Virtual Health Grand Rounds Sessions – April 2022 to March 2023				
Session Topic	Speaker(s)	Date	Session Registrants	Session Attendees
Virtual Dermatological Exams	Dr. Marie O'Connor Dr. Neil Kitson	22-Apr-2022	172	63
Augmented Reality as a Medical Learning Tool	Dr. Claudia Krebs	3-Jun-2022	80	39
Virtual Ophthalmology Exams	Dr. Heather O'Donnell	21-Oct-2022	117	56
Using Technology to Enhance Communication	Dr. Christian Juhra	20-Jan-2023	114	38

**Note: Session attendee numbers are pulled from attendance surveys collected for accreditation purposes. As a result, actual session attendance rates could be approx. 10-30% higher than listed.*

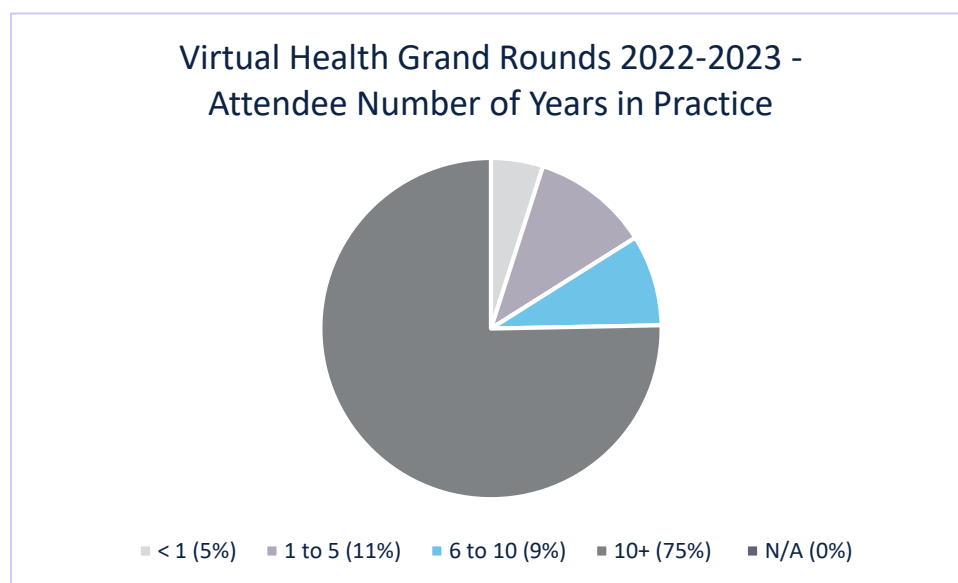
Virtual Health Grand Rounds 2022-2023 – Rural BC Communities Reached	
Rural BC Participant Community	Community RSA Designation
Ashcroft	A
Blind Bay	C
Campbell River	C
Chetwynd	A
Christina Lake	A

Comox	C
Creston	A
Duncan	C
Fernie	A
Golden	A
Nelson	B
Port McNeill	A
Powell River	C
Prince George	B
Princeton	A
Quesnel	A
Saltspring Island	C
Smithers	A
Valemount	A



Health Care Setting	Family Physician	Nurse	Specialist	Resident	Allied Health	Nurse Practitioner	Other professions	Total
Primary Care Office	89	1	3		1	3	4	101
Hospital	24	2	8	2		2	4	42
Specialist Office	1		15				2	18
Community Health Center	9	1	1		1		4	16
Both Primary Care and Specialist Office			2					2
Both Primary Care Office and Community Health Centre	3							3

Both Hospital and Community Health Centre	1							1
Both Primary Care Office and Hospital	15							15
Primary Care Office, Hospital and Community Health Center	3							3
Other	9	1			1		5	16
Total	154	5	29	2	3	5	19	



Evaluation Highlights

Virtual Health Grand Rounds delivered quarterly sessions in 2022-2023 which engaged learners from all over British Columbia, across Canada and as far as the island nation of Mauritius. Together, these dedicated healthcare providers, health administrators, information technology specialists and other professionals, connected with subject matter experts to consider how technological innovation and uptake can improve patient-centered care. The desire to change our health system for the better underpins many of the Virtual Health Grand Rounds attendees’ stated motivation to attend, as evidenced in these quotes from participants:

- *“Thank you for your vision for more universal access to health care to rural and remote communities in all of British Columbia.”*
- *“More learning and different approaches in treatments, especially when practically possible with “same” treatment effect as an office visit, good for patients as well.”*
- *“Life-long learning to enable me to be the most informed patient partner that I can be.”*

Virtual Health Grand Rounds sessions delivered from April 2022 to March 2023 were very well-received. On average, 95% of attendees agreed or strongly agreed that these presentations met the stated learning objectives, and 93% agreed or strongly agreed that the education met their learning needs. This positive reception is well exemplified in the following participant feedback:

- *“Thank you so much for all that you do. Very educational and informative.”*
- *“Excellent practical presentation, with great resources offered to us! Liked the energy and fun! The positive good vibes will help us retain more of the information. Thank you very much!”*
- *“Great program and I thank you all!”*

Rural Point of Care Ultrasound (POCUS) Rounds

A total of 10 Rural POCUS Rounds sessions were delivered in FY23, reaching a total of **450 participants**. Below is a summary of topics covered and participant demographics.

Program Statistics

- Gallbladder Ultrasound
- First Trimester Scanning
- SERIES: Ultrasound for Shock
 - Intro to POCUS for Shock
 - Heart & Lung Ultrasound
 - Fast Pipes (IVC & Aorta)
 - POCUS Assisted Procedures for Shock and Hypotension
 - DVT/PE
- SERIES: POCUS for Obstetrical Care
 - First Trimester Emergencies
 - Third Trimester Ultrasound: What POCUS can and cannot do
 - Postpartum Emergencies

Participant demographics:

Physician Type	Practice Type	Practice Setting
<ul style="list-style-type: none"> • 58% Family Physicians • 17% Specialist Physicians • 5% Midwives • 1% Nurses • 6% Residents/Students • 13% Other 	<ul style="list-style-type: none"> • 38% Hospital • 35% Primary Care/Walk-in Clinic • 5% Specialist Clinic/Office • 7% Long-Term Care Facility • 1% Nursing Station • 9% Community Health Centre • 6% Other 	<ul style="list-style-type: none"> • 33% rural community • 28% rural AND urban • 34% urban community • 4% Unsure/Not Applicable

Participant Feedback

- *“This program will go a long way in helping in my rural practice.”*
- *“Always such useful and concise information.”*
- *“This is a great program, and I’m delighted that you’re continuing.”*

Supportive Relationships

Coaching and Mentoring Programs

Program Summary

The rural coaching and mentoring programs foster supportive relationships in practitioner networks, including rural physicians, and interdisciplinary surgical, obstetrical and maternity teams to improve practice, increase confidence, and connect rural colleagues. The objective of the programs is to pair healthcare provider coaches/mentors with coachees/mentees or healthcare teams who want to strengthen a clinical skill, advance a professional or personal goal, or who are going through a transition in their medical practice (e.g., transitioning to virtual care, adjusting to a recent move to rural BC, etc.).

RCPD delivers three streams of coaching and mentoring based on a health practitioner’s role, specialization, and community: The Coaching and Mentoring Program (CAMP), and the coaching pillars of the Rural Surgical and Obstetrical Networks (RSON) and the Rural Obstetrical and Maternity Sustainability Program (ROAM-SP).

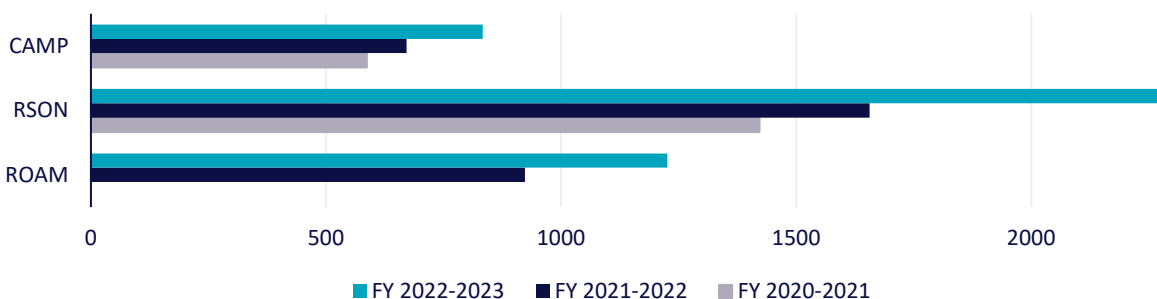
Program Statistics

Participants and Hours

These charts represent the number of active participants, coaching hours, and coaching communities for CAMP, RSON and ROAM from April 1, 2022- March 31, 2023.

Deliverable	CAMP	RSON	ROAM	TOTAL
Participants	321	254	247	822
Coaching/Mentoring Hours	833	2295	1226	4354
Coaching Communities	Over 50	10	24	Over 80

Annual Coaching/Mentoring Hours



Coach and Mentor Skill Development

The Coaching and Mentoring Programs offer regular Coach and Mentor Skill Development Sessions. From April 1, 2022, to March 31, 2023:

- Delivered 13 sessions for BC providers
- Taught 11 topics
- Welcomed 104 attendees
- Offered 20.5 hours of Skill Development

This table provides more information about the Skill Development sessions held this year.

Date	Topic	Total Attendees
07-Apr-22	Action Planning	12
05-May-22	The Advice Trap	10
26-May-22	Coaching Through Conflict	16
14-Jun-22	Powerful Questions	14
23-Sep-22	Creating the Container	7
03-Oct-22	Orientation	10
09-Nov-22	Supervision Peer Group	10
23-Nov-22	Using the BRAIN (Partnership with CCMI)	15
06-Dec-22	Assumptions and Bias	11
13-Jan-23	Coaching Through Conflict	11
08-Feb-23	Orientation	9
28-Feb-23	Drama Triangle	16
21-Mar-23	Addressing Burnout	15

Online Portal

The Online Portal features 11 optional bite-sized learning modules so participants can learn about coaching and mentoring skills at their own pace and convenience. Topics include ways we support a colleague, active listening, creating the alliance, powerful questions, and more. To date, there are 212 people enrolled in the Online Portal. Fifty participants registered in 2022.

Stories/Evaluation Highlights

Supporting Rural Learning. The CAMP-PLP partnership has allowed the program to dive deeper into the perceived and unperceived needs of diverse learners and support their transition into Canadian practice. A rural locum physician's needs were identified through PLP, then they were referred to CAMP to work with a coach to achieve those goals. The learner shared their experience in CAMP after being matched with an Anesthesiologist in Penticton:

“As a physician who lives in a rural and remote region and works as a locum, I have benefitted from the CAMP program quite significantly over the last year [...] As part of my exposure throughout this process, I have been working with an anesthesia coach to improve my airway skills and learn new skills, especially for the very young. In rural settings, I do not get to do those often and therefore I do not feel as competent. I do feel slightly more so after CAMP. Additionally, CAMP offered me networking for people interested in dealing with minority rights in the health care system.”

Interdisciplinary Coaching. In addition to collaborating with other programs within UBC CPD (HOUSE, IPL, PLP, RTVS), the Rural Coaching and Mentoring Programs have developed new partnerships with regional and tertiary centres, including the Inlet Community Birth Program. In 2023, Inlet Community Birth Program welcomed two rural family physicians to the Royal Columbian Hospital for high-volume maternity coaching. Both physicians were coached for five days at different times by the Inlet team of midwives.

One learner shared that they completed a couple of inductions and repairs. She had the opportunity to assist with a complicated repair and support with a C-section assist. She particularly appreciated the experience of the complicated repair because this allowed her to be more comfortable with her skills. She learned from interdisciplinary experiences, through conversations with nurses, GPs, FPs and midwives. Overall, the whole experience gave her the chance to practice her skills and in turn made her more comfortable with managing patients.

Skill Development. Learners continue to attend and praise the Coach/Mentor Skill Development sessions for its ability to connect peers, strengthen communication skills, and offer a safe space for learners to practice and ask questions.

- *“My favorite part is watching the pros do a demonstration”*
- *“[The Coach/Mentor Skill Development sessions] are very cup-filling. It very much feels rejuvenating as opposed to depleting.”*
- *“The [facilitator] has a very supportive, empathetic teaching style and covers the background behind the tools”*
- *“Facilitators are skilled, inclusive, and welcoming of comments from participants”*
- *“The demonstration was the most powerful”*

Personal Learning Plans

Program Summary

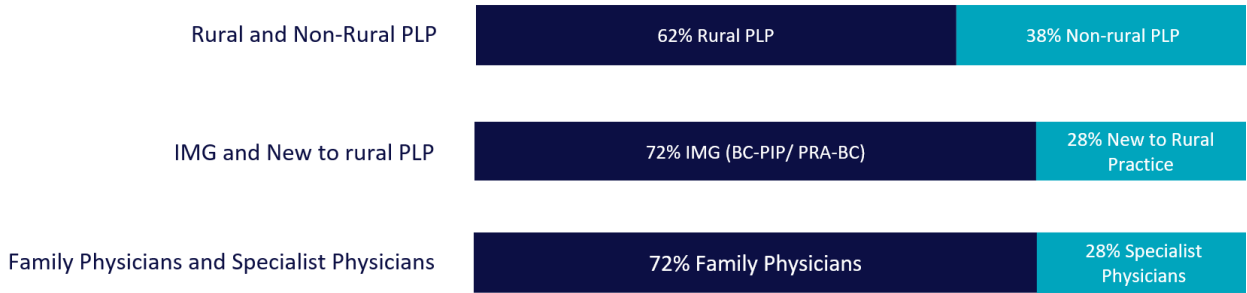
Personal Learning Plans is designed to support new to rural (< 5 years) practice and International Medical Graduate (IMG) physicians to access educational resources. Full or provisional licensed physicians are eligible.

The learner works as a team with a Physician Advisor and a Concierge (non-physician) to determine focused learning goals. Curated resources and mentors are offered to support learners to achieve their goals.

The team is composed of Dr. Bruce Hobson (Medical Lead), Doris AuYeung (Project Coordinator/Concierge), Hadas Haft (Senior Program Assistant /Concierge) and Emily Boardman (Project Manager). Physician Advisors are Dr. Cecile Andreas, Dr. Nicole Ebert, Dr. Anne McNamara, and Dr. Lawrence Yang.

Program Statistics

2022-2023 total completed PLPs: 29



Of 82 completed PLPs since 2019, 29 plans (35%) were completed this fiscal year. Eight check-in meetings were completed between 2019 – 2021 and 19 check-in meetings were held this year (increase of 238%). Even considering the impacts of Covid-19, this demonstrates our increased ability to engage learners through a more relationship-based approach.

Most commonly requested topics include billing, Electronic Medical Records, opioid prescribing, chronic pain management, and Emergency Room skills.

Stories/Evaluation Highlights

A non-rural physician contacted PLP for billing support and shared the difficulties they were experiencing in transition to Canada. This learner was supported over 6 months with 2 additional PLP check-in meetings as well as referrals to tutoring for their Electronic Medical Record, a Practice Support Program coach, the Physician Health Program, and their local Doctors of BC Regional Advocate and

Advisor. This learner was not the norm but reflects the range of support new physicians need to be established in new communities.

PLP has developed a unique role as needs assessment for partners. Our Physician Advisor meeting in November involved Dr. Steven Yau (IMG Projects) and Dr. Brenna Lynn, which stimulated connections as well as the evolution of this program to improve understanding of physicians' practice transitions.

PLP learners' interactions with our Physician Advisors have uncovered unperceived needs and strengths. New physicians cannot know what they have not had exposure to, such as chronic disease practice management tips, EMR shortcuts, and billing (techniques). PLP meetings can reveal these questions and acknowledge the learners' own skills and strengths (e.g. ability to find their own mentor)

Indigenous Patient-Led CPD

Program Summary

Indigenous Patient-Led Continuing Professional Development (IPL) aims to improve Indigenous health outcomes by increasing access to culturally safe care for Indigenous Peoples and communities in BC rural settings. The program strives to develop rural healthcare providers' sense of cultural humility and their ability to deliver care that is culturally safe and trauma-informed by co-creating and delivering content in partnership with Indigenous patients and Elders.

The IPL Working Group has recognized that everyone who engages with Indigenous communities must be trauma-informed to mitigate the risk of adding more harm. We believe that trauma-sensitive practices are the basis for offering culturally-safe and respectful health services for Indigenous relatives, as colonization has brought about a legacy of intergenerational trauma, which impacts people's present-day realities. Our work in FY 2022-23 focused on developing a longitudinal trauma-sensitive practice curriculum, as well as preparing ourselves to re-engage with communities after a pause due to the impacts of COVID-19 and mutual learning around working with the impacts of individual and intergenerational trauma.

Nawh whu'nus'en – We see in two worlds

To support providers to acquire and strengthen trauma-informed skills and knowledge, IPL is developing Nawh whu'nus'en - We see in two worlds: Trauma sensitive practices for collectively healing in relationship, a trauma- and resilience-informed



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"Balance"

2023

curriculum for rural and rural-serving providers.¹ The curriculum is rooted in two-eyed seeing methodology, weaving together Indigenous ways of knowing with western trauma theory and neuroscience, including Dr. Michael Yellow Bird's work on neurodecolonization and Dr. Stephen Porges' work on polyvagal theory. The curriculum is also built on understanding of the immense power of experiential Indigenous land-based healing practices for maintaining a state of wellness.

The IPL Working Group (WG) engaged Dr. Rahul Gupta and patient-partner/subject matter expert N'alaga Avis O'Brien to lead curriculum development in consultation with the WG and Scientific Planning Committee.

The curriculum consists of three progressive levels:

- Level One: introductory 3-hour online session (no pre-requisite)
- Level Two: three 2-hour online sessions (pre-requisite: completion of Level One)
- Level Three: in-person, one-day land-based experience (pre-requisite: completion of Levels One and Two)

We are currently working to train enough providers in communities that there will be a cohort of providers with the pre-requisites required to enroll in Level Three if their local Nation wishes to develop an iteration of the course.

Program Statistics

- Level One: introductory 3-hour online session
 - First pilot delivery: January 17.
 - Subsequent delivery in FY23: March 22
 - We will deliver at least two more Level One sessions in FY24 (May 25 and more TBD)
 - 2.75 Mainpro+ Group Learning/MOC Section 1 credits are offered for Level One.
 - Almost 100 participants attended Level One in FY23: 50 physicians (40 family physicians and 10 specialist physicians), 12 nurses, 9 allied health professionals, 6 midwives, 6 nurse practitioners, 16 additional professions, residents and students.
 - Participants included medical care professionals from the following locations in BC: Courtenay, Nelson, Lake Country, Garibaldi Highlands, Williams Lake, Duncan, Campbell River, Sechelt, Mill Bay, Cranbrook, Parksville, Comox, Kimberley, Kelowna, Victoria, Langley, Surrey, Vancouver.
- Level Two: three 2-hour online sessions
 - First pilot delivery planned for October 2023
- Level Three: in-person, one-day land-based experience
 - We will develop Level Three in FY24 in partnership with Nations/communities that identify a need and wish to collaborate in this work.

¹ We were honoured to work with Clayton Gauthier, who developed a logo for the Nawh whu'nus'en course.

Evaluation Highlights

As we have begun delivering Level One, we are seeing high demand for this learning from multidisciplinary providers who practice in and/or serve rural populations.

We are in the early stages of delivery and evaluation data is still coming in and undergoing analysis. But preliminary pre- and post-course evaluation results from the January 17 pilot and subsequent March 22 sessions indicated high learner satisfaction with the course offering, and improved understanding of course content. Many learners appreciated learning about polyvagal theory and neuroception, and the faculty's holistic approach to teaching, which was "practical, scientific, experiential." Learners noted that the facilitators modelled trauma-informed care, creating a "very compassionate and safe space," and many came away with a new or renewed commitment to understanding their own histories of trauma, how that intersects with understanding a patient's experience of trauma, and how this might change the way they practice going forward:

- *"I actually felt such great gratitude for the modelled care provided during the session and the profound impact it had - this demonstration of real impacts was profound and I am so grateful for the shared vulnerability in a safe way that allowed for leaning!"*
- *"It has opened my eyes to how my own body experiences my past trauma and how that impacts me when I am working with others who have experienced trauma. It has reminded me that trauma is experienced and expressed in the WHOLE person, not just their mind, and so healing work needs to involve the WHOLE person. It has renewed my commitment to keeping a "don't know" perspective."*

SUMMARY AND LOOKING AHEAD

UBC Rural CPD is committed to supporting the learning needs of physicians and other health care providers who practice in rural, remote, and Indigenous communities in BC. Our program demonstrates that through community-based, interprofessional, collaborative, and practical CPD, we can support rural health care providers to deliver safe and effective health care to rural British Columbians. This is achieved through strong relationships with our partners, collaborators, and team members as well as strong pedagogical approaches to education and professional development.

Looking forward, we will keep investing in relationships with our partners, collaborators and rural physician learners. We will continue to bring an equity lens to all that we do to ensure we are reaching out and supporting those rural providers who need it the most.