Rural Continuing Professional Development Program (R-CPD)

Annual Report
October 1, 2008-March 31, 2009

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I. Executive Summary

With the support of the Rural Coordination Centre, the R-CPD program commenced in 2008. The program will work with and on behalf of rural physicians--to build viable, practical and effective CME/CPD programming for rural physicians that follows, wherever possible the tenet of the Society of Rural Physicians of Canada “Education for Rural Physicians, by Rural Physicians”.

In the first year of the project, the R-CPD has focused on setting up administration and evaluation systems and most significantly, commencing work on the top five priorities as identified by the new Medical Advisory Committee (MAC). These priorities have been the following:

1. Develop and integrate “Closer to home” programs.
2. Create an inventory of speakers and available topics for rural physicians.
3. Connect with existing programs, as coordinated by CME coordinators, the Rural Education Action Plan and others.
4. Foster relationships with rural practitioners so that they can give ongoing input and direction to the R-CPD.
5. Develop web communications: develop and design a BC Rural CPD webpage in collaboration with the RCCbc website.

In the last 6 months, the R-CPD has maintained focus on these priorities under the direction of the MAC, and in consultation with the RCCbc. Reasonable progress (within the three to five year time frame) has been made on the realization of all five priority deliverables.

The R-CPD is reporting on six months of project work in the following areas: (1) administrative progress, (2) program development, and (3) evaluation.

II. Administrative Progress

1. Staff and office

- Engaged Medical Director
- Established project office
- Hired Project Manager
- Established Education Working Group for Emergency Medicine
- Invited establishment of working groups on Obstetrics & Gynecology and Psychiatry.

The project officially commenced on October 1, 2008. The Rural CPD (R-CPD) office was staffed on December 8, 2008 with the hiring of a Project Manager.

2. Medical Advisory Committee

- Identified and engaged Members of Medical Advisory Committee (MAC)
- Established terms of reference for membership
- Held three meetings:
    - Dec 16 & 17, 2008, introductory teleconference (1.5 hours)
    - February 23, 2009, 1 hour teleconference-preparation for the live meeting
    - March 11, 2009, an all day live meeting on: 1) educational programming and 2) R-CPD associate roles and contributions to R-CPD (**organizations listed below in MAC).**

- The members of the R-CPD MAC are:

Dr. Mary Johnston - UBC R-CPD Medical Director – co-chair
Dr. Bob Bluman – UBC CPD Assistant Dean
Dr. Brenna Lynn – UBC CPD Director
Ms. Deirdre Maultsaid - UBC R-CPD Project Manager – co- chair
Dr. Rebecca Lindley – representing Vancouver Coastal Health region
Dr. John Soles – representing Northern Health/Interior Health regions/**Society of Rural Physicians – Regional Representatives to Council**
Dr. Mike Kawerninski – representing Northern Health region
Dr. Neil Leslie – representing Interior Health region
Dr. Granger Avery – Co-chair Joint Standing Committee on Rural Issues and Executive Director **Rural Coordination Centre of BC (RCCbc**) – also representing Vancouver Island region
Dr. Carl Whiteside – Director of **Rural Education Action Plan (REAP)** and Associate Director **RCCbc**
Ms. Kathy Copeman-Stewart – representing the **Interprofessional Rural Program of BC**

Dr. Ian Schokking – representing Northern Health region and **Northern Health Authority**
Dr. Rod McFadyen – representing Vancouver Island region and **Vancouver Island Health Authority**
Dr. Harry Karlinsky – UBC CPD **BC Physician Integration Program**- Medical Director
Dr. Ron Wilson – UBC CPD Video Rounds Medical Director
Dr. Celina Dunn – UBC CPD Education Program Medical Director

III. Program development

As agreed with the Rural Coordination Centre of BC, the R-CPD program will work to fulfill the following 13 deliverables over the next three years:

1. Develop and Design a BC Rural CPD webpage in collaboration with the RCCbc website – this web based resource would help keep track of the processes and key contacts at the various stakeholder organizations (e.g. BCMA, Ministry of Health, CFPC, Health Authorities, RCPSC, SRPC, etc);
2. Create an inventory of speakers and available topics from rural physicians (to support “closer to home” delivery) and develop a complementary system for tracking the successes and challenges with each speaker presentation;
3. Build relationships with CME coordinators, speakers and others as necessary;
4. Identify key technology based solutions and draft strategies for maximal access and use (e.g. rural licenses for the UpTo Date program);
5. Develop and maintain inventory of communities and the infrastructure they have available to support CME/CPD delivery (e.g. broadband internet, video-conference facilities in hospital, etc);
6. Develop an up-to-date inventory of rural CPD programs happening and enable web viewing;
7. Build upon CME/CPD programs offered to rural practitioners and coordinated by REAP;
8. Build relationships with rural practitioners so that they can give ongoing input and direction to the R-CPD;
9. Start development in combination with the event staff at UBC CPD, a low cost, high return CPD/CME event for rural communities as a tool to build awareness and interest in the R-CPD;
10. Finalize the R-CPD MAC of selected rural physicians and representatives of key stakeholder organizations;
11. Develop an office name and brand; focus marketing and engagement efforts on tying brand to value of service provided to rural physicians;
12. Collaboratively develop ongoing evaluation strategies to ensure the R-CPD continues to meet needs as they evolve; and
13. Maintain a close relationship with the RCCbc to ensure that CPD content and delivery is achieved through working together with other such initiatives in BC.

Identified Priorities

In the 1st year, the MAC has directed the R-CPD to concentrate on the following five deliverables (in order of priority ranking identified at the first teleconference meeting):

1. Develop and integrate new "Closer to home" programs with the event staff at UBC CPD, at low-cost, high-return for rural communities to meet identified CME/CPD needs and as a tool to build awareness and interest in the R-CPD.

2. Create an inventory of speakers and available topics for rural physicians and develop a complementary system for tracking the successes and challenges with each presentation.

3. Connect with existing programs: build relationships with CME coordinators, speakers and others as necessary; build upon CME/CPD programs offered to rural practitioners and coordinated by Rural Education Action Plan.

4. Build relationships with rural practitioners so that they can give ongoing input and direction to the R-CPD; integrate rural programming for both rural specialists and GP's so that they can give input and participate in educational programs.

5. Develop web communications: develop and design a BC Rural CPD webpage in collaboration with the RCCbc website; develop an up-to-date inventory of rural CPD programs and enable web viewing.

These five program areas are reported on below.

1. New Closer to Home Programs

The R-CPD has commenced creating programming/integrating with other programming in the following areas: emergency medicine, obstetrics & gynecology, and psychiatry (as identified as priorities by the rural CME/CPD needs assessment in 2005-2006) and confirmed as important by the MAC.

Emergency Medicine

An emergency medicine Education Working Group was formed; there are several rural physicians from the MAC participating in this working group, including Dr. Rebecca Lindley and Dr. Mary Johnston. With the assistance of the MAC, several emergency skills courses have been assessed, including the Society of Rural Physicians Rural Critical Care Modules, the Centre for Surgical Excellence and Innovation-CPD Simulator-assisted Emergency Medical Procedures course, and the Interior Health

Authority new Emergency Medicine simulator-assisted course being taught in select emergency rooms by an ER physician and team (IHA). The R-CPD is also evaluating various other options to support delivery of Closer to Home emergency medicine program content.

The Medical Director and Project Manager attended at various 2-hour Rural Critical Care modules in Banff (adjoining the U. of Calgary Rural Emergency Medicine conference) to assess the curriculum, delivery method, educational materials, evaluation, learner experience, and availability of instructors. They attended modules on cervical spine injuries, chest tube insertion, obstetrical emergencies, rural ultrasound, and airway management.

The Simulator-assisted Emergency Medical Procedures (SEMP) course has already been created by CPD in partnership with the Centre for Excellence for Surgical Education and Innovation (CESEI).The SEMP course is one full day and involves 6-10 educational modules, such as “Needle Cricothyrotomy and transtracheal jet ventilation” and “Chest Tube insertion”. The online modules are studied ahead of the practice day. The simulator-assisted training provides training in high acuity situations, in a safe environment. The current course has been held on January 30th, 2009 and four more courses are scheduled over 2009-2010 as part of the initial pilot. On January 30, 54% of participants were rural physicians (four from Vancouver Island Health, two from Vancouver Coastal, four from Northern Health and three from Interior Health). Interest by rural physicians has increased. The upcoming May course enrollment is 67% rural physicians (two from Vancouver Coastal, four from Vancouver Island, two from Interior Health and eight from Northern Health),

The R-CPD has investigated its ability to pilot this one day SEMP course in rural communities. To pilot the course as a rural outreach course, the R-CPD is in the process of identifying the owners of satellite simulators willing to work under the auspices of CESEI. The R-CPD has received RCCbc consent to add a question about the existence of simulators or other training tools in communities that RCC is surveying. Investigation is also underway about the possible development (in the longer term) of enough simulator-assisted and online curriculum to help physicians maintain their competency in all emergency skills.

Obstetrics

Plans and work are underway to adapt the Society of Rural Physicians Critical Care module on obstetrical emergencies and turn it into a “rural obstetrics refresher”. The highest learning need identified for rural family physicians is regular hands-on practice with possible emergency scenarios.
The following steps are being taken: receive and assess the SRP curriculum and matching educational materials, identify R-CPD lead, identify and engage rural instructors willing to take on the role.

Psychiatry

As agreed with the Medical Advisory Committee, the CPD Fall 2009 series of seven videorounds/webinars will be on rural psychiatry.

A webinar is an interactive online accredited educational session that can be viewed from your home or office. The software allows the participant to watch live webinar or on-demand media presentations through a web browser and ask the speaker questions at the time of presentation. UBC CPD leads videorounds and webinars for physicians across BC. The R-CPD MAC considers this a valuable learning format. After members of the MAC viewed the March 5, 2009 Webinar on Neck Trauma (Spring CPD Trauma series), MAC members decided that this was a viable delivery format for rural physicians due to easy accessibility of the education at low cost to participants.

The topics for the fall 2009 series have been tentatively agreed upon (to be announced in consultation with contracted speakers). Both rural psychiatrists and psychiatrists who do outreach will be approached to participate as speakers. This will allow the R-CPD to connect with this group of rural specialists.

2. Inventory of Speakers and topics

The speakers and topics inventory is being developed with the following principles in mind:

- rural accessibility
- rural relevance
- self-directed use (with monitoring)
- usability/sustainability
- Availability of complementary evaluation tools

Possible speakers have been gathered from many source lists, including from UBC CPD and SRPC past educational events. The list is comprehensive (from all data mining sources). Current contact information has been obtained for all participants and the inventory is being updated. Once piloted and approved, the inventory will be launched on the Rural Coordination Centre website, in coordination with other web communications.

3. Connect with existing programs

Through the Medical Director, the MAC, REAP and the RCCbc, the R-CPD program staff have been apprised of CME/CPD programs around BC and linkages; working partnerships are being formed. The R-CPD is focusing on identifying instructors to assist with R-CPD educational delivery, or whom the R-CPD can assist to facilitate the programs that they have already created.

With help and input from the R-CPD MAC, the R-CPD program has connected with many ongoing accredited CPD programs.

- Dementia case-based workshops. In the spring of 2009, dementia case-based workshops are being delivered to rural communities in BC. The process of organizing the workshops has fostered connections with many rural CME Coordinators. See Table A for list of workshops.

Table A: CPD Dementia Education Workshops, 2009

Community/Local Marketing Areas	Health Authority	Date	Name of Physician (if advertised)
1. Prince George/ Vanderhoof, Fraser Lake	NHA	March 12	Dr. Ian Schokking
2. Trail /Rossland & Castlegar	IHA	March 25	Dr. Bruce Fawcett
3. Vernon/Salmon Arm& Armstrong	IHA	April 16	Dr. Maureen Clement/ Dr. Mahmoud Abdel- Kader
4. Fort St. John/Dawson Creek	NHA	April 15	Dr. Michael Wilkins-Ho & Dr. Janet Kushner-Kow
5. Revelstoke/Golden	IHA	April 30	Dr. Alan Gow
6. Pemberton/Whistler	VCH	May 11	Dr. Rebecca Lindley
7. Comox/Courtenay	VIHA	May 13	Dr. Margaret Manville and Dr. Mandy Ruthnum
8. Smithers/Hazelton	NHA	June 10	Dr. Karin Bluow
9. Port Hardy/Port McNeil	VIHA	June 11	Dr. Michael Cooper
10. Sechelt/Gibsons	VCH	June 11	Dr. M. Oluwafemi Agbayewa
11. Duncan/Mill Bay/& Saltspring 12.	VIHA	June 17	Dr. Paul Terlien
13. Penticton/Osoyoos	IHA	June 25	Dr. Jack Kooy
14. Clearwater/Blue River & Valemount	IHA	June 18	Dr. John Soles
15. Queen Charlottes	NHA	June 26	Dr. Harpreet Chuahan/

- St. Paul's Emergency Medicine conference, 2009 (arranged for MAC input on learning objectives)
- St. Paul's Emergency Medicine conference, 2010 (arranged for MAC member on planning committee)
- Obstetrics update, 2009 (invitation sent to identified list for rural physicians to join planning committee or speak on rural topics – Rural physicians were identified through R-CPD networking for the planning committee or for speaker involvement. Dr. Andrew Sear from Quesnel will participate on the planning committee and lead a workshop on suturing). More rural speakers will be identified later.
- ALSO. Dr. Ron Wilson, a CPD Medical Director, will offer this course in conjunction with the OB update mentioned above and may, in year 2 of the R-CPD project be willing to offer the course in some rural areas (TBD).
- Finding Medical Evidence Workshops (instructors have agreed to go on two or three road trips to rural areas [Whistler/Pemberton and Cranbrook/Trail] in Fall, 2009
- Presentation skills workshops (R-CPD staff will present an adapted form of this workshop at the SRP annual conference in Hazelton).

4. Build relationships with rural physicians

The R-CPD inventory of speakers and web calendar will be launched on the RCCbc website. A joint communiqué to rural physicians is being created that will invite physicians to confirm their participation in the inventory of speakers, and at the same time use the RCCbc website to provide input on the R-CPD educational programming/general learning needs.

The CPD evaluation form for conferences has been modified by location of practice (see evaluation section below). Rural physician input on all educational programming will be available to the R-CPD, and we can adapt our content and delivery accordingly, as well as communicate directly with these participants. We can convey evaluation reports back to the MAC for future educational programming.

UBC CPD is an accredited education provider. The R-CPD is investigating the guidelines, application system and any options for providing accreditation that may be customized for R-CPD rural programming in consultation with rural physicians.

5. Develop web communications

Work on shared web communications has commenced with CPD and the RCCbc. The counterpart Project Managers (PMs) have met to discuss web design, marketing and organizational needs. The PMs are working on a set of criteria for inclusion of events and programs on their respective website calendars, creating a list of desired features, and working on a method for managing the calendar in consultation with web developers. The R-CPD pages of the RCCbc website are almost complete. The R-CPD page on the CPD website is complete and will be part of the updated CPD website in early May 2009.

IV. Learning Needs Assessment and Evaluation Strategy

1. It has been confirmed that the Rural Education Action Plan sponsored Rural CME/CPD Needs Assessment along with MAC current input will inform educational programming plans.

2. A thorough environmental scan is underway both within and outside BC to identify existing programs (which provide rural CPD/CME) and identify potential collaboration or overlaps with R-CPD.

3. A thorough literature review of journals which either focus on rural medicine or CPD/CME is underway, in order to identify successful educational program models, adaptable to the BC context.

4. After the environmental scan and literature review are complete, an overall evaluation strategy is being planned for the R-CPD in collaboration with the RCCbc, in order to continue to meet needs as they evolve.

5. Where rural physician participation has been significant, evaluations from previous CPD programs have been examined, including conferences on emergency medicine (25% rural physicians) and obstetrics (35% rural physicians). Evaluations will also be examined for previous conferences on psychiatry.

6. We have amended our standard CPD evaluation form so that data from all of our conference evaluations can be sorted by location of practice, and we can collate reports on rural physician learning experiences.

7. We are using course evaluations from courses and workshops in order to inform the outreach and accessibility success of the R-CPD. The following educational activities are now being tracked:
   - Webinars/Videorounds
   - Finding Medical Evidence workshops
   - Powerpoint and presentation skills workshops
   - Simulation-assisted Emergency Medical Procedures

V. Conclusion

Through the development and facilitation of quality educational programming, the R-CPD in the process of meeting the identified and expressed learning needs of BC rural physicians with the assistance of the MAC and the support of the RCCbc. The R-CPD is also working on the communication and coordination tools, such as the inventory of speakers that will allow rural physicians to organize their education as appropriate to their own community needs.