UBC Rural Continuing Professional Development (RCPD) Program

ANNUAL REPORT

2012-2013

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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 (RCCbc), the program has been operating since 2008. In the past five 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 stated 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. Tandi Wilkinson and a Rural Medical Advisory Committee, with support from senior management at UBC CPD, a Project Manager, 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 2014 has four aims, which are to:

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

The overall objectives for RCPD (2013-14) are as follows:

- To continue to build upon our current programming and networks by supporting, facilitating, and developing Continuing Medical Education programming that is directed by rural health care professionals and meets the needs of rural health care professionals.
- To continue to develop and deliver CME programming that is evidence-based, up-to-date and leads to state-of-the-art patient care.
- To have both a rurally-based and central provincial presence that seamlessly supports rural CME needs at both the local community and regional levels.
- To support provincial-level collaboration of rural CME processes.
- To expand our scope beyond traditional CME initiatives, in order to empower and support rural practitioners in their many roles as health care providers, learners, teachers, and community members.
- To model best practices for intra and interprofessional communication, mutual respect and teamwork, and to model sharing of resources and ideas.
This report describes RCPD program activities for the period of April 1, 2012 to February 15, 2013. The report summarizes highlights from the past year and outlines goals and deliverables for the year ahead. The report also highlights program evaluation data collected in the past year.

RCPD Medical Director, Dr. Tandi Wilkinson, instructing the Third Trimester OB Ultrasound Course  
Society of Rural Physicians of Canada Conference, Whistler, April 2012
II. Summary of RCPD Activities, 2012-13

2.1 RCPD Leadership

With the active support of the Rural Coordination Centre of BC, the RCPD Program is led by a Medical Director and a Medical Advisory Committee (MAC), with support from senior management at UBC CPD, a Project Manager, and the UBC CPD research team and administrative staff.

The Medical Advisory Committee meets 2-3 times per year and is made up of rural health care practitioners and other key stakeholders who provide input and strategic direction for all RCPD activities. The Medical Advisory Committee is led by RCPD Medical Director, Dr. Tandi Wilkinson. In April 2013, Dr. Wilkinson will become an Associate Medical Director for the RCPD program. Dr. Wilkinson has been providing leadership and vision to the RCPD Program for more than three years and the program has thrived under her direction. The search for a new rurally-based Medical Director is currently underway.

UBC CPD continues their extensive support of the program through the involvement of UBC CPD Medical Director (Special Projects) Dr. Bob Bluman and UBC CPD Executive Director, Dr. Brenna Lynn. The RCPD Program continues to develop and deliver our core CME programming, and to propose new opportunities and directions for rural CME activities.

In May 2012, the RCPD Medical Advisory Committee gathered for an annual Spring Retreat at the Richmond Olympic Oval. This live, half-day meeting was well attended and the committee discussed current projects and future directions for RCPD programming.

See Appendix A for a list of MAC committee members and Appendix B for 2012-13 MAC meeting agendas.

2.2 RCPD Live Learning Opportunities

Third Trimester OB Ultrasound Course

The usefulness of bedside ultrasound, now part of usual care in the emergency department in Canada, has been shown to decrease time to diagnosis and treatment of important medical conditions. The purpose of this course is to teach rural family physicians how to safely use bedside ultrasound to improve how they diagnose and manage patients in the third trimester who may present with undefined obstetrical emergencies. We believe that this tool, in the hands of primary care practitioners managing labour and delivery, will lead to improvements in care. Indeed, the benefit may be even greater in the rural setting. At the very least we hope that these skills will allow many pregnant mothers to remain in their home communities, avoiding transfer for potentially high-risk conditions that have been ruled out by the ultrasound.
The Third Trimester OB Ultrasound Course is a one-day course that travels to rural and regional hospitals in BC. Participants are taught how to use bedside ultrasound to answer specific questions related to third trimester pregnancy around fetal presentation, fetal heartbeat, amniotic fluid volume, and placental position.

With support from the Rural Coordination Centre of BC, the Rural Education Action Plan (REAP) and the Society of Rural Physicians of Canada (SRPC), RCPD developed a new ultrasound course for third trimester obstetrics, which was offered for the first time at the Whistler SRPC Conference in April 2012. This course was designed by Dr. Tandi Wilkinson (GP/Emergency Physician – Nelson), Dr. Shiraz Moola (OB/GYN – Nelson), Chris Eddy (Ultrasound Sonographer –Vancouver) and Dr. Ray Wiss (Emergency Physician, National EDE Course Developer – Sudbury, Ontario).

Following the pilot, the Obstetrical Ultrasound Course (Point of Care Ultrasound for Third Trimester Obstetrics, or POCUS OB) has been going through further development based on what was learned at the pilot session, participant feedback, and input from the RCPD Medical Advisory Committee and the RCCbc Management Team.

Significant course improvements and revisions were made by the OB Ultrasound Advisory Group in the past year. The redesigned Obstetrical Ultrasound Course recently visited the Kootenay Lake Hospital in Nelson on February 9, 2013, and will next visit the SRPC Conference in Victoria on April 5, 2013, as well as the OB Conference in Vancouver on October 3 and 4, 2013 (two courses).

See Appendix C for the OB Ultrasound Course flyer from Nelson.

The course is now accredited for up to 9 Mainpro-C credits by the CFPC (as of January 2013 – formerly accredited for up to 7.5 Mainpro-C credits). Course participants are required to complete a pre-course needs assessment survey, read the course manual, and complete an online self-quizz prior to attending the course.

Images from pilot OB Ultrasound Course held in Whistler, April 2012
Figure 1: OB Ultrasound Course: Physician participants’ perceived knowledge level* before vs. after the course.

* Rating of 5 reported for level of understanding before and after course. (1=Very little; 5=A great deal)
[Data captured at pilot course in Whistler, April 2012]

Course participants reported their level of understanding about the five key indications taught at the course (before and after). As illustrated in Figure 1 above, there was a significant increase in the level of understanding in the basics and application of ultrasound:

- Ultrasound and image generation – 30% increase
- Fetal presentation assessment – 69% increase
- Fetal heart assessment – 61% increase
- Placental position evaluation – 54% increase
- Amniotic fluid evaluation – 54% increase

This is what course participants had to say about the OB Ultrasound Course in 2012:

- “Excellent course! Succinct, user friendly manual, lots of hands on scanning time”
- “Dramatic increase in confidence”
- “Diagnosis has improved a lot”
- “The course has helped me more confidently assess fetal presentation, allowing me to make referrals in a timely fashion”

Three months after attending the course, participants reported changes in practice following the course. They felt more confident in performing the various procedures taught at the course. The following is a quote from one of the course participants captured three months after the course:
“Instead of sometimes using my best guess from experience I can now at the visit help delineate the problem better, my bedside US has become as important as my fetal doplone. Patients experience more complete management and evaluation as bringing increased peace of mind Using u/s to assess fetal presentation and AFV instead of sending patients 300km out of town for formal u/s.”

See Appendix D for a summary of the most recent pre-course needs assessment survey (for Nelson, Feb 2013).

The Shock Course
The Shock Course has now been delivered more than 30 times around British Columbia. It has been offered at conferences as well—most notably the Society of Rural Physicians of Canada National Rural and Remote Conference in 2012 and 2013, as well as annually at the St Paul’s Annual ER Update Conference.

Since April 2012, the Shock Course was delivered to six communities and is operating on a cost-recovery basis. The course was delivered in Whistler (twice, SRPC Conference & St. Paul’s ER Update), Oliver, Penticton, Merritt, and Prince Rupert. The course reached 68 physicians and 16 nurses.

See Appendix E for a map of all Shock Course locations, 2009-2012. See Appendix F for the Shock Course flyer.

Table 1: Shock Course, Apr-Dec 2012: Physician participants’ perceived knowledge increase

<table>
<thead>
<tr>
<th></th>
<th>Before the course</th>
<th>After the course</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis and treatment of shock</td>
<td>36%</td>
<td>74%</td>
<td>48%</td>
</tr>
<tr>
<td>Central venous lines</td>
<td>20%</td>
<td>68%</td>
<td>62%</td>
</tr>
<tr>
<td>Ultrasound use for shock</td>
<td>5%</td>
<td>66%</td>
<td>60%</td>
</tr>
</tbody>
</table>

* Aggregates of rating scales 4 & 5 were reported. (1=Very little; 5=A great deal)

Shock Course participants reported their knowledge level on three key course components before and after course: diagnosis and treatment of shock, central venous lines, and ultrasound use for shock. There was an apparent increase in participant understanding in these areas of shock management:

- Diagnosis and treatment of shock – 48% increase
- Central venous lines – 62% increase
- Ultrasound use for shock – 60% increase

The Shock Course is now accredited for up to 7.5 Mainpro-C credits by the CFPC (as of April 2012). The course measures pre and post-course practice impact and ask participants to reflect on their experience in order to reinforce learning.
This is what participants had to say about the Shock Course in 2012:

- “The Shock Course has definitely increased my confidence in the screening and management of the shock patient. I am more comfortable with the use of inotropic agents.”
- “Feel a lot more confident diagnosing patients with different types of shock.”
- “I felt more confident starting dopamine in someone with septic shock who failed to respond to fluid boluses, who didn’t have central access.”

Three months after attending the course, participants reported changes in practice following the course. The most common feedback was being “more aware and proactive” afterward, using U/S more effectively for shock diagnosis, and having more systematic approach to shock management. One participant remarked, “I have changed my approach to massive transfusions and as a department we are exploring how to incorporate this with our surgical service”.

**Rural Rounds Videoconference Series**

The RCPD Rural Rounds videoconference series has proven to be very popular and continues to grow since it began in 2008. This series continues to grow and improve. The Fall 2012 session on Pediatric Acute Care Topics had 30 rural and remote BC sites registered. Recent improvements to the program include the engagement of Dr. Janet Fisher, RCPD Medical Advisory Committee member, to take on the busy task of speaker coordination. To assist her with provision of grass roots input, Dr. Fisher has created a Rural Rounds Advisory Group of five rural physicians from around the province. The series continues to follow a case-based format to allow for more audience participation and interactivity. This has had both positive and negative consequences. While it often leads to more interactive sessions, this format has proven to be more challenging for speakers.

As of September 2012, RCPD now records a 15 minute Q&A session after each talk between the speaker and moderator. This is turned into a free, downloadable podcast that is made available on the UBC CPD website.

Based upon past series feedback and level of engagement, the rural rounds series will continue to focus on ER/acute care topics.

**Table 2: Spring 2012 Rural Rounds Sessions: Ask a Specialist**

<table>
<thead>
<tr>
<th>Date</th>
<th>Speaker</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 2, 2012</td>
<td>Dr. Ran Goldman (Vancouver)</td>
<td>Pediatric Acute Care</td>
</tr>
<tr>
<td>Mar 1, 2012</td>
<td>Dr. Abu Hamour (Prince George)</td>
<td>Infectious Disease</td>
</tr>
<tr>
<td>Apr 5, 2012</td>
<td>Dr. Sheryl Alger (Nelson)</td>
<td>Obstetrics</td>
</tr>
<tr>
<td>May 3, 2012</td>
<td>Dr. Dean Johnston (Vancouver)</td>
<td>Neurology</td>
</tr>
<tr>
<td>Jun 7, 2012</td>
<td>Dr. Alex Poole (Whitehorse)</td>
<td>General Surgery</td>
</tr>
</tbody>
</table>
Table 3: Fall 2012 Rural Rounds Sessions: Topics in Pediatric Acute and Chronic Care

<table>
<thead>
<tr>
<th>Date</th>
<th>Speaker</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 6, 2012</td>
<td>Dr. Clare Moisey (Smithers)</td>
<td>School Refusal</td>
</tr>
<tr>
<td>Oct 4, 2012</td>
<td>Dr. Kynan Bazley (Trail)</td>
<td>Recognizing the Truly Sick Kid</td>
</tr>
<tr>
<td>Nov 1, 2012</td>
<td>Dr. Bob Wilson (Golden)</td>
<td>Status Epilepticus</td>
</tr>
<tr>
<td>Dec 6, 2012</td>
<td>Dr. Jeff Bishop (Vancouver)</td>
<td>Bronchiolitis &amp; Complications</td>
</tr>
<tr>
<td>Jan 10, 2013</td>
<td>Dr. Malcolm Ogborn (Kelowna)</td>
<td>Pediatric Rehydration</td>
</tr>
</tbody>
</table>

Table 4: Spring 2013 Rural Rounds Sessions: “I Want a New Drug!”

<table>
<thead>
<tr>
<th>Date</th>
<th>Speaker</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 7, 2013</td>
<td>Dr. Jeff Hussey (Trail)</td>
<td>Cooling Post Cardiac Arrest</td>
</tr>
<tr>
<td>Mar 7, 2013</td>
<td>Dr. Tina Webber (Victoria)</td>
<td>ACLS - New/Old or No drug?</td>
</tr>
<tr>
<td>Apr 4, 2013</td>
<td>Dr. Sean Staniforth (Vancouver)</td>
<td>Controversies in the Stroke Literature: Talking to Patients</td>
</tr>
<tr>
<td>May 2, 2013</td>
<td>Dr. Matt Petrie (Kelowna)</td>
<td>Three Cases of Decreased LOC and the Drugs that Caused it</td>
</tr>
<tr>
<td>Jun 6, 2013</td>
<td>Dr. John Peachell (Trail)</td>
<td>Drug overdoses: Cocaine and Ketamine</td>
</tr>
</tbody>
</table>

As shown in the tables above, there were 10 Rural Rounds videoconferences between April 2012 and January 2013 with approximately 542 total participants. The feedback on the sessions continues to be very positive. The majority of participants stated that they would use the information learned in their future practice. Most participants felt that the presenters communicated the knowledge successfully during the sessions.

Table 5: Rural Rounds April 2012 – January 2013: Participant feedback

<table>
<thead>
<tr>
<th>Date</th>
<th>The information I learned will be used in my future practice</th>
<th>The presenter communicated the knowledge successfully</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 5, 2012</td>
<td>71%</td>
<td>82%</td>
<td>77%</td>
</tr>
<tr>
<td>May 3, 2012</td>
<td>86%</td>
<td>94%</td>
<td>88%</td>
</tr>
<tr>
<td>Jun 7, 2012</td>
<td>73%</td>
<td>83%</td>
<td>71%</td>
</tr>
<tr>
<td>Sept 6, 2012</td>
<td>27%</td>
<td>36%</td>
<td>38%</td>
</tr>
<tr>
<td>Oct 4, 2012</td>
<td>78%</td>
<td>96%</td>
<td>88%</td>
</tr>
<tr>
<td>Nov 1, 2012</td>
<td>85%</td>
<td>98%</td>
<td>88%</td>
</tr>
<tr>
<td>Dec 6, 2012</td>
<td>93%</td>
<td>97%</td>
<td>97%</td>
</tr>
<tr>
<td>Jan 10, 2013</td>
<td>73%</td>
<td>78%</td>
<td>78%</td>
</tr>
</tbody>
</table>

See Appendix G for a map of participating Rural Rounds sites and Appendix H for Rural Rounds Spring and Fall 2012 flyers.
Connecting with Existing UBC CPD Videoconference Programs
UBC CPD’s Friday afternoon “CME on the Run!” Program has now become available by videoconference to some rural sites, including Castlegar, Courtenay, Golden, Mission, Nanaimo, Nelson, Ladysmith, Port Hardy, Prince George, and Trail.

Connecting with Existing UBC CPD Community Case-Based Workshops
RCPD continues to promote community workshops delivered by UBC CPD. In 2012, there were eight “Cancer Care Outreach Program for Education” (CCOPE) workshops offered around the province. As well, UBC CPD continues to partner with the College of Physicians and Surgeons of BC to offer “Finding Medical Evidence” (FME) workshops in various communities around BC. Last year there were eight FME workshops offered. These interprofessional workshops followed a CME delivery model that has proven to be very popular with rurally-based participants: cases were designed by subject matter experts, delivered by local facilitators in their own communities, and attended by rural health care providers.

See Appendix I for a list of UBC CPD case-based community workshop from April 2012 to February 15, 2013.
2.3 RCPD Online Learning Opportunities

Online Journal Club for Specialists: Internal Medicine

The 2012-13 series of the Specialist Journal Club in Internal Medicine began in October 2012 and is now past the mid-way mark. This is the second year of the project. The club platform was significantly modified and improved since 2011-12, based on feedback from participants in the first series. One of the main barriers identified in the first session was the need to log in with a user name and password. This was removed from the current session, and replaced by using a secure (non-searchable) URL from UBC Blogs. We have also added an email notification system -- a “Weekly Digest” -- of recent posts that is sent to participants every Friday. The site is smartphone and tablet-friendly.

The moderator of the current session is Dr. Chester Morris, an internist from Port Alberni, BC. There are currently 20 active journal club members, all of whom are practicing BC internists, and 40% of participants are based in rural areas. This year, participants have been given more opportunities to give input on topic and article selection. We are also choosing only articles that are freely and easily available in electronic format to reduce another barrier to participants. Dr. Morris has done a great job of developing and communicating the learning objectives for each article, and as well has introduced concrete objectives for the whole series, which has helped focus the topic selection and discussions.

See Appendix J for the Specialist Journal Club Flyer (2012-13) and Appendix K for a list of session topics within the current series.

Connecting with Existing UBC CPD Online Learning Programs

RCPD continues to promote web-based education programs that are accredited and delivered by UBC CPD including This Changed My Practice (TCMP) and the multitude of UBC CPD presented webinars:

This Changed My Practice

This Changed My Practice (TCMP) is an educational resource created by physicians for physicians. The format of TCMP allows for new evidence-based medical information to be delivered in a timely and asynchronous manner to BC physicians. This lowers barriers to education and promotes accessibility of the resource. Due to the flexibility of this online format, new developments in medicine can be disseminated in a relevant and meaningful context extremely fast. As an online resource, This Changed My Practice is available to all BC physicians with internet access.

UBC CPD Webinar Program

In 2012, UBC CPD presented 21 free webinars that were available throughout BC (and beyond) as part of the BC Physician Integration Program (BC PIP, for International Medical Graduates), the Cancer Care Outreach Program for Education (CCOPE), the Family Practice Oncology Network (FPON), the STOP HIV Family Practice Testing Initiative, the BC Genomics Network (BCGN), and the Dementia Education Strategy which are accessible to all physicians in the province. These morning and evening webinars are accessible to anyone in BC with an internet connection.

Please see Appendix L for a list of all webinars presented by UBC CPD between April 1, 2012 and February 15, 2013.
2.4 Engagement

The RCPD team has been involved in several provincial CME initiatives and presented research and education activities at Canadian and American conferences in 2012-13. RCPD continues to seek input from rural physicians and other stakeholders regarding current and future programming through needs assessment surveys and other forms of data collection.

In addition, RCPD continues to work collaboratively and forge new links with CME stakeholders throughout the province to facilitate the delivery of rurally-relevant education programs to a larger target audience. Some of the highlights from the past year include:

- Taking an active role in supporting the development of the RCCbc-supported Provincial Rural CME Collaborative. As members of the planning committee and active participants in the meetings, we are helping to define and develop a provincial network of rural CME providers, with the greater aims of promoting sharing of successes and failures of CME initiatives, reducing duplication of efforts and equipment, and collaborating on areas of need.
- Working closely with the rural CME offices in both NHA and VIHA. As well as asking for input from these offices to assist with the planning and delivery of RCPD activities, there is further opportunity for two-way sharing of successes and information between these two CME offices and the RCPD project.

Provincial Rural CME Collaborative Process
RCPD has been an active and key participant in the RCCbc-led provincial collaborative process. This process, started over a year ago, brought together many active and interested parties in the area of rural education to create a network. Over the past year, the network has been working on three projects – a governance structure for the network, a rural education working group, and a single resource working group, looking at creating a way to link existing CME calendars and information in a single, easily accessible site. RCPD was involved in the development of three proposals (one for each project) that went forward to the January 2013 Joint Standing Committee meeting.

Communications Activities
Improving our communications materials and ensuring that messaging is rurally-specific is an ongoing priority for RCPD. We also monitor RCPD website traffic on a regular basis. Between April 1, 2012 and February 15, 2013 there were 1371 unique visitors to the RCPD homepage. Most visitors were looking for more information about specific events such as The Shock Course or the Rural Rounds videoconference series. The page links to the websites and event pages of other CME providers in the province such as NCME, VIHA CPD, and RCCbc.

In addition, a list of RCPD events was included in the UBC CPD annual calendar, which was sent to every physician in BC.
Regional CME Coordinator
There has always been a mandate for RCPD to have a rural office. Through efforts to build one, the RCPD Medical Director, Dr. Tandi Wilkinson, has been involved in creating and supporting a rural CME Coordinator position in the Kootenay-Boundary region of Interior Health. Using 100% reverted funds from physicians across the region, the CME steering group, consisting of Dr. Wilkinson from RCPD, Dr. Fisher from Divisions and Dr. Wilson, the local Divisions physician lead, have created and supported a part-time CME coordinator, a project now in its second year.

This program has been very successful in improving the quality and quantity of locally available CME, of creating infrastructure and opportunity for videoconferencing of local CME events across the region, and even improving patient care resources, as when the first annual palliative care conference brought together folks from across the region, and came away with a clear mandate from practitioners to work together to improve local services.

Rural ER Education Group
In September 2012, there was a face-to-face meeting of numerous stakeholders around the province active in the area of ER education, including CAREbc, RCPD, the IHA simulation program, RCCbc, and the Academic Department of Emergency Medicine. There was clear interest from the group to continue to work together to improve resources for rural ER practitioners and there will be a second meeting in March 2013 to further this mandate. This meeting will be co-chaired by RCPD Medical Director Dr. Tandi Wilkinson, and CARE Course co-director Dr. Rebecca Lindley.
III. RCPD Goals and Deliverables, 2013-14

3.1 Program Development and Delivery

The RPCD team, with support from the Rural Coordination Centre of BC, continues to improve, refine, and expand our ongoing programming, and follow the guiding principle of providing more “closer to home” educational delivery.

Third Trimester OB Ultrasound Course

There has been widespread community interest in this course and we have had numerous requests to run the course rurally. Currently the Advisory Group is discussing strategies for including midwives in the course, and several midwives were invited to audit the Nelson course in February 2013.

RCPD has several OB Ultrasound Courses planned for 2013-14:

- April 5, 2013 – Victoria, SRPC Rural and Remote Conference
- September 2013 – Cranbrook (TBC)
- October 3, 2013 – Vancouver, OB Conference
- October 4, 2013 – Vancouver, OB Conference

Shock Course

As RCPD nears the end of our first mandate, to target all appropriate communities in BC, we are starting to turn our attention to the future and what the Shock Course might look like. It is clear that there is an ongoing need and interest in this course. RCPD therefore plans to continue to offer the current version of this course, but to also think about how a “Shock 2.0” might address evolving needs.

We have an engaged group of instructors, and this group is currently working on a significant course upgrade – including adding improved, formal, standardized demo sessions prior to the hands-on ultrasound and central line breakout sessions, modifying the course agenda to maximize hands-on time, updating the presentation materials, and adding new resources for participants. This also includes moving all our teaching materials and resources into an online blog format (“The Shock Blog”), and making sure all of our resources are smartphone and tablet friendly. As well, in the upcoming year, we will continue our efforts to recruit and train new faculty to teach the course.

RCPD has several Shock Courses planned for 2013-14:

- April 3, 2013 – Victoria, SRPC Rural and Remote Conference
- June 8, 2013 – Dawson Creek, Community Course
- June 9, 2013 – Fort St. John, Community Course
- September 25, 2013 – Whistler, St. Paul’s ER Update
- October 2013 – Two communities (TBC)
Rural Rounds Videoconference Program
Beginning in Fall 2013, we will be offering another iteration of our popular “Ask a Specialist” videoconference series, which features different specialty areas each month and gives rural and remote physicians a chance to discuss relevant topics and cases with specialists. Our goal is to have 40 hospital sites tune in to the next series, which is the maximum number of sites BC Telehealth can host at one time. The next series will run from September 2013 to June 2014.

We are also investigating running a parallel webinar series that will feature evidence-based talks by specialists that are specifically tailored to rural physicians. This webinar series would be offered once per month, so that the videoconferences and webinars would be offered on a biweekly basis.

RCPD will also add to its growing collection of free Rural Rounds podcasts on our webpage in 2013-14.

Online Journal Clubs for Specialists
Moving forward we plan to develop and roll out two more online journal clubs in different specialties – most likely for OB, to include midwives, GPs and obstetricians, and an ER group, to discuss topics of interest to the rural ER provider.

Communications Activities
The RCPD web presence is hosted by UBC CPC. As the UBC CPD website is migrating to a new content management system this winter and spring and undergoing major improvements, the RCPD plans to make significant enhancements to the rural webpages. Brochures and flyers for courses will be updated in parallel with this shift so that there is a common look and feel to all materials that we hope will be more recognizable to the RCPD target audience.

The RCPD team has been working more closely with the RCCbc Communications Coordinator, Sharon Mah, to assist with the preparation of communications materials and sharing information via the RCCbc website. We hope to continue this work in the upcoming year. In addition, RCPD regularly liaises with the Northern Health Authority CME office (NCME), the Vancouver Island Health Authority CPD office (VIHA CPD), as well as various academic department websites as well as various division leads to advertise upcoming CME opportunities.

New Opportunities
In consultation and with support from the Rural Coordination Centre of BC and other program stakeholders, RCPD developed three proposals for consideration by the Joint Standing Committee in January 2013. Below is a summary of the three proposed projects:

- **Mentoring Program for BC Physicians New to Rural Practice Project**
  RCPD has proposed to design and deliver a formal, 10-month mentoring program for family physicians and specialists who are new to rural practice in British Columbia. The objective of this proposed program is to develop a prototype for supporting physician integration and retention in rural BC by offering a structured approach to foster and promote trusted relationships between rural physician mentors and new rural physician mentees. This proposal was discussed and supported by the Rural Coordination Centre of BC (RCCbc), the NHA Mentorship
Collaborative, the RCPD Medical Advisory Committee and the evolving Provincial Rural CME Collaborative Network. It is expected that this prototype mentoring program for physicians new to rural practice will contribute to the establishment of a mentorship infrastructure in rural BC. Further, it is expected that a model of structured mentoring will be generated from this prototype rural program which could potentially be rolled out across the province.

- **Rural Emergency Medicine Education Needs Assessment Project**
  Similar to the 2005 Provincial Needs Assessment conducted by RCPD with support from REAP, this proposed needs assessment project would target both general practitioner (GP) and specialist learners who live or practice in BC Rural Subsidiary Agreement (RSA) communities and who provide emergency medical care to patients. This process would include an Advisory Committee with widespread stakeholder representation, a Core Working Group to direct the process, a focused literature review, a recruitment survey, the creation of eight focus groups for detailed interview and analysis (representing important demographics, such as: geographical locale, community size, practice profile, community-based resources, seasoned rural practitioners, new to rural practice, locums, IMGs), as well as key informant interviews with important provincial stakeholders.

- **Point-of-Care Obstetrical Ultrasound Course Improvements**
  The RCPD team would like to make further improvements to the OB Ultrasound Course, and hopes to hire an Associate Medical Director to oversee course delivery, build relationships with local community organizers, and make refinements to curriculum with assistance from content experts. In addition, we hope to recruit and train new faculty (including local obstetricians), develop promotional materials to create awareness about the course and course content, and develop a streamlined and consistent approach to course delivery. Alongside these efforts, RCPD would like to conduct more in-depth evaluation activities, including pre- and post-course assessments of learners to measure practice change, and exploring potential outcome measures.

**RCPD Medical Advisory Committee**
The Medical Advisory Committee will hold their next live, full-day Spring Retreat on April 7, 2013 in conjunction with the SRPC’s 21st Annual Rural and Remote Medicine Conference in Victoria, BC.

**3.2 Research and Evaluation Activities**

The RCPD team continues to evaluate our programs in order to inform course development and future directions. In 2012-13 two of our courses, the Shock Course and the new Third Trimester OB Ultrasound Course, became Mainpro-C accredited as they contain a demonstrated self-reflective component. Course participants are asked to reflect on what they have learned and devise strategies for incorporating newly acquired knowledge and skills into practice. The data we collect during this process
allows us to make further enhancements to course materials and ensure that faculty are adequately trained to meet the needs of learners.

**CME Congress Presentation**

In April 2012 the RCPD team presented a talk at the Canadian Medical Education Congress in Toronto as part of the “Best Practices in Educational Outreach” session. The session brought together CME stakeholders from across North America. Our talk, entitled “Supporting BC Physicians in Continuous Learning with an Accessible Multi-Modal Strategy,” highlighted the challenges of engaging rural healthcare practitioners in CME, and the necessity of offering education in a variety of formats.

**SACME Presentation**

In November 2012 the RCPD team presented the project to the Society for Academic Continuing Medical Education (SACME) annual meeting that was held in San Francisco. The RCPD presentation was titled “Implementation of a Rural Continuing Professional Development Program for Physicians in British Columbia: Bringing the Message Close to Home.”

There was much interest in the presentation and discussion afterward focused on the diverse needs of clinicians in rural areas, the challenges of delivering evidence-based research to rural communities, and the important role health centers and universities should play in supporting these needs in North America. Several comments from American representatives of academic centers provided insight about their own efforts to provide rural CPD and many were impressed with the RCPD program and how it addresses the needs of rural physicians.
IV. Conclusion

The UBC Rural Continuing Professional Development Program continues to follow the principles of physician and community engagement to build upon current programming. We will continue to develop innovative and rurally-relevant future programming that is interprofessional and delivered ‘closer to home’. As we move forward into a new year, our priorities are to build upon our existing programs and networks, to support rural needs at the community-level, and to support province-wide CME collaboration.

The RCPD team would like to thank the Rural Coordination Centre of BC, the RCPD Medical Advisory Committee, all of our course developers and instructors and, most importantly, the rural health care practitioners who participated in our 2012-13 programs and helped to make the past year a success.
### Appendix A: Medical Advisory Committee (MAC) Members, 2012-13

<table>
<thead>
<tr>
<th>Committee Member</th>
<th>Affiliation</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Tandi Wilkinson</td>
<td>Medical Director, UBC RCPD, Rural physician</td>
<td>Nelson, BC</td>
</tr>
<tr>
<td>Dr. Granger Avery</td>
<td>Executive Director, RCCbc</td>
<td>Port McNeill, BC</td>
</tr>
<tr>
<td>Dr. Bob Woollard</td>
<td>Associate Director, RCCbc</td>
<td>Vancouver, BC</td>
</tr>
<tr>
<td>Dr. Ran Goldman</td>
<td>Assistant Dean, UBC CPD</td>
<td>Vancouver, BC</td>
</tr>
<tr>
<td>Dr. Bob Bluman</td>
<td>Medical Director, Special Projects, UBC CPD</td>
<td>Vancouver, BC</td>
</tr>
<tr>
<td>Dr. Janet Fisher</td>
<td>GP, Kootenay Boundary Regional Hospital, Regional CME Coordinator, Medical Director, Rural physician</td>
<td>Trail, BC</td>
</tr>
<tr>
<td>Dr. Nancy Humber</td>
<td>GP Surgeon/Rural Physician</td>
<td>Lillooet, BC</td>
</tr>
<tr>
<td>Dr. Mary Johnston</td>
<td>Society of Rural Physicians of Canada</td>
<td>Blind Bay, BC</td>
</tr>
<tr>
<td>Dr. Rebecca Lindley</td>
<td>CME Group Coordinator, Wilderness Medicine teacher, rural physician</td>
<td>Pemberton, BC</td>
</tr>
<tr>
<td>Dr. Brenna Lynn</td>
<td>Executive Director, UBC CPD</td>
<td>Vancouver, BC</td>
</tr>
<tr>
<td>Dr. Rod McFadyen</td>
<td>Medical Director, VIHA CPD</td>
<td>Victoria, BC</td>
</tr>
<tr>
<td>Dr. Christie Newton</td>
<td>Director, UBC CPD &amp; Community Partnership; Director, Interprofessional Professional Development, UBC College of Health Disciplines</td>
<td>Vancouver, BC</td>
</tr>
<tr>
<td>Dr. Ian Schokking</td>
<td>Physician Advisory Committee, Northern CME Program; Clinical Associate Professor, UBC Family Medicine Program</td>
<td>Prince George, BC</td>
</tr>
<tr>
<td>Dr. John Soles</td>
<td>President, BC Chapter of Society of Rural Physicians of Canada, rural physician</td>
<td>Clearwater, BC</td>
</tr>
<tr>
<td>Dr. Harry Karlinsky</td>
<td>Medical Director, BC Physician Integration Program (IMG), UBC CPD</td>
<td>Richmond, BC</td>
</tr>
<tr>
<td>Ms. Andrea Keesey</td>
<td>RCPD Project Manager</td>
<td>Vancouver, BC</td>
</tr>
</tbody>
</table>
Appendix B: MAC Meeting Agendas, 2012-13

AGENDA: RCPD Medical Advisory Committee

SPRING RETREAT – LIVE MEETING

DATE: Friday, May 4, 2012
TIME: 12:30PM – 5:30PM
LOCATION: Legacy Boardroom, Richmond Olympic Oval
Chair: Dr. Tandi Wilkinson

12:30-12:45 – Welcome/Introductions

12:45 – 2:30pm – INFORMATION SHARING

Where We’ve Been/Where We Are Now: RCPD Project Updates
- The Shock Course
- OB Ultrasound Course
- Rural Rounds Videoconference Series
- Specialist Journal Club
- Speaker Inventory
- Rural CPD Award
- Funding proposal

RCCbc-led Provincial CME Collaborative (Granger)
- Group discussion

2:30-3:00pm – IDEA GENERATION: RCPD “Projects in the Works”

- Small group breakout session

  **Group 1:** Future Directions for the Shock Course
  Phase II and linking with provincial opportunities, e.g. CARE, etc.

  **Group 2:** Future directions for RCPD online communications
  Webpage, resources, smartphone-friendly materials, podcasts

  **Group 3:** Community Mental Health “Traveling Workshop”

  **Group 4:** Mentorship Program for New Grads

3:00pm-3:20pm – Refreshment Break

3:20pm-4:15pm – Groups Report Back

4:15-5:30pm – RCPD Future Directions/New Projects
AGENDA

RCPD Medical Advisory Committee (MAC) Meeting

DATE: Friday, December 7, 2012
TIME: 7:30AM-9:00AM PST
LOCATION: Room 309, 855 West 10th Ave, Vancouver (or by teleconference)
DIAL-IN INFO: 1-877-323-2005; Conf ID: 7389980#
Chair: Dr. Tandi Wilkinson

RCPD Project Update: 10 minutes
- Questions/comments around Medical Director’s Project Update

RCPD Program Sustainability: 20 – 30 minutes
- Core Program Funding update
- Priorities/Focus moving forward
  - Competing needs of program advocacy, communication to stakeholders, core programming, networking and relationship building.
  - What should be our priorities, our main focus? Which of these activities is least important?
  - What are the main strengths of the program that we should build upon?

Role of the MAC: 5 minutes
- How much information does the MAC want? Infrequent summaries or should we be updating more often with more specific details?
- What is best use of MAC’s time and energy – should we ask only for overall input, or is there a role for more specific input? Do folks want to take on a more active role with specific projects? We are always looking for more input and could use the talents of the MAC more.

Input on New Proposals/Directions: 45 minutes
- Pilot Mentorship Program
- Provincial Needs Assessment (Rural CME)
- Rural ER Education initiative
- Our role in the Provincial CME Collaborative – what does MAC see as our role? How might we use our strengths most effectively in the network?
- Possible vision of RCPD as a leader in program coordination, dissemination across the province?

Next steps/next meeting: 5 minutes
Appendix C: OB Ultrasound Course Flyer, Nelson BC

The OB Ultrasound Course

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

Earn up to 9 Mainpro-C study credits!

What does the course entail?
- Hands-on sessions using bedside ultrasound for key third trimester indications.
- Short lectures followed by lots of hands-on practice with live models.

Who should attend this course?
- Physicians who work in the Kootenay-Boundary region and provide obstetrical care to patients.

What will I learn?
- How to use bedside ultrasound to dramatically improve your management of patients in the third trimester by answering these specific questions:
  - Is the fetal presentation head down?
  - Is fetal cardiac activity present?
  - Is the placenta a safe distance from the cervix?
  - Is there a normal amount of amniotic fluid?
  - Is there more than one fetus?

Course details:
- Course Instructors: Dr. Shiraz Moola Dr. Tandi Wilkinson, Dr. Svet Geordgeff, Dr. Ann Dobson and Mr. Chris Eddy (RDMS)
- Course limit: 16 participants — register early!
- Course fee: $500 for physicians within Kootenay-Boundary Region (975.00 for physicians outside the region)
- Lunch and refreshments included

Kootenay Lake Hospital
NELSON, BC
Saturday, Feb. 9, 2013
12:00pm - 6:00pm

REGISTRATION DEADLINE:
Friday, January 18

Contact Us:
-mail: cpd.info@ubc.ca
-phone: 604-875-5101
-web: www.UBCcpd/cpd/rural

Accreditation:
Up to 9 Mainpro-C and 9 Mainpro-M1 study credits (CCFP)
Up to 7.5 Section 1 study credits (RCPSC)
Appendix D: OB Ultrasound Course Pre-Course Needs Assessment Summary
(Nelson BC)
How many deliveries do you typically perform each month?

None 1 to 2 deliveries a month 3 to 5 deliveries a month 6 to 9 deliveries a month 10 or more deliveries a month

None 1 to 2 deliveries a month 3 to 5 deliveries a month 6 to 9 deliveries a month

Do you have any experience using point-of-care ultrasound (POCUS) in third trimester prenatal care?

Yes 8
No 4

--If yes, are there specific areas that you are hoping to become more proficient in with regards to POCUS examinations in third trimester?
Assessing amniotic fluid volume and presentation. The four mentioned objectives. Identify placenta position, amniotic fluid, fetal anatomy, gender. AFI. More confidence, look to see if Cervix open or closed.

--If no, what has prevented you from using bedside ultrasound for this purpose?
Presence of obstetricians; understanding that GP's are "not supposed to" use the US machine. No training. I have occasionally used the ultrasound to check for vertex presentation. Not available. Lack of training.
In the past year, have you referred any of your third trimester patients for an ultrasound?

Yes 12
No 0

From the resources listed below, to whom do you most often refer third trimester patients for an ultrasound? Please list the frequency of referral to each resource (%).

<table>
<thead>
<tr>
<th>Resource</th>
<th>0%</th>
<th>&lt; 20%</th>
<th>21% to 40%</th>
<th>1% to 60%</th>
<th>61% to 80%</th>
<th>&gt; 80%</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Local OB/GYN</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>b) Ultrasound sonographer</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>c) Family physician colleague with ultrasound experience</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Additional comments:
Local GP’s not yet trained.

Aside from the resources listed above, is there anyone else to whom you refer patients for an ultrasound in the third trimester? Please list frequency of referral - %.

No 6
No Answer 6
Why did you decide to take this course? What are you hoping to learn?

Improve comfort with ultrasound and general ultrasound skills.

If using bedside US is what the best level of care for pregnant women is these days, then I would like to be able to provide that. Also, if that would mean somewhat lessening the workload for our valuable obstetricians, then I would wish to facilitate that.

The four stated objectives.
Get better at using ultrasound.

I was hoping to develop my skills and perhaps prevent a patient from having to travel an hour to the ultrasound department.

Should be helpful with management of cases, and for quick things, be able to unburden the ultrasound department in the hospital (i.e. positions etc...)

Essential for me to have ability to do third trimester ultrasound evaluations.

Our local OB/GYN is 1.5 hrs away on a dangerous road. If I can do amniotic fluid volume and Biophysical profile then that is really all I need from this course.

Improve skills.

More confidence.

Hoping to increase my independence and enhance skills.

To learn more.
Appendix E: Shock Course Locations, 2009-2012
Appendix F: Shock Course Flyer

The Shock Course
A one-day, hands-on workshop designed for rural emergency healthcare teams.

What is The Shock Course?
- The Shock Course is designed specifically for the rural practitioner.
- Review the diagnosis and management of the hemodynamically unstable patient, using tools typically available in the rural setting.
- Hands-on practice with central line insertion, management of central lines, and practice using bedside ultrasound on live models.
- Review real life cases, including your own, with emphasis on interaction and discussion.
- Instructors are all rural physicians and nurses with experience in critical care.

Who should attend the course?
- Physicians, nurses and paramedics who work in the rural community ER setting.
- One day course, usually runs from 8:30am-4:00pm on a weekend day.
- The course operates on a cost-recovery basis. Please contact us for details.

What does the course entail?
- Hands-on sessions on central venous catheter insertion for physicians.
- Hands-on sessions on vasopressor administration and CVP measurement for nurses.
- Hands-on sessions on the use of bedside ultrasound in the diagnosis and management of the shock patient.
- Short lectures: Approach to the Shock Patient, Use of Vasopressors, and Sepsis.
- Group discussions on complex real life cases, and the opportunity to review your own cases.

What will I learn?
- Improve your treatment of the types of shock that can successfully be treated in the rural emergency room.
- Apply early goal directed therapy for sepsis in your community ER.
- Become confident placing central venous catheters and intraosseous needles.
- Learn the many ways that ultrasound can help you in your practice.

ACCREDITATION:
Up to 7.5 Mainpro-C credits and 7.5 Mainpro-M1 credits

Interested in bringing The Shock Course to your community?
LET US KNOW!

CONTACT US:
Email: andrea.k@ubc.ca
Phone: 604-875-4111 x69139
www.ubccpd.ca/rural
Appendix G: Map of Participating Rural Rounds Sites (2012)
Appendix H: Rural Rounds Spring and Fall 2012 Flyers

UBC CPD Rural Rounds

Spring 2012 Dates (8:00-9:00am PST/PT):

Feb 2, 2012 Ask an ER Specialist: Respiratory Acute Care
Mar 1, 2012 Ask an ER Specialist: Skin & Soft Tissue Infections
Apr 5, 2012 Ask an ER Specialist: 1st Trimester Bleeding
May 3, 2012 Ask a Neurologist: Rural Stroke Care
Jun 7, 2012 Ask a General Surgeon: The Acute Abdomen

4 easy ways to register:
Phone: 604-875-5012
Fax: 604-875-5078
Email: cpdinfo@ubc.ca
Mail: UBC CPD
855 Wesbrook Mall, Room 215
Vancouver, BC, V6T 1J7

www.ubccpd.ca

UBC CPD RURAL ROUNDS
Fall 2012 Videoconference Series: Pediatric Acute & Chronic Care Topics

Overview:
The Rural Rounds series aims to provide relevant, up-to-date and rural-specific CPD in your home community. The speakers include both specialists and family physicians, all with an understanding of the issues of rural health care. This season we are striving to extend the format of the presentations from a traditional lecture style to a case-based presentation with more opportunities for discussion and question-and-answer.

Dates, Topics & Speakers (8:00-9:00am PST/PDT):

Aug 6, 2012 “School Refusals” with Dr. Chris Morin
Oct 4, 2012 “Hiccups in Managing the Truly Sick Kids” with Dr. Ayman Shalaby
Nov 1, 2012 “Emergent Situation” with Dr. John Rydyg
Dec 6, 2012 “Breastfeeding & Compliances” with Dr. Jeff Babcock
Jan 10, 2013 “Pediatric Rehabilitation” with Dr. Michelle Ogilvie

For program costs and more information:
Phone: 604-875-5012
Fax: 604-875-5078
www.ubccpd.ca
## Appendix I: UBC CPD Case-Based Community Workshops

(April 2012 to February 15, 2013)

<table>
<thead>
<tr>
<th>Date</th>
<th>Workshop</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 28, 2012</td>
<td>Finding Medical Evidence - Supporting Patient Care</td>
<td>Port Alberni</td>
</tr>
<tr>
<td>April 28, 2012</td>
<td>Finding Medical Evidence - Supporting Patient Care</td>
<td>Comox</td>
</tr>
<tr>
<td>April 28, 2012</td>
<td>Finding Medical Evidence - Supporting Patient Care</td>
<td>Tofino</td>
</tr>
<tr>
<td>May 5, 2012</td>
<td>Finding Medical Evidence - Supporting Patient Care</td>
<td>Surrey</td>
</tr>
<tr>
<td>May 10, 2012</td>
<td>CCOPE Prostate Cancer</td>
<td>Salmon Arm</td>
</tr>
<tr>
<td>May 15, 2012</td>
<td>CCOPE Prostate Cancer</td>
<td>Kelowna</td>
</tr>
<tr>
<td>May 16, 2012</td>
<td>CCOPE Prostate Cancer</td>
<td>Vancouver</td>
</tr>
<tr>
<td>June 5, 2012</td>
<td>CCOPE Prostate Cancer</td>
<td>Victoria</td>
</tr>
<tr>
<td>June 12, 2012</td>
<td>CCOPE Prostate Cancer</td>
<td>Surrey</td>
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<tr>
<td>June 12, 2012</td>
<td>CCOPE Prostate Cancer</td>
<td>West Vancouver</td>
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<td>June 20, 2012</td>
<td>CCOPE Prostate Cancer</td>
<td>Kamloops</td>
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<tr>
<td>June 20, 2012</td>
<td>CCOPE Prostate Cancer</td>
<td>White Rock</td>
</tr>
<tr>
<td>Sept 29, 2012</td>
<td>Finding Medical Evidence - Supporting Patient Care</td>
<td>Victoria</td>
</tr>
<tr>
<td>Sept 30, 2012</td>
<td>Finding Medical Evidence - Supporting Patient Care</td>
<td>Ladysmith</td>
</tr>
<tr>
<td>Nov 17, 2012</td>
<td>Finding Medical Evidence - Supporting Patient Care</td>
<td>Vancouver</td>
</tr>
<tr>
<td>Jan 26, 2013</td>
<td>Finding Medical Evidence for Mental Health, Using the internet to your advantage</td>
<td>Surrey</td>
</tr>
</tbody>
</table>
Appendix J: Online Specialist Journal Club Flyer

Specialist Journal Club in Internal Medicine
Presented by the UBC Faculty of Medicine
Division of Continuing Professional Development (UBC CPD)

Accreditation:
Up to 17.0 MOC Section 1 credits

What is the Specialist Journal Club?
- An online journal club in which you can participate at any time, from anywhere, on your schedule.

Who should attend?
- Internists, both urban and rural from across BC

What is the time period of the course?
- Five sessions in the series with articles to be reviewed and discussed on topics of your choosing.
- Runs from October 2012 to May 2013.

What will be covered in this course?
- Aimed at the general internal medicine practitioner
- Articles are based on topics of your choosing and could cover all aspects of internal medicine, including acute and chronic care, and both office and hospital topics.

How will I participate?
- User friendly platform, NO login required but the site still remains secure and private
- Participate in the course by responding to the moderators' and other club members' posts/comments, and adding your own posts.

For more information:
cpdjournalclub.med.ubc.ca

REGISTER ONLINE NOW:
bit.ly/specialistjournalclub

Supported by the Rural Coordination Centers of BC: rccbc.ca
# Appendix K: Online Specialist Journal Session Articles

<table>
<thead>
<tr>
<th>Date</th>
<th>Session</th>
<th>Session Article</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 8, 2013</td>
<td>5</td>
<td>TBA</td>
</tr>
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</table>
Appendix L: List of Webinars Presented by UBC CPD

<table>
<thead>
<tr>
<th>Date</th>
<th>Title and Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 10, 2012</td>
<td>Medical Record Keeping for Physicians Dr. John Barclay</td>
</tr>
<tr>
<td>Jan 19, 2012</td>
<td>Cancer Emergencies Dr. Don Cooper</td>
</tr>
<tr>
<td>Feb 16, 2012</td>
<td>Neoadjuvant Treatment of Rectal Cancer Dr. Howard Lim</td>
</tr>
<tr>
<td>Mar 16, 2012</td>
<td>Updates on Pancreatic Cancer Dr. Dan Renouf</td>
</tr>
<tr>
<td>Mar 29, 2012</td>
<td>Dementia Research and Care in Social Media: Creating New KT Opportunities Dr. Julie Robillard; Dr. B. Lynn Beattie</td>
</tr>
<tr>
<td>Apr 24, 2012, Sep 12, 2012, Dec 6, 2012</td>
<td>HIV Testing: What’s Different Now? Dr. Reka Gustafson, Dr. David Hall, Dr. Gurdeep Parhar and Dr. Marisa Collins</td>
</tr>
<tr>
<td>Apr 19, 2012</td>
<td>Prostate Cancer: Surgery vs. Brachytherapy vs. EBRT Drs. Peter Black and Mira Keyes</td>
</tr>
<tr>
<td>Apr 25, 2012</td>
<td>Pain Management in Dementia: Recent Issues with Narcotics Dr. Romayne Gallagher</td>
</tr>
<tr>
<td>May 17, 2012</td>
<td>Surgical Management of Breast Cancer Dr. Rona Cheifetz</td>
</tr>
<tr>
<td>June 13, 2012</td>
<td>Mild Cognitive Impairment: The Transition Zone between Normal Aging and Dementia Dr. Doug Drummond</td>
</tr>
<tr>
<td>June 19, 2012</td>
<td>Prenatal Genetic Screening Dr. Sylvie Langlois</td>
</tr>
<tr>
<td>June 21, 2012</td>
<td>New Breast Screening Guidelines and the Provincial Clinical Pathway Dr. Christine Wilson and Lynn Pelletier</td>
</tr>
<tr>
<td>June 26, 2012</td>
<td>From the Lab to the Mainstream: Strategies for Communicating Dementia Research and Care to the Media Dr. Peter McKnight &amp; Dr. B. Lynn Beattie</td>
</tr>
<tr>
<td>July 17, 2012</td>
<td>Obstetrics Update Dr. Bloomenthal and Dr. Klinke</td>
</tr>
<tr>
<td>Sept 20, 2012</td>
<td>Lymphoma Insight for Family Physicians Dr. Laurie Sehn</td>
</tr>
<tr>
<td>Oct 18, 2012</td>
<td>Head and Neck Cancer: An Update for Primary Care Dr. Jonn Wu</td>
</tr>
<tr>
<td>Oct 30, 2012</td>
<td>New genetic counseling service for people with psychiatric disorders and their families Dr. Jehannine Austin</td>
</tr>
<tr>
<td>Nov 15, 2012</td>
<td>CAGPO Recap Drs. Val Geddes and Judith Pike</td>
</tr>
<tr>
<td>Jan 28, 2013</td>
<td>Genomics in Primary Care: What’s Ready for Prime Time? Dr. Linlea Armstrong and Dr. Bob Bluman</td>
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