



UBC Rural Continuing Professional Development (RCPD) Program



ANNUAL REPORT

2014-2015

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

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

The overall vision of the RCPD program for 2011 to 2015 has four aims, which are to:

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

This report describes RCPD program activities for the period of **April 1, 2014 to Mar 31, 2015**.

II. RCPD Deliverables and Key Milestones, 2014-15

Quarter	Time Period	Deliverables/Key Milestones
Q1	Apr 1, 2014 – Jun 31, 2014	<ul style="list-style-type: none"> ▪ Hold quarterly Medical Advisory Committee meeting ▪ Complete 2013-14 Rural Rounds videoconference series, plan and begin advertising 2014-15 series ▪ Complete 2013-14 Internal Medicine journal club ▪ Deliver first pilot Combined SEMP/SIM Course in Trail, BC ▪ Deliver Shock and POCUS-OB Courses at RECC and SRPC conferences ▪ Data collection for Rural Emergency Medicine Needs Assessment – schedule and conduct focus groups and key informant interviews ▪ Launch New to Rural Practice Mentoring Program, match mentors and mentees, hold information session and mentor training session
Q2	Jul 1 – Sept 30, 2014	<ul style="list-style-type: none"> ▪ Launch 2014-15 Rural Rounds series ▪ Hold two check-in calls with mentors and mentees in the New to Rural Practice Mentoring program; ongoing support for participants ▪ Develop educational materials for Airway Mannequin Loan program in collaboration with The CARE Course team; set up online registration and booking system for rural communities ▪ Code and analyze data for the Rural EM Needs Assessment study, begin writing final report
Q3	Oct 1 – Dec 31, 2014	<ul style="list-style-type: none"> ▪ Hold annual Medical Advisory Committee retreat ▪ Deliver second pilot Combined SEMP/SIM Course in Quesnel, BC ▪ Deliver POCUS-OB at Critical Care Conference in Prince George ▪ Launch Emergency Medicine and Internal Medicine online journal clubs ▪ Hold two check-in calls with mentors and mentees in the New to Rural Practice Mentoring program; program wrap-up ▪ Begin development of new rural Hands-on Ultrasound Skills Enhancement course, form Working Group and hire part time Program Assistant ▪ Launch new Airway Mannequin Loan program, coordinate schedule for 2015 ▪ Finalize report for Rural Emergency Medicine needs assessment study, plan Advisory Committee meeting ▪ Support new Rural Locum networking event with the Rural & Remote Division of Family Practice
Q4	Jan 1 – Mar 31 2015	<ul style="list-style-type: none"> ▪ Hire new RCPD Project Manager ▪ Hold Advisory Committee meeting for Rural Emergency Medicine study ▪ Add WebEx component to Rural Rounds Series ▪ Conduct Mentoring post-program interviews with all participants to evaluate impact ▪ Finalize curriculum and coordinate logistics for pilot rural Hands-on Ultrasound Skills Enhancement courses – faculty development session in Terrace, community pilot in Haida Gwaii ▪ Hold Stakeholders meeting for Combined SEMP/SIM course to discuss pilot and next steps ▪ Support launch of CPD4Me app

III. RCPD Administrative Progress

RCPD Administrative Update

- This year has seen the **addition to the portfolio** of a number of CPD offerings which are designed to reach further out into the periphery of rural British Columbia. This includes the outstanding work of the rural Hands-on Ultrasound Skills Enhancement course working group, who have developed a menu of ultrasound applications for the unstable and stable patient, and is built on a scalable method of delivering the training in the smaller communities. We have also initiated the Airway Mannequin Loan program which sends airway equipment to rural communities to meet ongoing education needs.
- We continue to deliver our **ongoing programming**, including a very successful Rural Rounds provincial videoconference series, the Online Journal Clubs (one for IM Specialists, a new one for rural ER physicians, and we are supporting one for Sexual Health), running the Shock Course at conferences, and the Third Trimester Obstetrical Ultrasound Course.
- We strive to **reach out and connect** with our rural colleagues, and partners. We have developed a mobile needs assessment process designed to go we are rural colleagues meeting and in a fun and engaging way connected and here their voice. This was trialed in partnership with REAP at a recent GP Anaesthetics conference and at the Rural Locums Networking conference with great success. Relationships are integral to us doing the work we do, and we have spent significant amount of time in energy in connecting with various partners putting in place mechanisms of touching base with multiple organizations including RCCbc, REAP, and CAREbc.
- **In the future** we are looking at connecting patient outcomes to Continuing Professional Development. We hope this will include a joint project with the Divisions of Family Practice on a new initiative called Practice Involvement Groups, which is linking data to assessing the impact of educational endeavors. In addition we are working on developing a training program for internal local peer review as a form of quality improvement. There seems to be an opportunity to move forward connecting CPD with Quality Improvement in a meaningful way in our province.

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

- Hiring a new Project Manager, Dr. Dilys Leung, who began on March 24, 2015.
- Hiring a shared Senior Program Assistant with RCCbc, Kathryn Young, who is currently supporting educational operations at both offices.
- Dr. Ray Markham (RCPD Medical Director) and Dr. Bob Bluman (UBC CPD Medical Director, Special Projects) are members of the RCCbc Management Team; Bob continues to provide leadership and expertise to RCPD in his capacity as UBC CPD Medical Director, Special Projects.
- Dr. Tandi Wilkinson, former RCPD Medical Director, continues to provide leadership to the portfolio in her role as RCPD Associate Medical Director.
- Dr. Brenna Lynn, formerly UBC CPD's Executive Director, was appointed CPD Associate Dean as of August 1 2014, and continues to provide leadership and ongoing support to the RCPD portfolio in kind.
- Andrea Keesey, former RCPD Project Manager, was hired as UBC CPD Director as of Dec 1.

- The Medical Advisory Committee had three meetings in 2014-15: Apr 9 (teleconference); Jul 29 (teleconference); Dec. 1 (in-person retreat).
- A list of the current Medical Advisory Committee members can be found in [Appendix 1](#). MAC meeting agendas can be found in [Appendix 2](#).

IV. RCPD Educational Programming

Below is a summary of RCPD educational programming activities:

Traveling Course Development & Delivery

Rural Point-of-Care Ultrasound Pilot

We are pleased to announce the development of the new Hands-On Ultrasound Skills Enhancement program. This program transcends beyond the notion of a traditional course by being highly flexible and adaptable and seeks to offer broad ultrasound education and support for rural BC physicians. The course can be scaled up or down, depending on the size of community (isolated BC communities with two or three physicians can host and customize the program to their learning needs, just as easily as a community with 25 physicians. The flexibility lends itself to meet the needs of both new and experienced POCUS (Point-of-Care Ultrasound) users.

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

- Members of the working group spent many hours curating a comprehensive set of pre-course materials, including readings and a list of the best ultrasound videos available, to serve as an assignment and as a resource for after the course.
- When the course arrives to the community site, the entirely hands-on and supported practice sessions will take place in the local health care setting with the on-site POCUS unit, live models, and simulation equipment.
- This course structure embraces interactive adult learning principles by being hands-on, engaging, case-based, practical, and responsive to individual learners' needs. The teaching materials and modules encourage a sense of enthusiasm and empowerment for the use of POCUS, which the ultimate goal of lowering barriers to the acquisition and use of POCUS skills.
- Additionally, the principles of rural CME, which include being locally available and taught by peers, were critically important to the development of the course.
- From May 2nd-3rd, the course took place in Terrace with thirteen participants and all instructors (nine in total). This larger pilot doubled as a faculty development session to train apprentice instructors and teach all applications.
- The second, smaller-scale community pilot was held on May 5th in Queen Charlotte City on Haida Gwaii. This pilot had seven participants with two instructors teaching for a single day, covering about half of the application modules from the menu.
- Prior to the hands-on portion, learners complete pre-course learning in a self-directed manner.

In early 2015, Phase II funding was approved to build capacity and offer the program more broadly across BC following the pilots. This funding will cover twenty courses over a two year period. The course has been approved for up to 14.0 Mainpro-C credits (CFPC).

Breakdown of customizable applications

“Unstable” Patient POCUS Applications:

- Heart for shock workup
- IVC to measure fluid status/aorta
- Vascular access including central lines
- Extended fast (FAST, hemothorax) for trauma
- Pneumothorax
- Rule out ectopic

"Stable" Patient POCUS Applications:

- Bowel ultrasound (small bowel obstruction, appendicitis, diverticulitis)
- Renal – for kidney stones
- Gallbladder
- Procedures (thoracentesis, paracentesis, pericardiocentesis, arthrocentesis)
- DVT
- MSK (tendons, fractures, foreign bodies)
- Ocular (vitreous hemorrhage, globe rupture, retinal detachment, vitreous detachment)

Please refer to [Appendix 3](#) and [Appendix 4](#) for the program flyer and description of application modules.

Third Trimester Point-of-Care OB Ultrasound Course (POCUS-OB)

This year, the POCUS-OB Course was offered at the Society for Rural Physicians of Canada (SRPC) Rural & Remote (R&R) Conference in Banff (March 2014), the Rural Emergency Continuum of Care (RECC) Conference in Penticton (May 2014), as a community course in Prince George (October 2014), and at the SRPC (April 2015) reaching a total of 67 physicians and 3 midwives. We will be offering the course at the RECC Conference again this year in May 2015.

- In 2014, the course was delivered three times: at the SRPC Rural & Remote Conference in Banff on March 28th (Leads: Dr. Tandi Wilkinson, GP-EM Nelson, Chris Eddy, RDMS and Dr. Shiraz Moola, OBGYN Nelson), at the RECC Conference in Penticton on May 30th (Lead: Chris Eddy, and in Prince George on October 5th (Leads: Dr. Tandi Wilkinson, GP-EM Nelson and Chris Eddy, RDMS).
- In spring 2015, the POCUS-OB Course was delivered at the SRPC R&R Conference in Montreal, QC on April 11th (Leads: Dr. Tandi Wilkinson, GP-EM Nelson, Chris Eddy, RDMS and Dr. Shiraz Moola, OBGYN Nelson). On May 22nd we will be delivering the course at the RECC Conference in Penticton, BC. The course is currently full and the lead instructors will include Dr. Tandi Wilkinson and Kelsey Skulnec.

- Significant enhancements have been made to the course curriculum, including new pre-course instructional videos in the Course Manual and more succinct course lectures (meaning more time for hands-on practice during the course).
- Dr. Tandi Wilkinson and Dr. Shiraz Moola continue to be the Medical Leads on the POCUS-OB course. Dr. Ray Wiss, National EDE Course Director, continues to act as Course Consultant.
- The Course Directors are currently considering adding a new application to the POCUS-OB course (Fetal Head Position) and may pilot this new application during the fall course lineup.
- There has been a great deal of interest in the OB Ultrasound Course; we have received numerous requests to take the course to other communities in BC and beyond.
- See POCUS-OB Flyer in [Appendix 5](#).

Pilot Simulation Course (“The Combined SEMP/SIM Course”)

On behalf of the Rural Provincial CME Collaborative “Educational Delivery” Working Group, the RCPD team coordinated the development and delivery of a successful and innovative simulation course, the Combined SEMP/SIM Course. The Working Group includes Course Directors for the Simulation-Assisted Emergency Procedures (SEMP) Course (Dr. Afshin Khazei) and the IHA’s Rural Mobile Simulation Course (Dr. Tara Gill).

Working Group members for this pilot project spent considerable time networking and discussing the course vision with local and Health Authority level stakeholders, as well as the Provincial Simulation Taskforce lead. The group drew upon the contacts, knowledge and support of Health Authority and regional level CME offices, Health Authority simulation center administrators and physician leads, regional and local CME physician leads and regional and local nurse educators to plan the course location and timing. A local non-physician course support person was hired in each community to assist with logistics.

The Working Group expanded upon the initial aim of the course to offer the pilot course on two separate occasions, in two different sized communities, and in two different Health Authorities. The two pilot courses were offered in Trail on June 6 -7, 2014 and in Quesnel on October 4-5 2014 and were a great success. Thirty-seven participants attended the pilot courses (20 participants in Trail and 17 participants in Quesnel). This included nineteen physicians, eleven nurses, three RTs and two residents. The majority of participants were rural health care practitioners (91% were rural, 9% urban and 3% both urban and rural).

The RCPD team has been involved with various aspects of the Rural Combined SEMP/SIM Course Pilot over the past year, an initiative of the Provincial Rural CME Collaborative. The team liaised with the SEMP and IHA Course Directors and Coordinators to streamline course activities, keep costs down, and reduce duplication of efforts.

The intention of the course was to offer rurally a hands on critical care simulated emergency medicine procedures course in combination with a simulation course. A key element to this combination is that the As course is run with the whole health care team, (MD, RN, RT, transport nurses, residents) in the

local emergency room setting, involving local equipment, and the instructors are rural physicians with considerable experience in both EM and simulation education.

This pilot course was complicated to organize, both because of the large amount of supplies, and the large number of instructors required to make it happen. As well, it is truly an innovative educational design, and a significant amount of time trying to evaluation and capture the learning experience of the participants.

Lessons learned include the need for Health Authority level coordination for such large scale courses, as each community can't handle more than 1 or 2 such courses over the calendar year. Also that the collaboration we did with all the groups, while time consuming, was very productive. It saved us time and money to work with the Norhten Health Sim program for example, and both parties benefited from that collaboration. See: Onsite Evaluation Summary for Trail & Quesnel Courses in [Appendix 6](#).



Photos from The Combined SEMP/SIM Course in Trail, June 6-7 2014

Quotations from course participants:

"Great opportunity for CME learning" and "Please come back again...yearly to maintain skills and build team confidence"

The Shock Course

The Shock Course was offered at the SRPC, RECC, and St. Paul's Update Conferences with 43 participants in total. We will offer the course once again at the RECC conference in May 2015. We have only been offering the course at conferences in the past 12 months; however we are receiving increasing requests for this course to be offered in communities. Participants are particularly interested in learning the ultrasound components of the course, including the FAST exam and RUSH protocol, which the Shock Course covers in the breakout sessions.



"Ultrasound Jedi Master" Dr. Andrew Skinner teaching the RUSH Protocol at the Shock Course, Whistler St. Paul's Conference, Sept 2014

- As the Shock Course has now been offered more than 40 times across BC, the RCPD Medical Director, Associate Medical Director, and Medical Advisory Committee have decided to run this course on a by-request basis or at annual conferences that attract many rural physicians.
- In 2014, the Shock Course was delivered at the SRPC Conference on March 30th, the RECC Conference on May 29th and at the St. Paul's EM Update Conference in Whistler on Sept 25.
- In Spring 2015 the Shock Course will be offered at the RECC Conference in Penticton.
- Several Shock Course faculty members are looking at developing a new iteration of the course, which would include mainly hands-on point-of-care ultrasound practice, and stems from evaluation data from previous Shock Courses where rural participants requested more ultrasound-based skills development opportunities. The course would follow a “flipped classroom” model, where learners watch videos and read articles prior to attending the course, and then are given supervised practice time with ultrasound models to work on their manual, image generation, and image interpretation skills.
- See Shock Course flyer in [Appendix 7](#).

Airway Equipment Loans

Dummy Makes Perfect

In January 2015 we launched a flexible and close-to-home airway mannequin rental service for rural and remote BC communities, which we are calling Dummy Makes Perfect. We are now accepting booking requests via our online booking system: <http://fluidsurveys.com/s/ubc-cpd-mannequin-booking/>. The program entails access to three Laerdal airway mannequins (adult, pediatric, and infant) and educational materials including airway scenarios for local CME (scenarios were developed by The CARE Course co-directors, Drs. Jel Coward and Rebecca Lindley). Physician participants are eligible to earn Mainpro-C and MOC Section 2 credits. The mannequins have been loaned to following communities: Stewart in (February 2015) and Sechelt (March 2015). Upcoming loans include Penticton and Grand Forks. MAC member Dr. Brenda Huff is the Medical Lead for this program. [Appendix 8: Dummy Makes Perfect Postcard](#).

Rural Videoconference Education

Over the past 12 months, the Rural Rounds Videoconference Program has had 151 unique participants from 32 communities. We have expanded the interaction capabilities of the Rural Rounds and participants are now able to ask questions using three methods: 1) online ahead of the talk, (2) in real-time though live texting where the moderator receives questions as a text on their mobile device, and (3) asking by questions live via the videoconference/WebEx connection.

Update on the VC Anywhere/WebEx

Last fall of this year, RCPD was contacted by UBC CPD, UBC MedIT and AMBiT Consulting who are working on the provincial Grand Rounds initiative. The Rural Rounds organized a pilot of the BC Rounds

Calendar and the WebEx system during the February Rounds session. The pilot was successful and we are now offering a WebEx component to all upcoming Rural Rounds sessions. The Rural Rounds are now included on the BC Grand Rounds Calendar. This new development will add another way for Rural Rounds participants to view the series, particularly in rural areas where there is currently no local videoconference facility (e.g. Gabriola Island) and an added flexibility for participants at registered hospital sites will be able to watch the series from home or in their offices.

MAC members Dr. Janet Fisher and Dr. Dharma McBride continue to be Medical Leads on the Rural Rounds series, which is offered on the first Thursday morning of each month. Dharma will be stepping down from the medical lead position at the end of June but will remain involved in the planning the next series as well as moderating future talks. Dr. Clair Biglow from Qualicum Beach will take over the vacant role. We are currently in the middle of our “Emergency Room Cases” series which runs from February-June 2015. See Appendix 4 for the full schedule. Planning for the 2015-16 series is currently underway with a possible series on the CANMed Roles and another series of the ever popular ‘Ask a Specialist.’

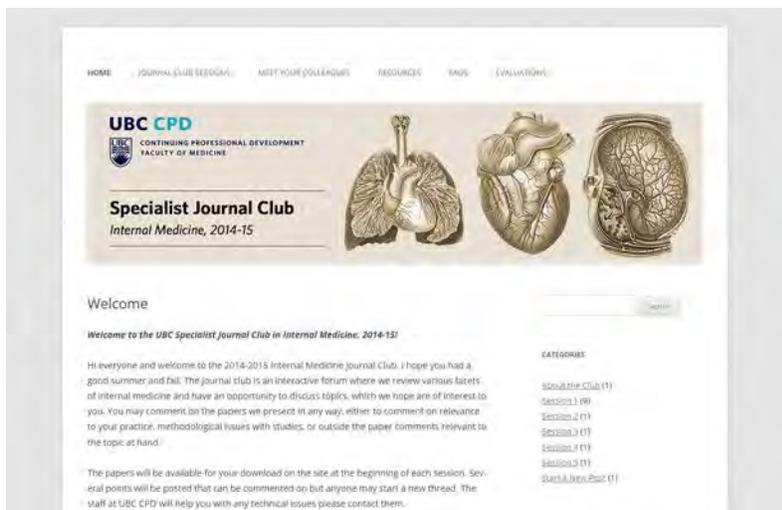
Rural Rounds Videoconference Series

- The Fall 2014 monthly Rural Rounds series was called “Hot Topics in Therapeutics” and featured case-based talks that have been frequently requested by participants in the past. There were 33 rural and remote hospital sites registered for this series, with between 71 and 100 participants in attendance at each talk.
- The Winter/Spring series, called “Emergency Room Cases”, features speakers from five trauma areas (orthopedic, post-partum hemorrhage, pre-hospital emergencies, and difficult airways). Please see [Appendix 9](#) for the 2014-15 Rural Rounds course flyer.
- Immediately following each talk, a short Q&A session between the moderator and speaker is recorded and offered as a free, downloadable podcast on the RCPD webpage.
- Following the success of the 2014-15 series, we are now lining up a full academic year of talks (Sept – June) and advertising the series as a whole, rather than two separate 5-month series. Planning for 2015-16 is now underway.
- Dr. Janet Fisher and Dr. Dharma McBride are the Medical Coordinators for Rural Rounds videoconference series. Dr. Clair Biglow will replace Dharma as the Medical Lead in June 2015.
- Since February 2015 participants have been able to connect to the Rural Rounds using a WebEx connection from their home or office computer. Participants will continue to be able to text their questions in real time to the Rural Rounds moderator or talk real-time using the videoconference equipment. We are also asking participants to submit their questions or unique cases relating to the specialty area in advance, so that the presenter may come prepared to respond.

Online Learning Programs

Online Journal Club in Internal Medicine

This is the fourth year we've offered this journal club and there are currently 16 Internists enrolled. This year we partnered with the Society of Community and Rural Specialists of General Internal Medicine of BC, also known as CRIM, to offer a special registration rate to its members. Similar to the EM online journal club, the journal club includes guest moderators (internal medicine, nephrology and interventional cardiology specialties) and follows a "5 x 5 x 5" approach: 5 sessions, 5 weeks each, 5 articles. MAC member Dr. Chester Morris, an Internist from Duncan, is the Medical Lead for the Online Journal Club in Internal Medicine.



Homepage Screenshot: Online Journal Club in Internal Medicine, 2014-15

Online Journal Club in Rural Emergency Medicine

This is a new online program for physicians who work in the ER in rural or small urban centres. The 2014-15 series is currently in session. There are five guest moderators who are assigned to one of the five journal club sessions, each of which runs for five weeks. Moderators will either ask participants to vote on which article they'd like to cover or choose a relevant article to EM care in a rural setting. The moderator will then they post discussion questions that participants can respond to at any time they wish. CPD credits are awarded for two or more comments per session. Dr. Jeff Plant from Penticton is chairing the Advisory Group for this project and has enlisted several colleagues from across BC to offer guidance and in kind support for the journal club.

The inaugural Online Journal Club in Rural EM has 47 members from the following communities:

- 100 Mile House
- Campbell River
- Creston
- Cumberland
- Dease Lake
- Duncan

- Fernie
- Gabriola Island
- Golden
- Grand Bay-Westfield (NB)
- Grande Prairie (AB)
- Hebbville (NS)
- Kamloops
- Kelowna
- Kimberley
- Nelson
- Penticton
- Port Alberni
- Prince George
- Prince Rupert
- Queen Charlotte
- Salmon Arm
- St. Albert (AB)
- Summerland
- Trail
- Vancouver
- Vernon
- Victoria
- West Vancouver
- Yellowknife (NWT)

Please see [Appendix 10](#) for course flyers for both Journal Clubs

New Journal Clubs for 2015-16

- The RCPD team has been working with Dr. Jeanette Boyd to design an online, interprofessional journal club in obstetrics. We plan to launch this online journal club in the fall 2015. We are also in the initial stages of exploring a possible journal club in Psychiatry in the fall as well.
- Dr. Chester Morris, Moderator for the Specialist Journal Club in Internal Medicine, has agreed to be the Medical Coordinator for the rural online journal clubs.

Rural Physician Mentoring

New to Rural Practice Mentoring Program

The New to Rural Practice Mentoring Program was initiated on June 1, 2014. It offers formal mentoring support for physicians starting out practice in rural communities in BC. The intent of the program is to enhance recruitment and retention of physicians in rural BC. We offered training, tools (not rules) and

support for the mentors, in the form of training sessions, support telephone calls, concierge type support, and honorarium. The Mentees were offered their choice of Mentors, flexibility in setting the terms of the relationship, support calls and concierge type support. At any time any party could withdraw from the program. There was an extensive evaluation throughout the program focussing on experience of the program and perceived influence on comfort in practice and likelihood of remaining in their community.

The first cohort through this program has completed their 8-month cycle. Seventeen mentees and 15 mentors were enrolled, two of whom are paired with two mentees each. We offered two mentor training sessions at the outset of the program and optional teleconference 'check-in' meetings with mentors and mentees every two months after. We are in the process of finalising the post program feedback using telephone interviews.

Research & Evaluation Activities

BC Rural Emergency Medicine Needs Assessment Study

Earlier this spring RCPD finished and released the report for the BC Rural Emergency Medicine Needs Assessment Study. The study was undertaken as a way to learn more about the educational and learning needs of rural physicians practicing emergency medicine (EM), but also considered other factors to create a broader and more holistic picture of the factors that both sustain and detract from the practice of rural EM in BC. Specifically, the needs assessment looked at issues related to recruitment and retention, the effects of provincial, health authority and local health care system factors, including the local health care team, as well as the learning needs of rural physicians. This study was conducted in a focus group format, and overall we interviewed 44 rural health care providers. This consisted of nine focus groups with physicians in the following demographics - rural generalists, rural physicians practicing full time EM, physicians who had withdrawn from the practice of rural EM, locums, IMGs new to rural practice – as well as with rural allied health care practitioners. Five key informant interviews, representing key areas of rural medicine, were also conducted. The key informants were selected because they represented perspectives relating to the transport system, rural residency medical training program, and rural EM-focused CPD.

The data, once collated, revealed several key themes, which in turn lead to 41 recommendations. These recommendations were then reviewed by our advisory committee and their suggestions and modifications were also incorporated. The key findings of the study include the importance of teamwork and the local team in supporting the rural EM physician. The number one difficulty, unquestionably, encountered by the majority of the EM physicians in the study was their interaction with the transport system. The 14 key themes emerging from the study include:

- 1) Design Training and CPD Opportunities that Reflect the Broad Skill-Set of Rural Generalists
- 2) Align Rural Physician Recruitment Efforts with Existing Evidence on Rural Exposure
- 3) Improve Training and Orientation Processes for Rural Physicians

- 4) Standardize Privileging and Credentialing Processes across Health Authorities
- 5) Explore Ways to Improve the Patient Transport System to be Responsive to the Needs of Rural EM Providers and Patients
- 6) Promote Widespread Adoption of No-Refusal Policies
- 7) Build Capacity by Exploring More Flexible Remuneration and Scheduling Systems
- 8) Develop Real-time Support and Feedback Mechanisms for Rural EM Physicians
- 9) Foster Collegiality among Rural Health Care Teams and Referral Centres
- 10) Standardize Resources and Equipment in Rural BC Communities
- 11) Augment System-Level Support for Rural Locums
- 12) Promote Development of Customized, Local & Team-Based Education
- 13) Provide Additional CPD Funding to Rural Locums, IMGs, Remote or Isolated Rural Physicians, and Non-Physician EM Team Members
- 14) Offer Education Opportunities that Reflect Specific Gaps Identified in this Study

The study has been widely distributed across BC at all administrative and political levels. This includes the various health authority administrators at the highest level (CEO and VP Medicine for example), the board of the Doctors of BC, the JSC, the Medical Service Commission and many other groups. The response to the report has been gratifying. Feedback received to date is that this is a comprehensive report that has credibility due to "the grass roots input you permitted in its creation [and that] it will be the definitive paper on the delivery of emergency care and care in general in rural communities for the next decade."

We also plan to pursue publication of this work in a national level medical journal.

You can find links to the full report and its summary version here: <http://ubccpd.ca/rural/research>

GPA Learning Needs Assessment

The RCPD team traveled to Prince George to host a lunch-time discussion and needs assessment at the annual GPA Symposium. Findings show that there is immense interest for simulation-based education for GPAs in BC and that current CPD opportunities are not meeting the needs of GPAs.



CPD Needs Assessment, GPA Symposium, Prince George, Nov 7 2014

Conference Attendance

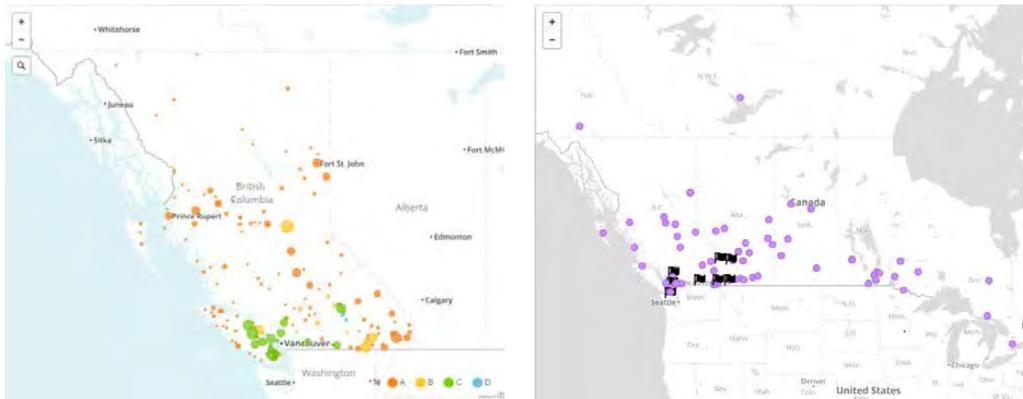
The Canadian Conference on Medical Education (CCME) 2015 was held in Vancouver on April 25-28. The RCPD program will be well-represented at the conference and had three abstracts accepted:

- RCPD Program as a whole (oral presentation presented by Andrea Keesey): An example of a successful continuing medical educational program for rural physicians
- Rural Physician Mentoring Program (oral presentation presented by Bob Bluman): Measuring the Impact of a Formal Mentoring Program for Physicians New to Rural Practice
- Rural Emergency Medicine Needs Assessment (poster presentation): Results of a Needs Assessment of Rural BC Emergency Care Providers: Implications for rural CPD providers in Canada

Mapping Project

Since the preview of the Mapping Project that we shared at the MAC meeting in July, Anthony, a Co-op Student and Research Assistant with UBC CPD has completed the project. The site now contains 10 maps that illustrate various aspects of the rural CPD landscape in BC as well as the reach of RCPD programming.

The interactive, searchable maps allow for various overlays such as Health Authorities and/or Divisions of Family Practice. The maps provide a new way for us to look at the courses we offer, who we have reached, and opportunities to expand programming. Currently this site has only been used internally at RCPD.



Sample maps: The map on the left shows Rural Subsidiary Agreement communities in BC, with the size of the coloured bubbles representing the number of physicians in that community; the map on the right shows the attendance at OB Ultrasound Courses between 2012 and 2015. The dots represent individual physicians who attended various courses while the flag indicates communities or conferences that hosted the course.

V. Appendices

Appendix 1: Current Medical Advisory Committee Members

Members	Location	Affiliation
Dr. Granger Avery	Port McNeill, BC	Executive Director, Rural Coordination Centre of BC; Family Physician
Dr. Bob Bluman	Vancouver, BC	Family Physician, Vancouver; Medical Director, Special Projects, UBC CPD
Dr. Janet Fisher	Trail, BC	Family Physician; Rural Rounds Medical Coordinator
Dr. Brenda Huff	Stewart, BC	Family Physician
Dr. Mary Johnston	Blind Bay, BC	Past RCPD Medical Director; RCCbc consultant, family physician, locum
Ms. Andrea Keeseey	Vancouver, BC	Director, UBC CPD
Ms. Dilys Leung	Vancouver, BC	Project Manager, RCPD
Dr. Rebecca Lindley	Pemberton, BC	Family Physician, CARE Course Co-Director, wilderness medicine instructor
Dr. Brenna Lynn	Vancouver, BC	Associate Director, UBC CPD
Dr. Ray Markham	Valemount, BC,	Family Physician, RCPD Medical Director
Dr. Rod McFadyen	Victoria, BC	Medical Director, VIHA CPD program, ER physician, Victoria
Dr. Chester Morris	Port Alberni, BC	General Internist, Port Alberni; Specialist Journal Club in Internal Medicine Moderator
Dr. Christie Newton	Vancouver, BC	Director, CPD & Community Partnership, Family Practice, UBC, & Director, Interprofessional Professional Development, College of Health Disciplines, UBC
Dr. John Pawlovich	Abbotsford, BC	Coordinator, REAP
Dr. Alan Ruddiman	Oliver, BC	Recruitment and Retention Lead, Rccbc, Co-Chair, JSC
Dr. Ian Schokking	Prince George, BC	Member, Physician Advisory Committee, Northern CME program, Clinical Associate Professor, UBC Family Medicine Program, Prince George Site, family physician
Dr. John Soles	Clearwater, BC	President, BC Chapter of Society of Rural Physicians, family physician
Dr. Tandi Wilkinson	Yellowknife, NT	Family Physician (EM), Nelson, Associate Medical Director, RCPD, Past RCPD Medical Director
Dr. Bob Woollard	Vancouver, BC	Associate Director, RCCbc, past Chair of the Dept of Family Practice, UBC, previous rural practice as family physician

Appendix 2: RCPD Medical Advisory Committee Teleconference and Retreat Agendas



AGENDA

RCPD Medical Advisory Committee (MAC) Meeting

DATE: Wednesday, April 9, 2014

TIME: 17:00-18:30 (PDT)

By teleconference

DIAL-IN INFO: 1-877-323-2005; Conf ID: 7389980#

Chair: Dr. Ray Markham

Requested Attendees: Drs. Ray Markham (Chair), Granger Avery, Bob Bluman, Janet Fisher, Brenda Huff, Mary Johnston, Lilli Kerby, Rebecca Lindley, Brenna Lynn, Rod McFadyen, Chester Morris, Christie Newton, John Pawlovich, Ian Schokking, John Soles, Tandi Wilkinson, Bob Woollard, Ms. Andrea Keesey, Ms. Ashra Kolhatkar, Ms. Stephanie Ameyaw

Time	Item	Notes
17:00-17:15 (15 min)	Welcome	<ul style="list-style-type: none"> Overview of Meeting Objectives and Agenda, Roundtable "What's Up"
17:15-17:30 (15 min)	RCPD Project Update	<ul style="list-style-type: none"> Questions/comments about meeting documents RCPD Core Operational Funding Rural Mentoring Program Rural EM Needs Assessment Study Provincial RCME Collaborative Project Involvement
17:30-17:55 (25 min)	RCPD Priorities for 2014-15; Outcomes from MAC Retreat	<ul style="list-style-type: none"> Review RCPD Priorities Document
17:55-18:25 (30 min)	New Projects	<ul style="list-style-type: none"> ThisChangedMyPractice.com (TCMP) – Rural topics Locums Needs Assessment proposal (not funded) New funding for Point-of-Care Ultrasound (POCUS) traveling course development and pilot delivery. <ul style="list-style-type: none"> Ultrasound survey summary
18:25-18:30 (5 min)	Next meeting	<ul style="list-style-type: none"> Schedule next teleconference
18:30	Meeting Adjourn	

Text demo number: 1-604-265-0600 (Ray to explain)

Meeting materials distributed in advance:

- RCPD Annual Report
- Proposal for New Point-of Care Ultrasound (POCUS) Course
- Summary of Point-of Care Ultrasound (POCUS) Survey
- RCPD Priorities 2014-15 (Draft)

AGENDA

RCPD Medical Advisory Committee (MAC) Retreat

“How Can CPD Support and Promote Rural Generalism in BC?”

Date: Monday, December 1, 2014

Location: Fairmont Vancouver Airport Hotel, Finch Salon (5th Floor)

Breakfast: 09:00-09:25 **Meeting:** 09:25-16:30 **Reception:** 16:30-17:30

Objectives:

- Develop a shared understanding of what generalism means in the context of rural medicine.
- Explore opportunities to build and enhance relationships to better support CPD in rural BC.
- Identify specific opportunities for the UBC Rural CPD Program to better support rural generalists in BC.

Meeting Invitees: (Listed on next page)

Time	Agenda Item	Notes
09:00-09:25	Breakfast	Finch Salon
09:25-09:30	Meeting Blessing	Elder Larry Grant from the Musqueam Band
09:30-09:40	Welcome & Introductions	Overview of Meeting Objectives
09:40-09:55	Round Table Wellness Update	
09:55-10:10	Recap & Update: Progress Since Last Year's Retreat	
10:10-10:30	Open Forum: What's going on in your CPD world?	
10:30-10:40	Refreshment Break	
10:40-11:10	Open Forum: What is your understanding of rural generalism?	
11:10-12:00	Breakout Session #1 + Report Back	Groups and questions listed on pg. 3
12:00-12:30	Lunch	
“The Why”: Why should CPD support and promote rural generalism?		
12:30-12:45	Afternoon Introductions & Check-In	
12:45-13:30	Presentations: International, National, and Provincial Perspectives on CPD & Rural Generalism	Dr. Roger Strasser & Dr. Granger Avery - 20 minutes each, Q&A session to follow
13:30-14:30	Open Forum: Reflection and Discussion	Open invitation for invited guests to share their perspectives: <ul style="list-style-type: none"> • How is CPD evolving in the context of rural generalism? • Where does CPD fit in the system of supporting improved rural patient health? • Is there a place for CPD in the context of QI? • Are there opportunities to align our efforts?
14:30-14:45	Refreshment Break	
“The How”: How can CPD better support and promote rural generalism in BC?		
14:45-15:30	Breakout Session #2 + Pitch	Designing a CPD program for rural generalists + 60 second pitch
15:30-16:25	UBC Rural CPD Program	Where are opportunities for the RCPD Program to better support rural generalism? What do we need to be focusing on to make this happen? How can we make current program more 'generalist-friendly'? Next steps?
16:25-16:30	Closing Remarks	
16:30-17:30	Reception	Finch Salon

AGENDA

RCPD Medical Advisory Committee (MAC) Meeting

DATE: Tuesday, July 29, 2014

TIME: 07:30-09:00 (PDT)

By teleconference

DIAL-IN INFO: 1-877-323-2005; Conf ID: 7389980#

Chair: Dr. Ray Markham

Requested Attendees:

Ray Markham (Chair), Granger Avery, Bob Bluman, Janet Fisher, Brenda Huff, Mary Johnston, Lilli Kerby, Rebecca Lindley, Brenna Lynn, Rod McFadyen, Chester Morris, Christie Newton, John Pawlovich, Ian Schokking, John Soles, Tandi Wilkinson, Bob Woollard, Andrea Keesey, Ashra Kolhatkar, Stephanie Ameyaw, Anthony Remizov.

Meeting Objectives:

- Networking/information sharing opportunity
- Idea generation on ways to maximize MAC geographic/grass roots connectivity
- Update MAC members on RCPD activities

Item	Notes
Welcome (Ray)	<ul style="list-style-type: none"> • Overview of Meeting Objectives and Agenda • Roundtable "What's Up"
Open Forum: What's on the CPD Horizon?	<ul style="list-style-type: none"> • Opportunity to discuss any new developments that may impact RCPD or that we should be thinking about
Mapping Demo (Anthony)	<ul style="list-style-type: none"> • Website link and password circulated beforehand • MAC geographical connectivity • URL: http://ubccpd.ca/maps (Password: Vancouver2014)
Next meeting	<ul style="list-style-type: none"> • Next teleconference • Possible face-to-face meeting

Meeting materials distributed in advance:

- RCPD Project Update
- Map screenshots (back-up in case anyone has trouble accessing online page)
- Airway Mannequin / Equipment Loan Proposal

Appendix 3: HOUSE Program Flyer

UBC CPD



CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE



14.0 THE HANDS-ON ULTRASOUND SKILLS ENHANCEMENT (HOUSE) PROGRAM

MAINPRO-C /
MOC

WHAT WILL I LEARN?

- Classic and new indications for point-of-care ultrasound (POCUS) in your community.
- Skills to empower your practice and stay on the cutting edge.
- Applications to expedite diagnosis and treatment of urgent or life-threatening conditions.
- Scans completed during the course can count towards IP (Independent Practitioner) Status Certification
- Entirely hands-on training modules for:
 - **unstable patient:** heart, IVC / aorta, vascular access, extended fast, pneumothorax, rule out ectopic;
 - **stable patient:** appendicitis, renal, gallbladder, procedures (IJ, peripheral IV, thoracentesis, paracentesis, and pericardiocentesis), DVT, MSK (tendons, fractures), ocular.

WHAT DOES THE COURSE ENTAIL?

- On-site learning brought directly to your community.
- 100% hands-on practice time, on live models.
- Opportunity to practice procedural skills on simulated models.
- Low instructor to student ratio.
- Course instructors are a mix of experienced academic EM physicians, rural EM physicians, and ultrasound techs.
- Prior to the course, learners must complete theoretical knowledge modules and readings online.
- Innovative and adaptable content meets the needs of your community.

Accreditation: up to 14.0 Mainpro-M1 / MOC

Interested in hosting the HOUSE Program in your community?
Please contact Dilys Leung at dilys.l@ubc.ca



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

www.ubccpd.ca/RURAL

Appendix 4: HOUSE Application Modules

Hands-On Ultrasound Skills Enhancement Program - Application Descriptions + Learning Objectives (LO)

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

most difficult ● moderately difficult ● easiest ●

Heart (2 hours) ●

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

LO: Determine the presence or absence of conditions associated with large pulmonary embolism; Assess for cardiac contractility and pericardial effusion;

IVC/Aorta (1 hour) ●

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

LO: Determine the volume status of a patient in order to diagnose hypotension and monitor a patient's response to fluid therapy;

Vascular Access (1 hour) ●

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

LO: Locate an ideal insertion site for a central or peripheral vein catheter;

Extended FAST (1.5 hours) ●

The Extended Focused Assessment with Sonography for Trauma (eFAST) is a game changer for the management of trauma patients, and a core skill that all emergency physicians should have. The eFAST will tell you if there is significant free fluid in the abdomen and chest, confirming the diagnosis of hemorrhage in the peritoneal, pericardial or pleural spaces. The eFAST is the initial imaging test of

Appendix 5: Third Trimester OB Ultrasound (POCUS-OB) Course Flyer

UBC CPD



CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE



5.0
MOC SECTION 1
MAINPRO M1
MAINPRO C

THE OB ULTRASOUND COURSE

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

WHAT WILL I LEARN?

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

Recognize third trimester ultrasound indications including:

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

WHO SHOULD ATTEND?

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

WHAT DOES THE COURSE ENTAIL?

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

"I feel so much more comfortable now that I am in a better position to identify frequent third trimester complications."

2013 OB Ultrasound Course Participant

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

The UBC Rural CPD Program is supported by



ubccpd.ca/rural

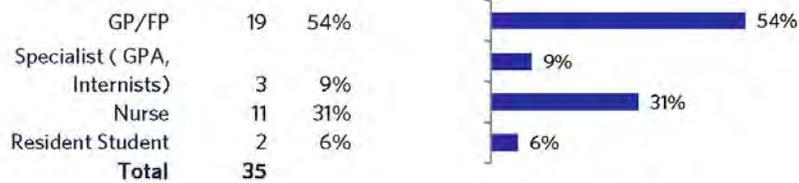
Appendix 6: Evaluation Summary for Combined SEMP/SIM Course (Trail/Quesnel)



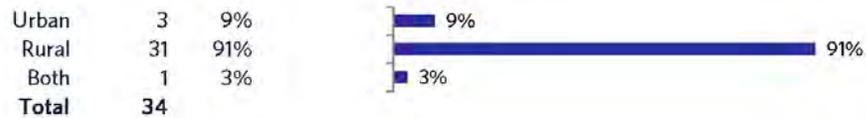
UBC CPD 2014 Evaluation Summary

Course: Combined SEMP/SIM Course (Trail & Quesnel, BC - 2014)
Participants: 37
Responses: 35
Response rate: 95%

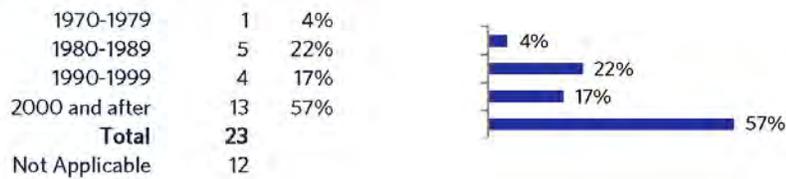
1) What is your profession?



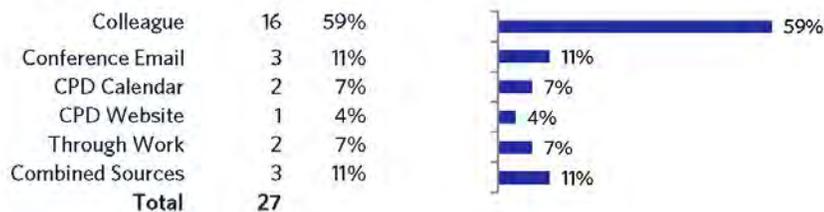
2) My practice is considered:



3) Year of graduation from medical school

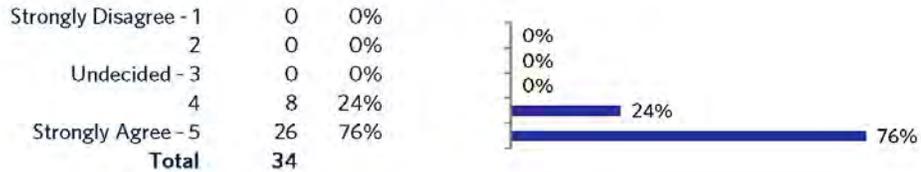


4) How did you hear about this course?

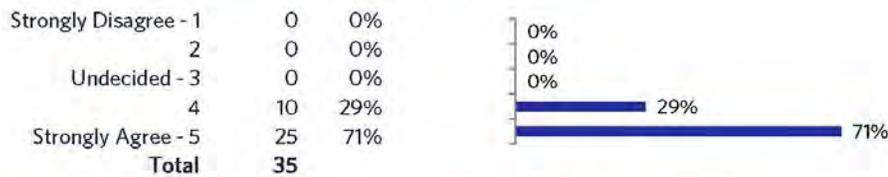


Learning and Application of Knowledge

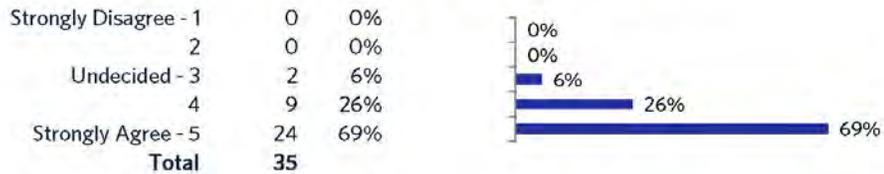
i. The course met the stated learning objectives:



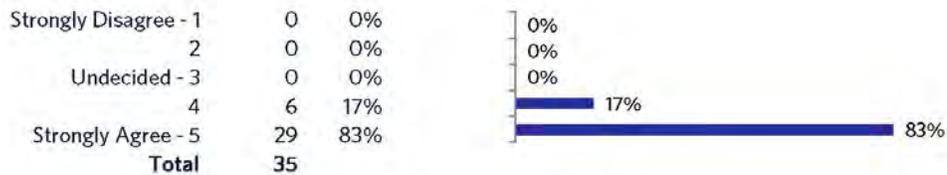
ii. The course was effective in meeting my learning needs:



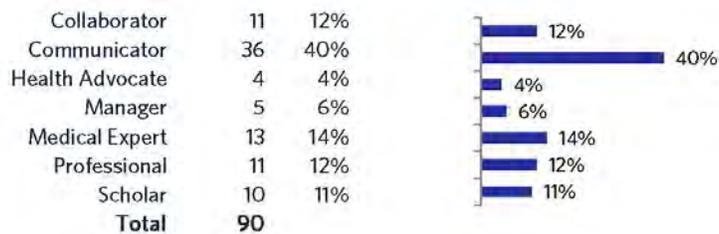
iii. The simulations in the course were highly applicable to my practice:



iv. The scenarios that were presented were appropriate and relevant:



6. Learning attributed to the following CanMEDS roles:



7. As a result of having attending this course, I plan on doing the following differently:

Family Physicians

- New procedure call, more comfortable.
- Using ultrasound in the ER. Effective communication.
- airway management/recessitation.
- Double set up if difficulty airway anticipated.
- Perform emergency procedures better and confidently.
- Be more prepared for tracheostomies
- Communicate more clearly, start using more u/s.
- Improve communication during resus units.
- Managing EM cases, not getting too focused on procedures
- Review ER set-ups and staff roles, practice u/s.
- u/s guided procedures, closed loop communication, delegation of roles.
- Using u/s and FAST more often.

Nurses

- Review braslow/medications/doses. Ensure there is a team leader, open communication.
- I will be able to set to cric/central line kits more effectively for Drs. I will practice more
- Voicing my information/knowledge/concerns during procedures, simulations, learn the
- Encourage team work.
- Being a better team player. Better skills at ultrasound.
- Assisting my colleagues.
- Communicating more effectively in resus situations and clarifying roles for team members.
- Teamwork

Resident/Student

- Clarifying my role during codes. Using u/s at every chance.

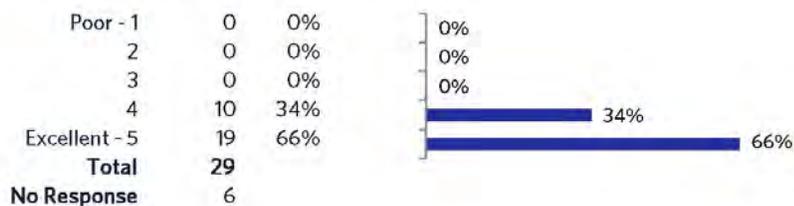
Specialist

- Review of equipment in my work area (biazelo tape). Review of skills learned today.
- Specialist
- U/s guided cvp's

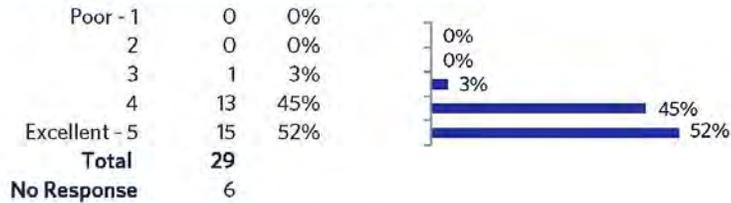
Course

8. Please check the number that reflects your assessment of each of the following course areas:

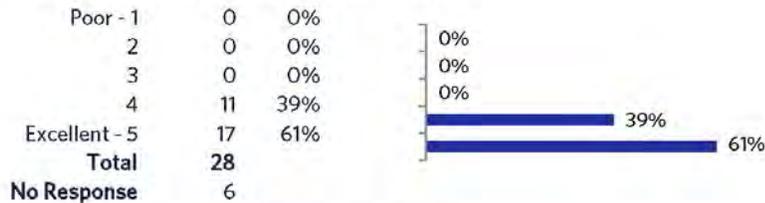
a) Format (presentation, simulation etc.):



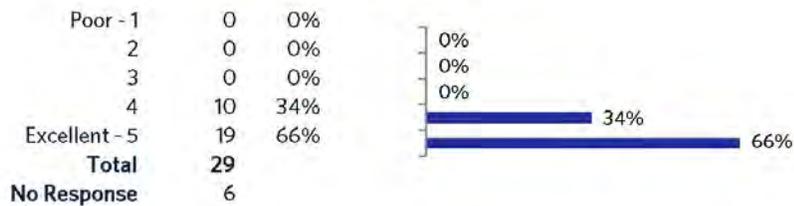
b) Content (sufficient instruction, practice time etc.):



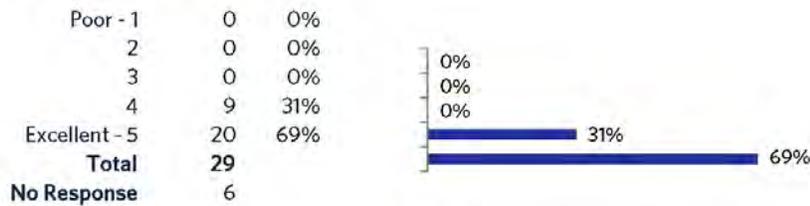
c) Content (compatibility with my expectations):



d) Interactivity (adequate opportunities for interaction):



e) Overall rating for this course:



9. The most effective part of this course for me was:

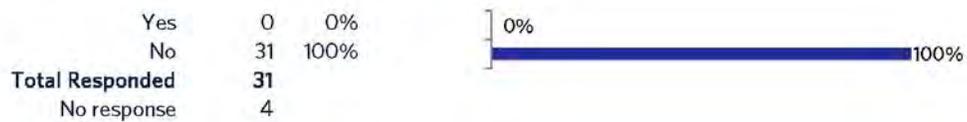
- 12 Hands on practice/ instruction
- 5 Simulations and feedback
- 3 Hands-on following demo's on animal/SIM feedback review.
- 2 Pre reading so that my classroom time was effective.
- 2 Ultrasound/ us guided intravenous access.

1 Being part of the team.

10. The least effective part of this course for me was:

- 2 More practice
- 2 Role identification and closed loop communication not emphasized enough.
- 2 Ultrasound, very basic.
- 1 Full day Sunday would have been nice.
- 1 Group size could be smaller - 3 to 4.
- 1 Had already watched the videos at home
- 1 Having all equipment available for scenarios.
- 1 More scenarios required to feel more confident.

11. Did you feel that there was any industry bias?



12. How could this program have been improved?

- 6 More time, more SIMS, more hands-on
- 4 Earlier access to materials.
- 1 More practice with integrating RN/MD/RT's together.
- 1 Need a few more supplies so we can actually use what we learned.
- 1 Smaller size.
- Other
- 1 Would like to use an app on a tablet
- 1 Great opportunity for CME learning esp. with view to returning to BC to practice!
- 1 I wasn't sure how to prepare for the course as a nurse, I didn't know what my

13. Additional comments or suggestions:

- Great job.
- Well done.
- Excellent course.
- Excellent program.
- Please come back again.
- Well done.
- Yearly to maintain skills and build team confidence.

Appendix 7: Shock Course Flyer



8.0 | THE SHOCK COURSE

MOC SECTION 1
MAINPRO M1
MAINPRO C

A one-day, hands-on workshop designed for rural emergency healthcare teams

WHAT WILL I LEARN?

- Diagnosing and managing the hemodynamically unstable patient using tools typically available in a rural setting.
- Recognizing different types of shock.
- How to apply early goal-directed therapy for sepsis in your community ER.
- Hands-on training in using point-of-care ultrasound on live models for shock diagnosis (FAST exam, RUSH protocol).
- Hands-on practice in procedures such as CV catheter insertion, ultrasound-guided central lines, peripheral lines, and intraosseous needle placement on mannequins.
- Specific training for nurses in managing fluids and tubing, administering vasopressors, etc.

WHAT DOES THE COURSE ENTAIL?

- The course runs from 08:30 to 16:00, usually on a weekend day in your local hospital or health care centre.
- Breakfast, lunch, snacks and refreshments are included.
- Alternate between lectures, demos, hands-on breakout sessions, case discussions, and scenarios throughout the day.
- Some pre-course preparation is required.
- Course instructors are all rural physicians and nurses who have experience in critical care.

"I now feel more confident treating shock. I feel I can see the early signs of shock better and therefore treat patients more quickly."

2013 Shock Course Participant

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



ubccpd.ca/rural

Appendix 8: Dummy Makes Perfect



DUMMY MAKES PERFECT Rural BC Airway Mannequin Loan Program

The Rural BC Airway Mannequin Loan Program is a flexible and close to home provincial airway mannequin rental service.

We would like to support and encourage rural health care teams to practice hands-on airway management skills and drills on a regular basis by facilitating loans of adult, pediatric, and infant mannequins.

See reverse for details.

How does the loan service work?

We will take care of all of the handling of the rental equipment and ship it to your community with accompanying educational materials (i.e. suggested scenarios).

Pricing

\$275 + \$50 refundable damage deposit.
5% discount applies if the equipment is rented more than once in a 12-month period. Loan period is 14 days, not including shipping time.

Accreditation

The Airway Mannequin Loan Program is eligible for self-learning credits for both family physicians and specialists. Please note that Mainpro-C and MOC Section 2 credits require the completion of short reflective exercises in order to claim credits.

To make a booking, visit the program page on our website: ubccpd.ca/airway
For more information, email Stephanie Ameyaw at stephanie.a@ubc.ca.



Appendix 9: Rural Rounds Videoconference Rural Rounds Course Flyer 2014-15

UBC CPD



CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE



10.0
MOC SECTION 1
MAINPRO M1

UBC RURAL ROUNDS

Morning videoconference series

SEP 2014-JUN 2015

MONTHLY • THU 8-9 AM (PDT/PST)

WHAT IS RURAL ROUNDS?

The Rural Rounds series aims to provide relevant, up to date and rurally specific CME in your community. Speakers either live and work in rural areas of BC, or possess an understanding of the unique circumstances of the rural health care provider.

The 2014-15 Rural Rounds season will feature a "Hot Topics in Therapeutics" theme from September to January and an "Emergency Room Cases" theme from February to June. The format includes case-based presentations with many opportunities for questions and discussion. Audience participation is encouraged!

- Earn up to ten CME credits close to home.
- Thursday mornings, once per month, 8-9 AM (PST/PDT).
- Registration by hospital site (\$150 per session; discount for early registration).

Contact your local CME coordinator to register your hospital. More details on reverse.

PLEASE INQUIRE FOR MORE INFORMATION

Phone: 604 875 5101 • Fax: 604 875 5078
Email: rural.cpd@ubc.ca (Stephanie)
855 W 10th Ave, Vancouver, BC V5Z 1L7

FALL 2014 • HOT TOPICS IN THERAPEUTICS

- SEP 11 Risk Assessment Tools in Chronic Disease*
Dr. James McCormack
- OCT 2 Polypharmacy in Elderly Patients
Dr. Trevor Janz
- NOV 6 Antibiotic Overprescribing
Dr. Edith Blondel-Hill
- DEC 4 Hormone Replacement Therapy
Dr. Sheryl Alger
- JAN 8 Immunizations
Dr. Monika Naus

* Simple tools for estimating risks for HTN, diabetes, osteoporosis, etc.

SPRING 2015 • EMERGENCY ROOM CASES

- FEB 5 Pediatrics
Dr. Katharine Smart
- MAR 5 Ortho Trauma
Dr. Michael Moran
- APR 2 Post-partum Hemorrhage
Dr. Sheona Mitchell
- MAY 7 Pre-Hospital Emergencies
Dr. Nicholas Sparrow
- JUN 4 Difficult Airways
Dr. Jim Kim

The UBC Rural CPD Program is supported by



ubccpd.ca/rural

Appendix 10: Online Journal Club: Rural Emergency Medicine and Internal Medicine

UBC CPD



CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE



12.0
MOC SECTION 1
MAINPRO M1

ONLINE JOURNAL CLUB in Rural Emergency Medicine OCT 27 2014–JUN 8 2015

What is the Online Journal Club in Rural Emergency Medicine?

- An accredited, 100% online journal club for BC physicians who provide EM care in rural areas or small urban centres.
- Participants will read and discuss one article every five weeks, five sessions in total.
- You can participate any time, from anywhere, on your schedule (no login required!), through our easy-to-use online discussion platform.
- Each session will have a different physician moderator, one of your BC emergency medicine colleagues.

When are the journal club sessions?

OCT 27	Introductory Session
NOV 10	Session One
JAN 12	Session Two
FEB 16	Session Three
APR 7	Session Four
MAY 11	Session Five
JUN 8	Journal Club concludes

Breaks for December holiday and spring break.

Please inquire for more information

Email: cpd.journalclub@ubc.ca (Stephanie) | Phone: 604 875 5101 • Fax: 604 875 5078

What does participation entail?

1. Vote on which article you want to cover for each session (moderators will provide the article options).
2. Introducing yourself by posting a short bio on the site.
3. Reading one article approximately every five weeks and participating in online discussion (add 2 posts/comments per session to obtain max credits).
4. Being assigned as a Conversation Starter for one of the five sessions and starting a new discussion thread.

Course details

- [Register online](#) or fill in the form on reverse.
- Cost: \$100 per physician. Participation is complimentary for residents.
- Registration deadline: October 23, 2014.
- Course limit: 50 participants—register early!

👉 REGISTER ONLINE NOW

See ubccpd.ca/rural/online for more information.

The UBC Rural CPD Program is supported by



ubccpd.ca/rural

UBC CPD



CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE



12.0
MOC SECTION 1
MAINPRO M1

ONLINE JOURNAL CLUB for Internal Medicine Specialists

OCT 20 2014–JUN 8 2015

What is the Online Journal Club for Internal Medicine Specialists?

- An accredited, 100% online journal club for BC internists who provide care in rural areas or small urban centres.
- Participants will read and discuss one article every five weeks, five sessions in total.
- You can participate any time, from anywhere, on your schedule (no login required!), through our easy-to-use online discussion platform.
- Each session will have a different physician moderator, one of your BC internal medicine colleagues.

What is the timeline for the course?

OCT 20	Introductory Session begins
NOV 3	Session One begins
DEC 1	Session Two begins
FEB 2	Session Three begins
APR 6	Session Four begins
MAY 4	Session Five begins
JUN 8	Journal Club concludes

Breaks for December holiday and spring break.

Please inquire for more information

Email: cpd_journalclub@ubc.ca (Stephanie) | Phone: 604 875 5101 • Fax: 604 875 5078

What does participation entail?

1. Vote on which article you want to cover for each session (moderators will provide the article options).
2. Introducing yourself by posting a short bio on the site.
3. Reading one article approximately every five weeks and participating in online discussion (add 2 posts/comments per session to obtain max credits).
4. Being assigned as a Conversation Starter for one of the five sessions and starting a new discussion thread.

Course details

- [Register online](#) or fill the form on reverse.
- Cost : \$125 for physicians, \$100 for CRIM members and past journal club participants.
- Registration deadline: October 19, 2014.
- Course limit: 30 participants—register early!

REGISTER ONLINE NOW

See ubccpd.ca/rural/online for more information.

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