UBC RURAL CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM

ANNUAL REPORT 2016-2017

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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 eight years, we have improved access to CPD programs for rural practitioners using a ‘closer to home’ delivery method.

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

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

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

This report describes RCPD program activities for the period of April 1, 2016 to Mar 31, 2017.
## II. RCPD Deliverables and Key Milestones 2016-17

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Period</th>
<th>Deliverables/Key Milestones</th>
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</table>
| Q1      | April 1 – June 30, 2016 | - The Family Practice Anesthesia (FPA) Clinical Coaching for Excellence program was approved for up to 40 Mainpro+ credits (20 hours at 2 credits per hour) from the College of Family Physicians of Canada (CFPC)  
- Collaborated with researchers from the Centre for Healthcare Education Scholarship (CHES) to develop the research and evaluation strategy for the FPA Clinical Coaching for Excellence program  
- First post-pilot Comprehensive Approach to Rural Simulation and Procedures (CRISP) Course was delivered successfully in Nelson, BC  
- Delivered Hands-on Ultrasound Education – Emergency Medicine (HOUSE EM) in Tofino, Golden, Revelstoke, and at the Rural Health Conference in Prince George  
- Delivered HOUSE – Obstetrics (OB) in Duncan and Charlevoix (the latter at the Society of Rural Physicians of Canada Conference)  
- Delivered HOUSE – Internal Medicine (IM) in Kamloops and Prince George  
- Delivered The Shock Course in Prince George |
| Q2      | July 1 – September 30, 2016 | - Held coach training session for the FPA Clinical Coaching for Excellence program  
- Launched three online journal clubs for the academic year  
- Began rural rounds and telehealth rounds programs for the academic year  
- Held first focus group for Rural Continuous Quality Improvement Needs Assessment  
- Delivered HOUSE EM in Port McNeill  
- Delivered HOUSE IM in Duncan  
- Delivered The Shock Course at the St. Paul’s Emergency Update in Whistler  
- Launched first cohort of the Rural Physician Mentoring Program |
| Q3      | October 1 – December 31, 2016 | - Established working group for the Peer Coaching stream of the Clinical Coaching for Excellence program  
- Program engagement meeting for the RSN Clinical Coaching for Excellence program held in Revelstoke  
- Developed coaching handbook, program evaluation, and initial coachee self-assessment for the RSN Clinical Coaching for Excellence program  
- Delivered HOUSE EM in Cranbrook, Fernie, and Salmon Arm  
- Delivered HOUSE OB in Vancouver at the OB Update  
- Delivered Shock in Hazelton  
- Launched second cohort of the Rural Physician Mentoring Program |
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<tr>
<th>Q4</th>
<th>January 1 – March 31, 2017</th>
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<tr>
<td>•</td>
<td>First coaching visits of the FPA Clinical Coaching for Excellence program held in Sechelt, Golden, and Prince Rupert</td>
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<tr>
<td>•</td>
<td>Cohort 2 sites (Fernie, Squamish, Powell River, Nelson, Williams Lake) invited to participate in the FPA Clinical Coaching for Excellence program</td>
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<tr>
<td>•</td>
<td>The RSN Clinical Coaching for Excellence program was approved for up to 73.5 CFPC Mainpro+ credits (24.5 hours at 3 credits per hour)</td>
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<td>•</td>
<td>Program engagement meeting for the RSN Clinical Coaching for Excellence program held in Lillooet/Kamloops</td>
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<td>•</td>
<td>Produced two new articles for This Changed My Practice-Rural Edition</td>
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<tr>
<td>•</td>
<td>Deployed Rural Continuous Quality Improvement Needs Assessment survey to physicians providing care in rural and remote communities of BC</td>
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<tr>
<td>•</td>
<td>Delivered HOUSE EM in Gabriola, Nanaimo, and Vanderhoof</td>
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III. RC PD ADMINISTRATIVE PROG RESS

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

The HOUSE Program is an innovative and highly popular traveling modular ultrasound course in which the curriculum can be customized to the learning needs of individual rural communities, whether the community has 3 or 16 physicians. The Clinical Coaching for Excellence Program aims to support physicians practicing in rural BC to enhance their clinical practice through individualized and contextualized coaching relationships. This Changed My Practice – Rural Edition aims to add a rural voice to the award-winning This Changed My Practice blog series and to raise the profile of rural physicians as educators and scholars. The goal of the Rural CQI Needs Assessment is to explore how best to facilitate a successful provincial CQI process and to answer what needs to be considered to create a supported system of CQI in rural and remote communities of BC.

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

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

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

- Dr. Ray Markham was appointed Executive Director of RCCbc on January 15, 2016, and continues to provide leadership as RCPD Medical Director.
- Dr. Bob Bluman was appointed Acting Associate Dean of UBC CPD on August 1, 2015, and continues to provide leadership and expertise to RCPD in his capacity as Medical Lead for
the Clinical Coaching for Excellence Program, the New to Rural Practice Physician Mentoring Program, and the Rural CQI Needs Assessment.

- Dr. Brenna Lynn returned from maternity leave on August 1, 2016 as Associate Dean of UBC CPD.
- The Medical Advisory Committee had two meetings in 2016-17: June 23, 2016 (in-person retreat in Vancouver), and January 9, 2017 (teleconference).
- RCCbc and RCPD hired Ella Fund-Reznicek as a shared Senior Program Assistant for both organizations.
- A list of the current Medical Advisory Committee members can be found in Appendix 1. MAC meeting agendas can be found in Appendix 2.
IV. RCPD EDUCATIONAL PROGRAMMING

Below is a summary of RCPD educational programming activities...

A. TRAVELING COURSE DEVELOPMENT & DELIVERY

Hands-On Ultrasound Education (HOUSE) Program

The Hands-On Ultrasound Education (HOUSE) Program gives rural physicians the training and confidence to integrate point-of-care ultrasound into their practice. HOUSE was developed to meet the unique needs of rural physicians, and is the only program of its kind in Canada. By providing education that is customized for each community, the program meets the needs of learners with a wide range of pre-existing skills. HOUSE delivers learning in a relaxed and fun environment with the highest instructor to student ratio (1:2) available in a hands-on ultrasound course. An outline of available HOUSE learning modules is included in Appendix 3.

This year, after a thoughtful re-branding process, the HOUSE Program now encompasses three distinct iterations:

1. HOUSE EM: POCUS for acute care indications – designed for rural practitioners working in the hospital or ER setting;
2. HOUSE OB: POCUS in the third trimester for primary care providers; and
3. HOUSE IM: POCUS for internal medicine practitioners.

In addition to solidifying the program structure and values, the branding strategy also includes a new visual identity. The UBC CPD design team worked hard to craft a new visual identity for HOUSE, including brand and visual guidelines that include font, colour, icons, logo, and photography criteria. The two-page summary (Appendix 4) and postcards (Appendix 5) incorporate the new guidelines.

Another HOUSE Program milestone was the request for sustainability and development funding proposed to the Joint Standing Committee on Rural Issues (JSC) on March 20th. The designated funding, should it be approved, will be used to increase course scalability, distribution and delivery to approximately 15-20 courses per year, as well as to purchase more equipment. While individual courses currently operate on a cost-recovery basis (and it is our intention to continue to run them in this way), the proposed funding would address further goals, intention and direction of the program that would be supported for the next three years.

The key areas of funding include:

- Faculty development, including an in-person educational session for instructors, as well as yearly faculty teleconference meetings;
• Further content development and program enhancements (new curriculum development, network building projects, further post course educational initiatives, an improved website, marketing); and
• The purchase of additional ultrasound machines will allow us to offer more courses.

UBC CPD staff is currently in the early phase of developing a HOUSE Program Website, which is separate and distinct from the UBC CPD website. This will allow more variation in the ways information appears and will allow for a more dynamic and engaging interface.

Lastly, UBC CPD hired Kathryn Young as the full time Program Coordinator to oversee the HOUSE Program and Shock Course.

**Hands-On Ultrasound Education Emergency Medicine (HOUSE EM) Course**

HOUSE EM has continued to expand since the initiation of the program in 2015. A two-page summary of the highlights may be found in Appendix 4, including updates on the course statistics, participant feedback, How-To Videos, and other exciting initiatives.

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

Under the medical leadership of Dr. Shireen Mansouri, the HOUSE OB interactive online manual is now completed and lives on the UBC CPD Moodle e-Learning website. The new iteration of the manual is being deployed for the first time in April 2017.

**Hands-On Ultrasound Education Internal Medicine (HOUSE IM) Course**

HOUSE IM will continue to deliver courses on a by-request basis for groups of internists throughout the province.

**HOUSE Course Delivery: Communities and Dates**

**Spring 2016**

**HOUSE EM**

- Tofino (April 10) – 7 participants
- Golden (May 15) – 8 participants
- Revelstoke (May 16) – 13 participants
- Prince George (June 11) – 16 participants

**HOUSE OB**

- Duncan (April 8) – 12 participants
- Charlevoix (May 7) – 11 participants
HOUSE IM
- Kamloops (May 14) – 13 participants
- Prince George (June 12) – 9 participants

Fall 2016
HOUSE EM
- Port McNeill (September 10-11) – 14 participants
- Cranbrook (October 13) – 9 participants
- Fernie (October 14-15) – 16 participants
- Salmon Arm (November 24) – 11 participants

HOUSE OB
- Vancouver – OB Update (October 22-23) – 32 participants

HOUSE IM
- Duncan (August 27) – 6 participants

Winter 2017
HOUSE EM
- Gabriola (January 21) – 3 participants
- Nanaimo – Rural Locum Forum (February 25-26) – 15 participants
- Vanderhoof (March 17-18) – 8 participants

Upcoming courses 2017
HOUSE EM
- Dawson Creek (April 7) – 7 participants
- Chetwynd (April 8) – 8 participants
- Fort St. John (April 22) – 13 participants
- Prince George (May 11) – 16 participants
- Prince George Residents (May 13) – 12 participants
- 100 Mile House (June 11) – 8 participants
- Oliver (October 13-14) – 12 participants

HOUSE OB
- Calgary (April 8-9) – 24 participants

HOUSE IM
- Prince George (May 14) – 9 participants
Local in situ ER Simulation and Procedures Courses ("The Combined SEMP/SIM Course")

Following the successful pilot of two Combined Simulated Emergency Medical Procedures and Simulation (SEMP-SIM) Course, UBC Rural CPD (RCPD) received additional funding from the Joint Standing Committee on Rural Issues for a limited roll-out of the in situ ER simulation and procedures course. A program flyer for the SEMP-SIM course is found in Appendix 6.

Program updates:
- Finalized the name for the simulation education program: “CRISP” - Comprehensive Rural in-situ Simulation & Procedure Program.
- Developed a procedures document that identifies all the stakeholders, timeline and roles and responsibilities for course planning and delivery.
- Modified the course curriculum by condensing Day One of the course.
- Outlined a strategy for course delivery in which course planning would focus on building capacity regionally so that we can:
  - Use equipment that exist in these communities
  - Use local resources and instructors
  - Leverage connections with local coordinators which will aid in streamlining course delivery in a region
- Publication drafted that we plan to submit to the BCMJ in spring 2017.
- “A collaborative approach to rurally based in-situ simulation education”, abstract was accepted as an oral presentation at the Canadian Conference on Medical Education (CCME) in the Education Innovation category. Stephanie Ameyaw from UBC CPD will be presenting that oral presentation in early May 2017.
- Jeff Plant has been in contact with the Provincial Simulation Committee and we now have a better sense of their mandate. Jeff has since joined the STWG and we have been kept in the loop with the developments around a provincial simulation website and have shared a provincial simulation equipment list. RCPD is now recognized as a part of the simulation landscape in BC among this provincial group.
- The first post-pilot course was delivered successfully in Nelson, BC in April 2016.

Through various teleconference meetings, we verified that there was a need and interest on for simulation education in Vancouver Island and Northern Health as well as capacity building. However, based on our learnings and the challenges we encountered trying to deliver CRISP Courses, a more micro level simulation support for communities is the direction we see value in and would like to support. We will support rural communities in building and designing their own ‘home grown’ sustainable simulation & procedural CPD offerings bringing more value to communities.
The Shock Course

As the Shock Course has now been offered more than 40 times across BC (starting running in 2011), we typically run this course on a by-request basis or at annual conferences that attract many rural physicians. This year, Shock was delivered and at the Rural Emergency Continuum of Care in Prince George (June 2016), St. Paul’s Emergency Medicine Update in Whistler (September 2016), and in Hazelton (November 2016). Shock Course program flyers maybe found in Appendix 7.

‘Dummy Makes Perfect’ Airway Mannequin Loan Program

The ‘Dummy Makes Perfect’ Airway Mannequin Loan Program provides mobile access to three Laerdal airway mannequins (adult, pediatric, and infant) and educational materials, including airway scenarios, to remote communities in BC. The program continues to accept booking requests via our online booking system. The mannequins were loaned to Sechelt (October 2016) and Stewart (April 2017). The Medical Lead for this program is MAC member Dr. Brenda Huff.

B. RURAL VIDEOCONFERENCE EDUCATION

Rural Rounds Videoconference Series

The 2016-17 Rural Rounds videoconference series continued to include online webconferencing through WebEx, allowing participants to connect from their home or office computer, in addition to local hospital videoconference sites. Participants are able to text their questions in real time to the Rural Rounds moderator or talk real-time using the video or webconference equipment. To increase interactivity, participants are given an opportunity to submit their questions or unique cases relating to the topic area in advance, so the presenter may come prepared to respond. This year we are conducting a comprehensive evaluation of the program, in addition to evaluation of individual sessions, in order to improve the program for future years. This will be completed by mid-April when we start planning for the next academic year’s program. Dr. Clair Biglow is the Medical Lead for Rural Rounds videoconference series. See Appendix 8 for the 2016-17 Rural Rounds course flyer.

Telehealth and Virtual Care Show-and-Tell Rounds Update (formerly eHITS Telehealth Rounds)

Year two of the Telehealth and Virtual Care Show-and-Tell Rounds Program featured 3 sessions:

1. October 28, 2016 – 88 healthcare professionals registered
   - Tele-Rheumatology with Dr. Brent Ohata
   - Tele-Endocrinology with Dr. Clay Reynolds

2. January 27, 2017 – 95 healthcare professionals registered
   - Nephrology with Dr. Anurag Singh
• Virtual Care Strategy (Ministry of Health) with Mr. Greg Leake

3. April 21, 2017 – 125 healthcare professionals registered
• Session will feature talks from Dr. Scot Mountain & Dr. Stefan Du Toit

The goal of this initiative remain constant: providing a provincial forum to present and discuss examples of telehealth being used in clinical practice today in BC.

**Rural Emergency Medicine Online Journal Club**

The 2016-17 season of the *Rural Emergency Medicine Online Journal Club* featured five moderators who were assigned to one of five journal club sessions, which ran for five weeks each. There were 50 participants enrolled from across BC (more than double last year’s total of 19). CPD credits were awarded when participants posted two or more comments per session. Dr. Jeff Plant from Penticton continues to chair the Advisory Group for this program and has enlisted several colleagues from across BC to offer guidance and in kind support for the journal club. A new feature of this club is that case study discussions were introduced for Session Four and Session Five, instead of the usual academic article review. This new format was highly successful and received positive feedback from participants as well as increased interaction and commenting on the website. Please see [Appendix 9](#) for Rural EM Journal Club Flyer.

**Rural Family Practice Anesthesiology Online Journal Club**

The 2016-17 season saw the introduction of a brand new journal club, the *Rural Family Practice Anesthesiology Journal Club*. This club is unique in that it included a group of Family Practice Anesthesiologists (FPAs) living and working in Zimbabwe, who were connected to UBC CPD through Dr. Ray Markham’s work. There were 14 registrants from Zimbabwe and 46 from Canada, for a total of 60 participants. This journal club followed the same format as the others, with five sessions over five weeks each. The Medical Lead on this project is Dr. Kirk McCarroll who is also involved in the clinical coaching program for FPAs.

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

The second year of the *Sexual Health Forum: Online Journal Club & Practice-Based Dialogue* has also been successful, with the most active engagement of all the journal clubs. The Medical Lead for this club is Dr. Marisa Collins. Instead of only three moderators, as was done in the 2015-16 season, the current season of the club followed the format of the other clubs by having five moderators, each taking charge of one out of five sessions. There were a total of 46 registrants this year. Please see [Appendix 10](#) for the Sexual Health Forum Postcard.

**New Journal Clubs for 2017-18**

The RCPD team has been working with Dr. Jeanette Boyd to create a journal club around the topic of obstetrics and gynaecology, and Dr. Chester Morris to bring back the internal medicine club (which
previously rant from 2011-2016). Additionally, talks are underway among the Rural Medical Advisory Committee to run three more clubs: rural generalist, mental health and psychiatry, and palliative care. These will be decided upon in May 2017 at the RCPD meeting for project Medical Leads.

This Changed My Practice - Rural Edition

RCPD has been working with Medical Director Dr. Bruce Hobson to create a rural spinoff of the award-winning This Changed My Practice blog series. The aims of this project are to add a rural voice to TCMP’s portfolio and raise the profile of rural healthcare providers as educators and scholars. The project working group met on February 14th, 2017 to brainstorm methods to engage with rural practitioners, as well as discuss the possibility of collaborating with rural Australian physicians. The group is also in the process of putting together an Editorial Review Board.

Recruiting rural authors remains a challenge for the project. At present, we have two articles ready for review by the Editorial Board, two articles in progress, and one author interview scheduled. To address low author engagement, we have adopted the following strategies:

- Broadened pool of potential authors to include national and possibly international contributors
- Offered ghostwriting services from a research assistant following a phone interview; the contributor and research assistant would then co-edit the article
- Modified recruitment strategy to focus on identifying ideas for articles rather than authors

C. BUILDING AND SUSTAINING SUPPORTIVE RELATIONSHIPS

New to Rural Practice Physician Mentoring Program

The New to Rural Practice Physician Mentoring Program, piloted in 2014, began an expanded three-year program in 2016. Thanks to additional funding, the program now has the capacity to support 115 new to rural practice physicians per year over three years. This formal program offers mentoring support for physicians starting practice in rural BC communities during the eight-month program. The intent of the program is to help ease the transition into rural practice and to enhance recruitment and retention of physicians in rural BC. Training, tools (not rules) and support for participants in the form of training sessions, telephone calls, concierge type support, and mentor honoraria are offered. Mentees are offered their choice of mentors, flexibility in setting the terms of the relationship, and ongoing support from their mentors and program staff. An extensive evaluation is being conducted, focusing on participants’ experiences with the program, perceived influence on comfort in practice, and likelihood of remaining in their community. A list of the current and scheduled future cohorts with participant numbers can be found below.

Several changes have been made to the program in this renewed offering based on evaluation of the pilot program, as well as through iterative evaluation of the current cohorts. These include:
Refined program tools based on participant feedback (updated program handbook, a new mentor selection tool, and streamlined confidentiality, mentoring agreement and individual development plan forms).

Guest speakers added to the training and check-in sessions to present on topics such as physician burnout, cultural safety and humility, and feedback.

Combined training/information sessions for mentors and mentees beginning in the third cohort (April 2017) in an effort to increase transparency and foster a safe, collegial relationship between mentors and mentees.

One of the ‘lessons learned’ from the first year is the challenge in facilitating the first meeting between mentors and mentees, which marks the start of the mentoring relationship on which the program is centered. The program offers to cover travel expenses for an in-person meeting for pairs in different communities. In addition, UBC CPD program staff now offer to set up the first meeting for mentoring pairs. In spite of these steps, the initial meeting between mentors and mentees is often delayed by one to two months. An initial in-person session has been suggested as a way to facilitate the first meeting between mentors and mentees and to foster a sense of collegiality among mentor and mentee groups. For the fourth cohort (August 2017) we are planning an in-person kick-off session for participants which will include:

1. An introductory group session to kick off the program
2. Facilitated 1-1 meeting for all mentor-mentee pairs in attendance
3. Optional activities for mentors and mentees, including introduction to important resources, relationship-building exercises, etc.

This session will be accredited and evaluated using feedback tools provided to mentors, mentees, and facilitators involved in the session.

Recruitment is an ongoing process. Program flyers can be found in Appendix 11. We are actively recruiting both mentees and mentors with the aim of continuously expanding the pool of mentors to allow mentees more choice. Recruitment activities have and will include:

- UBC CPD marketing channels (e.g. email blasts, website, social media)
- RCCbc e-news
- Presence at conferences (e.g. Rural Locum Forum, BC Rural Health Conference)
- Outreach through other UBC programs (e.g. residency program directors/site coordinators, PRA-BC)
- Encouraging peer outreach through past/current participants and UBC CPD staff

The medical lead for this project is Dr. Kirstie Overhill and the working group includes UBC CPD Executive Medical Director Dr. Bob Bluman and RCCbc Executive Director/RCPD Medical Director Dr. Ray Markham, as well as UBC CPD staff.
**Cohort Schedule**

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<tr>
<th>Cohort</th>
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<tr>
<td>1</td>
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<tr>
<td>2</td>
<td>November 2016</td>
<td>13</td>
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<tr>
<td>3</td>
<td>April 2017</td>
<td>23</td>
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<td>4</td>
<td>August 2017 (planned)</td>
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**Conference Presentation**

The abstract, "Making the Connection: Addressing the Challenge of Rural Retention by Supporting International Medical Graduates (IMGs) through an Accessible Mentorship Program" has been accepted as an oral presentation at the Canadian Conference on Medical Education (CCME). The presentation highlights program findings to date, specifically the high demand for mentorship support among IMGs entering rural practice. Dr. Bob Bluman will be delivering the presentation in May 2017.

**Clinical Coaching for Excellence Program**

The Clinical Coaching for Excellence Program is being developed by the University of British Columbia’s Division of Rural Continuing Professional Development (UBC RCPD) in collaboration with the Rural Coordination Centre of British Columbia (RCCbc). It will support family physicians and nurses in rural British Columbia to optimize their clinical practice through personalized and context-specific coaching. The program aims to improve confidence and comfort with clinical and non-clinical skills, improve quality of care, establish/enhance collaborative peer-peer and multidisciplinary relationships, and support a clinical coaching culture in rural British Columbia. The program is made up of a number of separate streams focused on different clinical areas/approaches to coaching, including peer coaching within rural communities and external coaching by specialists visiting rural sites.

A fundamental principle of the Clinical Coaching program is that coaching should be specifically tailored for each community and each coachee. Communities are given the unique opportunity to select their own coach depending on the learning needs of their practitioners. Most of the coaching will occur in the rural community itself, familiarizing coaches with the facility, available equipment, personnel, and case load at each site. Coaches may then use this understanding to ensure their coaching is context-specific. Some participants may also choose to receive coaching at larger regional or urban centres, depending on their goals.

The scope and structure of individual programs will be driven by the learning needs and preferences of participating rural physicians and nurses. At the beginning of the program, coachees complete an initial assessment to indicate their professional goals, strengths and weaknesses of their practice, cases with which they would like to have support, feedback preferences, and specific techniques they would like to learn from the coach. They then review this document with their coach to develop their own individualized learning plan.
Drs. Bob Bluman and Kirstie Overhill are medical co-leads for the overall Clinical Coaching for Excellence program, and are involved in all three streams currently in development.

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

**Family Practice Anesthesiology**

The FPA Clinical Coaching stream partners rural family practice anesthetists (FPAs) with an anesthesiologist coach from an urban tertiary centre. Coaches will visit the rural site in person to provide up to one full day of coaching for each coachee. On September 27th, 2016 we held a four-hour training session in Vancouver attended by all of the specialist anaesthesiologist coaches. This training session was developed and facilitated in collaboration with UBC’s Faculty Development office.

Currently, this program is being implemented in five Cohort 1 communities: Fort St. John, Prince Rupert, Golden, Quesnel, and Sechelt. The first site visits of the program have already taken place in Prince Rupert, Sechelt, and Golden, with the Quesnel site visit scheduled for late April 2017. RCPD plans to continue supporting Cohort 1 into the second year of the program while adding a second Cohort of communities. We have currently invited the communities of Fernie, William’s Lake, Squamish, Nelson, and Powell River to participate in Cohort 2.

Due to the innovative nature of the program, RCPD has partnered with researchers at UBC’s Centre for Health Education Scholarship (CHES) to study how physicians engage with coaching programs and what they take away from participation. The primary researcher is currently conducting in-person qualitative interviews with participants during initial site visits, and will follow up with a phone interviews 2-3 months later. RCPD is also conducting our own evaluation of the program.

The medical co-leads for the FPA stream are Dr. Kirk McCarroll (FPA) and Dr. Jim Kim (anaesthesiologist).

**Rural Surgery Networks (Formerly Enhanced Surgical Skills)**

The RSN stream of the Clinical Coaching program is one part of the larger Rural Surgical and Obstetrical Networks (RSON) project presented to the JSC in January. The RSON project aims to support rural surgical/obstetrical programs in building collaborative networks with their regional referral centre. One method of building these networks is partnering rural surgery providers with specialist colleagues from their regional centres, who then act as coaches for the rural providers. Other elements of the RSON project include expanding the scope of practice for rural surgery teams and introducing remote presence technology into the rural site.

The RSN Clinical Coaching program is currently being piloted in Lillooet (partnered with regional referral centre Kamloops) and Revelstoke (partnered with regional referral centre Vernon). Family practitioners with enhanced surgical skills (FP ESS), FPAs, and rural OR nurses are paired with specialist surgeons, specialist anesthesiologists, and regional OR nurses respectively. With the exception of the OR nurses in Revelstoke, both communities have selected at least one coach for each discipline. Coaches will attend a training session in May developed in collaboration with UBC’s Faculty Development office.
The medical co-leads for this program are Dr. Stu Iglesias (FP ESS), Dr. Kirk McCarroll (FPA), and Maria Mascher (rural OR nurse). The working group has been hard at work adapting program materials from the FPA stream (including a program handbook, initial self-assessment, and goal development exercise), developing a research/evaluation strategy, and tailoring the program to each individual community and discipline’s goals. In February, the program was approved for 73.5 CFPC Mainpro+ credits (24.5 hours at 3 credits per hour). Dr. Bob Bluman also visited both Revelstoke and Lilooet for engagement meetings with all coaches and coachees.

RCPD is again partnering with CHES to study the RSN stream of the Clinical Coaching program. The research questions are similar to those for the FPA stream, although there is an additional focus on how coaching affects relationship dynamics between 1) coaches and coachees and 2) rural and regional centres. There will be a second research study on how the larger RSON project, which includes the RSN Clinical Coaching program, influences patient care outcomes. RCPD will also conduct our own program evaluation.

**Peer Coaching**

The Peer Coaching stream of the Clinical Coaching program is currently in development, and will support rural emergency medicine practitioners with both in-person coaching, where the coach would be a member of the coachee’s own community, and virtual coaching, where the coach would be remote. The nature of these relationships could take multiple forms depending on each coaching pair’s needs. Coaching may largely support a new physician feeling overwhelmed by the demands of managing an emergency room by themselves. Pairs may also form reciprocal relationships where there is no specified coach/coachee and partners learn by observing each other.

RCPD held the first advisory committee meeting for the Peer Coaching stream on October 11th, 2016. From there a working group was put together, with Dr. Danette Dawkin acting as medical co-lead for the program with support from Drs. Tandi Wilkinson and Jel Coward. The working group has met twice subsequently to define the program goals and coaching model, identify pilot communities, and develop two program outlines (one for in-person coaching and one for virtual coaching).

RCPD is hoping to pilot the program in two communities: Fort St. John and a second community yet to be identified.

**D. CONFERENCE PRESENTATIONS**

RCPD presented at the following conferences during the 2016-2017 year:

- *How CPD can Enhance Rural Physician Practice through Supportive Relationships in Program Design*, presented by Bob Bluman at the Canadian Conference on Medical Education (CCME) on April 19th, 2016
- *How CPD can Enhance Rural Physician Practice through Supportive Relationships in Program Design*, presented by Dilys Leung at the Society of Rural Physicians of Canada’s (SRPC’s) Rural and Remote Medicine Course on May 5th, 2016
RCPD also has a number of upcoming presentations in May 2017:

- **A Collaborative Approach to Rurally Based In-Situ Simulation Education**, presented by Stephanie Ameyaw at the Canadian Conference on Medical Education (CCME)
- **Making the Connection: Addressing the Challenge of Rural Retention by Supporting International Medical Graduates through an Accessible Mentorship Program**, presented by Bob Bluman at the Canadian Conference on Medical Education (CCME)
- **Hands-on Ultrasound Education: An Innovative Model for the Rural CPD Landscape**, presented by Kathryn Young at the Society for Academic Continuing Medical Education (SACME) Annual Meeting

### E. Research & Evaluation Activities

#### BC Rural Continuous Quality Improvement Needs Assessment

The BC Rural Continuous Quality Improvement (CQI) Needs Assessment is well underway. It is being led by Dr. Bob Bluman with support from Drs. Dan Horvat and Ray Markham. An ethics application for the study was submitted to UBC Behavioural Research Ethics Board and was approved on July 29, 2016.

Following completion of an environmental scan and literature review in February 2016, RCPD conducted a focus group with experts/leaders in quality improvement (QI) in British Columbia. Participants provided valuable insights into the QI landscape in BC and suggestions on the scope and focus of the needs assessment.

The working group developed a survey questionnaire using findings from the environmental scan, literature review and focus group with QI experts. The survey was reviewed by QI experts and representatives of the target audience; all feedback was carefully considered by the working group and the survey was modified as needed. The final version of the survey is available online and was deployed in March 2017 to all physicians practicing in rural and remote communities of BC.

Findings from the survey will inform subsequent focus groups and key informant interviews, which are scheduled for summer 2017. Protocols for the focus groups and key informant interviews will be developed and submitted for ethics approval as post-approval amendments to the original application at a later date. Once data collection and analyses are completed, findings from the study will be summarized to provide a description of rural physicians’ PI/QI attitudes and practices, as well as recommendations for improving engagement and supporting rural physicians in their PI/QI activities.
APPENDIX 1: CURRENT MEDICAL ADVISORY COMMITTEE MEMBERS

<table>
<thead>
<tr>
<th>Members</th>
<th>Location</th>
<th>Affiliation</th>
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</thead>
<tbody>
<tr>
<td>Dr. Granger Avery</td>
<td>Vancouver/Port McNeill, BC</td>
<td>Associate Director, Rural Coordination Centre of BC; President Elect, Canadian Medical Association</td>
</tr>
<tr>
<td>Dr. Bob Bluman</td>
<td>Vancouver, BC</td>
<td>GP; Acting Associate Dean, UBC CPD; Medical Lead, Rural CQI Needs Assessment, Clinical Coaching for Excellence Program, New to Rural Practice Mentoring Program, UBC CPD</td>
</tr>
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<td>Dr. Janet Fisher</td>
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<td>Dr. Brenda Huff</td>
<td>Stewart, BC</td>
<td>GP; Medical Lead, UBC Rural CPD Airway Mannequin Loan Program</td>
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<tr>
<td>Dr. Mary Johnston</td>
<td>Blind Bay, BC</td>
<td>GP (retired); Rural Coordination Centre of BC</td>
</tr>
<tr>
<td>Ms. Andrea Keesey</td>
<td>Vancouver, BC</td>
<td>Director, UBC CPD</td>
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<tr>
<td>Dr. Dilys Leung</td>
<td>Vancouver, BC</td>
<td>Project Manager, UBC Rural CPD</td>
</tr>
<tr>
<td>Dr. Rebecca Lindley</td>
<td>Pemberton, BC</td>
<td>Family Physician, CARE Course Co-Director, wilderness GP; Co-Director, The CARE Course</td>
</tr>
<tr>
<td>Dr. Brenna Lynn</td>
<td>Vancouver, BC</td>
<td>Associate Dean CPD, UBC Faculty of Medicine</td>
</tr>
<tr>
<td>Dr. Ray Markham</td>
<td>Valemount, BC,</td>
<td>GP; Medical Director, UBC Rural CPD; Executive Director, Rural Coordination Centre of BC</td>
</tr>
<tr>
<td>Dr. Chester Morris</td>
<td>Port Alberni, BC</td>
<td>IM; Specialist Services Committee</td>
</tr>
<tr>
<td>Dr. Christie Newton</td>
<td>Vancouver, BC</td>
<td>GP; President, BC College of Family Physicians; Director, CPD and Community Partnerships, UBC, Department of Family Practice; Director, Interprofessionalism Interprofessional Education, UBC Faculty of Medicine</td>
</tr>
<tr>
<td>Dr. John Pawlovich</td>
<td>Abbotsford, BC</td>
<td>GP; Director, Rural Education Action Plan</td>
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<tr>
<td>Dr. Alan Ruddiman</td>
<td>Oliver, BC</td>
<td>GP; JSC Co-Chair; President Elect, Doctors of BC</td>
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<tr>
<td>Dr. Ian Schokking</td>
<td>Prince George, BC</td>
<td>GP; Chair, Northern Interior Medical Advisory Committee</td>
</tr>
<tr>
<td>Dr. John Soles</td>
<td>Clearwater, BC</td>
<td>GP; President, Society of Rural Physicians of Canada</td>
</tr>
<tr>
<td>Dr. Tandi Wilkinson</td>
<td>Nelson, BC; Yellowknife, NWT</td>
<td>GP; Associate Medical Director, UBC Rural CPD; Medical Lead, Hands-On Ultrasound Education</td>
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<tr>
<td>Name</td>
<td>Location</td>
<td>Position and Program</td>
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<tr>
<td>Dr. Bob Woollard</td>
<td>Vancouver, BC</td>
<td>GP; Associate Director, Rural Coordination Centre of BC</td>
</tr>
<tr>
<td>Dr. Zoe Zimmerman</td>
<td>Victoria, BC</td>
<td>Second Year GP Resident, UBC Faculty of Medicine Rural Residency Program</td>
</tr>
</tbody>
</table>
APPENDIX 2: RCPD MEDICAL ADVISORY COMMITTEE
TELECONFERENCE AND RETREAT AGENDAS

RCPD Medical Advisory Committee (MAC) Retreat
MEETING AGENDA

Date: Thursday, June 23rd, 2016
Location: John M.S. Lecky UBC Boathouse | 7277 River Rd, Richmond, BC
Breakfast: 08:00-08:30 Meeting: 08:30-16:30 Reception: 16:30-17:30
Chair: Ray Markham

Meeting Objectives:
- Determine where RCPD should direct its energy and resources in a changing provincial landscape
- Reflect on RCPD programming over the past five years
- Identify tangible, implementable directions for RCPD over the next five years

Meeting invitees: (Listed on next page)

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00-08:30</td>
<td>Breakfast</td>
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<tr>
<td>08:30-09:15</td>
<td>Welcome &amp; Introductions</td>
<td>Overview of Meeting Objectives</td>
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<tr>
<td>09:15-09:45</td>
<td>Past Five Years at RCPD</td>
<td>Slide Presentation</td>
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<td>Feature Program: HOUSE</td>
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<tr>
<td>09:45-10:15</td>
<td>Breakout Session</td>
<td>Where has RCPD had the most traction?</td>
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<td>What has/is working very well?</td>
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<td>10:15-10:45</td>
<td>Guided Discussion &amp; Reflections</td>
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<td>10:45-11:00</td>
<td>Refreshment Break</td>
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<td>11:00-11:30</td>
<td>Quality Improvement: What are the</td>
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<td>forces/factors that are impacting</td>
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<td>the CPD landscape in rural BC?</td>
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<td>11:30-11:35</td>
<td>Yoga Break</td>
<td>CPD Healthy Workplace Initiative</td>
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<td>11:35-12:00</td>
<td>Report Back</td>
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<tr>
<td>12:00-12:45</td>
<td>Lunch</td>
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<tr>
<td>12:45-13:45</td>
<td>Breakout Session</td>
<td>Where should RCPD be directing its energies over the next five years?</td>
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<td>Time</td>
<td>Event</td>
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<tr>
<td>13:45-14:15</td>
<td>Report Back</td>
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<tr>
<td>14:15-14:30</td>
<td>Refreshment Break</td>
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<tr>
<td>14:30-16:15</td>
<td>Tangible, Implementable Directions</td>
<td>Action Plan</td>
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<tr>
<td>16:15-16:30</td>
<td>Closing Remarks</td>
<td>Final Comments</td>
</tr>
<tr>
<td>16:30-17:30</td>
<td>Reception</td>
<td></td>
</tr>
</tbody>
</table>

**Invited Guests**

Ms. Leslie Carty Executive Manager, Rural Coordination Centre of BC (Vancouver)

**MAC Members**

Dr. Granger Avery Associate Director, Rural Coordination Centre of BC; President Elect, Canadian Medical Association (Vancouver/Port McNeill)

Dr. Bob Bluman GP; Acting Associate Dean, UBC CPD; Medical Lead, Rural CQI Needs Assessment, Clinical Coaching for Excellence Program, New to Rural Practice Physician Mentoring Program (Vancouver)

Dr. Janet Fisher GP; Kootenay Boundary Division of Family Practice (Trail)

Dr. Brenda Huff GP; Medical Lead, RCPD Mannequin Loan Program (Stewart)

Dr. Mary Johnston GP (retired); Rural Coordination Centre of BC (Blind Bay)

Ms. Andrea Keesey Director; UBC CPD (Vancouver)

Dr. Dylls Leung Project Manager, Rural CPD (Vancouver)

Dr. Rebecca Lindley GP; Co-Director, The CARE Course (Pemberton)

Dr. Brenna Lynn Associate Dean CPD, UBC Faculty of Medicine (Vancouver)

Dr. Ray Markham GP; Medical Director RCPD; Executive Director, RCCbc (Vancouver)

Dr. Chester Morris MD; Specialist Services Committee (Port Alberni)

Dr. Christie Newton GP; President, BC College of Family Physicians; Director, CPD and Community Partnerships, UBC Department of Family Practice; Director, Interprofessionalism Education, UBC Faculty of Medicine (Vancouver)

Dr. John Pavlovich GP; Director, Rural Education Action Plan (Abbotsford)

Dr. Alan Ruddiman GP; JSC Co-Chair; Present Elect, Doctors of BC (Oliver)

Dr. Ian Schokking GP; Chair, Northern Interior Medical Advisory Committee (Prince George)

Dr. John Soles GP; President, Society of Rural Physicians of Canada (Clearwater)

Dr. Tandi Wilkinson GP; Associate Medical Director RCPD; Medical Lead, Hands-On Ultrasound Education (Nelson, Yellowknife NWT)

Dr. Bob Woollard GP; Associate Director, Rural Coordination Centre of BC (Vancouver)

Dr. Zoe Zimmerman Second Year GP Resident; UBC Family Medicine Rural Residency Program, Victoria Site

**UBC CPD Team Members**

Ms. Jennie Barrows Project Manager, UBC CPD (Vancouver)

Ms. Dani Craig Research Assistant, RCPD (Vancouver)

Ms. Gurveen Grewal Education Coordinator, UBC CPD (Vancouver)

Ms. Kathryn Young Program Assistant, RCPD (Vancouver)
UBC Rural CPD Medical Advisory Committee

MEETING AGENDA

Date/time: Monday, January 9th, 2017 | 8AM – 9:30AM (PDT)
Teleconference Details: 1.855.453.6958 | Conference ID: 439987##

Chair: Ray Markham

Minutes: Kathryn Young, Ella Fund-Resnick


1. Welcome and Roundtable
2. RCPD Program Update
3. Site Visits
4. RCME Funding
5. Overview and discussion of the HOUSE Program funding proposal (Tandi)
6. Online Journal Clubs
Choosing Your House Course Agenda

The HOUSE course was created to deliver the ultrasound education of most value to your community. The needs of your community are based upon the existing experience of your physicians, your patient population, and the diagnostic imaging resources you have available. As a result, each community has different needs. For that reason, we want to create an agenda that best suits your needs. Please take a look at the information below and get feedback from your fellow colleagues. Once you’ve done this, we’d like to discuss this with you.

In addition to learning how to perform a scan, it can also be very helpful to learn and practice how to incorporate that skill into managing your patient at the bedside. For that reason, we offer modules—a full or half day of scanning that is based on a particular disease presentation. While in our experience these days are the best way to learn a new skill, we are also happy to cut and paste any parts of these offerings as you wish.

List of Modules

Ultrasound for Shock – 8 hours

- Knobology
- PUMP
  - Subxyphoid view, and PSL: 60 to 90 minutes (optional: more advanced views)
  - Pneumothorax and lung point: 30 minutes
- TANK
  - eFAST: 90 minutes
  - IVC: 30 minutes
  - Aorta: 30 minutes
- PIPES
  - DVT: 30 minutes
  - Vascular Access: 60 minutes (could be optional if we want to shorten the day)
- Demo of Shock scan: 10 minutes
- Putting it all together: 60 minutes
• Cases or general review: 60 minutes

**Ultrasound for Trauma – 7 hours**
• Knobology
• eFAST: 90 minutes
• Subxyphoid view: 60 minutes
• Pneumothorax and lung point: 30 minutes
• Long bones for fracture
• Vascular access: 60 minutes
• Putting it all together: 60 minutes.
• Cases or general review: 60 minutes

**Ultrasound for Abdominal Pain – 4 to 6 hours**
• Gallbladder: 90 minutes
• FAST: 60 minutes
• Renal: 30 minutes
• Aorta: 30 minutes
• Ectopic: 60 to 90 minutes (trans-abdominal plus or minus trans-vaginal approach)
• Cases or further practice: 60 minutes

**Ultrasound for Ambulatory Care – 2 hours to 4 hours**
• Fractures and fracture reduction
• Soft tissue - abscess and foreign body
• MSK - tendons, joints, shoulder dislocation
• DVT
• Eye
• Could add procedures – paracentesis, thoracentesis, pericardiocentesis

**Ultrasound for Dyspnea – 2 hours**
• Knobology
• Cardiac: Parasternal Long Axis View: 60 min
• Lung for consolidation, pulmonary edema, pneumothorax and pleural effusion: 30 min
• IVC for volume assessment: 30min
APPENDIX 4: House Program Summary

HANDS-ON ULTRASOUND EDUCATION PROGRAM

HOUSE at a Glance

Overview

Point-of-care ultrasound (POCUS) is a tool that has tremendous ability to improve patient care. Nowhere is this more true than in rural medicine, where POCUS provides information that is not otherwise locally available. To address the significant need for this education, UBC RCPD developed HOUSE, a scalable, travelling, ruraly-focused POCUS course with the support of the Rural Coordination Centre of BC (RCCbc) and the Joint Standing Committee on Rural Issues (JSC).

HOUSE Courses in British Columbia (2015-2016)

Since inception (May 2015 to December 2016):

- 159 participants completed the course
- 22 course days delivered in 15 communities
- 14 course days scheduled in 8 communities in Spring 2017

What Makes Us Special

WE TRAVEL TO YOU

Our education is delivered on site in rural communities

SCALABLE

For different sized communities (from 3 to 16 participants)

CUSTOMIZABLE AGENDA

To meet local learners’ needs

HANDS-ON LEARNING

Enhances time for practical and hands-on skills by offering pre-learning content in an interactive, online platform

ADAPTABLE

We teach beginners and more experienced users at the same time, offering something for everyone

STELLAR FACULTY

Our instructors are a mix of rural physicians, academic ER docs, and ultrasound techs

INNOVATIVE

We teach both established and newer indications for POCUS, based on what is most valuable for learners

PRACTICAL

Emphasizes patient safety, while encouraging the use of this tool
Practice Change
Of participants who completed the post-course reflective activity (n=91):
- 95% made changes to their practice since completing the course,
- 91% reported increased use of the U/S machine, and
- 93% reported increased confidence in the use of U/S for POCUS.

Participants' Knowledge of POCUS Applications
Respondents self-reported their knowledge level (1=very little; 3=somewhat; 5=a great deal) of individual POCUS application topics before/after taking the HOUSE course. The following four applications (out of a possible 14) were chosen to demonstrate the increased level of knowledge because they are the most commonly taught at courses and had the most reported data.

Testimonials
"I feel safer in the ER, particularly in remote areas."
"The local, relevant and friendly delivery makes the learning so much more accessible."
"My confidence has vastly improved and I can make more rapid decisions regarding care."
"Knowing my peer group is integrating POCUS into practice increases my confidence to expand my indications for POCUS."

Course Improvements
- Recruited a group of 16 engaged and dynamic instructors from across the province. The quality of our instructors is one of our biggest assets and we are continually on the lookout for new faculty to join our team!
- Completed filming and production of the first five videos in our How-To Video series, filling the gap in online resources where there was a lack of emphasis on the safety aspect of POCUS.
- Hired Kathryn Young as a full time coordinator in September 2016 to assist with the significant logistical challenges of running these courses.
- Launched eHOUSE, a pilot educational project dedicated to virtual, one-on-one mentoring and continuing POCUS education with HOUSE instructors, in an effort to provide ongoing support after the course.

Up-and-coming
The theme for Spring 2017 courses is “Go North!”
In 2016, representatives from RCPD and RCCbc embarked on a northern BC roadshow, engaging and fostering connections with communities, physicians, and CME champions. These in-person meetings resulted in a significant number of 2017 courses scheduled in the North, due to heightened interest in UBC CPD programming.
APPENDIX 5: HANDS-ON EDUCATION ULTRASOUND OBSTETRICS (HOUSE OB) COURSE FLYER

UBC CPD
CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE

18.0
MAINPRO+ 2cr/hr

THE HANDS-ON ULTRASOUND OBSTETRICS COURSE
Point-of-Care Ultrasound in the Third Trimester for Primary Care Providers

WHAT WILL I LEARN?
- Use bedside ultrasound to dramatically improve your management of patients in the third trimester.
- Understand the physics and instrumentation aspects of generating an optimal ultrasound image.
- Become confident in basic transabdominal scanning of third trimester pregnancies.
- Recognize third trimester ultrasound indications including:
  - fetal presentation
  - fetal cardiac activity
  - placental location
  - amniotic fluid index (AFI)
  - whether multiple fetuses are present

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

WHAT DOES THE COURSE ENTAIL?
- A full day 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 five third trimester models.

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

Interested in hosting the HOUSE-OB Courses in your community?
Please contact Kathryn Young at kathrynyy@ubc.ca | 604-875-4111 (ext. 69138)

ubccpd.ca/rural

This Group Learning program has been accredited by the College of Family Physicians of Canada for up to 18.0 Mainpro+ credits.
APPENDIX 6: COMBINED SEMP/SIM COURSE FLYER

18.0 THE COMBINED SEMP/SIM COURSE

MOC SECTION 1
MAINPRO M1
AMA

The SEMP Course and the IHA Mobile SIM Course are joining forces!

Target Audience
- Physicians (emergency, pediatrics, general surgery, anesthesia, intensive care)
- RTs and Nurses (HART, emergency and critical care nurses)

DAY 1 — SEMP Course: Procedural Skills
Full Day*

Full day hands-on course on critical care procedures! Life-like situations using the latest human patient simulator technology, incorporating the procedure into the resuscitation cascade.

Procedures: Needle cricothyrotomy and transtracheal jet ventilation; Open cricothyrotomy; Needle thoracostomy; Chest tube insertion; Intravenous Vascular access in adults and children; Percutaneous catheterization; Central line vascular access, landmark technique; Ultrasound-guided central line vascular access; Principles of effective emergency resuscitation.

* Pre-course online prep is required to maximize the hands-on experience during class time.

DAY 2 — IHA Mobile SIM Course: Scenarios
Half-Day

Come and face your worst nightmare! Practice life-like critical care scenarios in a safe learning environment. This course recreates complex, real-life resuscitation scenarios and allows you an opportunity to practice your role in resuscitation as part of the whole health care team. Both adult and pediatric simulations will be practiced in the hospital setting, using the real equipment at hand. Participants will have input into the scenarios selected.

Contact Us:
- rural.cpd@ubc.ca
- 604-875-5101

ubccpd.ca/rural
APPENDIX 7: SHOCK COURSE FLYER

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 Dilyse Leung at dilyse.leung@ubc.ca | 604 875 4111 (ext. 69131)

ubccpd.ca/rural
APPENDIX 8: RURAL ROUNDS VIDEOCONFERENCE RURAL ROUNDS COURSE FLYER 2016-17

UBC RURAL ROUNDS
Morning Videoconference Series
SEP 2016-JUN 2017
MONTHLY • THU 8-9 AM (PDT/PST)

WHAT IS RURAL ROUNDS?
The Rural Rounds series aims to provide relevant, up-to-date and rural-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 providers.

The 2016-17 Rural Rounds season will feature 5 "Ask a Specialist" talks and we will revisit 5 of the highest rated talks of the Rural Rounds series.

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.

SEP 2016 - JUN 2017 SERIES
SEP 8  Ask a Hematologist  
Dr. Jorge Davens
OCT 6  De-Prescribing in the Elderly  
Dr. Trevor Janes
NOV 3  Ask a Rheumatologist (Polymyalgia)  
Dr. Kam Sajadian
DEC 1  Diagnostic Errors and Distractions  
Dr. Wray Hill
JAN 12  HIV Positive Patients: Practical Approach in the Rural Setting  
Dr. Chris Fraser
FEB 2  Resuscitation and Tracheostomy Patients  
Greg Rolins & Dr. Wray Hill
MAR 2  Ask an Orthopedic Surgeon  
Dr. Christopher Purflitt
APR 6  Ask a Rheumatologist (Inflammatory Disease)  
Dr. Mac Sherlock
MAY 4  The Assessment of the Shoulder  
Dr. Matt Petrie
JUN 1  Respiratory Support for Transport  
Greg Rolins

ubccpd.ca/rural

The UBC Rural CPD Program is supported by

Rural Generalist Centre of IF, St. Joseph's Hospital
APPENDIX 9: ONLINE JOURNAL CLUB: RURAL EMERGENCY MEDICINE 2015-16

UBL CPD
CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE

12.0
MOC SECTION 1
MAINPRO M1

ONLINE JOURNAL CLUB
IN RURAL EMERGENCY MEDICINE
OCT 2015–MAY 2016

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 physician moderators, one of your BC emergency medicine colleagues.

When are the journal club sessions?
- SEP 29 - OCT 11: Introductory Session
- OCT 12: Session One
- NOV 16: Session Two
- DEC 20 - JAN 17: Winter Break (No Journal Club)
- JAN 11: Session Three
- FEB 15: Session Four
- MAR 21 - APR 6: Spring Break (No Journal Club)
- APR 4: Session Five
- MAY 16: Journal Club concludes

Breaks for December holiday and spring break.

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).

Course details
- Register online or fill in the form on reverse.
- Cost: $100 per physician.
- Participation is complimentary for residents.
- Registration deadline: October 11, 2015.
- Course limit: 50 participants—register early!

Please inquire for more information
Email: stephanie.ubc.ca (Stephanie)
Phone: 604 875 5101 Fax: 604 875 3078

REGISTER ONLINE NOW
See ubccpd.ca/rural/online for more information.

ubccpd.ca/rural
APPENDIX 10: SEXUAL HEALTH PROGRAM POSTCARD

Sexual Health Forum
Online Journal Club & Practice-Focused Dialogue

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

Starting fall 2016, the forum will connect physicians from across BC to critically appraise literature and participate in open dialogue.

See reverse for details.

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

The **Journal Club** will feature five (5) five-week sessions running from October 2016 to May 2017. Registrants will participate in moderated appraisal of sexual health journal articles.

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

Pricing
$125 per participant

Certification
This program is CFPC Certified for up to **12.0 Mainpro+ credits**.

How to register
Register online at [https://events.ubccpd.ca/website/index/110715](https://events.ubccpd.ca/website/index/110715)

For more information please contact Allison Macbeth at allison.m@ubc.ca.
APPENDIX 11: RURAL PHYSICIAN MENTORING PROGRAM FLYERS

34.0
MAINPRO+
5.0
MOC SECTION 1
+ ADDITIONAL
MOC SECTION 2 & 3

RURAL PHYSICIAN MENTORING PROGRAM: MENTORS
UBC RURAL CONTINUING PROFESSIONAL DEVELOPMENT (RCPD)
ONGOING
APPLY NOW!
ONLINE, EMAIL OR TELEPHONE

Who should apply?
Established rural physicians who are interested in developing their leadership skills through offering support and guidance to new physicians as they enter rural practice.

Program at a glance:
- Apply to be paired with a physician colleague who is new to rural practice and will benefit from your guidance and support to make their transition to rural practice easier.
- Your mentee(s) may be International Medical Graduates or Canadian Medical Graduates.
- Mentors and mentees will be paired for ten months during which they will engage in a formal, structured mentoring relationship.
- Mentoring pairs will negotiate the structure and format of their relationship (e.g., meeting frequency, meeting length, mode of contact).

Commitment:
- Approx. 17 hours total over 10 months.
- Approx. 10 meetings recommended.
- Facilitated training session.
- Optional check-ins.

Benefits:
- Mentors receive an honorarium of $1200 for each mentee (up to 2 mentees per mentor).
- CME/CPD credits.
- Mentor leadership training.

ubccpd.ca/rural/mentoring
rural.mentoring@ubc.ca
604-875-5101
RURAL PHYSICIAN MENTORING PROGRAM: MENTEES

Who should apply?
Family physicians and specialists who are new to rural practice

Commitment:
- Approx. 17 hours total over 10 months
- Approx. 10 meetings recommended
- Facilitated information session
- Optional check-ins

Benefits:
- CME/CPD credits
- Personal and professional support

Program at a glance:
- Apply to be paired with a well-established and experienced rural physician mentor who will help your transition to rural practice
- Mentors and mentees will be paired for ten months during and will engage in a formal, structured mentoring relationship
- Mentoring pairs will negotiate the structure and format of their relationship (e.g. meeting frequency, meeting length, mode of contact)
- Ongoing support from the UBC Rural CPD team
- There is no cost to participate

ubccpd.ca/rural/mentoring
rural.mentoring@ubc.ca
604-875-5101