UBC RURAL CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM

ANNUAL REPORT 2017-2018

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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.

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. We aim to tailor existing programming to support unique community and physician needs, and improve access to CPD programs for rural practitioners using a ‘closer-to-home’ delivery method.

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, 2017 to March 31, 2018.
## II. RCPD DELIVERABLES AND KEY MILESTONES 2017-18

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Period</th>
<th>Deliverables/Key Milestones</th>
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| **Q1**  | April 1 – June 30, 2018 | - The Peer Coaching stream of the Clinical Coaching for Excellence program was approved for up to 73.5 (coachees)/75.5 (coaches) Mainpro+ credits (73.5/75.5 hours at 1 credit per hour) from the College of Family Physicians of Canada (CFPC)  
- Two Enhanced Simulation of Critical Care and Perioperative Emergencies (ESCAPE) Courses were delivered successfully in Vanderhoof and Fernie, BC  
- Delivered Hands-on Ultrasound Education – Emergency Medicine (HOUSE EM) in Dawson Creek, Chetwynd, Fort St. John, Prince George, and 100 Mile House  
- Delivered HOUSE – Obstetrics (OB) in Calgary at the Society of Rural Physicians of Canada Conference  
- Launched third cohort of the Rural Physician Mentoring Program |
| **Q2**  | July 1 – September 30, 2018 | - Launched the pilot for the in-person Peer Coaching program in Fort St. John  
- Began Rural Rounds for the academic year  
- Held first focus groups for Rural Continuous Quality Improvement Needs Assessment  
- Delivered HOUSE EM in Prince Rupert and Fort St. James  
- Delivered The Shock Course at the St. Paul’s Emergency Update in Whistler  
- Launched fourth cohort of the Rural Physician Mentoring Program, the first with new extended program length (10 months) |
| **Q3**  | October 1 – December 31, 2018 | - The FPA stream of the Clinical Coaching for Excellence Program was approved for up to 69 Mainpro+ credits (23 hours at 3 credits per hour) from the College of Family Physicians of Canada (CFPC)  
- Developed coaching handbook, program evaluation, needs assessment, and training/orientation content for the Virtual Peer Coaching substream of the Clinical Coaching for Excellence program  
- Networking session for the Clinical Coaching program held at the 2017 GPA Refresher Course in Vancouver  
- Community orientation videoconferences with Fernie (FPA), Nelson (FPA), and Powell River (FPA)  
- Launched a fourth season of the BC Virtual Health Grand Rounds  
- Delivered the ESCAPE Course to the communities of Sechelt and Powell River  
- Delivered HOUSE EM in Oliver and in Vancouver at the GPA Refresher Course  
- Delivered Shock in Mission  
- Launched fifth cohort of the Rural Physician Mentoring Program  
- Continued holding focus groups for the Rural Continuous Quality Improvement Needs Assessment |
<table>
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<tr>
<th>Q4</th>
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<tr>
<td></td>
<td>Improvement Needs Assessment</td>
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<td>• Held the first in-person session for the Rural Physician Mentoring Program, bringing mentors and mentees to Vancouver to network and participate in a CPD workshop focused on Narrative Medicine and Feedback</td>
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<td></td>
<td>• Clinical Coaching site visits held in Powell River (FPA), Sechelt (FPA), Revelstoke (RSON), Fort St. John (Peer), and Lillooet (Peer)</td>
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<td>• Coach training session for the Cohort 2 coaches for the FPA stream</td>
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<td>• Delivered the Family Practice Anesthesiology Online Journal Club</td>
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<td>• Community orientation videoconferences with Squamish (FPA), Williams Lake (FPA), and Lillooet (Peer)</td>
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<td>• Held two working group meetings developing the office/community coaching stream</td>
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<td>• A Memorandum of Understanding outlining the collaboration between RCPD and the Australian College of Rural and Remote Medicine (ACRRM) on <em>This Changed My Practice – Rural</em> was jointly put together</td>
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<td>• A joint Canadian and Australian Editorial Board started reviewing articles for <em>This Changed My Practice – Rural</em></td>
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<td></td>
<td>• Completed focus groups for Rural Continuous Quality Improvement Needs Assessment</td>
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<td>• Completed data analysis for Rural Continuous Quality Improvement Needs Assessment and began final report compilation</td>
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<td>• Held the 2\textsuperscript{nd} and 3\textsuperscript{rd} BC Virtual Health Grand Rounds sessions</td>
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<td>• Delivered HOUSE EM in Burns Lake, Creston and Quesnel, and partnered with the Rural Ontario Medical Program on a pilot course in Collingwood, ON</td>
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<td>• Launched the sixth cohort of the Rural Physician Mentoring Program</td>
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III. RCPD ADMINISTRATIVE PROGRESS

This year has seen the addition of a number of opportunities to the CPD portfolio, which are designed to increase the diversity of our programming to better support physicians practicing in rural and remote parts of British Columbia. These include: the Enhanced Simulation of Critical Care and Perioperative Emergencies (ESCAPE) Course, the in-person Peer Coaching program, and the Rural Obstetrics and Gynecology Online Journal Club. In addition, the Specialist Journal Club in Internal Medicine was relaunched and the BCPoCUS website is nearing completion.

The ESCAPE Course was developed in response to a recognized need for sustainable rural simulation education across the province of British Columbia. Focused on high-fidelity, simulated scenarios relevant to OR, PAR and trauma room settings, participants identify and manage potential systems issues, practice their approach to critical care and intraoperative emergencies, and utilize crisis resource management skills, including communication and team work. The in-person Peer Coaching program is designed to support physician practicing rural emergency medicine to enhance their clinical practice and build confidence through individualized and contextualized coaching relationships. The Rural Obstetrics and Gynecology Online Journal Club and the Specialist Online Journal Club in Internal Medicine provide practitioners asynchronous access to current hot topics in the two disciplines. BCPoCUS represents a collaboration of educators, health care providers, and administrators who seek to safely expand PoCUS practice across British Columbia. Its aim is to support PoCUS users from rural and urban environments who practice in clinic, emergency, critical care, and operative environments.

We continue to deliver our ongoing programming, including the Rural 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 in communities and conferences.

We strive to reach out and connect with our colleagues and partners. The Medical Advisory Committee held their annual Retreat on May 31, 2017 to discuss the role of RCPD vis a vis other CPD stakeholders in BC, Canada, and internationally, and to discuss how RCPD can make significant contributions to the CPD landscape. The meeting agenda can be found in Appendix 1. We held our annual RCPD Medical Leads Planning Meeting on May 18, 2017 to connect the provincially distributed RCPD team, which includes the Medical Directors, the Medical Leads, the Management Team, and the Research Team. The day was spent on understanding the role of RCPD in relation to the provincial and national rural landscape, learning about the available UBC CPD resources that could be applied to the programming, and setting the future of RCPD. The meeting agenda can be found in Appendix 2.
Some of our internal administrative highlights from the past year include:

- Drs. Nicole Ebert and Dana Hubler joined the RCPD team as Associate Medical Directors in March 2018 to provide additional medical leadership to the expanding RCPD Program.
- Dr. Bruce Hobson joined the RCPD team as a Quality Improvement Lead in March 2018 to drive quality and practice improvement initiatives.
- Jenna Lightbody was promoted from Senior Program Assistant to Program Coordinator for the Rural Physician Mentoring Program.
- RCPD hired Nicole Moon as a Senior Program Assistant, who has recently been promoted to Program Coordinator for the HOUSE and ESCAPE Programs.
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. Since receiving sustainability and development funding from the Joint Standing Committee on Rural Issues (JSC) last year, the HOUSE Program has achieved a significant number of key milestones in 2017-2018. The designated funding has allowed the Program to increase course scalability, distribution and delivery of courses per year, as well as to purchase more equipment.

Key program milestones achieved (2017-2018):

Capacity building

- Purchased (2) Logiq e machines and (1) Venue 50 ultrasound machine units from General Electric (GE) Healthcare.
- Hosted a faculty development day in Vancouver for all HOUSE instructors (October 28, 2017), including training on nerve blocks and advanced cardiac scanning lead by two HOUSE instructors.

Network building

- Launched new HOUSE Program Website (house.ubccpd.ca).
- Launched the HOUSE ListServ, a digital community for rural POCUS users across BC, connects HOUSE instructors and POCUS practitioners as a way to problem solve, get your questions answered, and share interesting POCUS cases. Launched in March 2018.

Partnerships

- Partnered with the Rural Ontario Medical Program (ROMP) to deliver HOUSE in Collingwood, Ontario and “train-the-trainer”, with the ultimate goal of ROMP running similar programming
for their rural residents and rural physicians in the future. Two RCPD staff and three instructors traveled to Ontario on March 1-2, 2018.

- Received funding through the Joint Standing Committee on Rural Issues (JSC) so that all rural residents (~90) have the option to take HOUSE EM and The CARE Course each year. This funding was submitted through the Rural Education Action Plan (REAP). HOUSE Program staff are currently working on expanding the program to accommodate this new stream HOUSE for Residents.

Awards & Recognition

- Awarded the 2017 College of Family Physicians of Canada Continuing Professional Development Program Award.
- Approved for three credits per hour Group Learning standards by the College of Family Physicians of Canada (CFPC), at 27.0 (HOUSE OB) and 63.0 Mainpro+ (HOUSE EM).

Hands-On Ultrasound Education Acute Care (HOUSE EM) Course

HOUSE EM has expanded significantly since the initiation of the program in 2015. In addition to the milestone above, program staff have begun work on a publication component of HOUSE EM. This publication will be in the form of a brief educational report, sharing information about the novel educational approach to point-of-care ultrasound.

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

Starting in May 2018, HOUSE OB includes newly authored content on first trimester pregnancy, including gestational dating. The course will continue to cover fetal presentation, fetal cardiac activity and amniotic fluid index. In addition to new content, the course will feature a modified course structure, which offers more hands-on scanning time and less didactic/lecture presentations during the in-person course. HOUSE OB is staffed by 2 medical leads, a project manager, and a program coordinator. Since inception (2012), HOUSE OB has delivered 21 courses in total.

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 2017
HOUSE EM
- Dawson Creek (April 7) – 12 participants
- Chetwynd (April 8) – 4 participants
- Fort St. John (April 22) – 10 participants
- Prince George (May 11-14) – 8 participants
- 100 Mile House (June 6) – 7 participants

HOUSE OB
- Calgary – SRPC Conference (April 8-9) – 11 participants

Fall 2017
HOUSE EM
- Prince Rupert (September 9-10) – 12 participants
- Fort St. James (September 29-30) – 5 participants
- Oliver (October 13-14) – 14 participants
- Vancouver – GPA Refresher (October 27) – 10 participants

Winter 2018
HOUSE EM
- Burns Lake (January 27) – 10 participants
- Creston (February 13) – 15 participants
- Collingwood, ON (March 1-2) – 24 participants
- Quesnel (March 10-11) – 12 participants

Spring / Fall Courses 2018
HOUSE EM
- Yellowknife, NT (April 6-7) – 7 participants
- Inuvik, NT (April 8) – 5 participants
- Nanaimo – Rural Health Conference (May 11) – 10 participants
- Hope (May 25) – 12 participants
- Chilliwack (June 17) – 12 participants
- Kelowna (September 13)
- Lillooet (September 15-16) – 12 participants
- Vancouver – HOUSE Residents (September 21-22)
- Whistler – St. Pauls Emergency Update Conference (September 27)
- Fort Qu’Appelle, SK (September 29-30) – 10 participants
- Vancouver – Residents (October 15-16) – 38 participants
- Grand Forks (November 1-2)
- Vancouver – Residents (November 16-17)
- Vancouver – Residents (November 30)

HOUSE OB
- Campbell River (May 9) – 12 participants
Enhanced Simulation of Critical Care and Perioperative Emergencies (ESCAPE) Course

To continue our efforts in supporting rural communities to build and design their own ‘home grown,’ sustainable simulation education, Dr. Jeff Plant visited five Northern rural communities (Valemount, McBride, Mackenzie, Smithers, and Terrace) in September 2017 to identify some key elements of delivering simulation-based learning to rural communities. The trip highlighted the varied experience with simulation-based education, uniqueness in population serviced, degree of commitment to CPD through simulation, and relative mix of specialists vs. general practitioners. Communities with a simulation champion stimulate the teams to participate and to provide sustainability, and mobile simulation-based programs provide key support in local learning by keeping teams in their community and allowing for in-situ simulation. In addition, there needs to be faculty development at the regional level for efficient course delivery and a way to accredit local simulation opportunities, which is possible by partnering with RCPD.

During this trip, Dr. Ehi Iyayi was identified as the simulation champion for Terrace and was keen to be a regional facilitator. He was recruited to be a facilitator for the ESCAPE Course and was instrumental in advocating for a collaboration between RCPD and the Northern Mobile Simulation Program. A program flyer for the ESCAPE course is found in Appendix 3.

ESCAPE program updates:

- Building on the success of its first pilot course in 2016 (Revelstoke), The ESCAPE course was delivered in Vanderhoof, Fernie, Powell River, and Sechelt in 2017.
- Traditionally a course focused on OR-based scenarios, new for 2018 is the addition of an optional ED component of ESCAPE. Both OR and ED scenarios are now accredited for two credits/hour with the CFPC, and the modular course agenda can be tailored specifically to the needs of each community.
- In early spring 2018, ESCAPE visited two Northern Health communities (Prince Rupert and Terrace), where relationships with local SIM champions were forged and excellent community engagement was reflected in the largest participant numbers for the course to date.
- Upcoming for late spring 2018 are two ESCAPE courses (Williams Lake and Golden) that will be delivered in collaboration with the existing Interior Health Mobile SIM program, utilizing local resources as much as possible in order to streamline course delivery and budget.
- Building on this momentum, visits from the ESCAPE course are in the works for a number of communities across the province for fall 2018.
The Shock Course

As Shock has now been offered more than 40 times across BC (starting running in 2011), we only run this course on a by-request basis or at annual conferences that attract many rural physicians. This year, Shock was delivered St. Paul’s Emergency Medicine Update in Whistler (September 2017) The Medical Lead for Shock is Dr. Aaron Fitzpatrick (taking over from Dr. Francois Louw). RCPD staff will be working with Dr. Fitzpatrick over the next year to implement a new format, content development, and re-design of the Shock Course.

‘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 Stewart (April 2017), Masset (June 2017), Valemount (August 2017), Sechelt (October 2017), and Vanderhoof (February 2018). The Medical Lead for this program is Dr. Brenda Huff.

B. RURAL VIDEOCONFERENCE EDUCATION

Rural Rounds Videoconference Series

The 2018-19 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. To increase interactivity, participants are given an opportunity to submit their questions relating to the topic area in advance, so the presenter may come prepared to respond. Dr. Dana Hubler is the Medical Lead for Rural Rounds videoconference series, and planning is underway for the upcoming 2019-20 series. See Appendix 4 for the 2017-18 Rural Rounds course flyer.

BC Virtual Health Grand Rounds

Year three of the BC Virtual Health Grand Rounds was successful and featured talks in October, January and April. These rounds were open to all healthcare professionals in Canada and hosted in Vancouver, with presenters located across the country. Our database is now at 212 individuals and includes participants who have attended the rounds over the years and request to be on our mailing list.

1. October 5, 2018 featured presentations on the following:
   - CODI with Dr. Don Burke (Vancouver, BC)
   - Telehomecare at Island Health with Ms. Lisa Saffarek, RN (Nanaimo, BC)
2. January 17, 2019 featured presentations on the following:
   - Using InTouch in the Rural Surgical and Obstetrical Networks (RSON)
   - with Dr. Brett Bachelor and Mr. Arturo Muslera (Revelstoke, BC)
• CODI and MedEX at Northern Interior Rural Division of Family Practice (NIRD) with Dr. Stefan Du Toit (Robson Valley, BC) and Mr. Dave Harris (Prince George, BC)

3. April 26, 2019 featured presentations on the following:
   • Babylon and TELUS with Dr. Martin Dawes (Vancouver, BC)
   • Telerheumatology with Brent Ohata (Vancouver, BC)

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 and beyond. The Medical Leads for this program are Drs. John Pawlovich & Kendall Ho.

**Rural Family Practice Anesthesiology Online Journal Club**

The 2018-19 season saw the return of the *Rural Family Practice Anesthesiology Online Journal Club*. There were 22 registrants in this season of the FPA journal club. This season offered four sessions which ran for three weeks each. The Medical Lead on this project is Dr. Kirk McCarroll who is also involved in the Clinical Coaching for Excellence program for FPAs.

**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. On August 21st, 2018, a joint working group including members from both RCPD and the Australian College of Rural and Remote Medicine (ACRRM) met for the first time, and decided to turn TCMP-Rural into a collaborative project. This has led to the creation of a memorandum of understanding and a joint Editorial Board, which is currently in the process of reviewing the 6 articles (3 Canadian, 3 Australian) we have collected to date. The team is also continuing to seek out new articles. The site is expected to launch shortly after a total of 6 articles are finalized by the Editorial Board.

**C. BUILDING AND SUSTAINING SUPPORTIVE RELATIONSHIPS**

**Rural Physician Mentoring Program**

The Rural 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.
- Program duration increased from 8 months to 10 after the first 3 post-pilot cohorts

An evaluation summary from Year 1 (Cohorts 1-3) can be found in Appendix 5. While evaluation response rates for the program have been a challenge, the responses we have received have been overwhelmingly positive. 96% of mentee respondents were satisfied with their involvement in the program and would recommend the program to their colleagues.

One of the ‘lessons learned’ from the first year is the challenge in facilitating a face-to-face meeting among pairs. We have had consistent feedback that this in-person connection helps establish and solidify a meaningful relationship and the program offers to cover travel expenses for an in-person meeting for pairs in different communities; however it can be difficult for pairs who are not co-located to coordinate an opportunity to meet in person. In response, an in-person session was offered in November 2017 as a way to facilitate the first meeting between mentors and mentees and to foster a sense of collegiality among mentor and mentee groups. This session, titled “Building Connections” included an accredited CPD workshop on Narrative Medicine and Feedback, as well as an optional/unaccredited social activity wherein some participants and program leads attended an “escape room”. This session was attended by 10 participants of the Rural Physician Mentoring Program, as well as program staff and medical leads. Evaluations were very positive, and the working group is considering plans to hold another in-person session in the coming year.

Another lesson learned from the first year of the program is that there is a need for physician mentoring relationships beyond the scope of the current program. We have already begun to expand into different practice areas through collaborations with REAP as part of a program supporting physician leadership development, and with the Cowichan Valley Division of Family Practice as part of an initiative they are running to help integrate physicians into their hospital environment.
Recruitment is an ongoing process. Program flyers can be found in Appendix 6. 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 leads for this project are Dr. Kirstie Overhill and Dr. James Card 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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<th>Cohort</th>
<th>Start Date</th>
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<td>6</td>
<td>April 2018</td>
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**Conference Presentation**

An oral presentation titled “Building Mentoring Relationships for Rural Physician Integration and Retention: A Mixed-Methods Study” was delivered at the Canadian Conference on Medical Education (CCME) in April 2018. Findings from post-program online surveys and semi-structured telephone interviews with mentee and mentor participants were shared. The presentation highlighted the role of a formal mentorship program in facilitating the development of successful mentoring relationships among rural physicians. Our findings inform the design of future mentorship programs and initiatives responding to rural workforce needs.

**Clinical Coaching for Excellence Program**

The Clinical Coaching for Excellence Program was 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 supports 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.

In June 2017, the Clinical Coaching for Excellence program officially partnered with the Rural Education Access Program (REAP) in the creation of an expedited application pathway for FPA and RSON coachees to receive Advanced Skills and Training (AST) funding. This is a major victory for the program, as it provides support for the coachees to work at their coach’s place of practice (typically a high-volume tertiary centre) while reducing their administrative burden. Coachees may also use this funding to support peer-to-peer coaching within their community, allowing knowledge gained from working with their coach to be quickly and easily disseminated. To date, 20 coachees have received funding through this pathway.

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 (See Appendix 7 for program summary). Coaches will visit the rural site in person to provide up to one full day of coaching for each coachee. Currently, this program is being implemented in eleven communities: the five Cohort 1 communities, who are continuing the program for a second year; five new Cohort 2 communities; and Port Alberni, who provided their own funding for the program. Bidirectional site visits (i.e. both by the coach to the rural site and by the FPAs to the coach’s place of practice) are ongoing.

<table>
<thead>
<tr>
<th>Community</th>
<th>Cohort</th>
<th>Number of Coachees</th>
<th>Number of Coaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fort St. John</td>
<td>1</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Quesnel</td>
<td>1</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Sechelt</td>
<td>1</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Golden</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Prince Rupert</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Fernie</td>
<td>2</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Nelson</td>
<td>2</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Powell River</td>
<td>2</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Squamish</td>
<td>2</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Williams Lake</td>
<td>2</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Port Alberni</td>
<td>n/a</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>47</td>
<td>11*</td>
<td></td>
</tr>
</tbody>
</table>

*Some coaches support multiple communities, so the total number of coaches is not equal to the sum of the coaches for each community.*

RCPD ANNUAL REPORT, 2017-18
In order to better introduce participants to the program, the Clinical Coaching program added an orientation videoconferencing session for each of the Cohort 2 communities. These sessions were attended by program staff, participating FPAs, and their selected coach. Initial evaluation of these session has been overwhelmingly positive. Sessions were held on:

- October 5th, 2017 - Fernie
- November 1st, 2017 - Nelson
- November 14th, 2017 – Powell River
- February 6th, 2018 - Squamish
- March 14th, 2018 – Williams Lake

On January 16th, 2018 we held a 2.5 hour training session in Vancouver attended by all of the Cohort 2 coaches. This training session was developed and facilitated in collaboration with UBC’s Faculty Development office.

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 has completed in-person qualitative interviews with Cohort 1 participants, and is currently analysing the data with the intention to publish. 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 Surgical and Obstetrical Networks (Formerly Rural Surgery Networks)**

The RSON stream of the Clinical Coaching program is one part of the larger Rural Surgical and Obstetrical Networks (RSON) project approved by the JSC in October 2017. 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 RSON Clinical Coaching program is currently being piloted in Lillooet (partnered with Kamloops) and Revelstoke (partnered with Vernon (ESS) and Salmon Arm (OB)). 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. All coaches have currently been identified.

Coach training sessions focusing on relationship-building and providing supportive feedback to a colleague were held in Kamloops (May 8th, 2017) and Vernon (May 9th, 2017) in collaboration with UBC’s Faculty Development office. Lillooet hosted several days of site visits in April and October 2017, and Revelstoke had ongoing site visits to and from Vernon/Salmon Arm from September 2017 to April 2018.
RCPD has again partnered with CHES to study the RSON 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. Data collection for this study has been completed, and the primary researcher is currently analyzing the data with a view to publication. We have also partnered with the Evaluation Pillar of the larger RSON project to create an integrated evaluation strategy that uses coaching as a proxy for relationship-building within the networks. The ultimate aim of the Evaluation Pillar is to investigate the impact of RSON on patient care outcomes.

The Medical Co-Leads for this program are Dr. Vikki Vogt Haines (FP ESS), Dr. Kirk McCarroll (FPA), Dr. Jeanette Boyd (OB), and Maria Mascher (rural OR nurse).

Peer Coaching

The Peer Coaching stream of the Clinical Coaching program supports rural emergency medicine practitioners while they are on shift with backup from a trusted peer coach who either works in the same ER (in-person substream) or who provides remote support via text, phone, and videoconferencing (virtual substream).

RCPD has just completed the in-person pilot in Fort St. John, supporting 3 new-to-EM-practice rural physicians with on-site “shadow shifts”. We are currently in the process of completing post-program interviews with the participants. Due to leftover budget, coaching shifts may also be offered to other local new-to-EM-practice physicians. The virtual substream pilot is currently still in development, and is expected to launch in summer 2018.

After several Health Authorities identified the need for greater support for PRA graduates transitioning to rural emergency practice, RCPD received funding to offer in-person peer coaching to all PRA graduates starting in their Return-of-Service communities in 2018. As of this report one participant has completed the program, with a community orientation on March 9th, coach training session on April 5th, and coaching shifts from March-May.

The Medical Co-Leads for this stream are Dr. Danette Dawkin (in-person peer coaching) and Dr. Jel Coward (virtual peer coaching), with support from Dr. Tandi Wilkinson.

Office/Community Coaching

The Office/Community Coaching stream of the Clinical Coaching program is currently in early development, with two working group meetings held in February 2018. The scope of this program will be quite small due to budget constraints, likely only piloting in one community. Coaching would be provided by an experienced rural locum, who would work directly with a practicing physician to enhance their office organization/business skills. The working group is currently discussing the possibility of collaborating with coaches from the GPSC’s Practice Support Program.

The Medical Co-Lead for this stream is Dr. Bruce Hobson.

RCPD ANNUAL REPORT, 2017-18
D. CONFERENCE PRESENTATIONS

RCPD presented at the following conferences during the 2017-2018 year:

- *Hands-On Ultrasound Education Program: Impacts on Patient Care in Rural Communities,* presented by Kathryn Young at the Centre for on April 19th, 2016
- *Hands-On Ultrasound Education: Improving Patient Care in Rural Communities,* poster presented at the BC Patient Safety & Quality Council’s Quality Forum, February 22-23, 2018
- *Hands-On Ultrasound Education: Improving Patient Care in Rural Communities,* oral presentation by Dr. Bob Bluman at the Canadian Conference on Medical Education, April 27 – May 1, 2018
- *Perceptions versus Experiences of Learner Autonomy in a Clinical Coaching Program,* oral presentation by Claire Thomson at the Centre for Health Education Scholarship (CHES) Celebration of Scholarship 2017, October 4, 2017
- *The Value of Bringing Quality Improvement to the Workplace: A Clinical Coaching Example:* poster presented at the BC Patient Safety & Quality Council’s (BCPSQC) Quality Forum, February 22-23, 2018

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 Dr. 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 was deployed in March 2017 to all physicians practicing in rural and remote communities of BC. The survey received 299 responses from a representative sample of rurally practicing BC physicians.

We leveraged the online survey as a means of recruiting potential participants for focus groups to gather further multimodal input. After much discussion, it was agreed that seven (7) focus groups would be conducted targeting the following physician demographics: fee-for service, alternative payment, specialists, facilities-based, team-based, physician program leaders, and program regulators. Question
protocols for these groups were developed iteratively by members of the working group with input from various external stakeholders and were submitted and approved by the UBC Behavioural Research Ethics Board. Questions only varied slightly between groups to retain data integrity while allowing for a customizable data collection experience from each group. Focus groups were conducted via the videoconferencing platform WebEx between September 6th 2017 and January 30th 2018. Two targeted follow-up interviews were conducted with subject matter experts to gauge the success of our engagement process as well as to clarify some of the emergent themes from the focus groups.

All focus groups were recorded, transcribed, and qualitatively analyzed by project staff to identify emergent themes and further inform subsequent recommendations. These findings will be combined with the survey data to create a cohesive narrative regarding the current state of rural physicians’ PI/QI attitudes and practices, as well as recommendations for improving engagement and supporting rural physicians in their PI/QI activities in BC. These findings and recommendations will be compiled in a comprehensive report which will be completed and widely distributed in summer 2018.
# V. APPENDICES

## APPENDIX 1: RCPD MEDICAL ADVISORY COMMITTEE RETREAT AGENDA

**UBC Rural CPD Medical Advisory Committee Retreat**

**MEETING AGENDA**

**Date/time:** Wednesday, May 31st, 2017 | 08h00 – 17h00 (PDT)

**Location:** 620 – 1665 West Broadway, Vancouver, BC – RCCbc Boardroom

**WebEx:** [http://webex.med.ubc.ca/rccbc](http://webex.med.ubc.ca/rccbc)

**Bridge ID/Jabber Address:** 30360@med.ubc.ca

**Teleconference:** 1-877-792-2770; 30360#

**Chair:** Ray Markham

**Attendees:** Stephanie Ameyaw, Bob Bluman, Leslie Carty, Ella Fund-Reznicek, Brenda Huff, Mary Johnston, Andrea Keesey, Dilys Leung, Rebecca Lindley, Brenna Lynn, Christie Newton, Ian Schokking, John Soles, Tandi Wilkinson, Kathryn Young, Zoe Zimmerman

<table>
<thead>
<tr>
<th>Time</th>
<th>Focus</th>
<th>Energy</th>
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<tbody>
<tr>
<td>08h00-08h30</td>
<td>Breakfast</td>
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<tr>
<td>08h30-10h00</td>
<td>❖ Welcome &amp; Roundtable</td>
<td>❖ To share something about what is going on in your personal and professional worlds&lt;br&gt;❖ What did you learn this past year that would be useful to RCPD?</td>
</tr>
<tr>
<td>10h00-10h15</td>
<td>Break</td>
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<tr>
<td>10h15-11h30</td>
<td>❖ Discussion of our role (UBC RCPD) vis a vis other CPD Stakeholders in BC, Canada, and Internationally (Divisions, FEI, HAs, RCCbc, PSP, SRPC, BCCFP, ACRRM, etc.)</td>
<td>❖ To understand the role of RCPD in relation to the provincial, national, and international rural medical landscape</td>
</tr>
<tr>
<td>11h30-13h00</td>
<td>❖ Breakout Session&lt;br&gt;❖ Overview&lt;br&gt;❖ ~30 minutes per table</td>
<td>❖ Consider how RCPD can make a significant contribution to these key topics:&lt;br&gt;❖ Topic 1: Generalism/Patient Medical Home/ Multiprofessional approaches&lt;br&gt;❖ Topic 2: QI/PI with measurement of outcomes&lt;br&gt;❖ Topic 3: Technology-enabled opportunities for learning and improved care delivery</td>
</tr>
<tr>
<td>13h00-13h45</td>
<td>Lunch</td>
<td></td>
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<tr>
<td>Time</td>
<td>Event</td>
<td>Notes</td>
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</tr>
<tr>
<td>13h45-15h45</td>
<td>Reflections back to the group</td>
<td>Bringing it all together, reporting back with an opportunity for discussion/questions/feedback/troubleshoot</td>
</tr>
<tr>
<td>15h45-17h00</td>
<td>Social Event</td>
<td></td>
</tr>
</tbody>
</table>
# APPENDIX 2: RCPD MEDICAL LEADS PLANNING MEETING AGENDA

## UBC Rural CPD Medical Leads Planning Meeting
### MEETING AGENDA

**Date/time:** Thursday, May 18th 2016 | 08h00 – 17h00 (PDT)

**Location:** John M.S. Lecky UBC Boathouse, 7277 River Rd, Richmond, BC V6X 1X5

<table>
<thead>
<tr>
<th>Time</th>
<th>Focus</th>
<th>Energy</th>
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<tbody>
<tr>
<td>08h00-08h30</td>
<td>Breakfast</td>
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<tr>
<td>08h30-10h30</td>
<td>Welcome &amp; Roundtable</td>
<td>To connect the entire RCPD team</td>
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<td>To share something about what is going on in your personal and professional worlds</td>
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<td>What did you learn this past year that would be useful to other projects?</td>
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<tr>
<td>10h30-10h45</td>
<td>Break</td>
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<tr>
<td>10h45-11h00</td>
<td>Provincial &amp; National Rural Landscape</td>
<td>To understand the role of RCPD in relation to the provincial and national rural medical landscape</td>
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<td></td>
<td>Drs. Bob Bluman &amp; Ray Markham</td>
<td></td>
</tr>
<tr>
<td>11h00-11h30</td>
<td>Funding Models &amp; Technology</td>
<td>What are some new ways to think about how to fund our programs?</td>
</tr>
<tr>
<td></td>
<td>Dr. Clair Biglow</td>
<td>How can we use technology to reach rural physicians for CPD opportunities?</td>
</tr>
<tr>
<td>11h30-12h30</td>
<td>What can CPD offer?</td>
<td>To learn how to apply CPD resources into your programs</td>
</tr>
<tr>
<td></td>
<td>Instructional Design &amp; Branding</td>
<td>How can data inform your programming?</td>
</tr>
<tr>
<td></td>
<td>Ms. Kate Campbell</td>
<td></td>
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<td></td>
<td>Evaluation</td>
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<td></td>
<td>Ms. Jenyo Banjo</td>
<td></td>
</tr>
<tr>
<td>12h30-1h15</td>
<td>Lunch</td>
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<tr>
<td>1h15-3h30h</td>
<td>Breakout Sessions</td>
<td>To set the future of Rural CPD</td>
</tr>
<tr>
<td></td>
<td>Overview</td>
<td>Table 1: Program Innovation</td>
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<tr>
<td></td>
<td>~20 minutes per table</td>
<td>Table 2: Communication</td>
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<td></td>
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<td>Table 3: Network Building/Maintaining Relationships</td>
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<td></td>
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<td>Table 4: Faculty Development/Succession Planning</td>
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<tr>
<td></td>
<td></td>
<td>Table 5: Adult Education Principles</td>
</tr>
<tr>
<td>3h30-3h45</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>3h45-4h45</td>
<td>Reflections back to the group</td>
<td>Bringing it all together, reports back from each table with an opportunity for</td>
</tr>
<tr>
<td>4h45-5h45</td>
<td>Social Event</td>
<td>discussion/questions/feedback/troubleshoot</td>
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</table>
APPENDIX 3: ESCAPE FLYER

The Enhanced Simulation of Critical Care and Perioperative Emergencies (ESCAPE) Course

12.0 MAINPRO+
FOR YOUR Rural PRACTICE

The ESCAPE Course is a customizable, high fidelity simulation program, designed and delivered by family practice anesthesiologists, that focuses on building team dynamics to optimize crisis resource management in the rural perioperative setting.

Scenarios discussed in the course will vary based on local needs. Each community will submit desired topics based on difficult cases they have experienced locally to instructors.

Who should attend the course?
Family practice anesthesiologists (FPAs), ER physicians, nurses, and teams who work in rural communities

How does this program work?
Submit desired topics based on difficult, local cases your team has experienced to instructors

Accreditation
This group learning program has been certified by the College of Family Physicians of Canada for up to 12.0 Mainpro+ credits

Interested in bringing the ESCAPE course to your community?
For more details, please visit ubccpd.ca/escape or email Nicole Moon (nicole.m@ubc.ca)

Pricing
Based on customizations (contact us for details)

See reverse for details.
# APPENDIX 4: RURAL ROUNDS VIDEOCONFERENCE RURAL ROUNDS COURSE FLYER 2018-19

**UBC CPD**  
CONTINUING PROFESSIONAL DEVELOPMENT  
FACULTY OF MEDICINE

**Engaging continuous learning and practice improvement.**

<table>
<thead>
<tr>
<th>10.0</th>
<th><strong>UBC RURAL ROUNDS</strong> Morning Videoconference Series</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SEP 2018-JUN 2019 • MONTHLY • THU 8-9 AM (PDT/PST)</td>
</tr>
<tr>
<td></td>
<td><strong>WHAT IS RURAL ROUNDS?</strong> 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 provider. The 2018-19 Rural Rounds season will feature topics considered important to rural practice with speakers from a variety of specialties. The format includes case-based presentations with many opportunities for questions and discussion. Audience participation is encouraged!</td>
</tr>
<tr>
<td></td>
<td><strong>SEP 2018 - JUN 2019 SERIES</strong></td>
</tr>
</tbody>
</table>
|       | **OCT 4** | Reconciled Medicine  
Dr. Terri Pedd & Dr. Ann Brasseau |
|       | **NOV 1** | Childhood Trauma/ACEs  
Dr. Carol Coaker & Jan Frenette NMT |
|       | **DEC 6** | Child Maltreatment  
Dr. Kirsten Miller |
|       | **JAN 10** | Geriatrics/Determining Competence in the Rural Setting  
Dr. Ivan Schulling |
|       | **JAN 24** | Medical Assistance in Dying (MAID)  
Dr. Jonathan Roggenre |
|       | **FEB 7** | Opioid Agonist Treatment  
Dr. Christy Sutherland |
|       | **MAR 7** | Cardiac-Renal Syndrome  
Dr. Naomi Glick |
|       | **APR 4** | Treating Shock in the Rural Setting: (PART 1)  
Dr. Bruce McKnight |
|       | **MAY 2** | Treating Shock In the Rural Setting: Hemorrhagic Shock (PART 2)  
Dr. Kirk McCarron |
|       | **JUN 6** | Airway  
Dr. Sean Ebert |

This program is supported by the Rural Coordination Centre of BC

ubccpd.ca
Rural Physician Mentoring Program Year One (Cohorts 1-3)

Evaluation Summary

Program Timelines
Cohort 1 (C1): August 2016 - April 2017
Cohort 2 (C2): November 2016 - June 2017
Cohort 3 (C3): April 2017 - November 2017

Participants
Over three cohorts, a total of 48 mentees (C1=13, C2=13, C3=22) were paired with 41 rural physician mentors. Some mentors were paired with multiple mentees in different cohorts. Mentees were a combination of Canadian Medical Graduates (CMGs) and International Medical Graduates (IMGs). Of IMGs, 86% were graduates from the Practice Ready Assessment - BC (PRA-BC). Cohort specific demographic breakdown and geographic distribution of mentees in each cohort is shown.

Findings
A. Program Outcomes
96% of mentees were satisfied with their involvement, and would recommend the program to their colleagues.
87% of mentees felt the program supported their transition into rural life and indicated the program would influence their decision to remain in rural practice.
92% of mentees felt their relationship with their mentor benefited them personally and/or professionally and indicated they were interested in continuing their relationship.

“Now I see the value of having someone who has been through this and is at a different point in their career to provide perspective and encouragement.”

-Mentee, C3

This program is supported by funding from the Joint Standing Committee on Rural Issues (JSC) and the Rural Coordination Centre of BC (RCCc).
Follow-up Interviews
We conducted one-on-one interviews with 6 participants (3 mentors and 3 mentees) from C1&2 to collect deeper insight regarding program delivery. Feedback continues to be positive with actionable applications to program design. Moving forward we plan to increase the total number of interviewees to 12 by engaging C3 participants and to use these interviews as opportunities to inform and enrich evaluation strategy.

Mentor feedback for program improvement:
- Provide opportunities for in-person interaction between mentors and mentees to deepen relationships.
- Provide feedback from previous cohorts to inform current mentors on common challenges.
- Compile all program resources into easily accessible central repository.

Mentee feedback for program improvement:
- Echoed mentor thoughts on the value of in-person interactions to deepen relationships.
- Outline specific subject areas for check-ins and mentor conversations to tailor program to mentee needs.
- Lengthen program duration.

"Learning from the experience of someone more senior in your career builds confidence in your own practice and also forces you to be more intentional and focused with your goals during your early years in practice."

-Mentee, C2

Year One (C1-C3) Lessons Learned
- Review program evaluation strategy to ensure rigor and applicability of data collection. In regards to retention data, ensure we are asking the right questions to identify if the program has long-term effects on rural physician retention.
- There is a need for physician mentoring relationships beyond the scope of the current program. Current expansion plans include a Mentoring for Leadership program in partnership with REAP as well as program redevelopment to merge aspects of UBC CPD’s Clinical Coaching for Excellence program.

APPENDIX 6: RURAL PHYSICIAN MENTORING PROGRAM FLYERS

40.0 MAINPRO+
5.0 MOC SEC 1
+ ADDITIONAL MOC SEC 2 & 3

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

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

Commitment:
• Approx. 20 hours total over 10 months
• Approx. 10 meetings recommended
• Facilitated training 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

Cost:
• There is no cost to participate

Last updated: 02-02-2017

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

For my information on the research component of program please contact: Dr. Brenna Lynn (PI) at brenna@ubc.ca
RURAL PHYSICIAN MENTORING PROGRAM: MENTORS

UBC RURAL CONTINUING PROFESSIONAL DEVELOPMENT (RCPD)

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. 20 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

Last updated: 02-02-2017

For my information on the research component of program please contact: Dr. Brenna Lynn (PI) at brenna@ubc.ca
604-875-5101

ubcpd.ca/rural/mentoring
rural.mentoring@ubc.ca
APPENDIX 7: CLINICAL COACHING FOR EXCELLENCE (FPA STREAM) PROGRAM SUMMARY

UBC CPD
CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE

Clinical Coaching for Excellence
Family Practice Anesthesiology

“For (specialists) to go to a rural area and actually see what (FPAs) deal with... that’s a good thing”

Program Description
The Clinical Coaching for Excellence Program supports physicians in rural British Columbia to optimize their clinical practice through personalized and contextualized coaching. The program activities aim to improve physicians’ confidence and comfort with clinical and non-clinical skills, establish/enhance collaborative peer-peer and multidisciplinary relationships, and support a clinical coaching culture in rural British Columbia. Additionally, an overall goal of the program is to improve quality of care, communication, and engagement within provincial physician networks.

Coachees have the unique opportunity to choose their own specialist coach. Coaches provide constructive and supportive coaching, including direct observation of each coachee’s practice in their usual clinical context. The scope and structure of individual programs will be driven by the community and practitioner needs. Much of the coaching will occur in coachees’ own community hospitals and is therefore specific to that environment and location, with support to train in the coaches’ practice environment if desired.

Confidential feedback provided by the coaches will support coachees in designing specific and actionable goals, encouraging continuous quality improvement. Feedback is provided in a non-evaluative manner, and kept separate from the College’s and Health Authority’s privileging processes.

“It’s a wonderful program and a brilliant idea”
**Process**

1. Communities select their specialist anesthetist coach.

2. All participants attend an orientation session to discuss community-level needs.

3. A coach training session provides coaches with information on relationship-building and giving feedback.

4. Coachees set learning goals and priorities through an individual needs assessment.

5. Coaching agreements are signed to establish confidentiality and confirm expectations.

6. Community visits begin and coaches directly observe their coachee’s practice. Each coachee receives a full day of coaching.

7. Coaches continue providing remote support when applicable.

**Benefits**

**Coachees**

- Build self-confidence and develop and/or improve anesthesiology skills and knowledge
- Build an ongoing supportive relationship with their specialist anesthesiologist coach
- Demonstrate participation in quality improvement activities
- Receive and meet CFPC Mainpro+ study credits requirements
- Build a province-wide support system between FPA peers and specialists
- Make contacts and build professional network

**Coaches**

- Enhance the understanding of unique challenges faced by rural sites
- Contribute to the successful delivery of quality rural medical care in BC
- Enhance personal and professional satisfaction by supporting others to provide excellent quality of care
- Develop and maintain connections to UBC and contribute to building a stronger rural medical workforce and community
- Make contacts and build professional network
- Receive MOC study credits
- Enhance communication and coaching/teaching skills
- Develop supportive relationships with rural FPA coachees

“Having a specialist available by email, phone, text, in addition to a site visit is really helpful”