



Report

Annual Report 2021-2022

UBC Rural Continuing Professional
Development (RCPD)

ubccpd.ca/rural



THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Medicine

Continuing Professional Development

Reporting on the period of April 1, 2021, to March 31, 2022

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ACKNOWLEDGEMENTS

UBC Rural CPD is a partnership between the UBC Faculty of Medicine's Division of Continuing Professional Development (UBC CPD) and the Rural Coordination Centre of BC (RCCbc) and is supported by the Joint Standing Committee on Rural Issues (JSC).

EXECUTIVE SUMMARY

The UBC Faculty of Medicine’s Division of Rural Continuing Professional Development (Rural CPD) supports rural physicians to build relationships with other rural providers and engage in learning activities “closer to home,” in their usual context of healthcare delivery in rural, remote, and Indigenous communities. Our goal is to cultivate strong relationships with our partners, project stakeholders, and rural healthcare practitioners to ensure we are meeting their needs. With our shared commitment to improving the health of people and communities in rural BC, we operate in partnership with the Rural Coordination Centre of BC (RCCbc) to deliver impactful educational opportunities.

This report describes program activities for the period of April 1, 2021, to March 31, 2022 (FY22), during which we’ve continued to adapt to the unique context of the COVID-19 pandemic, and completed the first year of work funded by a three-year package from the Joint Standing Committee on Rural Issues (JSC) and administered in partnership with RCCbc.

Portfolio Updates

The COVID-19 pandemic continued to challenge the delivery of Rural CPD programs this year, but also created opportunities for accelerating and enhancing our virtual education offerings. We are currently leading 10 initiatives supported by 11 Medical Leads and 11 team members.

In 2021-22 Dr. Dana Hubler continued as Medical Director. Alisa Harrison joined in March 2021 as interim Senior Manager, while Laura Beamish took parental leave beginning in April. There were many other human resources changes on the team, with some team members moving on to new opportunities and new members joining. See [Appendix A](#) for a current list of team member profiles.

Throughout the year we continued to engage faculty, learners, and partners virtually, bringing Rural CPD’s Medical Leads together three times, hosting virtual conference exhibit booths, representing Rural CPD at partnership/health system tables, and presenting to partners and stakeholders at various information sessions.

Distributed Learning

Ultrasound Education

Hands-On Ultrasound Education (HOUSE)

The Hands-On Ultrasound Education (HOUSE) program, the flagship point-of-care ultrasound (POCUS) program provided by Rural CPD, gives rural physicians the training and confidence to integrate POCUS into their practice. HOUSE provides education that is customized and meets the needs of learners with a wide range of pre-existing skills. It delivers learning in a relaxed and fun environment with the highest instructor to student ratio (1:2) available in a hands-on ultrasound course.

POCUS training has been in especially high demand due to its proven usefulness as a diagnostic tool for COVID-19. Furthermore, POCUS technology has become more portable, accessible, and cost effective due to the recent introduction of handheld devices. Current JSC funding for Rural CPD supports the scalability, distribution, and delivery of POCUS resources.

Due to the COVID-19 pandemic, no in-person courses were offered during the 2020-21 fiscal year, but in 2021-22, with vaccine rollout permitting a relaxation of Provincial Health Orders around travel and in-person events, HOUSE set to work addressing a significant waitlist for both community and rural resident courses. Beginning in May 2021, HOUSE ran a total of **13 course days** for **133 participants** over the 2022 fiscal year.

Collaboration

Rural POCUS Rounds webinars were delivered from May through August 2021, and then expanded to a monthly program, with sessions beginning in fall and carrying through the spring of 2022. In total, we delivered **ten webinars** for **305 learners**.

In addition to delivering HOUSE courses and Rural POCUS Rounds webinars, the Rural CPD ultrasound education team was also involved in collaborations including an interactive case study project, “Sonnie: Your Ultrasound Partner,” and work with Rural CPD’s Coaching and Mentoring Program, the Rural Education Action Plan (REAP), and the Provincial POCUS Collaborative.

Evaluation

Evaluation results indicate that Rural CPD ultrasound education learners were highly satisfied with their experience and believe this education will make a major difference in their practice and for patient outcomes.

- *“Very relaxed environment, perfect for learning.”*
- *“Excellent course. The skills learned here will truly be game changing.”*

Rural Rounds

Rural Rounds is a virtual webinar series offering rurally relevant, case-based, interactive education delivered by rural physicians. With funding from the JSC, Rural Rounds has continued to provide a provincial rounds series in addition to two specific topic-area case-based series focusing on regional education and engagement.

After a brief hiatus due to COVID-19 reprioritization, the Rural Rounds provincial 10-session series was relaunched in September 2021, with **seven sessions** delivered to **361 learners** as of the end of March 2022. The remaining three sessions of the 10-session series will take place between April and June, and the subsequent series is slated for delivery between September 2022 and June 2023.

Case-Based Learning

Support from the JSC also enabled us to develop and deliver **two focused series of case-based education**: Dermatology Equity through Remote Management, Education and Study (DERMES), created in partnership with Dr. Wingfield Rehmus, and Compass Connections, a partnership with BC Children’s Hospital’s Compass Mental Health team to develop child and youth mental health and substance use case-based education for an audience of rural communities, teams, and organizations. We ran DERMES three times, with each offering consisting of six weekly one-hour facilitated sessions, and Compass Connections twice, with one series for the team at Carrier Sekani Family Services and the other for the team at Wrinch Memorial Hospital in Hazelton.

Evaluation

Overall evaluation results for Rural Rounds and the two case-based learning series were very positive, with sessions contributing to building relationships between services and communities and offering rural providers opportunities to enhance their clinical skills.

- *“Well done. Keep them coming, they are great and probably save lives.”*
- *“Excellent as always - the most valuable set of rounds for rural physicians.”*

Virtual Health Grand Rounds

Virtual Health Grand Rounds is a provincial videoconference rounds series that brings together health care providers, information technology professionals, health administrators and policy makers to jointly explore the value of using technology-enabled healthcare to support patient-centred care. These rounds are a collaboration between UBC Rural CPD, UBC Digital Emergency Medicine and the Rural Education Action Plan (REAP).

Topics in 2021-22 included virtual cultural competency training, engagement with Real-Time Virtual Support pathways, and virtual exams. The series of **four videoconferences** was attended by a total of **213 learners**.

Evaluation

Learners received the series positively, with the vast majority agreeing that the education met their needs and will be applicable for their practice. The team looks forward to delivering engaging and relevant sessions each quarter in the coming fiscal year.

Real-Time Virtual Support Simulation

Real-Time Virtual Support (RTVS) Pathways enable access to specialized clinical peer support across a variety of clinical topics. The pathways provide a range of support including collaborative clinical support, case review, simulation, and referrals and/or transport support. There are four 24/7 RTVS pathways (RUDi, ROSe, CHARLiE, and MaBAL) and several non-urgent pathways (dermatology, rheumatology, thrombosis, myoactivation, and hematology).

Thanks to support from the JSC, UBC Rural CPD prioritized the delivery of a multimodal simulation program utilizing the infrastructure of RTVS. The simulation program promotes the uptake of RTVS in rural communities, and increases the provider comfort with accessing the service. Simulation education is an impactful way to expose health care providers to new tools, such as RTVS, and has proved to be an invaluable experience for increasing providers' confidence in utilizing RTVS. The UBC Rural CPD RTVS SIM program includes a combination of just-in-time simulations, debrief-supported simulations, coordinated simulations and collaborations with key partners such as First Nations Health Authority (FNHA) and Post-Graduate Rural Residency Sites.

In 2021-22, UBC Rural CPD delivered a total of **25 RTVS simulations**, including one at every FNHA nursing station. The team improved simulation processes, and developed new education sources including an information video. We also delivered a successful virtual neonatal resuscitation course for CHARLiE virtual providers in collaboration with CHARLiE, Perinatal Services BC, and BC Children's and Women's Hospital, and collaborated on a research project that received a Resident Innovation Award in the category of Advancing Patient Care/Health Care System from Resident Doctors of BC.

Evaluation

Evaluation results demonstrate high rates of learner satisfaction.

- *"It was great to learn from a specialist who also learned from us, in regards to resources available and how we can all provide the best care possible."*

Supportive Relationships

Rural Peer Support Network

The Rural Peer Support Network (RPSN) fosters supportive relationships in rural practitioner networks, including rural physicians, and surgical and obstetrical and maternity teams to improve practice, increase confidence, and connect rural colleagues. The objective of the Rural Peer Support Network is to pair healthcare provider coaches/mentors with coachees/mentees or healthcare teams who want to strengthen a clinical skill or advance a professional or personal goal, or who are going through a transition in their medical practice (e.g., transitioning to virtual care, adjusting to a recent move to rural BC, etc.).

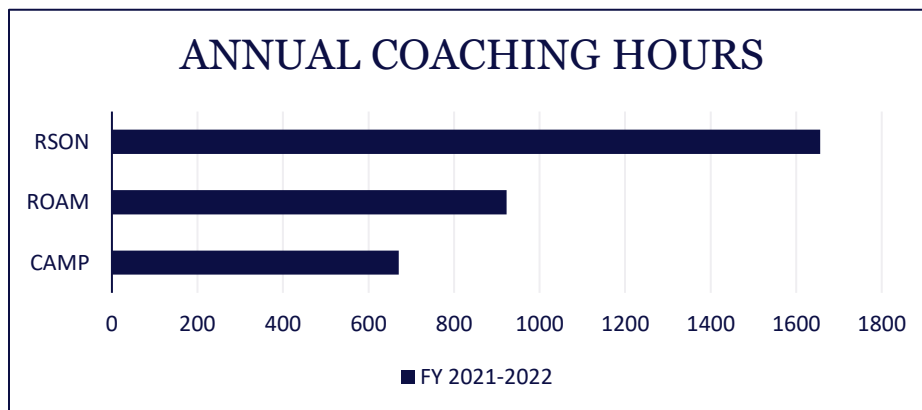
The RPSN includes three coaching streams based on a health practitioner's role, specialization, and community: the Coaching and Mentoring Program (CAMP), and the coaching pillars of the Rural Surgical Obstetrical Networks (RSON) and the Rural Obstetrical and Maternity Sustainability Program (ROAM-SP). RPSN also helps coaches and mentors develop their skills through synchronous and asynchronous education, and supports for family practice anaesthetists, and has begun to deliver education around cultural safety and humility.

Coaching Enrollment and Hours

These charts represent the number of active coaches/mentors and coachees/mentees enrolled in CAMP and RSON.

Deliverable	As of March 31, 2022
Coachees/mentees enrolled in program	94
Coachees/mentees successfully matched	78
Coaches/mentors enrolled in the program	104
Coaches/mentor successfully matched	51

This chart represents the number of annual coaching hours in RSON, ROAM and CAMP in FY22. RSON and ROAM compensates physician, midwife, and nurse coaches and coachees, and CAMP compensates physician coaches for activities.



Coach and Mentor Skill Development

As part of supporting coaching relationships, RPSN offers regular Coach and Mentor Skill Development Sessions. In FY2022, RPSN:

- Delivered **17** sessions for BC providers and **three** for external partners
- Taught **14** topics
- Welcomed **171** attendees
- Offered **33** hours of skill development

Regional Anesthesia Webinars and Coaching

RPSN also delivered **four webinars** and coaching activities in a pilot designed to increase rural family practice anesthesiologists' (FPAs) confidence, build peer connections, and standardize and improve rural FPAs' practice.

Cultural Safety and Humility Education

In collaboration with Rural CPD's Indigenous Patient-Led CPD program, for the first time, RPSN began delivering a three-part series on Cultural Safety and Humility, led by Harley Eagle and Elder Cheryl Schweizer. **Twenty-one learners** attended the first session in March 2022 to learn, reflect, and discuss systemic racism from Indigenous peoples' perspectives.

Online Portal

Five new modules were added to the Online Portal in FY22, which features optional bite-sized learning modules to support asynchronous development of coaching and mentoring skills. To date, there are 163 people enrolled in the portal, with **80 participants** joining in 2021-22.

Evaluation

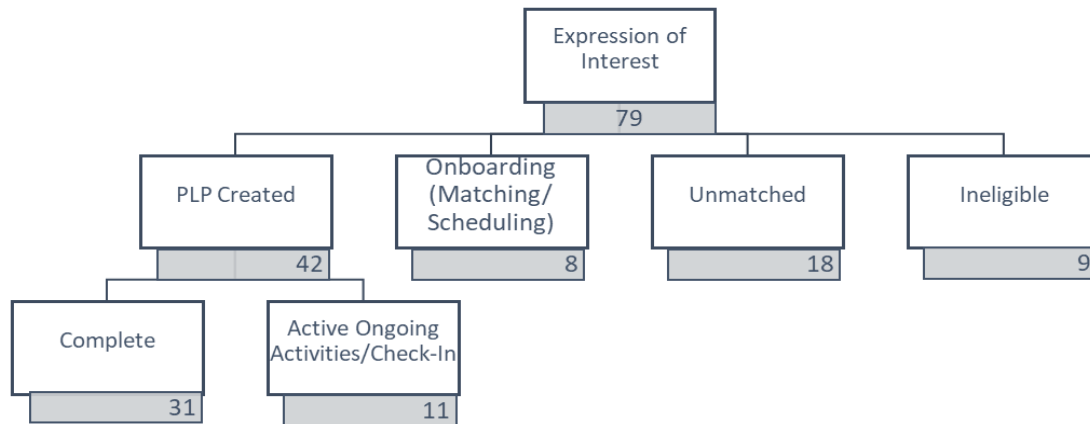
RPSN captures program evaluations through surveys and annual interviews. Evaluation results are strong across all aspects of RPSN programming, indicating that engagement with RPSN helps to support and build collegial relationships, improve clinical skills and confidence, contribute to clinical retention, and sustain rural surgical and maternity care. Learners are highly satisfied with their experiences and the results of undertaking this education.

- *"I think clinical coaching makes rural surgery sustainable."*
- *"...having someone like Dr. [name] say yes you can do this, I feel safe and comfortable knowing that you exist within my health region..."*
- *"CAMP was huge to bring me here and I'm really, really happy. And I've told lots of people about it."*
- *"Please keep doing these [regional anesthesia] sessions! I love them. It is a reassuring and inspiring way to touch base with experts in our field, but in an intimate way that sustains us in smaller centres."*
- *"This is an amazing approach for those of us not near academic centres. Keep up the excellent work!"*

Personal Learning Plans

Personal Learning Plans (PLP) support physicians to navigate the continuing professional development landscape and to achieve personal and professional success. PLP offers a concierge service at no cost to international medical graduates (IMGs) in BC to identify and achieve their learning goals and develop a plan to support successful integration into practice and their community. To help them meet their goals, a concierge and the physician advisor collaborate with the learner to identify relevant resources and connections.

The figure below outlines the total number of rural participants who expressed interest, enrolled, and completed learning plans as of March 31, 2022.



The table below illustrates the demographics of rural participants by IMG program and medical specialty as of March 31, 2022. Physicians who were unresponsive and did not complete onboarding are no longer included in this count.

IMG Programs	Participant Count	Medical Specialty	Participant Count
PRA-BC	30	Family Physician	40
BC-PIP	6	Pediatrician	1
IMG Residency	6	Neurologist	1
Total:	42		42

Evaluation

In 2021-21, the team revised and updated the PLP evaluation logic model, framework, and data collection plan, and received approval from UBC’s Research Ethics Board (REB) to conduct a series of semi-structured interviews and/or an evaluation survey. The team has begun the interview process, and will continue through the end of the 2022 calendar year. Informal feedback in 2021-22 indicates that participants felt well supported by engaging with this program.

- *“I feel so supported and so much lighter”*

- *“It’s self directed and not didactic. It incorporates individual responsibility and engenders innovation. It also makes it a bit informal and less pressure on the person.”*
- *“[PLP] demonstrates ownership and self-directed learning. How it’s conveyed makes it relaxing and individualised.”*

Indigenous Patient-Led CPD

“Indigenous Peoples in BC have an extensive history of traditional medicines and health care. As experts, our perspectives are integral to the development of cultural safety and humility protocols and resources.” – Elder Cheryl Schweizer

IPL aims to improve Indigenous health outcomes by increasing access to culturally safe care for Indigenous Peoples and communities in BC’s rural settings. When Indigenous Peoples feel safe and trust their health care setting, they are more likely to access health services. The project aims to develop rural health care providers’ sense of cultural humility and their ability to deliver care that is culturally safe by co-creating and delivering content in partnership with Indigenous patients and Elders.

IPL does not follow a linear western-styled plan. It is shaped by the protocols, values, principles, and teachings provided by Elders, cultural practices, and patterns. The project expresses the experience and wisdom of each member, the relationships we have and those that we are creating in our interactions across the province. This project is like a living document, which is ready to adapt and flex based on whatever we encounter on this journey of working together with Indigenous and health practitioner communities to increase cultural safety and humility in rural BC.

The IPL project evolved considerably through 2021-22. In 2021, the COVID-19 pandemic prevented us from holding any face-to-face gatherings or meetings and limited our options for meeting with communities to develop relationships. However, we continued a variety of activities, such as:

- Virtual engagement with communities and community groups (shíshálh Nation, Lillooet, Kwakiutl District Council, Nuw-Chah-Nulth Tribal Council, Carrier Sekani Family Services, local Divisions of Family Practice)
- Supporting delivery of brokered dialogue
- Supporting delivery of Nation-specific cultural safety training
- Developing and piloting an evidence-based Cultural Humility and Bias evaluation tool
- Refining internal processes to nurture relationships, recognize our missteps and follow Elders’ guidance on how to work safely and with humility

Our engagement work has been valuable; however, we are also acutely aware of communities’ needs for sensitivity and space during this time. Indigenous communities are experiencing the pandemic in ways that are linked to the historical traumas of disease and colonization, and the IPL working group is learning that we need to better prepare ourselves for engaging safely in these circumstances. Evaluation findings reinforce the working group’s experiences that the priority must remain developing meaningful

and safe relationships, supporting Elders' leadership, and creating conditions where it is safe for Elders and Indigenous communities to share.

Trauma-Informed Care

The working group has spent time carefully reviewing experiences and results of engagement in 2021 and has determined that there is more groundwork to do before it is safe for communities to engage deeply around relationships between Indigenous peoples and the medical system. We have learned through our own engagement processes as well as through other data – in particular, data drawn from RCCbc's site visits – that all of us who engage with Indigenous communities must be trauma-informed to mitigate the risk that we will add more harm when we reach out. With Elders' direction, we are beginning to develop a curriculum for trauma-informed care. We are currently exploring a working partnership with subject matter experts to build the two-eyed seeing curriculum and, ideally, begin pilot delivery of this training during 2022-23.

Evaluation

To date, the Cultural Humility and Bias Tool for providers has been used in one series of trainings with Carrier Sekani Family Services (CSFS). We continue to work with CSFS to refine the tool. Assessments of sessions in November 2020, and March and May 2021 show an overall positive impact on participants' ability to practice in a culturally safe and competent way.

The IPL team and partners used a sharing circle approach for other evaluations, including a circle with Nuu-Chah-Nulth Tribal Council (NTC) and the Central Island Division of Family Practice to analyze Indigenous Patient and Physician Engagement Sessions from March through July 2021. This approach helped to create a safe environment that supported deep and intense conversations.

- *“It really touched my heart...to see the openness and the willingness to share of the Elders and how that affected the community listening in and wanting to find ways to work better together.”*
- *“And I would – I would see the doctors' faces, sort of over the time, and all of us – not just the physicians [...] – just soften.”*
- *“I have certainly noticed things I haven't before when seeing my patients interact in the health care system. I think about barriers and ways to overcome challenges in ways I simply didn't know existed.”*

Research and Knowledge Translation Activities

Rural CPD continued to contribute to and support scholarship and knowledge translation relevant to rural health care continuing education. Highlights included a publication on point-of-care ultrasound in the *Canadian Journal of Rural Medicine*, and presentations at conferences including the Canadian Conference on Continuing Medical Education, the International Conference on Medical Education, and UBC's Centre for Health Education Scholarship.

Summary and Looking Ahead

UBC Rural CPD is committed to supporting the learning needs of physicians and other health care providers who practice in rural, remote, and Indigenous communities in BC. Our program demonstrates that through community-based, interprofessional, collaborative, and practical CPD, we can support rural health care providers to deliver safe and effective health care to rural British Columbians. This is achieved through strong relationships with our partners, collaborators, and team members as well as strong pedagogical approaches to education and professional development.

The COVID-19 pandemic continued to challenge delivery of our programming this year, but also created opportunities for accelerating and enhancing our virtual education offerings. Despite the disruption, we made progress toward our stated goals to continue to support rural health care providers in BC.

Looking forward, we will keep investing in relationships with our partners, collaborators and rural physician learners. We will continue to bring an equity lens to all that we do to ensure we are reaching out and supporting those rural providers who need it the most.

INTRODUCTION

Rural CPD Program Description and Vision

The UBC Faculty of Medicine’s Division of Rural Continuing Professional Development (Rural CPD) supports rural physicians to build relationships with other rural providers and engage in learning activities “closer to home,” in their usual context of healthcare delivery in rural, remote, and Indigenous communities. Our goal is to cultivate strong relationships with our partners, project stakeholders, and rural healthcare practitioners to ensure we are meeting their needs. With our shared commitment to improving the health of people and communities in rural BC, we operate in partnership with the Rural Coordination Centre of BC (RCCbc) to deliver impactful educational opportunities.

UBC Rural CPD offers rurally-specific CPD programs that are community-based, interprofessional, interactive, and practical. In addition to multi-modal learning opportunities, Rural CPD conducts a variety of research and evaluation activities related to the provision of medicine in rural BC.

The program is guided by a rural Medical Advisory Committee with support and governance from the senior leadership teams at UBC CPD and RCCbc. The program was established in 2008.

This report describes program activities for the period of April 1, 2021, to March 31, 2022, during which we’ve continued to adapt to the unique context of the COVID-19 pandemic, and completed the first year of work funded by a three-year package from the Joint Standing Committee on Rural Issues (JSC) and administered in partnership with RCCbc.

Portfolio Updates

The COVID-19 pandemic continued to challenge the delivery of Rural CPD programs this year, but also created opportunities for accelerating and enhancing our virtual education offerings. We are currently leading 10 initiatives supported by 11 Medical Leads and 11 team members.

In 2021-22 Dr. Dana Hubler continued as Medical Director. Alisa Harrison joined in March 2021 as interim Senior Manager, while Laura Beamish took parental leave beginning in April. There were many other human resources changes on the team, with some team members moving on to new opportunities and new members joining. See [Appendix A](#) for a current list of team member profiles.

Rural CPD is overseen by a collaborative Governance Group. In FY22 (2021-22), the group met three times (June, October, January), and membership included Dr. Ray Markham and Elisa Chow from RCCbc, as well as CPD’s Dr. Bob Bluman, Jennie Barrows (until November 2021), Andrea Keesey (as of December 2021), Dr. Dana Hubler and Alisa Harrison (chair).

The Rural CPD Medical Leads met virtually three times during FY22 via videoconference (June, September, and December) to share information, learn together, and improve collaboration across

programs. The Medical Advisory Committee (MAC) did not meet in FY22, but both the MAC and the Medical Leads will be gathering in-person in April, at the beginning of FY23.

While conferences were still impacted by COVID in FY22, Rural CPD hosted virtual exhibit booths for the Society of Rural Physicians of Canada conference and Rural and Remote Divisions of Family Practice forum in April, and the Rural Health Conference in May.

To build partnerships, facilitate collaboration, and maintain strong system relationships, the Senior Manager and PLP Program Coordinator also presented virtually to the Interior Physician Recruitment and Retention Network in January 2022, and in March 2022, the Senior Manager and Project Manager presented along with colleagues from REAP and RCCbc at a Transition to Practice meeting for residents hosted by the Faculty of Medicine. Throughout the year, the Senior Manager attended monthly check-in meetings with partners including REAP, RCME and Health Match BC, and represented CPD in the RCCbc Core as well as on the Practice Improvement Hub's (PIH) Anti-Racism and Cultural Safety Working Group.

EDUCATIONAL PROGRAMMING

DISTRIBUTED LEARNING

Ultrasound Education

Program Summary

UBC Rural CPD offers a suite of educational resources designed to support the safe and effective integration of point-of-care ultrasound (POCUS) into rural medical practice. This transformative skill improves patient care by facilitating early diagnosis of multiple conditions, which means stable patients can avoid transfers and unstable patients receive expedited emergency care.

POCUS training has been in especially high demand due to its proven usefulness as a diagnostic tool for COVID-19. Furthermore, POCUS technology has become more portable, accessible and cost effective due to the recent introduction of handheld devices. Current JSC funding for Rural CPD supports the scalability, distribution and delivery of POCUS resources.

Over a three-year period (April 2021 to March 2024), UBC Rural CPD will coordinate up to 60 HOUSE courses; foster a community of practice by delivering POCUS webinars on a variety of high-interest topics; expand longitudinal opportunities for POCUS education including further developing its handheld ultrasound loan program; operationalize virtual and hybrid course models; maintain and further develop online resources including bcpocus.ca, “how-to” guides and the online course pre-learning; offer relevant faculty development opportunities; and expand connections with the Real-Time Virtual Support Pathways and UBC Rural CPD’s Coaching and Mentoring Program.

The medical lead for this program is Dr. Kevin Fairbairn (Dr. Tandi Wilkinson transitioned out of the role as of January 2021). Nicole Didiuk returned from parental leave in April 2021 to her role as Education Manager. Antigone Fogel joined as Senior Program Assistant in August 2021.

Hands-On Ultrasound Education (HOUSE) Course

The Hands-On Ultrasound Education (HOUSE) program, the flagship point-of-care ultrasound (POCUS) program provided by Rural CPD, gives rural physicians the training and confidence to integrate POCUS into their practice. HOUSE provides education that is customized and meets the needs of learners with a wide range of pre-existing skills. It delivers learning in a relaxed and fun environment with the highest instructor to student ratio (1:2) available in a hands-on ultrasound course.

HOUSE has been providing high-quality, closer-to-home POCUS training since receiving seed funding from the JSC in 2013. There are now three streams covering emergency medicine (EM), obstetrics (OB) and internal medicine (IM). Over the past nine years, UBC Rural CPD has continued to develop and improve the HOUSE program by adding new clinical topics, enhancing online pre-course learning

material, and developing online resources to support longitudinal development of POCUS skills in rural communities.

In 2018, the Rural Education Action Plan (REAP) committed to funding HOUSE for up to 90 rural residents for a total of five years (2018-2022 inclusive). Included in the list of eligible residents are specific streams of international medical graduates (IMGs) and Canadian medical graduates (CMGs). These “House for Residents” courses are based on HOUSE EM content and are tailored to the unique learning needs of rural residents.

Key Project Milestones

HOUSE Course Delivery

After a year without in-person courses due to the COVID-19 pandemic, the vaccine rollout in 2021-22 permitted a relaxation of Provincial Health Orders around travel and in-person events, and HOUSE set to work addressing a significant waitlist for both community and rural resident courses. Beginning in May 2021, HOUSE ran a total of **13 course days** for **133 participants** over the 2022 fiscal year.

Date	Type	Location	Participant Count
May 27-28, 2021	EM (Rural Residents)	Lower Mainland	34
Sept 12, 2021	OB	Fernie	6
Sept 24-25, 2021	EM	Salt Spring Island	11
Oct 2, 2021	EM	Burns Lake	5
Oct 18-19, 2021	EM (Rural Residents)	Lower Mainland	34
Nov 27-28, 2021	EM (Rural Residents)	Lower Mainland	17
Feb 26, 2022	EM (Rural Residents)	Lower Mainland	13
Mar 13, 2022	EM	100 Mile House	3
Mar 26, 2022	OB	Hazelton	10

Handheld Device Loan Program

Over the 2022 fiscal year, UBC Rural CPD expanded its inventory of handheld ultrasound devices from **three to 11**:

- Three Butterfly (1x iQ, 2x iQ+)
- Four Clarius
- Two Lumify
- Two GE Vscan Air

The devices are available for use at HOUSE courses and also on demand for loan to rural communities across BC. In addition, the devices are valuable for training HOUSE instructors with the latest in handheld ultrasound technology (e.g., at faculty development sessions) so that they are familiar with a wide range of these devices for teaching purposes.

Interactive Case Study Project - Sonnie: Your Ultrasound Partner

Qualitative data collected for our 2018-19 HOUSE EM Program Evaluation report showed that rural BC-based HOUSE course participants needed more ongoing support to develop their skills post-course, preferably in the form of flexible educational opportunities that reduce travel and cost-related barriers.

The UBC CPD Rural and Creative Learning teams collaborated to create “Sonnie: Your Ultrasound Partner,” an online virtual case study tool. The tool is presented to the learner in a “webcomic” format, leveraging visual storytelling to engage learners and simulate real-world scenarios in a fun and memorable way. The tool features original artwork produced by UBC CPD interactive designers, and clinical content developed by HOUSE course instructors. Our innovative tool incorporates evidence-based strategies from instructional and immersive design to create a learning experience that is both engaging and effective.

As of June 2021, a total of **six cases** have launched on the UBC CPD eLearning website for this interactive case study series (<https://elearning.ubccpd.ca/enrol/index.php?id=368>). This project was funded by the UBC Faculty of Medicine’s Strategic Investment Fund, and the case series is provided to all HOUSE course learners as a free-of-charge follow-up resource.

Collaborations

The HOUSE Team collaborated with several programs and organizations to further POCUS education in the province.

- Collaborating with RCCbc’s POCUS Collaborative led by Drs. Tracy Morton and Virginia Robinson generated the successful pilot of the Rural POCUS Rounds webinar series (see below).
- Offering waitlisted communities interested in a HOUSE course access to longitudinal learning through the UBC Rural CPD Coaching and Mentoring Program (CAMP). This was run successfully for the community of Duncan in January 2021.
- Providing logistical support to Dr. James Liu, Dr. Rob Moss, and Dr. John Pawlovich for a cardiology ultrasound project (SPIFI funding) for rural physicians including videos, webinars, and in-person education.
- Ongoing participation in the BC Provincial POCUS Collaborative.

Rural POCUS Rounds Webinars

In keeping with its objective to deliver webinars geared toward rurally relevant POCUS topics, UBC Rural CPD collaborated with RCCbc to pilot the “Rural POCUS Rounds: Summer Series” from May to August 2021. The success of these first four webinars led to the continuation of the partnership and expansion of the monthly Rural POCUS Rounds sessions into spring 2022. There are now an additional 12 sessions planned from April 2022 to May 2023. The **ten webinars** delivered in FY22 served a total of **305 learners**.

Date	Presenter	Topic	Participant Count
May 14, 2021	Dr. Tracy Morton	POCUS in Rural BC: Why and How	21
June 25, 2021	Dr. Kevin Fairbairn	Covid 19 for the Remote/Rural User	25
July 8, 2021	Dr. Virginia Robinson	1st Trimester Ultrasound Cases	19
Aug 6, 2021	Dr. Tracy Morton	POCUS for Deep Vein Thrombosis	23
Oct 15, 2021	Dr. Tracy Morton	MSK complaints: POCUS vs X-ray	49
Nov 19, 2021	Dr. Kevin Fairbairn	POCUS for Small Bowel Obstruction	35
Dec 17, 2021	Dr. Virginia Robinson	Ocular	23
Jan 14, 2022	Dr. Tracy Morton	POCUS for Kidney and Bladder	35
Feb 25, 2022	Dr. Ziran Meng	Cardiac	39
Mar 11, 2022	Dr. Dan Kim	Ultrasound Guided Arthrocentesis	36

Research & Knowledge Translation

- Learnings from work on “Sonnie: Your Ultrasound Partner” were presented at the [CHES Celebration of Scholarship](#) in October 2021.
- The HOUSE team’s article, “[Building point-of-care ultrasound capacity in rural emergency departments: An educational innovation.](#)” was published in the *Canadian Journal of Rural Medicine’s* fall 2021 issue. The article summarizes findings from the in-depth 2018-19 HOUSE EM Program Evaluation.

- Experiences with research published in the above CJRM article were shared at the November 2021 BC Rural Health Research Exchange (BCRHRx).

Evaluation Findings

The return to in-person HOUSE courses as well as the further development of online resources over the past year delighted many POCUS learners. Evaluation findings reflected this positive energy:

- *“Very relaxed environment, perfect for learning.”*
- *“Excellent course. The skills learned here will truly be game changing.”*
- *“A great and wonderful experience to have it at a rural area with an expert knowledgeable instructor.”*
- *“Always the right educational level and practical and useful in real life practice.”*
- *“US is the way of the future. This is a skill that can help with diagnosis in the middle of the night.”*
- *“This will save patients from having to go out of the community or returning to the ED for imaging, if this can be done at point of care.”*
- *“Great presentation, congrats to all for making it not only very instructive, but also easy to understand and enjoyable immensely. Very bright teacher. Perfect moderator and gracious host...Thank you so much!”*

Enablers of Success

- HOUSE has a reputation for delivering high value point-of-care ultrasound education, meaning that organizations and physicians across the province trust us to develop new offerings.
- Ongoing development of Dr. Kevin Fairbairn in his role as Medical Lead helped provide a strong foundation for the high volume of course output over the past year.
- Ongoing collaborations with other programs and groups including Rural CPD’s Coaching and Mentoring Program, IN POCUS Project, Rural Education Action Plan (REAP) and Real-Time Virtual Support Pathways.

Challenges

- Changes to the conflict-of-interest guidelines from the College of Family Physicians of Canada led to one highly regarded and skilled HOUSE sonographer being removed from the instructor team for CFPC certified courses.
- Some uncertainty remained about planning courses in the context of new COVID-19 variants and resulting fluctuations in public health restrictions.
- Ongoing management of expectations of communities on the waitlist and determining how to prioritize requests.

Looking Forward

The past fiscal year was an exciting time for the ultrasound education team at UBC Rural CPD. Though some uncertainty surrounding the COVID-19 pandemic continues, the return to in-person HOUSE course delivery in late spring 2021 meant that this highly sought-after training could once again take place in rural communities across BC. Though HOUSE made significant progress on its waitlist the course remains fully subscribed, with 18 additional in-person course days planned so far between April and December 2022. Ongoing collaborations within UBC Rural CPD as well as with REAP and RCCbc's POCUS Collaborative will help ensure that this important skill continues to gain strength and improve patient care across our province.

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

Program Summary

The Enhanced Simulation of Critical Care and Perioperative Emergencies (ESCAPE) Course is a one-day, 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. One of the challenges of providing surgical care in a rural hospital is being prepared to effectively manage a multitude of diverse perioperative emergencies that present infrequently due to a low-volume setting.

The main objective of the course is to bring high quality simulation to rural hospitals and provide an opportunity for perioperative care teams to practice management of these infrequently encountered emergent scenarios. It was designed for anesthesiologists, surgeons, nurses and other practitioners who participate in patient care in a rural hospital with surgical services. Simulations will take place in the operating room and other critical care environments and will focus on caring for patients who would typically be resuscitated by providers with advanced skills in this field.

The medical leads for this program are Dr. Bruce McKnight and Dr. Kirk McCarroll, and the program leads were Kate Meffen and Erica Chaplin.

Key Project Milestones

The COVID-19 pandemic presented unique challenges for this program, which is built around in-person, hands-on skill development. No ESCAPE courses were run this fiscal year due to public health restrictions and direction from the Medical Leads that virtual delivery was not desirable.

Looking Forward

The course is presently inactive pending further discussion with the Medical Leads.

Dummy Makes Perfect Airway Mannequin Loan Program

Program Summary

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 medical lead for this program is Dr. Brenda Huff and the program lead was Kate Meffen.

Key Project Milestones

There were no booking requests in fiscal year 2022.

Lessons Learned

Although this program fills an educational gap for small communities that may not be able to host larger in-community courses, uptake is low. Some potential approaches that may improve uptake in the program are developing and implementing a communications plan including better connection to on-the-ground community needs via the RCME coordinators, and more proactive outreach.

Looking Forward

We are presently considering the future of this program, examining how we might update it and improve uptake, or pivot the program resources to a new initiative.

Rural Rounds

Project Summary

Rural Rounds is a virtual rounds program with an explicitly rural focus. Health care providers from rural communities in BC join interactive sessions that include didactic and case-based material facilitated by a subject matter expert. Topics are selected based on feedback from participants and input from communities, with a focus on translating evidence into rural practice. Rural Rounds take place the fourth Thursday of the month from September through June.

In 2020, Rural Rounds pivoted to address the immediate and urgent learning needs of rural healthcare providers during the COVID-19 pandemic. This shift highlighted the opportunity to improve the delivery and accessibility of Rural Rounds, and we were grateful to receive three-year funding from the JSC to implement these changes. Rural Rounds was on hiatus from June 2020 to September 2021 while we adapted the program. Changes included dropping the registration fee, enhancing the funding model for

speakers, using Zoom as the presentation platform, and switching from community to individual registration.

Dr. Dana Hubler has been the Medical Lead since 2019. While there is no formal plan for Dr. Hubler to transition out of the role at this time, we have begun planning for a shift at some point in 2022-23, and are considering several potential candidates. CPD Education Manager Kate Meffen led the program until January 2022, when Lisa Wissink moved into the role. Erica Chaplin has provided consistent support as Senior Program Assistant.

Provincial Webinar Series

The Rural Rounds provincial 10-session series was relaunched in September 2021, and as of March 2022, we have delivered **seven sessions** to a total of **361 learners**. Over this time period, improvements to the Rural Rounds registration process and marketing strategy resulted in significantly increased numbers of registrants and attendees for all sessions, with an average of 52 people attending each one. The remaining three sessions of this 10-session series will take place between April and June 2022.

Rural Rounds Schedule and Attendance

Date	Title	Registrants	Attendees
Sept 30, 2021	ER Case Review in the Virtual Resus Room: The Occasional Procedural Sedation Speakers: Dr. Mary Koziol and Dr. Caroline Schooner Moderator: Dr. Gordon Horner	93	38
Oct 14, 2021	Buprenorphine/Naloxone Microdosing Speakers: Dr. Erika Kellerhalls and Dr. Anne Nguyen Moderator: Dr. Dana Hubler	114	50
Nov 26, 2021	RSI, Airway Management and COVID-19 Speaker: Dr. Sean Ebert Moderator: Dr. Brydon Blacklaws	152	45
Dec 17, 2021	Treating Obesity as a Disease Speaker: Dr. Ali Zentner Moderator: Dr. Sean Ebert	185	70
Jan 6, 2022	Managing Agitation in the ER Speaker: Dr. James Heilman Moderator: Dr. Gordon Horner	129	57
Feb 10, 2022	Pediatric Dermatology Emergencies Speaker: Dr. Allison Gregory Moderator: Dr. Gordon Horner	122	57
Mar 10, 2022	Rural Acute and Chronic MSK Pain Management Speaker: Dr. Kurt Deschner Moderator: Dr. Gordon Horner	107	44

Apr 28, 2022	Child and Youth Mental Health Speaker: Dr. Jennifer Russel Moderator: Dr. Danielle Pichie	TBD
May 26, 2022	Climate Change as a Health Care Crisis Speaker: Dr. Kyle Merritt Moderator: Dr. Gordon Horner	TBD
June 9, 2022	Pediatric Airway Management Speaker: Dr. Sean Ebert Moderator: Dr. Brydon Blacklaws	TBD

Case-Based Learning

DERMES

In addition to the provincial webinars, in January and February 2021, we delivered “Dermatology Equity through Remote Management, Education and Study” (DERMES), a six-week pilot pediatric dermatology education series with Dr. Wingfield Rehmus at BC Children’s Hospital. Dr. Rehmus facilitated one-hour sessions, once per week for six weeks, to a target audience of remote certified practice nurses, rural family physicians, FNHA Doctor of the Day physicians, and other interested care providers (rural pediatricians, nurse practitioners, etc.). The success of the pilot series led us to pursue and secure accreditation for up to 6.0 Mainpro+ and MOC Section 1 credits. After receiving accreditation approval, we delivered two subsequent DERMES series: DERMES 2.0 for rural pediatricians and family physicians from May to June 2021, and DERMES 3.0 for Carrier Sekani Family Services (CSFS) and First Nations Health Authority (FNHA) Virtual Doctors of the Day from October to November 2021. Planning for a fourth series is also underway for next fiscal year.

DERMES Focused Case-Based Learning Series Schedule

Date	Title
Jan-Feb 2021	Pilot Series Target Audience: Remote certified practice nurses, rural family physicians, FNHA Doctor of the Day physicians, and other interested care providers
May-Jun 2021	DERMES 2.0 Target Audience: Rural pediatricians and family physicians
Oct-Nov 2021	DERMES 3.0 Target Audience: Carrier Sekani Family Services (CSFS) and First Nations Health Authority (FNHA) Virtual Doctors of the Day
May-Jun 2022	DERMES 4.0 Target Audience: Rural pediatricians and family physicians

Compass Connections

Rural Rounds also partnered with Compass Mental Health in 2021 to develop and deliver child and youth mental health and substance use case-based education to rural communities, teams and organizations. This education emphasized case-based and bidirectional learning, with the Compass Mental Health team gaining knowledge about the rural practice and resources available to those in the learner community to improve consultations. Topics for the didactic piece of each session were chosen by the community to ensure that the education was as relevant as possible. Accreditation approval for this education was received in April 2021 for up to 18.0 Mainpro+ Credits (2 credits per hour) and 9.0 MOC Section 1. The first series was successfully delivered to an interdisciplinary team at CSFS from May to June 2021, and a second series, Compass Connections – Hazelton Sessions, was then developed and delivered from November 2021 to February 2022 to address the learning needs of multidisciplinary healthcare providers in Hazelton, BC. There are no plans for a third Compass Mental Health series at this time.

Compass Mental Health Focused Case-Based Learning Series Schedule

Date	Title
May-Jun 2021	Child and Youth Mental Health and Substance Use (CYMHSU) Education Series Target Audience: Interdisciplinary team at Carrier Sekani Family Services (CSFS)
Nov 2021-Feb 2022	Compass Connections – Hazelton Sessions Target Audience: Interdisciplinary health care team at Wrinch Memorial Hospital, Hazelton, BC

Evaluation Findings

The data below summarizes evaluation findings from the Rural Rounds provincial 10-session series:

- The overall rating for Rural Rounds was positive, with 90% of participants agreeing or strongly agreeing that the education met their learning needs.
- A total of 90% of participants agreed or strongly agreed that the information they learned in the presentations will be used in their future practice.

The following comments showcase the successful delivery of Rural Rounds this fiscal year by demonstrating the sessions’ value in participants’ own words:

- *“Always looking for new ideas and treatment regimes. Especially valuable to hear from local experts who understand the rural experience.”*
- *“Well done. Keep them coming, they are great and probably save lives.”*
- *“We always learn so much about practical tips not taught in school in these rural medicine webinars!”*

- *“Excellent as always - the most valuable set of rounds for rural physicians.”*

The data below summarizes evaluation findings from the DERMES focused case-based learning series:

- The overall response to these sessions was very positive, and 100% of participants either agreed or strongly agreed that the program was effective in meeting their learning needs.
- Participants responded positively to the format of the DERMES program, with 86% of respondents indicating that they liked having a session every week when compared with other frequencies, and 73% of participants stating that six sessions was the right amount of education.

The data below summarizes evaluation findings from the Compass Mental health focused case-based learning series:

- The overall response to these sessions was very positive, and 100% of participants either agreed or strongly agreed that the program was effective in meeting their learning needs.
- A total of 79% of participants agreed or strongly agreed that the information they learned in the sessions will be used in their future practice.

The following comments exemplify the positive response to the Compass Mental Health case-based learning series in participants' own words:

- *“The approach of learning from each other was very appreciated - felt like the COMPASS team was able to listen to the resources and challenges we have in community and actually hear the situation on the ground.”*
- *“I am truly grateful to have had the opportunity to participate in the case-based learning series. I learned a lot and appreciated all the wisdom and resources shared by the group!”*

Lessons Learned

The re-launch of the Rural Rounds provincial 10-session series has been very well-received and has emphasized the value of rurally-relevant, case-based learning opportunities for our audience of rural health care providers. The increased registration and attendance rates of the 2021-22 Rural Rounds sessions has emphasized the benefit of providing this education at no cost. The transition to Zoom from traditional videoconferencing reduced a barrier and helped increase attendance. Furthermore, the shift to individual versus community registration had a positive impact on registration numbers.

The attendance rate for the second focused case-based series in partnership with Compass Connections was relatively low as Hazelton is a small community and local health care providers are currently stretched thin and not always able to engage with education opportunities. The relatively low attendance rates caused friction with the education providers and presented an opportunity to structure focused case-based learning series with greater intention in the future.

To ensure that our partner, Compass Mental Health, feels that the education they are providing is appreciated and impactful, we will pursue opportunities with specific learning objectives identified by the community and build engagement tools directly into the education. We will use community consultation to identify the best education format and gain insight into the specific community context, promoting bi-directional learning between urban and rural providers and contributing to the success of education series.

Looking Forward

In 2022-23, we move into year two of our three-year funding package from the JSC, which includes increased funding for program development, educational design, and oversight. This will allow us to continue to adapt the current format of the series to better address the needs of rural healthcare providers. We will continue to develop and deliver sessions on highly relevant topics, identify and pursue opportunities for robust evaluation and knowledge translation, and identify additional opportunities to develop further focused series of case-based education.

In terms of the 10-session series of Rural Rounds, we will prioritize speakers who practice in rural BC communities, and use feedback from session evaluation surveys to identify new topics that are important to rural providers right now. We will continue to monitor the registration and attendance rates as we offer these sessions directly to individuals at no cost, and identify any further opportunities to eliminate barriers to engagement when possible.

In the coming fiscal year, we also plan to develop a new focused case-based learning series addressing the needs of rural learners, in partnership with a subject matter expert or partner organization. This new series will address learning needs identified in the RCCbc Site Visits Project Reports and other evaluation projects, as stated in the approved Rural Rounds Education Hub Proposal. We plan to deliver this new focused topic series concurrently with the next provincial 10-session series, scheduled to begin in September 2022.

Virtual Health Grand Rounds (eHITS)

Program Summary

Virtual Health Grand Rounds is a provincial videoconference rounds series that brings together health care providers, information technology professionals, health administrators and policy makers to jointly explore the value of using technology-enabled healthcare to support patient-centred care. These rounds are a collaboration between UBC Rural CPD, UBC Digital Emergency Medicine and the Rural Education Action Plan (REAP).

Virtual Health Grand Rounds sessions aim to spark thoughtful discussion about the risks, benefits, and considerations around the adoption of technology in healthcare throughout BC, while optimizing mutual

learning and enhancing relationships. The format includes clinical, case-based presentations with built-in opportunities for questions and discussion.

The medical leads for this program are Dr. John Pawlovich and Dr. Kendall Ho. The year began with Kate Meffen as Education Manager; Lisa Wissink stepped into the role in February 2022. The Senior Program Assistant is Erica Chaplin.

Key Project Milestones

2021-22 Schedule

Date	Title & Speakers	Registrants	Attendees
April 23, 2021	Virtual Cultural Competency Training, Pediatric Support, and COVID-19 Immunization Findings Speakers: Robert Anthony, Marlaena Mann, Barby Skaling, David Wensley, and Kirsten Miller, Kendall Ho (moderator), John Pawlovich (moderator)	172	84
October 1, 2021	Reflections from a Busy Virtual Rural ER and HEiDi RTVS Support Speakers: Brydon Blacklaws, Helen Novak Lauscher, Rina Chadha, Kendall Ho (moderator)	66	31
December 3, 2021	Virtual Exam Perspectives from CPSBC and Rheumatology Speakers: Heidi Oetter, Brent Ohata, John Pawlovich (moderator), Kendall Ho (moderator)	92	37
February 11, 2022	Virtual Neurological Exams Speakers: Dean Johnston, Shefali Raja, Madeline Collins, Kendall Ho (moderator), John Pawlovich (moderator)	166	61
Total learners		496	213

Evaluation Results

The data below summarizes evaluation findings from the Virtual Health Grand Rounds quarterly four-session series:

- The overall satisfaction rating for these sessions is high. 94% of respondents agreed or strongly agreed that the education met their learning needs, including advancing their understanding of available virtual support and education.
- 85% of respondents agreed or strongly agreed that the information received will be applied in their practice.

Lessons Learned

Lessons learned from this year's Virtual Rounds series include:

- Speakers should be confirmed at least two months before the session date to allow for ample planning and communication time, and to leave adequate lead time for marketing activities.
- A comprehensive marketing strategy must be implemented to ensure that we have a satisfactory number of registrants for each session. This strategy should include the use of CPD email blasts, connecting with past Virtual Health Grand Rounds attendees, utilizing the personal networks of our Medical Leads and promoting sessions in the Real-Time Virtual Support MS Teams platform.
- Sessions should be limited to a maximum of two topics and/or four speakers to ensure that attendees are able to fully engage with presented ideas and that the session is a cohesive learning experience.
- The global COVID-19 pandemic continues to increase the need for virtual care. As more health care providers seek virtual practice and education options, we anticipate a continuing need to provide relevant information and support discussion in a safe forum, free of commercial bias.

Looking Forward

Healthcare providers, education partners and health authorities are adopting new technologies to support the increased demand for virtual care. As this paradigm shift continues to change health service delivery in BC, we anticipate greater interest in exploring how emerging technology and novel applications of existing technologies can support practitioners.

The Virtual Health Grand Rounds team will continue to work with partners across the province to identify transformative, technology-enabled healthcare delivery cases that exemplify the value of using new technology to support patient-centred care. In the past, session topics have often been directly connected to Real-Time Virtual Support (RTVS), due to the close connection between RTVS and our medical leads and CPD team members. Moving forward, we intend to expand the topic scope to include other relevant ideas, such as the ongoing need for virtual examinations. We will also proactively identify opportunities to promote the sessions to health care providers who are not physicians (i.e., nurses, midwives, allied health), and to balance information on technological advancements with how to apply new ideas in practice.

To avoid any perception of bias for presenters, in the coming year we will invite more on-the-ground users and adopters of the technologies/initiatives, and speakers from health authorities and other health organization. We will de-prioritize speakers with ties to the development of the discussed technologies to ensure that there is demonstrated benefit to using the technology in a health care setting. We will critically consider the value of the technology itself as well as adoption on a large scale when determining whether case-based education on a particular topic could contribute to the goal of improving health care in rural BC communities.

Real-Time Virtual Support

Program Summary

Real-Time Virtual Support (RTVS) Pathways enable access to specialized clinical peer support across a variety of clinical topics. The pathways provide a range of support including collaborative clinical support, case review, simulation, and referrals and/or transport support. There are four 24/7 RTVS pathways (RUDi, CHARLiE and MaBAL) and several non-urgent pathways (dermatology, rheumatology, thrombosis, myoactivation and hematology).

UBC Rural CPD has partnered with RCCbc to design and implement an education framework within the RTVS pathways that supports rural healthcare providers. The overarching goals of this collaboration are to support pedagogy at the point of care, build simulation capacity across the province, and promote bi-directional learning between those seeking support (i.e., rural providers) and those providing support (i.e., RTVS virtual providers). To achieve these goals and support the RTVS more generally, UBC Rural CPD has successfully accredited use of RTVS pathways so that those accessing the service can receive CPD credits for their time. The Real-Time Virtual Support Simulation team at UBC Rural CPD has also committed to increasing the capacity and reach of RTVS by delivering a multimodal simulation program, expanding RTVS faculty development opportunities, supporting evaluation and knowledge translation activities for the initiative, and collaborating with other organizations offering simulation education across rural BC.

Key Project Milestones

This fiscal year, UBC Rural CPD supported the delivery of accredited RTVS pathway calls for Mainpro+ Group Learning and MOC Section 1 Group Learning credits and issued **26 certificates** to health care providers.

During this time, there were a total of **25 RTVS simulations**, including coordinated, supported and just-in-time modalities. Most significantly, we delivered a SIM at all eight First Nations Health Authority (FNHA) nursing stations to encourage nurses working at those sites to utilize RTVS and to improve their confidence around using Zoom and related technology to do so. FNHA is a high-volume user of RTVS so it is very important that we continue to stay closely connected with the FNHA nursing stations and identify new opportunities to support those teams.

The table below shares more information about the locations, topics and RTVS pathways engaged in the 25 simulations delivered this fiscal year:

Date	Location	Case Topic	RTVS Provider	Pathway
6-Apr-21	PTN Tabletop Simulation	Pediatric Head Trauma	Dr. Alysha Mackenzie-Feder	CHARLiE
20-Apr-21	Burns Lake	Shoulder Dystocia	Dr. Bre-el Davis	MaBAL
8-May-21	Hazelton ESCAPE Course	Toxicology	Dr. Arthur Cogswell	CHARLiE
17-May-21	Smithers	Pediatric Anaphylaxis	Dr. Amie Dmytryshyn	CHARLiE
18-May-21	Burns Lake	Fetal Surveillance	Dr. Bre-el Davis	MaBAL
20-May-21	Tsay Keh Dene	Shoulder Dislocation	Dr. Jel Coward	RUDi
31-May-21	Haida Gwaii	Occlusive MI	Dr. James Heilman	RUDi
2-Jun-21	Kaslo	Emergency Delivery & Shoulder Dystocia	Dr. Magda Du Plessis	MaBAL
2-Jun-21	Golden	RPT	Dr. Magda Du Plessis & Dr. Skye Creba	MaBAL & RUDi
16-Jun-21	Valemount	Beta Blocker Toxicity	Dr. Brydon Blacklaws & Dr. Neil McLean	RUDi & ROSe
24-Jun-21	Powell River	10-Day Old Septicemia	Dr. Brydon Blacklaws	CHARLiE
25-Jun-21	Fernie	NRP/ACORN	Dr. Allon Beck	CHARLiE
28-Jun-21	Fernie	NRP/ACORN	Dr. Jeff Bishop	CHARLiE
30-Jun-21	Gitxaala	Shoulder Dislocation	Dr. James Heilman	RUDi
20-Jul-21	Kwadacha	Shoulder Dislocation	Dr. Shawn Spelliscy	RUDi
22-Jul-21	Fernie	ACORN	Dr. Alysha Mackenzie-Feder	CHARLiE
24-Aug-21	Kitasoo	Shoulder Dislocation	Dr. Shawn Spelliscy	RUDi
14-Sep-21	Valemount	COVID-19	Dr. Brydon Blacklaws	RUDi
21-Sep-21	Hartley Bay/ Gitga'at	Shoulder Dislocation		RUDi
4-Nov-21	Vancouver Fraser (Royal Columbian)	Pediatric Head Trauma	Dr. Ryan Hoskins	RUDi

10-Nov-21	100 Mile House	Imminent Birth/ Resuscitation	Dr. Sara Sandwith, Dr. Alysha Mackenzie-Feder	MaBAL, CHARLiE
16-Nov-21	Tahltan Band	Shoulder Dislocation	Dr. Ryan Hoskins	RUDi
23-Feb-22	Hazelton	Shoulder Dislocation		RUDi
4-Mar-22	Gold River	Agitated Delirium in Transport	Dr. Brydon Blacklaws	RUDi
29-Mar-22	Port Alberni	NRP/Stabilization	Dr. Simon Earl	CHARLiE

This past year, the RTVS SIM team significantly improved our simulation request, planning and implementation process by establishing a new simulation request form on the UBC CPD website, and through a new tracking process using Microsoft Teams to enhance knowledge translation among those involved in RTVS SIM work.

The RTVS SIM team achieved success this year in developing education resources, such as an RTVS SIM information video, and valuable faculty development opportunities for RTVS providers. On April 10, we held a virtual neonatal resuscitation course for CHARLiE virtual providers in collaboration with CHARLiE, Perinatal Services BC, and BC Children’s and Women’s Hospital. The course included didactic content, simulations, and coaching skill development sessions coordinated by Dr. Bruce Hobson, Dr. Cecile Andreas, and Emily Boardman.

Evaluation Findings

UBC Rural CPD contributes to the evaluation of the Real-Time Virtual Support Program as a whole by developing evaluation tools, collecting data, collaborating with the RTVS Evaluation Working Group, sharing information with the RTVS Working Group, and preparing abstracts and publications.

This past year, we also collaborated with Dr. Barbara Leij and Dr. Jeffrey Bishop on a research project exploring the question, “Can incorporating Real-Time Virtual Support (RTVS) Pathways and the Patient Transport Network (PTN) in simulations in rural BC improve competencies for rural physicians, RTVS virtual providers and PTN logistical experts, to ultimately improve patient outcomes, uncover system-based barriers to care and identify latent safety threats?” This project received a Resident Innovation Award in the category of Advancing Patient Care/Health Care System from Resident Doctors of BC and has successfully been granted ethics approval.

The UBC Rural CPD RTVS SIM team has supported the work of Dr. Leij and Dr. Bishop by helping to create pre- and post-simulation surveys for collecting participant data, and will act as a third-party distributor of the surveys and holder of the resultant data to ensure that individuals do not feel undue pressure to participate in the study. So far, the pre-SIM survey has been distributed to all CHARLiE providers, and one CHARLiE simulation has been conducted. The simulation took place March 15, 2022, at Lady Minto Hospital on Salt Spring Island, and efforts to confirm other CHARLiE simulations for the research project are ongoing.

A post-RTVS call evaluation survey is currently available on the UBC CPD website, and anyone requesting accreditation certificates for their utilization of RTVS is invited to fill out the evaluation survey. As of March 31, 2022, there were 17 responses. All respondents indicated that their overall experience with RTVS was either “Good” or “Excellent,” and 82% strongly agreed that the RTVS call increased their comfort managing the case. To increase this survey’s response rate going forward, we intend to combine the certificate request and call evaluation surveys into one form and we will ensure that all RTVS providers mention the survey to RTVS users at the end of their call.

A post-SIM survey is currently available on the UBC CPD website, and SIM participants are encouraged to complete the survey to provide feedback and highlight opportunities for improvement. We have received seven survey responses to date, which all include positive feedback, including the following:

- *“It was great to learn from a specialist who also learned from us, in regards to resources available and how we can all provide the best care possible.”*

However, there is an opportunity to significantly increase the amount of feedback received by revamping this survey and creating a standardized distribution strategy to ensure every SIM participant receives the survey link and is encouraged to fill it out.

Lessons Learned

RTVS Simulation has many partnerships across the province, and we have learned that it is important to establish clear roles and expectations to ensure that we are all able to contribute meaningfully to the work. There is significant interest from communities and organizations across the province and there are numerous ways to approach simulation education, necessitating our multimodal approach. To clearly communicate our offerings and process we must continue to develop high-quality resources and communication materials for RTVS simulation.

We have also learned that the best way to encourage new rural communities to utilize RTVS is to leverage existing relationships and personal connections. By starting with relationship building, we can increase engagement and identify local champions to help facilitate uptake, using simulation as an education and promotional tool.

Lastly, we have learned that there are simulations incorporating RTVS calls into their education on a semi-regular basis, which we are not capturing in our records. A more robust process for tracking these “just-in-time” simulations will provide a better understanding of the communities that know about and are ready to utilize RTVS and those that are still unaware of the service’s potential to positively impact patient care.

Looking Forward

With funding from the JSC, over the next two years UBC Rural CPD will continue to deliver a multimodal simulation program utilizing RTVS infrastructure and collaborating with existing simulation programs.

This will include a combination of just-in-time simulations, simulations fully coordinated by the RTV SIM team, and supporting the addition of RTVS calls in SIMs planned by other organizations. We will continue to increase our reach by collaborating with established simulation programs across the province and facilitating the addition of RTVS into simulation education delivered virtually and in-community.

This coming fiscal year, we intend to deliver an RTVS simulation at every rural residency site in BC. Collaborating with rural residency programs to ensure residents are aware of RTVS as a resource and are confident in utilizing it will help to support the rural communities where these individuals eventually enter into practice. We also hope that by facilitating a positive experience using RTVS through SIM, these residents will become ambassadors in their future rural communities and will introduce other health care providers to the service. We will also continue to support the FNHA nursing stations, one of RTVS' highest volume users, by developing resources and SIM education specifically tailored to the unique circumstances of these locations, namely high rates of staff turnover.

We intend to collect more simulation evaluation data this year through the redevelopment of post-SIM surveys and interviewing at least one participant from each coordinated SIM, with the hope that our learnings can be shared with others in the field through knowledge translation activities such as conference presentations and journal publications.

Lastly, the UBC Rural CPD RTVS SIM team intends to re-prioritize faculty development this coming year, and will aim to deliver two faculty development events to specifically support RTVS providers, especially around the topics of virtual facilitation and best practices in simulation education.

SUPPORTIVE RELATIONSHIPS

Rural Peer Support Network (RPSN)

Program Summary

The Rural Peer Support Network (RPSN) fosters supportive relationships in rural practitioner networks, including rural physicians and surgical, obstetrical and maternity teams, to improve practice, increase confidence, and connect rural colleagues. The objective of the Rural Peer Support Network is to pair healthcare provider coaches/mentors with coachees/mentees or healthcare teams who want to strengthen a clinical skill or advance a professional or personal goal, or who are going through a transition in their medical practice (e.g., transitioning to virtual care, adjusting to a recent move to rural BC, etc.).

The RPSN includes three streams based on a health care practitioner's role, specialization and community: the Coaching and Mentoring Program (CAMP), and the coaching pillars of the Rural Surgical Obstetrical Networks (RSON) and the Rural Obstetrical and Maternity Sustainability Program (ROAM-SP). RPSN also helps coaches and mentors develop their skills through synchronous and asynchronous

education, and supports for family practice anaesthetists, and has begun to deliver education around cultural safety and humility.

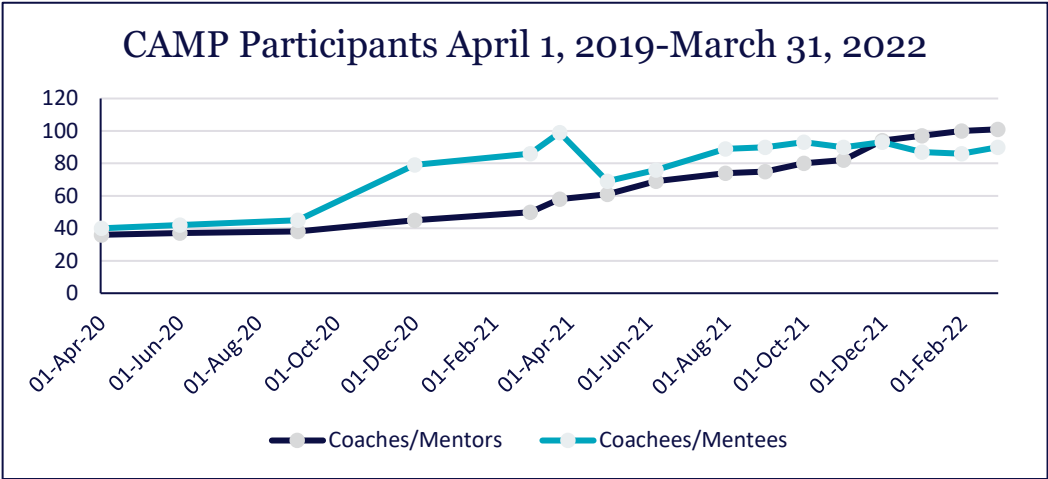
The project team includes Drs. Bruce Hobson, Vikki Haines, Danette Dawkin, Kirk McCarroll, Jel Coward, James Card, and Nicole Ebert, Melissa Leslie, Emily Boardman (Education Manager), and Gurleen Bhandal (Senior Program Assistant, who replaced Lisa Wissink in March 2022).

Key Project Milestones

Coaching and Mentoring Program (CAMP)

Enrollment

These charts represent the number of active coaches/mentors and coachees/mentees enrolled in CAMP.

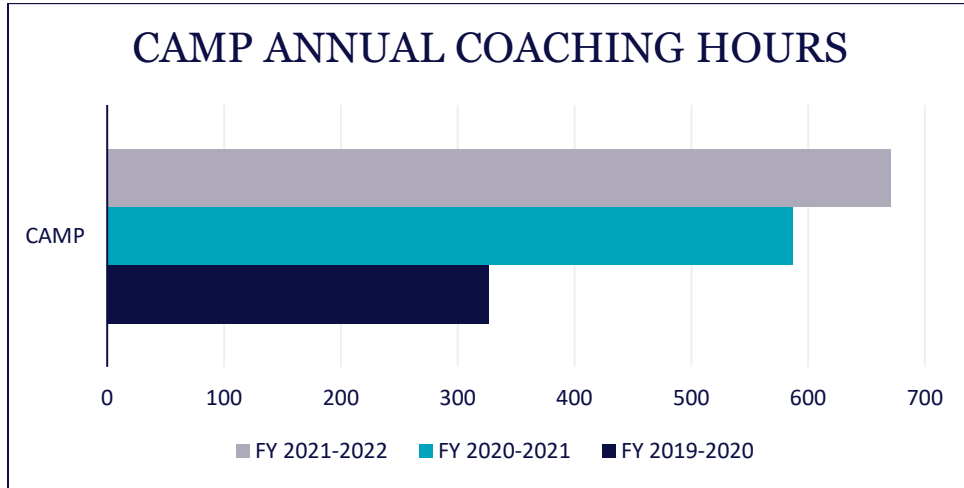


*The sharp decrease in participant numbers indicate participants who were unresponsive or unenrolled. They were moved to a new sheet on the master participant tracker to allow for a more accurate number of active participants.

Deliverable	As of March 31, 2022
Coachees/mentees enrolled in program	94
Coachees/mentees successfully matched	78
Coaches/mentors enrolled in the program	104
Coaches/mentor successfully matched	51

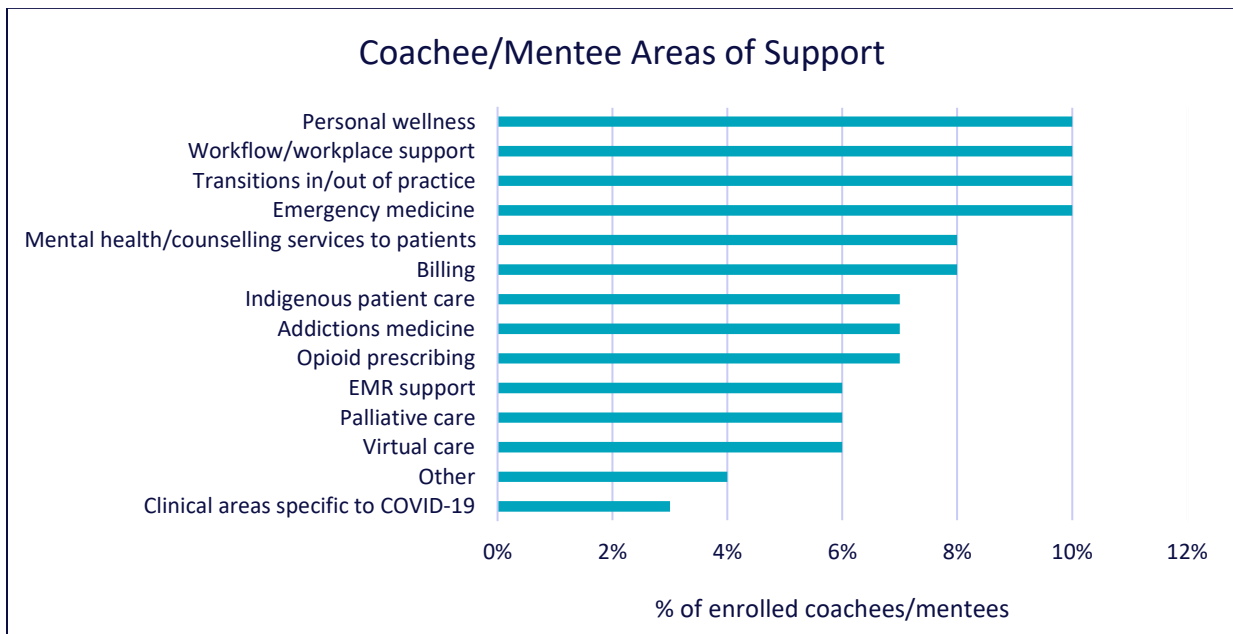
Coaching Hours

This chart represents the number of annual coaching/mentoring hours in CAMP from 2019-20 to 2021-22. 2019-20 was prior to CAMP and includes hours from the Peer EM, FPA, and Mentoring streams.



Identified Areas of Support

Coachees/mentees request a range of coaching/mentoring supports. In 2021, coachees/mentees requested support from a coach/mentor in the following areas:



Coaching and Mentoring Activity Highlights

Coaching/mentoring activities are customized to fit the coachee or community's goals. The following is a sample of impactful CAMP coaching/mentoring activities that took place in the last fiscal year.

- **Coldstream:** Rural FPA was matched with experienced physicians specialising in chronic pain care. Hoping to improve ultrasound and fluoroscopic interventional techniques for rural work.
- **Comox Valley:** Coachee is an FP resident who hopes to practice in a rural community upon completion of residency. Coachee looks forward to receiving support in a variety of practice areas, especially LGBTQ+ health and addictions medicine. Connected with an experienced coach who resides in a small community on Vancouver Island, and whose practice focuses on addictions medicine.
- **Gabriola Island:** Coachee is interested in building POCUS skills. Coachee is temporarily located in Vancouver and locums in Northern Health. They were coached in person by an EM Coach at Lions Gate Hospital.
- **Interior Health:** Retired physician with a wide breadth of experience who is also a certified coach recently matched with FP resident to work on workflow, transitions and more.
- **Nelson:** Coachee is a new-to-practice pediatrician in Nelson. The other pediatrician at the coachee's clinic has offered to support them in their transition. Coachee is finding the in-person support very helpful as they settle into practice, and recently had a particularly good experience receiving support from their coach while caring for ill neonates in the NICU.
- **Nelson:** Anesthesiologist from Lions Gate travelled to Nelson to coach FPA team.
- **Pemberton:** Coachee is interested in improving patient care for Indigenous peoples. Indigenous coachee has chosen to work with Indigenous coach.
- **Port Hardy:** FP interested in OSS program and wanting to build obstetrical and surgical skills was matched with two peers.
- **Prince George:** Coachee is a pediatric resident who intends to practice in northern BC or on Vancouver Island upon completion of training. They have been connected with a coach for eight months and travelled to Prince George in January. The coach and coachee reported that the in-person coaching experience was highly successful and rewarding.
- **Quesnel:** Coachee is interested in building mental health/counselling services for patients. Has been paired with a child and adolescent psychiatrist from Victoria.
- **Salmon Arm:** FPA coachee travelled to Vancouver to accompany coach at Lion's Gate Hospital ER over two days. Coachee observed and participated in care of complex patients with shoulder and breast surgeries, and found the opportunity to receive in-person anesthesia coaching very valuable.
- **Salmon Arm:** General surgeon coached group of EM physicians on surgical procedures.
- **Squamish:** C-section coaching at Surrey Memorial Hospital to refresh skills and re-instill the coachees confidence after their parental leave.
- **Terrace:** Coachee is an IMG pediatric resident at BC Children's who will be moving into an ROS contract in Terrace and is looking for support with the transition into practice. The coachee heard about CAMP through SPRuCe and has been paired with a pediatrician who is particularly motivated to support new-to-practice physicians.

- **Vernon:** Coachee pathology specialist was paired with a peer to receive support in personal wellness. Wishing to improve their ability to connect, listen and learn from others.

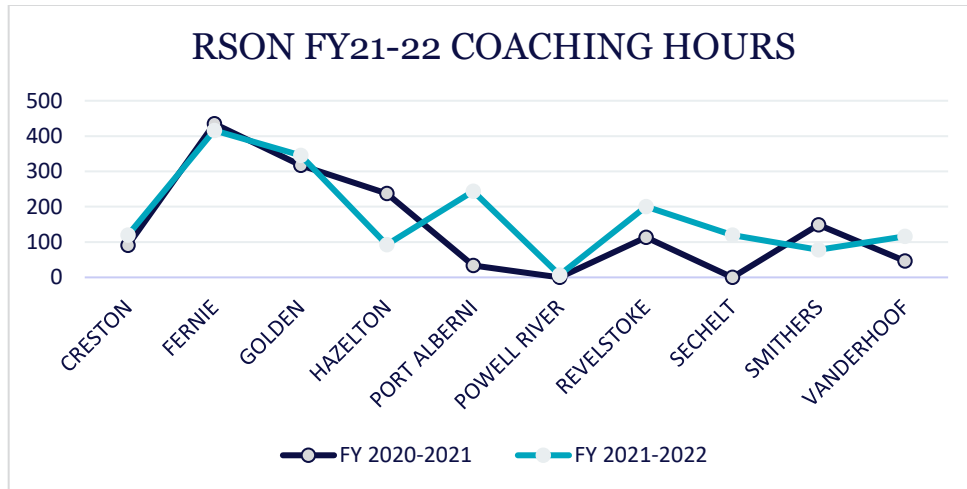
Rural Surgical and Obstetrical Networks Coaching (RSON)

Enrollment and Coaching Hours

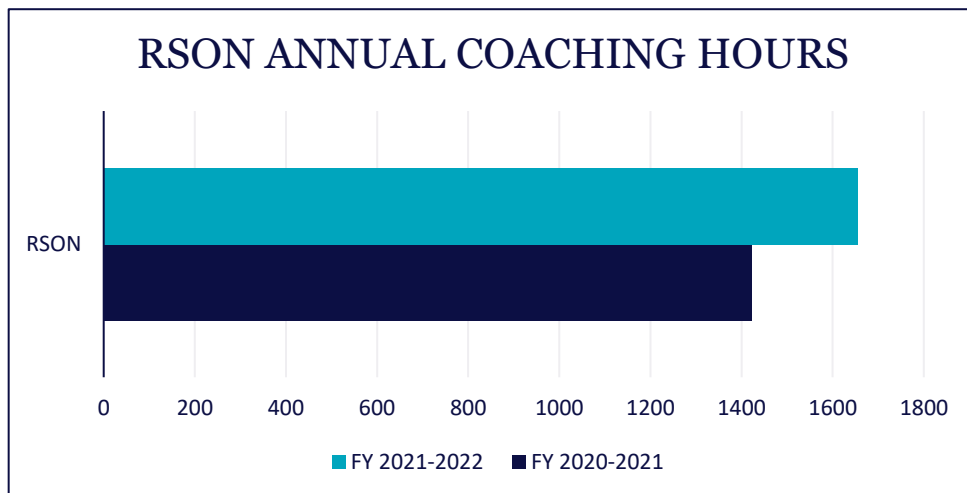
This table represents the number of coaches and coachees who participated actively and the number of coaching hours that took place from April 1, 2021, to March 31, 2022, based on Community Quarterly Reports and RCCbc Expense Claims.

Community	FY21-22 Active Coaches/Coachees	FY21-22 Total Coaching Hours
Creston	18	117
Fernie	43	371
Golden	28	345
Hazelton	16	93
Port Alberni	48	244
Powell River	4	7
Revelstoke	21	196
Sechelt	11	90
Smithers	16	78
Vanderhoof	24	116
Total	231	1657

The following chart compares the number of coaching hours that took place from April 1, 2020, to March 31, 2022, with coaching hours from April 1, 2021, to March 31, 2022, based on Community Quarterly Reports and RCCbc Expense Claims.



This chart represents the number of annual coaching hours in RSON from FY2020-21 to FY2021-22.



Coaching and Mentoring Activity Highlights

Coaching/mentoring activities are customized to fit the coachee or community’s goals. The following is a sample of impactful RSON coaching/mentoring activities that took place last fiscal year in ten RSON communities.

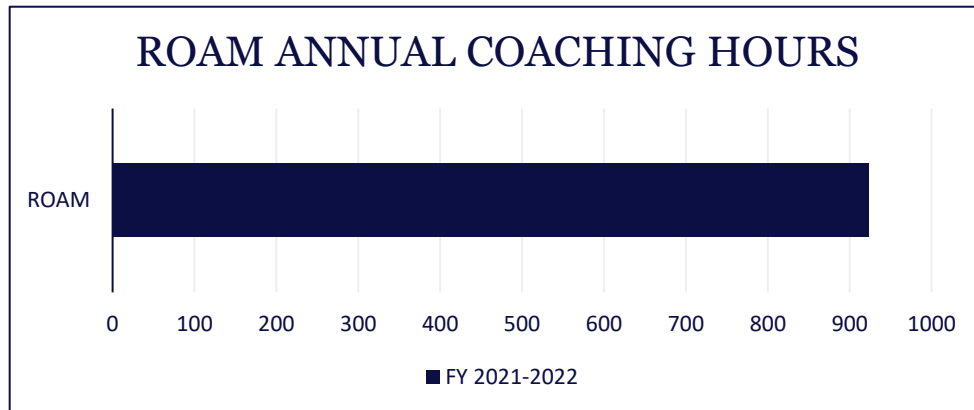
- **Creston:** Regional anesthesia, obstetrics team, maternity, FPA coaching, vasectomy coaching, Abbotsford c-section refresher, difficult intubation
- **Fernie:** Covid leadership obstetrics planning, RT and RN virtual coaching, trauma SIM coaching, FPA coaching, c-section debrief, pediatric dental anesthesia, NST case study, midwife integration, coaching with locum, ACL tendon graft coaching, GI coaching, endoscopy coaching
- **Golden:** Finger amputation, dental coaching, anesthesia coaching, skin excisions, carpal tunnel, OSS c-section refresher in Surrey, delivery coaching, breastfeeding, neonatal team coaching
- **Hazelton:** Hyperthermia coaching, anesthesia Coaching, POCUS coaching, mental health for maternity patients

- **Port Alberni:** Gestational diabetes coaching, PCEA coaching, neonatal stabilization coaching, malignant hypothermia, c-section coaching, anesthesia coaching, colonoscopy peer coaching, endoscopy coaching
- **Powell River:** Neonatal stabilization coaching, midwife integration, debrief critical event
- **Revelstoke:** Dental coaching, neonatologist discussion, c-section coaching, virtual anesthesia coaching, neonatal skills session, FPA peer coaching
- **Sechelt:** Coach SIM reviews, postpartum hemorrhage, c-section refresher in Surrey, difficult airway coaching, prepare for pre-term birth, neonatal stabilization coaching, pediatric coaching, interpersonal workshop – inductions of labour protocols
- **Smithers:** Ketamine therapy practical tips, perioperative management of patients receiving anticoagulation, anesthesia coaching, shoulder surgery, c-section refresher in Surrey
- **Vanderhoof:** FPA coaching, plastics coaching

Rural Obstetrical and Maternity Sustainability Program Coaching (ROAM-SP)

Coaching Hours

This chart represents the number of annual coaching hours in ROAM from FY2021-22.



Coaching and Mentoring Activity Highlights

The following is a sample of impactful ROAM-SP coaching/mentoring activities that took place last year. Coaching is underway in 20 ROAM communities with another six communities planning for coaching in 2022.

- **Comox:** Coaching critical incidents, coaching new pediatrician and neonatal team
- **Dawson Creek:** C-section coaching, coaching new maternity physician
- **Duncan:** POCUS team coaching
- **Fernie:** Maternity collaboration, midwife coaching
- **Haida Gwaii:** Peer coaching
- **Invermere:** Neonatal skills team learning

- **Hazelton:** Surgical first assist coaching in Surrey
- **Kitimat:** Remote RN OB skills
- **Nelson:** Normal birth review, neonatal workshop
- **Prince Rupert:** Case reviews
- **Quesnel:** Case reviews, maternity coaching preparation trial of labour after c-section, obstetrical anesthesia
- **Sechelt:** Pediatric coaching
- **Smithers:** OB skills drills, OB coaching

Collaboration

In addition to operational collaboration with other programs within UBC CPD (HOUSE, IPL, PLP, RTVS) and team members at RCCbc, RPSN collaborates with a variety of partners and stakeholders:

- **High Volume Centres:** Developed strong relationships with high volume urban centres for coaching opportunities, including Surrey Memorial Hospital, St. Paul's Hospital, Lions Gate Hospital, Inlet Community Birth Program
- **Provincial Organizations:** Shared our unique process and model with many BC organization including Pain BC, Doctors of BC, College of Physicians and Surgeons, and more
- **Organizations Across Canada:** Contributed to the development of coaching and mentoring programs in areas such as Alberta's Rural Health Professional Action Plan, Rural Health Northern Ontario School of Medicine, and the University of Saskatchewan Continuing Medical Education

Evaluation Findings

The Coaching Pillar captures program evaluation through surveys and annual interviews. Evaluation data informs program decisions, ongoing improvement, and development.

Interviews

CAMP and RSON conduct participant interviews as part of our evaluation strategy. The overarching ROAM-SP is currently being evaluated in partnership with Reichert & Associates.

Twenty-three interviews were conducted between April 1, 2018, and July 31, 2021, with participants who had engaged in various coaching and mentoring activities, including observing and performing procedures and surgeries, travelling to regional centres, and having experienced colleagues visit their rural site.

The data analysis indicated that participants identified the program's outcomes as relationship building, clinical skill improvement, clinical confidence, clinical retention, and sustaining rural surgical and maternity care.

Relationship Building

Participants looked to the program to find support and build collegial relationships. This included building new connections and relationships or solidifying and formalizing existing ones. Improved relationships and trust had a longitudinal effect, and for many participants created the comfort of having a peer they could turn to with questions and for advice. Building trust with other providers in their health region helped increase comfort and confidence in their practice.

- *“And moving to a town where you’re the only ESS is really intimidating, especially being new into practice. You don’t have anybody you can count on, and so I knew that if I was moving to a town that didn’t have another person like me, I would need a really strong support program from the regional centre, and so that’s when I heard about the coaching program.” (Coachee A)*
- *“[...] building collegial relationships with our referral surgeons because they weren’t really mentors then, we wanted to make them into be mentors to facilitate that relationship building” (Coachee 1)*

Clinical Skill Improvements

Participants pointed to “small tweaks and twists” they learned that helped improve their approach and increase their confidence. The programs helped participants learn how to use new equipment and approaches, and experience new cases that coachees do not often encounter due to low volume in their community of practice.

- *“[...] lots of new information, you know, small things, you know. I would call it adjustments to your current skill set. But not necessarily any specific new skills.” (Coachee 2)*
- *“They’d let you do it, but then they’d say, you know, sometimes I do this. Have you thought about this? And so, immediately, I have a file folder in my brain already to put it, so I can tweak that. I was able to add so much nuance to my procedures and just gain that confidence and experience again along with new little techniques here and there – updated techniques and things like that.” (Coachee A)*
- *“As far as using new equipment, we’ve had a few new laryngoscopes that have been introduced since COVID, so getting to use those more comfortably. They’re ones that I had trained with that he hadn’t used, so I kind of showed him how to use that.” (CAMP Coachee K)*

Clinical Confidence

Increased confidence was achieved by getting hands-on experience in more rare medical cases, receiving reaffirmation and feedback from coaches and peers, and by building trust.

- *“having someone like Dr. [name] say yes you can do this, I feel safe and comfortable knowing that you exist within my health region and are performing this procedure is good for everybody, for us, for the patients and for those that give us privileges.” (Coachee 1)*
- *“[...] just being able to discuss with someone, like, is this the right block to do? So you have some confidence in that. Kind of pulling a little bit from the performance coaching aspect of things, just, kind of, knowing that you’re doing the right thing makes it a lot easier to do that. You know,*

like, so there isn't a voice in your head while you're doing the block saying, are you doing the right block? Because you're more confident that you are." (Coachee D)

Clinical Retention

The program helped improve participants' comfort level and resiliency in their practice, positively impacting recruitment and clinical retention.

- *"CAMP was huge to bring me here and I'm really, really happy. And I've told lots of people about it. And I'm hopeful that it might help me find a locum, actually, next year." (Coachee A)*
- *"I think it's really – it's a key part of – that having people train in rural generalism, rural surgery, anaesthesia – is having this sort of program in place. It's a key thing. Otherwise, you will lose people who'll do year or two and then they'll give it up." (Coachee B)*

Sustaining Rural Care

Sustaining rural surgical and maternity care was another important theme mentioned by several respondents whose sites were on the brink of closure.

- *"[...] most of our sites have been on the brink of closure over the last...many years. And some made it more sustainable for a few more years. Like, that little bit of extra funding for someone to do a little bit more of the training and relationship building, and if it...that didn't happen, the potential is that the community could just keep going down the path they were going, and finally the person who's kind of the champion is just, like, forget it. I can't do this anymore. Or maybe the relationships didn't have time and energy put into them to gel. Or whatever it is. So, in a way, it's possible that some of the communities have become – I don't want to say sustainable, but it's another little layer of help to keep them going for a little bit longer. I feel like, you know, that's a little piece too." (Coach Coachee F G)*
- *"I think clinical coaching makes rural surgery sustainable, and can check off the quality improvement box for accreditation that many – we haven't talked about this at all, but many admin-level people are always concerned about safety. It probably does improve safety, but it also, it's an extra checkbox." (Coachee H)*

Skill Development

Coach and Mentor Skill Development Overview

As part of supporting coaching relationships, RPSN offers regular Coach and Mentor Skill Development Sessions. From April 1, 2021, to March 31, 2022, RPSN:

- Delivered **17** sessions for BC providers and **three** for external partners
- Taught **14** topics
- Welcomed **171** attendees
- Offered **33** hours of skill development

This table provides more information about the Skill Development sessions held this year.

Date	Sessions	Topic	CAMP Attendees	RSON Attendees	ROAM Attendees	Total Attendees
April 6, 2021	Skill Dev	Brief Action Planning	7	/	1	8
April 22, 2021	Skill Dev	Resistance or Discord	7	1	1	9
May 5, 2021	Skill Dev	Feedback- The Next Level	7	1	/	8
May 20, 2021	Skill Dev	Questions Advanced	10	/	1	11
June 8, 2021	Skill Dev	Affirmations, Acknowledgements and Praise	8	1	1	10
June 22, 2021	Orientation	Structuring the Conversation – GROW	5	1	4	10
June 29, 2021	Skill Dev	Reflecting, Summaries and Paraphrasing	6	/	/	6
July 15, 2021	Skill Dev	AFTs – Awkward First Times	7	1	/	8
Sept 23, 2021	Skill Dev	Assertiveness and Interpersonal Boundaries	5	1	2	8
Oct 19, 2021	Orientation	Structuring the Conversation – GROW	5	2	1	8
Oct 26, 2021	Skill Dev	Advice Trap	6	1	/	7
Nov 16, 2021	Skill Dev	Psychological Safety	11	1	2	14
Nov 25, 2021	Skill Dev	AFTs – Awkward First Times	5	2	2	9
Dec 9, 2021	Skill Dev	Powerful Questions	6	1	4	11
Feb 16, 2022	Skill Dev	Coaching Communication	6	/	2	8
Feb 24, 2022	Orientation	RPSN Coaching Orientation	7	1	2	10
Mar 15, 2022	Skill Dev	Delivering Feedback	5	1	1	7

We offered three out of province orientations this year to share our lessons learned, process, and a lesson on coach/mentor communication.

Date	Organization	Number of Participants
August 26, 2021	Northern Ontario School of Medicine, Coaching and Mentoring in Northern Ontario	5
September 9, 2021	Northern Ontario School of Medicine, Coaching and Mentoring in Northern Ontario	5
November 19, 2021	Rural Health Professions Action Plan	9

Coach and Mentor Skill Development Evaluation Findings

We conduct post-session evaluations after each coach/mentor Skill Development session. The feedback we gather from these surveys informs changes and improvements to future sessions. Following the sessions:

- 98% of attendees agreed or strongly agreed that they **felt more confident** in their role as a mentor/coach.
- 98% of attendees agreed or strongly agreed that they **learned some useful approaches** for coaching and mentoring.
- 95% of attendees agreed or strongly agreed that they are able to be **more conscious and effective** when supporting a colleague.
- 98% of attendees felt the **facilitators contribute effectively to their learning**.
- 100% of attendees **would recommend the session to a colleague**.

The following comments were captured from the post-Skill Development survey:

- *“Excellent presentation and support during breakouts.”*
- *“I particularly valued the in the moment coaching during the session.”*
- *“The presentation was very good, information on GROW and books to read on coaching.”*
- *“[I have more] confidence for a structured and prepared approach to facilitate virtual meetings.”*

Regional Anesthesia Webinars and Coaching

Through webinars and coaching, this pilot was designed to increase rural family practice anesthesiologists’ (FPAs) confidence, build peer connections, and standardize and improve rural FPAs’ practice.

Webinar Date	Webinar Topic	Attendees
June 24, 2021	Adductor Canal	9
July 27, 2021	Best Practices	15
November 15, 2021	Hip Fracture & Pathways	17
December 9, 2021	Truncal Blocks	17

The following information was captured from the post-session survey:

- 100% of attendees found the webinars helpful in advancing their understanding of Regional Anesthesia.
- 83% of attendees identified one or more areas that they plan to implement in their clinical work.

In participants' own words:

- *"I did two of those blocks the next morning (12H later) and felt so efficient and confident that I knew my landmarks and targets/measures of success. I was confident enough to provide it on awake patients as well, which feels like best practice."*
- *"Improved my understanding and confidence in approaching pre-op/transfer pain control for hip fractures."*
- *"Please keep doing these sessions! I love them. It is a reassuring and inspiring way to touch base with experts in our field, but in an intimate way that sustains us in smaller centres."*
- *"This is an amazing approach for those of us not near academic centres. Keep up the excellent work!"*

Cultural Safety and Humility Education

RPSN offered coaches and coachees from CAMP, RSON and ROAM a three-part series on Cultural Safety and Humility led by Harley Eagle and Elder Cheryl Schweizer. Attendees took part in the virtual group learning sessions to learn, reflect, and discuss systemic racism from Indigenous peoples' perspectives.

Date	Attendees
March 22, 2022	21
April 5, 2022	18
April 19, 2022	16

The following information was captured from the post-session survey:

- 100% of attendees better understand the impacts of systemic racism on our society.
- 100% of attendees have learned useful approaches to address oppressive systems.
- 95% of attendees feel more confident discussing systemic racism.

In participants' own words:

- *“The facilitators articulated the challenges well, along with providing clear examples of indigenous pedagogy that are so helpful in addressing racism. I also appreciated the frank dialogue around shame, but held in a supportive container.”*
- *“The facilitators provided knowledge, kindness, honour, warmth and humility across the air land and water - just a glimpse into learning, inspiring to continue - just the beginning of an understanding of real untold truths and history.”*
- *“I learned how to approach the colonial system that is in place and make a much more inclusive environment for indigenous and minority patients.”*
- *“I learned about recognizing the approach to trauma and why behaviors are present. The most important was the video on learning vs survival brain.”*
- *“A big thank you to the presenter and organizer, was an eye opener.”*
- *“More doctors/Health Care professionals should attend this.”*

Online Portal

The Online Portal features **11** optional bite-sized learning modules so participants can learn about coaching and mentoring skills at their own pace and convenience. **Five** new modules were added in 2021. Lessons on ways we support a colleague, active listening, creating the alliance, powerful questions, structuring the conversation, providing effective feedback, agenda setting, and resistance or discord are available to all RPSN participants through UBC CPD's eLearning site (elearning.ubccpd.ca). Each module guides learners through a foundational coaching and mentoring skill via videos, interactive design, and objective assessment questions. Downloadable one-page worksheets correspond to each topic, which learners can complete to solidify their knowledge. To date, there are **163 people** enrolled in the Online Portal. **Eighty participants** registered in 2021.

Lessons Learned

- At least twice a year, RSON and ROAM leadership and managers will come together to discuss coaching.
- We have successfully increased participant numbers through presentations and conversations with BC organizations such as Divisions of Family Practice, Sustaining Pediatrics in Rural and Underserved Communities, RCME Provincial Meeting, Residency Programs, and more.
- RPSN supports coachees to use coaching funds as they see fit, i.e., for individual, group, local, urban, clinical skill and wellness coaching. Allowing flexible funding offers more opportunities and builds interest and motivation among coachees.
- Having one key coordinator for high volume centres streamlines the process. The RPSN Education Manager coordinates coaching and arranges privileging for the OSS Refresher at Surrey Memorial Hospital, and coaching at Lions Gate and St. Paul's hospitals.
- Having a strong clinician leadership team is key to growing the program by recruiting coachees, onboarding coaches, and supporting the overall vision and direction. RPSN has refreshed the CAMP

and RSON working groups and will soon launch the Coaching and Mentoring Clinician Leadership Team. This leadership team will include key stakeholders in rural British Columbia with an interest and experience in coaching and mentoring. Team members will advise and support the RPSN to operate an effective and innovative service for rural providers, and they will act as champions within their regions to foster coaching opportunities.

Looking Forward

In the upcoming fiscal year, RPSN will focus on the following priority areas:

- Ensure our mentors and coaches feel adequately supported through coach/mentor skill development opportunities, and continue to develop new topic areas for our skill development sessions and online portal.
- Embed cultural safety and humility into our practice and skill development sessions.
- Continue to identify opportunities to align and partner with other programs and organizations.
- Continue to explore synergies and alignment between all RPSN programs (CAMP, RSON, ROAM), and streamline processes to more effectively meet our participants' needs.
- Continue to encourage coaching and capture and meet needs/goals of rural health care providers.
- Collect participant interviews, stories, and video testimonials.
- Explore RSON/ROAM-SP coaching legacies: When the funding is finished, what will remain? What else will be needed to continue supporting communities and teams?

Personal Learning Plans

Program Summary

Personal Learning Plans (PLP) support physicians to navigate the continuing professional development landscape and to achieve personal and professional success. PLP offers a concierge service at no cost to any physician with a full or provisional license who is in their first five years of practice in a rural BC community as defined by the Rural Subsidiary Agreement, or who is serving as a locum in rural BC. PLP helps physicians to identify and achieve their learning goals and develop a plan to support successful integration into practice and their community. To help them meet their goals, a concierge and physician advisor collaborate with the learner to identify relevant resources and connections.

The medical lead for the program is Dr. Bruce Hobson and the project leads in 2021-22 were Lisa McCune (Project Manager through December 2021), Kathryn Young (Project Manager January through April 2022), Doris AuYeung (Program Coordinator as of November 2021), Hires Gindwani (Concierge), Jessica Chan (Concierge until March 2022), and Hadas Haft (Concierge as of March 2022).

Program Operations

As part of program operations, the PLP staff team (Project Manager, Program Coordinator, and Concierges) meet weekly to discuss learning plan status and participant needs, and to support with

resources for the list of activities. Once per month, the PLP team and the Medical Lead for the program meet with BC-PIP staff and the Rural CPD Senior Manager to review program updates, discuss governance and explore partnership opportunities.

During FY22, PLP was re-accredited for 6.0 Mainpro+ credits.

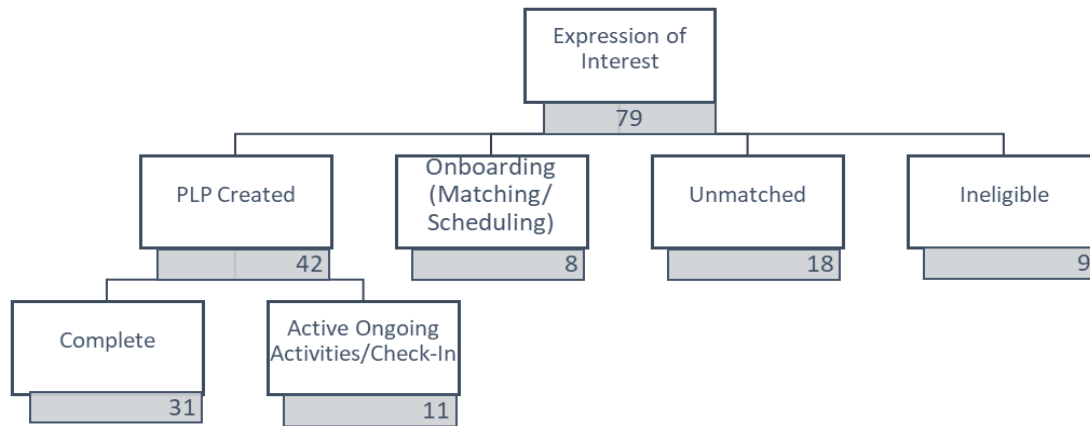
Physician Advisors

Physician Advisors (PAs) play a key role in operating PLP, and program deliverables include supporting their development through two “PA Day” sessions per year. In 2021-22 these sessions were held in the fall and winter:

- **September 23, 2021:** The session covered program updates/feedback, and presented guest speaker Connie Davis, Centre for Collaboration, Motivation and Innovation (CCMI), on "Bringing Your Best to a Learning Plan Session: Introduction to the Abbreviated Motivational Interviewing Competency Assessment (A-MICA)"
- **February 8, 2022:** The session included program updates, group discussion on areas of success and improvement, and breakout room activities exploring opportunities for PLP in the future.

Program Participants

The figure below outlines the total number of rural participants who expressed interest, enrolled, and completed learning plans as of March 31, 2022. The *unmatched* category indicates participants who were either unable to participate, or they were not matched with program support even though they qualified for the program, reached out to sign up, and a PLP concierge subsequently attempted to make contact three times.



The table below illustrates the demographics of rural participants by IMG program and medical specialty as of March 24, 2022. Physicians who were unresponsive and did not complete onboarding are no longer included in this count.

IMG Programs	Participant Count	Medical Specialty	Participant Count
PRA-BC	30	Family Physician	40
BC-PIP	6	Pediatrician	1
IMG Residency	6	Neurologist	1
Total	42	Total	42

Emerging Themes and Learning Gaps

PLP regularly monitors learning goal trends as well as emerging themes and systems/learning gaps for target populations.

Top Five Learning Goal Topics

Topics	# of Requests
Mental Health	15
Billing	12
Opioid Prescribing	12
Electronic Medical Records	12
Emergency Room Skills	11

One ongoing and ever-evolving trend identified in 2021-22 was the need for exam support for physicians who are new to BC. These needs have been passed on to the BC Physician Integration Program (BC-PIP), and Concierges have worked continually with Physician Advisors and other consultants to address each participant's unique needs by sourcing exam preparation practice questions and resources, and, whenever possible, an individual to coach or support a participant with exam preparation.

A second notable trend has been the need for practice management and new-to-practice resources such as how-to for setting up a clinic, billing in different payment models, electronic medical records, and practice accounting. The BC-PIP has prioritized updating its new-to-practice resources on a practice management module, and is currently finalizing an environmental scan on this topic as well as exploring developing a one-page information sheet. Members of the PLP staff team have also connected with Doctors of BC to connect participants with additional resources and supports.

Partnerships and Relationships

PLP depends on partnerships and collaboration with other organizations across the health system.

BC Physician Integration Program (BC-PIP): PLP continues to carry out targeted marketing activities to recruit International Medical Graduates into the program, as they are a priority group for PLP. PLP presented to IMGs at the BC-PIP IMG Orientation in Fall 2021 and Spring 2022. The PLP and BC-PIP teams are closely linked due to shared staff between programs and shared objectives of supporting the integration of physicians into practice in BC.

Doctors of BC Regional Advisors & Advocates: In February, the Program Coordinator met with the Regional Advocates Program to collaborate and share resources for new-to-practice physicians and practice management. This partnership provides an opportunity to connect with more regional contacts for the program and improve our resources database on the new-to-practice topic.

CFPC Professional Learning Plans: The College of Family Physicians of Canada has launched [CFPC Professional Learning Plan](#) as of early 2022. The CFPC PLP is an online, self-directed tool with options to

complete as an individual and/or receive peer support. In 2020, we provided them with our materials directly (Physician Advisor Guide) and through the PI Hub Coaching and Mentoring Sub-Group. Moving forward as this tool becomes more established, it will be important to continue sharing information between the two programs. CPD's Executive Medical Director, Dr. Bob Bluman, is currently the main contact between UBC CPD and CFPC, and receives regular updates about the CFPC PLP.

Rural CPD Coaching and Mentoring Programs (CAMP): The PLP and CAMP teams continue to refer appropriate participants through a streamlined process. To better support PRA-BC graduates, PLP engaged past PRA-BC graduates who completed learning plans to see who may be interested in serving as a coach on the CAMP roster. Several individuals who have relevant experience transitioning into rural practice have signed up in a promising direction to provide coaching and mentoring support to new PRA-BC graduates.

Practice Ready Assessment BC (PRA-BC): We present at UBC CPD's delivery of PRA-BC events bi-annually, including the Assessor Training (Spring/Fall) and Centralized Orientation (Spring/Fall) to spread awareness of PLP offerings, and to recruit PRA-BC graduates into the program following their clinical field assessment (CFA). To engage the assessors conducting the CFAs, we developed a session to demonstrate how the PLP can support PRA-BC graduates with addressing learning needs and how PRA-BC assessors deliver feedback to candidates. The session planned for January 2022 was canceled due to low uptake and gaps in staffing; however, PRA-BC and PLP are now planning a session for July and agree that bi-annual meetings are valuable.

Practice Support Program (PSP): We continue to connect quarterly with Regional Support Team (RST) leads and local Practice Support Program (PSP) coaches when developing personal learning plans to support individual participants. We provided updates to PSP Central on the outcomes of our growing partnership, noting that PLP is referring participants to PSP resources and connections in a significant percentage of learning plans. PSP Central and the PLP team met in October 2021 to discuss opportunities for synergies after their GPSC work plan for next year is more final. In late 2021, PSP announced they would restructure their PSP coaches throughout the province and re-hire coaches through Doctors of BC, rather than through the regional health authorities. This will be finalized in October 2022.

RCME: We connect regularly with the RCME Liaisons through joint RCME, REAP and RURAL CPD quarterly meetings, which explore synergies across programs. We have collaborated with RCME Liaisons and continue to explore how to connect PLP participants with RCME contacts.

In 2021-22, RCME leaders and the PLP Working Group formed the Community Concierge Working Group, approved the year before but delayed due to COVID-19. We continue to explore the idea of community learning plans for rural communities and hope to support two sessions in the upcoming year.

Evaluation Activities

We dedicated time in 2021-22 to laying the groundwork for data collection informed by a revised and updated evaluation logic model and framework, and a data collection plan. We also identified a team to lead and conduct the evaluation data collection.

In December 2021, UBC's Research Ethics Board (REB) approved our proposed approach and as of January 2022, we have invited 21 PLP learners to participate in a semi-structured interview or to complete an evaluation survey, which addresses similar questions to the interview protocol.

We began interviewing in February, and will continue through the end of 2022. A summary of the findings will be produced at the conclusion of the evaluation, and in the meantime, we will report quarterly on emerging themes and learning gaps. We will also continue to collect post-program feedback through surveys to support ongoing quality improvement.

Informal program feedback and testimonials from the 2021-22 year include:

- *"I feel so supported and so much lighter"*
- *"It's self directed and not didactic. It incorporates individual responsibility and engenders innovation. It also makes it a bit informal and less pressure on the person."*
- *"(PLP) demonstrates ownership and self-directed learning. How it's conveyed makes it relaxing and individualised."*

Lessons Learned

There were many changes for PLP in 2021-22 including program expansion, staff transitions and increased demand for the program. Examining our operational processes revealed opportunities for improving the sustainability of the model. The team worked through the fourth quarter to re-calibrate on areas such as resource database development, PLP initial meeting frequency, and program duration, and will continue refining operational processes throughout 2022-23.

Looking Forward

Our plans for 2022-23 include:

- Continue to manage the ever-growing uptake of new intakes/sign-ups to the program.
- Develop a marketing and communication strategy to identify opportunities to share information about the program and connect with stakeholders effectively and at reasonable frequencies.
- Explore redesigning the learning plan template to better link it to the list of activities and inquiry-based learning models.
- Conduct interviews as part of the evaluation strategy throughout the year (aiming for 10 interviews) and create a comprehensive evaluation summary including qualitative and quantitative data.

Indigenous Patient-Led (IPL) Continuing Professional Development Project

Project Summary

“Indigenous Peoples in BC have an extensive history of traditional medicines and health care. As experts, our perspectives are integral to the development of cultural safety and humility protocols and resources.” – Elder Cheryl Schweizer

Cultural safety in healthcare settings is for everyone, but for Indigenous Peoples and communities, a history of hardship and colonization carries an intergenerational detrimental legacy and impacts people’s present-day realities. Comparative health statistics reflect unacceptable disparities between Indigenous and non-Indigenous populations in Canada.

IPL aims to improve Indigenous health outcomes by increasing access to culturally safe care for Indigenous Peoples and communities in BC’s rural settings. When Indigenous Peoples feel safe and trust their health care setting, they are more likely to access health services. The project aims to develop rural health care providers’ sense of cultural humility and their ability to deliver care that is culturally safe by co-creating and delivering content in partnership with Indigenous patients and Elders.

Vision: *Indigenous patients receive culturally safe care during every health care encounter.*

Mission: *Use community-led learning opportunities to enhance the practice of culturally safe medical care in rural BC to facilitate open communication and trust with Indigenous patients.*

IPL does not follow a linear western-styled plan. It is shaped by the protocols, values, principles, and teaching provided by Elders, cultural practices, and patterns. The project expresses the experience and wisdom of each member, the relationships we have and those that we are creating in our interactions across the province. This project is like a living document, which is ready to adapt, and flex based on whatever we encounter on this journey of working together with Indigenous and health practitioner communities to increase cultural safety and humility in rural BC.

In 2021-22, Elders Roberta Price (until January 2022) and Cheryl Schweizer led IPL project’s working group, which also included Dr. Terri Aldred (on parental leave as of December 2021), Dr. Dana Hubler, Harley Eagle, Rural CPD’s Research and Events Assistant (Stephanie Gariscsak until June 2021, Ievgeniia Rozhenko since July), and a Rural CPD Project Manager (Lisa McCune through December 2021, Alisa Harrison since January 2022).

Key Project Milestones

The IPL project evolved considerably through 2021-22. In 2021, the COVID-19 pandemic prevented us from holding any face-to-face gatherings or meetings and limited our options for meeting with communities to develop relationships. However, we continued to engage in virtual settings including:

- A series of meetings with shíshálh Nation Elders as well as parallel meetings with the Sunshine Coast Division of Family Practice to support readiness to engage
- Initial engagement with community in Lillooet
- Beginning discussion with Kwakiutl District Council (KDC) on potential brokered dialogue work; explored supporting KDC's development of Cultural Training Sessions
- Beginning discussion with the Campbell River emergency department physician leadership about brokered dialogue with the KDC community
- Beginnings of a relationship with the Nisga'a Valley Health Authority
- Supporting brokered dialogue work with Nuu-Chah-Nulth Tribal Council (NTC) and North Island physicians - the video is now complete
- Supporting Elder-led virtual education delivery and evaluation with NTC community members and physicians from the Central Island Division of Family Practice, followed by an in-person feast between NTC Elders and physicians, facilitated by IPL working group member Harley Eagle
- Supporting Elder-led education delivery (three cohorts of Nowh Guna training) and evaluation with Carrier Sekani Family Services (CSFS) Elders and physicians from the Northern Interior Rural Division of Family Practice, CSFS and First Nations Health Authority Doctor of the Day
- Beginning relationship with Prince George Division of Family Practice
- Collaborating to support cultural safety and humility training for RTVS and RPSN

In addition to virtual engagement with communities, the working group also created a Preamble, explaining the work and intentions of the IPL project, and an introductory video where members described their connection with IPL and the purpose of the work from their perspectives. The working group also developed and submitted successful abstracts for presentation at two conferences in 2022-23.

shíshálh Nation

The health manager for shíshálh Nation (Sechelt) is a member of the region's primary care network (PCN) with the Sunshine Coast Division of Family Practice. The PCN has committed to a three-part strategy to address cultural safety and humility. The IPL project supported one of these parts by supporting shíshálh Nation Elders to share their vision for health care.

While shíshálh Nation Elders participated in a series of seven meetings in the late summer and early fall, these were paused indefinitely to allow the community space to heal from the tragic impacts of COVID-19. Simultaneously, the working group continued to refine its practice, including work informed by engagement with shíshálh Nation to clarify fair and respectful process for compensating Elders for their time.

In winter 2022, we started discussing how to re-engage with the Nation and start again from where we left off but with improved processes. Before pausing our work with shíshálh, we had identified brokered dialogue as an approach that best fits the community's needs and the Elders' vision for engaging with medical care workers. To that end, we had invited the shíshálh videographer Alfonso (Seto) Salinas to

work with us, and considered his suggestion to conduct tours introducing shíshááh community to local physicians.

Carrier Sekani Family Services Nowh Guna Training

Our project team supported Carrier Sekani Family Services to transition their in-person Nowh Guna “Our Way” Foot in Both Worlds Carrier Agility Training to an online platform. Physicians are compensated for their time to attend and the session is accredited for up to seven Mainpro+ credits. Initial sessions were delivered in November 2020 and March 2021, and another session in May 2021.

- **Nine** participants attended the May 12-13, 2021, training including physicians, MOA and nurse practitioner from BC Cancer, UBC Family Medicine Residency, University Hospital of Northern British Columbia, UBC Pediatrics, Carrier Sekani Family Services.

Nuu-Chah-Nulth Tribal Council (NTC) Indigenous Patient and Physician Engagement – Port Alberni

We also supported NTC and the Central Island Division of Family Practice with their Indigenous Patient and Physician engagement education seminars. These seminars occurred **bi-weekly** from March 31 to July 22, 2021. Each session had **three Elders** from Nuuchahnulth territories and **three to five doctors** (GPs and specialists) and NPs. Sessions were kept small to facilitate dialogue and relationship building. Health care practitioners in Port Alberni were invited to select two to three session options to facilitate continued dialogue and multiple opportunities for engagement.

The sessions included the following topics:

- We are Nuuchahnulth. Who we are, where we come from.
- Understanding Local Culture and places. Sites of cultural significance in Port Alberni and Residential School sites.
- The effects of inter-generational trauma, Residential School, Sixties Scoop.
- Myths and Misconceptions about First Nations and Healthcare issues.
- Challenges around access to care and how they have been overcome or not.
- Times we have felt uncomfortable seeking healthcare. Times we have felt comfortable seeking healthcare.
- Assumptions we face when walking into a healthcare environment. Times assumptions weren't made about our life story.
- Nuuchahnulth Tribal Council Healthcare Services, Nursing, child and youth and mental health.
- Nuuchahnulth way of providing healthcare and how to build healthy connections and relationship between First Nation patients and healthcare providers.

Nuuchahnulth Tribal Council (NTC) Brokered Dialogue – Campbell River

Our project has been supporting the completion of Megan Muller’s PhD research alongside the Nuu-chah-nulth Tribal Council—the Nuu-chah-nulth Patient Voices Project—to facilitate brokered dialogue within the community.

The project process included several stages. First, patients shared their stories in open-ended interviews. The compiled interview clips were shared with medical care providers during one-on-one video watching. The providers were invited to share their reflections about the themes they noticed in the video and the things that could be done differently. Finally, the videos with the providers’ reflections were brought back to the community, and the community led a collaboration to edit all the videos.

The video was completed in January 2022. It includes powerful messages and personal stories that have the potential for a strong impact on peoples’ hearts and minds. The research findings show frequent misdiagnosis and failure to provide treatment to Indigenous patients caused by stereotyping and harmful assumptions. There is a lack of meaningful communication between patients and health care providers, which exacerbates the problem of lack of trust and access to care. Health care providers identified factors that contribute to poor care as burnout, poor care culture and lack of cultural safety training. Recommendations highlight the importance of building rapport and trust, making cultural safety education mandatory, including patient advocates and family in health care experiences, and improving the complaint process.

Evaluation Findings

Cultural Humility and Bias Tool

To date, the provider tool has been used for the Carrier Sekani Family Services Nowh Guna training sessions. We worked with CSFS in late fall and early winter to understand their experience using the tool, and continue to explore the following questions and ideas that arose:

- Consider including a measure of the extent and types of other cultural safety training participants have engaged prior to the specific intervention being evaluated.
- Recognize that self-assessments of the degree to which a provider’s practice is culturally safe may *decline* as a result of training: i.e., as a provider develops more cultural humility, they may rate their own cultural safety lower than when they started. This result may be read as an indicator of the training’s positive impact.

We will continue to refine and use this tool during future community engagement and training processes, and are currently working with CSFS to revise the tool for use in a one-year follow up evaluation of Nowh Guna.

Carrier Sekani Family Services Nowh Guna Training

According to combined pre- and post-program evaluation findings from the November 2020, and March and May 2021 trainings participants rated the Nowh Guna sessions positively. About half (14 out of 33)

of participants completed the post-training survey and overall results indicate that Nowh Guna had a positive impact on participants' ability to practice in a culturally safe and competent way.

Participants commented:

- *"I have certainly noticed things I haven't before when seeing my patients interact in the health care system. I think about barriers and ways to overcome challenges in ways I simply didn't know existed."*
- *"I really appreciated when the discomfort and shame was directly addressed: 'This is not your fault, we are not angry with you, these are the facts, and we need to address this history in order to move forward together.' This was wonderfully disarming and validating."*

As a result of the training, participants reported:

- Increased awareness of cultural safety
- Increased confidence in delivering culturally safe care
- A wish to build more knowledge around active listening, holistic care, impacts of trauma, considering cultural contexts, committing to continual learning, awareness of personal privilege and prejudice, respect for traditional medicine, and relationship-based care.
- Better ability and preparation to use culturally competent skills. One participant noted they feel "more comfortable asking people about their heritage and inquiring about whether they practice ceremony." Others demonstrated more knowledge about Carrier-specific contexts and language.
- Length of time and lack of payment for education can be a barrier.

Aggregate data showed no substantial change in respondents' cultural humility before or after the training. However, individual responses to each question show change: for example, three respondents strongly disagreed that they assume they know a lot after the training, whereas two showed a stronger agreement than before the training. We cannot yet interpret the meaning of these results, and whether they indicate increased humility or perhaps simply different interpretations of the question.

Nuu-Chah-Nulth Tribal Council (NTC) and Central Island Division of Family Practice

IPL staff and partners used a sharing circle approach to conduct internal evaluations, including a circle with NTC and Central Island Division of Family Practice to analyze Indigenous Patient and Physician Engagement Education Sessions from March through July 2021. Circle participants highlighted the importance of pre-work, relationship-building and protocol (being Elder-led, sharing stories). The facilitation approach helped create a safe environment during the training and resulted in deep and intense conversations. In terms of format, there was a challenge of finding the right balance between access and depth, as format flexibility allowed more people to participate but provided less depth. Having the sessions over Zoom had its pros (accessible, ability to record) and cons (greater connection and possibility for relationship building during in-person meetings).

Participants commented:

- *“And I would – I would see the doctors’ faces, sort of over the time, and all of us – not just the physicians [...] – just soften.”*
- *“It really touched my heart, was to see the openness and the willingness to share of the Elders and how that affected the community listening in and wanting to find ways to work better together.”*

Lessons Learned

One of the most significant lessons that the IPL team had reinforced in 2021-22 was the importance of relationship building prior to starting community engagement, and acknowledging that this process requires time. The importance of relationship building has been emphasized by both Elder Roberta Price and Elder Cheryl Schweizer within our working group as key to the success of the project. We have modelled our approach to relationship building in community with our own internal process, and have taken time in the last year to recognize our missteps and follow Elders’ guidance on how to proceed with humility and meaningful acknowledgment and apology.

Looking Forward

We are currently awaiting further direction from the Kwakiutl District Council (KDC) about potential brokered dialogue between KDC Elders and community members and emergency department physicians in Campbell River; exploring how and when we might loop back to continue working with shíshálh Nation; and considering how we might support next steps for expanding the cultural safety training and evaluation with CSFS to include an in-person, land-based program. We have continued to learn from the CSFS cohort evaluations about the challenges of measuring cultural safety and humility.

Trauma Informed Care (TIC)

Our engagement work has been valuable; however, we are also acutely aware of communities’ needs for sensitivity and space during this time. Indigenous communities are experiencing the pandemic in ways that are linked to the historical traumas of disease and colonization, and the IPL working group is learning that we need to better prepare ourselves for engaging safely in these circumstances. Evaluation findings reinforce the working group’s experiences that the priority must remain developing meaningful and safe relationships, supporting Elders’ leadership, and creating conditions where it is safe for Elders and Indigenous communities to share.

The working group has spent time carefully reviewing experiences and results of engagement in 2021 and has determined that there is more groundwork to do before it is safe for communities to engage deeply around relationships between Indigenous peoples and the medical system. We have learned through our own engagement processes as well as through other data – in particular, data drawn from RCCbc’s site visits – that all of us who engage with Indigenous communities must be trauma-informed to mitigate the risk that we will add more harm when we reach out. We need more than good intentions;

we need to be fully equipped with solid skills and practical knowledge to ensure that we have a full appreciation of the impacts of trauma and the range of options for partnering and building relationships with folks who are living with individual and intergenerational trauma.

With Elders' direction, we are beginning to develop a curriculum for trauma-informed care (TIC). We are currently exploring a working partnership with subject matter experts to build the two-eyed seeing curriculum and, ideally, begin pilot delivery of this training during 2022-23. We are imagining a curriculum that has central components relevant for all communities, as well as community-specific and land-based components that can be developed with Nations that wish to engage, focusing on the specific needs and learning objectives they identify. We continue to develop robust and culturally-responsive evaluation tools and methods to assess our approach and understand the impact of our work.

Knowledge Translation and Exchange

As we shift gears to focus on TIC, we are also taking time to reflect on IPL's evolution over the past three years, and to document the story of the relationships we are building and the new methods we are practicing. We expect to work with an Indigenous graphic recorder to develop visual as well as written documentation of this story, and will be submitting an abstract to deliver this as a poster presentation at the Towards Unity For Health (TUFH) conference in August. We will also be delivering a workshop at the Rural Health Conference in May, discussing our process and lessons learned, and asking participants to share their thoughts and experiences on moving the health system further along its cultural safety and humility journey and addressing systemic racism. In addition, we're looking forward to finally convening a third Meeting of the Minds series this fall, postponed several times in the last two years due to the limitations of the pandemic.

RURAL CPD RESEARCH AND KNOWLEDGE TRANSLATION ACTIVITIES

Research Projects

Collaboration between Rural CPD's RTVS team, Dr. Barbara Lelj and Dr. Jeffrey Bishop exploring the question: Can incorporating RTVS Pathways and the Patient Transport Network (PTN) in simulations in rural BC improve competencies for rural physicians, RTVS virtual providers and PTN logistical experts, to ultimately improve patient outcomes, uncover system-based barriers to care and identify latent safety threats? Project has received ethics approval and has been granted a Resident Innovation Award for Advancing Patient Care/Health Care System from Resident Doctors of BC.

Publications

Journals

Renate Kahlke, Daniel Pratt, Bob Bluman, Kirstie Overhill, Kevin Eva. 2021. Complexities of continuing professional development in context: physician engagement in clinical coaching. *Journal of Continuing Education in the Health Professions*, September, published ahead of print.

Kathryn Young, Nicole Moon (Didiuk), Tandi Wilkinson. 2021. Building point-of-care ultrasound capacity in rural emergency departments: an educational innovation. *Canadian Journal of Rural Medicine*, 26:4, 169-75.

April 2021 Canadian Conference on Medical Education (CCME)

Stephanie Gariscsak. Understanding gender-based needs in rural physician mentoring programs. (Oral Presentation)

April 2021 International Conference on Medical Education (ICME)

Bruce Hobson, Emily Boardman. Building supportive networks through coach and mentor skills training. (Oral Presentation)

October 2021 Centre for Health Education Scholarship

Kate Campbell, Yan Chow, Nicole Didiuk, Kevin Fairbairn, Kate Meffen, Armin Mortazavi, Tandi Wilkinson. Introducing "Sonnie: Your Ultrasound Partner" – An Interactive Approach to Rural Point-of-Care Ultrasound Education. (Oral Presentation)

Erica Chaplin, Wingfield Rehmus. DERMES: Dermatology Equity through Remote Management, Education, and Study. (Oral Presentation)

Brenna Lynn. Experiences for Physicians New to Rural Medical Practice. (Oral Presentation)

SUMMARY AND LOOKING AHEAD

UBC Rural CPD is committed to supporting the learning needs of physicians and other health care providers who practice in rural, remote, and Indigenous communities in BC. Our program demonstrates that through community-based, interprofessional, collaborative, and practical CPD, we can support rural health care providers to deliver safe and effective health care to rural British Columbians. This is achieved through strong relationships with our partners, collaborators, and team members as well as strong pedagogical approaches to education and professional development.

The COVID-19 pandemic continued to challenge delivery of our programming this year, but also created opportunities for accelerating and enhancing our virtual education offerings. Despite the disruption, we made progress toward our stated goals to continue to support rural health care providers in BC.

Looking forward, we will keep investing in relationships with our partners, collaborators and rural physician learners. We will continue to bring an equity lens to all that we do to ensure we are reaching out and supporting those rural providers who need it the most.

APPENDIX A: UBC RURAL CPD TEAM 2020-21

Alisa Harrison, PhD

Interim Senior Manager

Alisa has deep and broad experience in project management, evaluation and organization development, and a successful track record as an engaged systems practitioner who excels at both strategy and operations. Alisa was the founding Executive Director for the Victoria Division of Family Practice and has held consulting roles with the Ministry of Health, Doctors of BC, BC health authorities and a variety of non-profit organizations. Just prior to joining CPD, Alisa spent a year as CEO of the Midwives Association of BC. Across her work, Alisa has focused on developing and implementing evidence-based, patient-centered programming, creating and operationalizing effective strategic plans, and supporting providers to deliver excellent care.

Alisa holds a Ph.D. in History and a Graduate Certificate in African & African American Studies from Duke University, and MA and BA degrees from UBC. Alisa has applied the skills acquired through her research into justice, equity, community development and organizing, as well as the communications, coaching, facilitation, and engagement skills honed through years of teaching to transition smoothly into working with community-based health organizations. She also continues to teach and work with graduate students as Associate Faculty in the School of Leadership Studies at Royal Roads University. Alisa is currently pursuing a Certificate in Organizational Coaching through UBC Extended Learning.



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Antigone Fogel, BSc

Senior Program Assistant

Antigone recently graduated from the University of British Columbia with a Degree in Behavioural Neuroscience and a minor in English Literature. She comes to UBC CPD with experience in medical research, event management, and program development. During her time at UBC she served as the Events Coordinator for UBC's Alma Mater Society, a summer research student at St. Michael's Hospital

in Toronto, and the International Junior Counsellor Advisor for Diller Teen Fellows, an international leadership program. She is excited to bring her experience working in event management and experiential education into a science-focused environment.

Antigone joined the UBC CPD team in August 2021 and primarily supports the Hands-On Ultrasound Education Program.



Emily Boardman, BA

Education Manager

Emily earned her B.A. Recreation and Health Education from the University of Victoria and has extensive experience planning programs, most recently as the Special Events Coordinator at the Arthritis Society in Vancouver. Her program work to date includes considerable experience recruiting and managing volunteers, proven leadership on high-profile planning committees, and the successful production of numerous multi-city fundraising events. During her time as Coordinator of Services at Recreation Integration Victoria, Emily managed the Supported Child Development Program, providing individualized assistance to families of children with disabilities as they accessed inclusive recreational programs. In addition to her local pursuits, she is also an avid traveler, having held positions in the field of education in both the UK and China.

In her current role, Emily is working with the Rural CPD team on the Clinical Coaching for Excellence program, which fosters coaching relationships to educate and provide support for rural health practitioners.



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Emily Lai, BA

Administrative Assistant (until August 2021)

Emily holds a Bachelor of Arts degree in Political Science from the University of British Columbia. She has previously worked as the constituency assistant for a local Member of Parliament.



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Doris Auyeung, BA

Project Coordinator

Doris collaborates with the Personal Learning Plans concierges and physician advisors to craft unique learning experiences for new-to-rural practice physicians. She has a deep appreciation for physicians' needs for creativity and leadership when working in remote locations, gained from her work-based interaction with rural physicians as learners, education coordinators and study investigators.

She joined UBC CPD in 2021 with experience in creating and implementing accredited health education programs with healthcare professionals, clinical research monitoring and consultative sales. Doris holds a B.Comm. in Marketing from UBC and is certified in instructional design and Brief Action Planning. When not working, Doris enjoys planning meals with her food-obsessed family and forest bathing in Pacific Spirit Park.

Erica Chaplin, BA

Senior Program Assistant

Erica graduated from UBC with a B.A. in English Literature. After graduation, she worked for over three years in the hospitality industry filling multiple roles. She discovered her passion for education and technology during her two following years at GrantMe Education Consulting. In her position there as Student Success Manager, she supported students with their scholarship and university admissions applications. She is excited to work at UBC CPD to further support professionals in their continued

development. Erica will be working on a range of projects on the Rural CPD team including the Real Time Virtual Support Education Program, Virtual Health Grand Rounds and COVID-19 Webinars.



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Gurleen Bhandal, BA

Senior Program Assistant

Gurleen holds a Bachelor of Arts degree in Political Science from UBC. Over the years, she has held various positions providing high-level administrative support and conducting extensive research. She supports the Coaching and Mentoring Program and the coaching pillars of the Rural Surgical and Obstetrical Networks and the Rural Obstetrical and Maternity Sustainability Program. Gurleen is enthusiastic about contributing to the meaningful work done by UBC CPD and positively impacting the lives of health care providers.



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Hadas Haft, MM, BSc

Senior Program Assistant and CPD Concierge

As a Master of Management and dual Bachelor of Science graduate (in Biology and in Food Nutrition and Health), Hadas is excited to apply her knowledge and skills to support medical professionals in providing safe, efficient, high quality healthcare.

Current Portfolio:

- Personal Learning Plans
- FAST Evidence Course

- Optimizing Communication for Excellence Course



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Hareem Minai, BA

Administrative Assistant

Hareem received a Bachelor of Arts degree from the University of British Columbia in 2020, with a major in Visual Arts. Hareem comes to UBC CPD from GrantMe Education Consulting, where she worked as an Essay Editor and Shift Lead. Prior to her time at GrantMe, Hareem worked as a receptionist at REMAX Westcoast, Student Tutor at Langara College's Writing Centre, and Student Assistant at UBC's Koerner Library. She is excited to work at UBC CPD and committed to supporting the rural team. Hareem has a passion for digital media and is keen on learning new ways in which technology can be integrated within education.



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Ievgeniia Rozhenko, MA

Research and Events Assistant

Ievgeniia has joined UBC CPD as a Research and Events Assistant in July 2021. The projects she is working on include Indigenous Patient-Led CPD and Personal Learning Plans. Ievgeniia is a graduate of Dalhousie University with a Master of Arts in International Development and is passionate about facilitating continuing learning opportunities, creating inclusive medical systems and promoting cultural safety and humility in medical services.

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Jessica Chan, BES

Senior Program Assistant (until February 2022)

With a Bachelor of Environmental Studies in International Development and Peace and Conflict Studies from the University of Waterloo, Jessica is passionate about sustainable yet innovative community development as well as inclusion of marginalized groups within system-based services.

Over the last several years, she has pushed to advance meaningful education through creative event organization, advocacy, communications, and program planning for Centennial College, the University of Waterloo, Ontario Disability Support Program, and marginalized groups.

Jessica provided parental leave coverage for the Rural CPD team from March 2021 to February 2022, during which time she worked on the UBC CPD Personal Learning Plans, which provides rural physicians with tailored resources and support.



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Kate Meffen, BSc

Education Manager (until January 2022)

In FY22, Kate's work focused on a portfolio of distributed projects for rural healthcare providers, including Real Time Virtual Support (RTVS) Simulation Program, Enhanced Simulations of Critical Care and Perioperative Emergencies (ESCAPE), and Virtual Health Grand Rounds. Kate received a Bachelor of Science in Life Sciences with a specialization in epidemiology from Queen's University. Her thesis project examined access to family planning services in Haiti. She also holds a certificate in Graphic Design from UBC and is currently pursuing a certificate in Change Management from UBC. Kate joined the UBC CPD team in April 2018; in January 2022, she moved on to a position with the BC Patient Safety and Quality Council.



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Kathryn Young, MA

Project Manager (January-April 2022)

Kathryn was formerly Project Manager with Rural CPD, and is now Senior Manager for UBC CPD's Strategic Projects and Partnerships, a diverse suite of specialized continuing education offerings for healthcare providers. She has a passion for building relationships, strategic planning and continuous learning. Since joining the UBC CPD team in 2014, Kathryn has managed a variety of projects, including Rural CPD Program's Supportive Relationships offerings, Hands-On Ultrasound Education ([HOUSE](#)), the International Medical Graduate (IMG) Programs, and the ICBC Education Project.

Kathryn earned a BA in Anthropology from the State University of New York at Geneseo, followed by a Master of Arts in Anthropology from the University of Denver. She is originally from upstate New York and before her time at UBC CPD, she worked in museums and the book publishing world.



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Lisa McCune, MA

Project Manager (until December 2021)

Lisa is a Project Manager with the Rural Program at UBC CPD with responsibility for peer support programs, professional development plans and Indigenous Patient-led CPD. Lisa is a graduate of UBC with a Master of Arts in Sociology. Her work focuses on stakeholder engagement, program development and evaluation in community and healthcare settings. Lisa's previous roles include Director of the Patient Experience Program at BC Cancer, Community Developer at Vancouver Coastal Health and Program Development Officer with the BC Aboriginal Child Care Society. She resides on unceded Coast Salish territory (Vancouver).



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Lisa Wissink, BHSc

Education Manager

Lisa joined the UBC CPD team in February 2021. She initially worked as a Senior Program Assistant supporting the Rural Peer Support Network for physicians practicing in rural communities, especially the Coaching and Mentoring Program (CAMP), but was promoted to Education Manager overseeing RTVS Sim Education, Rural Rounds and Virtual Health Grand Rounds in February 2022. Lisa has experience coordinating a wide variety of projects and events in a range of settings, including hospitality, the not-for-profit sector and municipal government. She is dedicated to using her passion for connecting with others to foster coaching relationships, facilitate education and provide support for rural health practitioners.

Lisa holds a Bachelor of Health Science degree with a specialization in Health Promotion from the University of Western Ontario. Lisa is passionate about empowering communities to create positive change and is excited to work to improve the health of those in rural communities through her position at UBC CPD. As a lifelong learner, she intends to continue her education with UBC and also appreciates the lessons to be learned out in the world. You can find Lisa listening to the birds, hiking, cooking or reading on her free time.



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Nicole Didiuk, BBA

Education Manager

Nicole earned her Bachelor of Business Administration degree from Simon Fraser University and started her career in the health fundraising sector before shifting to event/conference production locally and

abroad. Her program planning skills, particularly with multiple stakeholders, are useful in planning and delivering the UBC CPD Rural Program's Closer to Home courses.

Someone who values lifelong learning herself, Nicole is proud to be a part of the 2020-22 cohort of UBC's Master of Health Administration program at the School of Population and Public Health, where she enjoys expanding her knowledge and tackling relevant issues alongside an inter-professional group of health care leaders and change agents.



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