



Report

Annual Report 2020-2021

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, 2020 to March 31, 2021

The Rural CPD Final Report was prepared by:

Alisa Harrison, PhD, Interim Senior Manager (effective April 2021)

Dana Hubler, MD, CCFP, FCFP, Medical Director

Erica Chaplin, BS, Senior Program Assistant

Emily Boardman, BA, Education Manager

Emily Lai, BA, Administrative Assistant

Hadas Haft, MM, BSc, Senior Program Assistant (on leave until March 2022)

Jessica Chan, BES, Senior Program Assistant

Kate Meffen, BSc, Education Manager

Laura Beamish, MSc, MHA, Senior Manager (on leave until April 2022)

Lisa McCune, MA, Project Manager

Lisa Wissink, BSc, Senior Program Assistant

Nicole Didiuk, BBA, Education Manager

Rachel Ho, BSc, Program Coordinator

Stephanie Gariscsak, MSc, Research and Events Assistant

TABLE OF CONTENTS

TABLE OF CONTENTS	2
ACKNOWLEDGEMENTS	3
EXECUTIVE SUMMARY	4
Administrative Updates	4
Travelling Courses	4
Virtual Education	5
Building and Sustaining Supportive Relationships	7
Research and Evaluation Activities	13
Knowledge Translation	13
Summary and Looking Ahead	14
INTRODUCTION	15
Rural CPD Program Description and Vision	15
Administrative Updates	15
EDUCATIONAL PROGRAMMING	16
Travelling Courses	16
Hands-On Ultrasound Education (HOUSE) Program	16
The Enhanced Simulation of Critical Care and Perioperative Emergencies (ESCAPE) Course	19
Dummy Makes Perfect Airway Mannequin Loan Program	20
Virtual Education	22
Rural Rounds	22
Virtual Health Grand Rounds (eHITS)	24
Real-Time Virtual Support	25
Building and Sustaining Supportive Relationships	28
Coaching and Mentoring Program (CAMP)	28
Rural Surgical and Obstetrical Networks (RSON) Clinical Coaching for Excellence Pillar	32
Rural Obstetrical and Maternity Sustainability Program (ROAM-SP)	35
Personal Learning Plans	37
Indigenous Patient-led Continuing Professional Development Project	41
Research and Evaluation Activities	46
New to Practice Evaluation Study	46
HOUSE Evaluation Study Manuscript	47
Knowledge Translation	49
SUMMARY AND LOOKING AHEAD	50
APPENDICES	51
Appendix A: Team Profiles	51

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 (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 British Columbia (BC). Our goal is to improve the health of people and communities in rural BC by offering innovative CPD to all rural health care providers.

Administrative Updates

The COVID-19 pandemic resulted in significant disruption to our programming this fiscal year, but also created great opportunities for accelerating and enhancing virtual education offerings. We are currently leading 13 initiatives supported by 16 medical leads and 10 team members. The UBC Rural CPD Medical Advisory Committee gathered twice this year via videoconference (October 2020 and February 2021) to discuss the future directions of the program and how we can measure the impact of our programming in rural BC. The UBC Rural CPD Medical Leads met three times this year via videoconference (June, September, and December) to share information and improve collaboration across programs.

Travelling Courses

HOUSE

The Hands-On Ultrasound Education (HOUSE) Program gives rural physicians the training and confidence to integrate point-of-care ultrasound into their practice. The HOUSE Program 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.

Due to the COVID-19 pandemic, a decision was made that no in-person courses would take place prior to January 2021, at which time we would reassess based on the public health situation. Due to the ever-evolving nature of the pandemic and the uncertainty it created, no in-person courses were offered this fiscal year. Building on the learnings from the pilot course in Fort Nelson, the HOUSE Team held a virtual course for the IN POCUS group (<https://www.digitalsupercluster.ca/programs/precision-health/intelligent-network-for-point-of-care-ultrasound/>) using Clarius handheld devices on February 2, 2021. This innovative approach may help us to address community saturation and make the HOUSE course even more accessible by offering real-time, point of care education.

There is currently a significant waitlist for HOUSE courses because of cancellations and scheduling delays in 2020. A key priority for 2021 is scheduling new dates for these courses. The decision to run in-person or virtual formats will be made in accordance with public health orders.

We hope to continue the development and delivery of this highly impactful education program with new three-year funding from the JSC, and continue to explore opportunities for virtual offerings. We will also continue to collaborate with other key POCUS stakeholders in the province.

ESCAPE

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.

The COVID-19 pandemic has presented unique challenges for this program since it 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.

Opportunities exist to develop and offer a virtual simulation program via the newly established Real-Time Virtual Support Pathways and leveraging existing telehealth and remote presence technologies. This next year will focus on developing a project plan, including a marketing strategy and an evaluation framework.

Virtual Education

Rural Rounds

Rural Rounds is a live videoconference rounds program with a rural focus. Communities, including physicians, other providers, and students, join the interactive teaching sessions led by an expert. In March 2020, we increased the frequency of the Rural Rounds sessions to once per week to address the increased need for rurally specific education about COVID-19. A total of 8 sessions were run from March to June 2020.

In December 2020, we confirmed a 6-week pilot pediatric dermatology education series with Dr. Wingfield Rhemus at BC Children's Hospital. Dr. Rhemus facilitated the one-hour sessions, which ran from January to February 2021. The target audience was remote certified practice nurses, rural family physicians, FNHA Doctor of the Day physicians, and other interested care providers (rural pediatricians, etc.). A second child and youth mental health series has been confirmed with the Compass Mental Health team at BC Children's Hospital and Carrier Sekani Family Services starting in May 2021.

With the approval of three-year funding from the JSC, the upcoming fiscal year will focus on adapting the current format of the series to better address the needs of rural healthcare providers, identify topic-specific opportunities and relaunch our provincial 10-session series.

Virtual Health Grand Rounds

Virtual Health Grand Rounds (Virtual Rounds) is a quarterly provincial videoconference rounds series that brings together health care providers, information management/information technology (IM/IT) colleagues, health administrators, health policy makers, and academics to jointly explore transformative, technology-enabled healthcare delivery case examples 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).

Date	Title	Registrants
Sep 22, 2020	BC Virtual Health Grand Rounds: Handheld Ultrasound Devices. What are the options?	97 registrants
Jan 22, 2021	BC Virtual Health Grand Rounds: Pathways, RTVS and HOUSE	130 registrants
Apr 23, 2021	BC Virtual Health Grand Rounds: Virtual Cultural Competency Training, Pediatric Support, and COVID-19 immunization findings	172 registrants

Our team plans to increase the frequency of Virtual Rounds presentations to address the increased demand for virtual health technologies caused by the global pandemic. To achieve this, we will schedule up to three additional ad hoc presentations as needed. To avoid any perception of bias for presenters, we will invite more on-the-ground users and adopters of the technologies/initiatives and speakers from health authorities, and avoid inviting speakers with ties to the developers of the discussed technologies.

Real Time Virtual Support

Real Time Virtual Supports (RTVS) enable access to experienced virtual providers via Zoom. RTVS provides a range of support including collaborative clinical support, case review, simulation, and referrals and/or transport support. There are four instant RTVS pathways (RUDi, ROSe, CHARLiE, and MaBAL) and several quick-reply pathways (dermatology, rheumatology, thrombosis, myoactivation, and hematology).

UBC Rural CPD is partnering with the Virtual Health and Wellness Collaborative 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). This will be accomplished by accrediting/certifying the RTVS pathways for CPD credits, delivering a virtual simulation program, supporting RTVS faculty development, evaluation and publication of this initiative, and collaborating with other organizations offering simulation programs across rural BC.

This year UBC Rural CPD accredited/certified the RTVS pathway calls for Mainpro+ Group Learning and MOC Section 1 Group Learning credits and issued eleven certificates to health care providers. During this time, there were a total of 9 RTVS simulations including 1 pilot simulation, 3 community simulations, 3 residency simulations, and 2 education sessions. We also collaborated on a needs assessment about virtual simulation distributed to rural health care providers in October 2020.

UBC Rural CPD has now received funding from the Joint Standing Committee on Rural Issues to support this work. Over the next 3 years (2021-2024), UBC Rural CPD will implement a multimodal virtual simulation program utilizing RTVS infrastructure and collaborating with existing simulation programs. This will include a combination of just-in-time simulations, scheduled/pre-planned simulations, and collaborating with established simulation programs including post graduate residency sites.

Building and Sustaining Supportive Relationships

CAMP

UBC Rural CPD’s Coaching and Mentoring Program (CAMP) connects rural physicians to just-in-time peer support in areas such as emergency medicine, transitions in practice, palliative care, and more. Because peer support can take many forms, ranging from one-on-one phone calls to direct practice observation and feedback, we offer a suite of resources so participants can adapt the program to their specific needs.

This table represents the number of coaches/mentors and coachees/mentees enrolled and matched in the Coaching and Mentoring Program this year.

Deliverable	Total
Coachees/mentees enrolled in program	99
Coachees/mentees successfully matched	68
Coachees/mentees completed the program	14
Coach/mentor enrolled in the program	58

CAMP continues to hold regular Coach Skill Development and Orientation sessions, with a total of **15 sessions** held this year. The CAMP Online Portal continues to provide opportunities for coach skill development content, with a total for 75 people enrolled.

Looking forward, CAMP will continue to recruit and match participants in the program and ensure coaches/mentors are adequately supported through regular skill development sessions. We will continue to explore collaborations and synergies with other programs in the province, and continue to evaluate the impact of our programming. Finally, we will continue to look for opportunities to align with the other coaching programs such as RSON and ROAM-SP.

RSON Clinical Coaching Pillar

The Rural Surgical and Obstetrical Networks (RSON) Clinical Coaching for Excellence Pillar supports rural British Columbian surgical and obstetrical teams to build clinical and personal supportive relationships within their community and their regional centre. RSON Coaching Pillar engages family physician anesthetists (FPA), family physicians with enhanced surgical skills (FPSS), surgeons, anesthetists, nurses, and midwives.

This table represents the number of coaches/coachees enrolled in the RSON Clinical Coaching Pillar, the number of matched coachees and the number of coaching activity hours that took place during Q4 (Jan 1-March 31, 2021).

Community	Number of Coaches	Number of Coachees	Total Enrolled Coaches/Coachees	Matched Coachees*	Q4 Coaching Activity Hours	FY20-21 Total Hours
Creston	10	26	36	19	16	90.5
Fernie	17	24	41	21	67	435
Golden	12	20	32	14	104.5	317
Hazelton	7	13	20	15	100	237.5
Revelstoke	8	19	27	11	26	113.5
Smithers	6	32	38	17	6.5	149
Vanderhoof	4	11	15	11	12	46
Squamish	1	1	1	2	/	/
Port Alberni	3	9	12	6	/	/
Total	68	155	223	115	366	1422.5

In the upcoming fiscal year, the RSON Coaching Pillar will focus on the following priority areas:

- Offer CAMP Orientation and Skill Development Check-in for physicians, midwives, and nurses
- Conduct check-in phone calls with Local Community Coordinators
- Facilitate the matching of coaches/coachees through an identified process
- Continue to explore opportunities to connect with urban high-volume centres to improve the process of connecting coachees to coaching opportunities

- Work with the Evaluation Pillar to streamline our evaluation processes and decrease duplication. Together we will conduct interviews with regional coaches
- Collect interviews, stories, and videos of participants
- Explore RSON coaching legacies: When the funding is gone, what will remain? And what asks will be needed to continue supporting communities?
- Continue to explore synergies and alignment between all CAMP programs (CAMP, RSON, ROAM). Streamline the program process to more effectively meet our participants' needs

ROAM-SP Coaching

The Rural Obstetrical and Maternity Sustainability Program (ROAM-SP) supports the delivery of rural maternity services by enhancing connections and team approaches to care through peer, facility, and regional network initiatives and coaching in eligible communities. UBC Rural CPD's Coaching and Mentoring Program (CAMP) facilitates coaching for maternity teams in order to build clinical and personal supportive relationships and to increase community-based confidence to provide local intrapartum services.

ROAM-SP communities may access CAMP offerings, including training, orientation, and resources to support coaching activities. The RCPD team will also assist communities in developing customized coaching plans based on community needs.

Community engagement update

In collaboration with the RCCbc Project Manager for ROAM, 28 communities have been onboarded to ROAM and several have developed coaching plans. Communities engaged in coaching in 2020-21 have reported their updates to the RCCbc Project Manager.

Evaluation

The overarching ROAM-SP program is currently developing the evaluation framework, with RCCbc successfully recruiting an evaluation consultant from Reichert & Associates. The ROAM-SP program coordinator is working closely with the Education Manager for CAMP and RSON, and the RCCbc Project Manager for ROAM to ensure the ROAM coaching evaluation protocol and framework aligns well with the overarching ROAM and RSON protocols respectively.

Looking ahead, we will:

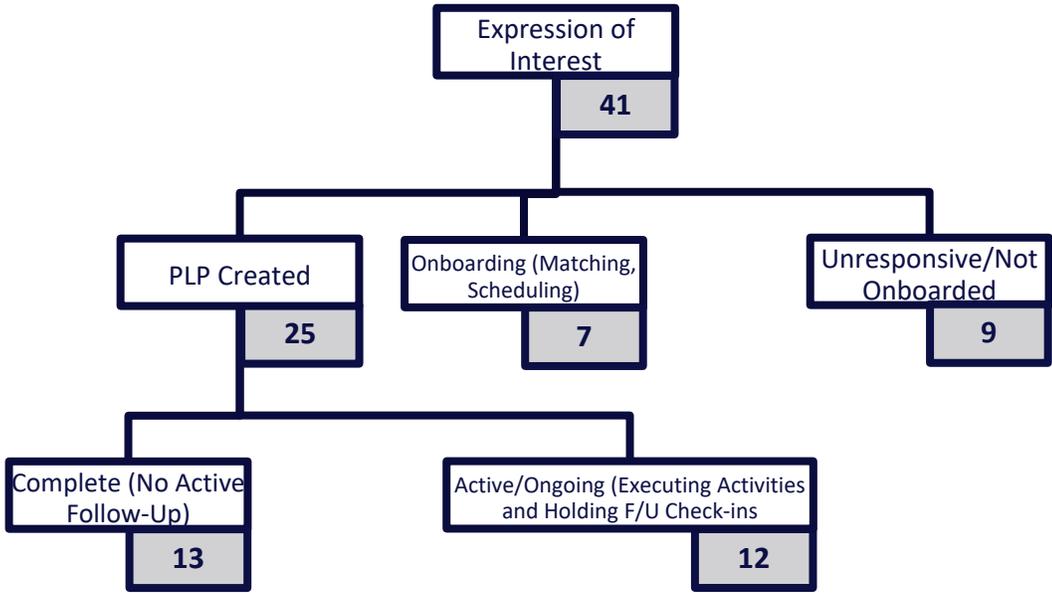
- Continue onboarding new ROAM communities for coaching endeavours as they become ready, such as Powell River.
- Continue creating the ROAM coaching evaluation framework in collaboration with RCCbc.
- Offer CAMP Orientation and Skill Development Check-in for physicians, midwives, and nurses.
- Recruit and support new coaches from urban high-volume centres to improve the process of connecting coachees to coaching opportunities.

- Continue to explore synergies and alignment between all coaching and mentoring programs (CAMP, RSON, ROAM), to streamline the program process and most effectively meet the needs of our participants.

Personal Learning Plans

Personal Learning Plans (PLP) support physicians to navigate the continuing professional development landscape and to achieve personal and professional success in British Columbia. PLP offers a concierge service at no cost to international medical graduates (IMGs) in British Columbia 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 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, 2021.



The table below illustrates the demographics of rural participants by IMG program and medical specialty as of March 24, 2021. Physicians who were unresponsive and did not complete onboarding are no longer included in this count.

IMG Programs	Participant Count	Medical Speciality	Participant Count
PRA-BC	25	Family Physician	29
BC-PIP	5	Pediatrician	1
IMG Residency	2	Neurologist	1

	Psychiatrist	1
Total:	32	32

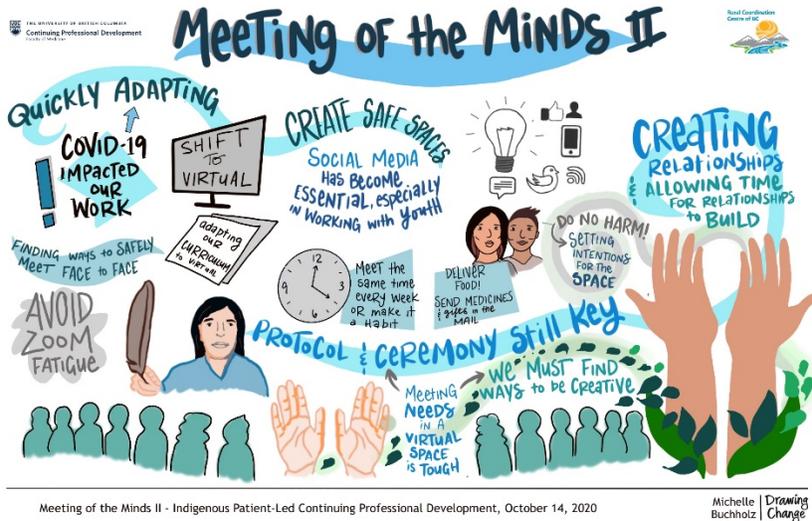
Learning Goal Themes

Popular Learning Goal Themes	# of Requests
Mental Health	13
Billing	11
Emergency Room Skills	10
MCCQE2 Exam Preparation	10
Electronic Medical Records (EMR)	9
Chronic Pain	9
Opioid Prescribing	7
Psychosocial Support	4
Ultrasound	4

Indigenous Patient-led CPD

The Indigenous Patient-led Continuing Professional Development Project (IPL CPD) is an Elder-led project that is driven by the vision that health care in rural BC is a safe and positive experience for Indigenous people. Through experiential learning opportunities offered in-community, the project aims to facilitate relationships between Indigenous and physician communities to advance culturally safe care.

On October 14, 2020, our IPL working group collaborated with Elder Chris Marchand and Elder Eric Mitchel, and gathered 10 leaders in Indigenous cultural safety and humility from across BC at a virtual Elder-led 'Meeting of the Minds.' At this meeting, we committed to strengthening relationships within the project working group and carrying this relationship-based model into our work with communities.



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. This 7-hour training was offered in November 2020 for a mixed cohort of physician learners and in March 2021 for members of the BC Children’s Hospital Compass mental health team. Physicians are compensated for their time to attend and the session is accredited for up to seven Mainpro+ credits.

We are currently supporting Nuuchahnulth Tribal Council (NTC) and the Central Island Division of Family Practice with their upcoming Indigenous Patient and Physician engagement education seminars. These seminars will occur bi-weekly from March 31 to June 30, 2021. Each session will have three Elders from Nuuchahnulth territories, and three to five doctors (GPs and specialists) and NPs. Sessions will be kept small to facilitate dialogue and relationship building. Health care practitioners within Port Alberni have been invited to select two to three session options to facilitate continued dialogue and multiple opportunities for engagement.

Further, we are supporting the completion of Megan Muller’s PhD research alongside the Nuuchahnulth Tribal Council to facilitate Brokered Dialogue within the community. We are working with Jim Kraneveldt (Videographer) and Cliff Atleo (NTC Elder) for this work.

We will continue to work to validate our patient and provider cultural humility evaluation tool. To date, the provider tool has been used for the two Carrier Sekani Family Services sessions. We hope to continue to use this tool during the community engagement process.

One of the most significant lessons that our team has learned through our work is 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.

Research and Evaluation Activities

New to Practice Evaluation Summary

The New to Practice Evaluation project aims to identify key ways to better support new to practice physicians in rural communities, by evaluating PRA-BC and IMG program participants' integration into rural practice. UBC CPD and RCCbc's collaborative and iterative strategy for setting IMG physicians up for success includes the following recommendations, which heavily influence this project:

1. Co-develop and conduct an evaluation study focusing on the effectiveness of existing supports and programs for new to practice physicians in British Columbia;
2. Provide recommendations to funding agencies, policy makers and new to practice programs; and
3. To inform program design and delivery, inform stakeholders, through ongoing feedback loops during the evaluation process, of challenges and successes experienced by new to practice physicians during integration into British Columbia's health care system.

Knowledge Translation

April 2020 Canadian Conference on Medical Education (CCME)

CCME 2020 was cancelled due to the COVID-19 pandemic. The following abstracts were accepted prior to the cancellation:

- Understanding gender-based needs in rural physician mentoring programs (Oral Presentation)
 - Presenter: Stephanie Gariscsak, Research Assistant
- BCPoCUS.ca: A Clinically-oriented Ultrasound Education Website Interface (Poster Presentation)
 - Presenter: Kathryn Young, Project Manager

October 2020 Centre for Health Education Scholarship Celebration of Scholarship

In October 2020, the Personal Learning Plan Program was accepted as a poster presentation at the Centre for Health Education Scholarship Celebration of Scholarship event. The project was presented by Senior Program Assistant, Rachel Ho.

February 2021 Society of Academic CME (SACME) Conference

Our team presented the following abstracts at the 2021 Virtual SACME Conference:

- Real Time Virtual Support: Bringing Medical Education and Clinical Support to the Point-of-Care (Oral Presentation)
 - Presenter: Kate Meffen

- Innovative Use of Technology to Enhance Point of Care Ultrasound Education (Oral Presentation)
 - Presenters: Kate Meffen and Kevin Fairbairn

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 disrupted 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.

We adapted our Rural Rounds program to meet the urgent and immediate needs of rural health care providers during the first wave of the COVID-19 pandemic. We further streamlined CAMP and saw the expansion of the interdisciplinary RSON Clinical Coaching Pillar. The PLP program continues to set IMGs up for success in this province and has been a model for what tailored CPD support can look like. We continued our work to address bias and systemic racism experienced by Indigenous and First Nations people in rural BC, through our Indigenous Patient-led CPD Program. We are meeting the need for education on telehealth and virtual health technology through our Virtual Health Grand Rounds program. And finally, in partnership with RCCbc and other stakeholders, we are working to develop a virtual simulation program as part of the Real Time Virtual Support (RTVS) pathways and exploring how we can continue to support CPD at the point of care.

Looking forward, we aim to continue to strengthen 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 (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 British Columbia (BC). Our goal is to improve the health of people and communities in rural BC by offering innovative CPD to all rural health care providers.

UBC Rural CPD offers rurally-specific CPD programs that are community-based, interprofessional, interactive, and practical. In addition to multi-modal learning opportunities, UBC 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 from the senior leadership team at UBC CPD and RCCbc. The program was established in 2008.

This report describes program activities for the period of April 1, 2020 to March 31, 2021.

Administrative Updates

The COVID-19 pandemic disrupted UBC Rural CPD programming this year, but also created opportunities for accelerating and enhancing our virtual education offerings. We are currently leading 13 initiatives supported by 16 Medical Leads and 10 team members.

In 2020-21 Dr. Dana Hubler continued as Medical Director and Laura Beamish as Senior Manager. There were a number of human resources changes on the team, with some team members moving on to new opportunities and new members joining the team. See [Appendix A](#) for a current list of team member profiles.

The Medical Advisory Committee (MAC) gathered twice this fiscal year via videoconference (October 2020 and February 2021) to discuss the future directions of the program and how we can measure the impact of our programming in rural BC. The MAC expanded its membership and updated its Terms of Reference. The Rural CPD Medical Leads met as a group three times this fiscal year via videoconference (June, September, and December) to share information and improve collaboration across programs.

EDUCATIONAL PROGRAMMING

TRAVELLING COURSES

Hands-On Ultrasound Education (HOUSE) Program

Program Summary

The Hands-On Ultrasound Education (HOUSE) Program gives rural physicians the training and confidence to integrate point-of-care ultrasound into their practice. The HOUSE Program 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.

The HOUSE programs consist of four distinct offerings including HOUSE Emergency Medicine, HOUSE Internal Medicine, HOUSE Obstetrical Care, and HOUSE for Rural Residents. In-community courses are delivered on an on-demand basis throughout the academic calendar year (September to December; January to June). HOUSE courses are also offered at select conferences throughout the year.

The HOUSE Program received sustainability and development funding from the Joint Standing Committee on Rural Issues (JSC) in 2017, and continues to use those designated funds to increase scalability, distribution and delivery of courses. In 2018, the Rural Education Action Plan (REAP) committed to funding HOUSE for up to 90 rural residents (including international medical graduates (IMGs) and Canadian medical graduates (CMGs) per year for a total of five years (2018-2022 inclusive). The HOUSE Program received additional three-year funding from the JSC in March 2021 to support the ongoing development and sustainability of the program.

The medical lead for this program is Dr. Kevin Fairbairn (Dr. Tandi Wilkinson transitioned out of the role as of January 2021) and the program lead was Kate Meffen (leave replacement for Nicole Didiuk, until her return in April 2021).

Key Project Milestones

HOUSE Course Delivery

Due to the COVID-19 pandemic, a decision was made that no in-person courses would take place prior to January 2021, at which time we would reassess based on the public health situation. Due to the ever-evolving nature of the pandemic and the uncertainty it created, no in-person courses were offered this fiscal year.

Following the cancellation of all in-person courses, the HOUSE team ran the first hybrid virtual/in-person course in Fort Nelson, October 17-18, 2020. This course involved setting up the Fort Nelson General

Hospital for virtual education with tablets and smart phones projecting both probe placement and the ultrasound screen to instructors using Zoom. To ensure safety of participants and volunteer models the hospital's COVID-19 safety plan was followed and approval was received from the UBC Faculty of Medicine Re-entry Planning Committee. In addition, we offered one-on-one follow-up sessions for each participant with an instructor using a handheld ultrasound device. Running this course allowed the HOUSE team to learn what is required to deliver successful virtual ultrasound education.

Building on the learnings from the pilot course in Fort Nelson, the HOUSE Team held a virtual course for the IN POCUS group (<https://www.digitalsupercluster.ca/programs/precision-health/intelligent-network-for-point-of-care-ultrasound/>) using Clarius handheld devices on February 2, 2021.

There is currently a significant waitlist for HOUSE courses because of cancellations and scheduling delays in 2020. A key priority for 2021 is scheduling new dates for these courses. The decision to run in-person or virtual formats will be made in accordance with public health orders. No HOUSE for Residents courses were held this fiscal year, but we are planning a course in Q1 of fiscal year 2021-22.

Handheld Device Loan Program

We have three handheld ultrasound devices available for use during courses and for loan by communities. They were used during the course in Fort Nelson and remained in the community for an additional two weeks to facilitate follow-up sessions and allow physicians to practice during patient care. These will be used for upcoming courses and for faculty development by the HOUSE instructors to ensure they feel comfortable teaching using each of these devices.

This year, Dr. Kimchi Nguyen, a HOUSE instructor, loaned the Clarius Ultrasound to prepare for the IN POCUS Course, and Dr. Kirsten Miller, a pediatrician in Prince George, loaned the Butterfly and Lumify devices.

Interactive Case Study Project

Project work on the interactive case studies, "Sonnie MD: An interactive webcomic approach to point-of-care ultrasound education," is being led by UBC CPD's creative learning team. The first case has launched on the UBC CPD eLearning website (<https://elearning.ubccpd.ca/enrol/index.php?id=368>) and the remaining five cases will launch by June 30, 2021. This project is funded by the UBC Faculty of Medicine's Strategic Investment Fund.

Collaborations

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

This has included:

- Planning a second virtual course for the IN POCUS (Digital Supercluster Project) participants in 2021.
- Collaborating with RCCbc's POCUS Collaborative led by Dr. Tracy Morton and exploring opportunities to support educational rounds.
- Offering Fort Nelson participants access to longitudinal learning through the UBC RCPD Coaching and Mentoring Program (CAMP).
- Working with Dr. James Liu, Dr. Rob Moss, and Dr. John Pawlovich to discuss a cardiology ultrasound project for rural physicians including videos, webinars, and in-person education.
- A meeting with Dr. Kirsten Miller and Dr. Jenny Retallack, co-leads of the Sustaining Pediatrics in Rural and Underserved Communities (SPRUCe) network, to discuss pediatric POCUS usage with a focus on vascular access on March 2.
- A meeting with Dr. Tracy Monk and Dr. Katie Wiskar about expanding the scope of IM POCUS Rounds to include bi-monthly POCUS rounds on March 10.
- Joining the BC Provincial POCUS Collaborative.

Research & Knowledge Translation

This quarter, we presented our findings from the Fort Nelson HOUSE course at the Society for Academic CME (SACME) Conference. We also submitted a brief educational report to the *Canadian Journal of Emergency Medicine*, "Using teleguidance to teach point of care ultrasound skills to physicians working in a rural and remote setting."

Evaluation Findings

Due to the COVID-19 pandemic, there is limited evaluation data from this year. The Fort Nelson pilot virtual HOUSE course was the only course that took place during this period. Overall, evaluation feedback from the five participants was very positive. All five participants indicated the course was "very worthwhile," and made comments about how they were impressed with the ability to run the course without travel.

Enablers of success

- The onboarding process for Kevin Fairbairn has allowed a smooth transition of leadership on this project.
- 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.
- There have been collaborations with other programs and groups including RCPD's Coaching and Mentoring Program, IN POCUS Project, Rural Education Action Plan (REAP), Real Time Virtual Support Pathways, and Virtual Health Grand Rounds.

Challenges

- Changes to the conflict of interest guidelines from the College of Family Physicians of Canada have led to questions about two instructors' continued involvement with this accredited program due to their commercial interests with GE and Clarius.
- Difficult to plan courses this year with the ongoing uncertainty around public health restrictions.
- Managing expectations of communities on the waitlist and determining how to prioritize requests given limited capacity to run courses until Fall 2021.

Looking Forward

The COVID-19 pandemic starting in March 2020 presented unique challenges for a program that is built around in-person, hands-on skill development. All in-person courses were cancelled through to 2021, but this created an opportunity to explore a virtual HOUSE model. This innovative approach may help us to address community saturation and make the HOUSE course even more accessible by offering real-time, point of care education.

We hope to continue the development and delivery of this highly impactful education program with new three-year funding from the JSC, and continue to explore opportunities for virtual offerings. We will also continue to collaborate with other key POCUS stakeholders in the 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 are Kate Meffen and Erica Chaplin.

Key Project Milestones

The COVID-19 pandemic has presented unique challenges for this program since it 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. We are planning an in-person course in Q1 of the upcoming fiscal year.

Evaluation Findings

Due to the COVID-19 pandemic, there are no evaluation findings this year.

Lessons Learned

The ESCAPE course relies heavily on a small group of facilitators to engage with communities, determine their needs, and facilitate the education. A lesson learned is that providing more structure to the program may help alleviate some of that burden on facilitators and create opportunities for greater reach.

This year, we have been able to learn from the HOUSE Virtual Pilot in Fort Nelson and Real Time Virtual Support Simulation Program to inform the virtual facilitation of this ESCAPE course. The key takeaways are that this is user-friendly to set up, but care has to be taken with audio to ensure both participants and facilitators are able to hear each other.

Looking Forward

The COVID-19 pandemic beginning in March 2020 presented unique challenges for a program that is built around in-person, hands-on skill development. Opportunities exist to develop and offer a virtual simulation program via the newly established Real-Time Virtual Support Pathways and leverage existing telehealth and remote presence technologies. This next year will focus on developing a project plan, including a marketing strategy and an evaluation framework.

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 is Kate Meffen.

Key Project Milestones

The program continues to accept booking requests, although the volume is low. This year, the mannequins were loaned to Clearwater (October 2020) and Lillooet (November 2020). We also engaged subject matter experts to develop a new COVID-specific case study.

Evaluation Findings

No evaluation data to report.

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

In the upcoming fiscal year, we will examine the long-term sustainability of the program and how we might update the program and improve uptake, or pivot the program resources to a new initiative.

VIRTUAL EDUCATION

Rural Rounds

Project Summary

Rural Rounds is a live videoconference rounds program with a rural focus. Communities, including physicians, other health care providers, and students, join interactive teaching sessions led 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. These rounds run the first Thursday of the month from September to June.

As of March 2021, Rural Rounds has received three-year funding from the JSC to continue to provide a provincial Rural Rounds series in addition to two topic-area case-based sessions that focus on regional education and engagement.

The Medical Lead for this program is Dr. Dana Hubler and the program leads are Hadas Haft (on leave until March 2022) and as of March 2021, Kate Meffen and Erica Chaplin.

Key Project Milestones

In March 2020, we increased the frequency of the Rural Rounds sessions to once per week to address the increased need for rurally specific education about COVID-19. A total of eight sessions were run from March to June 2020.

COVID-19 Rural Rounds Response

Date	Title	Registrants
Apr 2, 2020	Team-Based Airway Management with Dr. Caroline Shooner	200 registrants
Apr 9, 2020	Virtual Support Pathways with Dr. John Pawlovich, Dr. Neil McLean, Dr. Kendall Ho and Mr. Dave Harris	182 registrants
Apr 16, 2020	Rural COVID-19 Case Discussion with Dr. Omar Ahmad and Dr. Ed Marquis	208 registrants
Apr 23, 2020	Ventilator Refresher in the Rural Setting with Dr. Kirk McCarroll	284 registrants
Apr 30, 2020	Indigenous Health and Cultural Safety in a Pandemic with Dr. Shannon McDonald, Dr. Terri Aldred and Mr. Harley Eagle	264 registrants

May 7, 2020	Managing non-COVID illness in the time of COVID with Dr. Chester Morris	117 registrants
May 14, 2020	Managing COVID-19 Patients in the Rural ER with a panel of four rural physicians from across the province	87 registrants

In December 2020, we confirmed a 6-week pilot pediatric dermatology education series with Dr. Wingfield Rhemus, Pediatric Dermatologist, and Alissa Collingridge, Nurse Practitioner, at BC Children’s Dermatology Clinic. Dr. Rhemus facilitated the one-hour sessions, which ran from January to February 2021. The target audience was remote certified practice nurses, rural family physicians, FNHA Doctor of the Day physicians, and other interested care providers. A second child and youth mental health and substance use series has been confirmed with the Compass Mental Health team at BC Children’s Hospital and Carrier Sekani Family Services starting in May 2021.

Evaluation Findings

The data below summarizes evaluation findings from the Rural COVID-19 Rounds.

- The overall rating for Rural COVID-19 Rounds was positive with 90% of participants rating the presentations as good or excellent.
- A total of 78% of participants agreed or strongly agreed that the information they learned in the presentations will be used in their future practice.
- The transition from WebEx and videoconferencing rooms to Zoom was straightforward and well received by learners.

Evaluation feedback from the DERMES session was limited, but very positive. Participants enjoyed the format and the online platform developed to submit cases and upload session materials.

Lessons Learned

We have seen interest and continued support for Rural Rounds from previously registered communities, however, we have decided to postpone the launch of the 2020-2021 series in order to revamp the program. Through the course of last year, we learned there is an appetite among rural providers for rurally-relevant, case-based virtual learning opportunities. We also learned that removing the paywall significantly increased registration, and therefore suspect registration fees may be a barrier to many potential participants.

Looking Forward

With the approval of three-year funding from the JSC, the upcoming fiscal year will focus on adapting the current format of the series to better address the needs of rural healthcare providers, identify topic-specific opportunities and relaunch our provincial, 10-session series.

Virtual Health Grand Rounds (eHITS)

Program Summary

Virtual Health Grand Rounds (Virtual Rounds) is a quarterly provincial videoconference rounds series that brings together health care providers, information management/information technology (IM/IT) colleagues, health administrators, health policy makers, and academics to jointly explore transformative, technology-enabled healthcare delivery case examples 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). They 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, and the program lead is Hadas Haft (on leave as of March 2021). As of March 2021, program leads are Kate Meffen and Erica Chaplin.

Key Project Milestones

2020-21 Schedule

Date	Title	Registrants
Sep 22, 2020	BC Virtual Health Grand Rounds: Handheld Ultrasound Devices. What are the options?	97 registrants
Jan 22, 2021	BC Virtual Health Grand Rounds: Pathways, RTVS and HOUSE	130 registrants
Apr 23, 2021	BC Virtual Health Grand Rounds: Virtual Cultural Competency Training, Pediatric Support, and COVID-19 immunization findings	172 registrants

Evaluation Results

Evaluation data for the upcoming session on April 23rd, 2021, will be included in the Q1 report for next fiscal year.

Evaluation Summary from January 22 Rounds:

- 100% of survey respondents found the session helpful to advancing their understanding of available virtual support and education.
- 95% of respondents identified one or more areas that they plan to implement in their clinical work.

Lessons Learned

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

- In preparation for upcoming sessions, presenters are encouraged to anticipate any technical issues. It will be helpful to suggest that presenters pre-record their presentations to prevent loss of connection/interruptions during live sessions.
- The global pandemic provides increased opportunities for online/virtual care. As more healthcare providers seek virtual options, we anticipate increased need to discuss these technologies in a safe and unbiased forum.
- Healthcare providers, hospitals and HAs are adopting new technologies to support the increased demand for virtual care. With this change, we anticipate that it will be easier to find presenters with no industry connections and/or any conflict of interest to present on these technologies and expand the presenter pool for the program.
- When reviewing the last rounds evaluation report, participants suggested more examples of simulation and virtual learning experiences to be presented. Our team could integrate more simulation review presentations in collaboration with RTVS.

Looking Forward

Our team plans to increase the frequency of Virtual Rounds presentations to address the increased demand for virtual health technologies caused by the global pandemic. To achieve this, we will schedule up to three additional ad-hoc presentations as needed. To avoid any perception of bias for presenters, we will invite more on-the-ground users and adopters of the technologies/initiatives, and speakers from health authorities, and avoid inviting speakers with ties to the developers of the discussed technologies.

Real-Time Virtual Support

Program Summary

Real Time Virtual Supports (RTVS) enable access to experienced virtual providers via Zoom. RTVS provides a range of support including collaborative clinical support, case review, simulation, and referrals and/or transport support. There are four instant RTVS pathways (RUDi, ROSe, CHARLiE, and MaBAL) and five quick-reply pathways (dermatology, rheumatology, thrombosis, myoactivation, and hematology).

UBC Rural CPD is partnering with the Virtual Health and Wellness Collaborative 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). This will be accomplished by accrediting/certifying the RTVS pathways for CPD credits, delivering a virtual simulation program,

supporting RTVS faculty development, evaluation and publication of this initiative, and collaborating with other organizations offering simulation programs across rural BC.

Key Project Milestones

This year UBC Rural CPD accredited/certified the RTVS pathway calls for Mainpro+ Group Learning and MOC Section 1 Group Learning credits and issued eleven certificates to health care providers. During this time, there were a total of 9 RTVS simulations including 1 pilot simulation, 3 community simulations, 3 residency simulations, and 2 education sessions.

This table shares more information about the locations, topics and RTVS pathways engaged in these simulations.

Date	Location	Case Topic	Pathway
Sep 28	Virtual Pilot	Pediatric Anaphylaxis	RUDi & CHARLiE
Nov 12	Fort St James	Trauma – Motor Vehicle Collision	RUDi
Dec 12	Prince George	Residents	RUDi
Jan 13	Lax Kw’alaams	STEMI	RUDi
Jan 28	Terrace	Residents	RUDi
Feb 16	Nanaimo	Residents	RUDi
Feb 23	Burns Lake	Education – Normal Delivery	MaBAL
Feb 25	Powell River	Pediatric Head Trauma	CHARLiE
Mar 23	Burns Lake	Education – Post Partum Hemorrhage	MaBAL

Evaluation Findings

The overarching RTVS evaluation project is being led by Dr. Kendall Ho, Helen Novak Lauscher, and Kurtis Stewart from the Department of Emergency Medicine. We collaborated with this group on a needs assessment distributed to rural health care providers in October 2020. The results of the needs assessment indicated that over 65% of respondents were interested in running simulations with RTVS Virtual Providers. In addition, “awareness of low resource practice settings” was ranked as one of the most important qualities for RTVS Virtual Providers. This data will be used to inform the development of the RTVS Simulation Program and future faculty development sessions.

“It can be a challenge to reach MDs in the referring community Emerg, having RUDi as guaranteed access to a physician is practice changing and such a relief for remote nursing! The docs have all

been extremely helpful, patient, kind, and provide great care, as well as, taking the time to teach me helpful tips and tricks for presentations I've never had before."

- Needs Assessment Respondent

We have developed a post-call evaluation survey available on our website. As of March 31, 2021, there were 7 responses. All respondents indicated that their overall experience with RTVS was "Excellent" and strongly agreed that the RTVS call increased their comfort managing the case.

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 meaningfully contribute to the work. To help with this we are holding regular RTVS simulation working group meetings, we have identified RTVS pathway simulation leads, and we are connecting with RTVS operational staff.

There are numerous ways to approach virtual simulation and significant interest from across the province. In order to clearly communicate our offerings and process we will develop resources and communication materials about RTVS simulation.

Looking Forward

UBC Rural CPD has now received funding from the Joint Standing Committee on Rural Issues to support this work. Over the next 3 years (2021-2024), UBC Rural CPD will implement a multimodal virtual simulation program utilizing RTVS infrastructure and collaborating with existing simulation programs. This will include a combination of just-in-time simulations, scheduled/pre-planned simulations, and collaborating with established simulation programs including post graduate residency sites.

BUILDING AND SUSTAINING SUPPORTIVE RELATIONSHIPS

Coaching and Mentoring Program (CAMP)

Program Summary

UBC Rural CPD’s Coaching and Mentoring Program (CAMP) connects rural physicians to just-in-time peer support in areas such as emergency medicine, transitions in practice, palliative care, and more. Because peer support can take many forms, ranging from one-on-one phone calls to direct practice observation and feedback, we offer a suite of resources so participants can adapt the program to their specific needs.

Project Team and Medical Consultants

- Dr. Dana Hubler, Medical Director, RCPD
- Dr. Bruce Hobson, Senior Medical Lead, Coaching and Mentoring Program
- Laura Beamish, Senior Project Manager, RCPD
- Lisa McCune, Project Manager, RCPD (March 1, 2021 start date)
- Emily Boardman, Education Manager, RCPD
- Lisa Wissink, Senior Program Assistant, RCPD (February 22, 2021 start date)

Key Project Milestones

Enrollment

This table represents the number of coaches/mentors and coachees/mentees enrolled and matched in the Coaching and Mentoring Program.

Deliverable	Total
Coachees/mentees enrolled in program	99
Coachees/mentees successfully matched	68
Coachees/mentees completed the program	14
Coach/mentor enrolled in the program	58

Coach and Mentor Skill Development Sessions

Overview

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

Date	Sessions	Topic	CAMP Attendees	RSON Attendees	Total Attendees	External Attendees
April 28, 2020	Orientation	Structuring the Conversation	8	1	9	
May 13, 2020	Orientation	Structuring the Conversation	5	2	7	
May 19, 2020	Skill Dev	Active Listening	4	1	5	
June 11, 2020	Orientation	Structuring the Conversation	7	1	8	
June 25, 2020	Skill Dev	Active Listening	4	0	4	
July 22, 2020	Skill Dev	Creating the Alliance	5	0	5	
Sept 14, 2020	Skill Dev	Giving Information and Advice	8	1	9	
Oct 1, 2020	Orientation	Structuring the Conversation	7	8	15	GPSC, RhPAP member, 1 RTVS
Oct 14, 2020	Skill Dev	Reflections	5	3	7	
Oct 29, 2020	Skill Dev	Agenda Setting	5	3	8	Cranbrook Chief of Staff
Nov 10, 2020	Skill Dev	Resistance or Discord	5	2	7	1 RTVS
Dec 3, 2020	Orientation	Structuring the Conversation	0	7	7	
Dec 8, 2020	Skill Dev	Structuring a Feedback Conversation	10	0	10	
Jan 28, 2021	Orientation	Structuring the Conversation	6	2	8	Gary Morris, SHA
Feb 11, 2021	Skill Dev	Open vs Closed Questions	6	3	9	
Feb 25, 2021	Skill Dev	Virtual Facilitation	8	4	12	
Mar 11, 2021	Skill Dev	Advice Trap	2	7	9	
Mar 23, 2021	Orientation	Structuring the Conversation	6	2	8	

From April 1, 2020, to March 31, 2021, UBC Rural CPD:

- Delivered 18 sessions
- Taught 13 topics
- Welcomed 147 attendees
- Offered 30 hours of skill development

Online Portal

The CAMP Online Portal features six optional bite-sized learning modules so participants can learn about coaching and mentoring skills at their own pace and convenience. 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 CAMP participants at 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 **83 people** enrolled in the Online Portal.

Evaluation Findings

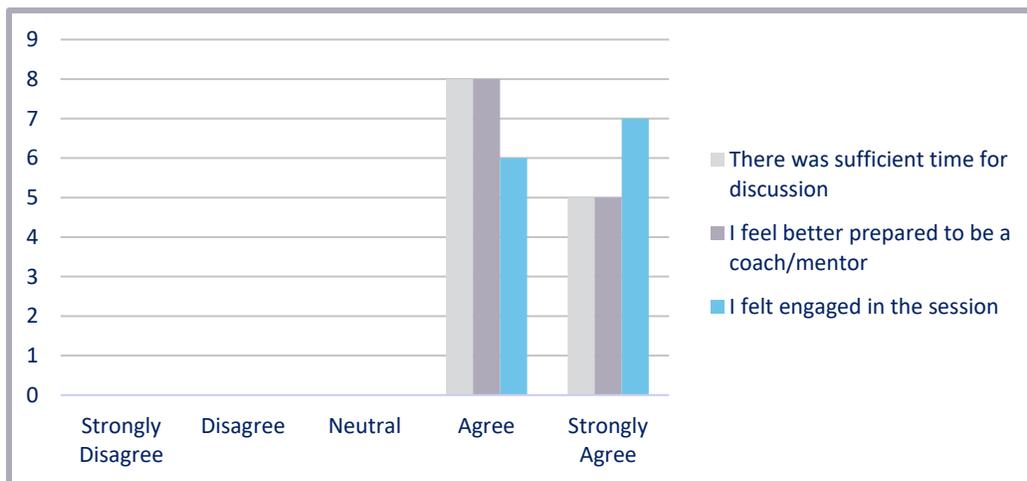
Coach/Mentor Skill Development Feedback

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. The data below is from the four coach/mentor Skill Development Sessions held in Q4 (n=13).

Following the sessions:

- **100%** of attendees agreed or strongly agreed that they **felt more confident** in their role as a mentor/coach.
- **92%** of attendees agreed or strongly agreed that they **learned some useful approaches** for coaching and mentoring.
- **92%** of attendees agreed or strongly agreed that they are able to be **more conscious and effective** when supporting a colleague.
- **92%** of attendees felt the **facilitators contribute effectively to their learning**.
- **100%** of attendees **would recommend the session to a colleague**.

Following each session, we also gathered feedback about how the session was run, if it was effective, and if participants felt engaged, which is represented in the graph below.



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

“Engaging and practical tips presented in a very digestible manner.”

“Very helpful to hear key phrases used by the mentor. The discussion following the role play was instructive. Using open ended questioning is highly effective.”

“The presentation was very good, information on GROW and books to read on coaching.”

“[I feel] More confidence for a structured and prepared approach to facilitate virtual meetings.”

Interview Feedback

As part of our evaluation strategy, we conduct interviews with participants. The interview format enables us to better understand our participants’ experience and informs program improvements. This Quarter we completed **one CAMP** coachee/mentee interview.

“I think the biggest thing is having a connection with specialist colleagues is really important.”

“I did not just learn how to do blocks, but how do you develop a program.”

Lessons Learned

- We continue to market the program through presentations and conversations with individuals and groups representing key target audiences.
- We heard from pairs that they would like more than six months to complete their 35 hours of peer support. Participants can now use CAMP funds over six months or request more time.
- As we develop relationships with participants, regional centres, and other partners that benefit all three UBC Rural CPD Coaching Streams (CAMP, RSON and ROAM), we have seen an opportunity to unite these programs under one name that better describes the kind of support we are offering, the Rural Peer Support Network. The program processes for these three different programs will remain the same.

Looking Forward

In the upcoming fiscal year, CAMP 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.
- CAMP coach/mentor Skill Development Facilitators will be meeting in April to plan for next quarter’s (late spring/summer) sessions.
- CAMP has met with Cultural Safety and Humility subject matter experts to begin planning for coach/mentor education on Cultural Safety and Humility.

- Two CAMP Participants are ICF (International Coach Federation) certified coaches. CAMP feels that receiving an ICF designation will offer credibility and a higher program standard to our coach/mentor Skill Development sessions. CAMP will apply for ICF designation soon.
- Identify opportunities to align with other programs and organizations, such as the rural UBC Residency sites, RCME Community Program, Practice Support Program (PSP), BC College of Family Physicians, Rural Divisions of Family Practice, the Rural Education Action Plan (REAP), Real Time Virtual Support (RTVS), and the Personal Learning Plan Program (PLP). Through these connections, we will explore ways to share information about CAMP offerings, improve opportunities for participants to connect with on-the-ground community contacts, and access further education training and funding support. For example, we will:
 - Offer a Skill Development session to RTVS – CHARLiE and MaBAL physicians (April).
 - Explore alignment with REAP to support coach/mentor identification.
 - Reduce barriers to accessing the program by improving our connection and referral processes with the PLP program.
 - Continue to seek opportunities to connect with medical learners and support their transition into rural practice.
- Seek more opportunities to engage with medical leads, practitioner groups, and communities to gather strategic subject matter input and explore how CAMP can work for them.
- Improve our communication tools and strategies to ensure our messaging is clear and resonates with potential participants.
- Track and evaluate program activities to continuously improve the program for future participants and provide sufficient data to our stakeholders and funders at the Joint Standing Committee on Rural Issues.
- Continue to explore synergies and alignment between all CAMP programs (CAMP, RSON, ROAM), and streamline the program process to more effectively meet our participants' needs

Rural Surgical and Obstetrical Networks (RSON) Clinical Coaching for Excellence Pillar

Program Summary

The Rural Surgical and Obstetrical Networks (RSON) Clinical Coaching for Excellence Pillar supports rural surgical and obstetrical teams to build clinical and personal supportive relationships within their community and their regional centre. The RSON Coaching Pillar engages family physician anesthetists (FPA), family physicians with enhanced surgical skills (FPES), surgeons, anesthetists, nurses, and midwives.

The project team includes Dr. Bruce Hobson, Dr. Vikki Haines (FP ESS), Dr. Kirk McCarroll (FPA), Dr. Dietrich Furstenburg (FP) and Ms. Melissa Leslie (Nurse). The program leads are Emily Boardman (Education Manager), Lisa McCune (Project Manager), and Lisa Wissink (Senior Program Assistant).

Key Project Milestones

Enrollment

This table represents the number of coaches/coachees enrolled in the RSON Clinical Coaching Pillar, the number of matched coachees, and the number of coaching activity hours that took place during Q4 (January 1 – March 31, 2021).

Community	Number of Coaches	Number of Coachees	Total Enrolled Coaches/Coachees	Matched Coachees*	Q4 Coaching Activity Hours	FY20-21 Total Hours
Creston	10	26	36	19	16	90.5
Fernie	17	24	41	21	67	435
Golden	12	20	32	14	104.5	317
Hazelton	7	13	20	15	100	237.5
Revelstoke	8	19	27	11	26	113.5
Smithers	6	32	38	17	6.5	149
Vanderhoof	4	11	15	11	12	46
Squamish	1	1	1	2	/	/
Port Alberni	3	9	12	6	/	/
Total	68	155	223	115	366	1422.5

*Matched Coachees are matched with one or more coaches and have participated in a coaching activity since we began requesting quarterly reports in September 2019.

Coach Skill Development Sessions

- April 28, 2020 Orientation – 1 RSON Participant
- May 13, 2020 Orientation – 2 RSON Participants
- May 19, 2020 Skill Development Check-In – 1 RSON Participant
- June 11, 2020 Orientation – 1 RSON Participant
- September 14, 2020 Coach Skill Development Check-in – 1 RSON Participant
- October 1, 2020 Coach Orientation – 8 RSON Participants
- October 14, 2020 Coach Skill Development Check-in – 2 RSON Participants

- October 29, 2020 Coach Skill Development Check-in – 3 RSON Participants
- November 10, 2020 Coach Skill Development Check-in – 2 RSON Participants
- December 3, 2020 Coach Orientation – 7 RSON Participants
- January 28, 2021 Coach Orientation – 2 RSON Participants
- February 11, 2021 Coach Skill Development – 3 RSON Participants
- February 25, 2021 Coach Skill Development – 4 RSON Participants
- March 11, 2021 Coach Skill Development – 7 RSON Participants
- March 23, 2021 Coach Orientation – 2 RSON Participants

Evaluation Findings

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

Completed Interviews

- February 26, 2021, nurse coach/coachee, Fernie

Participant Quotes

The following quotes were collected during participant interviews in the last quarter:

“I think the best thing has been acknowledging that we all have learning needs and that it provides a safe place and safe opportunity to say that I would like permission to learn.”

“I think if it was not for support systems like this, for myself and for the team, we wouldn’t have the morale that we do right now.”

Lessons Learned

With the logistics of travelling to regional centres being quite challenging at the moment, communities have been exploring on-call and virtual opportunities for coaching.

The Coaching Pillar continues to work with RCCbc to build our relationship with larger centres. This quarter, RSON has been working to develop our relationship with Cowichan General Hospital (CGH) to offer more coaching opportunities. RSON will continue to follow up with CGH to brainstorm and provide support in hopes that coaching opportunities may become available.

RSON coachees are interested in receiving regional anesthesia virtual coaching. To minimize the burden on larger centres, RSON would like to streamline the process for FPAs requesting coaching at regional centres, primarily St. Paul’s Hospital. Emily Boardman will be the key contact for coordinating FPA RSON coaching at St. Paul’s Hospital. She will be working closely with RCCbc, FPA Medical Lead, Kirk McCarroll, and the team at St. Paul’s Hospital to establish a smooth process.

Looking Forward

In the upcoming fiscal year, the RSON Coaching Pillar will focus on the following priority areas:

- Offer CAMP Orientation and Skill Development Check-in for physicians, midwives, and nurses.
- Conduct check-in phone calls with Local Community Coordinators.
- Facilitate the matching of coaches/coachees through an identified process.
- Continue to explore opportunities to connect with urban high-volume centres to improve the process of connecting coachees to coaching opportunities.
- Work with the Evaluation Pillar to streamline our evaluation processes and decrease duplication. Together we will conduct interviews with regional coaches.
- Collect interviews, stories, and videos of participants.
- Explore RSON coaching legacies: When the funding is gone, what will remain? And what asks will be needed to continue supporting communities?
- Continue to explore synergies and alignment between all CAMP programs (CAMP, RSON, ROAM). Streamline the program process to more effectively meet our participants' needs.

Rural Obstetrical and Maternity Sustainability Program (ROAM-SP)

Program Summary

The Rural Obstetrical and Maternity Sustainability Program (ROAM-SP) supports the delivery of rural maternity services by enhancing connections and team approaches to care through peer, facility, and regional network initiatives and coaching in eligible communities. UBC Rural CPD's Coaching and Mentoring Program (CAMP) facilitates coaching for maternity teams in order to build clinical and personal supportive relationships and to increase community-based confidence to provide local intrapartum services.

ROAM-SP communities may access CAMP offerings, including training, orientation, and resources to support coaching activities. The RCPD team will also assist communities in developing customized coaching plans based on community needs.

Key Project Milestones

Collaboration with RCCbc

The UBC Rural CPD team is continuing monthly ROAM-SP check-ins with Adrienne Peltonen, Dietrich Furstenburg, and Kirsten Quinlan. The check-ins are for UBC Rural CPD to share updates on operations, resources, and engaged communities, and RCCbc to provide wider ROAM-SP updates, and information about site visits and upcoming opportunities. We are continuing to build the menu of coaching examples, with new examples for obstetricians and paediatricians.

Collaboration with RSON

Recognizing that all Rural Surgical and Obstetrical Networks (RSON) communities are eligible for ROAM-SP funding, the program leaders for the RSON and ROAM Coaching Pillars have coordinated efforts to connect with these overlapping communities. We encourage communities to exhaust RSON funding first and proceed with ROAM-SP for future coaching activities. The Rural Support Network internal team holds bi-weekly check-ins to share updates and explore synergies between the three programs (CAMP, RSON, ROAM). The program leaders also meet regularly with colleagues at RCCbc (Adrienne Peltonen and Tom Skinner) who also work on RSON and ROAM activities.

Community Engagement

The process for Community Engagement was updated in 2020-21 to improve collaboration and alignment with the CAMP and RSON programs as well as the other ROAM Pillars led by RCCbc. RCCbc takes responsibility for initial community engagement for ROAM, and then refers communities that express interest in coaching to RCPD.

In 2020-21, Haida Gwaii, Sechelt and Salt Spring Island engaged in coaching through ROAM. ROAM communities that have engaged in coaching through RSON are: Creston, Fernie, Golden, Hazelton.

Cowichan/Duncan, Quesnel and Williams Lake are now ready to begin coaching via ROAM in 2021-22. RCPD will continue to work with RCCbc to onboard additional communities to ROAM.

Evaluation Findings

No evaluation data to report.

The overarching ROAM-SP program is currently developing the evaluation framework, with RCCbc successfully recruiting an evaluation consultant from Reichert & Associates. The Program Coordinator is working closely with the other leads for ROAM and RSON to ensure the ROAM coaching evaluation protocol and framework aligns well with the overarching ROAM and RSON protocols respectively.

Lessons Learned

As mentioned, to better address ROAM communities' general ROAM goals, the RCCbc and UBC Rural CPD team revised the onboarding process to optimize synergies and avoid working in funding silos when supporting the same goals. The revised process has been effective with the new communities that have been engaged, and will continue moving forward.

Looking Forward

- Continue onboarding new ROAM communities for coaching endeavours as they become ready, such Powell River.
- Continue creating the ROAM coaching evaluation framework in collaboration with RCCbc.
- Offer CAMP Orientation and Skill Development for physicians, midwives, and nurses in ROAM communities.

- Continue to explore opportunities to connect with urban high-volume centres to improve the process of connecting coachees to coaching opportunities.
- Continue to explore synergies and alignment between all coaching and mentoring programs (CAMP, RSON, ROAM) to streamline the program process and most effectively meet the needs of our participants.

Personal Learning Plans

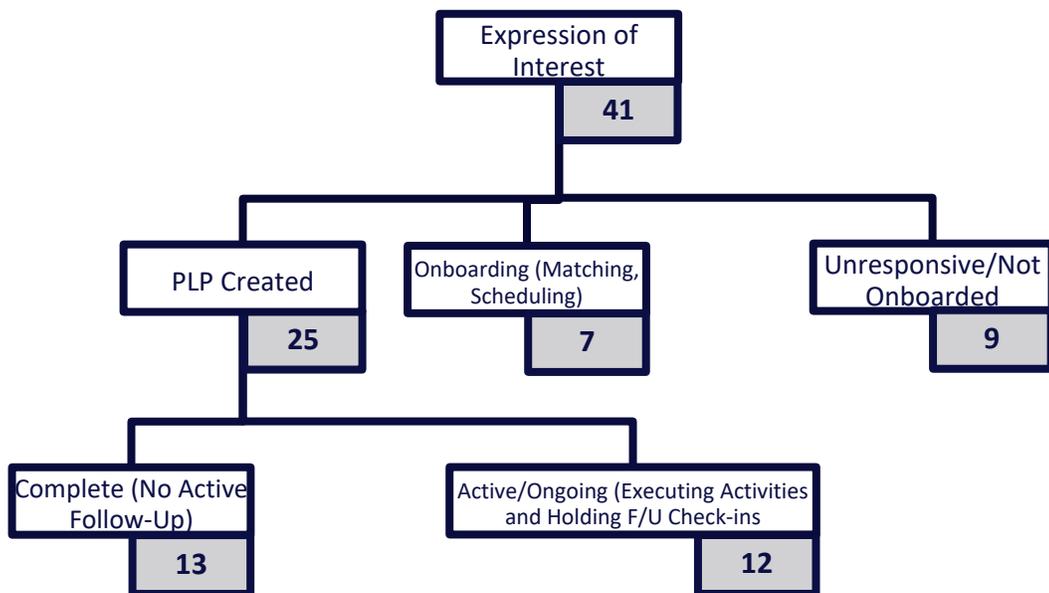
Program Summary

Personal Learning Plans (PLP) support physicians to navigate the continuing professional development landscape and to achieve personal and professional success in British Columbia. PLP offers a concierge service at no cost to international medical graduates (IMGs) in British Columbia 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 to identify relevant resources and connections.

The medical lead for the program is Dr. Bruce Hobson and the project leads are Lisa McCune (Project Manager), Rachel Ho (Program Coordinator), and Jessica Chan (Senior Program Assistant).

Key Project Milestones

The figure below outlines the total number of rural participants who expressed interest, enrolled, and completed learning plans as of March 31, 2021.



The table below illustrates the demographics of rural participants by IMG program and medical specialty as of March 24, 2021. Physicians who were unresponsive and did not complete onboarding are no longer included in this count.

IMG Programs	Participant Count	Medical Speciality	Participant Count
PRA-BC	25	Family Physician	29
BC-PIP	5	Pediatrician	1
IMG Residency	2	Neurologist	1
		Psychiatrist	1
Total:	32		32

Learning Goal Themes

Popular Learning Goal Themes	# of Requests
Mental Health	13
Billing	11
Emergency Room Skills	10
MCCQE2 Exam Preparation	10
Electronic Medical Records (EMR)	9
Chronic Pain	9
Opioid Prescribing	7
Psychosocial Support	4
Ultrasound	4

Partnerships and Relationships

Doctors of BC Regional Advisors & Advocates: We were told the regional advocates would connect directly with Rob Hulyk. This connection has since been transferred to Heather Gummow.

GPSC Transition to Practice Working Group: On April 17, 2020, we met with the Transition to Practice Subgroup of the GPSC Provincial Recruitment and Retention Committee. We hope to continue the discussions around their interest in expanding this program to a larger audience of physicians.

CFPC Professional Learning Plans: The College of Family Physicians of Canada is in early phases of exploring their own National PLPs. Currently the framework for the plans are an online, self-directed tool. We provided them with our materials directly (Physician Advisor Guide) and through the PI Hub Coaching and Mentoring Sub-Group. Members of the PLP team and Bob Bluman attended a meeting on August 27 with the CFPC.

RCPD Coaching and Mentoring Programs (CAMP): The PLP and CAMP team are continuing to refer participants, as appropriate, with the streamlined referral process in place. Rural Surgical Obstetrical Networks (RSON) and Rural Obstetrical and Maternity Sustainability Program (ROAM-SP) have adapted the PLP Facilitation Guide to a Coaching Plan Facilitator Guide, and the PLP Template to a Coaching Plan Template, for their needs assessment process and initial meetings with communities. On September 18, the PLP and CAMP team held a brainstorming meeting to further explore opportunities for synergies and alignment.

Practice Support Program (PSP): We continue to connect with Regional Support Team (RST) Leads and local Practice Support Program (PSP) coaches when developing personal learning plans and supporting 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 are planning to meet in November to further discuss opportunities for synergies after their GPSC work plan for next year is more final.

The RST Lead and Manager at Fraser Health, Jennifer Montgomery, expressed interest on behalf of the PSP FHA team to meet with the PLP team and explore our synergies. This came out of interactions between the concierge and local PSP Coach in White Rock/Surrey when connecting with local PSP coaches in Burnaby, Coquitlam, and Surrey. We are scheduling to join one of their team meetings.

RCME: On July 28, we held a presentation sharing the program overview and process of PLP to the RCME liaisons and had a discussion on synergies. On August 20, we met with Heather Gummow, RCME Provincial Manager, to talk more about ideas to connect PLP participants to RCME contacts, and ask questions about individual level support.

Following these discussions, the concierge has collaborated with Nicole Hochleitner-Wain, RCME Liaison for Interior Health, on efforts to identify a physician of a particular expertise and specialty in a designated community. This successful collaboration was shared as a model at RCME, RCPD, REAP Connections for CAMP and REAP to leverage the community level understanding and relationships of RCME Liaisons.

Heather Gummow, Ian Schokking, Nicole Ebert, and the PLP Working Group have come together as the Community Concierge Working Group. On July 7, we held our first meeting where members of the PLP team shared insights and resources to support their endeavour of a community concierge service. We are continuing the conversation to explore the idea of community learning plans for rural communities.

Heather Gummow presented the Community Concierge Proposal at the September 22 RCME, RCPD, REAP Connections, and the PLP team had the opportunity to provide input and feedback.

Evaluation Findings

The funding proposal outlines that 20% of participants are to be interviewed to evaluate the initiative. Four interviews were conducted with PLP participants between May and July 2020. Participants were family physicians who completed their medical education and residency training in England and Nigeria and were new to practice in BC (less than one year to over two years of practice). They heard about PLP through Practice Ready Assessment BC or a colleague.

Key findings of the interviews indicated that a common motivation across participants was to seek resources that could support them with settling into life and navigating practice in Canada:

“I [participated] because I moved from Nigeria to Canada. There’s quite a whole lot [of difference] culturally, environmentally, academically... I just needed some sort of guide... to know more about the Canadian system and Canadian ways.”

The concierge and physician advisors were a pivotal part of participants’ learning experience through PLP. They listened effectively to participants’ needs, drew up comprehensive learning plans, and communicated in a very organized way, demonstrated through their prompt responses and proactive scheduling and follow-ups. The concierge was helpful, responsive, proactive, and comprehensive:

“[The concierge] was very proactive. I felt like she was on my side trying to help. The interview with herself and [the physician advisor] was very good because they helped to highlight what my learning needs were and they were very helpful... They got me in touch with various people who could be of help to me... Without their input, I would have never made those connections.”

Participants were in the centre of their learning experience and received a tailored learning experience through PLP:

“[My PLP was] tailored around... what my needs were. I didn’t feel like it was... one-size-fits-all. They [identified my interest[s] and pointed me to resources.”

“[The facilitation style] was very much... client-centred... They were actively listening, trying to work out exactly what they could help with and just felt like they were individualizing what they were trying to do with me... I felt like they treated my needs as being specific to me.”

The program is a bridge between physicians and continuing education. By participating in the resources shared by PLP, the program has contributed to participants’ improved knowledge, confidence to practice in BC, patient management and outcomes:

“There has been significant improvement in my patient outcomes, based on the way and manner I approach their management now, compared to... before I did PLP.”

Nearly all participants commented that they would have liked to have known about the program earlier in their practice in BC. Participants suggest that the program should revisit its marketing strategy to reach out to more IMGs where possible:

“The recommendation I would make is perhaps [the concierge] reaches out to all new IMGs when they first start practicing.”

Overall, participants were highly satisfied with their PLP experience and all participants enjoyed their experience with the program and would recommend it to a colleague. They particularly liked being in contact with someone who could handle information gathering and provide comprehensive plans and resources in a way that is easily accessible and digestible:

“Yes, definitely I would [recommend the program]... It’s a very good starting point of a resource for information. It’s easy to access [and provides] information [that is] easy to digest and comprehensive.”

“Just the fact that I was able to speak to someone about how I was feeling at the time. I felt pretty isolated at that point and it’s just nice to know there are other people [to help].”

“I really loved this program. It has helped me to become familiar with the Canadian way and I am learning faster.”

All participants would participate again, particularly for more in-depth resources to build on what they have already learned during their time with PLP, and if they could mitigate time as a barrier.

Lessons Learned

The project continues to be well-received by participants. We will continue to strengthen internal processes to support program expansion and growth.

Looking Forward

We have the following goals for the upcoming quarter:

- Continue to recruit new participants from PRA-BC cohorts who will be entering their return of service, and the Spring 2021 cohort of BC-PIP participants.
- Move forward with the new evaluation framework changes and hold more evaluation interviews.
- Contribute to the research and scholarship at UBC CPD, and begin pursuing a journal publication on PLP.

Indigenous Patient-led Continuing Professional Development Project

Project Summary

The Indigenous Patient-led Continuing Professional Development Project (IPL CPD) is an Elder-led project that is driven by the vision that health care in rural BC is a safe and positive experience for Indigenous people. Through experiential learning opportunities offered in-community, the project aims to facilitate relationships between Indigenous and physician communities to advance culturally safe care.

We offer learning opportunities that address systemic racism and cultural bias, and celebrate the strength of Indigenous ways of knowing and traditional healing practices. We aim to shift hearts and minds.

Elder Roberta Price and Elder Cheryl Schweizer lead our project; Dr. Terri Aldred and Dr. Dana Hubler are the Medical Leads; and Lisa McCune is the project manager (replaced Laura Beamish as of March 1, 2021).

Key Project Milestones

Virtual Meeting of the Minds: October 2020

On October 14, 2020, our IPL working group collaborated with Elder Chris Marchland and Elder Eric Mitchel, and gathered 10 leaders in Indigenous cultural safety and humility from across BC to meet virtually at an Elder-led 'Meeting of the Minds.' At this meeting, we committed to strengthening relationships within the project working group and carrying this relationship-based model into our work with communities.

Key take-aways and learnings from our gathering:

- Many communities have turned to virtual offerings to maintain programming and education opportunities.
- Organizations are working to balance public health restrictions with the benefits of small in-person gatherings.
- Groups have been innovating to adapt to the public health restrictions through distributed/virtual offerings.
- The number of meetings (virtual) has increased, creating different demands.



Community Engagement

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. To date, the following sessions have been delivered:

- November 4/5, 2020: Physicians from the Northern Interior Division of Family Practice, Carrier Sekani Family Services, FNHA Virtual Doctors of the Day, and Northern Health Authority. A total of 11 participants attended this training.
- March 24/25, 2021: Compass Mental Health team from BC Children’s Hospital. A total of 13 participants attended this training.

Nuu-chah-nulth Tribal Council Healthcare Services (NTC) Indigenous Patient and Physician Engagement

Our project is currently supporting NTC and the Central Island Division of Family Practice with their upcoming Indigenous Patient and Physician engagement education seminars. These seminars will occur bi-weekly from March 31 to June 30, 2021. Each session will have three Elders from Nuuchahnulth territories and three to five doctors (GPs and specialists) and NPs. Sessions will be kept small to facilitate dialogue and relationship building. Health care practitioners within Port Alberni have been invited to select two to three session options to facilitate continued dialogue and multiple opportunities for engagement.

Nuu-chah-nulth Tribal Council Healthcare Services (NTC) Brokered Dialogue

Our project is currently supporting the completion of Megan Muller's PhD research alongside the Nuu-chah-nulth Tribal Council to facilitate Brokered Dialogue within the community. We are working with Jim Kraneveldt (Videographer) and Cliff Atleo (NTC Elder) for this work.

Sechelt/Shishalh Nation

The health manager for Shishalh Nation 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 will support one of these parts by supporting Shishalh Nation Elders to share their vision for health care.

Evaluation Findings

Carrier Sekani Family Services Nowh Guna Training

According to evaluation findings from the November 4/5 training, as a result of completing the program, 100% of respondents agreed and/or strongly agreed that they are now able to:

- Define key beliefs and terms around culture, cultural safety, and cultural humility.
- Discuss the history, life, language and society of the Carrier people, pre-contact.
- Identify and discuss colonization in Canada, including Residential Schools and Indian Hospitals, and colonization's ongoing impact today.

Cultural Humility and Bias Tool

We will continue to work to validate our patient and provider cultural humility evaluation tool. To date, the provider tool has been used for the two Carrier Sekani Family Services sessions. We hope to continue to use this tool during the community engagement process.

Lessons Learned

One of the most significant lessons that our team has learned through our work is 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.

Within our working group, we have created strong, meaningful relationships through regular communication rooted in ceremony and protocol led by Elder Roberta Price and Elder Cheryl Schweizer. These strong relationships have allowed us to remain nimble and react quickly during this time of uncertainty presented by the COVID-19 pandemic. Through our close working relationships, we have welcomed innovation, change and new ideas with respect and appreciation. This has allowed us to bring a strong foundation of trust and respect with the communities with which we have engaged, especially during this time of pandemic.

Looking Forward

The IPL CPD project working group has a number of items currently in development that we will explore further in the next year.

Brokered Dialogue

The Kwakiutl District Council (KDC) has connected with our IPL group to identify that they would like to engage in the Brokered Dialogue process with the Campbell River Emergency Physician Group. Currently, we have confirmed that Kristy Assu will film the KDC Community interviews for this work. We anticipate developing a detailed project timeline for Brokered Dialogue with KDC within the next quarter.

Real Time Virtual Support (RTVS)

The Indigenous Patient-led group has been approached by the RTVS leadership to co-develop a longitudinal Indigenous cultural safety program for the physicians involved in the RTVS program. Within the next quarter we anticipate developing a detailed project timeline for creating an education program.

RESEARCH AND EVALUATION ACTIVITIES

New to Practice Evaluation Study

Project Summary

The New to Practice Evaluation project aims to identify key ways to better support new to practice physicians in rural communities, by evaluating PRA-BC and IMG program participants' integration into rural practice. The UBC CPD and RCCbc's collaborative and iterative strategy for setting IMG physicians up for success includes the following recommendations, which heavily influence this project:

1. Co-develop and conduct an evaluation study focusing on the effectiveness of existing supports and programs for new to practice physicians in British Columbia;
2. Provide recommendations to funding agencies, policy makers and new to practice programs; and
3. To inform program design and delivery, inform stakeholders, through on-going feedback loops during the evaluation process, of challenges and successes experienced by new to practice physicians during the integration into British Columbia's health care system.

Key Project Milestones

Participant Interviews

To date, we've conducted 22 interviews for this study with new to rural practice physicians in BC.

Evaluation Findings

Preliminary Analysis

Project leads are conducting a preliminary analysis of the 22 interviews. Participant demographics in the study are as follows:

- 64% male (n=14)
- 55% Canadian Medical Graduates (n=12)
- 23% have practiced medicine for 15+ years (n=5)
- 72% in Northern or Interior Health Authority (n=16)

Key themes that we have noticed in the data include:

- **Impacts on Transition:** Lack of specialist access, residency training location, physician sense of autonomy within their practice and skill deployment.

- **Integration to Community:** Family integration into the community, resilience of physician and their family.
- **Main programs for support:** RTVS, RCME, informal mentoring in the clinic where they practice.
- **COVID-19:** Education opportunities, colleague connections.

Lessons Learned

At the latest meeting in April, the Working Group recognized that the primary aim of the study is to examine how new to practice physicians are set up for success in rural communities in BC. We are challenged by the vast amount of UBC CPD program evaluation data, and how to filter to identify findings that pertain to new to practice physicians. The initial draft of the interim report was too long to effectively meet the needs of stakeholders. It is a priority to establish a clearer and narrower scope for this study to meet the needs of UBC CPD and RCCbc.

Looking Forward

Complete Data Analysis

Within the next quarter, we intend to complete a detailed data analysis to review findings within the interview data. We will also meet within our team to determine appropriate avenues of knowledge dissemination of this data.

Publications

The project team has submitted an abstract to the *Journal of Rural Community Development's* special issue on COVID-19's impact on rural Canada. The full manuscript is due for assessment on June 1, 2021. Within this study, we found that participant transition to practice experiences were heavily influenced by COVID-19; specifically, access to retention supports such as: mentorship and education opportunities, and family integration supports. Instead, new to practice physicians have turned to programs such as Real Time Virtual Support to support their integration. Through this study we hope to illuminate ways communities can retain physicians, recognizing that COVID-19 has had a significant impact on usual practices to optimize rural physician retention.

Longitudinal Process

Within the preliminary analysis, the research team has identified multiple opportunities for longitudinal research and analysis for this project. Specifically, this project has the potential to transform into a cohort study, further emphasising transition and unpacking how new to practice physicians experience transition on a long-term scale. We are currently investigating potential funding support through RCCbc Physician Research Grants.

HOUSE Evaluation Study Manuscript

The HOUSE program submitted a manuscript, “Building Point-of-Care Ultrasound Capacity in Rural Emergency Departments: An Educational Innovation,” for publication in the *Canadian Journal of Rural Medicine*. The initial submission was accepted with edits and we hope to know the final decision some time in summer 2021.

KNOWLEDGE TRANSLATION

April 2020 Canadian Conference on Medical Education (CCME)

CCME 2020 was cancelled due to the COVID-19 pandemic. The following abstracts were accepted prior to the cancellation:

- Understanding gender-based needs in rural physician mentoring programs (Oral Presentation)
 - Presenter: Stephanie Gariscsak, Research Assistant
- BCPoCUS.ca: A Clinically-oriented Ultrasound Education Website Interface (Poster Presentation)
 - Presenter: Kathryn Young, Project Manager

October 2020 Centre for Health Education Scholarship Celebration of Scholarship

In October 2020, the Personal Learning Plan Program was accepted as a poster presentation at the Centre for Health Education Scholarship Celebration of Scholarship event. The project was presented by Senior Program Assistant, Rachel Ho.

February 2021 Society of Academic CME (SACME) Conference

Our team presented the following abstracts at the 2021 Virtual SACME Conference:

- Real Time Virtual Support: Bringing Medical Education and Clinical Support to the Point-of-Care (Oral Presentation)
 - Presenter: Kate Meffen
- Innovative Use of Technology to Enhance Point of Care Ultrasound Education (Oral Presentation)
 - Presenters: Kate Meffen and Kevin Fairbairn

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 disrupted our programming this fiscal 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.

We adapted our Rural Rounds program to meet the urgent and immediate needs of rural health care providers during the first wave of the COVID-19 pandemic. We further streamlined CAMP and saw the expansion of the interdisciplinary RSON Clinical Coaching Pillar. The PLP program continues to set IMGs up for success in this province and has been a model for what tailored CPD support can look like. We continued our work to address bias and systemic racism experienced by Indigenous and First Nations people in rural BC, through our Indigenous Patient-led CPD Program. We are meeting the need for education on telehealth and virtual health technology through our Virtual Health Grand Rounds program. And finally, in partnership with RCCbc and other stakeholders, we are working to develop a virtual simulation program as part of the Real Time Virtual Support (RTVS) pathways and exploring how we can continue to support CPD at the point of care.

Looking forward, we aim to continue to strengthen 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.

APPENDICES

Appendix A: Team Profiles

UBC RURAL CPD TEAM 2020-21

Laura Beamish, MSc, MHA

Senior Manager (on leave until April 2022)

Laura is the Senior Manager for the Rural Program at UBC CPD, a diverse portfolio of projects that support rural practitioners in British Columbia. Since 2014, Laura has worked as a Research Assistant, Education Coordinator, and Project Manager for the UBC CPD. In 2016/17 Laura worked as a Quality Improvement Coordinator at the BC Centre for Excellence in HIV/AIDS where she led a Breakthrough Series Collaborative aimed at improving care for people living with opioid use disorder in Vancouver. Laura holds a Bachelor of Science degree in Psychology from Queen's University, a Master of Science degree in Neuroscience from the University of Western Ontario, and recently completed her Master of Health Administration at the University of British Columbia.



604.875.4111 x24615

laura.b@ubc.ca

Alisa Harrison, PhD

Interim Senior Manager (until April 2022)

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, and BC health authorities. Most recently, Alisa spent a year as CEO of the Midwives Association of BC. In these roles, 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 Master of Arts from UBC. Alisa has applied the skills acquired through her research into 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 work with graduate students as Associate Faculty in the School of Leadership Studies at Royal Roads University.



alisa.h@ubc.ca

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.



604.875.4111 x24722

emily.b@ubc.ca

Jessica Chan, BES

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 joined the Rural CPD team in March 2021 and is working on the UBC CPD Personal Learning Plans, which provides rural physicians with tailored resources and support. She is excited to cultivate transformative education opportunities for healthcare workers in BC.



Jessica.c@ubc.ca

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.



erica.c@ubc.ca

Stephanie Gariscsak, MSc

Senior Research and Events Assistant (until May 2021)

Stephanie joined the CPD team in July 2019 and holds a Masters of Science from the University of Guelph and a Bachelors of Health Sciences (Hon) from the University of Western Ontario. She has participated in several research initiatives pertaining to rural communities, LGBTQ2IA+ health, and youth and adolescent mental health.

Stephanie has experience in community facilitation, research, teaching, and program evaluation and has presented her research at the Canadian Rural Revitalization Conference, the Rainbow Ontario Public Health Conference and the Ontario Public Health Convention.

Stephanie is passionate about capacity building within public health and is excited to pursue these interests within UBC CPD.



604.875.4111 x24613

stephanie.g@ubc.ca

Hadas Haft, MM, BSc

Senior Program Assistant (on leave until March 2022)

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. She has previously worked with the Richmond Community Foundation where she led the development of their endowment fund, and was responsible for the timely submission of progress reports, project deliverables, and ongoing communication with the faculty advisor and staff. She also worked on a health promotion project on feeding practices with UBC Child Care Services in which she used evaluation tools to determine short and long term objectives, and developed and conducted program evaluation surveys to determine project benefits. In her free time, Hadas enjoys eating and cooking, traveling, painting, and experiencing diverse cultures



604.875.4111 x24601

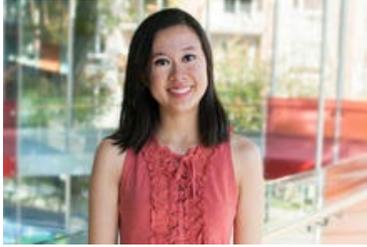
hadas.h@ubc.ca

Rachel Ho, BSc

Program Coordinator

Rachel holds a Bachelor of Science degree with a major in Integrated Sciences from UBC Vancouver. She is currently supporting the UBC Rural Continuing Professional Development (RCPD) Program and its various projects and activities. She is dedicated in continually facilitating the development and enhancement of the clinical practices and learning needs of physicians and health professionals in BC.

As a born and raised Vancouverite, she is committed to giving back to her community, whether that be through her work at UBC CPD or in her free time through her involvement in different volunteering initiatives.



604.875.4111 x24624

rachel.h@ubc.ca

Emily Lai, BA

Administrative Assistant

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.



604.845.4111 x24612

emily.l@ubc.ca

Lisa McCune, MA

Project Manager

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).



Lisa.m@ubc.ca

Kate Meffen, BSc

Education Manager

Kate joined the UBC CPD team in April 2018 and currently works 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. She enjoys working with a multidisciplinary team at UBC CPD to help physicians practicing in BC to meet their goals. 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.m@ubc.ca

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.



604.875.4111 x24627

nicole.d@ubc.ca

Lisa Wissink, BHSc

Senior Program Assistant

Lisa joined the UBC CPD team in February 2021 and primarily supports the Rural Peer Support Network for physicians practicing in rural communities, especially the Coaching and Mentoring Program (CAMP). 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.



lisa.w@ubc.ca