



The Division of
Continuing Professional Development
Faculty of Medicine



Rural Coordination Centre of BC
Enhancing Rural Health Through Education

UBC Rural Continuing Professional Development (RCPD) Program

ANNUAL REPORT

2011-2012

Submitted by:

Dr. Tandi Wilkinson, RCPD Medical Director
Dr. Brenna Lynn, UBC CPD Executive Director
Dr. Bob Bluman, UBC CPD Medical Director, Special Projects
Ms. Andrea Keesey, RCPD Project Manager
Ms. Chloe Wu, UBC CPD Research Coordinator

Date: February 27, 2012

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I. RCPD Executive Summary and Vision

The UBC Rural Continuing Professional Development Program ([RCPD](#)), affiliated with the UBC Division of Continuing Professional Development ([UBC CPD](#)), is committed to supporting the learning needs of rural physicians and other rural health care professionals. Supported by the Rural Coordination Centre of BC ([RCCbc](#)), the program has been operating since 2008, stemming from the REAP needs assessment that was conducted in 2005. In the past four years, we have improved access to CPD programs for rural practitioners using a 'closer to home' delivery method.

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

To date, program evaluation data and RCPD Medical Advisory Committee commentary indicates that there is significant value in the program for rural physicians.

The overall vision of the RCPD program for 2011 to 2014 has four aims, which are to:

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

The overall objectives for RCPD (2012-13) are as follows:

- To continue to build upon our current programming and networks, by supporting, facilitating, and developing Continuing Medical Education programming that is directed by rural health care professionals and meets the needs of rural health care professionals.
- To continue to develop and deliver CME programming that is evidence-based, up-to-date and leads to state-of-the-art patient care.
- To have both a rurally-based and central provincial presence that seamlessly supports rural CME needs at both the local community and regional levels.
- To support provincial-level collaboration of rural CME processes.
- To expand our scope beyond traditional CME initiatives, in order to empower and support rural practitioners in their many roles as health care providers, learners, teachers, and community members.
- To model best practices for intra and interprofessional communication, mutual respect and teamwork, and to model sharing of resources and ideas.

This report describes RCPD program activities for the period of April 1, 2011 to February 27, 2012. The report summarizes highlights from the past year and outlines goals and deliverables for the year ahead. The report also highlights program evaluation data collected in the past year.

II. Summary of RCPD Activities, 2011-12

2.1 RCPD Leadership

With the active support of the Rural Coordination Centre of BC, the RCPD Program is led by a Medical Director and a Medical Advisory Committee, with support from senior management at UBC CPD, a Project Manager, and the UBC CPD research team and administrative staff.

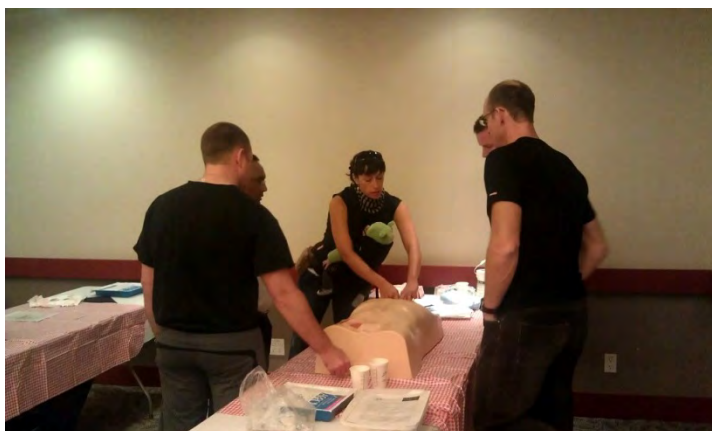
The Medical Advisory Committee meets several times a year and is made up of rural health care practitioners and other key stakeholders who provide input and strategic direction for all RCPD activities. This committee is led by RCPD Medical Director, Dr. Tandi Wilkinson, who is based in Nelson BC. UBC CPD continues their extensive support of the program through the involvement of UBC CPD Medical Director (Special Projects) Dr. Bob Bluman and UBC CPD Executive Director, Dr. Brenna Lynn. The RCPD Program continues to develop and deliver our core CME programming, and to propose new opportunities and directions for rural CME activities.

See [Appendix A](#) for a list of MAC committee members and [Appendix B](#) for 2011-12 MAC meeting agendas.

2.2 Live Interactive Learning

The Shock Course

One of RCPD's most popular educational programs is the Shock Course. This course is designed and taught by rural health care practitioners, who aim to equip rural health care teams with the skills to manage the hypotensive patient using tools available in their local ER. The learning objectives for this course are to help interprofessional participants recognize the types of shock that can successfully be treated in the rural emergency room, familiarize themselves with early goal-directed therapy, and know how to apply these concepts in their setting, become confident placing central venous catheters and intraosseous needles, and learn the many ways that ultrasound can be helpful in their practice.



Shock Course Instructor Dr. Julie Paget demonstrates central line insertion to course participants at the Whistler St. Paul's ER Update, September 2011.

To date, the Shock Course has been delivered in 27 communities across BC and has reached 428 participants (309 physicians, 113 nurses, 6 'other').

From April to December 2011, the course was delivered in six communities (Creston, Nelson, Williams Lake, Quesnel, Kelowna, and Whistler), with 94 participants in attendance (69 physicians and 25 nurses).

Shock Course, Apr-Dec 2011: Physician participants perceived knowledge increase

	Before the course	After the course	% Increase
Diagnosis and treatment of shock	32%	98%	66%
Central venous lines	40%	93%	53%
Ultrasound use for shock	19%	77%	58%

** Aggregates of rating scales 4 & 5 were reported. (1=Very little; 5=A great deal)*

Examining course feedback from each community, Shock Course participants perceived a greater knowledge increase about diagnosis and treatment of shock and central venous lines. Evaluation data shows that course participants value their learning, especially with regards to the hands-on practice and the focus on local team learning. They stated that they were better equipped with knowledge and skills and felt more confident practicing emergency medicine. This confirms the importance of bringing the course to rural communities where rural practitioners cannot rely on specialist support within the ER setting.

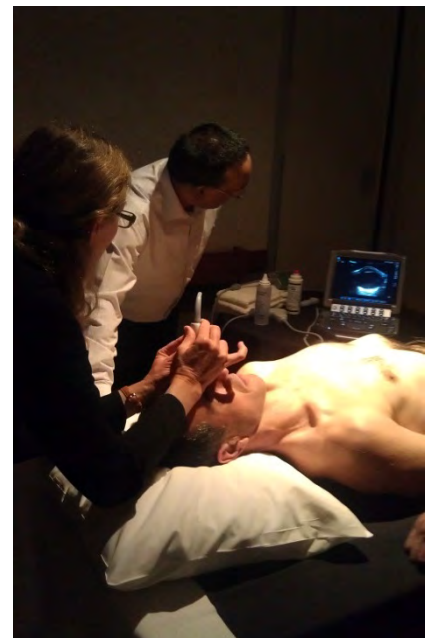
In order to highlight the value of this course, enhance reflective learning and long-term effect, we are currently applying for MainPro-C credits for the Shock Course.

This is what some of the 2011 participants had to say about the Shock Course:

- “Course needs to be taken by all physicians practicing rural ER medicine”
- “Very non-threatening learning environment, very practical”
- “Small group size and collegial approach made asking questions very easy”
- “I will approach the Shock differential with much better knowledge”
- “More confident in ER”

RCPD is grateful for the funding support from the JSC and RCCbc which has allowed us to purchase ultrasound units for the Shock Course. There is growing interest in the use of bedside ultrasound and the incorporation of ultrasound is a significant part of the success of the Shock Course. To our knowledge it is the only course available which incorporates ultrasound teaching into an educational offering (aside from courses based specifically on teaching ultrasound).

See [Appendix C](#) for a map of all Shock Course locations, 2009-2011.
See [Appendix D](#) for the Shock Course flyer.



Shock Course Instructor Dr. Tandi Wilkinson demonstrates an ultrasound technique.

Rural Rounds Videoconference Series

By utilizing British Columbia's existing Telehealth videoconference network, RCPD is able to offer monthly CME events to rural and remote hospitals. The RCPD Rural Rounds videoconference series has proven to be very popular and continues to grow. In 2008, 22 sites participated; in 2011-12, 38 communities tuned in to the series, which occurs on the first Thursday morning of each month. There was an average of 100 participants in attendance at each event. A large part of the program's success can be attributed to needs assessment methods, improved marketing, and the high quality of presentations, which include topics that are specifically tailored to the learning needs of rural physicians (trauma, ER, etc.).

There were seven Rural Rounds videoconferences between April 2011 and January 2012 (see session dates below), with approximately 686 total participants. The feedback on the sessions continues to be very positive. The majority of participants stated that they would use the information learned in their future practice. Most participants felt that the presenters communicated the knowledge successfully during the sessions.

Rural Rounds April 2011 – January 2012: Participants feedback on the session and presenters

	The information I learned will be used in my future practice	The presenter communicated the knowledge successfully
Apr 7	82%	93%
May 5	84%	86%
June 2	84%	94%
Sept 1	68%	90%
Oct 6	89%	92%
Nov 3	97%	97%
Dec 1	68%	90%

See [Appendix E](#) for a map of participating Rural Rounds sites and [Appendix F](#) for Rural Rounds Spring and Fall 2011 flyers.

Connecting with existing UBC CPD videoconference programs

UBC CPD's Friday afternoon "CME on the Run!" Program has now become available by videoconference to some rural sites, including Castlegar, Courtenay, Golden, Mission, Nanaimo, Nelson, Ladysmith, Port Hardy, Prince George, and Trail. This has been well-received to date. RCPD is always looking for opportunities to extend the reach of UBC CPD programs and to encourage uptake by rurally-based health care providers.

Connecting with UBC CPD Community Case-Based Workshops

RCPD continues to promote community workshops delivered by UBC CPD. In 2011, there were 18 dementia workshops and 7 breast cancer workshops that visited various rural communities in each of the province's health authorities. These interprofessional workshops followed a CME delivery model that has proven to be very popular with rurally-based participants: cases were designed by some of the

province's top dementia and breast cancer experts, delivered by local experts in their own communities, and attended by health care providers who want to achieve optimal care for their patients.

See [Appendix G](#) for a sample of UBC CPD case-based community workshop flyers.

2.3 Online Learning

Specialist Journal Club in Internal Medicine

RCPD is committed to providing convenient, relevant, and engaging CME programs that use technology to create virtual communities of learners. In September 2011, RCPD launched a 100% online Specialist Journal Club in Internal Medicine.

Of the 20 available spaces, 10 were reserved for internists living in rural BC. The pilot project is now fully subscribed, with participants coming from Trail, Sechelt, Kelowna, Penticton, Campbell River, Comox, Duncan, Port Alberni, Victoria, and the Vancouver area. Every six weeks, the journal club moderator selects a peer-reviewed journal article for participants to read and discuss at their convenience. The RCPD team tracks site user activity on an ongoing basis. To date, participants have averaged 25-50 site visits each, spending an average of eight minutes on the site per visit – some very encouraging numbers that reveal strong engagement in the initiative.



Specialist Journal Club in Internal Medicine Homepage

The moderator of the journal club is Dr. Scott McKee – an internist from Salmon Arm, BC. Based on a preliminary needs assessment and his own expertise, Dr. McKee is aware of the learning needs of the participants and selects articles that have clinical applicability to the rural setting. To date, informal feedback from participants has been very positive. As the project nears its halfway mark, the RCPD team is in the process of collecting formal feedback from participants. See [Appendix H](#) for mid-point survey questions and [Appendix I](#) for journal club Google analytics.

Connecting with UBC CPD online learning programs

RCPD continues to promote web-based education programs that are accredited and delivered by UBC CPD. This includes a multitude of free webinars in a variety of health care disciplines. In 2011, UBC CPD presented 18 free webinars as part of the BC Physician Integration Program, the Cancer Care Outreach

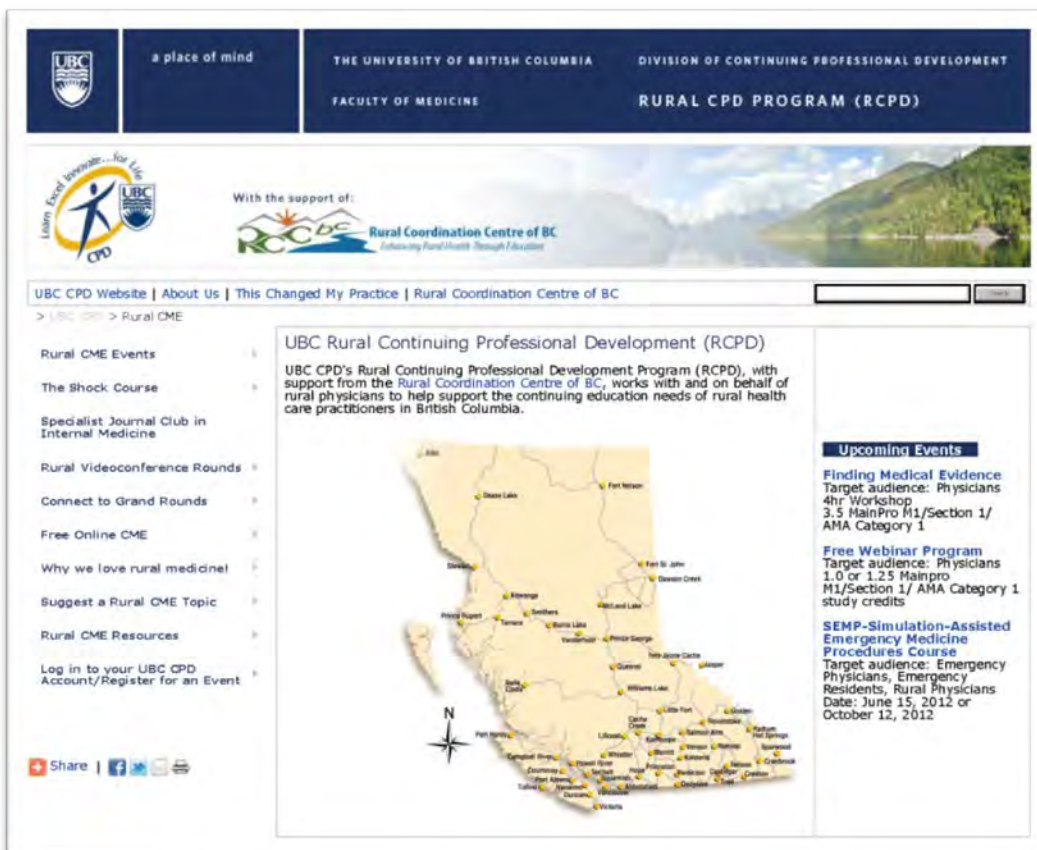
Program for Education (CCOPE), the Family Practice Oncology Network (FPON), and the Dementia Education Strategy which are accessible to all physicians in the province. These morning and evening webinars are accessible to anyone in BC with an internet connection.

2.4 Engagement

RCPD continues to seek rural input about current and future programming through needs assessment surveys and data collection of learning needs via provincial BCMA CME coordinators and community-based physicians.

Improving our communications materials and ensuring that messaging is rurally-specific is an ongoing priority for RCPD. We also monitor RCPD website traffic on a regular basis. Between April 2011 and February 2012 there were 1,072 unique visitors to the RCPD homepage. Most visitors were looking for more information about specific events such as The Shock Course or the Rural Rounds videoconference series. The page links to the websites and event pages of other CME providers in the province such as NCME, VIHA CPD, and RCCbc.

In addition, a list of RCPD events was included in the UBC CPD annual calendar, which was sent to every physician in BC.



RCPD Website Homepage

2.5 Partnerships and Collaboration

RCPD continues to work collaboratively and forge new links with CME stakeholders throughout the province to facilitate the delivery of rurally-relevant education programs to a larger target audience. Some of the highlights from the past year include:

- Taking an active role in supporting the development of the RCCbc-supported Provincial RCPD Collaborative. As members of the planning committee and active participants in the meetings, we are helping to define and develop a provincial network of rural CME providers, with the greater aims of promoting sharing of successes and failures of CME initiatives, reducing duplication of efforts and equipment, and collaborating on areas of need. We hope to take an active role in supporting this network over time, and look forward to ongoing involvement.
- Working closely with the rural CME offices in both NHA and VIHA. As well as asking for input from these offices to assist with the planning and delivery of RCPD activities, there is further opportunity for two-way sharing of successes and information between these two CME offices and the RCPD project.

III. Goals and Deliverables, 2012-13

3.1 Program Development and Delivery

In the upcoming year, RCPD will prioritize making our existing programming more interactive, developing a new obstetrical ultrasound course, launching the Speaker Inventory on the RCCbc website, improving the RCPD website and, more generally, our marketing and communications strategy.

Shock Course Delivery

RCPD plans to deliver the Shock Course to 10 communities in 2012. The Shock Course has been invited to the SRPC National Rural and Remote Medicine conference in April 2012 as part of the pre-conference workshop program. RCPD will also present the course at the 2012 St. Paul's Emergency Medicine Update. In addition, we plan to take the course to Penticton, Oliver, Fort St. John, Prince Rupert, Terrace, Salmon Arm, and Merritt. As well, RCPD has been working with the organizers of the Annual Emergency Medicine for Rural Hospitals Conference to take the course to Banff, Alberta in January 2013.

As part of our plan to make the RCPD website more interactive, we are building on-the-go resources for the Shock Course page. This will include videos, articles, a map, and smartphone-accessible treatment guidelines.

Rural Rounds Videoconference Series

The Spring 2012 Rural Rounds series, called "Ask a Specialist", has a new format that is less PowerPoint-based and therefore more case-based, interactive, and discussion-oriented. This series will feature updates in five specialties: Pediatric Acute Care, Infectious Disease, Obstetrics, Neurology, and General Surgery. We plan to use the evaluation data collected in the past year to dictate what the next series will feature. The Medical Advisory Committee will be discussing the Fall 2012 series at their next meeting. The needs of rural practitioners will be the deciding factor in what the series will cover.

In addition, we plan to make footage from previous Rural Rounds sessions available on our website so that it is easily accessible to those who were unable to attend the session. This archive will be accessible 24 hours a day and will be complementary.

Obstetrical Ultrasound Course ("EDE 3 OB")

RCPD has developed a partnership with Dr. Ray Wiss, the developer of the national EDE (Emergency Department Ultrasound) courses, and the Society of Rural Physicians of Canada (SRPC), to develop and pilot the first Canadian course teaching the use of bedside ultrasound to family doctors in management of third trimester pregnancy and delivery. The first course will be held in April 2012 at the SRPC National Rural and Remote Conference in Whistler BC. Course registration is already full. This will be a half-day course consisting almost completely of hands-on practice to learn simple and basic ultrasound techniques to determine fetal position, fetal heart beat, amniotic fluid volume, and placental location. A comprehensive manual is being developed to accompany the course teaching, and we are in the process of obtaining MainPro-C accreditation.

The planning committee and course instructors include an ultrasound technician, a rurally based obstetrician, a rural family doctor with significant ultrasound experience, and Dr. Ray Wiss of EDE Course

fame. We will also offer a faculty development opportunity for up to four rural family doctors who want to learn to teach this course in the future. We are grateful to RCCbc for the funding support to make this course possible.

See [Appendix J](#) for the Whistler OB Ultrasound Course model recruitment flyer.

Launch Speaker Inventory on RCCbc website

RCPD has been working with RCCbc's web developer to launch a Rural CME Speaker Inventory on the redesigned RCCbc website. This interactive program will allow visitors to the RCCbc website to find information about rural CME educators who live in (or can travel to) their community to give a talk. An interactive map will allow users to click on their region and then narrow their search by topic. Using the data we have been collecting since 2010, this site will be a great resource for rural communities.

Specialist Journal Club in Internal Medicine

The pilot session of the Specialist Journal Club in Internal Medicine will end in June 2012. After the program finishes we plan to survey participants about their experience with the online platform. We will also explore opportunities for expanding the program to other specialty groups.

Other potential new projects

In addition to the current plans for program development and delivery, RCPD has also proposed to develop a variety of new CME/CPD initiatives. These include:

1. Expanding of the Online Journal Club to Other Specialties

As mentioned above, RCPD hopes to expand this online program to other specialties. Specialty groups could include General Surgery, Obstetrics (OB), Emergency Medicine and Anesthesia – core specialty groups in rural hospitals. It is our hope that future journal clubs will be interprofessional.

2. Developing Rural Palliative Care Workshops

RCPD plans to work with a Palliative Care Education Advisory Committee to develop and deliver a series of palliative care workshops in rural BC communities. Communities would be able to choose from several topics (communications, symptom assessment, pain management, etc.) depending on what is most relevant to them. These workshops will be interprofessional, interactive, and will take into consideration the rural context, implemented by a local community GPs in a train the trainer approach.

3. Building a CME Coordinator Network

RCPD hopes to undertake a project that will involve (1) the identification and creation of a database of both physician and non-physician CME champions in each rural community, and (2) the development of community-specific toolkits to assist in the development and delivery of local CME. These toolkits would assist in determining local needs of both physicians and allied health practitioners. Each toolkit would address the needs of the community as a whole. Tools that explore demographics and particular health care issues of a community that could be addressed by CPD initiatives would be included.

4. New Community Mental Health Traveling Workshop

RCPD proposes to develop a community-based workshop to discuss and address complex mental health problems that rural physicians may find challenging.

5. Rural Mentorship Program for New Grads

Full-spectrum family practice and specialty practice in rural communities can be intimidating to new graduate physicians. RCPD would like to develop a formal mentoring program to support rural physicians (especially new rural graduates or those new to rural practice in BC) with trusted and experienced rural practice colleagues.

3.2 RCPD Rural Satellite Office

RCPD has taken preliminary steps to open a rural office. Our initial vision is to have an office that operates in a rural setting and connects with local physicians to promote the work of RCPD. It is our hope that this office will enhance and promote locally-driven, needs-based CME. The broader vision is to have a regional office in every health authority. Working in collaboration with existing organizations can facilitate this process. Our embryonic rural office was established in Nelson BC in 2011. The employees we have worked with have been shared with the Kootenay-Boundary Divisions of Family Practice virtual office. We are currently exploring how to build upon the offerings of this office while ensuring that we maintain access to the considerable resources and support of the UBC CPD office in Vancouver.

3.3 Relationship Building

RCPD is prioritizing the expansion of the RCPD profile so that rural physicians become more familiar with the program and so we can further incorporate the voices of rural physicians into the ongoing development of our educational programming. Effort will continue to be directed towards engaging rural physicians in meeting their context specific educational needs. This is being accomplished through the refinement of the RCPD website, ongoing needs assessments, increased marketing strategies and efforts directed at to promote a stronger RCPD presence at the community-level, as well as by increasing the number of networking opportunities for the RCPD. In the coming year, we will be moving our website to a new content management system, and aim to increase website traffic by making the RCPD page more interactive and smartphone-friendly.

RCPD continues to seek opportunities to partner with other UBC CPD and provincial CME programs or to be facilitative of the delivery of the rural CME courses to a wider BC audience in order to realize its vision. The RCPD will achieve this vision through building collaborations and establishing networks as part of the larger strategy to support rural physicians.

Other relationship-building opportunities for the upcoming year include:

- Actively working with local CME coordinators to plan and coordinate events in their communities. In addition, through our embryonic rural office, RCPD has worked at the regional level in the Kootenay-Boundary region of Interior Health, to support the Regional CME Coordinator Project. The Interior Health Authority currently has no health authority-wide CME office. This lack has created a disadvantage for IHA physicians with respect to CME compared to

health authorities who do have such offices. The physicians of the Kootenay-Boundary region, supported by the Divisions of Family Practice, with leadership input from RCPD and the local BCMA CME physician leads, have unanimously voted to use reverted CME funds to create a regional CME coordinator. To date, the coordinator has created an electronic CME calendar, has networked with physicians across the region, has supported regional CME educational events, and has worked to create the technological infrastructure to allow for regional videoconferencing services, which enables physicians from across the region to participate in CME events by distance.

- Medical Director Dr. Tandi Wilkinson has been invited to give a presentation to the Interior Health senior medical leadership group on the importance of health authority support of CME for rural physicians. This will take place in the spring of 2012. We welcome the opportunity to work more closely with IHA to support rural CME initiatives. Currently, physicians in Interior Health are at a disadvantage without formal health authority engagement and a centralized CME. RCPD would like to work with IHA to encourage and support the involvement of the health authority in rural CME needs.
- RCPD continues to work with the BCMA CME Coordinators on a project-by-project basis and are involved in the BCMA CPD Leaders Education Conference. We hope to have the chance to address the CME Coordinators at this conference to learn more about how they can be supported in their role as community CME leads.
- As part of our 'local office' initiative, RCPD has been supporting the Regional CME coordinator position which has been developed in the Kootenay Boundary Region of Interior Health. This office grew out of a void in Interior Health for CME administrative support. It is a pilot project funding by reverted CME funds from the region, and supported by Divisions of Family Practice. Dr. Janet Fisher, RCPD MAC member, is providing operational oversight to the CME Coordinator, and Divisions and RCPD provide strategic planning input and project oversight. It is the aim of the Regional CME Coordinator role to provide administrative support to support local CME needs, as well as use CME as a tool to build relationships throughout the region. Examples of tasks accomplished to date include: the provision of a monthly mail-out CME calendar with both local and regional events, tailored to each communities specific needs; a web-based CME calendar of events; planning and implementation of region wide CME events, such as the upcoming ACLS course (which has not been available in the area for several years now) and the Regional Palliative Care Course in the spring, and the CAEP Infectious Disease Roadshow in the fall of 2011.
- Finally, RCPD is holding our annual Medical Advisory Committee Spring Retreat in May 2012. This event will be held in Vancouver and will involve defining RCPD project directions.

3.4 Research and Evaluation Activities

In order to improve our programs and offer relevant and timely CME to rural health care practitioners, RCPD has a robust evaluation component that informs course development and future directions.

RCPD will be presenting some of our evaluation results at two national conferences this spring. We have been invited to deliver an oral presentation at the 2012 Canadian Conference on Medical Education (April) in Banff called “The Shock Course: A Comprehensive Approach to Rural Emergency Medicine”. We will also be presenting some of our research findings at the CME Congress in Toronto in May 2012. RCPD was invited to give an oral presentation as part of the “Best Practices in Educational Outreach” panel. Our presentation is called “Supporting BC Physicians in Continuous Learning with an Accessible Multi-modal Strategy”.

The RCPD team looks forward to attending these conferences and networking with other rural CME offices in Canada and beyond.

IV. Conclusion

New program development is underway for initiatives on obstetrics and education that supports rural specialists and helps to foster meaningful relationships and collaborations with community-based physicians and regional specialists. RCPD will continue to follow the principles of physician and community engagement to build upon current programming. We will continue to develop innovative and rurally-relevant future programming that is interprofessional and delivered 'closer to home'.

As we move into a new year, our priorities are to build upon our existing programs and networks, to support rural needs at the community level, and to support province-wide CME collaboration.

We would like to thank the Rural Coordination Centre of BC, the RCPD Medical Advisory Committee, all of our course developers and instructors and, most importantly, the rural health care practitioners who participated in our 2011-12 programs and helped to make the past year a success.

V. Appendices

Appendix A: RCPD Medical Advisory Committee Members, 2011-12

Committee Member	Affiliation	Location
Dr. Tandi Wilkinson	Medical Director, UBC RCPD, Rural physician	Nelson, BC
Dr. Granger Avery	Executive Director, RCCbc	Port McNeill, BC
Dr. Bob Woollard	Associate Director, RCCbc	Vancouver, BC
Dr. Ran Goldman	Assistant Dean, UBC CPD	Vancouver, BC
Dr. Bob Bluman	Medical Director, Special Projects, UBC CPD	Vancouver, BC
Dr. Janet Fisher	GP, Kootenay Boundary Regional Hospital Regional CME Coordinator Medical Director, Rural physician	Trail, BC
Dr. Nancy Humber	GP Surgeon/Rural Physician	Lillooet, BC
Dr. Mary Johnston	Society of Rural Physicians of Canada	Blind Bay, BC
Dr. Rebecca Lindley	CME Group Coordinator, Wilderness Medicine teacher, rural physician	Pemberton, BC
Dr. Brenna Lynn	Executive Director, UBC CPD	Vancouver, BC
Dr. Rod McFadyen	Medical Director, VIHA CPD	Victoria, BC
Dr. Christie Newton	Director, UBC CPD & Community Partnership; Director, Interprofessional Professional Development, UBC College of Health Disciplines	Vancouver, BC
Dr. Jeff Plant	Medical Director - Specialists, UBC CPD/RCPSC	Penticton, BC
Dr. Ian Schokking	Physician Advisory Committee, Northern CME Program; Clinical Associate Professor, UBC Family Medicine Program	Prince George, BC
Dr. John Soles	President, BC Chapter of Society of Rural Physicians of Canada, rural physician	Clearwater, BC
Dr. Harry Karlinsky	Medical Director, BC Physician Integration Program (IMG), UBC CPD	Richmond, BC
Ms. Andrea Keesey	RCPD Project Manager	Vancouver, BC

Appendix B: MAC Meeting Agendas, 2011-12



The Division of
Continuing Professional Development
Faculty of Medicine



Rural Coordination Centre of BC
Enhancing Rural Health Through Education

AGENDA

Rural Continuing Professional Development (RCPD) Medical Advisory Committee

DATE: Monday, September 26, 2011

TIME: 7:30 – 9:00 AM (PST)

LOCATION: Room 302, 3rd Floor, 855 West 10th Ave, Vancouver

Co-Chairs: Dr. Tandi Wilkinson, Ms. Andrea Keesey

Teleconference Information:

Toll-free dial-in: 1-877-323-2005

Conference ID: 7389980

1. **Welcome / Introductions** (Tandi/Bob)
2. **RCPD Project Updates** (Tandi)
 - Specialist Journal Club in Internal Medicine
 - Introductory Session Oct. 3rd, First Session Oct 11th
 - Moderated by Dr. Scott McKee
 - Nelson Office
 - Jaime Frederick – Regional CME Coordinator
 - Specialist/GP Community Dinner Project
 - Pilot Communities: Golden, Nelson, Pemberton, Port McNeill, Vanderhoof
 - Shock Course
 - September (St. Paul's Emergency Update, Whistler)
 - November (Trail)
 - December (Dawson Creek/Fort St. John)
 - Spring 2012
 - Rural Rounds Fall 2011 Videoconferences
 - Number of sites participating
 - Next Rural Rounds: Dr. Alan Vukusic (Oct. 6)
 - Obstetrical Ultrasound Course for Rural Family Physicians
 - Upcoming Conferences
 - Networking
3. **Call for input on Spring 2011 Rural Rounds** (Tandi/Andrea)
 - Topic? Potential Speakers?
 - Survey Feedback
4. **Call for input on developing CME/CPD Award for Rural Physicians** (Tandi)
 - Criteria / Eligibility
 - Nomination Process
5. **Next meeting?**

MAC Meeting Agenda: September 26, 2011



The Division of
Continuing Professional Development
Faculty of Medicine



AGENDA

Rural Continuing Professional Development (RCPD) Medical Advisory Committee

DATE: Wednesday, November 23

TIME: 7:30 – 9:00 AM (PST)

LOCATION: Room 302, 3rd Floor, 855 West 10th Ave, Vancouver

Chair: Dr. Tandi Wilkinson

Teleconference Information:

Toll-free dial-in: 1-877-323-2005

Conference ID: 7389980

1. **Welcome and Overview (Tandi)**
2. **Review of action items**
3. **RCPD Project Updates**
 - OB Ultrasound Course
 - Community Dinner Project
 - Rural Rounds
 - Shock
 - Specialist Journal Club
4. **RCPD Provincial Collaborative Steering Committee**
 - Overview and update about upcoming meeting
 - Call for input from MAC members
5. **Faculty Development**
6. **Speaker Inventory on RCCbc website**
7. **Next meeting?**

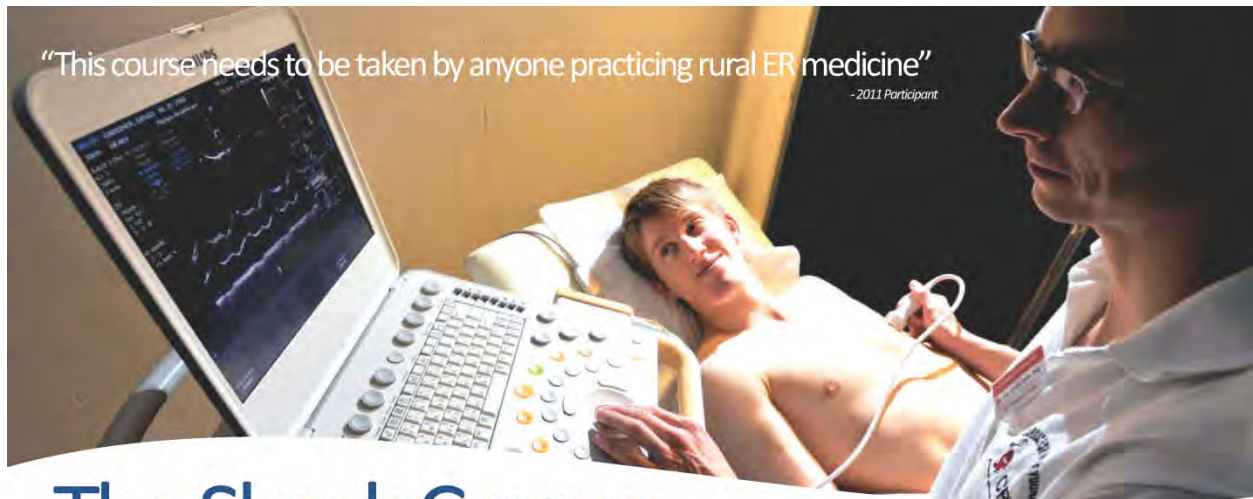
MAC Meeting Agenda: November 23, 2011

Appendix C: Map of all Shock Course Locations, 2009-2012



This map is best viewed in colour.

Appendix D: Shock Course Flyer



The Shock Course

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

What is The Shock Course?

The Shock Course was designed specifically for the rural practitioner. Participants will review the management of the hemodynamically unstable patient and discuss the specific steps that must be taken by each member of the health care team in the workup and treatment of these patients. It is a case-based course that is interactive, with lots of hands-on time practicing with ultrasound, as well as central line insertion and management. The instructors are all rural physicians and nurses with experience in critical care.

Who should attend the course?

- Physicians, nurses and paramedics who work in the rural community ER setting.
- The course normally runs from 8:30am-4:00pm on a weekend day.
- Each course is limited to 12-18 participants.
- The cost is \$10,000 per community, including breakfast, lunch, and refreshments. The course operates on a cost-recovery basis.

What does the course entail?

- Hands-on sessions on central venous catheter insertion and management.
- Vasopressor administration and CVP measurement.
- Hands-on sessions on the use of bedside ultrasound in the management of the shock patient.
- Short lectures: Approach to the Shock Patient, Use of Vasopressors, and Sepsis.
- Case discussions: Hemorrhagic Shock, Cardiogenic Shock and Anaphylactic Shock.
- Group discussions on complex real life cases, and the opportunity to review your own cases.

What will I learn?

- To recognize the types of shock that can successfully be treated in the rural emergency room.
- How to apply early goal directed therapy concepts in your setting.
- To become confident placing central venous catheters and intraosseous needles.
- To learn the many ways that ultrasound can help you in your practice.

Interested in bringing
The Shock Course to
your community?

LET US KNOW!

CONTACT Us:

✉ andrea.k@ubc.ca
☎ 604-875-4111 x69139
www.ubccpd.ca/rural



ACCREDITATION:

Up to 7.0 Section 1 and
Mainpro-M1 study credits

Presented by UBC Rural Continuing
Professional Development, with sup-
port from the Rural Coordination
Centre of BC and UBC CPD.

UBC Rural Continuing Professional Development (RCPD)
Infectious CME.

Appendix E: Map of Rural Rounds Participating Communities

This map is best viewed in colour.



Highlighted in Yellow: Participating Rural Rounds Communities, 2011

Appendix F: Rural Rounds 2011 Flyers

UBC CPD Rural Videoconference Rounds

We are pleased to continue offering your our Videoconference Series. Designed for rural physicians, CPD's Rural Videoconference Rounds delivers timely clinical discussions and updates on topics from speakers with both clinical and rural experience. Held at your local community hospital's videoconference room, this is an opportunity for you to stay abreast of the latest information and become comfortable with distance education technologies. This interactive program will allow you to build relationships with other practitioners and give you an opportunity to discuss cases as well as your own clinical experiences. The theme for the spring 2011 season will continue to focus on rural medicine, specifically Office Cardiology Topics, presented by a mix of GPs and specialists from all over BC.

The sessions will occur on a Thursday morning from 8:00am – 9:00am. Each session is accredited for up to 1.0 Mainpro-M1 and/or Section 1 credits equaling up to 6.0 credits for the whole series.

Dates, Topics & Speakers

January 6, 2011	Dr Brett Heilbron	Atrial Fibrillation
February 3, 2011	Dr John Bosomworth	Anticoagulation
March 3, 2011	Dr Brett Heilbron	Post PCI Care
April 7, 2011	Dr Kevin Pistawka	Electrical Devices
May 5, 2011	Dr Hector Baillie	Aortic Stenosis
June 2, 2011	Dr Sara Wadge	D-Dimer and BNP

For Registration and Program Costs

Phone: 604-875-5101

E-Mail: cpd.info@ubc.ca

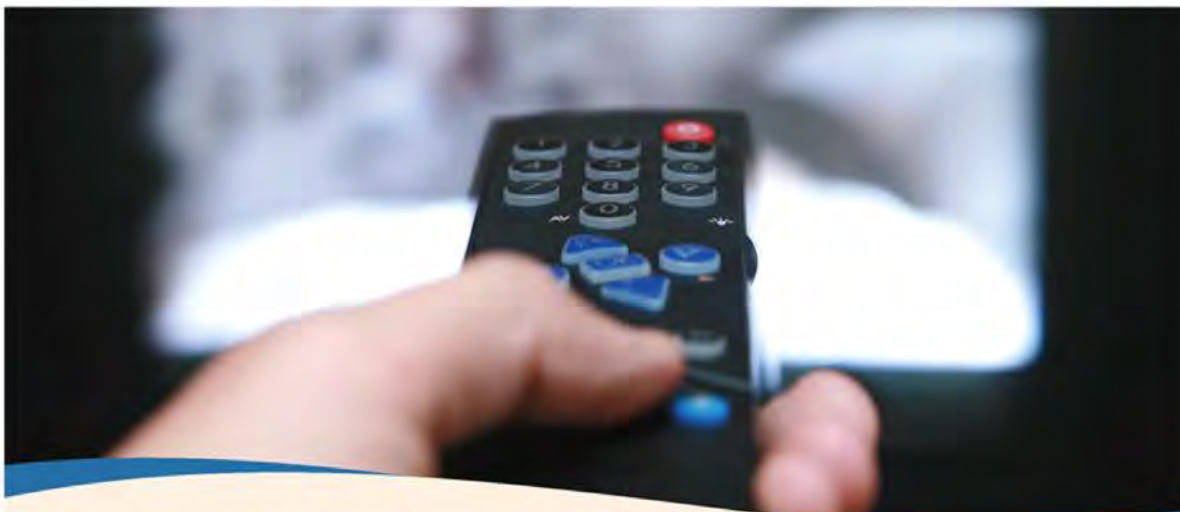
Website: http://www.ubccpd.ca/Events/Rural_Outreach_Videoconference_Program.htm

Save the date!

**The Rural Emergency Continuum of Care Conference
June 15- 18, 2011 Kelowna, BC**

For more information about this videoconference series and other CPD/CME events please call (604) 875-5101 or visit our website at www.ubccpd.ca





UBC CPD Rural Rounds

Fall 2011 Speakers (Thursdays, 8-9am)

Sept 1, 2011	Managing the Intubated Patient - Dr. Gavin Parker
Oct 6, 2011	Procedural Sedation - Dr. Alan Vukusic
Nov 3, 2011	ACLS Update - Dr. Afshin Khazei
Dec 1, 2011	Pediatric Procedural Sedation - Dr. Darren Jakubec
Jan 5, 2012	Sepsis in the Rural ED - Dr. David Sweet

To be a part of this program
please have your local hospital's
CME coordinator contact us

4 easy ways to register:

Phone
(604) 875-5101

Fax
(604) 875-5078

Email
cpd.info@ubc.ca

Mail
UBC CPD
855 West 10th Avenue

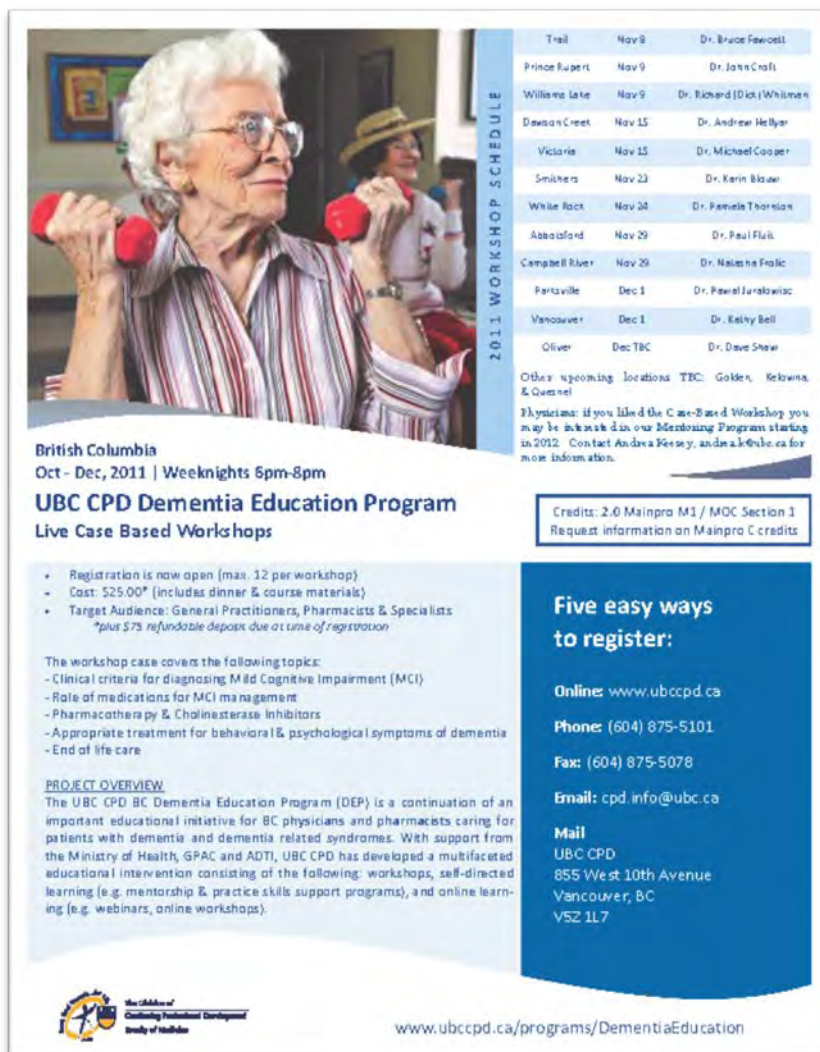
This fall 2011, UBC CPD is proud to present our Rural Rounds featuring ER Essential Skills presented by a mix of GPs and specialists from all over BC. Held at your local community hospital's videoconference room, this is an opportunity for you to discuss the latest information and rurally specific CME. This interactive program will allow you to build relationships with other practitioners across the province and give you an opportunity to discuss cases as well as your own clinical experiences. The sessions will occur on Thursday mornings from 8:00am – 9:00am (PDT/PST). Each session is accredited for up to 1.0 Mainpro- M1 and/or Section 1 credits. The cost per registering hospital site is \$125 per session. Discounts offered when participating in multiple sessions and to small sites with few physicians.



www.ubccpd.ca

Fall 2011 Rural Rounds Flyer: Topics in ER Essential Skills

Appendix G: UBC CPD Case-Based Community Workshop Flyers



2011 WORKSHOP SCHEDULE

Location	Date	Facilitator
Trail	Nov 9	Dr. Bruce Fawcett
Prince Rupert	Nov 9	Dr. John Craft
Williams Lake	Nov 9	Dr. Richard (Dick) Whiteman
Dawson Creek	Nov 15	Dr. Andrew Hellyar
Victoria	Nov 15	Dr. Michael Cooper
Smithers	Nov 23	Dr. Karin Blaser
White Rock	Nov 24	Dr. Pamela Thornton
Abbotsford	Nov 29	Dr. Paul Fluk
Campbell River	Nov 29	Dr. Natashe Frolic
Parksville	Dec 1	Dr. Pawel Jankowski
Vancouver	Dec 1	Dr. Kathy Bell
Oliver	Dec TBC	Dr. Dave Shaw

Other upcoming locations TBC: Golden, Kelowna & Quesnel

Physicians: if you liked the Case-Based Workshop you may be interested in our Mentoring Program starting in 2012. Contact Andra Keesey, andra.k@ubc.ca for more information.

British Columbia
Oct - Dec, 2011 | Weeknights 6pm-8pm

UBC CPD Dementia Education Program
Live Case Based Workshops

- Registration is now open (max. 12 per workshop)
- Cost: \$25.00* (includes dinner & course materials)
- Target Audience: General Practitioners, Pharmacists & Specialists
**plus \$75 refundable deposit due at time of registration*

The workshop case covers the following topics:

- Clinical criteria for diagnosing Mild Cognitive Impairment (MCI)
- Role of medications for MCI management
- Pharmacotherapy & Cholinesterase Inhibitors
- Appropriate treatment for behavioral & psychological symptoms of dementia
- End of life care

PROJECT OVERVIEW
The UBC CPD BC Dementia Education Program (DEP) is a continuation of an important educational initiative for BC physicians and pharmacists caring for patients with dementia and dementia related syndromes. With support from the Ministry of Health, GPAC and ADTI, UBC CPD has developed a multifaceted educational intervention consisting of the following: workshops, self-directed learning (e.g. mentorship & practice skills support programs), and online learning (e.g. webinars, online workshops).

Credits: 2.0 Mainpro M1 / MOC Section 3
Request information on Mainpro C credits

Five easy ways to register:

Online: www.ubccpd.ca

Phone: (604) 875-5101

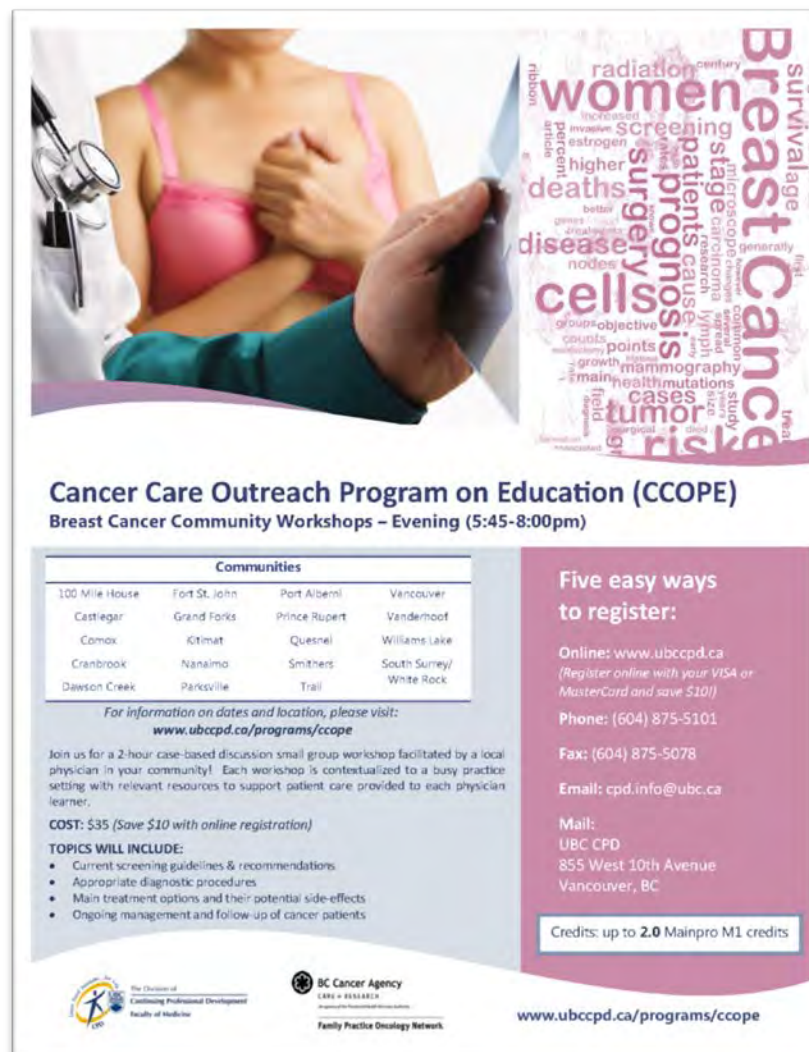
Fax: (604) 875-5078

Email: cpd.info@ubc.ca

Mail:
UBC CPD
855 West 10th Avenue
Vancouver, BC
V5Z 1L7

www.ubccpd.ca/programs/DementiaEducation

Dementia Case-Based Workshop Flyer



Breast Cancer

Cancer Care Outreach Program on Education (CCOPE)
Breast Cancer Community Workshops – Evening (5:45-8:00pm)

Communities			
100 Mile House	Fort St. John	Port Alberni	Vancouver
Castlegar	Grand Forks	Prince Rupert	Vanderhoof
Comox	Kitimat	Quesnel	Williams Lake
Cranbrook	Nanaimo	Smithers	South Surrey/ White Rock
Dawson Creek	Parksville	Trail	

For information on dates and location, please visit:
www.ubccpd.ca/programs/ccope

Join us for a 2-hour case-based discussion small group workshop facilitated by a local physician in your community! Each workshop is contextualized to a busy practice setting with relevant resources to support patient care provided to each physician learner.

COST: \$35 (Save \$10 with online registration)

TOPICS WILL INCLUDE:

- Current screening guidelines & recommendations
- Appropriate diagnostic procedures
- Main treatment options and their potential side-effects
- Ongoing management and follow-up of cancer patients

Five easy ways to register:

Online: www.ubccpd.ca
(Register online with your VISA or MasterCard and save \$10!)

Phone: (604) 875-5101

Fax: (604) 875-5078

Email: cpd.info@ubc.ca

Mail:
UBC CPD
855 West 10th Avenue
Vancouver, BC

Credits: up to 2.0 Mainpro M1 credits

www.ubccpd.ca/programs/ccope

Breast Cancer Case-Based Workshop Flyer

Appendix H: Specialist Journal Club in Internal Medicine Mid-Point Survey

Thank you for sharing your experience at the mid-way point of the Specialist Journal Club in Internal Medicine. Your feedback is important to us and your response will be kept strictly confidential.

This survey will take you a few minutes to complete.

1. Was it easy for you to learn how to use the journal club platform?

- ☐ Yes
☐ No

If the answer is 'No', please specify:

2. Do you find it easy to navigate the journal club website?

- ☐ Yes
☐ No

If the answer is 'No', please specify:

3. So far, have the topics and articles chosen for the sessions met your learning needs?

- ☐ Yes
☐ No

If the answer is 'No', please specify:

4. Would you like to be more involved in the selection of topics and articles so that sessions are more tailored to your specific learning needs?

- ☐ Yes
☐ No

If yes, please describe:

5. If you rarely participate in journal club discussions, what are the main reasons? (Please check all that apply.)

- ☐ I am too busy
☐ I am not interested in the selected articles
☐ I don't care about the study credits* (there is a minimum number of
☐ It is too hard to log into the website
☐ I find the platform difficult to navigate
☐ I have trouble accessing articles
☐ Other reason(s) [Please specify]
☐ Not applicable because I do participate in the discussion actively

6. Do you think there is industry bias in the session?

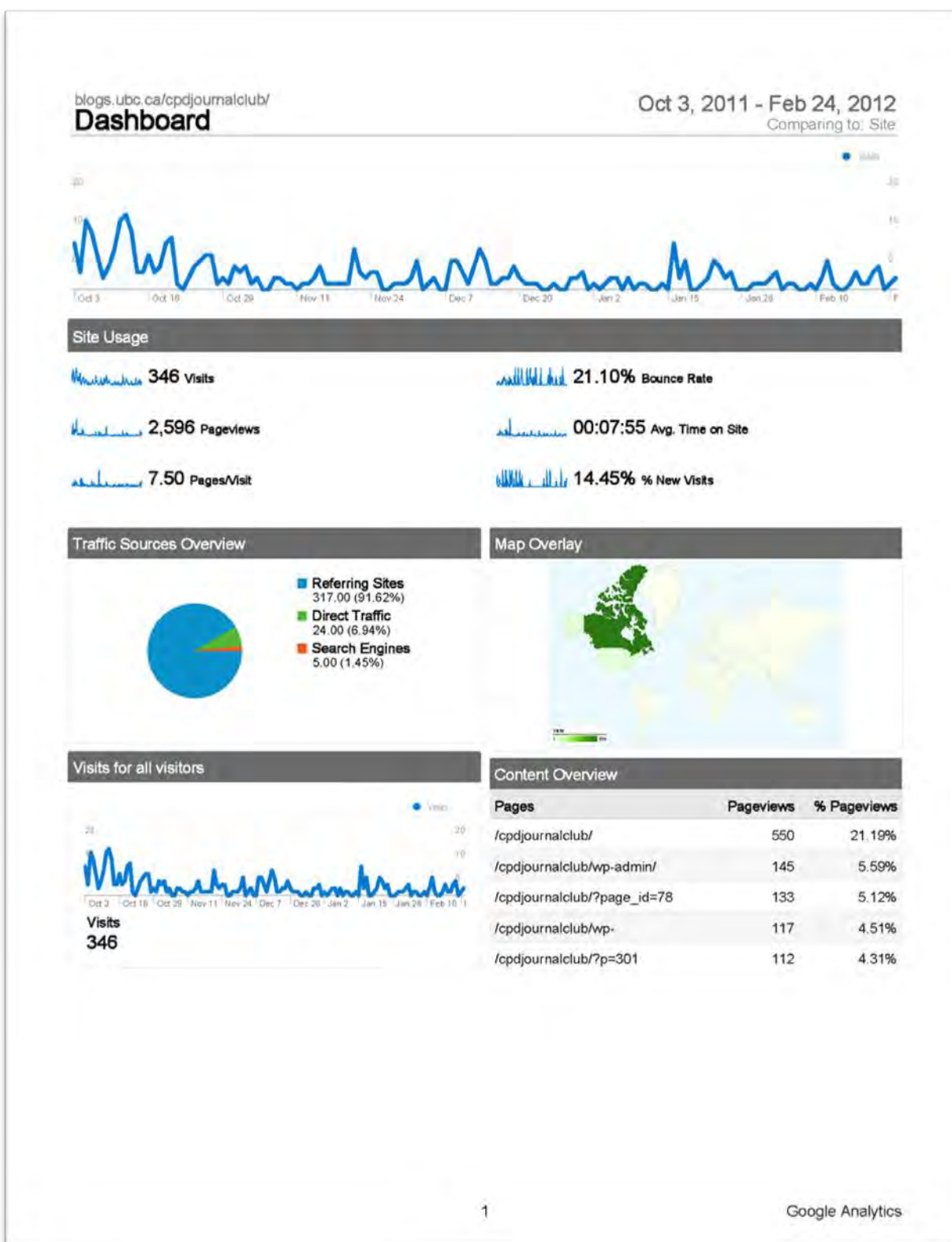
- ☐ Yes
☐ No

If the answer is 'Yes', please specify:

7. What can we do to improve your learning experience in the future sessions of the journal club?

8. Any additional comments?

Appendix I: Specialist Journal Club in Internal Medicine Website Analytics



Appendix J: Whistler OB Ultrasound Course Model Recruitment Flyer



Fairmont Chateau Whistler

Friday, April 27th, 2012, 2:00—6:00pm

Obstetrical Ultrasound Course: 16 Volunteers Needed

Is your due date between May 11 and June 20, 2012?

If so, we are looking for volunteers for the first obstetrical ultrasound course for family doctors in Canada! This course is part of the Society of Rural Physicians of Canada Conference on the afternoon of April 27, 2012.

Is the course safe?

The course is completely safe and painless, and will help build the skills of family doctors who deliver babies, especially in rural communities where ultrasound is not readily available.

What will be happening at the course?

The doctors taking the course will perform simple ultrasound examinations on your baby, learning to use ultrasound to see where the head is, to check the heart beat, the fluid around the baby, and the placenta.

Will I be paid for my time?

Yes! Volunteers will be paid an honorarium for their time (\$25/hour for 2-3 hours). We will also help with travel costs if you come from outside of Whistler. We ask that volunteers wear loose-fitting clothing. You do not need to fast or have a full bladder. We will ask you to have some fluids when you arrive.

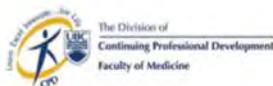
Let us know if you would like to participate!

For more information, or to volunteer, please contact:

Dr. Mary Johnston
mtj@telus.net
250-517-9538

Kim McKnight
kmcknight1971@hotmail.com
604-905-1197

Andrea Keesey
andrea.k@ubc.ca
604-875-4111 (ext. 69139)



www.ubccpd.ca