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RCCbc Site Visits Specialized Report: Continuing Professional Development Community Feedback

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The following information has been collected from physicians and health administrators from ~65 RSA communities across the province of BC between January 2018 – June 2019. Information has been anonymized and aggregated following ethics protocols and guidelines. The below findings represent themes that have been extracted relating to Continuing Professional Development (CPD).

Thematic Highlights

- CPD events have strengthened relationships between multiple healthcare stakeholders and with Health Authorities
- Simulations are seen as valuable and important for upkeeping skillsets in a rural environment
- Physicians have proposed areas where they feel there is a need for improvement such as increased access to training and education opportunities
- Travel is a barrier for a lot of community members and as such, individuals wish for increased training/education opportunities that can take place directly within their respective communities

Accounts of Success

Physicians and health administrators express how CPD events, such as simulations, have allowed for an opportunity to strengthen relationships not only between themselves and other health care providers but also between themselves and their respective health authorities.

> *"I think we have some ongoing use of, you know, for instance, our simulation, which is through facility engagement. It is just hugely valuable to train nurses and physicians and paramedics together."*
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> *"We've had very good support of our three surgeons – maybe more now – three surgeons in [Rural community X] and OB/GYN out there. And we have a good connection with [Urban hospital X] and I think some of the doctors [in] [Urban community X] know us on a one-to-one name basis as well. They've come up for CME, so there's a good connection happening within [Health Authority X].*
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> *"There's a lot of older schools of thought where there's a hierarchy but I think in all honesty the actual act of implementing [EMR X] as well as then following up with education and simulations that's cross-department, it's built and developed these relationships where everyone says, 'You know, we're all in this together' and I think when you see it happen it's pretty amazing. People that would never, like a year ago, never would have interacted with each other [are now interacting]…I think it's fantastic. When you actually look at how it built relationships that otherwise people would never have had, the ACLS and the CPR, all those courses just further build on those positive relationships to increase the teamwork, but across every spectrum."*

Simulations

Simulations are seen as valuable and an important way of keeping up skillsets by rural physicians and health administrators in rural communities where supports are lacking. However, some health administrators share that increased support, such as compensation for time and/or having assistance with running CPD initiatives on the ground would be beneficial.

> *"[Health Authority X] has a trauma education team and…They tend to come about every 8 months for us to practice SIMS, runs SIMS, talk about the new things that people are doing, that's not a paid day for the nurses but most of them show up because it keep us super current. So we tend to rely on people to do that one on their own. We definitely pay for ACLS, they're running PALS, which is the pediatric advanced life support. We've never been offered that before. We're not paying for it but [for] people [who] want to know, they'll come on their own time. I mean this is a big thing, you're asking people to come unpaid. [Hospital X] has just started to run the EPIC course which I think is a very valuable in a setting like this, but again you're not paid for your time…EPIC is a little expanded on that so they talk about trauma but they actually run SIMS…And they touch on things like disaster management, dealing with that behavior, personality…[code white]…that's a big deal anywhere but it's certainly a big deal in a rural where you don't have support."*

> *"We run a monthly simulation so we have a SIM lab and we practice in there. We run ACSL here, running ARLP here once a year. We're doing an all-day SIM tomorrow so that's where we have someone come [into Community X], we're having an Emergency physician come [into community X] and we'll break into two groups, a morning group and an afternoon group but again these are big things. So [Person X] and I are splitting the day on call so we can each attend a group. I've got to be there in the morning to set up and after to clear up. Again it's, there's a lot and I feel like I do - less than anyone else cause you guys have your practices. I bailed out ages ago, but there's only so many people to do all that work so I'm trying to run a really robust CPD program cause I think it's really important in a small community to keep up, especially these Emergency skills that we don't get to do very often but when something comes in that needs an intubation or a chest tube or a whatever it is, we do need to know what to do and we need to able to function well as a team and so trying to run these things. But again, I think some of us feel like we're sort of on our own trying to do some of these things."*

Proposed Areas for Improvement/Opportunity

Physicians were also able to share areas in which they felt that improvement could be made to the CPD program.

> *"Would love to have more training, but needs to have the facilities and the equipment to use that training."*

> *"There is a lot of good CPD because a lot of it is on video-conference, but it's never recorded. You have to attend live or you miss out."*

> *"Would be receptive to faculty development. Used to have good CME – winded down now. To have someone [we] could turn to for advice, guidance, support – help set things up would be useful."*

> *"Staying on top of CME…[It's] hard because they are constantly changing the content/standards and teaching is inconsistent."*

> *"Feeling knowledgeable in your role is big for rural retention. We don't have clinical educators [and] this suggests a real challenge."*

Many physicians express their concerns that new medical graduates have different expectations than older, long-standing physicians that have already been practicing in community and suggest that more targeted training and support towards new graduates will be needed moving forward.

> *"Expectations are rising and I don't think the Canadian graduates will fill the rural needs so those coming need more training and support."*

> *"Would like to see nurse new grads hired into a residency program rather than hiring them into open positions right away. The way it works here is that you have very new people teaching even newer people so the emergency medical skills just are not being developed the same way because you don't have those long-standing staff members and having a CME program that supports the practice here."*

Travel Barriers & Lack of Coverage

While physicians have the desire to attend CPD events, they express how difficult it can be for them to travel to these events from their respective communities.

> *"We are always invited to conferences but the travel is difficult."*

> *"[Rural Community X] has rounds all the time, they have great talks, but it's just too far."*

For those who are able to travel to CPD events, it was described by many physicians that attending CPD events could be very difficult given their schedules and the lack of ability to find a locum or any coverage at all. Having increased access through offering a virtual conference was one potential solution offered.

> *"Very keen to do Point of Care Ultrasound skills. Need to update [my] ACLS skills, [and I'm] looking at some of the rural mentorship opportunities because [I'm] an urban trained doc who wants to expand [my] skills to support the community. [I] don't know how to go about accessing this mentorship and worry about leaving [my] clinic with no one to cover for [me]. Locums are an option, but not if you need to get someone to fill in just for a day or two."*

> *"Would like digital access to these (CPD events). If you could do a video conference that would be great, sometimes on call 7 days in a row. Remote access would be great."*

> *"One of the problems is we have all of these great courses but someone always has to run the clinic, [and we] can't have everyone at a CPD event. It might be nice to balance it - one day during the week and one day during the weekend."*

Requests for Providing On-Site/Local Opportunities

The need to have more CPD opportunities on-site, within a respective rural community was highlighted by physicians and health administrators.

> *"Need more accessible support – [we] don't have the time to go to Vancouver for training."*

> *"Would be nice to have some teaching provided by UBC on being educators – especially if it can come here."*

> *"More onsite teaching from UBC would be ideal."*

> *"The division has done a relatively good job. One conference here [previously] and [it] was well attended.*

Our specialist did a good job. More support for that would be good [for] all communities [by] increasing access to local CPD and UBC recorded CPD."

"Don't really use rural CPD funds – the cost of getting away is pretty high and the hassle involved. There is never enough local on-site CME with specialists that come in. Have tried to do advocacy around training that would be beneficial for nurses and docs at the same time."