



2nd Annual Rural Locum Forum: February 27, 2016

CHOICES AND TRANSFORMATIONS

Abstract

Hosted by the Rural Coordination Centre of BC (RCCbc) and the Rural and Remote Division of Family Practice (RRDFP), the 2nd annual Rural Locum Forum was held at the Vancouver Island Conference Centre in Nanaimo on Saturday February 27, 2016 with an evening networking dinner and pre-courses including The CARE Course, CASTED, ACLS and BLS.



Rural and Remote
Division of Family Practice
A GPSC initiative

FORUM OVERVIEW

Hosted by The Rural Coordination Centre of BC (RCCbc) and the Rural and Remote Division of Family Practice (RRDFP), the 2nd annual Rural Locum Forum was held at the Vancouver Island Conference Centre in Nanaimo on Saturday February 27, 2016. The event brought together rural locums and organizations for networking, learning and sharing perspectives in improving rural health in BC.



Following a successful first year, attendance more than doubled to about 140 people in 2016. Participants included physicians currently locuming in rural and remote communities as well as experienced/transitioning physicians, newer physicians and residents exploring the opportunities for rural/remote practice.

This event is organized to provide the following:

- Networking for rural locum physicians.
- Continuing professional development (in addition to the forum itself, pre-conference courses included ACLS, BLS, CASTED, and The CARE Course.
- Exploring the perspectives of rural locum physicians in order to better support them in rural practice in BC.

A number of key themes emerged from this forum:

- Among the locums who attended, there were two physician cohorts that expressed interest in rural locuming; new graduates and those looking to transition after a number of years in urban practice.
- It was apparent from the increased attendance, engagement at booths and mingling between talks that there was significant resonance with attendees to connect and explore the role of rural locums in supporting rural health services.
- The addition of rural divisions and health authorities with booths profiling rural practice and locum opportunities was positively received.
- There was also much interest in rural clinical CME learning opportunities, especially specific to emergency care.

With this positive energy and interest, planning is already underway for next year's event.

See Appendix A for the agenda.



Booths/Sponsors

This year, there was more participation by a range of organizations especially representing health authorities and Divisions of Family Practice across BC. Sponsors included the Provincial Divisions Office, the Joint Standing Committee on Rural Issues; Northern Health; Health Match BC; Rural Education Action Plan (REAP); Island Health and the eight Island Divisions; BC College of Family Physicians; BC Guidelines; Pacific Northwest Division; and Central Interior Rural Division of Family Practice.

Networking Dinner

A Friday evening networking dinner featured local jazz musicians and thought-provoking perspectives from two physicians. Dr. Julia Low Ah Kee, shared stories and photos from raising her young family and practicing in beautiful Bella Coola on the west coast. Meanwhile, Dr. Dean Brown, Site Director for the Coastal Family Residency Program and North Shore physician shared thoughts about strengthening rural urban connections. For example, Dr. Brown has begun recruiting urban physicians to do rural locums in communities like Bella Coola and Bella Bella, and providing training at the HOPE simulation centre in North Vancouver. The newly constructed HOPE Centre is a four-storey mental health and addictions facility located on the southeast corner of the Lions Gate Hospital campus in North Vancouver.



Photo used with permission: Dr. Julia Low Ah Kee



Welcoming Remarks

Dr. Ray Markham, Executive Director (RCCbc) and Dr. Rebecca Lindley, Chair of RRDFP, representing the two organizations hosting the Forum welcomed participants and reinforced the important role that rural locum physicians provide in sustaining rural health services in BC.

THRIVING AND SURVIVING AS A RURAL LOCUM

The day began with a panel of physicians sharing their unique rural and remote locum experiences at varying points in their careers.



Dr. Kimchi Nguyen (second from the left), finished her residency last year at UBC, spoke passionately about her last eight months working in rural communities. While at times her learning curve felt like it was straight-up, she shared how it has been the most rewarding experience.

Key Survival Tip:
listen to what the nurses tell you.

Dr. Sandra Lee (3rd from the left), UBC trained and now an urban/rural practicing physician believes rural locuming offers an insider view and unique access to a community. She encourages locums to go with a sense of adventure and grasp the opportunity. *“Get involved in the community.”*

Dr. Doug McTaggart (on the right) shared his experience of transitioning to rural practice after many years of practicing as a physician in a suburban clinic. Expressing that he had felt he ‘would not want to touch rural practice with a ten foot pole’, he now feels like he is doing more full service than ever. He expressed how tremendous it was to be a key part of the community and a health care team.

“Rural medicine is where the magic happens.”

Following the panel presentation and the other presentations, there was much opportunity for the audience to ask questions and shared ideas and experiences.



Words of wisdom:

- *If I can do rural, anyone can.*
- *Ensure you take advantage of training (i.e. REAP) before you embark on your first locum.*
- *Know your limits and find places that have the support you need for your level of experience and training.*

Dr. Sandra Lee

CULTURAL SAFETY FROM AN INDIGENOUS DOCTOR'S PERSPECTIVE

Dr. Terri Aldred is a First Nations physician who overcame personal challenges to come back to her people from the community of Tachet, Lake Babine Nation in Northern BC, to deliver healthcare services. Sharing the story of her grandmother who developed a mistrust of the emergency room, and never went back to seek care, Dr. Aldred expressed how these stories motivate her to bridge the gap of health services for Indigenous people.



Dr. Aldred spoke about the importance as physicians and primary care providers to be aware of cultural safety and the need to be aware of our own biases, reflecting on the way we practice and work with each patient.

The San'yas Indigenous Cultural Safety Training Program was developed by the Provincial Health Services Authority (PHSA) Aboriginal Health Program and can be accessed at <http://www.sanyas.ca/about-us>

There is increasing funding being made available for service providers to access this training. If you are interested, inquire with your Division or Health Authority.

Cultural competence is an internalized process of adapting one's knowledge, attitudes, behaviours, and skills to people of another culture. It alters the way people view the world around them which in turn changes the way they interact with people from other cultures.

Locum Mentorship & Supporting Resiliency

Presenters:

Dr. Stefan Grzybowski
& Dr. Kristie Overhill

Drs Grzybowski and Overhill, both rural physician locums, spoke passionately about the value of mentorship particularly when one is starting their career. They emphasized the importance of normalizing the concept of mentorship and making it part of our culture. "Ideally, throughout our career we should all be shifting between being a mentor and a mentee."

Mentorship is the first step towards peer support, achieving resilience and increasing ones medical courage. A number of different mentorship models were presented.

Programs Offered:

1. UBC's Rural Physician Mentoring Program
<http://ubccpd.ca/rural/mentoring>
2. Rural and Remote Division's Mentor Mentee initiative.

THE RURAL GP LOCUM PROGRAM- FUTURE DIRECTIONS

Since 1998, Health Match BC has placed several thousand doctors throughout the province. Having recently taken over the Rural GP Locum Program (RGPLP) from the Ministry of Health, John Mabbott, Executive Director of Health Match BC, provided an insight into the workings of the RGPLP and the efforts underway with the Joint Standing Committee to revamp and enhance these programs.

John Mabbott spoke encouragingly about the service improvements including new web-based locum opportunity posting site that will make it simpler to post vacancies, promote opportunities and search for locum jobs.

Additionally, there will be a new and simpler credentialing/privilege process and Health Match BC plans to provide more of a concierge service by offering to arrange travel and accommodation.

For more information: <https://www.healthmatchbc.org/>



LIFE AS A LOCUM: AFTERNOON BREAK-OUT SESSIONS

In the afternoon, attendees had the choice of four themes:

Transitioning from Urban Physician to Rural Locum

Facilitated by Dr. Doug McTaggart

Dr. Doug McTaggart shared generously from his experience of transitioning from a North Vancouver full-service GP to working as a locum physician in Hay River Northwest Territories. An animated audience explored areas of interest including remuneration and impact on family/personal life.



Where Do We Go From Here: Rural Locum Programs

Facilitated by Dr. Kimchi Nguyen

Building on earlier presentations in the day, innovations in rural locum programs were presented by Health Match BC's Executive Director Health, John Mabbott, and Program Coordinator, Deb Cannon. Dr. Kimchi Nguyen also shared the concepts of the Rural Locum Mentor initiative that she has been involved in with the Open Chapter of the Rural and Remote Division. When opened up to the audience, the discussion focused on the complexities of locum coordination across BC with the variation across organizations around recruitment and administrative processes. There is need for more streamlined and standardized processes for physicians and communities.

Trauma: “Dr. X please come to the trauma room, there are three patients arriving from a multi-vehicle MVA.”

Facilitated by Dr. Jel Coward

Dr. Jel Coward, who has worked as a rural physician for 20 years, initially in the UK and for the past 15 years, in rural BC. Dr. Coward is well known for The CARE Course, which he co-developed and delivers with a team to interprofessional rural health care providers. In this session, participants shared and discussed tips and strategies to manage complex emergency care in the rural environment. Dr. Coward shared important lessons learned over the years while working in rural and remote emergency practice: starting with how one prepares for a major incident call to how to manage the media when they show up asking questions.

Parting advice - 10,000 hour rule. You don't feel competent until you have practiced something for 10,000 hours which is 5 years full time!

Malcom Gladwell



Mental Health

Facilitated by Dr. Ray Markham

Physicians and allied health providers attended this session led by Dr. Markham, who in addition to his RCCbc leadership role, is a career rural doctor working in the community of Valemont. Many of the participants in this session were seeking ideas from their peers on innovative approaches for managing patient care in isolated communities across BC. While a number of service delivery challenges were identified through scenerio based discussions, the group shared unique strategies that can be utilized in smaller communities that would not be an option elsewhere. The group highlighted a number of challenges of caring for mental health patients in rural settings including lack of appropriate space in the community for mental health patients, the need for training of local providers and community members, and domestic violence.



CONCURRENT SESSIONS

Following the afternoon break were concurrent sessions where participants could attend either rural focused clinical sessions or participate in discussions focused on Networking Next Steps.

THANK YOU!

Planning Committee:

- Dr. Rebecca Lindley, RRDFP
- Dr. Stefan Grybowski, RRDFP
- Dr. Dean Brown, Coastal Medical Program
- Dr. Bruce Hobson, Provincial Steering Committee on Recruitment and Retention
- Dr. Kimchi Nguyen, RRDFP
- Dr. Maggie Lee, RRDFP
- Elisa Chow, RCCbc
- Hayley Shwarz, RRDFP
- Kathryn Young, RCPD / RCCbc
- Kathy Copeman-Stewart, RRDFP
- Lindsay Callan, UBC CPD



Onsite support by UBC CPD

Photos by Sharon Mah, RCCbc and Jenny Chiu, RRDFP

Report by Helen Truran, RRDFP

SAT, FEB 27: RURAL LOCUM FORUM CHOICES & TRANSFORMATIONS

		<u>LOCATION</u> (see reverse)
0700	Breakfast, Registration & Exhibits Open	
0800	Opening Remarks & Welcome Co-Hosts: The Rural Coordination Centre of BC & the Rural & Remote Division of Family Practice	Mount Benson Ballroom A/B
	Dr. Ray Markham and Dr. Rebecca Lindley	
0815	Thriving & Surviving as a Rural Locum with panel members who are new and experienced sharing their stories and experience <i>Panel members: Dr. Kimchi Nguyen, Dr. Sandra Lee, and Dr. Doug McTaggart</i>	
0905	Locum Mentorship & Supporting Resiliency	Dr. Stefan Grzybowski Dr. Kirstie Overhill
0945	Coffee Break & Networking	Ballroom Foyer
1005	Cultural Safety from an Indigenous Doctor's Perspective	Dr. Terri Aldred Mount Benson Ballroom A/B
1045	The Rural GP Locum Program—Future Directions	Mr. John Mabbott
1125	Lunch Break	Ballroom Foyer
1215	Life as a Locum: What Keeps YOU up at Night! (open floor discussions)	
	"I'm new to practice and I'm just thinking about being a Rural Locum" Dr. Kimchi Nguyen & Dr. Bob Henderson <i>Kimchi recently graduated (last year) and has just started her career as a practising family doctor. She recently experienced a locum placement and is looking forward to sharing her experiences and insights as a new grad. Bob is a very experienced rural locum who worked on Hornby and Gabriola Islands and now live near Campbell River.</i>	Millstone River
	"Dr. X please come to the trauma room, there are three patients arriving from a multi-vehicle MVA" Dr. Jel Coward <i>Jel lives and works in Pemberton, BC and is co-director of The CARE Course. In this session, participants can share and discuss tips and strategies to manage complex emergency care in the rural environment.</i>	Mt. Benson A/B
	"The stresses and successes of mental healthcare provision in rural communities" Dr. Ray Markham <i>Ray has worked in rural family practice for over 20 years and has lived and worked in Valemont, BC, since 2002. This discussion will focus on providing good rural mental health care without the support of a local social worker or comprehensive mental health team.</i>	Duke Point
	"I've worked my career in urban family practice and am thinking about re-tooling to be a Rural Locum for the last years of my career" Dr. Doug McTaggart <i>Doug worked many years in North Vancouver in full-service family practice and has spent the last five years of his career working as a locum in Hay River, NWT.</i>	Lantzville

Concurrent Sessions

		A: Millstone B: Mt. Benson A/B
1400	Concurrent Session A: Networking Next Steps <i>Moderated by Dr. Stefan Grzybowski</i>	Mt. Benson A/B
	Millstone	
	Strategizing for the Future: Where Do We Go From Here? <i>Facilitated by John Mabbott & Deb Cannon</i>	
1440		Mt. Benson A/B
	Millstone	
	Concurrent Session B: Rural Locums Focused Clinical Sessions: <i>Moderated by Dr. Bob Henderson</i>	
	Practical Aspects of Heart Failure <i>Dr. Hector Baillie</i>	
	Cases in Emergency <i>Dr. Kevin Patterson</i>	
1520	Coffee Break	Foyer
	Networking Next Steps (Continued):	
1535	Open Forum Discussions—led by audience questions and ideas <i>Facilitated by Dr. John Soles & Dr. Pamela Kryskow</i>	Mt. Benson A/B
	Millstone	
1615		
	Millstone	
	Rural Locums Focused Clinical Sessions (Continued):	
	Management of Concussions: <i>From the First ER Visit to First Through to Follow Up Clinic</i> <i>Dr. Karin Kausky & Dr. Kevin McMeel</i>	
	Trauma Airway Pearls <i>Dr. Jonathan Wallace</i>	
1705	Closing Remarks & Evaluations	