Rural Coordination Centre of BC

Enhancing Rural Health Through Education

THE RURAL EMERGENCY CONTINUUM OF CARE CONFERENCE

BRITISH COLUMBIA MEDICAL ASSOCIATION

The Division of Continuing Professional Development Faculty of Medicine

Society of Rural Physicians of Canada
Société de la médecine rurale du Canada

BRITISH COLUMBIA The Best Place on Earth

JUNE 15 – 18, 2011
The Delta Grand Okanagan
Kelowna, B.C.

2011 Conference Proceedings

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Conference Overview

The Rural Emergency Continuum of Care Conference was held June 15 to 18, 2011, in Kelowna, B.C. The conference provided accessible, accredited and multidisciplinary professional education for rural physicians, nurses, first responders and paramedics.

A primary goal of the conference was to offer education that meets the unique needs of rural health care providers. It also presented an opportunity for rural practitioners to come together, share ideas and experiences, and enjoy time in Kelowna with their families.

More than 271 people participated in the conference, including rural physicians, nurses, residents, students and paramedics. In total, more than 85 participants also presented at the conference, sharing their varied expertise with colleagues.

The Rural Coordination Centre of BC supported an anesthesia stream with an Update on Rural Obstetric Anesthesia on Wednesday. Friday and Saturday featured a Nursing Stream, with workshops and sessions focused on education of specific interest to rural nurses.

Dr. Mary Johnston welcomes delegates to the 2011 RECC conference.

Wednesday, June 15
Theme: Rural Teaching and Faculty Development

Wednesday's sessions were specifically designed to provide continuing medical education for rural physicians on the subject of teaching medicine. In order to facilitate a deeper understanding of the delivery of rural health care education, sessions outlined the benefits and challenges of teaching in the rural ER, tips for integrating teaching and practice, as well as the importance of inter-professional training programs in the rural context. Emphasis was placed on the importance for rural physicians to be able to pursue continuing professional development closer to home.

Morning Panel Discussion: Teaching Emergency Skills

Moderator: Dr. Granger Avery

Panelists: Dr. Jeff Eppler, Dr. Robb Sebastian, Dr. Blair Stanley, Dr. Lynne Tereposky and Dr. Tandi Wilkinson

This session outlined the advantages and challenges of teaching in the emergency room:

- The ER provides an incredibly interesting and exciting learning environment where learners are faced with a high level of acuity.
- Patients must, however, be clearly advised that they are being treated by a learner and not by the ER doctor.

Panelists discussed the importance of doctors embracing a philosophy through which they see themselves as teachers. As well, rural physicians are busy people and want CME to be both offered in their local community and relevant to the rural situation. This session provided ample opportunity for discussion between rural faculty, residents and students.

"Education is about a philosophy – not about specifics. We're talking about doctors as teachers. What excites our spirit and energy? People opt out when it does not feed their spirit."

— DR. ROBB SEBASTIAN

Teaching Emergency Skills Panel

An interactive panel with questions from the audience.

Afternoon Workshops: Faculty Development

The following three sessions, moderated by Dr. Granger Avery, provided an opportunity for rural faculty to discuss, ask questions, learn about the benefits of working in a rural team and propose solutions to overcoming challenges.

IRP*bc* "Students and You - Engaging in Inter-professional Education"

Ms. Linda Sawchenko, Ms. Robin Roots and Dr. John Soles
This workshop provided an overview of the Interprofessional Rural Program of BC (IRP*bc*), which involves rotations of students from varied health disciplines in a rural community. The program, tailored to individual community needs, has students living and learning together in a collaborative practice environment and engaging in the community. IRP*bc* provides a valuable way for all students to gain awareness both of what other professionals do and of life in rural areas.

The Difficult Resident Discussion

Dr. Granger Avery
This session focused on what makes a resident "difficult." What drives such behaviour? How can it be eliminated? Can professionalism be taught or just modeled and mentored? Practical methods for handling these difficult situations were reviewed, such as the importance of focusing on behaviour, rather than attitude.

Interactive Discussion on Meshing Practice and Teaching

Dr. Blair Stanley, Dr. Robb Sebastian
This session provided an opportunity for discussion on integrating students and teaching into medical practice, and included practical suggestions for making the two work together.

Other Wednesday breakout sessions and workshops included those on:

- issues facing young physicians
- ways to integrate rural research and teaching
- risk-management responsibilities where residents are involved
- how doctors can deliver effective presentations
- improving suturing skills
- limb relocation using non-traumatic care.

Workshop: Improving your Suturing Skills

Workshop: Improving your Suturing Skills

Wednesday, June 15
Update on Rural Obstetric Anesthesia

Conference Coordinator: Dr. Louis Prinsloo

Panelists: Dr. Roanne Preston, Dr. Pamela Angle, Dr. Kallie Honeywood and Dr. Wendy MacLeod

Moderator: Dr. Stuart Iglesias

The Update on Rural Obstetric Anesthesia provided a unique opportunity for rural GPAs to come together in a CME event aimed specifically at their practice. Panelists reviewed the latest evidence and its relevance to rural practitioners. Close to 40 GPAs and other rural health care providers from around the province had an opportunity to share experiences, ask detailed questions of each other and panelists, and discuss policy and procedure questions relevant to their practice.

Topics covered included:

- labour analgesia
- how to prevent hypotension during spinal anesthesia
- massive OB hemorrhage
- post-op and chronic pain.

Keynote: Issues and Barriers to Maternity Anesthesia Care in Hospitals with Low Obstetric Volumes – The Ontario Experience

Dr. Pamela Angle
In her keynote presentation, Dr. Pamela Angle presented the findings of an Ontario study of GP Anesthetists working in hospitals with fewer than 2,000 deliveries per year. The study found that GPAs in these hospitals had an unparalleled role in providing care, despite their difficulties in making a living (low volumes/long hours) and their difficulties in getting locum coverage.

Discussion:

Moderator: Dr. Louis Prinsloo
The day closed with a lively discussion, moderated by Dr. Louis Prinsloo, of possible next steps for GPAs in B.C. Many suggested solutions included using technology, such as wikis, video conferencing and electronic networking to bring isolated GPAs together virtually. Regional networks to allow better knowledge transfer and real-time consultation were also suggested as a possible strategy.

"It is so valuable to get together with others – to learn new practice and confirm that your current practice is good."

— PARTICIPANT

Moderator, Dr. Louis Prinsloo

The Update on Rural Obstetric Anesthesia provided opportunities for rural GPAs to come together and share their experiences, both formally and informally.

Thursday, June 16
Theme: Community Action Day

Thursday's sessions centered on strategies to recruit and retain health professionals in rural communities, and proposed creative methods for addressing health care issues and concerns that go beyond the scope of traditional practice. Many sessions were targeted at meeting the needs of specific populations (for example, emergency services and geriatric services), while others focused on developing and maintaining partnerships and communication between rural stakeholders.

In his opening remarks, Mayor John Harwood of Clearwater encouraged rural practitioners to keep the lines of communication open with town council. Municipal leaders can be strong advocates for the health care of their citizens.

"When you have issues, come and talk to us. Communities have real issues as well. We need to work together to solve these issues to the benefit of all."

— CLEARWATER MAYOR JOHN HARWOOD

Morning Plenary Discussion: You Can Run but You Can't Hide: Why Physicians Should Care About Disasters and What You Need to Know

Panelists: Dr. Graham Dodd, Dr. Sarah Giles and Dr. Paul Farrell

This session outlined the importance for health care professionals to participate in disaster management planning for their community or region.

- All disasters involve health care – the medical definition of a disaster is any event that overwhelms hospital capacity to manage or meet the need for health care.
- There is no formal training in disaster medicine in Canada – yet society expects doctors will be experts and ready to respond.
- Most health care professionals have no experience in disaster management, but all disasters are local events and hazard awareness and risk reduction are important.

Mayor's Lunch

The Mayor's Lunch, hosted by the communities of Burns Lake, Nakusp and Clearwater, B.C., offered an opportunity for rural physicians, residents and medical students to meet municipal leaders and learn what it is like to live and work in various regions of the province.

Mayors hosting Thursday's lunch included (from left to right) Mayor Ron Toyota of Creston, Mayor Stephanie Killam of the District of Mackenzie, Mayor Karen Hamling of Nakusp, Mayor John Harwood of Clearwater and Mayor Bernice Magee of Burns Lake

Clearwater Mayor John Harwood welcomes delegates to the Community Action Day

Town Hall Panel: Creative Ways to Handle Rural Health Care Concerns

Moderator: Dr. John Harwood

Panelists: Ms. Bernice Magee, Ms. Kelly Gunn, Ms. Karen Hamling, Ms. Shelly Sim and Dr. Granger Avery

This panel brought together municipal leaders, health authority representatives and rural physicians to address various ways that communities, health care professionals and other stakeholders can collaborate to deal with the complexities of rural health and the recruitment and retention of physicians.

- It is imperative to facilitate partnerships between the community, health care, the health authority, nurses and nurse practitioners.
- Local government should be involved in the education and training of rural physicians.
- Some rural communities in crisis are already taking a proactive, creative approach to physician recruitment.
- Sometimes established doctors in rural communities are the best recruiters.

Other breakout sessions and workshops included those on:

- ways to ensure hospital drinking water is safe even in an emergency scenario
- creating awareness of the importance of advocacy for rural and all MDs
- backcountry medicine
- casting
- preventing unnecessary emergency room visits for the frail elderly.

Dr. Jel Coward demonstrates a method for doing shoulder reductions in the backcountry.

Casting Workshop with Dr. Chris Parfitt

Town Hall Panel

Friday, June 17
Theme: Transport and Trauma

Friday's sessions addressed the challenges associated with the timely transfer of patients in rural B.C. Sessions provided opportunities for practitioners to share best practices surrounding the transport and treatment of various types of trauma, and in a wide variety of settings. It was shown that, in many cases of pre-hospital care, transport is treatment.

Dr. Trina Larsen-Soles

Morning Plenary Discussion: She'll be Coming 'Round the Mountain When She Comes… Is Timely Transport Even Possible in Rural B.C.?

Moderator: Dr. Trina Larsen-Soles

Panelists: Ms. Debra-Lynn Watson, Dr. David Takeuchi, Dr. Carl Roy and Dr. Greg Powell

This panel brought together representatives from High Acuity Response Teams (HART) and various health authorities to discuss how to improve the patient experience during transfers.

- Better, more centralized communication is required between IHA, BC Bedlines and transport. Better partnerships would better serve the patient.
- Transport medicine makes a huge difference – not just to patients but to costs. There is cost avoidance in a quick transfer now as opposed to rehab later.
- HART registry will monitor clinical outcomes – data can be used to track and demonstrate effectiveness of care. Projected future study to be based on this data.

What to do Before the Paramedics Arrive – You Are the First There, Alone!

Dr. Michael Smialowski
This session provided an overview of a pilot project between doctors and British Columbia Ambulance Service involving a physician responding to calls in Tatlayoko Lake, B.C. (halfway between Bella Coola and Williams Lake).

- Getting people to where they need to go, especially with trauma, is the best thing you can do for them. The less you do, the better off the patient is until you get them to hospital.
- Study: having highly skilled people out in field is not necessarily more effective.
- Communication is the biggest bugaboo of working in a rural area – it is just as important as any medical treatment you can provide.

"Currently each agency does their own thing, with the best of intentions, but operating as separately administered and organized silos. Who is accountable for the patient in this?"

— DR. DAVID TAKEUCHI

Moderator: Dr. Mary Johnston
This session provided a detailed study of a rural case (a ski accident at a remote location) handled by two new ER physicians in a rural hospital with no backup. The session offered a practical, step-by-step review of decisions made in a very tough situation – analysis of logistics of transport, and a closer look at best practices given local resources available.

Other Friday breakout sessions and workshops included those on:

- pediatric trauma
- the frail and elderly in the rural ER
- heart failure
- OB Gyn emergencies
- transport of newborns
- comprehensive treatment of fractures
- iSTAN Simulator
- chest tubes.

iSTAN Simulator Workshop

Dr. John Sloan discusses frail and elderly visits to the rural ER.

Saturday, June 18

Saturday's sessions addressed the needs of specific populations, particularly those in remote regions, and specifically First Nations communities. New technologies were showcased that will help to serve populations in very remote places. As well, the unique challenges of working in remote areas were discussed.

Morning Session: First Nations Interactive Telehealth

Moderator: Dr. John Pawlovich
With new technology, geography is no longer a barrier to providing health care. This session included demonstration of a stethoscope and otoscope through satellite video conferencing to the health centre in Takla Landing. Such technology can be used in concert with monthly doctor visits, allowing for "virtual office" follow-up with a nurse practitioner. Telehealth is providing support to nurses in remote communities who often have limited resources – no lab, x-ray, doctor, blood, etc.

In Takla Landing, community members were initially fearful, but following telehealth sessions they have indicated appreciation and excitement. They no longer have to drive three hours over a gravel road to see a doctor.

Nursing Stream: Remote Nursing – Case Presentations

Ms. Julie Campbell, RN
This session offered a glimpse into a day in the life of a travel nurse in a remote community. Port Simpson, B.C., has a seasonally fluctuating population of between 200 and 2,500, primarily First Nations people, and includes a disproportionately large number of complex, chronically ill patients presenting to clinic.

Other Saturday breakout sessions included those on:

- airway management
- risk factors and strategies for preventing suicide
- unexpected deliveries in the rural area
- delivering bad news to patients and family members
- vascular emergencies and necrotizing infections
- dealing with difficult patients.

"Ten years from now this will all seem archaic. I can't imagine where we are going to go with this, but it is going to be really, really amazing."

— DR. JOHN PAWLOVICH

Dr. John Pawlowich connects by satellite to the health Centre in Takla landing, in a live demonstration of current telehealth technology.

Social Events

Conference participants also took part in a variety of social events, including the Kettle Ranch Bike Tour, winery visits and golf in the Kelowna area.

"This conference provides an opportunity for rural practitioners to meet and enjoy each others' company, share not only our medical experience but our enjoyment and lifestyle adaptations, and when away from home and not on call, socialize together."

— DR. MARY JOHNSTON

The RECC Conference is a family-friendly event. Children enjoyed a variety of activities in the on-site daycare and families came together to share meals.

Rather than compete with the Vancouver Canucks, sessions were rescheduled to allow participants to take in the final Stanley Cup playoff game, which was broadcast on the main conference screen.

Friday night featured a wine tasting at the BC Wine Museum, followed by a dinner and dance.

Conclusion

The Rural Emergency Continuum of Care Conference offered important professional development opportunities and provided a forum for lively discussion among rural health care providers and other community stakeholders from across the province.

The multidisciplinary nature of the conference allowed participants the ability to share best practices for emergency care in rural and remote communities in B.C., and to address other issues that are unique to the rural context. The atmosphere of collegiality and cooperation evident at the conference will undoubtedly translate into improved patient care and better rural health overall.

For selected conference materials, information on the 2012 RECC or RCC*bc* projects and initiatives, please visit our website at www.rccbc.ca or contact us at info@rccbc.ca.

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