Rural Coordination Centre of BC

RURAL POINT-OF-CARE-ULTRASOUND (POCUS) STRATEGY

NEWSLETTER UPDATES

AUGUST 2021

It has been three months since our first Rural Point-of-Care Ultrasound Strategy (POCUS) Working Group meeting. On behalf of the Rural Coordination Centre of BC (RCCbc) and the POCUS Leads, thank you for your contribution and participation—and for your work to advance POCUS in your respective areas.

For more information on the Rural Point-of-Care-Ultrasound Strategy, contact:

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LATEST UPDATES

Undergraduate Medical Education

Rural POCUS Rounds

Rural POCUS Survey

Pre-hospital POCUS

IN PoCUS Program Evaluation Update

UNDERGRADUATE MEDICAL EDUCATION

Dr. Tonseth and Rohit Singla have reconnected with the University of British Columbia's (UBC) Medical Ultrasound Club, which has had minimal activity throughout COVID-19. An initial meeting on May 24 included five members of the Ultrasound Club, as well as Drs. Tonseth, Kim, Robinson, and Morton.

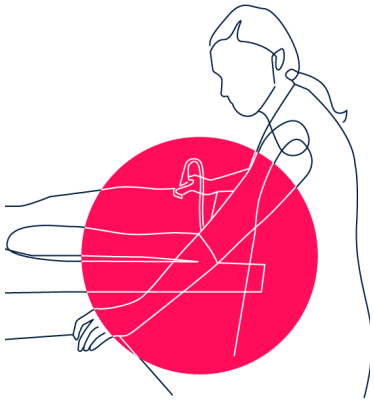
Challenges faced by the Ultrasound Club include:

- Lack of machine access: Dependency on requesting machine donation through company representatives. Subsequent to the meeting, a donation of a Sonosite M-Turbo was secured by the physician group at Haida Gwaii Hospital.
- Lack of scanning sessions: COVID-19 has negatively affected in-person scanning sessions. Two sessions (evening and full-day) have now been planned for October 2021 with the Ultrasound Club. Drs. Dan Kim, Xin Liu, Tracy Morton, and Gordon Horner have been confirmed as instructors at this time.
- Minimal exposure to POCUS within Undergraduate Medical Education (UGME): This was identified as a key to see how our group can support the Ultrasound Club, and how they can advocate with us for more POCUS within the UGME curriculum. POCUS has been incorporated, to some degree, but not uniformly, into the majority of medical school curricula across Canada. UBC, in particular, lags behind many other universities (Calgary, Saskatchewan, McGill, and Memorial).

RURAL POCUS ROUNDS

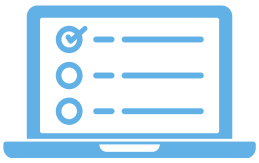
Through a partnership with UBC Continuing Professional Development and RCCbc, we launched a pilot series of virtual rounds, open to rural practitioners, which typically ran every fourth Friday from 1200–1300 PT. All were welcome to attend these Zoom-based sessions.:

- POCUS in Rural BC: Why and How
  May 14 at 1200–1300 PT
  Instructor: Dr. Tracy Morton
- COVID-19 for the Remote/Rural User
  June 25 at 1200–1300 PT
  Instructor: Dr. Kevin Fairbairn
- POCUS for 1st Trimester Ultrasound Cases
  July 8 at 1200–1300 PT
  Instructor: Dr. Virginia Robinson
- POCUS for Deep Vein Thrombosis
  August 6 at 1200–1300 PT
  Instructor: Dr. Tracy Morton



The pilot series of virtual rounds will be evaluated later this summer to determine the potential for an ongoing series of POCUS rounds that will feature a mix of case-based discussions, didactic sessions, journal article discussions and, hopefully, live scanning demonstrations. Members of the working group may be invited to present, as most of us are already teaching.

RURAL POCUS SURVEY



Nearing final form, a survey to approximately 2,000 rural family practitioners and specialists will determine machine availability, current use, and attitudes/barriers around POCUS in rural British Columbia. Input has been received from Drs. Virginia Robinson, Dan Kim, Todd Alec, Tracy Morton, and Paul Olszynski. Dr. Olszynski leads SaskSONO, is the Chair of the CAEP Emergency Ultrasound Committee, and has led a similar survey in Saskatchewan.

Special thank you to Jason Curran and Tracey DeLeeuw of RCCbc for creating and editing the survey. UBC Research Ethics is currently pending.

PRE-HOSPITAL POCUS

Though not within the domains of the strategy, we were contacted by Ollie Olsen and Adam Greene from BC Emergency Health Services to explore possible expansion of POCUS use by critical care paramedics. Ollie, Adam, Drs. Kim and Morton met with Dr. Paul Olszynski (Saskatchewan POCUS lead, CAEP Ultrasound Committee Chair) and Shell Odenbach, from STARS, to share the education and quality assurance policies for advanced-care paramedics in Alberta, Saskatchewan, and Manitoba. Typical of the entire healthcare system, barriers for pre-hospital POCUS use include machine access, education, quality assurance processes, and practice support.

IN POCUS PROGRAM EVALUATION UPDATE

The Centre for Rural for Health Research would like to thank all participants who have participated in the IN PoCUS evaluation! RCCbc has provided funding for the Intelligent Network for Point-of-Care Ultrasound (IN PoCUS) program to support rural family physicians across BC to gain skills and integrate PoCUS into their practice. The evaluation team has completed 21 interviews with rural physicians who have received Clarius probes through RCCbc and they now have a better understanding of how to support the use of PoCUS among rural family physicians.

As a next step, the research team would like to invite radiologists and obstetricians/gynaecologists who are currently working with family physicians who use PoCUS to participate in this research in a confidential interview. They would be delighted to hear about your views and experiences working with family physicians who are expanding their scope of practice to include PoCUS. They welcome diverse opinions on PoCUS, including those of specialists who are proponents and critics of PoCUS. Your perspective on family physicians' use of PoCUS will help inform the implementation and improvement of future family physician PoCUS programs.

To learn more about the study or participate, please contact Christine Carthew (Research Manager) at Christine.carthew@ubc.ca.

RURAL POCUS STRATEGY AND THE TRC

The Rural POCUS Strategy and RCCbc are committed to reconciliation with Indigenous communities.

The following TRC Calls to Action have been identified as areas that we believe the Rural POCUS can impact

To learn more about the Truth and Reconciliation Commission (TRC) as well the Calls to Action, please visit the National Centre for Truth and Reconciliation https://nctr.ca/

18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes Calls to Action| 3 between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess longterm trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.