2023/2024
ACTIVITIES REPORT

UBC CHAIR IN RURAL HEALTH
DR. JOHN PAWLOVICH

Rural Doctors' UBC Chair in Rural Health, Dr. John Pawlovich
2023/24 Activities Report

As the 2023/2024 fiscal year closes the challenges which emerged in the wake of the pandemic have become even more acute; providers now on the cusp of burnout, and an extended and quickly growing human health resources crisis. The lessons, best practices, and care models which emerged from the COVID-19 pandemic have never been more critical as they are now applied to this emerging challenge.

As we pivot our focus from the pandemic to how to best support rural physicians and help equip the future generation of healthcare providers in addressing this looming personnel challenge; building relationships, collaboration, and innovation remain paramount. Rapidly emerging technological advancements are poised to aid in this endeavor but are not without their faults and must be thoughtfully integrated to augment, not replace, the human touch in healthcare. As we face this new challenge we are left to reflect on what worked well during the pandemic, what did not, and how we apply these lessons and technological advancements to this latest trial.

The activities of the UBC Chair in Rural Health are based in three areas:

1. Rural Research
2. Rural Advocacy
3. Support and Mentoring

Dr. John Pawlovich's reports on each area are below:

1. Rural Research and Initiatives

Drone Transport Initiative

I have taken on the role as co-sponsor of the Remote Communities Drone Transport Initiative (DTI) – the DTI involved continued partnership between the University of British Columbia Faculty of Medicine (FoM), LifeLabs, First Nation Health Authority (FNHA), Northern Health Authority (NH), Canadian Blood Services, Rural Coordination Centre of BC, Stellat'en First Nation, the Village of Fraser Lake, LifeLabs, Carrier Sekani Family Services, UBC Faculty of Pharmaceutical Sciences, and School District No. 91.

Phase one
Phase one of the DTI received $994,000 TD Ready Challenge FoM Strategic Initiative Fund, Canfor, Canadian Health Communities and UBC Giving Day, and in-kind donations from Air Canada to operationalize the drone delivery from October 2021 to 2022. The goal of the DTI is to develop a complimentary transportation solution to virtual health services by closing the patient journey in accessing life-saving medications, testing, and other medical supplies.

Phase one is a demonstration project to test the feasibility of drone use in rural and remote communities and identify critical partnerships for successful technology implementation in the healthcare system. The DTI became one of Canada's longest-running healthcare drone projects, completing over 1200 flights across twelve months and successfully delivering medications to patients. The project hired four local community members and a senior project manager to engage and operationalize the work. The DTI successfully hosted community engagement events to foster stronger relationships to co-led the work. Since the completion of the project, nearly a hundred community members attended the joint report-back event in June 2023 to hear about the impacts of the DTI and possible next steps. As the Rural Chair, I provided leadership in strategically aligning this new technology with other healthcare transformations underway within BC.

Phase one led to many successes in building new interdisciplinary partnerships to respond to the stories and needs we've heard from the community. The project has been presented at over ten conferences across disciplines, which have forged partnerships with First Nations and health systems innovators, including the BC Aviation Council, Quality Forum, Biomedical Engineering, and Ministry of Health's Innovation Symposium. The DTI is now part of the BC consortium for aviation through the Canadian Advanced Air Mobility; is in the process of a MOU with the Prince George Airport; and has expanded the project to two additional prospective First Nation communities. At the University of British Columbia (UBC), the interdisciplinary nature of the work is also recognized by being awarded as a newly formed Drone Transport Research Cluster funded by the Vice President of Research and Innovation. The phase two planning of the DTI has secured over $254,000 from the Faculty of Medicine, Canfor, Health After 2020, UBC Research and Innovation, and UBC worklearn program.

Phase two
The project is undergoing planning for phase two, which is intended to be a three-year drone program to build towards a scalable model that aligns with Transport Canada changes, enabling drones up to 150kg in weight to be operational. The project collaborates with a new associate professor in implementation science to publish the findings from phase one evaluation this summer and aims to publish two to five papers. The Senior Project Manager also works closely with the Ministry of Health's innovation division to plan engagement sessions with the provincial health system, which will inform key funding proposals in the fall. Finally, the DTI secured a team of students to support the diverse deliverables and train future rural champions, including two northern medical program medical students, one pre-med work learn student, and one master in public policy practicum student.

Virtual Health Grand Rounds

The Virtual Health Grand Rounds is a collaboration between UBC Division of Continuing Professional Development (UBC CPD), UBC Digital Emergency Medicine, and the Rural Education Action Plan (REAP) founded in 2015 for which I am a co-founder and co-lead. Virtual Rounds are a twice per semester, provincial virtual series that connect health care providers, information management/information technology (IM/IT) colleagues, health administrators, health policy makers, and academics to explore technology-enabled healthcare delivery case examples to support patient-centered care. These rounds generate discussion around the adoption of technology in healthcare throughout British Columbia and beyond, while optimizing mutual learning and enhancing relationships. 2023/2024 events have included "Extended Reality as a Medical Learning Tool", "Virtual Ophthalmology Exams", "Using Technology to

Enhance Communication in Health Care" and "Virtual Pediatrics Examinations" all with an average of over 150 registrants per session.

Virtual Clinical Care Education Project

The COVID-19 pandemic has resulted in rapid and widespread adoption of virtual care, and clinicians will continue with hybrid care in the future. With this reality comes new challenges, responsibilities as well as opportunities. The essence of the project, of which I am a co-investigator, is to partner with patients, caregivers and learners to design products to support virtual care education.

Based on a previous review of the literature to support the pilot Podcast this work is built upon, there is a gap in patient-led education products. This project will include interviews with patients, caregivers and learners and capture their perspectives. Then, through an iterative process, design the following teaching materials to address virtual care focusing on patient, caregivers and learner perspectives: five Podcasts (scenarios), three student assessment scenarios, two case-based interactive scenarios, and two interactive presentations.

The project has two distinct aims – one is about preparing students for virtual care via products and interdisciplinary implementation, and the other is to learn how to engage and partner with patients, caregivers, and learners to develop innovative education products that prepare them for the workplace. We intend to build on the relationship with patients, caregivers, and learners and create an agile curriculum relevant to British Columbia and will embed an evaluation process at the outset to appraise the impact of the project.

Northern Centre for Clinical Research (NCCR)

I am in partnership with Dr. Paul Winwood at the University of Northern British Columbia (UNBC) and UBC's Faculty of Medicine in collaboration with the Northern Health Authority (NH) and Rural Coordination Centre of BC (RCCbc) working towards the development of a nationally and internationally recognized research hub. The Northern Centre for Clinical Research (NCCR) has a mission to enhance the capacity and cohesion of the clinical and biomedical life sciences research programs in northern British Columbia, creating strategic opportunities to share resources among UBC, NH and UNBC, in collaboration with local partners.

The Centre is located in Prince George and serves researchers across Northern BC and will focus on medical life sciences, clinical research, and innovation, including clinical trials and virtual healthcare interventions, in the northern, remote, rural, and First Nations geographical, social, and cultural contexts. Dr. Anurag Singh was hired as the Director of the NCCR in the fall of 2022 and most recently, has been onboarded as a Sponsor of the DTI as this initiative transfers from UBC to NCCR for phase 2 of the project.

Through Dr. Anurag Singh, as Director of NCCR and as a member of the NCCR Advisory Committee, I remain closely involved in developing research capacity and infrastructure and in forming NCCR's strategic plan. My existing relationships with many First Nation communities have been pivotal in guiding research engagement with these communities and establishing the critical trust and relationship with Indigenous communities for ongoing research partnerships. I have also been involved in some of

NCCR's research initiatives and projects to enhance and improve access and quality of healthcare in rural, remote and Indigenous communities in BC. These key initiatives include:

1. Recruitment and retention of Health Human Resources (HHR) in rural, remote and Indigenous communities: Ensuring equitable, accessible, high quality and culturally safe health services is challenging for several reasons, including ongoing shortages of healthcare workers in rural communities. The challenges associated with providing healthcare services in the aftermath of the pandemic are well documented across Canada, where HHR has been stretched, providers are burnt out and experiencing moral distress, yet there is a higher demand for health services. These challenges are magnified in rural communities where HHR recruitment difficulties and high rates of provider turnover are felt more acutely, constraining services to the limited options of closing emergency departments, reducing care provision, or "diversion" of care to other communities. I am involved as a Principal Investigator on a recently funded 3-year CIHR project grant to examine the characteristics (strengths and weaknesses) of the current hybrid care model (virtual + in-person care), which are vital to sustain HHR and scale them up to expand and improve HHR capacity in other rural, remote and Indigenous communities. The secondary goal is to translate learnings from the hybrid model into service delivery guidelines and health policy scalable to other rural communities across BC, Canada and internationally. This initiative is expected to be impactful in several ways: 1) Building trusting relationships with communities as a foundation for implementing a culturally safe hybrid care model and co-developing strategies for recruitment and retention in RRI communities. 2) Creating a healthy, safe, just, and equitable working environment to enable recruitment and retention for service delivery and strengthen the joy of practice for vocational longevity of health professionals 3) Supporting implementation of an integrated team-based model of care, which supports the utilization of a broad range of health professionals and maximizing their scope of practice.

2. Hybrid Care Research Collaborative (HCRC): I have been closely involved in supporting the development of the 'Hybrid Care Research Collaborative' as an interdisciplinary health research cluster grounded on principles of Indigenous wisdom and community participation to generate knowledge to guide the expansion of hybrid care. The overarching goal for HCRC is to develop a prospective research agenda that is purposely co-designed (with partners and knowledge keepers) to integrate a Learning Health System approach that involves collecting and analyzing real-time data from diverse populations, allowing for a better understanding of the specific health needs and challenges faced by people in rural, remote and Indigenous areas. Additionally, incorporating local knowledge and cultural perspectives into the learning process fosters a more inclusive and community-centred approach to healthcare, improving health equity among the underserved.

3. Indigenous engagement in research: NCCR has committed to purposefully engaging Indigenous community leaders and members to guide the expansion of clinical research, particularly participation in clinical trials. I am helping the NCCR faculty and team to build relationships with communities to establish trust based on dynamic reciprocity between communities and researchers. NCCR is looking at developing and adopting tools to educate and guide clinical researchers in engaging communities at the early stages and developing research ideas that align with the interests and needs of communities.

Kwiis Hen Niip Study

I am a Co-Investigator on the Kwiis hen niip (Nuu-chah-nulth word for Change) study, which is funded by a $1,172,436 CIHR Project Grant from September 2020 to March 2026. Kwiis hen niip is a Nation-led partnership with Nuu-chah-nulth Tribal Council, FNHA, Island Health Authority, RCCbc, BC Emergency Health Services, among others. The primary goal of the project is to improve first responder care in four remote Nuu-chah-nulth First Nations communities on the West Coast of Vancouver Island: Kyuquot/ Cheklesaht, Hesquiaht, Ahousaht and Tla-o-qui-aht.

The objectives of the project are to:
1. Develop a package of first responder care improvements tailored to community needs;
2. Study the implementation of specific improvements;
3. Evaluate the outcomes resulting from the implementation of the improvements;
4. Sustain improvements long-term via partnerships and existing institutions; and
5. Develop an adaptable model for implementing improved first responder care in remote Indigenous communities.

Community-level solutions are being co-created with first responder teams and Nation leadership to promote local ownership, ensure cultural relevance, and contribute to long-term sustainment. The Kwiis hen niip team and its partners are working towards providing the four Nuu-chah-nulth Nations with a more effective emergency care system, with access to remote help and rapid transportation when needed, delivered with cultural safety and community bystander support.

In the 2023-2024 fiscal year, the Kwiis hen niip study made significant progress. Notable activities include the development of emergency case reports for the four Nations, documenting community-specific issues and potential solutions based on site visits and key informant interviews. The project team also hosted a gathering that brought together Nation leadership and first responder teams from all four communities, along with key project partners, to co-define urgent and continuing priority areas for first responder care improvement. Additionally, we engaged in meetings with the Uut Uustukyuu society of traditional healers to ensure broad engagement across our activities. We conducted community interviews to gauge the effectiveness of a CPR instructional video that we co-produced in 2022. In 2023/ 2024 the team worked with key stakeholders to develop tools and resources such as: a template for first responder case reporting; a compensation structure template to support Nations to develop their policies for first responder remuneration; as well as pamphlets and posters listing available resources for critical incident aftercare supports. We recently drafted a policy analysis report that delineates the mandates, roles, and responsibilities concerning support and funding for first responders in remote communities; this report is intended to bolster advocacy efforts aimed at establishing more integrated policies, ensuring that first responder care in remote First Nations is consistently supported and does not slip through the cracks of jurisdictional disputes.

Finally, throughout the project, our team has actively shared our findings and progress through presentations at various events and conferences including the 2023 UBC Department of Emergency Medicine Research Day, Quality Forum 2023, the 2023 TUFH Virtual Regional Conference for the Americas, and the 2023 AAA/CASCA Annual Meeting.

Exploring Rural Emergency Health Services Innovation: A Relational Approach to Change

I am a Co-Principal Investigator for a research project headed by Dr. Nelly Oelke entitled "Exploring Rural Emergency Health Services Innovation: A Relational Approach to Change". This study is funded by the CIHR Catalyst Grant: Quadruple Aim and Equity and aims to better understand real-time innovations in BC rural emergency health services teams with other supports (e.g., Real-Time Virtual Support, emergency transport) that bolster resilience in the face of adversity to improve health equity. Objectives include: to explore case studies in rural communities utilizing current innovations in rural and remote emergency healthcare, to understand how these innovations came to be and evolved; to identify what works, for whom and in what contexts and to develop recommendations for innovative rural emergency health services.

We used case study methods focusing on narrative methodology (stories to make sense of events and actions) to study three rural and remote cases: two in northern BC and one in the interior BC.

Data were collected via:
1. Descriptive data on the community;
2. Document review (e.g., meeting notes, other key documents outlining new innovative services delivery;
3. Interviews with healthcare managers, providers (e.g., nurses, physicians, EMS, virtual support providers), policymakers;
4. Focus groups/interviews with patients/family and community members; and
5. Administrative data (e.g., # of patients seen, # of transported patients, # of connections to virtual support). Data were analyzed and reports were developed from each case study.

Results showed that various innovations were used: Real-Time Virtual Support (RTVS)/virtual care services, robotic CPR devices, translation services, community paramedic and home care programs, and electronic triage and transfer systems. Overall, these innovations offered additional support for healthcare providers and improved experiences and outcomes for both patients and health providers. Cross-jurisdictional policies, limited resources, communication and technology were identified as barriers. Recommendations to enhance emergency health services innovations included: expanding services offered through RTVS, increasing funding allocations, training health providers, addressing staff shortages, improving communication and patient transport, and proactive planning.

The case study report is being shared with each participating community in a face-to-face dialogue to gather feedback on and validate the findings. A cross-case analysis is also being conducted to compare and contrast the findings from these communities. The final results will be shared with the participants, health providers, community members, policymakers, decision-makers and other relevant parties via lay summary, infographics, presentation, webinar, and publication.

The results of this study can be used to guide policy decisions and practices to advance, adapt, and scale innovation in diverse rural settings, enhancing equitable access to emergency care for people living and working in rural, remote, and First Nation communities.

Real-Time Virtual Support (RTVS)

As the Virtual Health Lead with the Rural Coordination Centre of BC (RCCbc), I lead the Real-Time Virtual Supports (RTVS) program, a partnership between RCCbc, FNHA, HealthLink BC, and UBC Digital Emergency Medicine through funding provided by the Joint Standing Committee on Rural Issues (JSC) and the Ministry of Health Primary Care Division. The Real-Time Virtual Supports program was established in response to the COVID-19 pandemic and a recognized need to provide on-demand support to rural healthcare providers, enable timely delivery of emergency and urgent patient-centered care to rural patients closer to home, decrease inequities in access to care for rural citizens and become a support tool that emboldens physicians and trainees to venture away from urban centres.

There are two types of RTVS pathways, pathways that support rural providers and pathways that interact with patients in their homes. The provider-facing program sees on-the-ground healthcare providers connect with Virtual Physicians (VP) over the phone or through Zoom whenever they need collegial support.

RTVS peer supports continue to connect with new communities and explore and expand provision of MRP (Most Responsible Provider) services to vulnerable rural emergency departments and nursing stations. In the face of the ongoing strain the human health resources crisis continues to exert on the healthcare system, the demand for MRP services continues to grow and is currently out-pacing program capacity. Partnership with provincial health partners has remained paramount in helping address this growing, and continuous request for services.

As part of an extensive reflection process including community-specific and program-wide evaluations begun in 2022, RTVS released the first provider needs assessment to assist in Quality Improvement and Faculty Development initiatives and the overall sustainable growth of the program. The key takeaways from this initial assessment were reviewed by program staff and Physicians Leads during a two-day retreat in Winter 2023 during which foundational values, process refinement and identification of gaps in service took place. The team left with a reaffirmation of our commitment to our founding values of providing timely, psychologically safe care and support to rural patients and providers across the province.

In addition to receiving feedback from our Virtual Providers, we also conducted outreach visits to 18 sites during fiscal 2023. These trips provided important bidirectional learning opportunities and the lessons staff and VPs took away from these trips were shared amongst their peers during presentations to their respective pathways/teams to further disseminate the valuable experiences our end users shared.

RTVS is in a state of continuous development in response to community and physician feedback as new needs and opportunities emerge. Based on provided feedback, the Front Door (previously referred to as the MOA forwarding service) has expanded their hours and hired additional MOAs in order to help triage calls as demand for the service continues to increase. Now more than four years in operation, RTVS is in a stage of refinement, defining who we are, how we work together and working towards long-term integration into the healthcare system. Adaptation and flexibility will remain paramount as we strive to meet the unique and multitudinous challenges of the rural, remote and First Nation communities which rely upon our support.

Rural Virtual Echocardiography Project

As a project Sponsor, I provide guidance and support in the development of a research study and course curriculum to support the implementation of handheld ultrasound devices in rural communities for use in non-urgent echo cardiogram acquisition. This work represents a partnership with UBC EdTech, Providence Health Authority, REAP, and RCCbc. This proof-of-concept project tested the feasibility of in community healthcare providers conducting non-urgent echocardiographic studies at rural sites that are then uploaded to a cloud-based PACS and interpreted by an off-site Specialist with results being returned to the originating physician within 72 hours.

12 rural physicians from across four of the regional Health Authorities participated in our first training cohort and were provided access to a newly developed comprehensive digital course curriculum prior to the in-person training event. An in-person scanning bootcamp was conducted in St. Paul's Hospital in Vancouver, BC, Fall 2022, with participants practicing acquisition of all major cardiac views on a rotating group of 56 different models throughout the weekend. Handheld ultrasound devices have been issued to participants for the 12-month duration of the study and onboarding of these devices to the Change Healthcare PACS system as well as finalizing of upload/download workflow was finalized in November 2022. As of the end of the study, 62 scans had been completed by Physicians from 8 of the 12 selected sites. Next steps for this project will include the dissemination of lessons learned via publications in the Summer of 2024, as well as exploring the potential for a future iteration of this training program which may incorporate AI assisted scanning/interpretation. Project sponsors are in the process of reviewing AI platforms to determine potential suitability.

2. Rural Advocacy

In the summer of 2023, I accompanied colleagues from NH, FNHA, RCCbc, and UBC on a three-week journey to Australia. The purpose of the trip was two-fold; attend the MedInfo Confernce: 19th World Congress on Medical and Health Informatics, in Sydney, AUS, and travel throughout the Northern Territory to conduct Site Visits with Dr. Tim Shaw of University of Sydney.

These Site Visits provided valuable insight into the challenges faced by rural and Aboriginal Australians and highlighted that we share many of the same barriers in accessing high quality and patient-centric care in the remote places across both nations. During our travels we were able to observe some of the solutions our Australian counterparts have in place for our common concerns, as well as share our experience providing peer-to-peer and patient-facing supports through RTVS. These bidirectional learning opportunities have fostered a strong international relationship which will continue to be nurtured in 2024 with Dr. Shaw coming to visit multiple communities in British Columbia for a similar Site Visit experience.

In my role as Director of the Rural Education Action Plan (REAP) through UBC, and my connections with Carrier Sekani Family Services (CSFS), I support educational opportunities for medical practitioners in rural communities and encourage both Family Practice and Specialist residents to include practice in rural communities as part of their educational journey. This advocacy has extended beyond community visits, to include discussions with the medical undergraduate program to produce rurally-focused Case-

Based Learning (CBL) cases from a generalist perspective into their curriculum. These opportunities aim to produce "fit for purpose" rural physicians who are equipped to better close the gap in access to care faced by rural citizens and address pressure on UBC undergraduate and postgraduate programs to produce rural ready physicians.

REAP has continued to co-host a "Transition to Practice" presentation for residents at UBC alongside RCCbc and Rural CPD to advise students of the funding and learning opportunities available through REAP. REAP and RTVS are also shared with physicians new to the Canadian healthcare system through presentations to International Medical Graduates (IMG) through the Practice Ready Assessment (PRA-BC) program quarterly to increase the likelihood of candidates utilizing these services and considering rural medicine on their career path.

As the Virtual Health Lead at RCCbc I have continued to support the ongoing development of the RTVS program. Advocacy for the value of this service to rural providers and patients remains a critical function of my work, and has included a number of speaking engagements and publications/media appearances on the subject of virtual health with groups within Canada including the Society of Rural Physicians, Joint Collaborative Committee, Canadian Society of Physician Leaders, Health Quality BC, BC Children's Hospital, Ontario Health, and our international partners at University of Sydney, AUS, NSW Ministry of Health, AUS, Central Australian Aboriginal Congress, AUS, and Eberhard Karls University of Tübingen, GER.

Lastly, I continue my support of rural British Columbians through clinical work in First Nations communities in my position as Medical Director of Carrier Sekani Family Services. Bringing my on the ground experience from this role to key decision makers at both the UBC and JSC to help ensure rural voices and perspectives are brought into the discussion when future program funding and educational directives are developed.

Publications, and Key Presentations by the Rural Chair during Fiscal 2023/2024:

Beselt, J., Petrie, M., Pawlovich, J., "Real-Time Virtual Support: A Virtual Most Responsible Provider Model to Support Providers and Enhance Equity of Access in Rural BC"
Presentation to Society of Rural Physicians of Canada - 30th Annual Rural and Remote Medicine Course, Niagara Falls, ON, April 21, 2023

Pacholuk, T., Pawlovich, J., Wiliams, K., "Co-Creating Collaborative Virtual Care Through Relationship: Successes and Challenges in the Development of an Interdisciplinary, Virtually Enabled Care Network for Northern British Columbia"
Presentation to Society of Rural Physicians of Canada - 30th Annual Rural and Remote Medicine Course, Niagara Falls, ON, April 21, 2023

Pawlovich, J., "Supporting Rural and Remote Transport Through Real-Time Virtual Support (RTVS)"
Presentation to Society of Rural Physicians of Canada - National Dialogue on Equitable access to Medical Transport in Rural Canada, Ottawa, ON, May 4, 2023

Pawlovich, J., "RTVS: Prioritizing The Healthcare needs of Rural, Remote & Indigenous Communities in BC"
Presentation to UBC Digital Emergency Medicine – Technologies in Emergency Care Conference, Vancouver, BC on May 13, 2023

Markham, R., Pawlovich, J., Williams, K., "Social Accountability in Practice: Breathing and Weaving Together to Build Relationships and Transform Rural Health Services"
Presentation to Canadian Society of Physician Leaders – 2023 Canadian Conference on Physician Leadership, Vancouver, BC, May 26, 2023

Lee, S., Pawlovich, J., "Drone Transport Initiative: How Co-creation, Relationships and Technology May Bridge the Gaps in Rural Medicine"
Presentation to BC Patient Safety & Quality Council – Quality Form, Vancouver, BC, June 8, 2023

Markham, R., Pawlovich, J., Williams, K., "Strengthening Team-Based Collaborative Care for Rural and Remote Communities with Virtual Care"
Presentation to BC Patient Safety & Quality Council – Quality Form, Vancouver, BC, June 8, 2023

K. Bepple, J. Christenson, S.Graham, K. Ho, J. Mah, R. Markham, H. Novak Lauscher, J. Pawlovich, E. Pritchard, J. Rabeneck, K Stewart, K. Williams, M. Yang. "Real-time virtual supports improving health equity and access in British Columbia"
Published in Healthcare Management Forum. Vol 36 (5): 269-271. June 20, 2023

Ho, K., Pawlovich, J., "Where to Next for Virtual Care in Rural and Remote Areas?"
Presentation to University of Sydney and NSW Ministry of Health – Hybrid Conference, Camperdown, AUS, July 12, 2023

Novak Lauscher, H., Blacklaws, B., Temple, B., Pritchard, E., Wang, EJ., Stewart, K., Beselt, J., Ho, K., Pawlovich, J., "Real-Time Virtual Support as an Emergency Department Strategy for Rural, Remote, and Indigenous Communities in British Columbia: Descriptive Case Study"
Published in Journal of Medical Internet Research. Vol 25 (e45451): December, 22, 2023

Aldred, T., Cressman, S., Graham, S., Grogan, J., Harper, D., Hogan, A., James, A., Mah, J., Markham, R., Oelke, N., Pawlovich, J., Stewart, M., Williams, K., Woolard, B., "Relational Work Is the Work: Virtual Healthcare Transformation for Rural, Remote and First Nations Communities in British Columbia"
Published in Longwoods Better Care Health Services Publishing. Vol 21 (4). Jan 2024.

3. Support and Mentoring

Rural Education Action Plan

I work as the Director for the Rural Education Action Plan (REAP) which works to attract, prepare, and retain rural physicians across British Columbia through a variety of educationally based strategies. REAP supports rural physicians by providing funding for leadership and skill enhancement training, CME courses and Indigenous cultural safety training. The Program also provides funding to support undergraduate medical students and postgraduate residents to gain practical rural experience, which I assist in facilitating through my clinical work with Carrier Sekani Family Services. Funding is also available to help learners attend rurally focused conferences, events, and courses, as well as offering bursaries and clinical opportunities to rurally bound Specialty residents and medical students who have demonstrated an interest in pursuing a career in rural medicine.

Rural Scholars Program

Dr. Ilona Hale completed her terms as the Director of the Rural Scholars Program (RSP) in February 2024 and was succeeded by Dr. Denise Jaworsky. This new leadership allowed for additional partnerships including with the UBC Clinician Investigator Program.

In 2022, two new scholars joined the program, Dr. Carrie Marshall, a family physician from Tofino and Celina Laursen, a midwife from Haida Gwaii. Both scholars focused on rural maternity services. Due to increasing clinical responsibilities, both scholars initiated leaves of absence in 2023. Celina Laursen is scheduled to rejoin the program on July 1, 2024. Applicants are currently open for the next cohort of rural scholars.

Dr. Jaworsky has led discussions around rural research capacity building at the recent Society of Rural Physicians of Canada meeting in Edmonton, AB, which has led to other provinces showing interest in developing a similar program. This momentum is anticipated to continue with a rural research social event hosted by Dr. Jaworsky scheduled during the upcoming Rural Health Conference in Whistler, BC, in the spring aimed at helping rural providers explore research opportunities within their own communities and their own areas of special interest.