Continuing Professional Training Program

Priority Goals:

Increased number of

interdisciplinary team

improve patient safety

implementation of SIM

ultimately provide bet-

ter baseline education

Interprofessional &

training to reduce

medical errors &

in rural settings

Development and

EM curriculum to

to UBC residents,

med students and

the Family Practice

Address the need for

maintenance support

skill acquisition and

program

Afshin Khazei

Situation:

Inadequate competency of practicing EP's in core and advanced EM procedures. Platform needed for CQI & interprofessional team training to improve patient safety.

Vision:

Increased patient safety and improved emergency team practice and skills through simulation and interprofessional team training.

Target Audience:

EP's, Family Physicians, Intensive Care Physicians, Anesthetists, Trauma Physicians, Respirologists, Residents, International Medical Graduates

Stakeholders:

- Health Authorities
- Center of Excellence in Surgical Education and Innovation
- The Rural Care Collaborative
- (UBC CPD KT)
- The Knowledge Translation Framework Strategic Initiative

Inputs

Rural EM Needs
Assessment, BC 2014
-2015 conducted by UBC
Rural CPD Program

2004 BC Rural ED Reference Group set of competencies for rural EP's.

Interprofessional, interdisciplinary, team training engaging "real" team of EM care providers has been shown to reduce medical errors

Support credentialing and privileging requirements

Rural Emergency
Medicine Needs
Assessment, British
Columbia, Canada, 20142015 Study conducted
by: UBC Rural Continuing
Professional
Development (RCPD)
Program

Participant on Steering Committee for new VCH Urgent Primary Care Center (UPCC)

Activities

Development of SIM-based courses for practicing EP's to update skills & acquire new procedures: SEMP Course, faculty, course delivery development

Developed Pediatric SEMP course (PEMP) for practicing physicians

Developed novel SIM task trainers & hybrid pedagogical platforms

High-fidelity SIM-based seminar teaching UBC Phase 4 Med students principles of resuscitation

Developed curriculum, faculty, and cases for SIM workshops for resident physicians

Outputs

SEMP outreach courses; pilots in Quesnel, Trail and Campbell River

Reach physicians in all BC health authorities in collab with UBC CPD; systematically evaluate courses and iteratively improve program; 6-10 courses/year

Developed Ultrasound-Guided Emergency Medicine Procedures Course (UGEMP)

Co-development of Urban Trauma Team Leaders course (STRUC); needs assessment (collab w VCH Regional Trauma Coordinator); adapted" STRUC course for unique needs of rural IHA ED's

Creation of weekly VGH In-situ Interprofessional Simulation Program (IISP). CRM principles; Evaluate the program and iteratively improve. Assist other ED's to replicate this program

Offer 4 ACLS courses/year for interprofessional and interdisciplinary teams at VGH, BCCH, and BCWH

Quarterly in-situ, interprofessional SIM program in the Hyperbaric Unit of VGH

Assess CPD needs of Hyperbaric physicians, nurses, and CHT's nationally; development of 1st ever SIM-based Hyperbaric Medicine Emergency Procedures Course

Developing interprofessional in-situ SIM course for UPCC; delivered CTAS, and Adult & Pediatric SIM training to UPCC team

Support leaders at LGH, RCH & Victoria Hospitals to develop resident SIM programs. Support EM Med student SIM seminars at all learning sites; evaluate and iteratively improve

Increased capacity for in-situ interdisciplinary team training via creation and delivery of the "Simulation Instructor Course" (SIC) at Peace Arch & Burnaby General Hospital

Outcomes

Long Term (2-3yrs)

Anticipated impact

Collab with UBC CPD, CESEI, regional simulation centers, Rural CME Collaborative to enhance programs

Short Term (<1 yr)

Faculty dev & use of distributed CPD opportunities model for EP's in all regions of BC via centralized & outreach courses (SEMP, PEMP, UGEMP, STRUC)

Update website for pre-course learning modules for SEMP, PEMP and UGEMP

STRUC Course development and delivery for SPH, VGH, RGH, and LGH ED interprofessional teams

Develop, iteratively improve In-situ Interprofessional simulation program (IISP) at VGH ED (weekly)

Develop, iteratively improve IISP within VGH Hyperbaric Unit (quarterly)

1. Delivered regular ACLS, SEMP, UGEMP, APLS, PALS. 2. Achieved deep penetration with STRUC course: reaching all FHA hospitals (except for 1) 3. Dev. and offered HETS course past 3 years

Delivery of SIC Course

for Richmond Hosp. ED

Increase number of ED staff participants in team based SIM in rural settings, in all health authorities

Particpant surveys, Clinical Teamwork Scale (CTS) and Health Care Team Instrument (HCTI

Improve cohort level data for SEMP.

Facilitate
dissemination of IISP's
in other centers;
Develop SIM-based
curriculum with focus
on CRM & cognitive
error reduction

Offer 1st ever SIMbased Hyperbaric Medicine CPD course

Increased capacity to reach practitioners

Reduce procedural complications with increased use of US guided EM procedures (UGEMP course)

Sustainable delivery system of SIM-based courses province-wide

Increased clinical confidence; increased perception of support and reduced feeling of isolation of rural health care providers.

Reduce incidents of medical errors via use of CRM principles

Significant Challenges:

Engagement of some rural stakeholders.