Strengthening rural emergency care by meeting physicians where they are

Rural emergency physicians work in some of British Columbia's most challenging clinical environments, defined by high-acuity presentations, limited on-site resources, variable transport times, and persistent staffing pressures. Through the Joint Collaborative Committees (JCCs)—a partnership between Doctors of BC and the BC government—community-based initiatives provide supports tailored to rural and remote realities, strengthening clinical capacity, workforce sustainability, and physician well-being.

A central role is played by the Joint Standing Committee on Rural Issues (JSC), which funds the Rural Coordination Centre of BC (RCCbc). This sustained investment enables RCCbc to deliver programs grounded in the lived experiences of rural physicians, supporting hands-on clinical training, peer networks, physician retention, and local system resilience. These supports are widely recognized by rural physicians as invaluable to maintaining high-quality rural medical practice in communities across the province.

Virtual caregiving and education

For rural clinicians managing urgent and complex cases, the Real-Time Virtual Support (RTVS) program, administered by RCCbc, reduces professional isolation and provides a critical safety net. Launched in 2020, RTVS connects rural providers with real-time clinical guidance via Zoom or phone from on-call physicians familiar with rural practice.

RTVS includes pathways supporting emergency medicine, pediatrics, maternity care, critical care, and internal medicine. An additional pathway provides overnight emergency department coverage, while specialist "quick reply" pathways offer targeted support during weekday business hours.

Since 2020, RTVS has supported clinicians in 168 rural communities, responded to more than 100 000 calls, saved over 12 500 hours of potential emergency department diversions, strengthened team-based care, and expanded equitable access to specialist expertise across the province.

Training for trauma at home

Leaving town for education and training can be difficult when staffing is limited and travel to urban centres requires days away. Bringing training directly to communities is the foundation of the CARE Course, funded by the JSC and administered by RCCbc. This program includes a 2-day, hands-on course for rural physicians and interprofessional teams focused on high-acuity, low-occurrence events, including trauma, cardiac care, and obstetrical and pediatric emergencies.

Diagnostic confidence and rapid treatment options are further strengthened through point-of-care ultrasound training, also funded by the JSC. Delivered through UBC's Rural Continuing Professional Development Program, the Hands-On Ultrasound Education course provides hands-on training in rural communities, supporting care for early pregnancy bleeding, abdominal pain, cardiac presentations, and more.

Simulation-based training in rural BC hospitals offers another critical layer of preparedness. Through the Specialist Services Committee's Facility Engagement Initiative, teams rehearse high-stakes emergency scenarios that occur infrequently but demand readiness. At Sechelt | shíshálh Hospital, emergency department simulations enable physicians and nurses to work through system-level issues—such as ordering the massive hemorrhage protocol—and practise high-risk procedures, including managing postpartum hemorrhage and inserting chest tubes, while identifying and addressing knowledge gaps. This training also supports adaptation to new technology and equipment and strengthens team communication. By practising these events, teams are better prepared to deliver safe, effective, and coordinated care in fast-paced emergency settings.

Developing sustainable human health care resources

Even with these supports, rural communities continue to face recruitment and retention challenges that require solutions designed for local contexts. The Rural Locum Program, funded by the JSC, provides a suite of programs and centralized resources that connect locum physicians with rural practices, strengthening recruitment, retention, and continuity of care.

Innovative staffing models are also helping reduce physician burnout. At Kootenay Boundary Regional Hospital, a pilot ICU clinical associate program—funded through the Specialist Services Committee's Facility Engagement Initiative—deploys trained emergency physicians to support

Continued on page 44

This article is the opinion of the Joint Collaborative Committees (JCCs) and has not been peer reviewed by the BCMJ *Editorial Board.*

2025 J.H. MacDermot writing prize winners

Ms Stephanie Quon is the winner of the J.H. MacDermot Prize for Excellence in Medical Journalism (Independent), which recognizes a BC medical student's significant achievement in writing an article without any physician coauthors, for her article "Witnessing the in-between."

Ms Quon is a second-year medical student at the University of British Columbia, in the Vancouver program. She previously completed a degree in electrical engineering and is interested in health care accessibility and health equity. Ms Quon is co-president of the UBC Refugee Health Initiative, Women's Health Initiative, and Correctional Health Initiative, and founder of the Canadian Network for Accessibility in Healthcare. She was inspired to write "Witnessing the in-between" following her participation in the Making a Legacy Palliative Care Project, where she was paired with an individual who was receiving end-of-life care to create a legacy piece.

Ms Lucy Hui is the winner of the J.H. MacDermot Prize for Excellence in Medical Journalism (Mentored), which recognizes a BC medical student's significant achievement in medical writing as part of an author team that includes physicians, for her article "Artificial intelligence in family medicine: Opportunities, impacts, and challenges."

Ms Hui is a third-year medical student at UBC with an interest in the responsible integration of emerging technologies into clinical practice. Under the guidance of Dr Rohit Singla, her work explored the practical use of artificial intelligence in primary care, with attention to its effects on clinical workflows and patient care. Ms Hui has also contributed to initiatives aimed at improving data science literacy among medical trainees and encouraging thoughtful engagement with the ethical and equity-related challenges of new technologies. Looking ahead, she hopes to continue engaging in work that explores how technology can support clinicians and strengthen health care delivery, particularly in community-based, rural, and underserved settings.

The *BCMJ* welcomes article submissions from BC medical students and offers these prizes for the best submissions accepted for publication. A winning article for each prize is selected from all eligible articles published in a calendar year. For more information about the prizes, visit https://bcmj.org/about/writing-prizes-medical-students.

OBITUARIES

Continued from page 43

deceased grandparents and parents. He was predeceased by two older brothers, John, the eldest, and his infant brother, Andrew, from sudden infant death syndrome. He is survived by his next-older brother, Brian.

David will be sadly missed by many friends and family members: his wife, Carol Kerfoot; his sons, Simon, Cameron, and Peter; his brother, Brian (Barbara); his sister-in-law, Beverly (John); his former wife, Dr Elaine Drysdale; Carol's children, Joy, Michael, and Sylvia Kerfoot (Harrison); and his grandchildren, Emily, Madeline, Gabriella, Juliana, Charlie, Hannah, Ollie, and Natalie.

In lieu of flowers, please donate to a charity whose goals align with yours. And have a good long laugh for David; it's what he would have wanted.

—Carol Kerfoot
Vancouver

—Brian Hunt, MD
North Vancouver

JCC

Continued from page 39

ICU coverage, easing the on-call burden for intensivists. Clinicians report positive experiences, with emergency physicians gaining valuable ICU exposure and intensivists welcoming the added support and relief.

Several programs focus on building physician skills and capacity in rural emergency departments. The Emergency Education Program, funded by the JSC and delivered in partnership with RCCbc and the Rural Education Action Plan (REAP), offers family physicians a 3-month, full-time, remunerated fellowship in emergency medicine at sites across the province. Participants gain advanced clinical, procedural, and leadership skills, enabling them to serve as emergency care leaders in their home communities.

For physicians preparing for or returning to rural practice, the Rural Skills Upgrade Program, also funded by the JSC and administered by REAP, provides up to 20 days of one-on-one preceptorship in training areas including emergency medicine, obstetrics, oncology, mental health, and Indigenous health.

Recognizing the physical and emotional impact of critical incidents, the Isolated Medical Provider Aftercare Team, funded by the JSC and administered by RCCbc, offers confidential peer-to-peer support from experienced rural clinicians, with connections typically made within 72 hours.

Collectively, these complementary initiatives strengthen rural emergency care by meeting physicians where they are—clinically, geographically, and emotionally—ensuring that high-quality emergency care remains available close to home.

For more information on these initiatives, please visit the respective organizations' websites. ■

—James Card, MD
Family Physician, Valemount
Co-Chair, Joint Standing Committee on Rural Issues