

2010 Olympics and Paralympics: a showcase for health recruiting in BC



In a few months, BC will be hosting the 2010 Winter Olympics and Paralympics. Health Match BC plans to use these events to showcase what we can offer health care professionals interested in advancing their careers in BC. **Read more...** page 2

VIHA: one of Canada's top 100 employers

The Vancouver Island Health Authority (VIHA) was selected as one of Canada's Top 100 Employers for 2010 by Mediacorp Canada. VIHA was chosen from a competition that featured over 2,600 employers. **Great achievement...** page 4



Senior consultant joins Health Match BC

Health Match BC welcomes Eva Mendez to the team as Senior Consultant, Nurse and Allied Health Services as of July 6, 2009. Prior to joining Health Match BC, she was the Clinical Nurse Educator for Primary Care for the Inner-City, Clinical Nurse Educator for Communicable Diseases Control and a Community Health Nurse with the Infant, Child and Youth Program at the Vancouver Coastal Health Authority. **More...** page 6

Allied health professional recruitment at top of agenda

Health Match BC's Provincial Recruitment Committee brings together senior managers from all of the health authorities in our province to find collaborative recruitment solutions. **Their efforts...** page 3

British Columbia Health Recruiter News



BC Health Recruiter News is a forum for engaging and supporting health recruiters in our province. It is published as a dynamic means of sharing news and information among health recruiters from all health authorities and other stakeholders in British Columbia.

We value your input. Please email us your comments or send us your story ideas.

While we will make every effort to publish your contributions, we reserve the right to decline stories or edit for content, clarity, and tone.

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A collective commitment to action

More than 80 people, including rural physicians, nurses and allied health professionals from across the province, gathered in Prince George from May 30 to June 2 for the Collective Commitment to Action: Rural Health Workforce Symposium.

The full story... page 8



COMMUNITIES IN ACTION

Creston Valley's recruitment partnership

When faced with a physician recruitment crisis a few years ago, key stakeholders in the Creston Valley came together to see what could be done. The Creston Valley Health Group (CVHG) was formed in 2006, and included representatives from the Town of Creston, the Interior Health Authority, the Regional District of Central Kootenay, economic development representatives, and local doctors. **What they did...** page 11



PROFILE



House calls in Vancouver's Downtown Eastside

Crack pipes, bedbugs, and filthy rooms aren't usually part of patient care – unless you make house calls in Vancouver's Downtown Eastside.

"The conditions are, comparatively speaking, worse than the Great Depression," says Krishna Pendakur, Professor of Economics at Simon Fraser University in Burnaby.

And yet, some health care professionals thrive in this environment. **Find out who...** page 12

OUR RECRUITERS ON THE ROAD

Health Match BC's experienced team of recruiters will be participating in a number of national and international health care and recruiting conferences in 2010. More information in our next issue.

Upcoming health care conferences:

November 24 - 26: Ottawa - National Aboriginal Health Organization - National Conference

February 25, 2010: Montreal – Outside Quebec Career Day, Federations des medecines residents du Quebec

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2010 Olympics and Paralympics: a showcase for health recruiting in BC



In just a few short months, BC will be hosting the 2010 Winter Olympics and Paralympics. It will be a very exciting time for all of us living in the province, but as a non-profit recruiting organization, Health Match BC plans to use these events to showcase all that we can offer health care professionals interested in advancing their careers in BC.

When marketing our services, we normally draw upon the natural beauty of BC, extolling the enviable lifestyle that we are so fortunate to enjoy here. We also talk with physicians, registered nurses, and allied health professionals about the great career opportunities available at our health care facilities, many of which are among the best in the world. The Games are going to be a great help to health recruiters across the province. They will help us to share the beauty of BC, and highlight the calibre of our health care system.

The Vancouver Organizing Committee for the 2010 Olympic and Paralympic Winter Games (VANOC) has designated two hospitals as the cornerstone of care during the Games. Spectators needing care will go to St. Paul's Hospital; Olympic and Paralympic family members will be treated at Vancouver General Hospital.

Hospitals close to the Olympics are also well prepared: Mount Saint Joseph Hospital and UBC Hospital in Vancouver; Richmond Hospital near the Olympic Oval; and Lions Gate Hospital in North Vancouver and Squamish General Hospital serving patients in Whistler and the Sea to Sky corridor.

Physicians and other health professionals from across Canada have also been getting ready for the Games, participating in simulation exercises in preparation for the arrival of thousands of athletes and spectators.

In June 2009, for example, over 40 physicians – from sports team doctors to members of VANOC's medical team - converged on the Justice Institute in New Westminster to practice their emergency skills.

Dr. Robert Foxford, a Montreal emergency physician and medical director for the Canadian Freestyle Team, led a session on emergency surgical procedures for opening an obstructed airway. Other sessions led by top physicians in the field, covered the use of defibrillators, spinal immobilizations, limb-threatening injuries, splinting and bracing, and the use of ultrasound to assess ruptured tendons.

Emergency medical exercises were also held in Whistler at the sliding centre. Elsewhere, doctors completed mental health modules so they're ready to care for athletes suffering from extreme emotional or psychological distress.

The medical teams are volunteers, contributing their time on a monthly basis prior to the Games, then serving full-time for the duration of the Olympics or the Paralympics. Congratulations and sincerest thanks to all medical personnel serving the Games, especially Chief Medical Officer of the Olympics, UBC sports medicine specialist Dr. Jack Taunton of Vancouver, and Chief Medical Officer of the Paralympics, Kamloops physician Dr. Bruce Davidson.

While I hope that the medical teams won't be called into action at the upcoming Games, I take a great deal of comfort knowing that if an athlete or spectator needs care, the top-notch training of our health care professionals and our first-class facilities will ensure the best possible outcome.

John Mabbott
Executive Director
Health Match BC

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Allied health professional recruitment at top of agenda

Health Match BC's Provincial Recruitment Committee brings together senior managers from all of the health authorities in our province to find collaborative recruitment solutions.

Allied health recruitment incentives

Health Match BC is administering the one-time funds provided by the Ministry of Health Services to pilot innovative incentives targeting allied health professionals for rural and urban areas.

To date, two projects have been approved for funding:

1. Career Laddering and Succession Planning (CLaSP) Framework (Vancouver Coastal Health Authority and Fraser Health Authority). Total approved funding: \$125,000

The goals of this project are: enhanced retention and improved recruitment for allied health professionals (and others) by providing a voluntary career development process using a new self-managed career framework/pathway system with associated online tools, interprofessional mentoring inventory, improved supervisor engagement, and access to continuing education.

2. Vancouver Island Health Authority: Creating a Template for Introducing New Allied Health Disciplines into BC Community Hospitals. Total approved funding: \$28,572

This project will use the Campbell River Hospital experience of introducing Social Work and Speech Language Pathology for the first time, to create a workbook or template that all BC Hospitals can use to embed a new discipline into a hospital. The workbook will include change management principles, the process for developing role, scope and function, outcome measurements and communication plans.

International recruitment

John Mabbott, Executive Director of Health Match BC (HMBC), provided background information on the joint initiative with the Ministry of Advanced Education and Labour Market Development. Eva Mendez, HMBC's Senior Consultant, Nurse and Allied Health, provided an update on the nurse recruitment conferences attended to date.

Student nurses and allied health

Two meetings of this committee have been held to date. Further discussion will be held with regards to expanding its mandate to include allied health professions students as well as registered nurses.

Virtual recruitment fairs

HMBC is also investigating the logistics for a virtual recruitment fair as a cost-savings measure.

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VIHA: one of Canada's top 100 employers

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Health authorities are BC's top employers... page 5

The Vancouver Island Health Authority (VIHA) was selected as one of Canada's Top 100 Employers for 2010 by Mediacorp Canada. VIHA was chosen from a competition that featured over 2,600 employers.



"We have always known that VIHA is a great place to work, and it is tremendous to be recognized as a Top 100 Employer," said VIHA President and CEO Howard Waldner. "Our goal, as an employer and service provider, is to provide high quality patient care. An important part of that is to ensure we are an organization where people can enjoy long and fulfilling careers."

As part of the competition process, VIHA was graded on eight key areas highlighting the workplace, work and social atmosphere, benefits, vacation, communications, performance management, training and skills development and community involvement.

In 2008, VIHA developed its People Plan, recognizing the need to become a leader in providing a workplace environment that encourages a positive work atmosphere. The main strategies behind the People Plan include recruitment and retention, workforce planning, continuous learning, and work life supports, including workplace safety and preventative wellness campaigns.

"Vancouver Island has an exceptional climate, vibrant communities and is a wonderful place to live, work and grow," said Jac Kreut, VIHA chair. "The People Plan is our top organizational priority, to sustain a healthy, vibrant workplace for staff and patients."

Rod O'Connell, Director of Recruitment and Retention at VIHA sees this as an opportunity to raise the profile of the organization. "VIHA is truly honoured to receive this award and looks to leverage the added exposure to assist in both recruitment and retention activities for the organization."

A full list of the top 100 employers, including detailed reasons for VIHA's selection, can be found at www.eluta.ca. If you are interested in a career with VIHA, please visit the VIHA careers website

"Our goal, as an employer and service provider, is to provide high quality patient care. An important part of that is to ensure we are an organization where people can enjoy long and fulfilling careers."
Howard Waldner,
President and CEO,
VIHA

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Health authorities are BC's top employers

Main story: VIHA: one of Canada's top 100 employers... page 4

Five of BC's health authorities were recently named among BC's Top Employers for 2010. The annual provincial competition, conducted by Mediacorp Canada Inc., the editors of Canada's Top 100 Employers, recognized Vancouver Island Health Authority, Fraser Health, Providence Health Care, Vancouver Coastal Health and the Provincial Health Services Authority as exceptional places to work.

Evaluated in areas such as compensation and benefits, skills training and overall workplace environment, organizations were selected according to the highest rate of employee satisfaction and the quality and number of innovative programs offered.

Vancouver Island Health Authority (VIHA) was a double winner, making both Canada's Top 100 Employers as well as BC's Top Employers list. VIHA was noted for its extensive employee skills development programs and above-average benefits and compensation. It also has generous time-off provisions and vacation allowances.

Fraser Health Authority was noted for progressive maternity and parental leave benefits that extend to adoptive parents. Alternative work options like a formal days-off program and telecommuting were highlighted as well as career mentoring programs and subsidies for professional association memberships.

Providence Health Care was acknowledged for its pension plan contributions and assistance with retirement planning. It also offers generous maternity leave benefits and four weeks of paid vacation for first-year employees along with career development options like full tuition coverage for job-related courses.

Vancouver Coastal Health (VCH) was recognized for its on-site daycare facility at Vancouver General Hospital which addresses employees' child care issues. VCH also offers reduced hours and mentoring as part of its retirement program as well as generous pension plan contributions and subsidized health coverage for retirees.

The Provincial Health Services Authority was acknowledged for its maternity leave benefits, progressive parental leave policies for new fathers and adoptive parents and generous contributions to retirement plans. It also offers four weeks vacation for new employees.

For more information on BC's Top Employers competition and award winners, see the Canada's Top 100 Employers website.

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Senior consultant joins Health Match BC

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It's a long way home... page 7



Eva Mendez, Senior Consultant, Nurse and Allied Health Services, Health Match BC

Health Match BC welcomes Eva Mendez to the team as Senior Consultant, Nurse and Allied Health Services as of July 6, 2009. Prior to joining Health Match BC, she was the Clinical Nurse Educator for Primary Care for the Inner-City, Clinical Nurse Educator for Communicable Diseases Control and a Community Health Nurse with their Infant, Child and Youth Program at the Vancouver Coastal Health Authority.

"Since July, I've attended four career fairs and the response from nurses has been phenomenal. More than half of the 350 attendees at the British Association of Critical Care Nurses' annual conference in Belfast, Ireland, came to our booth," says Eva. She's thrilled about her close working relationship with the health authorities. Liz Wilkins, Manager for Critical Care Unit at Vancouver Island Health Authority, and Michael Chew, Manager of Immigration Services at the Ministry

of Advanced Education and Labour Market Development, also attended the conference and worked with Eva at the Health Match BC booth.

In October, Eva and Peter Gill, RN, Recruitment Consultant with Northern Health Authority, attended the Emergency Nurses Association's annual conference in Baltimore, Maryland. Again, the response was tremendous. "We had over 400 nurses asking for information about nursing in BC at the three-day conference," adds Eva. "Internationally educated nurses are genuinely interested in coming to BC. What we have to offer in terms of quality of life and lifestyle variety is very attractive to them."

"We have also been the only Canadian representatives at these four international events. Not only are we facilitating the recruiting of nurses to BC, we are raising the profile of nursing in Canada," she notes.

Eva also serves as the Chair of the Provincial Recruitment Committee's Student-to-Nurse Campaign, a collaborative project of representatives of the health authorities to inform nursing students across the province of the many career opportunities in BC. She is also partnering with the health authorities to raise awareness across Canada about careers for Aboriginal nurses in BC.

Prior to moving to BC, she worked as a public health nurse and staff nurse at the Winnipeg Regional Health Authority in Manitoba. Eva is a registered nurse and has a Bachelor of Nursing degree as well as a Bachelor of Arts degree in political science and history, a Post-Baccalaureate Diploma in occupational health and safety, and a Master of Arts degree in leadership from Royal Roads University in Victoria.

She is fluent in Spanish, Tagalog, and Vietnamese.

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It's a long way home

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By Sandra Banner

More postgraduate opportunities for Canadian IMGs must be found in Canada or we risk losing them to other countries.

Admissions to Canadian medical schools have increased by nearly 50% in the last five years, but there are still three or four qualified applicants for every Canadian medical school entry position. As a result, many Canadians end up going abroad to study medicine.

A pilot study conducted by the Canadian Resident Matching Service (CaRMS) in 2006 estimated that more than 1,500 Canadian students are enrolled in medical schools outside of Canada and the US. CaRMS has identified Canadians studying medicine in Australia, Ireland, Israel, the UK, Poland, Bahrain, and in the Caribbean. In most cases, they first applied to a medical school in Canada. Only when they were not accepted did they take a place at an international school. Because their medical education is not accredited by the Liaison Committee on Medical Education in the US or the Committee on Accreditation of Canadian Medical Schools, they are considered to be international medical graduates (IMGs). This designation is unrelated to a graduate's citizenship status, but refers to where they studied medicine.



Sandra Banner, CEO and Executive Director of the Canadian Resident Matching Service (CaRMS)

Meeting their needs

The road home is not an easy one. Although most of these students very much want to return to Canada for postgraduate training, the opportunities to do so are limited. In 2009, more than 1,700 IMGs competed for about 500 medical resident positions. Approximately 450 of them were Canadian students studying medicine abroad; the remainder, immigrants who became doctors before moving to Canada.

Even though the competition for postgraduate training is very fierce, Canadian students studying abroad do quite well. However, there are simply not enough positions in our postgraduate system for everyone who is qualified and wants to train here. Although Canada has a shortage of physicians, it's difficult to create enough postgraduate training positions as the system struggles to meet the needs of the increased numbers of students graduating from Canadian medical schools.

Since 2007, a number of positions dedicated to IMGs have been funded by the provincial ministries of health, but it's not nearly enough to meet the demand. Many Canadians who went abroad to study medicine find that, despite wanting to do their postgraduate training in Canada, they must go to the US or another country for their postgraduate training.

A dangerous option

The US is a popular option for many of these students. Last year, the Education Commission for Foreign Medical Graduates in the US identified more than 200 Canadians studying abroad who were matched to postgraduate training positions in the US. Until there are more postgraduate opportunities in Canada, they have no choice but to seriously consider this as an alternative path for their training. The danger in this option is that they might end up settling in the country where they complete their postgraduate training, and not return to Canada where we have shortages in all specialties.

When Health Match BC travelled to Australia in May 2009 to meet with Canadians enrolled in medical schools there, the message from the students was clear. They want to come home, and they would prefer to complete their postgraduate training in Canada.

More needs to be done to recognize – and remove - the barriers for Canadian medical graduates returning to Canada. We need to invest in the expansion of our postgraduate system to accommodate them. Along with IMGs who immigrate to Canada, these physicians can enrich and contribute greatly to Canada's health care system.

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A collective commitment to action

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More than 80 people, including rural physicians, nurses and allied health professionals from across the province, gathered in Prince George from May 30 to June 2 for the Collective Commitment to Action: Rural Health Workforce Symposium.

"There was a good mix of participants at the symposium, from community leaders to policy makers and front-line health care workers," says John Mabbott, Executive Director of Health Match BC, a sponsor of the symposium. "There was a real willingness to look at new ideas and innovative thinking on how we could improve the rural health workforce."

"The symposium highlighted the need to create formal networks to share knowledge, develop partnerships, and share resources," he adds.

"The ultimate goal is to improve the health of everyone in rural communities by recognizing that having health care workers and physicians with appropriate skills and competencies – and facilitating the education to get them there – is a top priority."

The symposium also recognized the achievements in tackling the issues that are critical to rural health in BC by "passing the torch" from the first meeting in Port McNeill in 2003 to the 2009 meetings in Clearwater, Hazelton, and Prince George.

Launched in Port McNeill

Since the early 1980s, Port McNeill on Vancouver Island's north coast has been a major contributor to the rural-based educational needs of undergraduate and postgraduate medical students in BC, thanks to the dedication of Dr. Granger Avery, a family physician based in the community. During its third annual rural interprofessional symposium in 2003, participants in the Port McNeill workshops focused on the experiences and benefits of working together in an interprofessional, service-based environment.

Hug a Doctor in Clearwater

The initiatives in Port McNeill laid the foundation for the community of Clearwater in the BC interior to host a three-day symposium "Finding Common Solutions to Rural Physician and Health Professional Recruitment" from March 26 to 28, 2009. The objective was to bring communities together to discuss and brainstorm health care models and potential solutions as it relates to long-term, quality health care in rural and remote communities.

From Hazelton to Prince George

Two months later, physicians, medical residents and students descended on Hazelton in northern BC for the 11th Annual Society of Rural Physicians of Canada's BC Rural Continuing Medical Education conference from May 29 to 30.

Many then went on to attend the Rural Health Workforce Symposium in Prince George where participants identified several key goals to pursue. Organizers have been working on these actions and priorities, and will share the results at a workshop to be held later this year.



A commitment to action: Kathy Copeman-Stewart (left), IRPbc; BJ Gdanski, BC Academic Health Council; John Mabbott, Health Match BC; Lesley Bainbridge, UBC Faculty of Medicine; Valerie St. John, Assistant Deputy Minister, Ministry of Health Services; and Peter Gibson, Western & Northern Human Resources Forum.

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Sailing the interprofessional seas

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"A smooth sea never made a seasoned sailor," says ex-fisherman Bobby Taylor, a fourth year student at the University of British Columbia's Faculty of Pharmacy. He lived and worked in Port McNeill, a small community on the north end of Vancouver Island, for a month last summer as a participant in the Interprofessional Rural Program of BC (IRPbc).

The IRPbc places teams of students in remote and rural communities across the province. These placements expose students to interprofessional teamwork, and support rural recruitment and retention.

"This program also reinvigorates rural health practitioners already working in the system," says Kathy Copeman-Stewart, Program Manager of the IRPbc. "They realize how much they have to offer – they enjoy sharing their passion and knowledge."

A holistic approach

The official mission of the IRPbc is "to improve rural health care in British Columbia by linking the education of health sciences students and community partnerships." Students also often develop close friendships with their teammates and the community at large, see beyond a patient's diagnosis and medications to broader lifestyle issues, and learn to view families and communities more holistically.

"Rational risk takers" are drawn to this program – students eager to experience rural BC, who want to engage and contribute in meaningful ways.

Taylor, who was learning Spanish in Nicaragua when this article was written, is a prime example of a rational risk taker. "I was a commercial fisherman during high school and university, for my first degree," he says. "The IRPbc appealed to me because I wanted to experience rural life in a professional setting. Plus, I wanted to work and learn interprofessionally, with students from other disciplines."

Real teamwork

Taylor's IRPbc team included eight other students from a variety of disciplines. Most teams include a student doctor and nurse, as well as an occupational therapist, physical therapist, midwife and sometimes a social worker. The students shadow each other, live together, and participate in a community-based team project.

"The IRPbc is a fantastic way to gain an understanding of other professions in healthcare," he adds. "We learn and study in our own bubbles (separate disciplines) at school, and only get a glimpse of other professions and what it'd be like to work with them." These rural placements expose students to various disciplines and programs; the resulting insights set the stage for a more cohesive, effective health care system.

"And, you see where you fit in to a seamless patient care system," says Taylor. "I know where my boundaries are, and where I can help. With this kind of knowledge, the health care system becomes more integrated and able to provide quality patient care for British Columbia."

Taylor intends to stay connected to the friends he made through the IRPbc...they'll help each other navigate their careers in rural health care.

For more on the benefits of working in BC's health care system see our video on YouTube



The IRPbc group in Port McNeill after a lecture by Dr. Granger Avery (right) on the risks of hyperbaric medicine.

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The Rural Coordination Centre of BC

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The mission of the Rural Coordination Centre of BC (RCCbc) is to improve rural health care in British Columbia by supporting the coordination of health education and community partnerships. "Our wish is to bring together various groups from around the province who are doing good work, but are operating in isolation," says Dr. Carl Whiteside, RCCbc's Assistant Director. "We want to identify gaps and provide more overlap and connection."

One key function of the Centre is to coordinate the placement of family practice residents in small communities across the province. Over the years, RCCbc directors have learned that the doctors who are best suited to life in villages, small towns, and remote locations possess certain personality traits.

"We look for rational risk takers who are prepared to work outside their comfort zone, are confident in their decision-making abilities, and display multiple, flexible skill sets," says Dr. Whiteside.

Dedicated to improving health care in rural communities, the Centre places carefully selected family practice residents in villages and towns - from Alert Bay to Vanderhoof - hoping the doctors will be attracted to rural medicine once they've experienced the rewards of practicing in these locations.

Wide spectrum of care

Rural health practitioners provide a broad spectrum of patient care that includes emergency services, obstetrics, outreach, and much more. Another unique aspect of rural medicine is that caring for patients often spills over into their personal lives in a small community.

"You may have patients struggling with alcoholism or domestic abuse," says Dr. Stuart Johnston, Associate Director of the RCCbc. "When you see them outside of work, such as at a soccer match, you treat them like a normal person. You accept them as a human being. They feel valuable and honoured, despite their health or personal struggles." He explains that this deepens the doctor-patient relationship, which can improve the quality of care.

Dr. Granger Avery, Executive Director of RCCbc, adds that there are several advantages when patients see doctors as human beings - including the occasional dinner invitation! Health practitioners who get involved in the "real" lives of patients escape the artificial settings of hospitals and clinics. They see who their patients really are.

"Doctors in rural settings enjoy enormous rewards when they become part of the community," says Dr. Whiteside. "They get involved with the local folk and get to know their patients as people. This provides a different feel to their practice."

One doctor's story

Dr. Davy Dhillon works in family-based medicine at The Ominica Medical Clinic in Vanderhoof, as well as in obstetrics and emergency at the local hospital. Since he completed an extra year of anesthesiology in medical school, he also works in the operating room at the hospital as well.

"A rural setting offers a wider variety of medical practices and more challenges than many urban settings," says Dr. Dhillon. "I'm more involved with my patients on many different levels." He adds that rural doctors see a wide range of illnesses and situations that urban physicians don't usually see.

RCCbc's areas of interest

- improve rural health delivery by facilitating research and discussion
- identify the needs of specific populations
- collaborate and share technology
- aid in the recruitment and retention of rural health professionals
- assist with a research exchange network, and
- promote interprofessional training for rural practitioners.

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Ministry of Health Services

Creston Valley creates recruitment partnership

When faced with a physician recruitment crisis a few years ago, key stakeholders in the Creston Valley came together to see what could be done. The Creston Valley Health Group (CVHG) was formed in 2006, and included representatives from the Town of Creston, the Interior Health Authority, the Regional District of Central Kootenay, economic development representatives, and local doctors.



Two members of the Creston Valley Health Group, Town of Creston Manager James Thackray (left) and Health Professional Recruitment Coordinator Deryn Collier - welcome Dr. Andrew Weaver, his wife Michelle and their two young children, to the Creston Valley.

"We initially formed the group in response to an urgent physician shortage that had limited the coverage for the emergency department at Creston Valley Hospital," says Cindy Kozak-Campbell, IHA Health Services Administrator in Creston. "The Creston Valley Health Group was able to identify some root causes for the lack of retention and develop a focused effort for new recruitment."

A top priority of the recruitment program, launched by the CVHG in September 2007, was to have one contact person for physician recruitment in the community.

"Prospective doctors are more at ease when they deal with the same person during their inquiry," says Dr. Atma Persad, Chief of Staff at Creston Valley Hospital. "Also, from a physician's perspective, we are busy. Although recruitment is important, it rarely seems urgent and we get lost dealing with it until there is a recruitment crisis. The program has worked seamlessly in the background."

The CVHG hired a recruitment coordinator, Deryn Collier, who works on an as-needed basis to support local clinics in responding to candidates referred by Health Match BC. She coordinates the marketing efforts of the clinics and community, and provides a consistent and timely response to all referred physicians.

If a physician wants to visit Creston, Collier makes all of the arrangements. Once a physician is recruited, she helps with spousal employment, school contacts, and introduces them and their families to community members with shared interests.

The results speak for themselves. "In the last three years, we have recruited three permanent and four locum physicians, returned the emergency department coverage to full hours, and maintained a stable group of physicians providing service in the community," says Kozak-Campbell.

"The physician recruitment program is a great way to showcase our vibrant community to physicians and their families. The program's success comes from working collaboratively with our community partners. We are really excited by what has been accomplished so far," says Creston Mayor Ron Toyota.

In addition to successfully recruiting new physicians, the innovative approach of the program is recognized throughout the province. It won a Community Excellence Award for Best Practices from the Union of BC Municipalities in 2008. The Creston Valley Health Group will also accept a Community Partnership Program Excellence Award from the International City Manager's Association this fall.

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Ministry of Health Services

House calls in Vancouver's Downtown Eastside



Tammy Mulder, Nurse Case Manager at the Pender Community Health Centre

Crack pipes, bedbugs, and filthy rooms aren't usually part of patient care – unless you make house calls in Vancouver's Downtown Eastside.

"The conditions are, comparatively speaking, worse than the Great Depression," says Krishna Pendakur, Professor of Economics at Simon Fraser University in Burnaby.

And yet, some health care professionals thrive in this environment.

Tammy Mulder, RN, BSN, is a Nurse Case Manager with Vancouver Coastal Health's Pender Community Health Centre. She works holistically with clients, focusing on chronic disease management, housing, nutrition, mobility, and daily living needs.

Mulder visits clients in rooming houses, shelters, supported housing buildings, and single room occupancies in hotels. Though the streets are rough, she's never been attacked – though she was once accidentally smacked with a crack pipe.

A "typical" client

Most of Mulder's clients never see their family. Some didn't finish elementary school, don't work at legitimate jobs, are usually addicted to drugs, and often have mental health diagnoses. They struggle with multiple physical diseases such as hepatitis C, diabetes, chronic obstructive pulmonary disease, and HIV.

"It takes a couple of visits to make a connection," she says. "My clients can be suspicious, asking, 'Why are you here? Will you try to make me stop the drugs? Will you try to make me change the life I've chosen?'" Their past relationships weren't trusting or rewarding – which makes it harder to help them.

Her clients don't have telephones; sometimes Mulder has to go find them if they're not home. "You learn where they hang out," she says. "But you don't spend hours looking, especially since their absence means they're probably managing okay. They're resourceful."

Instead of tackling drug and alcohol dependence directly, she works around the addiction. She offers rehab resources, but knows it's a rare client who contemplates change.

Making a difference

Mulder's work has changed her perspective on homeless people, drug addicts, and prostitutes. Her clients' life stories give her a better understanding of what brings people to the Downtown Eastside: sexual, emotional, and physical abuse, extreme neglect, poverty, and mismanaged mental illnesses.

"I'm not judgmental anymore," says Mulder. "Until you know someone's story, until you know a person, you can't judge who they are. You learn to see beyond the dirty clothes, unkempt appearance, unwashed bodies, and destructive addictions."

"My clients are vulnerable," she says. "They don't have a lot of support – though they do support each other. I like knowing I make a difference by making their lives less chaotic, more organized. I bring access to resources they didn't have before."

Mulder celebrates the little successes. "Getting someone set up with a meal program, finding home support for a blind person, or helping an immobile client leave home for the afternoon are small things that make a huge difference."

She's not leaving her job anytime soon, she says.

For more information, visit the Vancouver Coastal Health website.