RCCbc Rural Site Visits Project

Handbook

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Rural Coordination Centre of BC

Enhancing rural health through education and advocacy

Contents

Part I: Rural Site Visits Project

Introduction

The Rural Site Visit Project has been taken on by the RCCbc by the request of the JSC. The scope of the project involves visiting every Rural Subsidiary (RSA) Agreement community over a three-year period, starting in 2017. The objective of the project is two-fold:

1. Relationship and network building – Meet with community health partners in rural communities around BC and listen to their stories of their challenges, successes, and questions with regards to provision of care in their region

2. Information collecting – Build a database of information through these encounters that will provide a full overview of the current landscape of health care provision in BC that can be used to inform policy and support rural practice

To support visits to 201 RSA communities, teams consisting of a Site Visitor, an RCCbc staff and potential guest member from a partnering organization (e.g. College, Health Match BC and/or, university (e.g. Department of Family Practice, UBC RPCD)) will be joining. Each member of the team has a role to play in supporting the effectiveness of a site visit. As a Site Visitor, you will be working with staff to connect with physician leadership in the community and facilitate meetings on site.

We meet individually with the community's:

- physician group
- health administrators
- nurse practitioners; midwives
- municipal leaders and community members
- first responders
- First Nations leadership
- academia

In addition, we host a combined health partners meeting where we bring all the leads each of these groups together to open communication channels and discuss their priorities.

Key Project Milestones

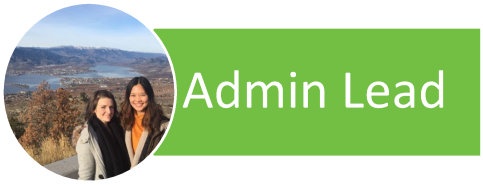
MILESTONE	DESCRIPTION	DATE
Creation of RSV Project	Proposal to JSC submitted and accepted	Fall 2016
1st SV trip (pilot)	Trip to Community X,Y	January 5, 2017
1st Site Visitor Training	Training facilitated by Paul Mohapel on appreciative inquiry	December 2017
Gained UBC ethics approval	Harmonized ethics approval	January 22, 2018
Started working with RCCbc's TRC (Truth and Reconciliation Commission of Canada) group	Presented Indigenous feedback, worked with TRC to adapt cultural safety questions on interview guide	November 2019
Introduced Maximizer	New database/trip planning online tool was introduced (removing need to plan trips on Google Sheets)	February 2020
In-person trips on hold	In-person trips were put on hold due to Covid-19	March 16, 2020
Initiated first research paper	Started first research paper with research team	April 8, 2020
Rural Site Visits and Innovations website launch	Launched website to participants and stakeholders. Presented at Core meeting.	September 11, 2020
Principal Investigator's retirement transition with new Clinical Lead	New Clinical Lead joins Site Visits team	January 2021
Incorporated a more Indigenous research methodology/two-eyed seeing approach	Created an Indigenous Research Associate role, started modifying engagement approaches	March 2021

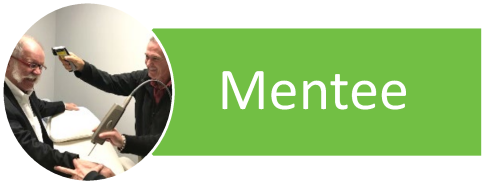
Timeline of a Site Visit Trip

Below is a high-level summary of the Site Visits timeline.

Site Visits Team Members

Each site visit trip will include an Admin Lead and Site Visitor. At times there may be a guest(s) from the Ministry of Health, Joint Standing Committee, Health Match BC, Medical Director, etc. Also, there may be a Mentee or Admin Lead in-training.





Role of Coordinator/Admin Leads

The Site Visit Coordinator is the staff member responsible for the long-term planning, reporting and communication for site visits, and will be attending a large portion of the visits. In addition, other RCCbc staff members (Admin Leads) will also be involved in planning for individual visits and attending as administrative support.

Admin Leads assigned to a site visit will be responsible for making all the reservations, bookings, and agenda planning for the site visit. They will be working with the Site Visitor to make appropriate arrangements for travel and for initiating contact with community members in

advance of the visit. On site, staff will be responsible for setting the digital recorder for the meeting and helping ensure that all meetings run on schedule. Post-visit they will send thank you and follow-up notes, help edit the transcribed notes and assist with Site Visitor's expenses.

Role of a Site Visitor

As a Site Visitor, the primary responsibility will be to facilitate open discussion. To guide these discussions, there is a list of questions (see Appendix E) that should be used. These guides help provide a framework that covers a wide scope of topics and issues. The Site Visit Coordinator or other staff support (Admin Leads) who attend the site visit will also be able to help prompt when certain topics have not been discussed yet to help support site visitors in facilitating the discussion.

Responsibilities

1. Pre-site visit trip
    - Provide the Admin Lead with your availability to go on a trip (usually a week of flexible dates)
    - Support in making the initial contact with the Chief-of-Staff/physician to explain the Rural Site Visits project and invite them to participate. Also, to inquire about the community's health care landscape and if you can get any connections/contacts (i.e. who is the hospital administrator, are there any First Nations health services, is there a Mayor or key community health societies we should be meeting with, etc.)
    - Help with following-up with community's physicians if needed
2. During a site visit trip
    - Facilitate meetings and keep track of action items/follow-ups
    - Pay (potentially) for group meals, travel, hotel – most travel and hotel will be paid for in advance. See 'expenses' section for more details.
    - Drive or share the driving time with others on long road travels
3. Post-site visit trip
    - Debrief with the team that attended the visits (this usually occurs during the travel back home). If the team is not traveling together or if you want to highlight more feedback, a teleconference will be set up with the team and Site Visit Coordinator/Clinical Lead
    - If any partner meetings were unable to be scheduled in-person, a teleconference may be offered to them and you will need to facilitate an hour meeting
    - Action any follow-up items that arose during meetings

- Provide any clarification, revisions of the returned transcribed notes before being sent back to the community for their approval

Training for Site Visits

All Site Visitors and staff involved with the project are expected to undergo training before going on a site visit. Training consists of a session (hosted either in person or via Zoom) on facilitating dialogue. This session focuses on the theories and skill development for active listening, mindfulness, and discussion facilitation. This session also addresses how to diffuse tension that may arise during discussions. Once Site Visitors are trained, they will be mentored by the Clinical Lead for their first Site Visit trip.

We also encourage Site Visitors and Admin Leads to complete the San'yas Indigenous Cultural Safety and Humility (ICS) training which is provided online through PHSA. This training takes about 8 hours to complete in total, and you are given 8 weeks to finish the course. We recommend that Site Visitors take the ICS Health course, as this course is accredited by the College of Family Physicians of Canada. If you are an employee of a health authority training is available at no cost, for actively practicing rural physicians REAP offers reimbursement upon completion of the course (more information can be found here). RCCbc will also provide reimbursement for those who do not fall under the previously mentioned groups. More information about the training and how to register can be found here: http://www.sanyas.ca/training/british-columbia/core-ics-health

Ethics

This project has UBC ethics approval which include recording and transcribing the meetings. In our reporting, individual identities will be kept confidential and all data will be anonymized. When visiting First Nations communities, be aware of their sensitivity to being 'researched'. Some First Nations communities may have their own ethics protocols for visits where information is being gathered which we need to respect.

In introducing the ethics process, it is important to emphasize that the primary purpose of the site visits is relationship building between the JSC, RCCbc and the communities. The second purpose is to collect high-level qualitative information about the community's health care priorities. The transcription will first be sent to the participants for their review and approval. The information is owned by the community and they have the right to change, delete or request that their information is not used at all. Once you have explained the ethics process to the group and received their permission to go forward, consent forms will be handed out to all participants to sign and allow recording of the meeting.

Part II: Planning a Site Visit Trip

The Project Coordinator and Clinical Lead will work on a yearly schedule to plot potential communities to visit. Communities will be identified and made known 3-5 months in advance. The Admin Lead team will be given some preferences dependent on availability and emails will be sent out to Site Visitors to request their availability and determine who will be leading the visit to each community and identify potential dates. The Admin Lead will be assigned the trip and connected to a Site Visitor. The Site Visitor will then reach out to the physician group within that community to determine the most optimal dates for the community. Usually, an email or phone call is made to the Chief of Staff by the leading Site Visitor to explain the purpose of the project, what we are asking for, and why we would like to meet with them. Also, the Site Visitor should attempt to collect contact information for the other health partners (nurse practitioners, midwives, health administrators, First Nations, academic groups, Mayor or key community health societies) if possible.

Once the dates are chosen, the Admin Lead will extend invitations to the municipal government, health administrators, nurse practitioners and First Nations, etc.

Please note each community is unique and there is no 'one-approach' fits all. The following steps are a guideline and ways to reach out and engage will vary from trip to trip based on different circumstances.

1. Research & Plan Schedule

Once Admin Leads are assigned a visit (usually 2-4 RSA communities), they will need to research some key information to start building out the trip i.e., how many partner groups are present in the communities, how many meetings will be involved, potential travel options and how long the trip may take.

As previously mentioned, a community is usually chosen to be visited during a specific month, but the specific dates are determined by the Admin Lead for the site visit as well as the physicians of the community to be visited. Our goal is to be able to adapt to the schedules of the communities we visit so that we are not imposing a burden on the people we meet with. When asking the physician group about what dates work best for them, you will need to discuss with the clinical lead and the Project Coordinator about any potential conflicts in any of your schedules that you need to be aware of.

When setting a schedule for a site visit, it is best to work "outside – in", meaning start with looking at your options for travel before committing to any meeting times. Some communities

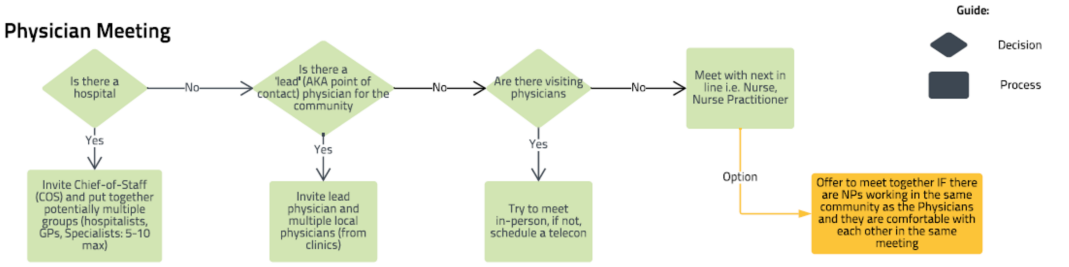
you will be able to fly directly into, some you will need to drive to, and some might be fly-in only. It is key that you map out your options and consider the travel you, the clinical lead, and any guests need to do in order to arrive in community at roughly the same time. Having this knowledge makes it a lot easier to slot in the meetings and map out where you need to be.

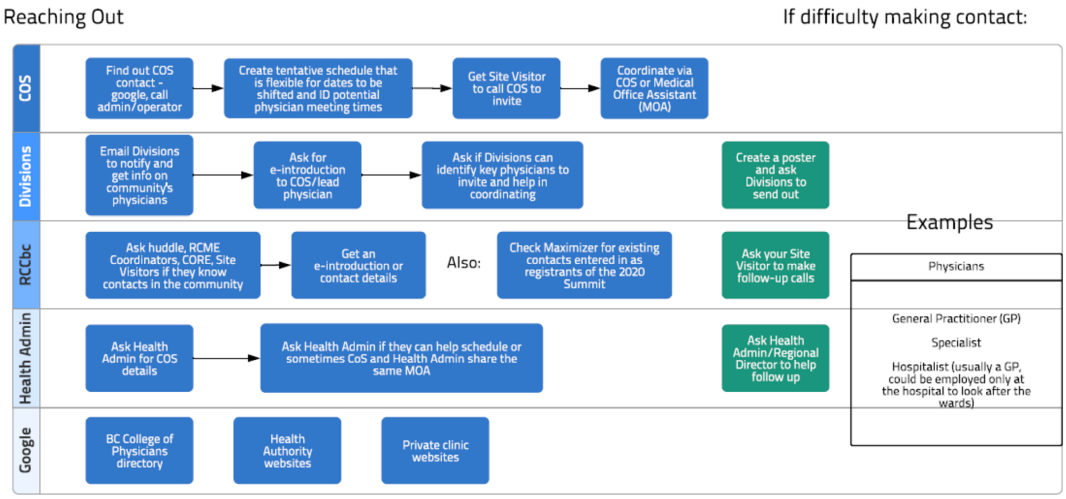
We always offer to host the physician meeting over a meal, most success has been found by hosting the meeting over dinner. This is because most of them are free once they are done clinic, and that opens up lunch time to host the Combined Partner meeting (the group meeting). Locations for meetings vary, often the physician meetings are in a clinic boardroom or in a restaurant, admin meetings usually in a meeting room in the clinic or hospital, municipal meetings are usually at city or town hall. The partner meeting is typically hosted at the clinic/hospital as well. First Nations meetings are usually hosted at their offices or clinic, and depending on where they are located may require additional travel.

Each meeting should be ~1 hour long, but leave time on either side of the meeting for travel and casual conversation (15-30 minutes on either side, depending on the context of your visit). Physician meetings often run overtime, so it is good to leave extra time after them or to plan them over dinner so they can talk freely for as long as they are willing to stay with us. If booking a meeting in a restaurant, try to book a private room if possible, to ensure privacy for the conversation. If that is not possible, try to request a quiet corner of the restaurant. Usually for the physician meetings they have a regular go-to place whether it is a restaurant or the hospital with catering – so make sure to ask them what they think would work best.

How to figure out who you should contact is different for each partner group:

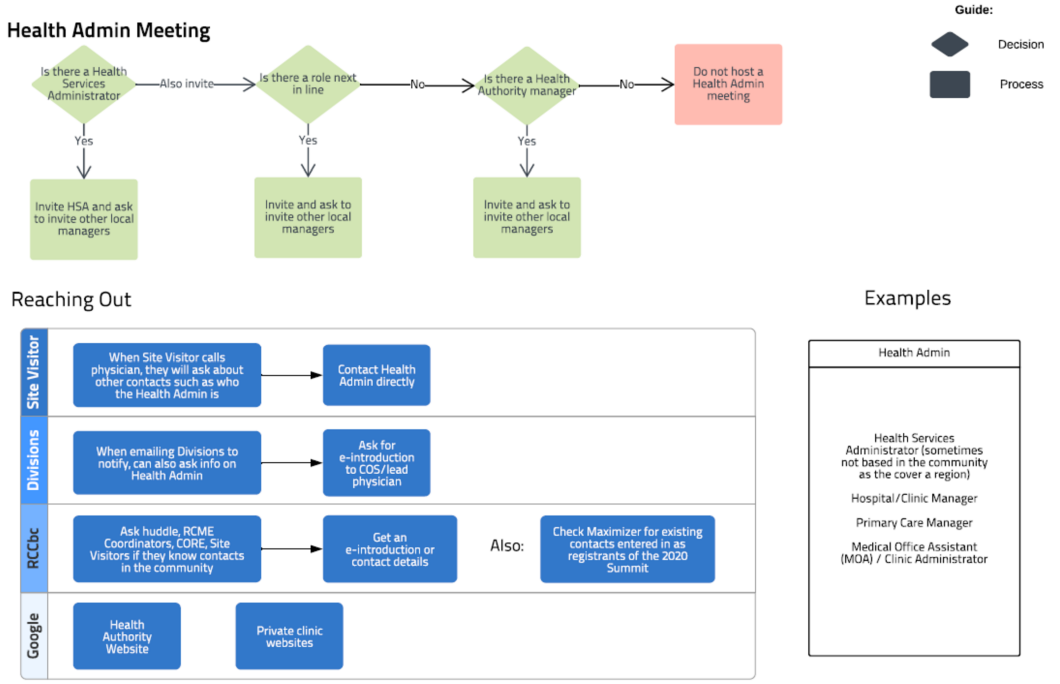
A. Physicians





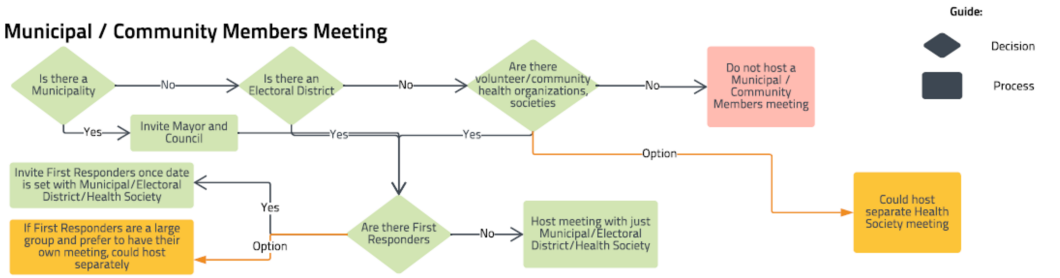
- Usually there is someone in the RCCbc office or part of the Core who knows someone (who knows someone) who works in the community you are looking to go to – try reaching out internally first to see if anyone can help.
- If the community is part of one of the Divisions of Family Practice, contacting them is usually a good place to start as well
- The BC College of Physicians and Surgeons has a directory of physicians in BC that you can search, however it isn't very accurate but helps give an idea of the number of physicians in a community
    i. https://www.cpsbc.ca/physician_search
- **Get the physician lead to reach out the physician group first – usually by a phone call directed to the chief of staff

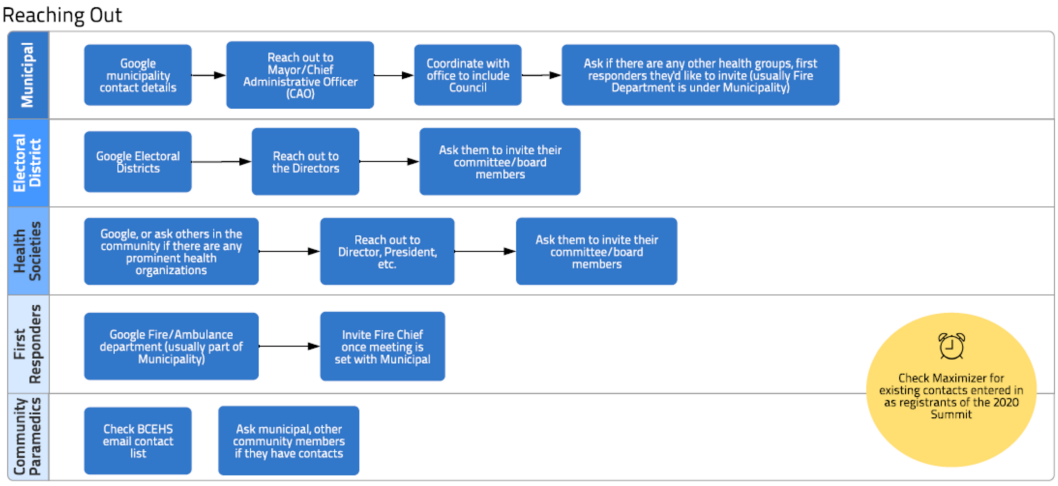
B. Health Administration



- Larger communities and health regions will have a Health Service Administrator who is an employee of health authority. You should try to connect with this person, often the physicians will be able to give you the right information.
    i. Sometimes this information is available on the HA website, but most of the time you are going to have to get the information through the physicians or through Divisions.
- With Northern Health and Interior Health, the Medical Directors have requested to be notified when a site visit is coming to their community, so they are an option for verifying who you should connect to
- When you connect with whomever the physicians say is the best to connect with, extend the offer for them to invite any program managers or nurse managers that they think should be included in the meeting. It is not uncommon for us to meet with 2-5 admin.

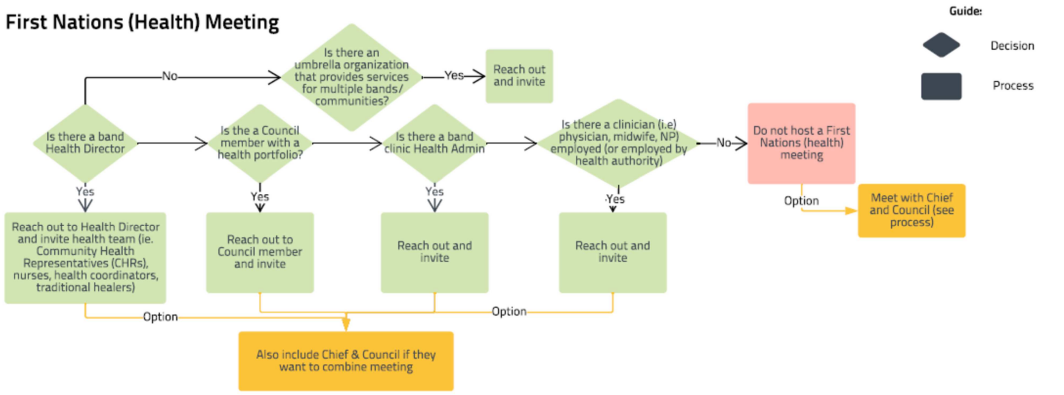
C. Municipal Leadership





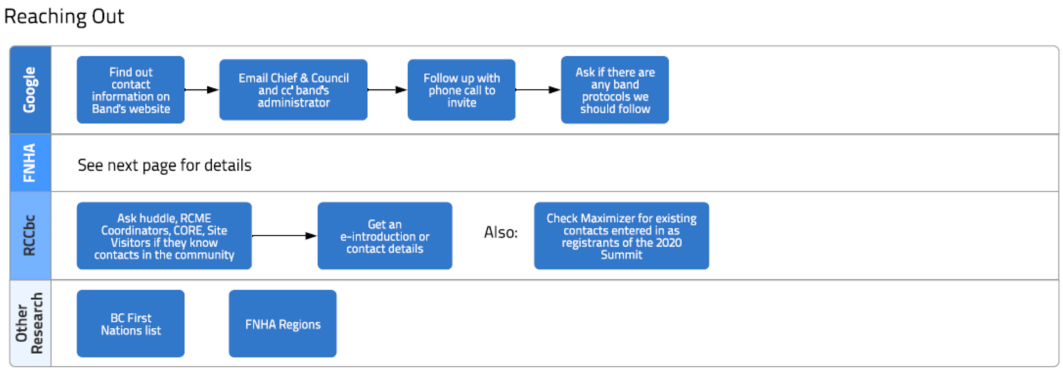
- Check the municipalities' website – they all have one. They will list their current mayor and council, and often what their portfolios are.
- Best to call the office of the mayor first – they respond best to receiving an explanation of the project on the phone with email follow up.
- If you send an email to the mayor, always copy the office's administrative assistant or the Chief Administrative Officer (CAO) for the municipality. They are often the ones who manage the mayor's calendars.

D. First Nations



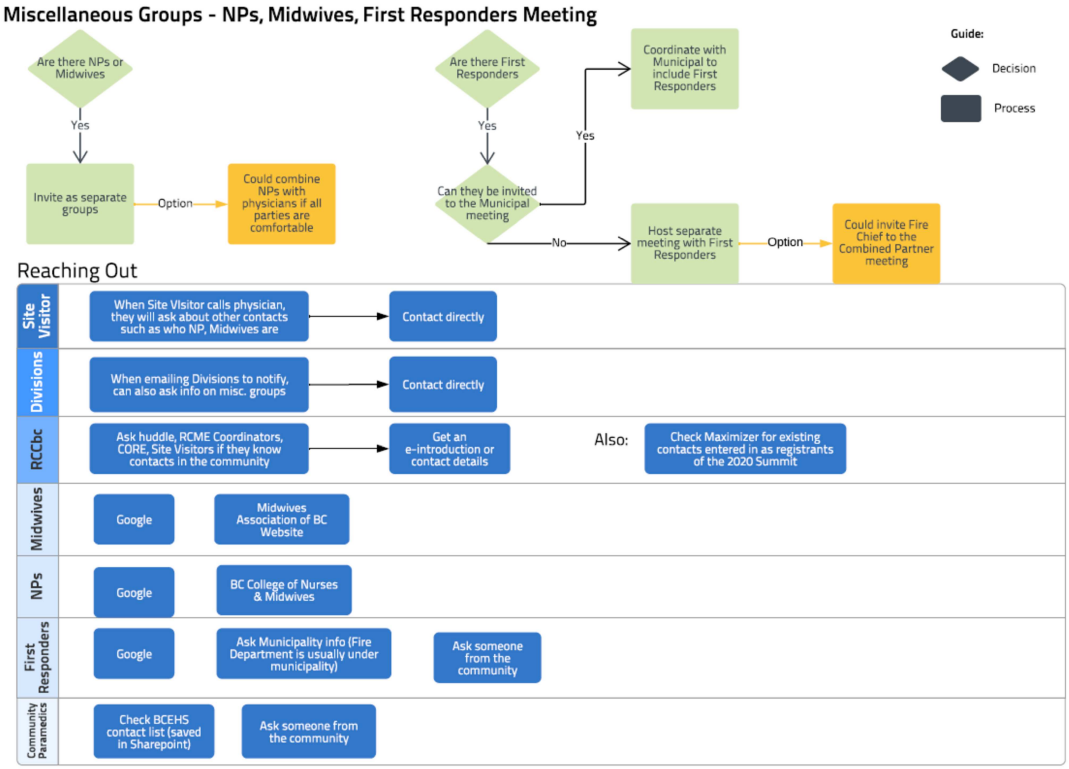
Reaching Out

Google	Find out contact information on Band's website → Email Health Director and cc' band's administrator → Follow up with phone call to invite
FNHA	See next page for details
RCCbc	Ask huddle, RCME Coordinators, CORE, Site Visitors if they know contacts in the community → Get an e-introduction or contact details Also: Check Maximizer for existing contacts entered in as registrants of the 2020 Summit
Other Research	BC First Nations list Band's Health Centre website (may be separate from Band Office website) FNHA Regions

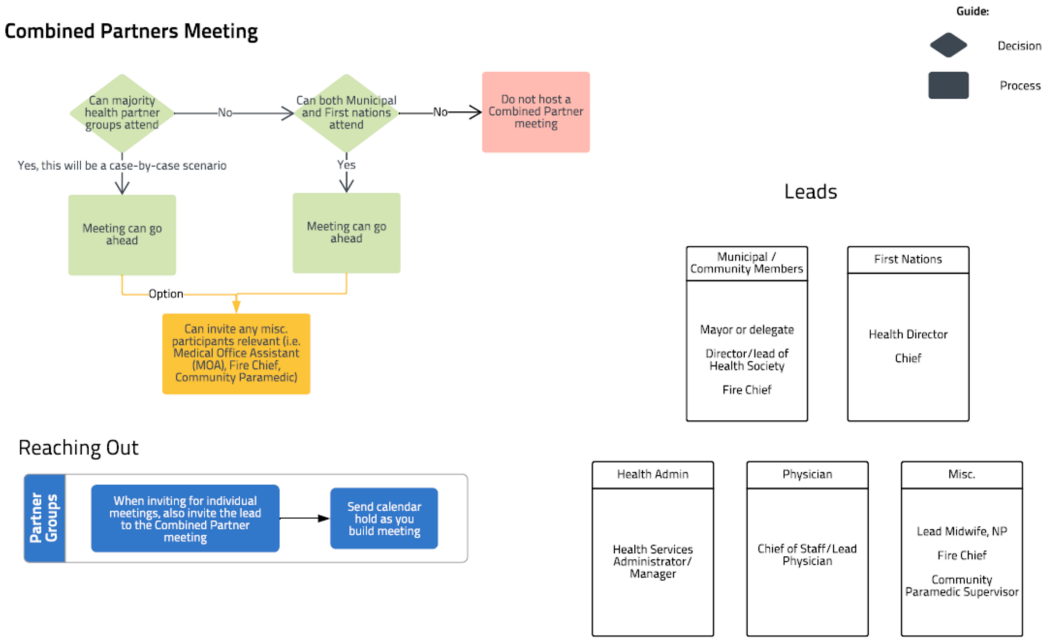


- You should try to get in contact with the Health Director or whoever is coordinating health services
- Sometimes there are multiple bands in the region you are visiting – make sure to check the RSA list and/or this map to determine who you need to be connecting with
- Most of the bands have websites with some details about what health services they have, and will usually list how to contact the band employee responsible for managing health services. If not, reach out to the general office by phone to inquire
- You can also ask health admin and the physicians, because usually someone has a relationship with the band that can help bridge the gap.

E. Miscellaneous Groups



F. Combined Partner Meeting



- The Combined Partner Meeting is the 'leads' (i.e. Mayor, Chief-of-Staff, First Nations Health Director, Fire Chief, HSA) come together to share their health care priorities with each other. In some communities, this is quite novel

2. Reaching Out

Once you've built a tentative itinerary and found contact details, send the following information and request your Site Visitor to make the first reach out to the Chief of Staff/Lead physician.

- Chief of Staff/Lead Physician or clinic's contact name and phone number
- Specific date and time for the physician meeting (could provide back-up options)
- Remind the Site Visitor to get as much community information as possible and their MOA's email (if applicable) so they can help you coordinate the meeting with physicians.

Note: We reach out to the physicians first because we need to make sure that the dates we choose work for them. If the physicians aren't available, there is no point in hosting a site visit at that time. Once you have confirmed the availability of the physicians, continue to reach out to the other partners.

It is best to contact people by phone initially and give a brief explanation to get their interest and buy-in, then follow up by email with more details and some date/time offers. Always attach the introduction letters and the meeting guides to the emails.

Physicians are a special case

With the physicians – if there is more than 3-5 in a community, it can be difficult to make sure everyone has received the invitation to meet with us. When we reach out to the physicians, usually it's just to the Chief of Staff (there may be more than one) and the president. Sometimes they will email out to their colleagues the details of the meeting, but often in those cases you will never receive confirmation of who is attending unless you ask closer to the date. Another option is asking if there is an administrative assistant who is able to send a calendar invitation to everyone and copy you into it, or you can offer to send the calendar invitation yourself. Regardless of how it happens – it is important to ensure that an invitation of some sort has been distributed.

Another piece is that in larger communities, you will have more physicians in the community than you can reasonably host at the meeting. We usually limit our meeting to 10 physicians because beyond that there are just too many people at the table, and you don't get to go deeper with the conversation as you might with a smaller group. For the larger communities, suggest that invitations are sent for a representative from each clinic in town to join, since often they will have more than 1 clinic. Prioritize GPs, but if there are specialists they are also welcome to join.

What if someone isn't available to join on the chosen dates?

If one of the partner groups is unavailable to meet during the planned site visit, always offer to connect by video or teleconference after the site visit to get their perspective. Additionally, if you are aware of another site visit to a nearby community in the near future, it is possible that a meeting could be arranged at that time.

If more than 2 of the 4 partner groups are not available, you will have to find another time to do the site visit as we won't be able to hold a successful group meeting. Similarly, if you are visiting a community that is predominantly Indigenous and you cannot secure any time with Indigenous representatives, try to find another time to have the site visit. That being said, engagement burnout is not uncommon amongst First Nations in BC – you will have to use your judgement about whether you feel you can pull them in with the right planning, or if it just too much for them at that time.

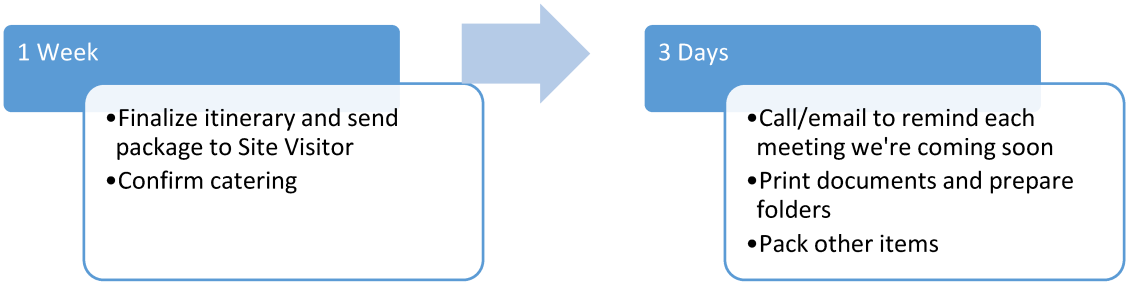
3. Booking & Confirming

The final piece is making sure all your reservations and meetings have been arranged.

- Flights are booked as soon as you have confirmed with the team what their preferred travel route is and you know when you need to be in community by.
    - Try to book these at least a month out, otherwise prices will start going up
- Accommodation is booked once you know your travel schedule. You may have to book accommodation in a few communities if you are visiting more than one so make sure you have your meeting schedule finalized before you do this
    - In some small towns they may not have great hotels or motels, in which case you can book a BnB or AirBnB
- Car rentals if needed. We have corporate accounts with Enterprise and Budget and they are usually the best for booking.
    - Be mindful of whether you need snow tires! Most rental companies won't give it to you automatically so make sure to request them if you are travelling in the winter
- Make sure that everyone you are supposed to meet with has a calendar hold. Whether it is sent by you or set up through their administrative staff doesn't matter, just make sure you have their calendar secured.
    - Include the meeting guide and the introduction letter in any calendar invitations you send so that people can easily jog their memory of what the meeting will be about.
- Restaurants – you don't need to book reservations for all your meals, just the ones that are had during a meeting. If you need to do catering, make sure that payment details are sorted out in advance.

    Most catering companies will invoice you or charge a credit card. Restaurants can also keep a card on file and charge the bill. This is useful since only Kim/Elisa/Leslie/Ray have a corporate card and these bills are usually large.

4. Preparing Final Details



Last Minute Changes

We understand that last minute changes may be necessary for personal reasons for Admin Leads or Site Visitors. In this event, we will attempt to find another Admin Lead/Site Visitor to lead the site visit.

Part III: During the Visit

During the visit, the Site Visits team with either travel together or meet up in the community. They will follow the detailed schedule created by the Admin Lead. Typically, trips can last between 2-3 days and depending on the schedule, could have 2-4 meetings per day. There should be some down time to explore the town, have coffee, and get to know the community better. The team can take turns driving – the rental will be fully insured. If road or weather conditions make it unsafe to travel, please take caution and postpone meetings, change flights, etc. If there are any emergencies, please let the office know.

When facilitating meetings, refer to the facilitation cheat sheet (Appendix A) for introductions, sharing information about the RCCbc, JSC, and the project, informing about consent, recording the meeting, etc. If you are running late, the Admin Lead has all the contact information of participants and they should let participants know if you're running late.

After the meetings, you can do a quick debrief in the car or travel back home. You'll do a more in-depth debrief once you're back home with the Site Visits Coordinator and Clinical Lead.

Taking photos and videos are encouraged throughout the trip! Please ensure you are avoiding taking any patient faces and information. Always ask participants for their permission if they'd like to be in our photos.

Part IV: After the Visit

Debrief and Follow-up

Debrief with the team that attended the visits (this usually occurs during the travel back home). If the team is not traveling together or if you want to highlight more feedback, a teleconference will be set up with the team and Site Visit Coordinator/Clinical Lead.

If any follow-up connections, sending of resources, etc. need to be made send them as soon as possible (don't wait over a week) to participants. There is a follow-up thank you email template you can send which outlines general resources and what will happen with the recordings.

If any partner meetings were unable to be scheduled in-person, a teleconference may be offered to them and you will need to facilitate an hour meeting on Zoom.

Reporting

A copy of the transcribed notes will be sent back to the community for their approval. Once approved, the notes will be inputted to NVivo, a qualitative software to be analyzed for common themes. The data is aggregated and anonymized. Additional regular 6-monthly reporting on the project to the JSC will be provided by the Site Visits Coordinator and the Clinical Lead. These reports will highlight the emerging trends from the visits done to date. As part of our commitment to the community and ethics obligations, bi-annual updates will also be sent back to participating communities to inform them of the emerging themes and notable pieces collected from Site Visits in the form of a 'Community Feedback Report'.

Sessional, Expenses and Claims

For Admin Leads

Overtime will work as per RCCbc overtime policy - please refer to this document for more details. Any dinner meetings are considered working meetings, so you are to claim overtime until the time the meeting ends. If you have any questions about what time is considered covered by overtime policies, please contact management.

All expenses for travel meals, taxis, and any other necessary expenses for the site visit will be covered by RCCbc. As per other claims, you must provide the receipts for these expenses in order to be reimbursed.

For Site Visitors

All expenses for travel, accommodation, and meals during the course of a site visit will be reimbursed by RCCbc as per our regular policy. Site Visitors will also be paid a sessional rate for the time spent in community conducting meetings. The RCCbc sessional rate is $XXX, one session equates to 3.5 hours. If a teleconference meeting with health partners in the community needs to be scheduled after the trip, they will be paid per hour ($XXX/hr) for their time. Sessional is not provided for their travel time to the community, unless there are extenuating circumstances. Reimbursements will be made within 2 weeks of submitting expenses. A photo of the itemized receipt sent to the finance assistant will be adequate.

Part V: Interviewer Facilitation

Appreciative Inquiry

Appreciative Inquiry is the study and exploration of what gives life to human systems when they are at their best. It is a positive organizational approach to development based on the assumption that inquiry into and dialogue about strengths, successes, values, hopes and dreams is itself transformational.

Four "Ds":

1. **Discovery** – asking positive questions, seeking what works, what empowers, what gives life to our community or group, when have we felt particularly energized
2. **Dream** – visioning of what could be, where we want to go
3. **Design** – making an action plan based on what we can do, and making personal commitments
4. **Delivery** – start taking actions now

Facilitation Skills

When interviewing participants, we use an open-ended approach with our questions which require some key active listening techniques.

Silence

Pause before speaking and embrace the periods of silence to allow reflection

Paraphrasing

Repeating back to the speaker what you heard, but rephrasing it into your own words

Reframing

Reflecting back the content of the speaker's message, in a way that makes the message more easily heard by the other party or in a way that neutralizes the strong emotional subtext in the message.

Empathizing

Rephrasing what the speaker said, by acknowledging and validating any feelings that was embedded in the message.

Tips:

- Be aware of your body language as well as other's in the room
- Present yourself as curious. Important to not be attached to the outcome – in this role you are supposed to be curious and not always offer potential solutions
- Avoid "why" questions as they can be perceived as judgemental
- Remember we are collecting stories and experiences, not 'data'
- Be neutral and authentic
- Bring humour

Although sharing your personal stories and experiences which relate to participants' experiences is a way to connect, it is important to allow participants enough time to speak freely. This is also important to keep the meeting to an hour to avoid going over time.

Cultural Safety and Humility

The purpose of including these questions is to generate awareness and have participants recall on their/others' experiences and practices.

The goal of **Cultural Safety*** is for all people to feel respected and safe when they interact with the health care system. Culturally safe health services are free of discrimination and racism. People are supported to draw strengths from their identity, culture and community. **"safety" is defined by those that receive the service, not provide it.*

Questions on the meeting guide:

1. With racism at the forefront of many conversations in health care, have you ever experienced or witnessed racism or other forms of discrimination/judgement when you or others are accessing/providing care?
2. What supports are there for Indigenous community members to promote cultural safety?
    a. Are there any supports or services in place that help promote cultural safety for staff and patients? *For example: is there a cultural space to practice ceremonies such as smudging within your hospital/clinic, is there an Indigenous liaison, are there larger spaces for families to be with the patient, etc.?*
    b. *How have these cultural safety initiatives impacted care for you/your community/your patients?*
3. **For Indigenous community members:** Tell us what would help you or a member of your community feel more culturally safe when accessing health care services?

Part VI: Extra Certifications Required

Course	Description	Link
San'yas Core ICS Health	San'yas: Indigenous Cultural Safety Training is a unique, on-line training program designed to enhance self-awareness, and strengthen the skills of those who work both directly and indirectly with Indigenous people. The goal of the Indigenous Cultural Safety (ICS) training is to develop understanding and promote positive partnerships between service providers and Indigenous people. You will receive a certificate upon completion.	https://www.sanyas.ca/
TPCS 2 CORE	The online tutorial (self-directed) TCPS 2: CORE (Course on Research Ethics) is an introduction to the 2nd edition of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2)*. It consists of eight modules focusing on the guidance in TCPS 2 that is applicable to all research regardless of discipline or methodology. This is a requirement to be included on UBC's BREB (Behaviour Research Ethics Board) ethics as part of our research study team. Takes approx. 3hrs to complete. You will receive a certificate upon completion.	https://tcps2core.ca/welcome **when you register, you can use UBC as your 'affiliation' if needed*

Part VII: Resources

Resource	Description	Where to find
Community Feedback Reports (CFR)	Bi-annual reports to the participant. Publicly shared.	Posted on SV website
Specialized Reports	As requested by organizations/programs. Can be publicly shared.	Posted on SV website
Map of RSA Communities completed, planning, to visit	Google map of communities visited to date, and communities left to visit.	Google Maps
List of communities visited	Check list of communities visited to date, and communities left to visit.	Link
Rural Subsidiary Agreement (RSA) List	Community eligibility for the Rural Practice Subsidiary Agreement is determined by evaluating its level of isolation. Where you can find the 200+ list of RSA communities.	Government of BC website
JSC Programs List	List of rural programs and eligibility requirements	PDF Booklet

Appendices

Appendix A: Meeting Facilitation Cheat Sheet

Site Visits – Meeting Facilitation Cheat Sheet

Time	Item
1 min	**Opening introductions for site visit meetings*:** • Introduce yourself (bio, background, etc.). • Thank participants for taking the time to meet with us. • If you are on First Nations territory, please acknowledge (i.e. We would like to begin by acknowledging that we are fortunate to be able to gather on the unceded territory of the Coast Salish People). **If in the 'Combined Health Partners' meeting – see below for separate process.*
1-2 mins	**Do a roundtable of introductions.**
1 min	**Introduce the Joint Standing Committee (JSC) and Rural Coordination Center of BC (RCCbc)** The Joint Standing Committee on Rural issues is comprised of representatives from Doctors of BC, the Ministry of Health, and the health authorities. The JSC seeks to enhance the availability and stability of physician services in rural and remote areas in BC. They provide programs to support physicians practicing in Rural Subsidiary Agreement (RSA) communities such as REAP, RCME, REEF. RCCbc is an organization that identifies the gaps and overlaps in rural health care services and seeks to foster connections and build relationships in order to improve rural health care in BC. The RCCbc works on behalf of the JSC on matters pertaining to rural medical practice.
2 min	**Introduce the Rural Site Visits project** • An initiative tasked to RCCbc by the Joint Standing Committee (JSC) – a collaborative committee of the Ministry of Health and Doctors of BC. • Visiting 201 communities in 3 years (2017+). *Purpose* of the project is to try and build relationships and channels of communication between communities and policy makers. • The information we collect will be aggregated and the major themes extracted. This information will be used to guide the modification and development of programs that support rural and inform rural health care. • The findings will be shared with the JSC on a regular basis. We will share the feedback in a community report to share the emerging themes and any successful initiatives around the province. *show copy of report as an example.

	What we are looking for is to hear about everything from what is working well, what isn't working well, your thoughts, hopes, and frustrations… all this to get a comprehensive picture of how health care services work at the community level.
1 min	**Explain the ethics/consent process and hand out consent forms (each participant must sign their own forms)** • All the information we collect will be anonymized and aggregated into the larger data set, so nothing will cause you to be identified personally – we encourage you to speak as freely and openly as you are comfortable doing. • Additionally, the notes that we record today will be shared back to you to verify that the content accurately reflects what you shared with us and that you are comfortable with all the information we have recorded. A copy of the transcribed notes will be sent to the lead/coordinator to review for accuracy and they can request if they want anything omitted, amended or completely destroyed. • You can show a copy of the 'Community Feedback Report' as an example of how the information will be presented back to communities. • Hand out consent forms and ask each participant to sign and return.
	Start recording • State the community, partner group and date – 'This is the physicians meeting in X community on X date'. • Ask everyone to re-introduce their name and title for the recording so that the transcriber can listen for voices. For virtual – ask them to say 'I consent to participating'.
60 mins max	**Use the meeting guide to facilitate** • Keep track of topics/issues as you may be able to skip questions if they've already been covered. • Write down any important themes for each group. • Stick to 1-hour max!
Important!	**Ask for feedback on our process and make sure to thank them for taking the time to meet with you and share their stories!**
	Stop the recording
	Follow-up • Let the group know the Admin Lead will send follow-up emails and a copy of their transcribed notes to approve • Provide any resources, pamphlets • Offer to make any relevant connections with RCCbc, other contacts/programs, etc. • Exchange business cards

Combined Partner Meeting

In order to make the Combined Partners' meeting more useful to the community we've elected to move towards a Pentagram Partners/Fraser Basin type approach. The goal is to demonstrate a problem-solving process that gives the community grass roots control over the solutions to their identified problems.

Potential attendees of the meeting*:

- Mayor
- Chief of Staff/lead physician
- Lead nurse practitioner
- Health Services Administrator; hospital or clinic manager
- First Nations Health Director
- First Responders

*The right people in the room will be different for each community

Pre-meeting:

Working with the full Site Visit team, compare notes and identify what appears to be common, recurring issues in the initial individual meetings with the partners. Bring these issues to the meeting and then suggest that the community might like to put together a group that will meet regularly to try and address these issues.

During meeting:

1. Thank the attendees for coming to the Combined Partners meeting.
2. Participants who have already signed the consent form will not need to sign a new consent form for this meeting. ***If there are any new participants, please still give them a brief overview of the ethics/consent process and get them to sign a consent form.**
3. You will still record and get everyone to introduce their names and roles for the recording. Please mention to the group that you'll still be recording but it may or may not get transcribed depending on whether the dialogue breaks into smaller group chats/networking time.
4. Do a brief round of introductions. Many of the folk present will already know each other.
5. Briefly reiterate the goals of the RCCbc Site Visits Project.
6. Describe why we've brought them together:
    a. Partnership Pentagram model (derived from the WHO) offers a way for all the interested parties in the community to get together in a non-adversarial way to look at ways to solve local problems. Describe how the solution must be acceptable to all of the partners, and that if anyone doesn't agree with the proposed solution then they have the right of veto.
    b. Mention the often-repeated mantra that **"the person who is not at the table is the problem".** Firstly, because whoever is not at the table tends to be blamed, and secondly a successful solution will only be found if all the players are present to agree that it will work.

   c. Possibly describe a very similar 'home-grown' model in BC which is the Fraser Basin Approach. This was a collaborative series of meetings between all of the interested parties who were trying to solve the problem of declining Salmon stocks on the Fraser River. Initially each party was jealously guarded their own interests and no common ground could be found. After all sitting down at the table and agreeing that they were all ultimately after the same goal, they were able to work collaboratively towards a solution that was acceptable to all the parties. This model also incorporated the 'veto' option, i.e. if any of the proposed solutions were unacceptable to any one of the parties then it was dead. The Fraser Basin Approach has been of international interest because of its success.
7. Reiterate that successful solutions will usually come from the grass roots or community level, and that it needs to be community driven. Both models have been very successful because all of the players are at the table; and have an equal say.
8. Then sit back and watch/facilitate!

Often multiple small groups seem to form as the partners begin to explore ideas. Let them chat and circulate as needed. If you have done nothing other than plant the seed, you have had a successful meeting!

Prompts for facilitation:

- Ask about innovations/projects to share with one another and how they could collaborate.
- Ask how they might arrange future meetings together, who might attend.
- Offer the resources of the RCCbc if they need further information.

Appendix B: Physician and Health Admin Invitation Letter

Invitation to participate in Rural Site Visits Project

Rural practice has some of the most skilled people in health care, creates some of the most interesting innovations – yet not many folks seem to realize this. We want to raise the profile of rural practice and have it understood and valued throughout the province.

The Joint Standing Committee on Rural Issues (JSC) has tasked the Rural Coordination Centre of BC (RCC*bc*) with offering to visit every community that is a beneficiary of the Rural Subsidiary Agreement (RSA) between 2017 and 2020. The objective of these visits is to connect with rural practices to hear about what the context of your practice is (what innovations you have, what you are doing well, what your biggest problems are) in hopes of feeding this information back to the JSC and to better support feedback between rural practitioners and the organizations that administer the programs they use.

We are aware there are many demands on your time and that others also visit rural practices, such as the Faculty of Medicine undergraduate and postgraduate programs, researchers and CPD. We are actively working with them to streamline our visiting processes so they can be carried out in partnership.

At this point in time, we would like to ask you if you would be interested in working with us on this project by allowing us to visit your practice and your community. If you are interested, the project would involve you participating in a group and individual interview at your location that will use open-ended questions and seek your views on the areas outlined above. Because of the high volume of meetings held, we will be recording, transcribing and using a qualitative software to find the main themes heard throughout BC. Also, in our reporting, individual identities will be kept confidential and all data will be anonymized. We are happy explain further in-person the consent process. At this point in time, RCCbc does not have funds to support participation, and your attendance is voluntary. Any meals will be compensated if meetings are held over meal times. We hope that these visits bring many benefits to your community.

If you have any questions, please contact feel free to contact either Dr. Johnston.

Many thanks,

Clinical Lead
Principal Investigator/Associate Director, RCCbc
Email
Phone

Appendix C: Municipal Leadership Invitation Letter

Invitation to participate in Rural Site Visits Project

Rural practice has some of the most skilled people in health care, creates some of the most interesting innovations – yet not many folks seem to realize this. We want to raise the profile of rural practice and have it understood and valued throughout the province. We also understand that a successful healthcare practice is not support just by healthcare providers, but by the community as a whole.

The Joint Standing Committee on Rural Issues (JSC) has tasked the Rural Coordination Centre of BC (RCC*bc*) with offering to visit every community that is a beneficiary of the Rural Subsidiary Agreement (RSA) between 2017 and 2020. The objective of these visits is to connect with rural practices to hear about what the context of your practice is (what innovations you have, what are your successes, what your biggest problems are) in hopes of feeding this information back to the JSC and to better support feedback loops between rural practitioners and the programs they use.

In order to create a robust process, we are seeking input from community members to help us develop and refine it to better serve rural practice. As a community leader, you have a role in supporting healthcare practice in your community, and have an important perspective that we would greatly like to hear from. We understand that there are many demands on your time, but would greatly appreciate if you would be willing to contribute your thoughts and perspective to this project.

At this point in time, we would like to ask you if you would be interested in working with us on this project by participating in a group meeting at your location that will use open ended questions and seek your views on the areas outlined above. Your participation is completely voluntary, and you can withdraw from participation at any time. Because of the high volume of meetings held, we will be recording, transcribing and using a qualitative software to find the main themes heard throughout BC. Also, in our reporting, individual identities will be kept confidential and all data will be anonymized. We are happy to explain this consent process further in-person.

If you have any questions, please contact feel free to contact Dr. Johnston.

Many thanks,

Clinical Lead
Principal Investigator/Associate Director, RCCbc
Email
Phone

Appendix D: First Nations Invitation Letter

Invitation to participate in Rural Site Visits Project

The Rural Coordination Centre of BC (RCC*bc*) has been tasked by the Joint Standing Committee (JSC) to conduct a comprehensive site visit program that will visit each of the 201 Rural Subsidiary Agreement communities over three years in collaboration with the Health Partners (Health Professionals, Communities, Academic Institutions, Health Administrators and Policy Makers). We would like the First Nations of B.C. to be included in this collaboration so we may have a truly comprehensive understanding of the status of rural healthcare in B.C.

The objective of these visits is to connect with rural practices and community leadership to hear about what the context of health care provision is for your community in the hopes of feeding this information back to the JSC, and to better support rural health care practice. Our hope is that we can begin building stronger relationships with rural communities and the individuals who support them in addition to gaining valuable insight and information through the stories shared that can be used to bolster policy and supports for rural communities. We also hope to develop a database of communities and the various characteristics and factors (ex. Population, service level, population catchment, number of physicians, allied health professionals) that make up the face of health care within a community which can be used to identify trends across the province.

In order to ensure we capture all perspectives that go into supporting health care in community, we would like to invite you to be a part of this project if you are willing. As a community leader, you have a role in supporting healthcare practice in your community, and have an important perspective that we would greatly like to hear from. For each community visit, we meet individually with health partners (local healthcare providers, health administrators, and community leaders) as well as bring everyone together to discuss community values and priorities. At the end of all our visits, we will also seek input from those who were involved to verify the information that we gathered to ensure you feel it adequately reflects what was shared in our gatherings. Because of the high volume of meetings held, we will be recording, transcribing and using a qualitative software to find the main themes heard throughout BC. In our reporting, individual identities will be kept confidential and all information will be anonymized. We are happy explain further in-person the consent process. Please let us know if you have any ethics processes we should follow or if you'd like to discuss with further with the Band first. We will also be sharing our bi-annual reports based on the information and stories that are shared with us from other rural communities back to you and others who have taken the time to meet with us.

We highly value your input, and hope that you will be able to join us to contribute to this provincial project. If you have any questions, please contact feel free to contact Dr. Johnston.

Many thanks,

Clinical Lead
Principal Investigator/Associate Director, RCCbc
Email
Phone

Appendix E: Meeting Guide

BC Rural Site Visits Program – Meeting Guide
For All Health Partners

These questions are used as a guide to facilitate our meetings for all health partner groups (unless specified below). Meetings are semi-structured and flexible, so if there are topics that are not covered in our questions we are still very interested in discussing them with you.

General

1. Tell us about your health care in your community.
    a. What are its unique features?
    b. What works well?
2. What are your connections like with other community members?
3. How does the community support local health care?

Innovations

1. Tell us about any initiatives do you offer that you feel are successful and why?
2. Tell us about any holistic initiatives that have been put in place that support a person's well-being spiritually, mentally, and/or physically?
3. Are there any unique solutions that you've developed?
4. What can other sites learn from you?

Access

1. Tell us about access to primary health care providers.
2. Tell us about access to specialists and other health care services.
3. How do patients get to their health care needs (ER, appointments, services, etc.)?
4. How is telehealth used in your community?
5. Are there any services at risk and why?
6. What health care services would you like to have/provide that would have the most impact for your community?

Cultural Awareness

4. With racism at the forefront of many conversations in health care, have you ever experienced or witnessed racism or other forms of discrimination/judgement when you or others are accessing/providing care?
5. What supports are there for Indigenous community members to promote cultural safety?
    a. Are there any supports or services in place that help promote cultural safety for staff and patients? *For example: is there a cultural space to practice ceremonies such as smudging within your hospital/clinic, is there an Indigenous liaison, are there larger spaces for families to be with the patient, etc.?*
    b. *How have these cultural safety initiatives impacted care for you/your community/your patients?*
6. **For Indigenous community members:** Tell us what would help you or a member of your community feel more culturally safe when accessing health care services?

Pick relevant partner group:

For Clinicians (physicians, NPs, midwives, etc.) and Health Admin groups only: Practice Context

1. Tell us about team-based care and/or Primary Care Networks? Describe what an ideal team-based care team would look like in your community.
2. How do health care providers in the community share the workload?
3. What workplace supports do you have (CPD, Divisions, Health Authority)?
4. How could CPD support you better?
5. Would you be interested in doing research and what supports would you need?
6. Tell us about any real-time support initiatives.
7. Tell us about any locum support in your community.

For First Responders group only

1. Tell us how you interact with the local health care providers?
2. Tell us about any locum support in your community.

For Academic group only

1. Tell us about your teaching program.
    a. How easy is it to find preceptors?
    b. How does having learners change healthcare in your community?
2. How has having an academic program in your community affected recruitment and retention?

Recruitment and Retention

1. How do you address recruitment of health care providers?
2. How do you retain health care providers in the community?
3. Are there any supports available for the spouses/family members of those being recruited to the community?

Concluding Questions

1. How has Covid-19 affected health care in your community?
2. What keeps you up at night? What is your main worry?
3. What are you proud of?
4. Have we missed anything else you would like to contribute?
5. Do you have any feedback on this process?