

Sea to Sky Rural Forum

Background

In British Columbia, a precipitous decline in small rural maternity services has occurred over the last decade. Since 2000, 13 rural maternity services facilities have closed. The closure of these small community services has created some challenges for rural parturient women to access intrapartum maternity services. Part of the response to this decline in local services has been the recommendation that new models of education and practice within the health services community need to be developed. It is recognized that the success of these new models depends on the input of key stakeholders, including care providers, future care providers, administrators and community members. Creating opportunities for this interprofessional community dialogue can facilitate constructive discussion on current concerns about local birth services and how to plan effectively to meet future needs. To these ends, a forum was held in the Sea to Sky Corridor at Whistler, BC, on September 29th & 30th, 2006. In order to enhance the interprofessional team building nature of the event, 12 students, 4 each from midwifery, nursing and medicine were supported to attend. In conjunction with the forum, a series of maternity care skill building workshops were held designed to enhance provider skills, build stronger interprofessional teams, and encourage students to consider rural practice.

The planning for this event has been partially inspired by a program of research which has been developed to gain a better understanding of rural women's experience of maternity care as well as to gather insights from care providers and administrators regarding the gaps within the maternity health services. Findings point to the importance of developing an onsite CME process involving the key stakeholders in a community-centered forum to discuss the known risks and benefits of sustaining local options for maternity care. .

Overview

The Sea to Sky corridor which includes the communities of Squamish, Whistler, and Pemberton was selected as the focus of interest for the CME workshops and public forum that comprised this community consultation event. Whistler, as the community closest to the geographic center of the health service delivery was chosen as the venue. The aim of the program was twofold: to bring as many care providers as possible together to update their skills and learn in an interprofessional setting during the workshops, and to bring community members from all three areas together to discuss birth and access to care in the Sea to Sky corridor.

The team appointed to facilitate this event consisted of an interprofessional group of care providers and students. The planning committee included members of the Collaboration for Maternal & Newborn Health, project lead Stefan Grzybowski, co-directors Lee Saxell and Sue Harris, research assistant Elizabeth Mason, and British Columbia Reproductive Care Program (BCRCP) representative, Barb Selwood. Further support and planning for the project was provided by Patty Keith and Brenda Wagner from Vancouver Coastal Health and the Provincial Health Services Authority, and midwives Shannon Norberg, Beth Ebers, and Janice Forman. Colleen Moberg represented Community Health Nursing issues for the Sea to Sky corridor. Family

Physician Bill Ehman prepared and presented materials on current prenatal care issues.

The main goal of the workshops and forum was to create an opportunity for students from the disciplines of midwifery, nursing and medicine to observe and participate in an interprofessional rural maternity program that would enhance their understanding of the experience of providing maternity care in a rural setting. Twelve students from the University of British Columbia were provided with transportation and accommodation, and were encouraged to work collaboratively and learn about each other's disciplines. Joined by Sue Harris and Elizabeth Mason, the students traveled together by bus and participated in small group activities designed to encourage interaction. They were very enthusiastic and eager to participate and learn. Once they arrived in Whistler, the students were integrated into the larger group and participated in the skills update learning and community forum.

Maternity care providers in the community were invited to participate in the CME workshops, which were provided free of charge. The majority of participants were nurses (63%) working in the hospital and community in the Sea to Sky corridor. Four physicians representing all three communities were present for portions of the workshops and the evening public forum. Community Health Nurses were also represented. There are currently no Registered Midwives working in the Sea to Sky corridor, but three midwives currently practicing in Vancouver who have applied for privileges at Squamish General Hospital were present and participated in the event. The 12 UBC students sponsored to attend the event were joined by three additional students (two midwifery and one family practice resident), for a total of 15 students. One prenatal instructor from Pemberton attended and four paramedics also joined the group for Saturday's emergency delivery and obstetric emergencies workshops.

Friday Afternoon Skills Update Workshop

This session consisted of skills updates covering topics on perinatal care. Topics included an overview of the BCRCP Antenatal Records 1 and 2, prenatal screening, pre-eclampsia, post-partum hemorrhage, sepsis, thromboembolism, post-partum care and breastfeeding. Following a lecture, the participants broke into four groups and took part in small group discussions about two cases, one related to antepartum care, and one to post-partum care. At the end of the afternoon, each participant was asked to complete an evaluation of the workshop. A short break was then followed by a dinner meeting, providing another opportunity for care providers to meet with the workshop facilitators, as well as network with their peers from other communities. Students were able to speak directly with the local care providers about their interest in maternity care and rural health care.

Evening Community Forum

The afternoon activities and dinner were followed by an evening community forum. Approximately a dozen mothers and families joined the interprofessional team of care providers for an interactive presentation and discussion about birth trends in the Sea to Sky corridor over the last six years. Stefan Grzybowski, Co-Director of the Rural Maternity New Emerging Team, delivered a short presentation about birth trends in the region and the continuing trend of mothers in the corridor who travel to Vancouver

to give birth, bypassing the local Squamish General Hospital (SGH). Statistics from BCRCF were presented which showed only 40% of the 375 births that occur on average to women resident in the sea to sky corridor take place at the Squamish General Hospital. (REF) In 2002 an analysis of births in the corridor showed that 55% of parturient women resident in Squamish delivered at the SGH, while only 18% of women resident in Whistler and 35% of women resident in Pemberton delivered at SGH. A panel of presenters was then introduced, each highlighting their role in maternity care. Panel members included:

- Brenda Wagner, Obstetrician, Richmond, *Regional Perinatal Physician Planning Leader, Provincial Health Services Authority/Vancouver Coastal Health Authority*
- Patty Keith, *Regional Planning Leader, Maternity and Pediatric Services, Vancouver Coastal Health*
- Colleen Moberg, *Community Health Nurse, Squamish*
- Rua Reid, *Family Physician, Squamish*
- Lee Saxell, *Head, Department of Midwifery at BC Women's and St. Paul's Hospitals, Vancouver*

The floor was then opened for questions and discussion from care providers and the community members. Some of the women present described their reasons for choosing to give birth in Vancouver. Reasons included lack of midwifery services or specialized obstetrical care, and some perceptions that the services available at Squamish General Hospital were limited. Representatives from Squamish described some of the challenges in maintaining staffing of the obstetrical unit particularly in the face of women bypassing local services. Pemberton which is 91 kms and over an hour drive from Squamish is faced with a different problem. Emergency births happen fairly frequently at the Pemberton Health center in the order of 5 or more per year. As a portion of the Pemberton population is socio-economically disadvantaged It may be that women are choosing not to travel to access services in a timely manner or just getting caught traveling in labour with a precipitous delivery. There has been some discussion about the possibility of expanding services in Pemberton to meet the needs of an expanding population.

The forum was very successful and discussion continued well into the evening, past the official end of the event. Community participants and care providers were asked to complete an evaluation of the forum, as well as a pilot study of their experiences regarding accessing or providing birth services in the corridor.

Saturday Workshop

Saturday's event consisted of skills updates on obstetrical emergencies and emergency delivery presented by members of the PHSA/VCHA team. Topics discussed in the morning included maternal transport, pre-term labour, pre-labour rupture of membranes, hypertension in pregnancy, antepartum hemorrhage, and trauma. The material was delivered in an interactive format where the students and care providers could share information and knowledge that could assist them in their practice. Lunch was served to the group in another attempt to promote further interaction among all those present.

The afternoon session was conducted in two parts: an interactive presentation on obstetrical emergencies including malpresentation, assisted vaginal delivery, shoulder dystocia, and post-partum hemorrhage; and hands-on sessions with obstetrical delivery models facilitated learning. The participants self-selected into one of five small groups, depending on their level of skill and the topics that most interested them. They were then free to switch stations to practice other delivery methods. It was noted that the hands-on stations were very successful at encouraging interaction among the interprofessional teams. Participants were again asked to evaluate the workshop, and were also asked to suggest ways to improve it in the future.

At the end of Saturday's workshops, the group of students returned to Vancouver together on the bus. On the way through the Sea to Sky Corridor, they engaged in discussion about the weekend's events and the benefits of interprofessional education and practice. Each student completed an overall evaluation of the whole event before heading home for the evening.

Rural Forum Evaluation

Following the forum and the workshops, the participants were asked to complete evaluations to assess their overall satisfaction with the presentations and to identify ways to improve such an event in the future. There were three evaluations: the first evaluated the evening forum and was completed by all of the participants; the second evaluated the student interprofessional experience; and the third evaluated the maternity care skills update workshops and was completed by the care providers. Some key findings are listed below.

Forum Evaluation

This evaluation was completed primarily by the community and student members present. Just over half of the 23 participants identified themselves as living within the Sea to Sky Corridor. When asked to rate the usefulness of the presentations on safety, as well as updates of the Regional Perinatal Council, the majority found these discussions to be very useful. Overall, they found the panel discussion very useful.

When asked how the forum could be improved, there were two common themes:

- Greater representation at the forum, with the lack of local physicians especially noted
- Greater community awareness and access through better advertisement

Several members requested to have the forum repeated on a monthly or ongoing basis

Student Evaluation

Twelve students from the University of British Columbia, representing medicine, midwifery and nursing attended the skills updates workshops and forum. All of the students agreed that they will plan to include maternity care in their practice and that the workshops positively influenced them to do so.

When asked to evaluate certain aspects of the workshops, a majority of the students agreed that the workshops increased their maternity skills. They found learning with other students and professionals from the community helpful. Elaborating on these ideas, students expressed that they enjoyed the opportunity to meet other students and practitioners with whom they could forge working, collegial relationships.

Students stated that by dispelling myths about rural care and promoting collaboration among different disciplines, the workshops illuminated a path for cooperation and partnership. In the evaluations, all of the students, except for one, concluded that they would consider practicing rural maternity care. They stated that the potential for collaboration could also mean better “back-up” plans which made rural practice more appealing. They also felt that tight knit communities led to a more gratifying professional experience and they believed that providing good maternity care options to small communities was important.

Many students felt inspired and excited to hear about plans for increased interprofessional collaboration. They believed that this would improve practice and create more support for new families in the Sea to Sky Corridor.

The students were asked how the workshops could be improved and they suggested more input from local community members, more breaks, and a clearer set of objectives from the presenters at the beginning of the workshops.

Maternity Care Skills Update Evaluation

Of the 26 members who completed the evaluation form, almost all attended the three workshops offered. They included

- 2 family physicians
- 2 midwives
- 12 nurses
- 10 students
- There were no obstetricians present

The majority of those who completed the evaluations felt the workshops were well organized and the information offered was well presented. They also felt that learning in an interprofessional setting was helpful. One respondent strongly disagreed with each of these statements.

When asked to expand on why learning in an interprofessional setting was helpful, members stated that it provided:

- an interactive forum to share information with other types of practitioners
- an opportunity to understand more about each other's scope of practice
- a place to network with others

The participants were asked if they would attend an event like this again, and all, except for one, agreed that they would. They stated that the workshops offered a structured framework for collaboration and the sharing of knowledge/skills. One member expressed that this was an opportunity to improve understanding and respect.

On how to improve the Maternity Skills Updates Workshops, the participants suggested adding videos, gaining more input from local professionals and the community, more time for the presenters to organize and prepare, creating more time for members to openly and honestly discuss the politics of practice, and more time allotted to short breaks.

Final additional comments included expressions of gratitude for the workshop facilitators and organizers, appreciation for the workshop materials, and for the opportunity to meet other maternity care providers.

Conclusion

The Sea to Sky community forum and workshops has successfully demonstrated the feasibility of staging an interprofessional community based learning opportunity integrating local providers and students from the health disciplines. Feedback from participants suggests that events like this will contribute to enhanced interprofessional collaboration in the health care system and new models of care. The potential recruitment of students to rural practice is an added benefit and will be guided by the informal mentorship that naturally takes place at these events.

The inclusion of a community forum event served the secondary purpose of illuminating local concerns of women and providers in the Sea to Sky corridor which will contribute to constructive health planning. This was ensured by the coordinated facilitation of the event by representatives of the perinatal planning wing of Vancouver Coastal Health

During the forum, important discussion took place about how to most effectively meet the needs of women resident in the corridor. Issues highlighted included the lack of local midwifery services and the lack of a local resident obstetrician at the Squamish General Hospital which perhaps contributes to the current out migration patterns of the area. A further problem identified at the forum was the high rate of out of hospital deliveries occurring to women resident in the Pemberton valley.

Students and practitioners expressed appreciation for the opportunity to meet, collaborate and network with others who had the common interest of increasing options for maternity care in the Sea to Sky Corridor. Students remarked that attending the workshops and learning with students from other disciplines increased the likelihood that they would include maternity care as part of their practice. Furthermore, many of the students felt that working in rural communities was an attractive option.

Providing better resources and services in the Sea to Sky Corridor for childbearing women and families will require ongoing incentives for collaboration, increased funding and increased community awareness and program development. Many of the attendants noted that more dialogue was required in order to create solutions that will reflect the needs of the community.

Recommendations

An interprofessional educational forum is an appropriate model for providing information to care providers in a rural setting.

The integration of students from maternity care disciplines with maternity care providers in skills development workshops is practical and encourages recruitment of students to rural practice environments.

Maternity health services in the Sea to Sky Corridor could be improved by establishing new interprofessional models of practice.

Options for women accessing maternity care services in the Sea to Sky Corridor would be enhanced by the addition of midwifery and referral obstetrical services at the regional hospital.

A feasibility study of how to meet the birthing service needs of women resident in the Pemberton valley should be carried out.

Involvement of community members provides important input to planners and providers about maternity care needs.

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