



Physician Participation in Simulation – Funding for Courses

The Simulation Program has been granted Health System Redesign funding to facilitate physician engagement and collaboration in the redesign and improvement of health services provided by Providence Health Care. Simulation can be utilized to hone clinical skills, test new models of care, and reshape team and organizational culture. The primary intention for this funding is to reimburse physicians at an hourly rate for their time to develop, participate in, or lead such simulations conducted at PHC.

There is opportunity to apply this funding to support physicians in the development of their ability to utilize simulation for health system improvement and redesign.

What coursework will be considered for funding?

- Courses directly related to the physician's ability to utilize simulation (e.g., debriefing course)
- Courses that can reasonably be considered to enhance and advance simulation at PHC

Funding available:

- Funding reimbursement is only for physician time to participate in courses (NOT course fees)
- Maximum of 7.5 hours per day
- Maximum of 2 days of coursework will be reimbursed

Process for Applicant:

- Submit an application form (see next page) for approval of your coursework
 - o Only approved courses will be granted funding – recommend submitting for approval before course registration, if your attendance is contingent on reimbursement
- Funding will be released once proof of attendance (course certificate) is received at simulation@providencehealth.bc.ca
- Funds are reimbursed through electronic fund transfer (EFT) – please follow the steps on the [Simulation website](#) to set-up your direct deposit with VCH

Questions?

Please contact **Dr. Jeanne Macleod** (jmacleod@providencehealth.bc.ca) or **Dr. Shannon Lockhart** (lockhartshannon@gmail.com) if you have questions regarding this funding opportunity or your course eligibility.

Physician Participation in Simulation – Reimbursement Form for Courses

Name: _____ Date: _____

Email: _____

Department / Program: _____

Course/Workshop Title: _____

Course/Workshop Date(s) and Time: _____

Link to Course/Workshop (if available): _____

What is your past engagement with simulation at PHC?

How does this course enhance your ability to utilize simulation?

How will your attendance at this course advance simulation at PHC?

Once completed, submit your form to simulation@providencehealth.bc.ca. Please allow 1 – 2 weeks for processing and to receive an approval decision. **Your form will NOT be processed if any information is missing.**

Any questions or concerns regarding these guidelines can be directed to **Dr. Jeanne Macleod** or **Dr. Shannon Lockhart**.