

Medical school distribution: The student perspective

Class of 2008 graduates from the Northern Medical Program (NMP), the Island Medical Program (IMP), and the Vancouver Fraser Medical Program (VFMP) recount their experiences.

ABSTRACT: Members of the first class to graduate from the MD undergraduate program at UBC recount their experiences at three different sites and offer their thoughts on the distributed learning model.

In August 2004, 200 students filed into a partially constructed Life Sciences Centre on the University of British Columbia Point Grey campus. Being involved in this inaugural distributed class, soon to be scattered to newly minted regional campuses, was both exciting and intimidating for us. We soon recognized that as we learned through lectures broadcast across the province, explored UBC's vast histology and pathology collection online with virtual microscopes, and relied on web-based resources to access academic material and participate in discussions, we were the proverbial guinea pigs in an experiment in medical education that has seen UBC pioneer the first fully distributed medical school in North America. Despite the uncertainty inherent in innovation, the involvement of the new distributed sites brought momentum to the program and solidified the concept that medical education in British Columbia is now a provincial effort, and not simply a local university affair. Although as students we did not yet know what to expect on that first day, we had the feeling we were going to be part of something new and remarkable.

Looking back after four years, it is poignant to contemplate the effect the expanded and distributed MD under-

graduate program has had on all of us. Students in the VFMP gained exposure to quaternary-level hospitals with large numbers of patients and high levels of acuity. IMP and NMP students were afforded greater familiarity with faculty, administration, and the community—an important asset when pursuing career paths outside urban centres. Through distribution, UBC offered us an abundance of unique cultural and medical experiences. Only time will tell if there will be any long-term effects on those of us who chose one program over another when it comes to career choice and practice style. However, it is reassuring to know that while each site developed its own personal character and qualities during our years in the program, the sites also had much in common, as the experiences recounted here show.

—BT and CM

The Northern Medical Program experience

Having the opportunity to be a part of the first class of the NMP has been a little like walking into an episode of

The authors are recent graduates of the UBC MD undergraduate program. They entered the expanded and distributed medical school in 2004 and were part of the first class to graduate in 2008.

“Cheers”—you spend way too much time in the same room with a small group of people, and *everybody* knows your name.

We had been medical students for exactly 6 weeks when the Northern Medical Society flew us to Prince George for a banquet. On the plane, one of the flight attendants got wind of the fact that a dozen or so medical students were onboard and made an announcement that was followed by a plane-wide round of applause. Aside from being mortifyingly embarrassing, this type of welcome set the tone for the years to come. In fact, the enthusiasm and dedication of the medical community, administration, and especially the nonmedical community form the foundation of this program. This was particularly true for us, the first class, where absolutely everything—from receiving a lecture to having a clinical exam—was something new, and just a little risky. Prince George heard a collective sigh of relief in June 2005 when we completed our first year: We had finished our exams, the faculty and administration had made the program work, and together we managed to pull off the experi-

ment conceived by 5000 people—a medical program in Prince George was now functional.

From the start, the NMP administration tried not to get bogged down by the inertia of the “mother ship” and worked to change medical education in Canada right from the top. The staff and faculty were always willing to hear our ideas for change, and they worked hard to find creative solutions for problems imposed on us by rules that work well for keeping 200 people in line, but are perhaps a little rigid for governing 24.

Having the opportunity to be a part of the physician community in Prince George can only be described as a pleasure. Strong currents of generalization flow here, through family practitioners and specialists alike. Prince George serves as a model community for incorporating full-service family practitioners in a referral centre with a full range of specialists. The warm relationship between physicians and the dedication and commitment the whole physician community showed us makes the themes of collegiality, generalization, and professionalism hard to ignore. Of all the lessons taught by

this group, many of them working with medical students for the first time, these are the ones that will stay with all of us as we move through our careers.

—DJ and KP

The Island Medical Program experience

The distributed program in Victoria was a rewarding experience. As clinical clerks, IMP students interacted with physicians directly and were involved in patient care and procedural medicine. Socially, the smaller centre was fun—it was easy to get together to enjoy, among other things, live music, pubs, and art events. Despite the challenge of being in a new program, we proved to be a resourceful and adventurous group, and today we continue to benefit from social connections founded during the first months at UBC with classmates destined for other sites.

A highlight of my time in IMP came in neurosurgery, when I watched as bright white brain tissue was separated by smooth metal retractors, and the surgeon peered down between two hemispheres to the third ventricle and identified a colloid cyst like a tiny glowing white pearl. The surgeon teased the cyst off the twisting branches of choroid plexus, removing the offending pearl so that the lakes and waterfalls of the brain—the ventricles containing precious cerebrospinal fluid—could flow properly again, the hydrocephaly resolving.

To encapsulate the tension between my former artistic career and current studies, I created a dance piece about my experiences in the OR. A love of creative writing led me to design a class newsletter, “IMPrints,” to express the ideas of the surfers, climbers, singers, dancers, pianists, squash players, runners, and social activists who made up the inaugural IMP class.

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And what career will I now choose? I am considering family medicine and a number of other specialties. I am also considering practising in Victoria. The family doctors here are welcoming, thoughtful, and inspiring. The doctors at the Cool Aid Society exposed me to the excitement and humanitarian satisfaction of working with a socioeconomically vulnerable population, and the doctors on obstetric call taught me about the intertwining of practical care and the sheer excitement of delivering babies. Whatever I end up doing, I know the inspiration and thoughtful advice I received from the physicians in Victoria have equipped me to choose a fulfilling career.

—ML

The Vancouver Fraser Medical Program experience

I grew up in North Vancouver and entered medicine at the age of 29, ripened from traveling and a previous career in engineering. My interests were primarily in family practice when I started, and as I head into my fourth year I'm split between this and surgery. Whatever I do, it will be in a smaller town where I'll know my neighbors and be able to cast my fly-line before work.

Throughout my years in the MD undergraduate program I've had many incredible "first experiences:" delivering a baby and then twins, suturing with shaky and then steady hands, caring for patients as they die, and then breaking the news to their families. I've worked in both the Greater Vancouver community hospitals and the academic centres and I've appreciated the opportunity of both experiences. In the academic centres, your role and expectations are defined, but hands-on opportunities are reduced by the fact that residents are also there to learn. In community hospitals, the role

of the medical student is not as defined and there is greater opportunity to become integrally involved in patient care. I suspect the experiences at these Vancouver Fraser community sites are similar to those in the IMP and NMP.

Despite being in a distributed program, we had many opportunities to remain connected. In our second year, a number of the VFMP students decided to take advantage of the intersite videoconference system to keep in touch with our colleagues in Victoria.

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—PM

Competing interests

None declared. [BCMJ](#)