

Student life in a distributed medical program

Determining the success of UBC's distributed medical program isn't just about looking at the numbers—how many GPs are produced and where they choose to practise. The growth of a new medical school also fosters connections, camaraderie, and a supportive and tightly knit medical student community. Student Greg Costello describes the journey so far.

Greg Costello

When discussing the distributed sites of the University of British Columbia's Medical Undergraduate Program, people are generally focused on three areas of interest: the number of family doctors produced at the sites, the location in which graduates choose to practise, and the quality of the education graduates receive when learning somewhere other than the traditional medical boot camps of Vancouver. All of these issues are important and certainly deserve to be analyzed and discussed at length. However, as the old saying goes, if one focuses on the destination, the journey is missed.

During my first year, one of my instructors impressed upon the class the importance of learning and appreciating the narratives of our future patients in order to avoid treating them like the personification of their illnesses—the ruptured spleen in bed three or the broken nose in exam room eight. The instructor reminded us that patients need to be treated like the human beings they were when they walked into the clinic.

I believe this attitude should extend further, encompassing our

present and future colleagues as well as our patients. The narrative and culture of the students, faculty, and staff within a medical school are entities that should be acknowledged when discussing our institutions. This is especially true in the time during which a school is actively being built and effort is being made to produce not only technically competent individuals, but also caring and connected physicians.

I developed this perspective during my time as a student in one of the newest medical school sites in Canada, UBC's Southern Medical Program (SMP) in Kelowna, which welcomed its third entering class in January this year.

Placement in the Southern Medical Program

In the summer of 2012 my classmates and I watched our e-mail inboxes with an intensity usually reserved for the seventh game of a Canucks Stanley Cup run. The tension while we waited to learn if we had secured a place in UBC's Medical Undergraduate Program was high—some of us had endured multiple application attempts or spent time languishing on a wait list. When the long-awaited confirmation letter arrived, students from across the country reveled in the cul-

mination of their years of focus, hard work, and determination. For some, reading that they'd been accepted into the Southern Medical Program was cause for further joy, as they had selected it as their first choice during the Faculty of Medicine's centralized admissions process.

The four options available to students in the application process are the Northern Medical Program, the Island Medical Program, the Southern Medical Program, and the Vancouver-Fraser Medical Program. UBC takes in 288 new medical students a year, and three groups of 32 students are stationed in the three so-called distributed sites, while 192 remain to study in Vancouver. During the admissions process, applicants are asked to rank the four sites in their order of preference to help determine who will go where once admission decisions have been made. Most students are stationed at their first choice of sites, and this was the case for our SMP cohort.

Those who had selected another site as their first choice had mixed emotions about the move to Kelowna, at least to begin with. In time their feelings of nervousness and hesitation about joining a new program faded away, and those who initially grappled with reluctance eventually

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became some of our most enthusiastic classmates.

My classmates and I spent the months following our acceptance into the UBC MDUP preparing in different ways—tying up loose ends, finishing PhD or master’s degrees, traveling, or working to accumulate as much cash as possible to offset the student debt we would incur during our time in the program.

Our first day: Vancouver

We met for the first time in the Life Sciences Centre at UBC in Vancouver. Though we had connected with our new SMP colleagues online before we engaged in person, our Facebook banter could not compare to the atmosphere of excitement that permeated the conference room on that first day. This was where the spirit of the class that would head to Kelowna in 4 months’ time was born.

We successfully held events as the SMP during our first 4 months of medical school, but after that brief initial meeting our group mostly dissolved into the mass of 288 students in UBC’s MD Class of 2016 for the rest of the first semester.

The time we spent in Vancouver studying the principles of human biology was different for everyone. Though we appreciated getting to know our colleagues from the other sites, the nagging sense of the temporary nature of this arrangement colored our interactions. Some of us could not wait for Kelowna, eager to finally put away the packing boxes that cluttered our living spaces. Others were hesitant to leave behind family and friends, both old and new. In either case, we studied hard and had our memorable first clinical experiences around Metro Vancouver. Before we knew it, our exams had come and gone and within weeks we were on our way over the icy Coquihalla Highway to spend the remainder of our first year in Kelowna.

Our “second first day:” Kelowna

What was essentially our second first day of medical school began with a blizzard, which served to remind us that we had exchanged the rainy days of the Lower Mainland for the cold, dry winter climate of the Interior. At the Reichwald Health Sciences Centre at UBC Okanagan we were greeted with warm smiles and reassurances that the wild weather was an aberration in what is normally a very agreeable climate. This friendly welcome was our introduction to the remarkable faculty and staff who make up the vertebral column of the SMP. Almost immediately the class recognized what a privilege it is to be supported by such outstanding teachers. The administration team, our clinical skills tutors, and our family practice preceptors were all keen to teach us everything they could to aid us in our journey through medical school.

In January that journey began in earnest—we hit the ground running. It was clear from the first lecture that we would need to spend numerous hours mastering the material presented to us. Luckily, many of these hours were made enjoyable by tutors who consistently went above and beyond to ensure we all grasped the concepts presented. It was not uncommon to hear of PBL (problem-based learning) tutors offering students the opportunity to shadow in their office, or clinical skills instructors giving out their business cards so that we could arrange additional practice times before exams. The third-year medical students and family medicine residents at Kelowna General Hospital also got involved in the program, setting up workshops on suturing, bone fracture management, antibiotic prescribing, and other topics throughout the year. These events exposed us to knowledge and skills that these upperclassmen and women felt would serve us well through the years of training ahead. Additionally,

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it seemed that almost every evening there was another lecture or workshop being streamed live from Vancouver, ensuring we did not become too disconnected from the mother ship.

Community and camaraderie

With our busy timetables and these extra educational opportunities, life sometimes felt a little hectic for many of us. This was expected, but what was perhaps not expected was the level of camaraderie that quickly developed within our cohort. Our class thoroughly enjoyed getting together whenever we could, for events like birthday celebrations, Oscar parties, and impromptu lunch-hour outings before afternoon lecture.

One day in late April a classmate decided that we needed to have one final get-together before the onset of exam season. Within hours of his announcement online, about half the class was crammed into an apartment overlooking Okanagan Lake, with conversation and laughter echoing around the room. I took that opportunity to ask my classmates what they thought of the program thus far, and found that two emotions consistently revealed themselves: disbelief and gratitude. “I’m still waiting for someone to tell me they’ve made a mistake, and that I’m not really supposed to be here,” said one colleague. Everyone was happy to be in the company of such amazing classmates, staff, and faculty, learning with and from them as our little medical school slowly matured, and we along with it.

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Our exams approached quickly, and many of us banded together into study groups scattered in houses and coffee shops across Kelowna. With the help of SMP instructors, tutors, administration staff, and each other we tackled the challenge of our tests, propelling ourselves into our second year of medical school.

Second year and beyond

After enjoying one of our last free summers before the start of our professional lives and busy work schedules, we converged again at UBC Okanagan and Kelowna General Hospital in late August to start second year.

Second year is a lot like the second half of first year. We will be spending the majority of the next 10 months in small-group learning sessions, a lecture hall, family practice office, or clinical skills room. Despite the distance between sites, the curriculum and exams for our program are exactly the same as every other medical program under the UBC banner, ensuring a comparable experience in all the sites. Advancements in online videoconferencing technology and the hard work of our local course directors and coordinators allow us to stay in step with all of our colleagues in the UBC Medicine class of 2016.

Upon the completion of second year the class will be split into several groups to begin our clinically based third year. As it stands, about 24 students will remain in Kelowna to do their clinical clerkship at Kelowna General Hospital for this period. The remaining eight students will head either to the Royal Inland Hospital in Kamloops for a similar rotation-based clerkship program or to one of the many integrated community clerkship sites around the province in places like Chilliwack, Duncan, Terrace, Fort St. John, Trail, and Vernon. Though we may be scat-

tered all over British Columbia, all of us in the class of 2016 will have comparable clinical experiences in family practice and 10 different specialties, as well as electives in which we can pursue areas of special interest. Finally, once we have all passed the same written, oral, and objective structured clinical exams and gained the required competencies, we can progress to fourth year.

During fourth year, like our comrades at the other UBC sites, we will be relocating around the province and country to take part in clinical electives, gaining experience in the areas of medicine we would like to pursue. Eventually, along with medical students from across the country, we will be applying through the Canadian Residency Matching System to secure residency positions at UBC or other Canadian medical schools. To those of us still working through second year (and still figuring out how to memorize the spinal nerve dermatomes), that all seems quite far off! As we work through our curriculum and welcome the class of 2017, the SMP class of 2016 is growing closer and more connected, and as a result we are seeing the program mature as a whole. We are not only learning how to be competent physicians, but also solidifying a culture of camaraderie at UBC's newest extension. I am certain that our efforts will be fruitful and will eventually ensure that the SMP becomes well known for producing engaged, compassionate, and proficient medical leaders to join the physician workforce.

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- Ask the worker to call WorkSafeBC at 1 888-WORKERS to file a claim.
- If immediate critical incident support is required, call WorkSafeBC and ask to speak to our critical incident response team.

WorkSafeBC will obtain a psychologist's or psychiatrist's diagnosis as required. Decisions on these types of cases are made in 4 to 6 weeks, but can take longer if a detailed investigation into allegations of bullying or harassment is required. If the claim is accepted, WorkSafeBC's MHCU staff will work with you and arrange for your patient to receive supplemental treatment through a psychologist, psychiatrist, or multidisciplinary program.

To discuss your patient's mental health-related case before or after initiating a report, please call 604 231-8888 or 1 888 967-5377, and speak to a physician in WorkSafeBC's MHCU.

— Joe Pinto
Senior Program Manager,
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Program

shared care

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For information on Shared Care Committee initiatives, visit www.sharedcarebc.ca.

— Garey Mazowita, MD
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Additional reading

Araki Y, Lear S. Program evaluation of the PHC Shared Care partnership: Final report. British Columbia Alliance Telehealth Policy and Research, Simon Fraser University. 31 March 2012. (Revised 10 August 2012.)