

CONTRIBUTIONS OF DISTRIBUTED MEDICAL EDUCATION

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Faculty Disclosure

- Faculty: Professor Roger Wong
- Relationships with commercial interests:
 - Grants/Research Support: None
 - Speakers Bureau/Honoraria: None
 - Consulting Fees: None
 - Other: None





THE UNIVERSITY OF BRITISH COLUMBIA

UNBC UNIVERSITY OF
NORTHERN BRITISH COLUMBIA



University
of Victoria



Interior Health



northern health

the northern way of caring

Providence
HEALTH CARE

How you want to be treated.



island health



**Provincial Health
Services Authority**

Province-wide solutions.
Better health.

Vancouver
CoastalHealth



fraserhealth

UBC is helping to increase access to health care services for British Columbians by expanding and distributing medical education across the province.





North



Interior



Vancouver Fraser



Island



Rural admissions stream

Distributed medical training

Diverse patient populations

A PROVINCE-WIDE ENTERPRISE

UBC FACULTY OF MEDICINE

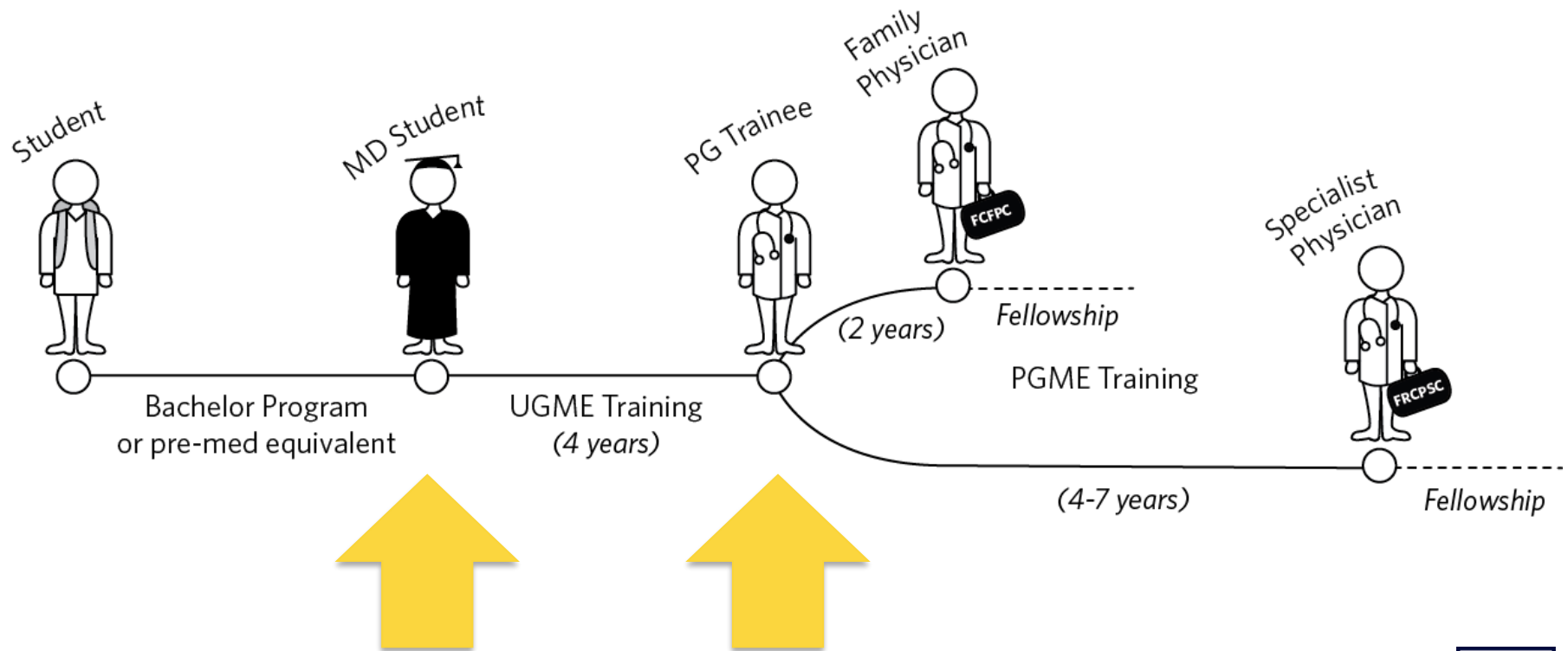


A photograph of three medical professionals standing on a grassy lawn in front of a modern building with a wooden slat roof and large glass windows. On the left is a man in a white lab coat, grey trousers, and a dark tie, with a stethoscope around his neck. In the center is a woman in a black short-sleeved button-down shirt and black trousers, also with a stethoscope. On the right is a woman in a white lab coat over a black dress, with a stethoscope and a UBC ID badge. The background building has a unique roof made of horizontal wooden logs and a large glass facade reflecting the trees. The foreground is a green lawn with some fallen leaves.

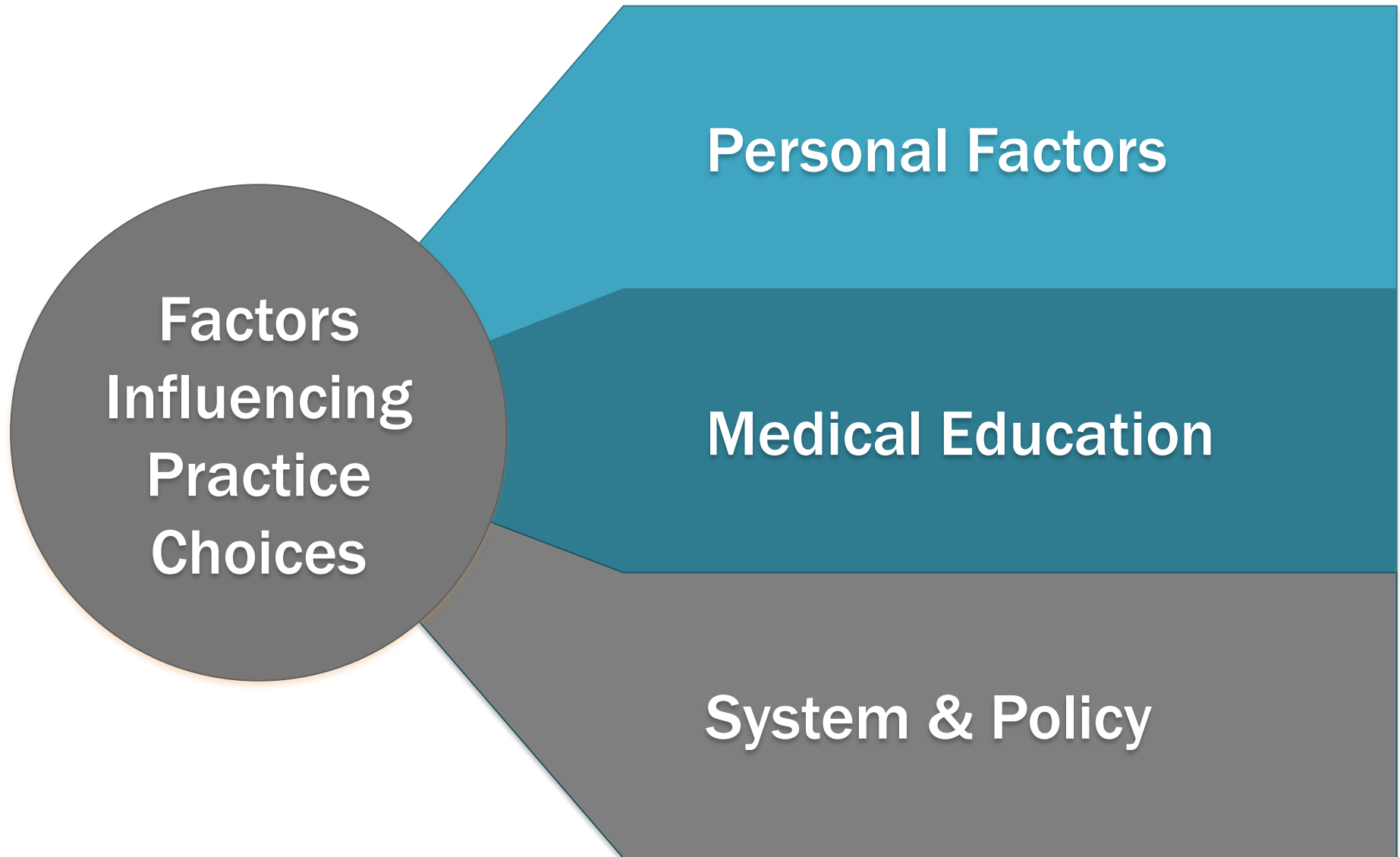
ABORIGINAL MD ADMISSIONS



The Medical Education Continuum



Context

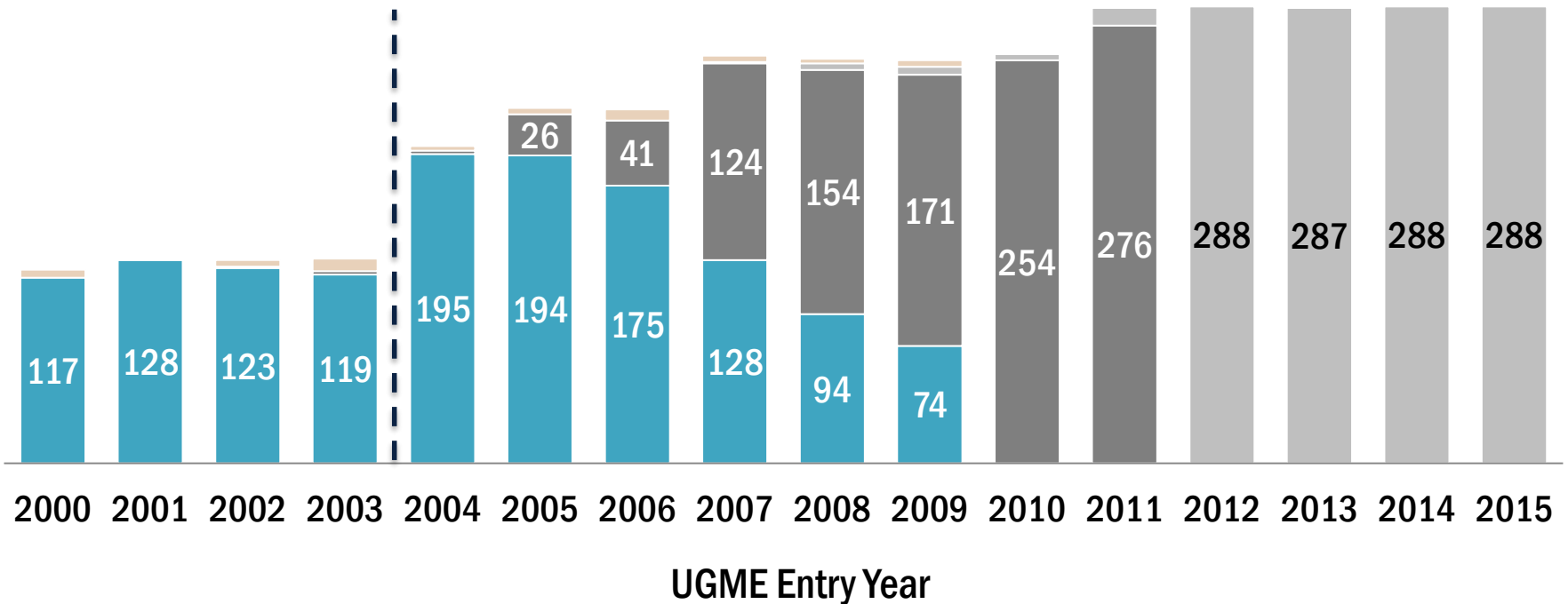


Wilson et al. (2009) A critical review of interventions to redress the inequitable distribution of healthcare professionals to rural and remote areas. *Rural Remote Health*. 9(2):1060.

Medical Training takes a long time

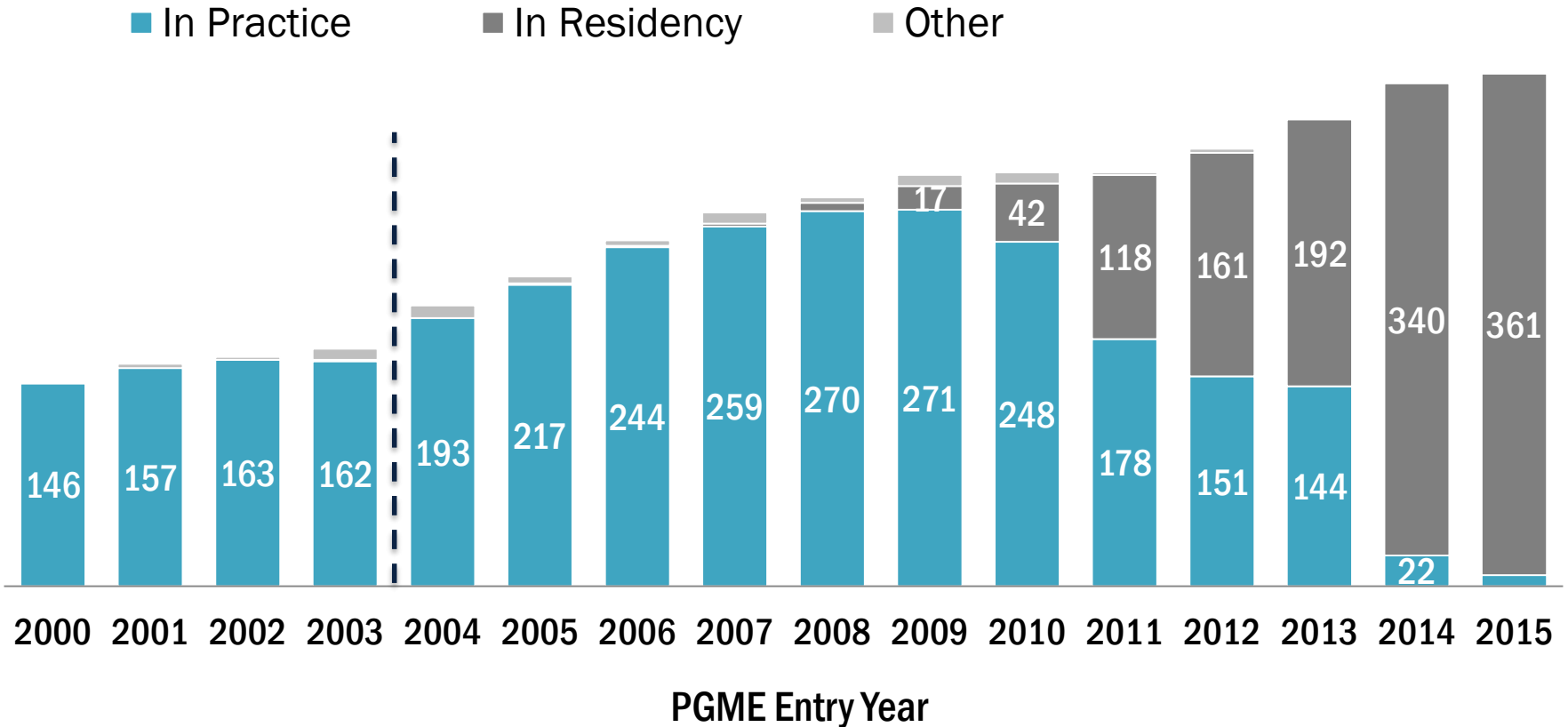
Current status of UGME Students (as of June 2016)

■ In Practice ■ In Residency ■ In UBC MDUP ■ Other



Medical Training takes a long time

Current status of PGME Residents (as of June 2016)



Dr. James Card:

- Raised in Maple Ridge
- Student in first group of Northern Medical Program (2004-08)
- Family Medicine resident in Prince George (2009-10)
- Served various locums around B.C.
- Family practitioner at Mackenzie District Hospital and Health Centre (2011 – present)



TWELVE TIPS

Twelve tips for teaching in a provincially distributed medical education program

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Tips for Distributed Classroom Teaching

- Promote teacher-student connectivity
- Optimize the long distance working relationship
- Use the reality television show model to maximize retention and captivate students
- Include less teaching content if possible
- Tell students what you are teaching and make it relevant
- Turn on the technology tap to fill the knowledge gap

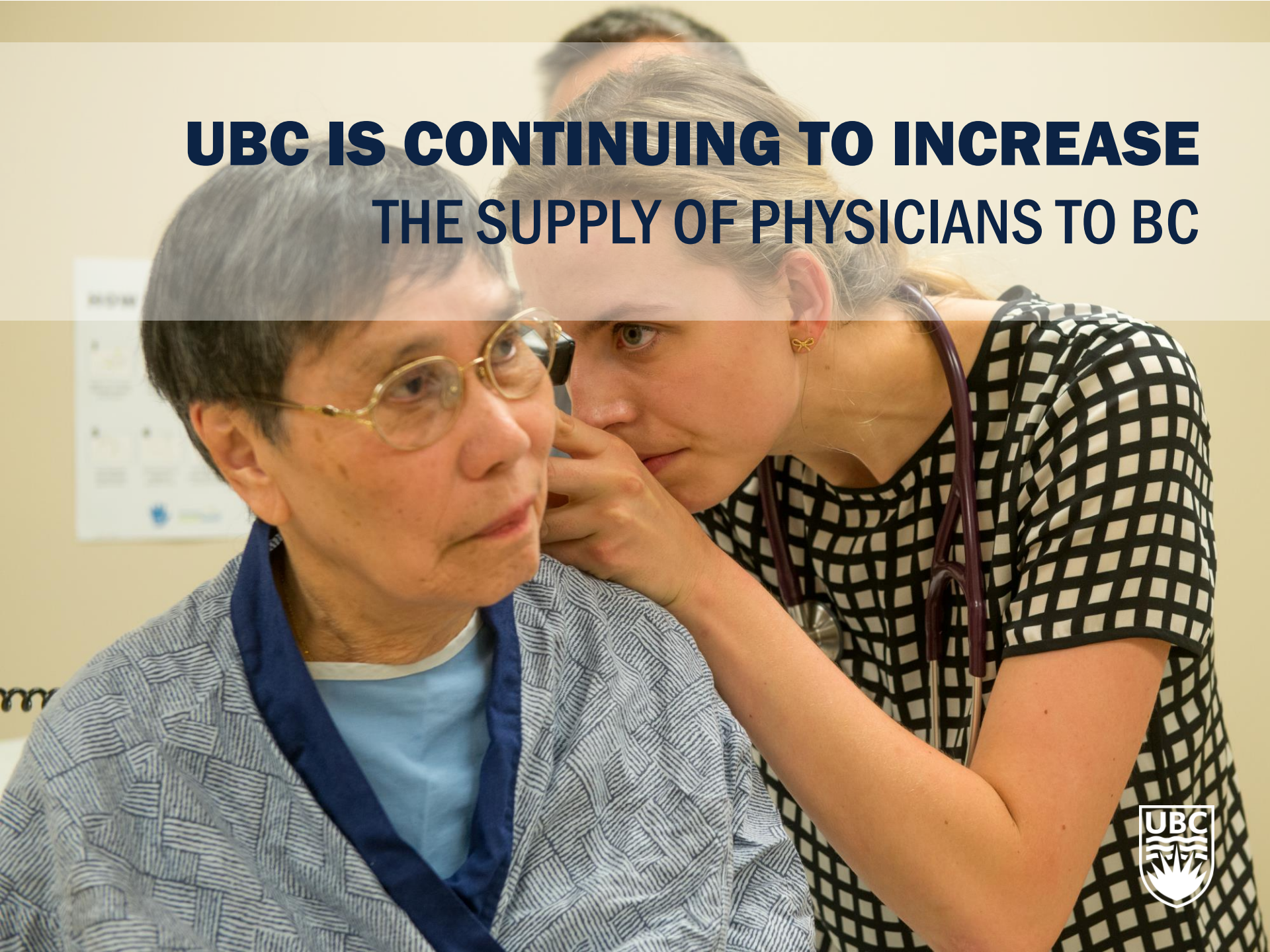


Tips for Distributed Bedside Teaching

- Ask “what if ” questions to maximize clinical teaching opportunities
- Try the 5-min short snapper
- Multitask to allow direct observation
- Create dedicated time for feedback
- There are really no stupid questions
- Work with heterogeneous group of students



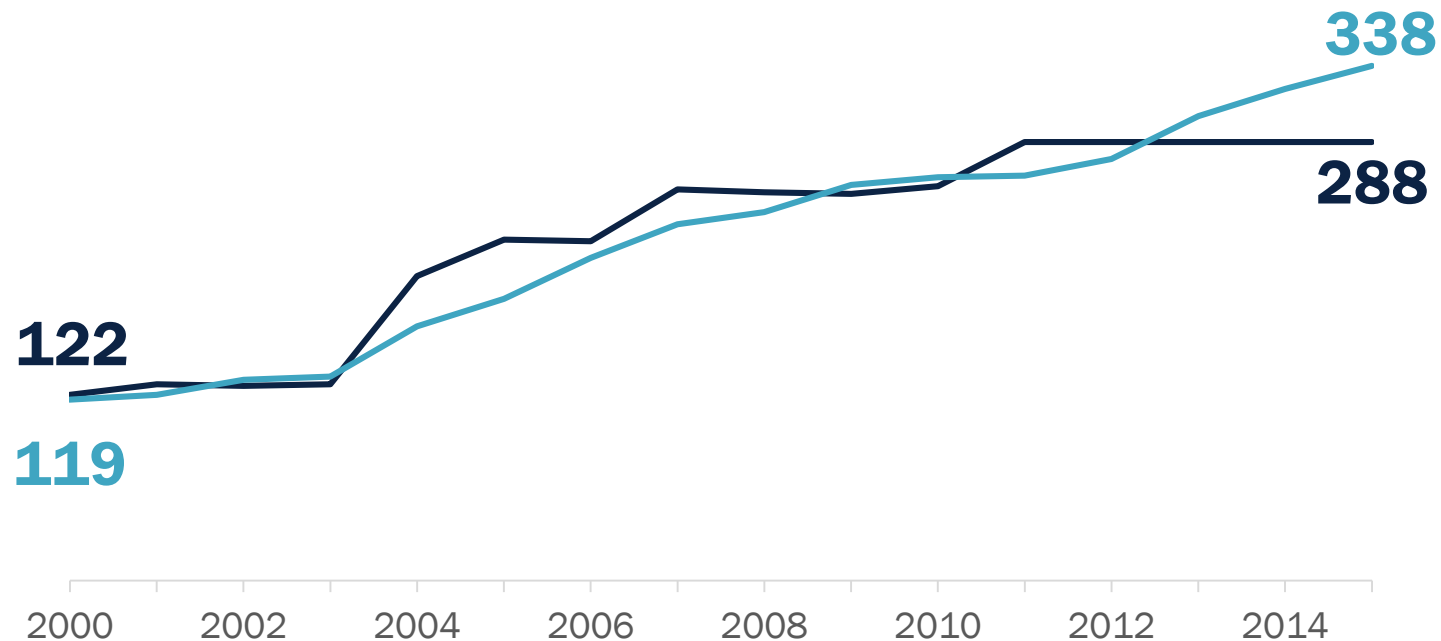
UBC IS CONTINUING TO INCREASE THE SUPPLY OF PHYSICIANS TO BC



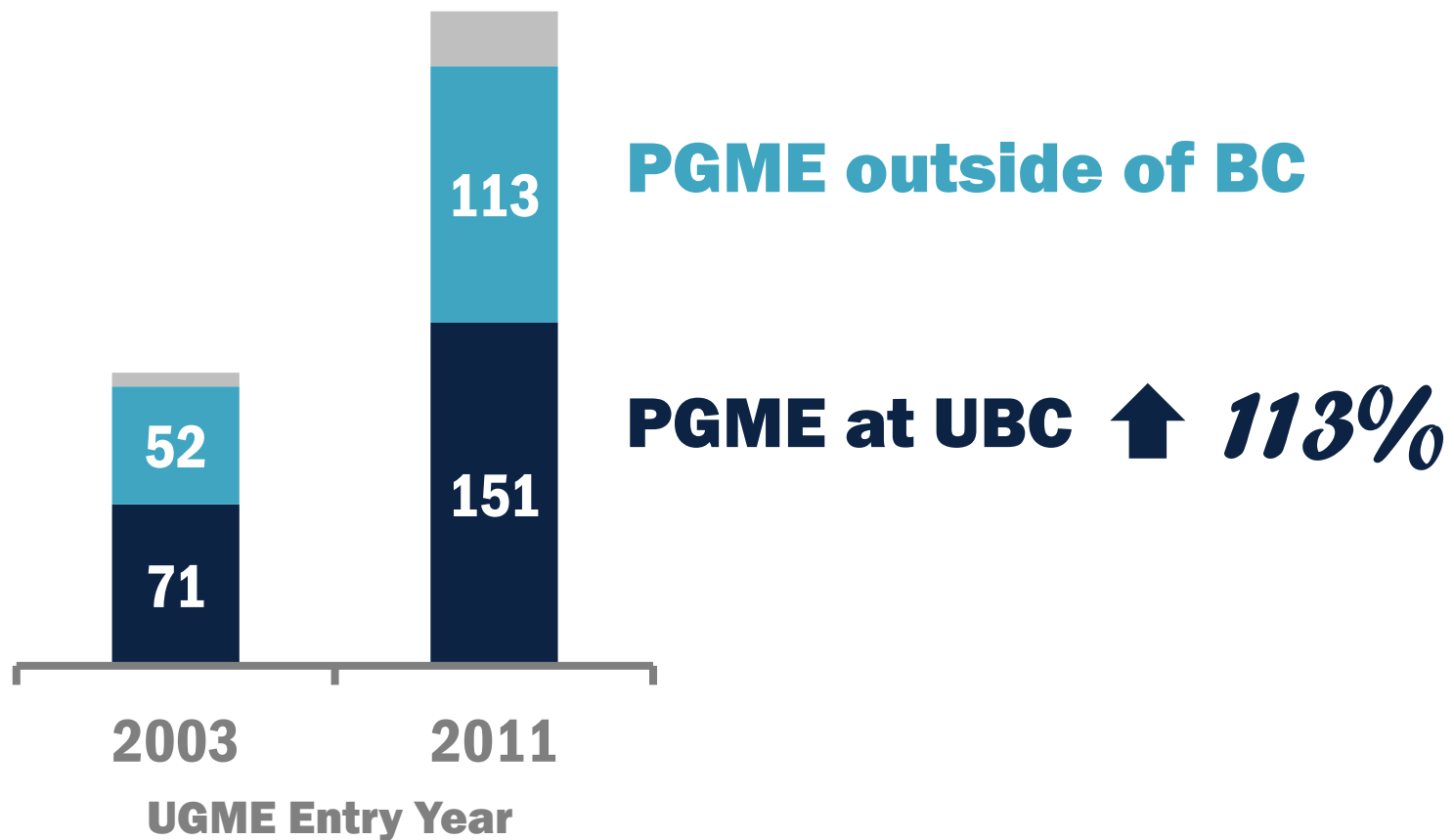
Entry-level positions have increased two-fold since 2000.

PGME ↑ *184%*

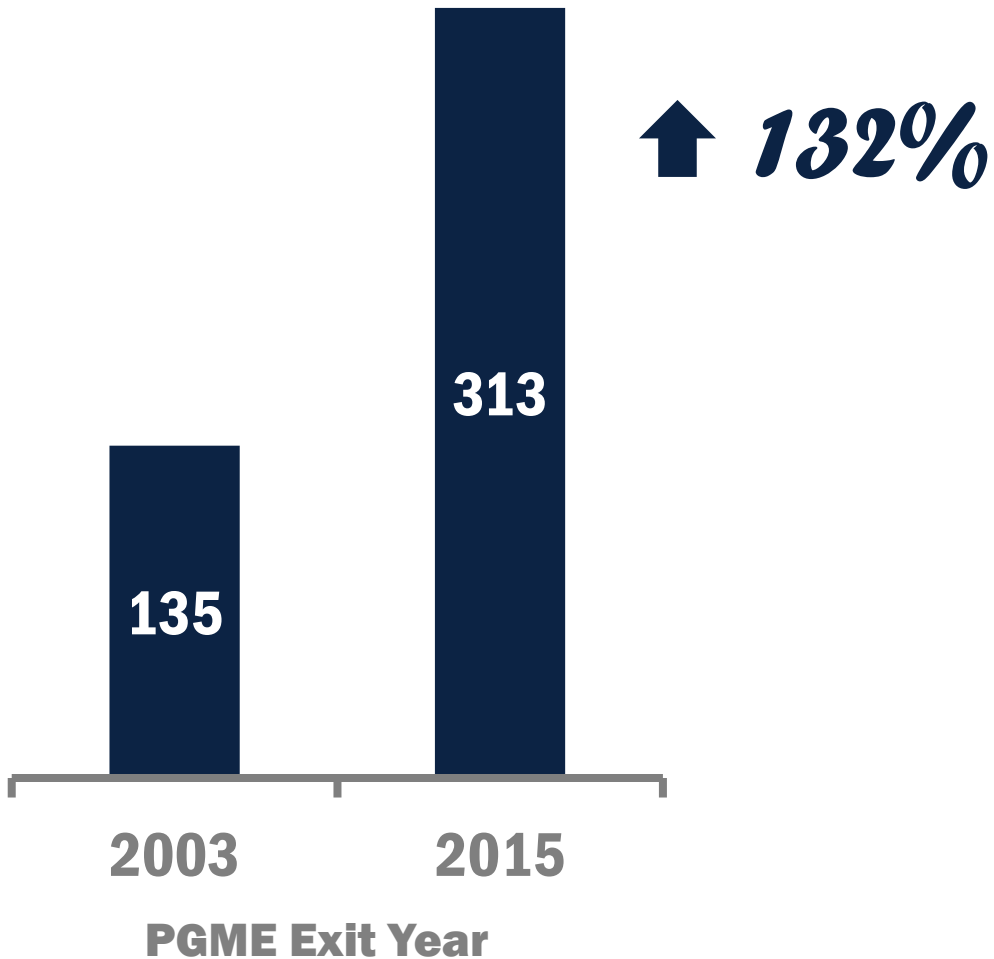
UGME ↑ *136%*



Large increase in number of UBC UGME trainees remaining at UBC for residency.



Number of PGME residents completing training each year has more than doubled.





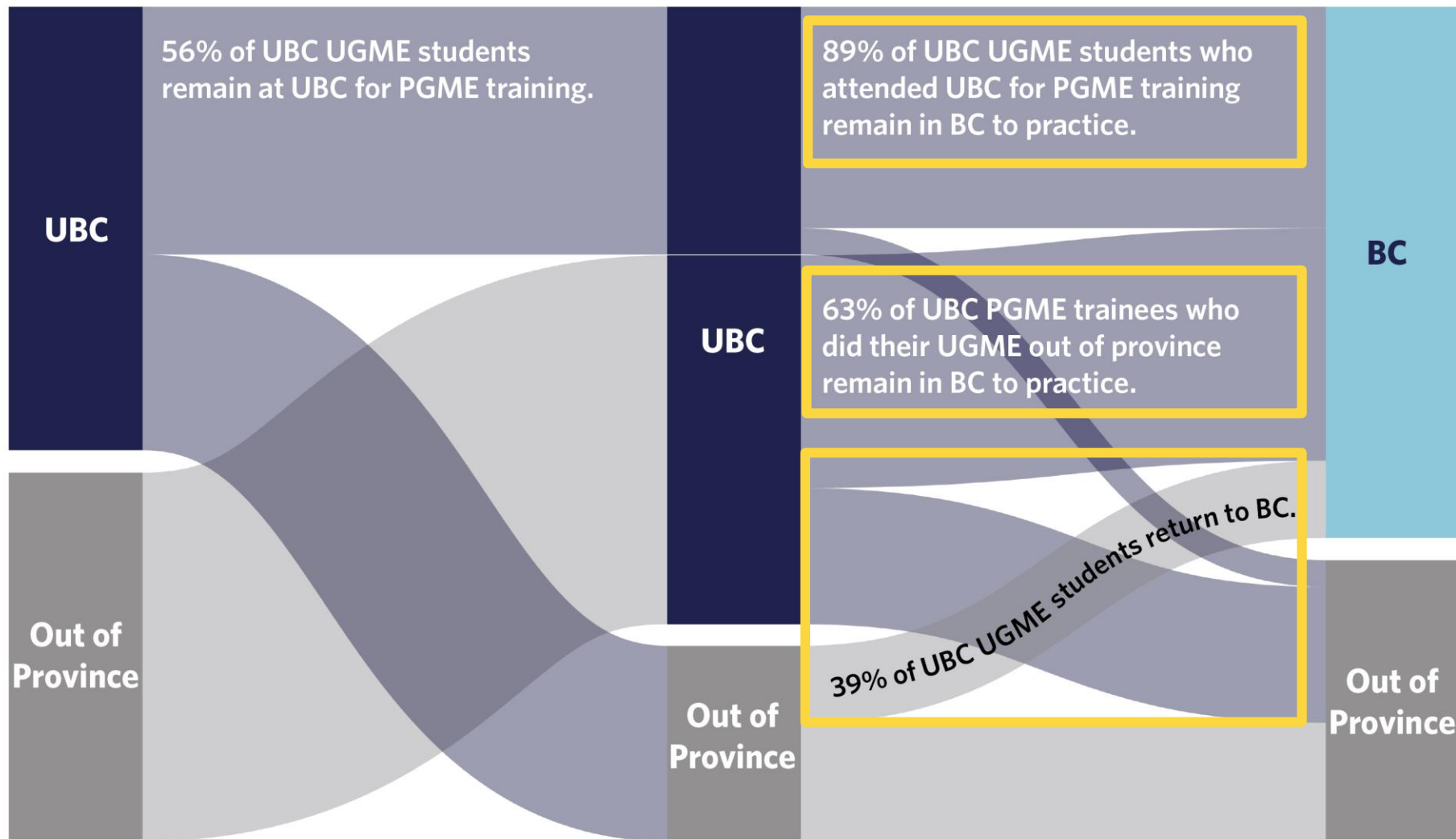
UGME



PGME



Practice



Data: MDs graduating between 2004-2013 (n=2471)

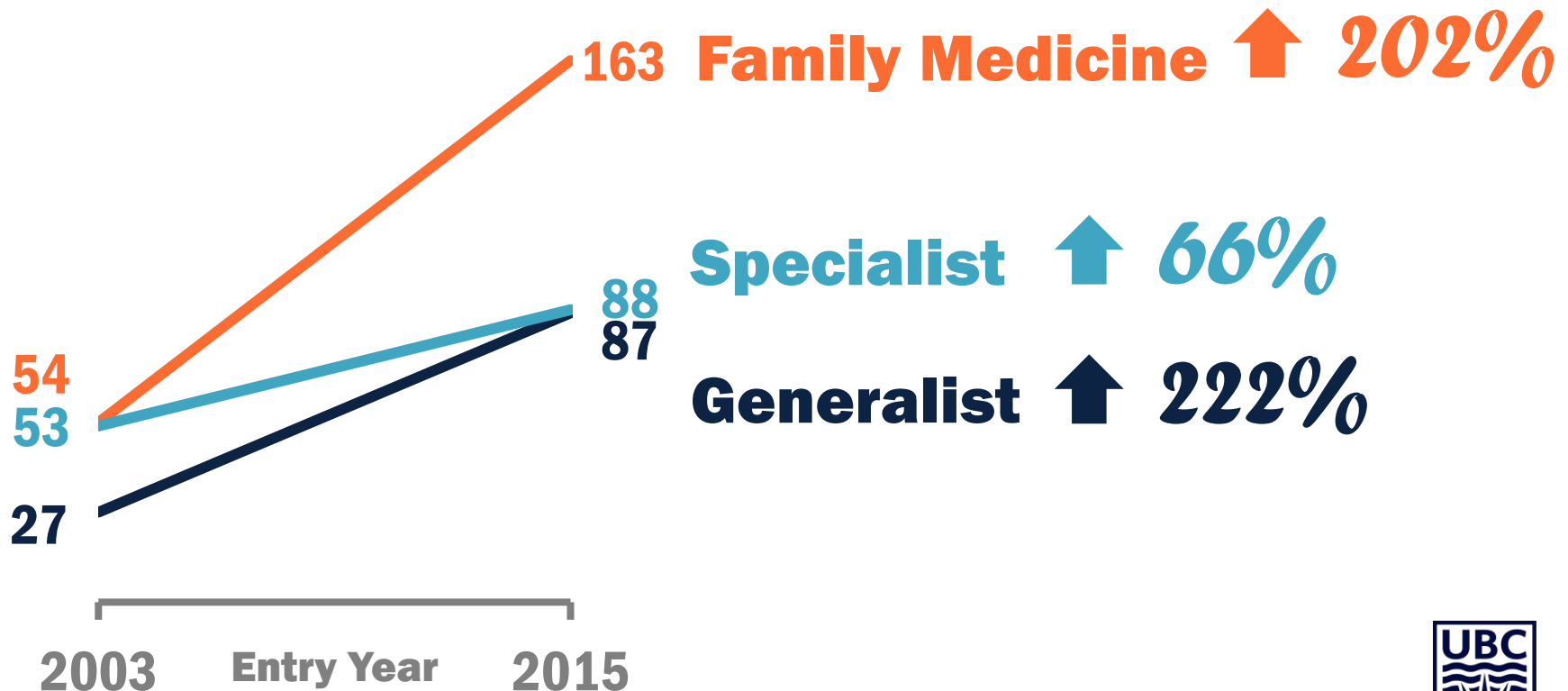
Note: Those practicing in BC who completed both UGME and PGME outside of the province are not represented here.

UBC IS ENHANCING HEALTHCARE DELIVERY & CAPACITY

BY INCREASING
THE SUPPLY OF
**PRIMARY CARE
PHYSICIANS**



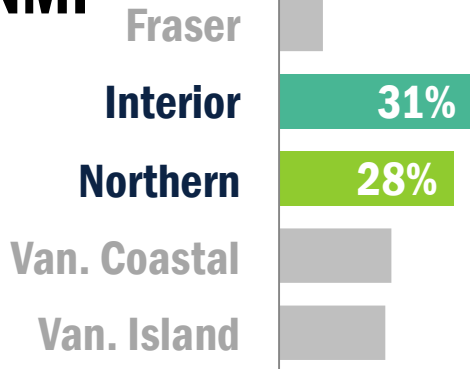
Expansion in UBC residency programs has led to a **three-fold increase** in the number of PGY1 primary care trainees.



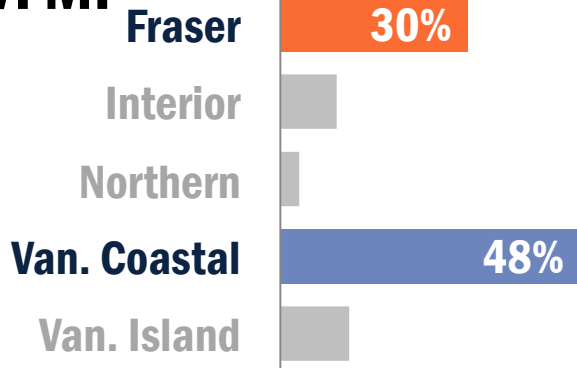
UBC TRAINED PHYSICIANS ARE PRACTICING IN RURAL & SMALL TOWNS WHERE TRAINING TOOK PLACE



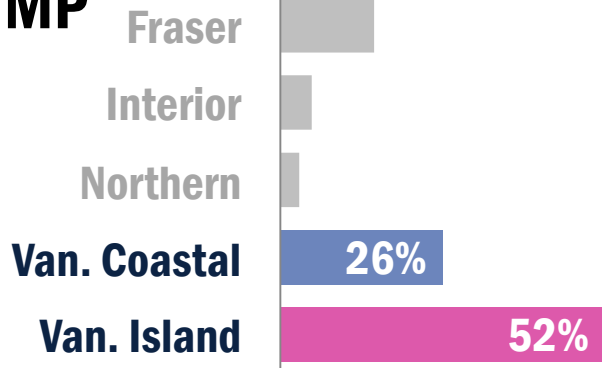
NMP



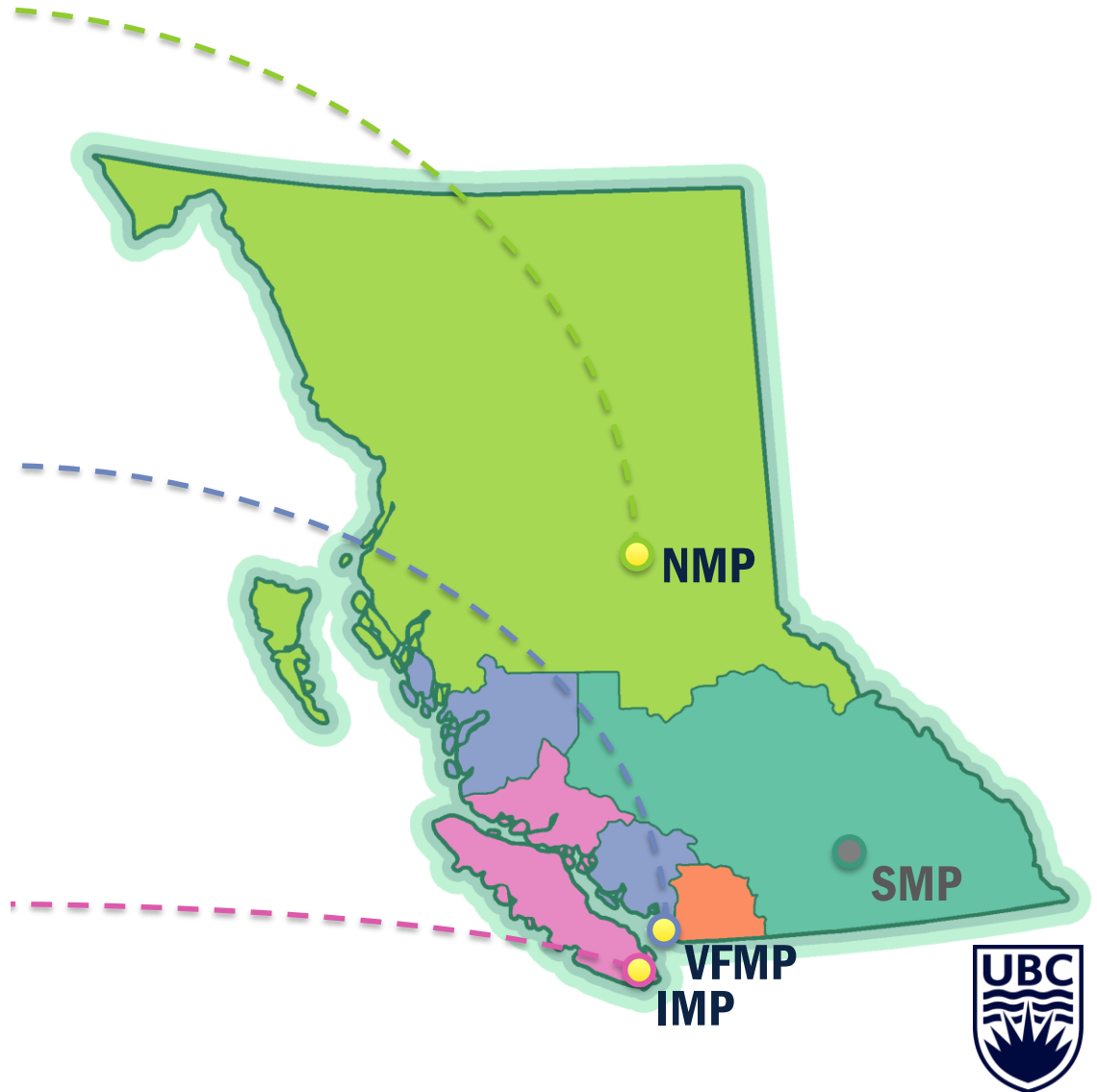
VFMP



IMP



Early findings reveal an association between UGME training site and location of practice.



NMP

Rural

60%

Urban

VFMP

Rural

9%

Urban

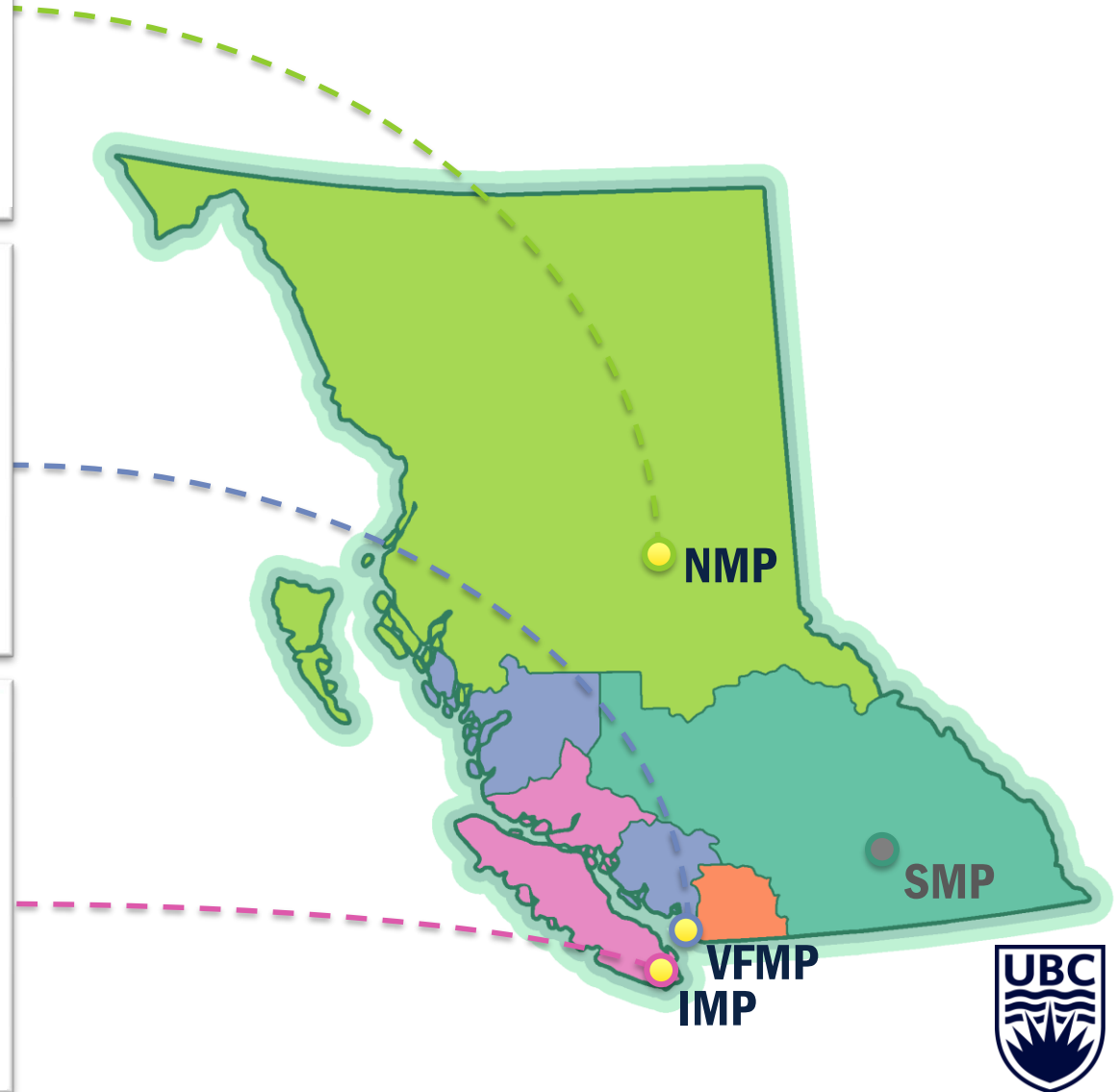
IMP

Rural

24%

Urban

There are also promising associations between distribution and rural practice.



“This (distributed medical education) approach requires full collaboration among the relevant stakeholders, including academic institutions, government, health authorities, medical association, and communities at large.”



In summary, UBC's distributed medical education is contributing to physician human resources in BC by...

- **increasing the overall supply of physicians.**
- **enhancing healthcare capacity by increasing the supply of primary care physicians.**
- **training physicians who are practicing in rural & small towns where training took place.**

