

The Power of Healthy Collaborations from Here

Stephen Toope, PhD, LLB, BCL, MA^a

^aPresident and Vice-Chancellor, University of British Columbia, Vancouver, BC

"In the long history of human kind (and animal kind too) those who learned to collaborate and improvise most effectively have prevailed." – Charles Darwin

The imperative of Darwin's observation is becoming all the more apparent in the world of health care, beset as it is by global, regional and local challenges. Whether the focus is research, education, or clinical care, collaboration is a crucial operating principle within our Faculty of Medicine. Today's medical challenges range from unraveling the mysteries of brain functions, to delving into molecular markers for breast cancer, or establishing a global protocol to fight AIDS/HIV. Today's teams of scientists, clinicians, and technicians at the University of British Columbia (UBC), our partner institutions, and global colleagues devote years of their lives and are fuelled by curiosity and determination to find solutions to problems faced by humanity. That collaboration helps explain why 49% of all of the research funds (\$475.3 million) spent at UBC in 2008-2009 were generated by teams within the UBC Faculty of Medicine.

Within the Faculty of Medicine, best known for educating physicians, other health care students in physical therapy, occupational therapy, speech language pathology, audiology, public health, and basic sciences are also being trained. This diversity of disciplines provides fertile ground for the expansion of another example of collaboration: interprofessional education. For example, the faculty's current curriculum renewal process for undergraduate medical education is placing a significant emphasis on the growing importance of bringing disciplines together with the patient or client as the central focus. This direction is further supported by a recent report entitled "The Future of Medical Education in Canada" by the Association of Faculties of Medicine of Canada.¹ In addition, provincial and federal policy directives increasingly focus on the use of interdisciplinary teams to facilitate effective health care in times of health care resource challenges.

A successful example of interprofessional collaborative education can be seen in the Interprofessional Rural Program of BC where, over the past six years, students from 13 disciplines (many from UBC) have worked in 11 communities including Bella Coola, Trail, Port McNeill, and Ladysmith.

Correspondence


Stephen Toope c/o Patricia Stevens, patricia.stevens@ubc.ca



In this photo: Professor Stephen Toope

Another aspect of collaboration is the distributed medical program that takes place with our partners at the University of Victoria, the University of Northern British Columbia, and soon with UBC's own Okanagan campus. The tangible and positive impact of this co-operative venture, which was launched in 2004 with strong support from the provincial government, can now be seen by the fact that the number of graduating physicians has almost doubled from 119 in 2001 to 216 in 2009. It is expected that some recent graduates will choose to establish their practices in rural and smaller urban centres.

Sixty years beyond the beginning of our Faculty of Medicine, collaborations with health providers continue to multiply. Every day, student physicians are being taught in clinical settings belonging to one of BC's six health authorities – from Kamloops to Castlegar, from Surrey to Fort St. John – all focused on helping patients and clients remain healthy. In New Westminster, a student-run community physical therapy clinic is helping clients with mobility. In Prince George and Vancouver, one of UBC's epidemiologists is working with First Nations leaders on AIDS issues.

These examples of collaborative partnerships, and many others, are ubiquitous enough to prove that the Faculty of Medicine is not just a series of places joined by robust, innovative communication technology. It is a community of people acting as catalysts, wherever they are located, to teach, learn, discover, and serve the vision of the faculty through knowledge and perseverance. 

“Whether the focus is research, education or clinical care, collaboration is a crucial operating principle within our Faculty of Medicine.”

REFERENCES

1. Association of Faculties of Medicine of Canada. The Future Medical Education in Canada (FMED): A Collective Vision for MD Education [document on the Internet]. Ottawa: AFMC; 2010 [cited 2010 Aug 5]. Available from: http://www.afmc.ca/fmec/pdf/collective_vision.pdf.