

Why a Distributed Medical School Should Increase Rural Physician Development

Jonathan Y. T. Chi^a

^aUBCMJ Staff Writer

In 2004, UBC Medical School opened its Northern and Island regional campuses in Prince George and Victoria, respectively. At the time, only 24 students were accepted into each distributed site to test the system. Success in sustaining the satellite campuses allowed UBC to continue with their planned expansion of distributed site enrolment to 32 students each in 2007. Now, in 2011, UBC Medical School will add a further 32 students at the new Southern Medical Program based in Kelowna to its growing distributed program.


One of the aims of UBC's distributed medical program is to tackle the ongoing deficit of medical practitioners serving rural areas of BC. Return-of-service contracts that force physicians to practice in rural settings are not sustainable.¹ Ideally, rural physicians should want to live and work in these rural communities rather than feel that they are obligated. The nature of UBC Medical School's distributed site approach to teaching is conducive towards finding and moulding a healthy proportion of medical students to become passionate physicians who will live and work in those regions.

UBC's rural distributed medical program encourages the development of rural practitioners through the admissions process. It has been widely documented that medical students born and raised in rural communities often return to their roots to practice.² Similarly, students who are involved with extracurricular activities in rural communities despite an urban background are also good candidates. For example, UBC and UNBC conjointly developed a Rural and Remote Suitability Score (RRSS) criteria guide that gauges rural experience.³ The RRSS allows UBC to find medical students with a high affinity for rural life that are well suited to thrive at UBC's Northern regional campus. The hope is that they will stay on to become physicians in those rural communities.

UBC's rural distributed medical program also socially integrates students into the communities in which they learn. Most individuals from outside a community need time to adjust to the norms of the community and find their own social place in that community. Only by discovering their own identities in relation

to the community can individuals begin to consider a community as their own. For most students, the process of socialization cannot occur within the span of a four-week rural community elective. It takes time, and the UBC rural distributed program gives those students that time by immersing them in these rural communities over the four years of their undergraduate medical curriculum. Students craft their own identities in the communities through their social interactions with others in the area, through their meaningful contributions to the communities, and through the hobbies that they develop that only the community can offer. Inevitably, students will be more likely to feel that these communities are where they belong and where they would like to practice in the future.

At the distributed medical sites, students are also exposed to an exciting and challenging type of medical practice that is unique to rural medicine. Physicians in rural communities are often full-service generalists. Their practices cover everything from traditional primary care, obstetrics, and psychiatry to emergency medicine, oncology, and surgery. Resources are often lacking in terms of high-tech instrumentation and imaging modalities. It is a medical practice that calls for adaptability and variety, and many students at the distributed sites find themselves gravitating towards it. Rural physician preceptors are often excellent teachers and do amazing jobs of inspiring their students. Exposure to the unique full-service nature of rural practice through excellent tutelage of inspiring preceptors is important to help students realize that rural medicine is for them.

In these ways, UBC Medical School's admissions process and distributed approach to teaching motivate medical students at the satellite campuses to want to become rural physicians. UBC Medical School not only screens for students with a high affinity for rural life but also exposes them to the rural community both socially and professionally. The effectiveness of this approach at increasing the number of medical students that ultimately end up in rural practice is still too early to gauge. However, the approach that UBC's distributed medical program takes to increase rural medicine interest in its medical students makes sense. 

Correspondence

Jonathan Y. T. Chi, jychi@interchange.ubc.ca