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REPORT



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RURAL FAMILY PRACTICE CLERKSHIP

BENEFACTOR IMPACT REPORT

Prepared for All Supporters of the Program

As of December 31, 2011

EARLY EXPOSURE TO RURAL MEDICINE OPENS MINDS

Despite his urban upbringing in Regina and Victoria, Andrew Van Der Westhuizen thought he might want a career as a physician in a rural area. The diversity of rural practice and the active lifestyle appealed to him. After completing the first two years of the Vancouver-Fraser Medical Program, which mainly involve lectures and theoretical patient cases, Andrew had the chance to experience rural medicine first-hand. He was matched with a physician in Campbell River for the Rural Family Practice Clerkship - a mandatory four-week summer course that exposes all MD undergraduate students to life as a small-town doctor.

"I had an amazing time during my placement," says Andrew. "It definitely made me believe that rural medicine is a strong possibility for me."

Andrew says the Rural Clerkship is essential to the MD curriculum because many students don't even consider a career outside a major city until they experience rural medicine for themselves.

"There's a myth that when you're a rural doctor, you're always on call because you're the only doctor, but that's not always the case," says Andrew. "My preceptor was so well-rounded as a person and as a physician. He was able to juggle his practice to fit in the things he enjoyed, such as small procedures and rounding on his patients in the hospital. He was also an unbelievable teacher and role-model, and very well-regarded in the community and by his patients."



Dr. John Pawlovich, the College of Family Physicians of Canada 2009 Family Physician of the Year

John Pawlovich, MD '94, a preceptor for the Rural Clerkship in Fraser Lake, says it's common for students to start medical school with pre-conceived ideas about what they want to do.

"After experiencing the Rural Clerkship, students often completely change their thinking about general practice," he says. "They never realized primary care could be so diverse or how integrated they could become in a rural community. Over the years, many students have gone into rural family practice as a result of their time in the Rural Clerkship."

NEW DOCTORS RETURN TO UNDERSERVED AREAS

The Rural Clerkship began as an elective in 1974 and became so popular the Faculty of Medicine made it a mandatory course in 1997. Now it's a key component of the distributed MD undergraduate program, which has expanded since 2004 to four geographically distinct sites – the Vancouver-Fraser, Island (Victoria), Northern (Prince George) and Southern (Kelowna) Medical Programs – to address the critical shortage of physicians in underserved areas of BC. Research suggests students who study in rural areas are more likely to practice there. The strategy is already making a difference – 11 of the 12 family practice doctors in the first class to graduate from the Northern Medical Program in 2008 are currently serving in rural areas.

Each summer, second-year MD students fan out to 95 communities across BC and are apprenticed to more than 200 physicians. The preceptors work one-on-one in a direct teaching and mentoring role with students, guiding them through the basics – taking a patient's medical history, conducting a comprehensive exam, formulating a diagnosis and deciding on a treatment.

Dean Gavin Stuart is grateful to the physicians all over BC who generously give their time to mentor students and considers the Rural Clerkship integral to the distributed MD undergraduate program.

"No medical school has ever undertaken such a thorough and geographically diverse distribution of education," says Dr. Stuart. "Some of the first students to enrol in our distributed program, back in 2004, are already working as family physicians in the underserved areas where they trained, including Prince George and Fort St. John. At this point, it's just a trickle. Soon enough, it will become a steady stream of new doctors, in a variety of specialties, contributing to the health of BC's residents."



The Rural Clerkship gives MD students the opportunity to connect directly with patients.



*Dr. Gavin Stuart, Vice Provost Health, UBC
Dean, Faculty of Medicine*

“A great deal of good comes out of the Rural Clerkship – there is no question it has been a real success.”

— Dr. John Pawlovich, Rural Clerkship

Preceptor in Fraser Lake, BC

THE RURAL CLERKSHIP MUST GROW ALONGSIDE STUDENT ENROLMENT

The main challenge facing the Rural Clerkship today is accommodating the growth in enrolment. The distributed MD undergraduate program has doubled the number of students since 2003. Back when the Rural Clerkship became mandatory in 1997, there were about 120 medical students in second year, and by the summer of 2013 there will be 288. The Faculty of Medicine is recruiting more preceptors in rural communities and seeking additional funding to assist the students with their travel and living expenses during the mandatory four-week course.

Dr. Pawlovich says more funding is also needed to improve the consistency and quality of student accommodations. “I think the longevity and success of the program will depend on how easy it is for students to go to rural communities and not worry about where they’re going to put their head down at night,” he says.

In some communities, students’ lodging and transportation is covered by the Rural Education Action Program (REAP), funded jointly by the British Columbia Medical Association and the Ministry of Health Services. In communities not funded by REAP, students receive support from the Rural and Clinical Community Placement Fund – an endowment initiated by a committed group of donors and alumni to provide students with a weekly stipend during the four-week course. The Rural and Clinical Community Placement Fund relies on generous contributions from individuals who recognize the importance of the program.



During the four-week course, Rural Clerkship preceptors introduce second-year MD students to various aspects of a career as a small-town doctor.

The program sites, clinical academic campuses, affiliated regional centres and community education facilities of the distributed MD undergraduate program.



STUDENTS AND DONORS BELIEVE IN THE VALUE OF THE RURAL CLERKSHIP



Andrew Van Der Westhuizen, MD 2013
Vancouver-Fraser Medical Program

Dr. Penny Osbourne, MD '81 has consistently given to the Rural Clerkship over the past 15 years because she wants to ensure medical students continue to benefit from this transformational experience. The summer month she spent with the physicians in Chetwynd through the Rural Clerkship led her to take locums in Fort St. John, where she eventually discovered her passion for anesthesia.

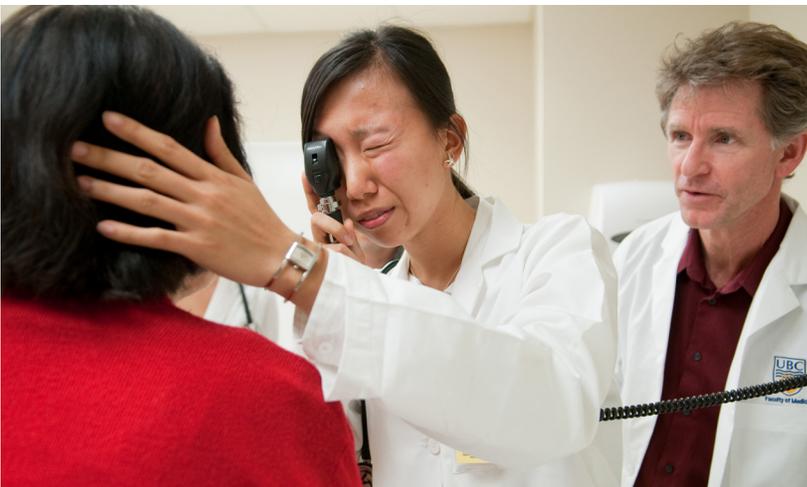
"The Rural Clerkship is the first time ever students get the opportunity to have hands-on, direct connection with patients and put their skills into practice, in a supervised setting of course," says Dr. Osbourne. "For me, it was a rewarding experience that confirmed I wanted to do medicine and made it all come alive."

The four physicians who manage the Lloyd Jones Collins Foundation have never practiced in rural communities themselves but have chosen to direct funding to the Rural Clerkship since 1995.

"During our careers, we saw the majority of funding allocated to medical specialties and urban centres," says Foundation Chair George Goertzen, MD '57 and Associate Professor Emeritus in the Department of Family Medicine. "Rural practice is often left out of the picture, so we felt the Rural Clerkship was a good investment."

Now a third-year MD student fully immersed in clinical work, Andrew is grateful for the Rural Clerkship and the donors who support it. "They make it possible to give all students a chance to go out into the community and explore rural medicine," he says. "I think it's a vital experience for all medical students, and that it should be expanded."

On behalf of all MD undergraduate students, the Faculty of Medicine extends sincere thanks to all supporters of the Rural Family Practice Clerkship for making it possible for BC's future doctors to experience rural medicine early in their training.



Under the direct, one-on-one supervision of an experienced physician, MD students learn the basics of family medicine, including taking a patient's medical history and conducting a comprehensive exam.