

# NMP

Northern Medical Program

An Informational Newsletter for Physicians

Winter 2011

[www.unbc.ca/nmp](http://www.unbc.ca/nmp)

## Full Circle:

*Dr Brian Galliford (OB/GYN) teaching third year medical student Simon Rose. In 1980, Dr Galliford was the physician who delivered Simon.*



## What's Inside:

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### Featured Research Article:

- ▶ "AN EXPANDED ROLE FOR PHYSICIANS: LEADERSHIP IN IMPROVING THE QUALITY OF HEALTH SERVICES"  
by Dr Dan Horvat,  
Assistant Professor, NMP

**UNBC**

Northern Medical Program



Faculty of Medicine

A letter from  
**David Snadden**



Dr. David Snadden,  
Regional Associate Dean,  
Northern BC, UBC Faculty  
of Medicine  
Vice Provost Medicine,  
UNBC

Welcome to another of our updates about the Northern Medical Program. We passed a significant milestone this year; the 10th anniversary of the Health Care Rally which took place in June 2000 and marks the inception of the NMP. A celebration was held in recognition of this event which was attended by many of those who helped organize the rally and who worked hard to develop the Northern Medical Program. The donor recognition wall in the Dr Donald Rix Health Sciences Centre was completed in time for this celebration which recognizes all the significant donors to the Northern Medical Programs Trust.

The NMP is well established now; we have 32 students in each class for the first time, and students learning all their core clinical competencies in Terrace and Ft St John where they spend the whole of their third year. Our first graduates finished residency training this year with some of them now settled into family practice in Ft St John and Prince George.

Another development that has started this year is the building of the cancer centre in Prince George. We were very pleased to be able to work with the BC Cancer Agency to recruit Dr Rob Olson, an academic Radiation Oncologist, who in addition to his clinical activities in the cancer centre will have teaching and research responsibilities with the NMP. Currently, Dr Olson is based in Vancouver, however is travelling to Prince George to run clinics and is dealing with local patients when he is back in Vancouver. He will relocate to Prince George with his wife and children once the radiation facility is nearing completion.

Over the last year we have gradually been developing a patient teaching clinic in the academic space on the 5th floor of UHNBC, the Prince George hospital, and this clinic is now in full time use. A variety of disciplines use this area to run clinics which have students and residents actively involved in learning experiences. Being able to provide ambulatory experiences like this is important in helping us create an environment which will allow increasing numbers of specialty residents to come to Prince George. We are actively working with our postgraduate colleagues on specialist residency rotations, however for capacity reasons at UHNBC, it is unlikely we will see an increase in the numbers of family medicine residents in Prince George at the moment, preferring to develop sites beyond Prince George such as Terrace and Ft St John. These new sites have become established rapidly and are providing excellent education. Ft St John has now graduated its first group, all of who remain practicing in NE BC.

Another project we are engaged in is developing simulation facilities in northern BC, working with the UNBC nursing program and Northern Health to develop simulation facilities in Terrace, Ft St John, Quesnel and Prince George. Patient safety is such an important issue that we need to have access to modern simulation facilities to help not only students but established health care workers who can learn or refresh their acute management, procedural and team working skills. We see this as providing a resource to all health care workers. We have actively worked with a provincial simulation task force, the Centre for Excellence for Simulation Education and Innovation at UBC, and Laerdal, and have carried out a needs assessment with the many potential user groups involved in designing these facilities.

Research continues to grow at the NMP with an increasing number of active researchers both clinical and basic sciences, more students involved in research and further upcoming opportunities for medical students to become involved in research. A number of research collaborations are also beginning to take place with other disciplines and institutions.

Finally, we are now well embarked on the process of implementation of the new undergraduate curriculum in the Faculty of Medicine. The framework for this was set out in the report of the Dean's task force on curriculum renewal <http://cr.med.ubc.ca>. At the time of writing, an implementation task force has been formed, several working groups have been created and we are currently trying to figure out in practical terms how to deliver the vision expressed in the task force report. The north is well represented on the task force and on the working groups. The new curriculum will build on our current strengths, be developed incrementally and tested in pilots. For all those engaged in teaching our students, this will mean little change immediately, although you may see the proposals for any changes later next year and some pilots carried out in the north next year as well.

As ever, we remain extremely grateful to all of you who support the medical program through teaching, volunteering or donations. That support not only created the NMP, but it is fundamental in providing the superb educational experiences that make our graduates so successful.

*David Snadden*

Dr. David Snadden ■

# & News & Updates

## Award Winning Poster

NMP faculty members Dana Cole and Sarah de Leeuw, along with NMP students Ashley Bakker and Jessica Wilford, received the Canadian Society of Hospital Pharmacists (BC Branch) "Best Practice Poster" award for their research poster entitled: Dispensing Geographies: Understanding the Realities of Distance, Telehealth, and Oncology Pharmacy Practice in Northern British Columbia. The research poster also won best poster award in Pharmacy Practice and Administration at the Canadian Association of Pharmacy in Oncology's National Oncology Pharmacy Symposium 2009 in Ottawa. Their research explored the effectiveness of

Northern Health's telehealth system to assist with chemotherapy preparation in communities equipped to deliver chemotherapy but lacking a pharmacist to check the chemotherapy preparations. Telehealth uses video and teleconference technology to connect healthcare professionals so they can discuss and support patient needs. Currently, seven sites participate in and contribute to telehealth oncology pharmacy services in northern BC. Although some challenges remain, the team's research confirmed that telehealth oncology pharmacy services fulfill a need in the Northern Health region. ■



(L-R) NMP student Ashley Bakker, Dana Cole, NMP student Jessica Wilford and Sarah de Leeuw (back).



NMP Regional Associate Dean, Dr David Snadden and Dr Robert Olson visiting the site of the future Cancer Centre currently under construction in Prince George.

## Radiation Oncology in the North

Dr Rob Olson is the first radiation oncologist hired for the BC Cancer Agency in the North. In addition to his clinical responsibilities, Dr Olson is an Assistant Professor with the Northern Medical Program and will be involved in both teaching and research. He is a graduate of the University of Calgary's medical school and completed his five year oncology residency training through UBC at the BC Cancer Agency. ■

## Faculty Development in the Northwest

Dr Richard Moody recently assumed the position of Faculty Development Coordinator for the Northwest. Dr Moody will work directly with UBC in identifying and delivering faculty development sessions in the Northwest. ■

## Research Collaboration Opportunities

Enhancing research and research collaboration opportunities with Northern Medical Program faculty has been a focus of NMP Assistant Dean, Dr Geoffrey Payne. While moving forward with some strategies around research, it was identified that hiring a research coordinator in collaboration with the BC Cancer Agency and Northern

Health would enhance an already existing strong collaboration. This position was filled in early January and will be based in the Dr Donald Rix Northern Health Sciences Centre. In moving forward with this collaboration, a cancer strategy research executive will be created and will work on fostering a research framework. Further pursuits will include

centralizing current research activities and helping to foster new and existing research opportunities with all partners throughout the north, including faculty, research institutes, Northern Health and medical students. ■

## News & Events (Continued)



Dr James Card

### Class of 2008 Updates

This past June, thirteen graduates of the NMP Class of 2008 completed their family practice residency program and have now embarked on their careers as practicing physicians. Of those, five or almost 40% are currently practicing in northern BC. Pictured on the left are a few of those physicians who one may encounter in the Northern Health Region. ■



Dr Heather Smith



Dr Shona Imlah



Dr Brian Hillhouse



Dr Jennifer Parker

### Anniversary Celebration

On June 22, 2000, nearly 7000 people attended a health care rally at the Multiplex (now, the CN Centre) in Prince George to protest the state of health care in northern BC. The event brought national attention to the local and regional healthcare crisis and laid the groundwork for the Northern Medical Program (NMP) as well as other health science programs at UNBC. In just 10 short years, 70 physicians have graduated from the Northern Medical Program. Other healthcare programs at UNBC, such as nursing and the nurse practitioner program, have also been significantly impacted. An event was held on the grounds of the Dr Donald Rix Northern Health Sciences Centre, the home of the NMP on June 22, 2010 to recognize the contributions of those involved in increasing healthcare education in the north. NMP graduate Jennifer Parker, a family physician practicing Fort St John, BC was one of the guest speakers. Jennifer spoke of her experience receiving her medical education in the north and now practicing here. ■

### Front Lines: Portraits of Caregivers in Northern British Columbia

The Northern Medical Program recently embarked on an exciting project. With the generous participation of health care practitioners across the Northern Health Region, NMP faculty member and award-winning writer Sarah de Leeuw, along with gifted photographer Tim Swanky, were asked to collaborate to produce *Front Lines: Portraits of Caregivers in Northern British Columbia*. The book features people committed to providing a wide range of health care across the landscapes of Northern British Columbia, a geography often described as unhealthy, as chronically underserved, and as overlooked in an era of medical specialization and urban focus. Responding to this deficit perspective, the book instead celebrates caring people and the stories that make up their lives. The book is comprised of photographs and essays that draw linkages between the land and the character of people choosing to live in and serve northern, rural, and remote communities. While many people lament a lack of physicians or health care providers, *Front Lines* features a very special collection of people who are providing innovative and deeply caring services to people from the interior of the province through to the Yukon border and along the Pacific Northwest coast. The book, published by Creekstone Press of Smithers, is scheduled for release in early April when it will be available in BC bookstores. ■

*Barbara Watson, a nurse living in Haida Gwaii is one of the healthcare providers featured in Front Lines.*



### Doctor, Patient and Society Curriculum

DPAS is a longitudinal course in the undergraduate medical program divided between DPAS 410 (Year 1) which explores the relationship of doctors and their patients, and DPAS 420 (Year 2) focuses on the roles doctors play within society at large. This 'person to population' perspective over the two years of DPAS allows us to situate medical practice within the pluralistic context of Canada's distinctive heritage and diversity of cultures, languages, and belief systems. The course is made up of a number of instructional blocks over the four terms. These include sessions on What is a Doctor?; What is a Patient?; Aboriginal Health Ethics; Communicable Disease & Epidemiology; Evidence Based Medicine; Addiction Medicine and Sexual Medicine (Year 1). In year two, with its emphasis on community and population, plenary lecture content shifts toward a public health framework including a primer on Canada's Health Care System; Environmental Health; Abuse in Society; Mental Health; Complimentary Alternative Medicine; and Rural, Remote and Aboriginal Health. Reflecting the diversity of content, the course is delivered by an equally diverse collection of lecturers. In addition to physicians, DPAS has welcomed medical health officers, clinical researchers, philosophers and lawyers, addiction and domestic

abuse survivors, naturopathic doctors, university administrators, RCMP officers, members of the clergy and so on.

DPAS convenes on Monday (420) and Wednesday (410) afternoons for 90 minutes of lecture followed by 90 minutes of small group (tutorial) sessions. In addition to tutorial sessions, 420 students have the option of applying to take part in one of two alternate streams of self-reflective learning: the Community-Service Learning Option (CSLO) or the Self-Directed Project Option (SDPO). Working alone or in small groups up to four in number, these second year students involve themselves with community health-care agencies or with individual projects having a health-care emphasis. For example, NMP CSLO students have worked with agencies such as the Central Interior Native Health Society, E Fry, the Prince George Youth Detention Centre, Positive Living North, and the UHNBC Pediatrics Department, while the SDPO projects have included Community Health Initiative by Northern University and College Students (CHINUCS), translation strategies for hearing disabled patients, and the popular 'Health on the Hill' radio broadcast, among others.

DPAS is an objectives-based course with strong links to both the UBC and CanMEDS competency frameworks. Regarding the latter, the role of doctors as scholar, communicator, collaborator and advocate are clearly evident in the DPAS curriculum. With its emphasis on the responsibility of physicians practicing within a multicultural pluralistic society, DPAS is also well situated to provide important contributions to the continuing process of integration and curriculum renewal, within the over-arching mandate of social accountability. ■



Dr Richard Lazenby is Course Director for the Doctor Patient and Society (DPAS) curriculum in the Northern Medical Program.



## Northern Medical Program Facts:

### Fact 1:

In the first two years of medical school, students complete approximately 37 exams.

### Fact 2:

Through the University of Northern BC, the Northern Medical Program employs 34 full-time staff and faculty, not including course directors or academic physicians.

### Fact 3:

Last year, NMP faculty researchers brought in approximately \$1 million in research funding.

**Feature Article**

Dr Dan Horvat

## An Expanded Role for Physicians: Leadership in Improving the Quality of Health Services

By Dr Dan Horvat, NMP Assistant Professor

I feel fortunate to be a family physician. Not only do I have the opportunity to play a significant and positive role in the lives of my patients but I am also provided a unique view of how our healthcare system works. Family physicians, more than any other healthcare provider, sit at the interface between patients with a broad spectrum of health concerns and the rest of healthcare.

My first years in practice in the mid 90s were a very exciting time. I loved being able to use my skills to assist others. I was involved with the full spectrum of practice. Over time, however, I recognized trends occurring in family practice that made me wonder about my future. These trends were leading to increasing fragmentation of care. This was leading to an unhealthy combination of poorer patient care and also increased an inappropriate use of healthcare resources. The underlying reasons for this were clear but there were no clear paths to make the situation better. I began to ask questions regarding why things were as they were and how they could be improved.

These questions led me down a road that has allowed me to learn a lot about the system in which we work and how it could work better. Through my role as a regional health authority board member and discussions with many people from medical organizations, universities and the Ministry, I came to realize that there are many issues in how the structure of healthcare systems can prevent all involved from being as effective in our roles as we might be. I began to explore the international community to learn who else was grappling with such issues (as the healthcare systems of most developed nations are struggling with issues very similar

to ours). I became involved with organizing conferences bringing in senior leaders from other jurisdictions to assist with generating ideas and dialogue in BC.

Over the years I have taken on other roles, inaugural Co Chair of the BC Cancer Agency's Family Practice Oncology Network, Medical Director for the Northern Interior and Co Lead, Primary Care for Northern Health amongst them. Through this constellation of activities I have come to understand much about what makes our health care system work, or not, and much about what has succeeded elsewhere. Taking on an academic role has allowed me to explore these issues in more detail. I continue to be actively involved in practice and in improvement activities. Currently I am on the executive of the Prince George Division of Family Practice and a Co Lead for our Attachment Initiative. I am also intimately involved with the development of AMCARE (Aggregated Metrics for Clinical Analysis, Research & Evaluation), a data registry designed to assist family physicians to improve their practices and to provide better data on the health of the populations that we serve.

I also continue to have an active dialogue with key leaders who have been directly involved with implementing broadly based, sustainable improvement in the healthcare systems internationally recognized as the most successful in such work. Last year I had the good fortune to receive funding from the BC. Patient Safety and Quality Council, Northern Health and the Northern Medical Society to bring these key leaders together to discuss what, despite significant contextual differences, are the key activities that have led to their success. There is remarkable commonality in the approach of the most effective organizations. We were able to agree on six key activities that have enabled their success. I am in the process of getting that work published.



Why is this relevant to the Northern Medical Program? We are in a time of active change within healthcare. The importance of the role of the family physician in an effective and sustainable healthcare system has become much clearer. Research such as that of Barbara Starfield (1) and Marcus Hollander (2) has assisted with this. As wider groups of people have come to understand the issues that concerned me in the early days of my professional career, many programs have been developed to support better practice. Although much of the focus has been on primary care and family practice, increasingly specialists and other elements of the healthcare system are being engaged in such work as well. Within the Faculty of Medicine we are at the start of a process of curriculum renewal. The healthcare system of tomorrow will look different than the healthcare system of today. If we heed the lessons of the healthcare systems that are currently blazing the trail then our future looks very bright but, it won't be the same. As we plan for altering the curriculum to produce the best physicians that we can, it will be helpful to know the future that we are preparing for. Students, residents and faculty will all play a role in helping to create that future. ■

1 Starfield, Barbara; Shi, Leiyu; MacInko, James. *Contribution of Primary Care to Health Systems and Health, The Milbank Quarterly*, 83(3), September 2005.

2 Hollander, Marcus et al. *Increasing Value for Money in the Canadian Health Care System: New Findings on the Contributions of Primary Care, Healthcare Quarterly*, 12 (4), 2009

## Clinical Faculty

Undoubtedly, the involvement of physicians and other healthcare providers as teachers, examiners and mentors in the Northern Medical Program is invaluable. Time and again students express how privileged they feel to be in a learning environment such as northern BC and recognize the special attention and opportunities provided to them by clinical faculty. We value all of our clinical faculty and recognize that although there can be

significant personal rewards that come with being involved in medical education, at times it is often taxing given already over-burdened responsibilities.

One very special NMP clinical faculty member was Dr Hugh Paterson who passed away on January 13. Dr Paterson's impact on those who he connected with was significant; students, staff, faculty, patients

and colleagues. He was recognized for his significant contributions at a luncheon held on campus in late October. We will forever remain grateful for his willingness to share his talent, skill, experience and wisdom with the Northern Medical Program. ■



Camelia Presley (4th year student) with Dr Denise McLeod



Bonnie Wollnough (3rd year student) with Dr Donald MacRitchie



Greg Marcotte (3rd year student) with Dr John Ryan



NMP graduate Dr Erin Carlson with Dr Paterson

## Curriculum Renewal – UBC MD Undergraduate Program.

In response to developments in medical education, in particular the Future of Medical Education in Canada (FMEC) report published by the Association of Faculties of Medicine of Canada, Dean Gavin Stuart established a Dean's Task Force on MD Undergraduate Curriculum Renewal (DTFCR) in September 2009. The DTFCR produced a formal strategic plan for curriculum renewal, and submitted its recommendations in a report to the Dean in April 2010 - the Dean then established the Implementation Task Force for Curriculum Renewal. David Snadden along with Dr. M. Clifford Fabian, Faculty Lead, Accreditation, MD Undergraduate Program are Co-Chairs of the Implementation Task Force for Curriculum Renewal, which is the executive body charged with coordinating, overseeing and managing the implementation of the

DTFCR recommendations. They will ensure that the strengths of the current programs are maintained, and that piloting, implementation and evaluation of new curricular elements take place within a structured and orderly process. To this end, working groups have been established to explore different curricular areas, while working within ten recommendations that came from the FMEC report that will drive the new curriculum. These recommendations include: Address Individual and Community Needs; Enhance Admissions Processes; Build on the Scientific Basis of Medicine; Promote Prevention and Public Health; Address the Hidden Curriculum; Diversify Learning Contexts; Value Generalism; Advance Inter and Intra-professional Practice; Adopt a Competency-Based Flexible Approach and Foster Medical

Leadership. The working groups will make recommendations to the ITFCR concerning the shape of the new curriculum and develop pilot proposals. Curriculum renewal will build on current strengths of the existing curriculum, many faculty and staff from across the province are engaged in the working groups and final recommendations will be presented through the formal committee structure of the Faculty of Medicine. The ITFCR welcomes comments on curriculum renewal from anyone who is interested. You can find details on the curriculum renewal website <http://cr.med.ubc.ca>, where there are details on how to make comments on our developing curriculum. ■



[1]

## Med School Moments...

[1]

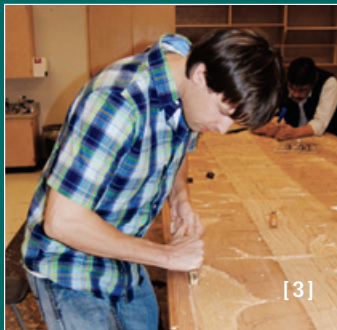
The Faculty of Medicine's distributed medical education program won two national awards for innovation in medical education — the Ted Freedman Award and the COACH Best Innovation in Technology Award. Picture receiving the Ted Freedman award are (L-R), NMP Assistant Dean Geoffrey Payne, Director of Technology Enabled Learning in the Faculty of Medicine, David Lampron and Dan Zollman, AMBIT Consulting.



[2]

[2]

NMP Clinical Skills Course Director, Dr Steven Chang is pictured accepting a Certificate of Recognition from Rotary International. This honor is meant to recognize special volunteers who have provided outstanding service and Dr Chang was recognized for the work he does in medical clinics overseas.



[3]

[3]

A group of second year NMP students had the opportunity to participate in the carving of a totem with Aboriginal carver Peter George. Pictured is student Everett Versteeg trying his skill at carving. Once completed, this carving will be hung in the atrium of the University Hospital of Northern BC.



[4]

[4]

The NMP Class of 2014 pictured with their mascot... the Yeti...

[5]

Third year NMP student Carlie Duke (in green) was awarded a UBC Studentship Award and has been working on research with NMP Assistant Professor, Dr Jacqueline Pettersen on Nutrient Levels and Mental Functioning.



[5]

[6]

NMP graduate Wil Connors (Class of 2010) was the recipient of the very first Dr Joe Sidorov Award in Internal Medicine. Dr Connors is pictured with Mrs Sidorov after receiving the award at the NMP graduation celebration.



[6]

### Northern Medical Program

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