

Letter of Nomination

2010 Ted Freedman Award for Innovation in Education



TF-2010-010

August 27, 2010

Rebecca Hart
Associate Publisher
Longwoods Publishing
rhart@longwoods.com

RE: Nomination for 2010 Ted Freedman Award for Innovation in Education

Dear Ms. Hart:

This letter nominates the **UBC Faculty of Medicine's Distributed Medical Education Program (UBC FoM DMEP)** for the 2010 Ted Freedman Award for Innovation in Education.

Overview of the Innovation

In 2004 the UBC FoM DMEP launched an innovative distributed medical education program to address the shortages of medical doctors in underserved regions and populations in BC. Developed in collaboration with the Government of British Columbia, the University of Northern British Columbia (UNBC), the University of Victoria (UVic) and provincial regional health authorities, the program doubled undergraduate class sizes in only three years, and has extended UBC's medical program to medical learners and faculty in all regions of BC.

While other Schools of Medicine have engaged in distributed initiatives for components of their medical curricula, UBC was the first school in North America to leverage highly integrated and scalable audiovisual and collaboration technologies as a part of the core strategy. Having operated successfully for six years, the DMEP is a reference model for simultaneous distributed medical education, enabling emerging physicians to train and remain in historically underserved communities.



1. The value of the innovation as an agent of change:

- By 2015 the DMEP will have graduated 1750 medical doctors and will have employed more than 1500 clinical faculty, all regular users of technologies that will enable clinical telemedicine in BC.

AMBiT Consulting Inc.
www.ambit-consulting.com
310 . 1847 W. Broadway
Vancouver, BC
V6J 1Y6 Canada
Tel 604.662.3130 Fax 604.662.3133

Letter of Nomination

2010 Ted Freedman Award for Innovation in Education



- Technology integration in medical education promotes technology adoption in clinical practice, generating physicians who use technology to collaborate as a part of standard practice.
- The program has extended its medical training into Continuing Medical Education, supporting efforts to recruit and retain physicians in chronically underserved regions.
- The established technology infrastructure in classrooms and academic hospitals are important components of the provincial telehealth network.

2. Evidence to substantiate the innovation:



- Technology-enabled facilities have been in use for six years at three university campuses including UBC, UVic and UNBC, and 41 clinically-based education sites across the province.
 - Using a wide range of collaborative technologies including videoconferencing, picture archiving and simulation, UBC enables simultaneous distributed study in all courses from first year gross anatomy to post graduate academic half-days.
- The program has more than doubled the ratio of medical school spaces to population from 2002 to 2009; from 3 physicians to 6.5 physicians per 100,000 population, demonstrating that it is possible to train medical personnel over distances using telehealth technologies to address shortages and mal-distribution of health human resources.

3. Outcomes to substantiate the innovation:

- The UBC DMEP has become the defacto standard for distributed medical school education in North America. To date 47 medical schools have visited UBC to inform similar initiatives.
- The program has been replicated to varying extents to connect medical campuses across North America including Western, McMaster, UofT, Ottawa, Sherbrooke, Dalhousie, Arizona, Michigan and Georgia.
- The DMEP technology and support model have become the telehealth standard in BC.
- The program has received full LCME accreditation.

Letter of Nomination

2010 Ted Freedman Award for Innovation in Education



- Initiatives are underway in BC to leverage this model of health education in nursing, pharmacy and physiotherapy.

4. *Demonstrating the appropriate use of technology:*

The technological approach targeted acceptance and use by students, faculty and staff. Functional and business requirements included interactivity, reliability, scalability, standards-based compatibility with provincial telehealth infrastructure and lowest cost of ownership.



The following metrics confirm the positive impact of the use of technology in medical education on provincial health service capacity:

- The first NMP, IMP, & VFMP¹ intakes increased total number of student positions in BC from 128 to 200 in 2004, and up to 256 in 2007. SMP² will open in 2011, increasing total intake to 288 students.
- Intake of Aboriginal students increased: 1.6% in 2001 to 4.7% in 2009.
- Family physician trainees increased from 90 in 5 clinical settings in 2001/02 to 226 in 13 clinical settings in 2009/10.
- Collaboration has facilitated the development of actual and virtual communities of practice, increasing inter-professional interaction, and promoting regional centres of excellence across Health Authorities.
- Students learn from fewer, distributed clinical instructors, freeing non-instructional physicians to focus on care delivery in their communities.

With this nomination I hope UBC FoM DMEP will be recognized for its outstanding contribution to health service delivery and health outcomes in BC.

Sincerely,

Nancy Gabor

Nancy Gabor, MSc, PMP

Project Manager

AMBIT Consulting Inc. | *Strategic Program Management*

<http://www.ambit-consulting.com/>

778.847.2770 direct

604.662.3130 office

¹ Northern Medical Program, (Vancouver) Island Medical Program, Vancouver Fraser Medical Program

² Southern Medical Program, Okanagan Valley