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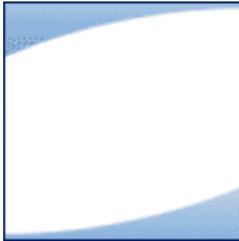


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Friday, Mar. 18, 2005

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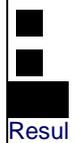


Photo: Jim Lehman/The Globe and Mail

The University of British Columbia's undergraduate medical program, uses video conferencing and other technology to let students complete most of their studies in the north or on Vancouver Island.

### Med school beamed to future doctors

Video conferencing helps remedy B.C.'s physician shortage in rural areas

8:09 AM | [FULL STORY](#)

## U.S. federal court revives cellphone suits

Divided federal appeals court on Wednesday reinstated five lawsuits claiming that the cellphone industry has failed to protect consumers from unsafe levels of radiation

3:54 PM | [FULL STORY](#)

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## Med school beamed to future doctors

BY GRANT BUCKLER

THURSDAY, MARCH 17, 2005  
UPDATED AT 8:09 AM EST  
FROM THURSDAY'S GLOBE AND MAIL

Diagnosis: British Columbia doesn't have enough doctors, especially in rural areas.

Prescription: Expand the University of British Columbia's undergraduate medical program, using video conferencing and other technology, to let students complete most of their studies in the north or on Vancouver Island.

This year, UBC has expanded its intake of undergraduate medical students from 128 to 200. All the students spent their first term at UBC's Vancouver campus, but in January, 24 of them moved to the University of Northern British Columbia in Prince George and another two dozen to the University of Victoria. They will complete their M.D. degrees through combined local instruction and video conferencing.

"They can train closer to home if they wish," says Dr. Oscar Casiro, associate dean of UBC's Island Medical Program in Victoria and head of the University of Victoria's Medical Sciences Division.

Letting students study elsewhere is part of an initiative to attract candidates from other parts of the province into medical studies. And by studying closer to home, the likelihood that doctors will return there when their studies are finished — rather than staying in Vancouver — also increases. That's good news for communities in need of new doctors.

"There's good evidence that suggests that when a student is trained in a community, that he or she will be more likely to remain in that community," says Dr. Kendall Ho, a Vancouver physician and member of the Royal College of Physicians and Surgeons of Canada's Continuing Professional Development Committee. Dr. Ho hopes to see distance education extended to even smaller centres.

For Philip Hui, a Hong Kong native who spent a year in Dawson Creek before enrolling in the program, it means studying in Prince George, near friends and family. And Amanda Fiander, who came from a small Nova Scotia town to study in Victoria, says the program is "a great opportunity to be in a smaller location." Ms. Fiander hopes to practise on Vancouver Island when she graduates.

The B.C. medical training program, in development since 2001, uses the high-speed BCNet network to transmit video over Internet protocol (IP) at about two megabits per second — five to six times faster than traditional video conferencing, which works at 384 kilobits per second. The result is clearer, sharper video without jerky movements. That's important when training physicians, says Dan Zollmann of Ambit Consulting in Vancouver, who was the technology lead for the project, because "you're training their eyes as well as their minds."

That is also why the program uses a "virtual slide box," a computer server in Vancouver holding gigabytes of high-resolution images of microscopic slides that students can view during their classes, Mr. Zollmann says. They are used in histology labs, replacing rows of microscopes.

"The technology facilitates an education program that we couldn't have delivered even five years ago," says Dr. Joanna Bates, senior associate dean of undergraduate medical education at UBC.

The three campuses have video conferencing equipment in lecture halls, laboratories and smaller seminar and meeting rooms. Each lecture hall has three large screens. Students see the instructor on the central screen, classmates at other sites in split-screen mode on another, and slides or other images the instructor displays on the third. Students ask questions using microphones so they can be heard in all locations. When a student steps in front of a microphone or pushes a button on a desk-mounted one, he or she appears on a screen in all classrooms and on the instructor's monitor.

Since students at remote sites can't talk with the instructor personally after a lecture, notes Dr. David Snadden, associate dean of the Northern Medical Program in Prince George, instructors compensate with question periods.

Dr. Bruce Crawford, head of anatomy in the Island Medical Program, says the big change for instructors is that they must remember to look at the camera and use a special pointer visible on slides for the remote sites. Otherwise, the teaching process is much the same as for regular in-class sessions. Dr. Crawford says he was initially skeptical the system would work, but "it seems to be going quite well."

Student Mr. Hui says the video conference lectures take some getting used to, but he, too, is impressed with the technology. And the spinoff benefit of learning this way is that he and his fellow students will be comfortable with advanced communication and collaboration technology, and more inclined to take advantage of it for training and remote health care later on. Dr. Bates agrees, saying the program will produce "a group of students who, whether they're inclined that way or not, are going to be technologically comfortable."

*Special to The Globe and Mail*

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