THE PURPLE BOOK

First Year Medical/Dental School

2004/2005

Issued by

The Faculty of Medicine

The University of British Columbia

Vancouver, B.C.

In collaboration with

The University of Northern British Columbia, Prince George, B.C.

and

The University of Victoria, Victoria, B.C.

Welcome

Greetings from the UBC Faculty of Medicine, Faculty of Dentistry and the classes of 2007! Welcome to **'The Purple Book'**, a guide that has been written for you - the UBC medical and dental classes of 2008 – and is aimed at helping you get to know UBC, UNBC, UVic and British Columbia.

The Purple Book is an introduction to the UBC medical/dental schools with a special emphasis on the first year, including the expanded/distributed medical program that is being launched in the 2004/2005 academic year in collaboration with the University of Northern British Columbia (UNBC) in Prince George and the University of Victoria (UVic) on Vancouver Island.

The Purple Book is an innovative joint Faculty-Student endeavor. We are very excited about this new partnership and look forward to many more years of working together, as revisions will be made on an annual basis.

The first half of the guide is an introduction to the medical/dental schools from the Faculty. This is a new initiative by us and we hope that it will be helpful to you as you settle into your first year of medical/dental school.

The second half of the guide is the traditional Student-written 'Survival Guide'. Every year the incoming medical/dental class receives a survival guide from the new second year classes. This is 'by the Students for the Students' and provides valuable information based on their recent experiences in the first year of medical/dental school.

The Purple Book is a work in progress and we welcome your comments and/or suggestions for improvement – feel free to contact the editors / authors / compilers / organizers of this guide: Dr. Karen Pinder at kpinder@interchange.ubc.ca, Shaila Merchant, VP Academic Med II, at shailam@interchange.ubc.ca, or Jasmine Lam, Med II, at jaslam@interchange.ubc.ca.

We would like to thank those faculty and staff at UBC, UNBC and UVic who have provided valuable assistance and/or contributions of one kind or another. These helpful people include: Pat **Atherton** (IMP Program Manager), Patricia **Barr** (UBC Assistant to the Senior Associate Dean), Dr. Andrew **Churg** (UBC Pathology), Dr. Bruce **Fleming** (UBC Associate Dean of Student Affairs), Dr. Bill **Godolphin** (UBC Pathology/MDUDP), The UBC **G7** (Dr. Stan **Bardal**, Dr. Amanda **Bradley**, Dr. Pawel **Kindler**, Dr. Claudia **Krebs**, Dr. Vicky **Monsalve** and Dr. Jennifer **Shabbits**), Dr. Araz **Hamian** (Ambit Consulting), Jennifer **Hammond** (NMP Administrative Assistant), Dr. Kathy **Hornby** (UBC Woodward Biomedical Library), Sue **James** (UBC Dentistry, Manager, Student and Alumni Services), Dr. Niamh **Kelly** (UBC Foundations of Medicine), Miro **Kinch** (UBC Faculty of Medicine Manager of Community Affairs), Victoria **Lambert** (UBC Student Affairs Coordinator), Jennifer **MacMillan** (IMP Administrative Assistant), Dr. Barry **Mason** (UBC Physiology), Anne **Maxwell** (NMP Site Coordinator), Neil **Parker** (UBC MD Program Assistant), Joanne **Read** (UBC Assistant to the Associate Dean), Vicki **Simmons** (IMP Year 1 / 2 Program Coordinator), Jennifer **Smyth** (UBC Educational Technology Manager), Christopher **Stephenson** (UBC Medicol Administrator) and Katie **Welty** (UBC Assistant to the Associate Dean).

Welcome & enjoy!

Dr. Karen Pinder
Faculty Editor

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Student Editor

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Student Editor

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About the Expanded/Distributed BC Medical Program

University of British Columbia

University of Victoria

University of Northern British Columbia

A Shortage of Doctors! Did You Know?

Only 26% of physicians currently practicing in BC were educated in BC - a much lower percentage than other provinces. BC provides only 25% of the 300 new physicians needed in the province each year.

BC spends half as much per capita on medical education as other provinces.

In BC, the ratio of specialist trainees per capita is lower than any other province.

In BC, there are fewer student medical spaces per capita than any other province; accordingly, BC's young people have less opportunity to pursue a medical degree than those in any other province.

There are serious physician shortages in BC's rural communities.

There are serious physician shortages in a number of specialties in the lower mainland (e.g. pediatrics, cardiac surgery, neurosurgery, anaesthesia, radiology, and oncology).

A substantial percentage of BC physicians will retire over the next few years.

There is a growing shortage of doctors internationally, resulting in recruitment problems in BC.

BC's low medical student per capita ratio makes the province particularly vulnerable to physician shortages compared to other parts of Canada.

The number of Aboriginal physicians in BC is unacceptably low.

The ratio of physicians to population in Canada is low by standards of other western countries.

The Solution: One Medical School - Three Sites

UBC is taking decisive and exciting steps to meet British Columbia's need for physicians.

On March 15, 2002, the Government of British Columbia announced the expansion of the University of British Columbia (UBC)'s medical school. The UBC Faculty of Medicine will double class sizes and launch an innovative distributed medical education program in collaboration with the University of Northern British Columbia (UNBC) and the University of Victoria (UVic).

UBC will expand enrolment from 128 first-year students to 256 students by 2010. The first increase is the addition of 72 students total, comprised of 24 new seats in each of the three medical programs – the Island Medical Program (IMP) at UVic, the Northern Medical Program (NMP) at UNBC and the UBC-based Vancouver-Fraser Medical Program (VFMP). A further increase of 24 in the VFMP will occur in 2005 with a final increase across all three programs taking place in 2010. For a full historical perspective on the expansion, visit:

www.med.ubc.ca/expansion/historyvision.htm

You are the first class to enter this exciting expanded/distributed medical program.

For the first semester (September – December) the additional 72 students will all call the UBC campus 'home'. Beginning in January 2005, 24 students will move to the IMP and an additional 24 will move to the NMP. All students will maintain very close ties with the UBC-based medical class through shared lectures and laboratory sessions.

To assist all students in becoming familiar with the 'faces of the expanded/distributed curriculum', the following section introduces you to those faculty members at UBC, UNBC and UVic who you will have regular contact with throughout your education.

Introducing Your Senior Medical Faculty at UBC

There are a number of senior Faculty members here at UBC who you will have regular and close contact with. An introduction to each is presented below so that you can begin to get to know them (for a complete listing of additional Faculty members who are closely involved in the Medical Undergraduate Program please see: www.med.ubc.ca/admin.htm).

The Dean of Medicine: Dr. Gavin Charles Edward Stuart

Gavin Stuart has been Professor and Head of the Department of Oncology at the University of Calgary, Vice-President of the Alberta Cancer Board, and Director of the Tom Baker Cancer Centre in Calgary since 1992. He has been the Dean, Faculty of Medicine, University of British Columbia, since September 1st, 2003.

A native of Manitoba, he attended the University of Western Ontario for his medical and residency training in obstetrics and gynecology. This was followed by a Fellowship in Gynecologic Oncology at Wayne State University in Detroit. Dr. Stuart's clinical research interests and publications have been in the area of gynecologic cancer, specifically population-based screening for cervical cancer and the conduct of clinical trials as therapeutic interventions in gynaecologic cancer. He is currently the Chair for the Gynecology Site Committee of the National Cancer Institute of Canada (NCIC) Clinical Trials Group and a member of the Advisory committee on Research for the NCIC. He has been active in the design and implementation of a number of major international inter-group trials in ovarian cancer. Dr. Stuart is also Chair of the Cancer Surgery Working Group and the Provincial Pharmacy and Therapeutics Committee for the Alberta Cancer Board. He has continued to function as a gynaecologic oncologist on a busy clinical service.

He is a member of the Alberta Alpine Ski Association Board of Directors and has been actively involved with international ski racing for the past 10 years. Dr. Stuart and his wife, Janet, have three young adult children.

Senior Associate Dean, MD Undergraduate Program: Dr. Joanna Bates

Dr. Bates is the Senior Associate Dean in the MD Undergraduate Program. She has been involved in medical education since 1989, and was Associate Dean, Admissions, in the Faculty of Medicine from 1997 until the spring of 2002. Dr. Bates has distinguished her academic career with innovative initiatives that include developing telehealth to improve health care awareness and delivery, developing medical education evaluation programs, refining medical school admissions policies and procedures and overseeing the MD Undergraduate education expansion. MD Undergraduate expansion is a collaborative provincial project involving two university partners and an infrastructure for technology-enabled learning. Dr. Bates has become widely known nationally and increasingly internationally for her contribution to all of these areas.

Associate Dean, MD Undergraduate Curriculum and Vancouver-Fraser Medical Program: Dr. Angela Towle

Dr. Angela Towle was appointed Associate Dean, MD Undergraduate Curriculum, in August 2002. She is responsible for managing the current undergraduate program and will take a lead in implementing the expansion of the Vancouver Mainland program and in distributing the medical curriculum to partner sites at the University of Victoria and University of Northern BC. She has sixteen years experience of medical education research, curriculum and faculty development, and curriculum management and change at UBC (as Director of the MD Undergraduate Program) and at various medical schools in the UK. Her B.Sc. was in Zoology and her doctoral degree in Parasitology.

In her spare time, Angela is co-director of the Division of Health Care Communication in the College of Health Disciplines, which is grant-funded for several related research and development projects which aim to teach medical students, health professionals and patients how to engage in making informed and shared decisions about medical care.

Associate Dean, Student Affairs, MD Undergraduate Program: Dr. Bruce Fleming

A UBC graduate, Bruce is a specialist in emergency medicine. He is a member of the attending staff of the Emergency Department at the Vancouver General Hospital. He has been an instructor for both the advanced trauma and cardiac life support programs. Bruce has served in the Office of Student Affairs since 1999.

Dr. Fleming has contributed to the core curriculum material for undergraduate medical students at UBC. He also has an active interest in both post-graduate and under-graduate teaching. Dr. Fleming was awarded the honour of outstanding teacher by the residents in Emergency Medicine in 1996 and by the fourth-year medical class at UBC in 1999.

Introducing Your Senior Faculty at UNBC

Associate Dean Northern Medical Program, University of British Columbia and Associate Vice-President Medicine, the University of Northern British Columbia: Dr. David Snadden

Dr. Snadden graduated from the University of Dundee in Scotland in 1977. Following that, he completed Family Residency training in Inverness in the North of Scotland, and was a full time rural general practitioner and family resident trainer for 11 years in the Highlands of Scotland. For part of this time he was also a front line mountain rescue volunteer.

He received his academic training at the Department of Family Medicine at the University of Western Ontario, graduating in 1991. He then returned to Scotland and became Senior Lecturer in the Department of General Practice, University of Dundee. His prime interests are in the field of medical education, and he particularly enjoys supporting and helping in the development of those he works with. He gained his doctorate (MD) in 1998 for a thesis presenting a qualitative study into developing reflective learning methods in family practice residents, and has published widely on this topic. He has also supported recent investigation into re-validation methods for general practitioners and appraisal methods for new graduates.

He is a Fellow of both the Royal College of General Practitioners and the Royal College of Physicians of Edinburgh.

Outside of medicine both he and his wife are experienced mountaineers and back country skiers. Together they have hiked, climbed and skied in Scotland, the Alps and in some of the greater ranges of the world, including the Rockies. In addition they have a tandem bike that they have used in Scandinavia and Pakistan and have been known to dabble in wilderness canoeing in Canada. Both of them very much enjoy living in Prince George, which has an amazingly friendly community and unrivalled outdoor opportunities in a stunning part of Canada.

Introducing Your Senior Faculty at UVic

Associate Dean, Island Medical Program, University of British Columbia and Head, Division of Medical Sciences, University of Victoria: Dr. Oscar G. Casiro

Dr. Casiro was most recently Professor of Pediatrics and Associate Dean, Undergraduate Medical Education at the University of Manitoba and Director, Newborn Follow Up Program, Winnipeg Regional Health Authority. Dr. Casiro obtained his MD degree from the University of Buenos Aires, Argentina, in 1974. He immigrated to Canada in 1980 and completed training in Pediatrics and Neonatology at the University of Manitoba in 1985.

Dr. Casiro's research interests and scientific publications have centered on the long-term outcomes of high risk, premature infants and the effects of substance abuse during pregnancy. He is currently a Senior Member of the American Society for Pediatric Research. In 1994 he received the “Health Promotion Award” from the Manitoba Medical Association, recognizing his efforts to increase public awareness of the risks of alcohol consumption during pregnancy.

While at the University of Manitoba, Dr. Casiro’s contributions to medical undergraduate education were impressive. Some of his accomplishments include conducting a comprehensive review of the new undergraduate curriculum that was instituted in 1997 at the University of Manitoba, followed by the implementation of changes that resulted in improved student performance, increased student satisfaction and increased faculty participation. He also played a key role in the successful planning and implementation of a 20% increase in student enrolment, implemented major changes to clerkships and developed new rural medical education initiatives

including the establishment of a “Rural Week” for first year medical students and the creation of new rural clerkship sites.

Dr. Casiro is enthusiastic about the opportunity to build on the University of Victoria‘s strengths in innovative education and research programs. He believes that physicians are more likely to practice in underserved areas if they come from and are trained in those areas. Thus the creation of the Island Medical Program will make a significant contribution towards alleviating the shortage of physicians in BC, particularly in small and mid-size Island communities. Dr. Casiro is keen to develop a broad support base for the IMP and intends to actively engage government authorities, health care professionals and community members. He brings a collaborative leadership style and the ambition to develop a program of excellence in medical education and research within a framework of social accountability that will lead to improved health care on the Island.

Introducing Your Senior Dental Faculty at UBC

The Dean of Dentistry: Dr. Edwin Yen

Dr. Yen received his dental degree from McGill University and his Diploma in Orthodontics and his Ph.D. in Oral Biology from the University of Toronto. Dr. Yen was on faculty for many years at the University of Manitoba, where he was Head of the Department of Preventative Dental Science and Director of the Graduate Orthodontic Program. Dr. Yen is now serving his second term as Dean at UBC.

He is past President of the Canadian Association for Dental Research, and for the Canadian Association of Orthodontics. He is currently President of the Canadian Foundation for the Advancement of Orthodontics and the Chair of the Deans’ Committee of the Association of Canadian Faculties of Dentistry. Dr. Yen is also a member of the Royal College of Dentists of Canada and the American College of Dentists.

Dr. Yen’s research interests are in the area of cellular and tissue response to orthodontic and orthopedic forces. Dr. Yen has lectured extensively throughout North America and internationally.

Dr. Yen has a private practice in Orthodontics and is active in community and professional organizations.

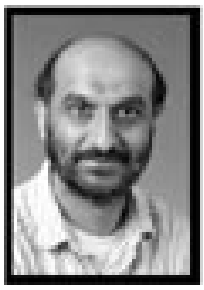
Associate Dean, Dentistry, Academic and Student Affairs: Dr. Joanne Walton

Dr. Walton has been active in almost every conceivable aspect of dentistry – as a generalist and as a specialist, in the military, in private practice and now, in academia. A graduate of the University of Alberta, she practiced general dentistry for four years in Ottawa as an officer in the Canadian Forces Dental Services (CFDS). From there, she attended the graduate prosthodontics program

at Walter Reed Army Medical Center in Washington, D.C., followed by a year at CFB Winnipeg and three years at the FDS School in Borden, where she completed her Fellowship in the Royal college of Dentists of Canada. Her military service was followed by full-time private practice in prosthodontics in Vancouver, with a switch to part-time practice when she began life as an academic at the University of British Columbia.

Dr. Walton has been involved in numerous dental organizations, including the Association of Prosthodontics of Canada, the B.C. Society of Prosthodontists, the B.C. Dental Specialists Society, the College of Dental Surgeons of B.C. and the Royal College of Dentists of Canada, where she is both an examiner and the Councilor for Prosthodontics. Dr. Walton is also active at the University level, conducting nationally funded research in the area of implant prosthetics, and serving as Chair of the Curriculum and Teaching Effectiveness Committee and Associate Dean, Academic and Student Affairs at the UBC Faculty of Dentistry. She was named the inaugural winner of the 3M-ESPE National Dentistry Teaching Award in 2002 and received an Award of Merit from the College of Dental Surgeons of British Columbia in 2003.

Introducing Your Vancouver-Fraser Medical Program (UBC) Course Directors/Coordinators

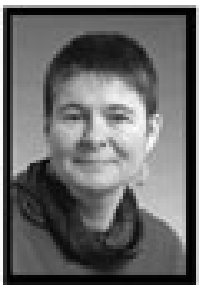


Dr. Ismail Laher

Principles of Human Biology

Dr. Leandra Best

PBL and Combined Curriculum, Dentistry



Dr. Niamh Kelly

Foundations of Medicine

Dr. Brian Conway

Doctor, Patient and Society, Medicine

Dr. Shafik Dharamsi

Doctor, Patient and Society, Dentistry

Dr. Sharon Salloum

Clinical Skills, Medicine

Dr. Tricia Hughes

Clinical Skills, Dentistry

Dr. Gurdeep Parhar

Family Practice Continuum

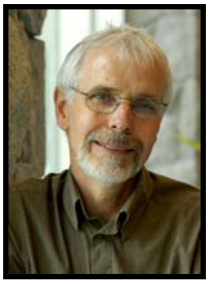
Dr. Clive Roberts

DENT 401

Introducing Your Northern Medical Program (UNBC) Course Directors/Coordinators

Dr. Hanh Huynh

Foundations of Medicine



Dr. Richard Lazenby

Doctor, Patient and Society

Dr. Steven Chang

Clinical Skills

Dr. Catherine Textor

Family Practice Continuum

Dr. Galt Wilson

Clerkship Director

Introducing Your Island Medical Program (UVic) Course Directors/Coordinators

Dr. Catherine Gaul

Foundations of Medicine

Dr. Mary Kay Nixon

Doctor, Patient and Society

Dr. Steve Martin

Clinical Skills

Dr. Margaret (Lys) Fonger

Family Practice Continuum

Dr. Peter Kirk

Interim Clerkship Director

Introducing Your UBC 'Group of Seven' (G7)

Beginning in the first term of 2004 there is a new team of Faculty members at UBC who are available to assist all medical/dental students. There are seven of us (hence the name G7 – oh, alright, the name really stems from the fact that we're a bunch of nerds): Stan, Amanda, Pawel, Claudia, Karen, Vicky and Jennifer, and you'll be seeing a lot of all seven throughout your first two years of medical/dental school.

We are here to help you in any way that we can. Whether you are having trouble understanding the conversion of testosterone to DHT, have issues in your personal life that are affecting your academic life (or vice versa) or can't find the appropriate person to ask a question of, we will guide you to the answer/solution or locate a person who can. And, most importantly, *you may rest assured that anything you choose to discuss with us will remain confidential.*

The seven of us are easy to find in offices on the south-east corner of the ground floor of the new Life Sciences Centre at UBC. Drop by and introduce yourself! We'll start the introductions by telling you a little about ourselves:

Dr. Stan Bardal

Born in Prince Albert, Saskatchewan (home to three prime ministers and a litany of hockey players), I have spent the majority of my adult life in Saskatoon. I completed a Bachelor of Science in Pharmacy in 1996, with the intent of someday becoming a 'mad scientist'. As mad scientists are also capable of being capitalists, I began an MBA (majoring in finance) during my days in Pharmacy, and completed my commerce studies on the west coast, in beautiful Victoria. Aside from the minor distraction of business school, I also worked as a pharmacist, met many great people and enjoyed the sand, surf, and the lack of freezing temperatures in January.

Awakened from my peaceful Island slumber by the call of 'what do you want to be when you grow up' echoing in my mind, I made a difficult choice between a career in business working for the 'man' (i.e. the pharmaceutical industry) and returning to Saskatoon to embark on a Ph.D. in Pharmacology in the College of Medicine, U of S. I decided to go with the latter option. My research centered on the use of angiogenic growth factors to mitigate the vascular complications of diabetes mellitus. While at the U of S, I soon began teaching pharmacology tutorials and also lectured in my last two years there. After completing my thesis research, I moved to Ottawa to work as a clinical reviewer for the Common Drug Review, a federal agency that reviews new drugs and recommends them for coverage to the various provincial and territorial drug plans.

Realizing that I am more comfortable as a westerner, I enthusiastically returned to the west coast, joining the Faculty of Medicine as an Instructor in April 2004. I am here with my girlfriend, who is completing a Ph.D. in Clinical Psychology (needless to say, I have to watch what I say at home). I love anything to do with the outdoors, particularly golf, tennis, hiking, and lazing on the beach. I look forward to meeting all of you.

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Dr. Amanda Bradley

Born in Winterpeg, I grew up all over Canada, moving every two to three years. I then had an unnatural but rewarding many-year stint at UBC, getting my B.Sc. in Biochemistry and then my Ph.D. in Experimental Pathology.

After a post-doc in New York, Vancouver called me back and I worked for the Canadian Blood Services, first as a post-doc and then as a research associate. My research shtick: I studied the immunology and biochemistry of blood, with emphasis on the complement system, RBCs and platelets. While with the CBS, I took on as many teaching gigs as I could get away with, in the Bachelor of Medical Lab Sciences program at UBC and tutoring PBL in the 1st year med/dent programs. The real test of my love of teaching came when I taught the summer 6-week version of Biochem 300. Having passed that test, I joined the UBC Medical Undergraduate Program in March of 2004. I maintain my long-time connection with my home department, Pathology and Lab Medicine.

My boyfriend and I have two furry children who are appropriately spoiled, both cats being in their golden years. Vancouver is certainly now my home. With immediate access to sea kayaking and biking and hiking trails, this gorgeous city of ours is pretty hard to beat. I look forward to being in tutorials with you and hope that you all will enjoy these years in Medical/Dental school.

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Dr. Pawel Kindler

I was born and grew up in Warsaw, Poland. In 1983, thanks to a combination of fate and good luck, I found myself in Urbana-Champaign, home of The University of Illinois. My M.Sc. and Ph.D. research was on endocrinology of multiple male reproductive strategies in the bluegill, a common freshwater fish. I studied fascinating examples of how cheating and deception could be successfully used for the purpose of propagating one's genes in a world full of tiny precociously matured sneakers and mimics, who look and behave like females, all competing with the "normal" nest-building males. A few seminars in which I summarized my work were surprisingly well attended!

Following graduate studies, I discovered Vancouver and UBC, where I completed postdoctoral training in the somewhat less entertaining, but much more relevant to medicine, field of pulmonary physiology. Using a guinea pig as a model, I studied mechanisms involved in draining of liquid from spaces within the lungs during and after birth, a critical step in allowing the newborn to breathe atmospheric air.

At that time I was also introduced to the world of teaching and quickly found myself lecturing in several classes offered by the Faculty of Science. In a short period of time I realized that interactions with students are much more satisfying and exciting to me than long hours in a lab, a discovery that quickly turned into a true passion for teaching. In 2001 I was offered a position at the Chinese University of Hong Kong where I taught human anatomy in the Faculty of Medicine. Following three exciting years in Asia, I returned to Vancouver in August of 2004 to begin my affiliation with the Medical Undergraduate Program and the Department of Physiology.

I like to hike, bike, and swim, look after my garden in the summer and am addicted to skiing in winter. Regardless of the season, I listen to jazz and enjoy the company of my fabulous wife and two sons.

I look forward to meeting you at the beginning of this academic year and wish you all the most memorable experience at UBC.

Email: pkindler@interchange.ubc.ca / Office number unavailable at time of going to press.

Dr. Claudia Krebs

My life as an anatomist began in Cologne, Germany, where I attended medical school. I graduated in 1999 with a research thesis focused of the regeneration of the brain (yes, it can and does happen!). During my time as a student I was also fortunate enough to have opportunities to teach both gross anatomy and neuro-anatomy labs. I did my electives away from my home university and got insight into hospitals and life in Brussels, Beijing, Banff and Perugia.

With medical school behind me, I moved to Vancouver and continued my research and teaching here at UBC. Three years later, in 2002, I found myself back on a plane destined once more for Germany for further research training. However, when the opportunity to return to Vancouver presented itself, I jumped at the chance and joined the Faculty of Medicine here at UBC in March of 2004.

My position here allows for both teaching and research and, because I have long known that I would never like to choose between the two, this is a dream job for me. My teaching in the undergraduate medical curriculum ranges from the gross anatomy lab to the neuro-anatomy lab to being a tutor for your PBL sessions. When I'm not hassling you to remember that the oculomotor nucleus is situated in the midbrain at the level of the superior colliculus, then I may be found playing with astrocytes in the lab, where I am researching the reaction of astrocytes to injury (such as stroke) and their role in brain plasticity.

My husband I take care of (and love dearly!) our diabetic cat and together enjoy literature, quality cinema and the great outdoors. I am also an amateur cellist and avid music fan.

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Dr. Vicky Monsalve

Born and raised in Colombia as the third of thirteen siblings, I obtained a B.Sc. in Biology at the University of Los Andes, Bogotá. Fascinated with the aboriginal people of the Amazon basin I went to the University of São Paulo, Brazil to do my M.Sc. and Ph.D. in human genetics with a thesis that involved working with different ethnic groups. I then returned to teach and to do research in Biological Sciences at my alma mater in Bogotá. A sabbatical year at the University of Minnesota taught me how to survive a winter and drive in the snow. During a further sabbatical in London, England, I married and began five fascinating years working in molecular biology at Guy's Hospital and in the genetics of cardiovascular disease at University College London.

In 1989 I relocated to Vancouver and UBC to continue research in the genetics of cardiovascular disease and health issues in Native Americans. In addition I did some research on DNA in South American mummies and this led to a post-doc at the University of Cambridge to work with DNA in ancient remains and to teach students in medicine and anthropology.

On returning to UBC my research included establishing the origin of the "Canadian ice man" that was found in a northern BC glacier in 1999 and dated at 550 years old. I especially enjoy working with students and welcomed the opportunity to get back to teaching through PBL and DPAS. I have held a position as an Instructor in the Medical Undergraduate Program since March 2004 and this allows me to share more time with students.

When not involved with my teaching and research I enjoy bicycling around Vancouver and learning piano, where I compete vigorously with children during recitals.

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Dr. Karen Pinder

I was born in Luanshya, Zambia, but moved to Canada at a young age and grew up in Toronto. Following the completion of my B.Sc. in Biomedical Sciences at the University of Guelph, I spread my wings and flew (with the assistance of a jumbo jet) back to the Dark Continent where I ended up living for six years (the original plan was a two week holiday but life happens, doesn't it?!).

While completing my Ph.D. in developmental cell biology (specifically, the genetics of cell fate determination during embryonic development) at the medical school of the University of Cape Town, South Africa, I taught first- and second-year histology, cell biology and neuro-anatomy to medical students. I was also involved in the introduction and implementation of PBL at the University of Cape Town's medical school in 2001/2002.

In 2002 I left the sunny beaches of Cape Town and landed in Baltimore, U.S.A., where I completed a post-doctoral fellowship in cancer research at the Johns Hopkins medical school. We found a gene that suppresses tumours in mice, so I went in search of its promoter to determine how the gene is regulated. In April 2004, having been away from Canada for many years, the lure of maple syrup drew me back and I joined the Faculty of Medicine here at UBC.

Outside of work I may be found crashing regularly and spectacularly with both my bicycle and my roller blades, overcoming vertigo on the steeper portions of the Grouse Grind, attempting to sea kayak (often without a boat), or searching for ice cream in this beautiful city of ours.

I look forward to getting to know you all and wish you every success in the next four years and beyond.

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Dr. Jennifer Shabbits

I was born and raised in Lantzville, BC, just north of Nanaimo on Vancouver Island. Not wanting to venture too far from the west coast, I completed my B.Sc. in biochemistry at Simon Fraser University. Summer research positions at local biotech companies prompted me to pursue graduate studies, but not before embarking on a 10-week backpacking adventure through Europe where I ran with the bulls (OK, held on to the fence railing for dear life) and ate twice my weight in baguettes.

I then joined the Faculty of Pharmaceutical Sciences at UBC and began my Ph.D. research investigating the use of liposome-based drug delivery systems for the treatment of multi-drug resistant tumours. During this time I became involved in teaching. I facilitated and coordinated PBL tutorials in the Pharmacy undergraduate program and lectured in pharmacy and cell biology. Although these experiences firmly planted the “teaching seed”, I went on to do a post-doctoral fellowship at the BC Cancer Research Centre in the area of pro-apoptotic lipids.

I soon realized that I loved teaching much more than I did measuring mouse tumours, so I eagerly returned to UBC to teach cell biology, biochemistry and pharmaceutics. I joined the Faculty of Medicine in May 2004 and am looking forward to renewing my involvement with PBL as an instructor in the medical undergraduate program.

Outside of work I love to garden, fish and cook (I especially enjoy cooking what I catch!). Most recently I have developed a love/hate relationship with my newest hobby…golf. I am married and my husband is in his final year of residency in the psychiatry program at UBC.

I look forward to meeting each of you over the coming year, and I wish you much success in the exciting adventure that lies ahead!

Office: 604.822.9729 / Email: jenas@interchange.ubc.ca

Housing the Expansion: Three New Facilities

New academic facilities with state-of-the-art technology are under construction at all three universities to accommodate the influx of students.

At the UBC campus, your new home is the '**Life Sciences Centre**', which is located at the intersection of Agronomy Road and Health Sciences Mall. The Life Sciences Centre will house basic science departments and teaching and research laboratories (such as the Centre for Blood Research), while providing cost-effective sharing of equipment and other resources.

Construction of the $110 million, 40,000 square meters Life Sciences Centre began in 2002. The building will be ready for occupation in August 2004 and will be completed in 2005. Here's what the building looked like during construction – to have a look at the (almost) finished product, just pop over and wander around. We also include, on the following two pages, a map of the ground floor of the LSC together with a UBC campus map to help you find your way.

At the UNBC campus, your new $12 million home is the '**Northern Health Sciences Centre'**. A showcase for wood construction, the building will contain innovative lecture halls, problem-based learning rooms, laboratories and a number of faculty offices. The facility will also include leading-edge, state-of-the-art educational technology to support the distributed medical program.

Construction began in spring 2003 and the building will be ready to accept the first 24 NMP students in the winter of 2005.

At the UVic campus, your new $12 million home is the '**Medical Sciences Building (MSB)**'. The facility will contain anatomy, neuroanatomy, physiology, histology and pathology laboratory space necessary for students completing the first two years of their medical degree. Additional office and research space will house the necessary basic science faculty. Construction began in the summer of 2003 with an occupation date scheduled for 1 October 2004.

State-of-the-art technology will be used in the delivery of education from one site to another. In addition, technology-enabled learning will make expertise from around the globe available to BC medical students.

But don't take our word for it; let's go straight to the source. Dr A. Hamian, Project Coordinator from Ambit Consulting, explains further:

Introduction to the Technology Component of Distance Learning in the Medical School Expansion Program

The distance learning component of the Medical School Expansion Program will begin in January 2005, when the first two groups of students move to Victoria and Prince George to continue their undergraduate program at the University of Victoria (UVic) and the University of Northern British Columbia (UNBC) respectively. The following summarizes the technology that will be provided, and how it will be used to meet students' needs in the distributed learning environment. The expanded/distributed educational experience at/from UBC, UNBC and UVic will be very similar; however, for ease of explanation, the following scenarios describe the experiences as originating from UBC. The student experience will be similar for lecture and laboratory sessions that originate at UNBC or UVic. Where significant differences are anticipated, they are noted.

Distributed learning will occur in three distinct spaces:

- Lecture theaters
- Gross anatomy laboratories
- Multipurpose laboratories

Lecture Theaters

The lecture theaters at each site will be equipped with video- and tele-conferencing systems which include components such as projectors and projection screens, cameras, loudspeakers, and microphones. The theaters will also contain a fully integrated presentation system for multimedia presentations with a variety of playback equipment such as a document camera, DVD and VCR players, and a computer for computer-based presentations.

The following table summarizes the student experience at each site, for lectures originating at UBC. Lectures originating at UNBC or UVic will provide similar experiences to what is described in the table, except that students at UBC will see a view of the instructor in an inset portion of one of the two large screens rather than as a full screen image. The lecturer will be able to see students at both of the partner institutions on a dedicated monitor during the class.

	UBC	**UNBC, UVic**
See lecturer	Yes	On a large screen at front of room.
See students at other sites	Typically only during discussion or Question & Answer periods.	Typically only during discussion or Question & Answer periods.
See lecturer's presentation	On two large screens at front of room, to allow for a variety of presentation media such as PowerPoint, videos, and slides.	On two large screens at front of room (in addition to the screen showing the lecturer). Students will see all materials that students at UBC can see.
Hear lecturer	Yes	Yes
Hear students at other sites	Yes	Yes
Ask questions during lecture	Yes, via fixed or wireless microphones.	Yes, via 'push-to-talk' microphones, one microphone per 2 students.

Gross Anatomy Laboratories

The gross anatomy laboratory sessions will be delivered in a mixed mode of both distributed and local-only teaching. The laboratory at each site will be equipped with a video- and tele-conferencing system to facilitate distributed delivery, as well as an integrated presentation system for video presentations.

The following table summarizes the student experience at each site, for distributed laboratory sessions originating at UBC. Note that only the students at the originating site will see the instructor during a distributed session.

	UBC	UNBC, UVic
See instructor	Yes	No
See students at other sites	No	No
See demonstration on a specimen (delivered via overhead & wireless cameras)	Yes, 1 monitor per student bench.	UVic has 1 monitor per student bench. UNBC has 2 large ceiling-mounted screens.
Hear instructor	Yes	Yes
Hear questions from students at other sites	Yes	Yes
Ask questions in class	Wireless microphone or lecturer / moderator repeats question	UVic: Ceiling-mounted microphones (1 per student bench) and moderator UNBC: Using microphone at instructor's table.

Multipurpose Laboratories

The multipurpose laboratories will be used for a variety of teaching purposes, such as histology, neuroanatomy, pathology, and physiology laboratories, many of which will have a distributed component. Each multipurpose laboratory will be equipped a video- and tele- conferencing system to facilitate distributed delivery, and a fully integrated presentation system for multimedia presentations with a variety of playback equipment such as a document camera, DVD and VCR players, and a computer for computer-based presentations. The student benches will have computers with dual-input monitors, one for each pair of students. The monitor input is switched by the student between the central presentation system and the local computer (which will have internet access) for online demonstration purposes.

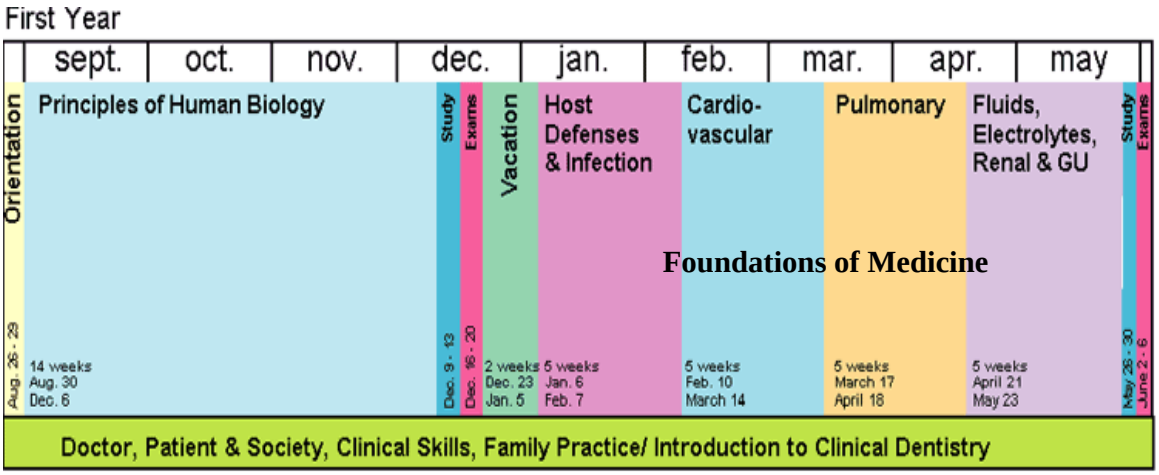
The following table summarizes the student experience in the multipurpose laboratories for distributed sessions, for sessions originating at UBC.

	UBC	UNBC & UVic
See instructor	Yes	Yes, as an inset picture on the monitors.
See students at other sites	No	No
See demonstrations and presentation materials	Yes, on dual-input monitors	Yes, on dual-input monitors
Hear instructor	Yes	Yes

Hear questions from students at other sites	Yes	Yes
Ask questions	Wireless microphone or lecturer / moderator repeats question	UNBC: 2 fixed microphones. UVic: One microphone for every 2 students.
Access online resources as needed during class.	The laboratories will have internet access for the computers at the student benches. Students will switch dual-input monitors to local computer when required.	

What Courses Will I Take In My First Year?

In a nut shell your first year may be summarized as follows (the dates below are from the 2003/2004 academic year, but you'll get the idea):



As you can see, your first year is busy. But oh so much fun! It is split into the September – December (Fall) term, called 'Principles of Human Biology' or 'PRIN401' (Note: in the past the Fall term has been called Phase I and Phase II Part I (P2P1) and you may still see this jargon from time to time) and the January – May (Spring) term, consisting of the first four systems blocks in 'Foundations of Medicine' (which was formerly called Phase II Part II or P2P2). For NMP and IMP students, Foundations of Medicine will take place at either UNBC or UVic.

Your week is scheduled from Monday to Friday, 08h00 to 17h00/17h30.

Lunch breaks (the really important stuff) are scheduled daily from 12h00 – 13h00.

There's the nut shell. Following is the detail.

First Term: Orientation

Orientation to the Medical/Dental Schools and Professions (ORNT 400)

A general introduction to the medical/dental schools, including beliefs and values embedded within the curriculum, will be provided. The overall curricular design and expectations regarding evaluation are discussed.

First and Second Term: Course Work

In first term you will be enrolled in Principles of Human Biology. In second term you will work your way through a number of 'blocks' in Foundations of Medicine. There are also three Longitudinal Courses that run throughout the year: Doctor, Patient and Society, Introduction to Clinical Skills and Family Practice Continuum. Details of all of these courses are below.

First Term: Principles of Human Biology; Fundamentals of Body Design (PRIN 401)

This is an interdisciplinary approach to the structural design and functioning of the human body, from sub-cellular organelles to gross anatomical structures. The course integrates major concepts from gross anatomy, cell biology, biochemistry, molecular biology, genetics, physiology, immunology, pathology and pharmacology.

This course runs for the duration of the first term over fourteen weeks. Details of each week are as follows:

Week One	The Body
Week Two	Cell division and chromosomes
Week Three	Genes and their function
Week Four	The organization of the cell
Week Five	Neoplasia
Week Six	Mid-Block Consolidation
Week Seven	Cellular Metabolism
Week Eight	Homeostasis
Week Nine	Excitable Membranes and Muscle Contraction
Week Ten	Neurotransmission and the Autonomic System
Week Eleven	Pharmacokinetics and Pharmacodynamics
Week Twelve	Body Fluids
Week Thirteen	Inflammation
Week Fourteen	Immunity

Second Term: Foundations of Medicine (FMED)

FMED is divided into a series of system blocks: Host Defenses and Infection, Cardiovascular, Pulmonary, and FERGU (Fluids, Electrolytes, Renal and Genitourinary). These blocks are set so that you will acquire the basics of medicine on a foundation that analyzes human illness at the level of its biological, behavioural and population components. The guiding philosophy of this part

is the integration of normal with abnormal structure and function, and subsequent clinical correlations and options for intervention.

Some further information about each block follows:

Host Defenses and Infection

An introduction to the classification and pathogenic mechanisms of microorganisms, the natural and acquired defenses of the human host against infection with microorganisms, and the fundamentals of diagnosis, treatment and prevention of infectious diseases.

Week One	Introduction to microorganisms
Week Two	Persistence in microbial infections
Week Three	Intracellular pathogenesis in microbial infections
Week Four	Opportunism in microbial infections
Week Five	Infections in a global world

Cardiovascular

This is an introduction to human cardiovascular anatomy, physiology and relevant biochemistry and genetics. Disordered function of the system will be taught by integration with discussion of the normal. As appropriate, pharmacological and other therapeutic and preventative modalities will be taught.

Week One	Cardiac Development / mal-development
Week Two	The consequences of chronic systemic hypertension
Week Three	The electrical activity of the heart
Week Four	Atherosclerosis and ischemic disease
Week Five	Cardiac Function / Dysfunction

Pulmonary

This is an introduction to human respiratory medicine. The relevant anatomy, physiology, biochemistry and genetics will be taught. Disordered function of the system will be taught by integration with discussion of the normal. As appropriate, pharmacological and other therapeutic and preventative modalities will be taught.

Week One	Respiratory anatomy and mechanics of breathing
Week Two	Airway diseases
Week Three	Gas exchange

Week Four Pathology and inhalation damage to the lungs

Week Five Pulmonary vasculature and blood clotting

Fluids, Electrolytes, Renal and Genitourinary (FERGU)

This is an introduction to the anatomy, physiology, pathology and pathophysiology of the kidney and urinary tract, and fluid and electrolyte disorders. Principles of pharmacologic, medical and surgical management will be presented.

Week One Hematuria

Week Two Urinary tract obstruction and incontinence

Week Three Glomerular disease

Week Four Disorders of fluids and electrolytes

Week Five Renal failure

Longitudinal Courses

The following three courses run continuously throughout the first two years of the program.

Doctor/Dentist, Patient and Society (DPAS 410)

DPAS is a course that spans the first two years of medical/dental school and examines critical issues in health care. You'll have a mixture of small group tutorials and plenary sessions that will address and examine critical issues in health care. Problem-based tutorials will address the patient-doctor relationship, health care systems, research, epidemiology, prevention, ethics, behavioral and social sciences, resource allocation, multiculturalism, and marginalized populations.

Introductory Clinical Skills & Systems I (INDE 410)

Students will be introduced to communication skills, components of health history and the physical exam, and will develop basic skills of examination of the head and neck, cardiovascular and respiratory systems. Small group sessions will be supplemented by self-study resources.

Family Practice Continuum (FMPR 401)

This clinical course, exclusively a part of the medical curriculum, allows the integration of first year basic sciences, clinical skills and doctor, patient & society in a Family Practice setting. Principles and skills of patient interviewing, history taking and physical examination are learned and practiced under supervision in the office, home, hospital and community settings. The role of the Family Physician in the provision of comprehensive patient care is explored.

What the Heck Is Problem Based Learning?

The motto of UBC is 'Tuum Est'. Translated: It's Yours! This has never been more relevant to learning in BC than it is to your medical/dental education, as reflected by Problem Based Learning.

A very large portion of your learning in the medical/dental curriculum will occur through Problem Based Learning. What the heck is this, you ask? Here's the answer:

The serious definition: Problem Based Learning is a pedagogical strategy for posing significant, contextualized, real world situations and providing resources, guidance and instruction to learners as they develop content knowledge and problem-solving skills (Mayo, Donnelly, Nash, and Schwartz, 1993). In Problem Based Learning, students collaborate to study the issues of a problem as they strive to create viable solutions. Unlike traditional instruction, which is often conducted in lecture format, teaching in Problem Based Learning normally occurs within small discussion groups of students facilitated by a faculty tutor (Aspy, Aspy, and Quimby, 1993; Bridges and Hallinger, 1991).

Because the amount of direct instruction is reduced in Problem Based Learning, *students assume greater responsibility for their own learning* (Bridges and Hallinger, 1991). This arrangement promotes group processing of information rather than an imparting of information by faculty (Vernon and Blake, 1993). The instructor's role is to encourage student participation, provide appropriate information to keep students on track, avoid negative feedback and assume the role of fellow learner (Aspy et al., 1993).

The fun definition: Your class will be split into groups of eight students, each with one tutor, and you will meet on Monday, Wednesday and Friday mornings from 08h00-10h00. You'll have lively discussions, share knowledge and information with each other and make lasting friendships.

Each week you will be presented with a patient case and it is your job to understand the underlying basic science/medicine, make a diagnosis and assess treatment options – just like your future day-to-day life as a medical/dental practitioner! Your group discussions will be complemented each week with a series of lectures and labs.

Huh? Does PBL Mean The End Of Lectures/Labs?

No. You will still have lectures and labs in Anatomy, Histology, Pathology, Pharmacology and Physiology during your first year. These are further detailed below. For those blocks that include laboratory sessions, where possible these will be held on Tuesday mornings. Some labs may be scheduled on Thursdays to fit with a particular week's sequencing. And don't forget that for the first ten weeks of your first year, you have regularly scheduled anatomy labs on Friday afternoons.

Cutting to the Chase with Anatomy

Your anatomy learning will be a combination of lectures and practical dissection in the gross anatomy labs. In the labs you will be separated into small groups of students and together you will be responsible for the dissection of relevant areas of an embalmed cadaver. In your first term dissection labs are every Friday afternoon, following an introductory lecture. After a brief lab talk you will be responsible for the dissection of the relevant structures in your small groups. This is a unique opportunity for you to learn the three-dimensional structures of the human body and their inter-relationships. In your following years of medical training you will always think back to what you learned during your dissections, whether it is during a surgical procedure or during a physical examination. Knowledge of anatomy will help you understand the steps of a surgical procedure or physical examinations of patients. Use this opportunity to gain knowledge about, and respect for, the human body!

Looking Into the Microscope (Histology)

Welcome! Histology is anatomy at the microscopic level. Using a combination of lectures and labs, we will guide you on a grand adventure through the inside structure of organs and cells. The lab portion of this course is where you will do the majority of your learning, although the lectures will introduce you to what you will peer at through a microscope. Your lab sessions will begin with a brief lab talk after which you will look into the wonders of life at the microscopic level. You'll spend time looking at normal human organs and cells through a light microscope, together with images taken with scanning electron micrographs (SEM). Not to mention the new virtual slide box – this is the first year when all of the microscopic images available on slides in the lab will also be available on the internet. Just wait until you see the quality of the virtual slide box; you're going to be blown away and we hope that it will add another dimension to your studies in histology.

About Pathology

Pathology literally means the study of disease. From this broad definition, we will emphasize the changes seen in various organs at the gross and microscopic levels, the biochemical level and the microbiological level (i.e. 'pathology') and the ways in which these changes correlate with the clinical, radiographic and physiologic changes found in the patient. Understanding clinico-pathologic correlations is the way to understand disease.

Material is delivered in various contexts. It appears as part of every PBL case. There are also lectures delivered by pathologists and a series of laboratories run by pathologists. The labs are case-based, come with gross specimens and images, and are intended to reinforce the week cases and the lectures.

The Rx on Pharmacology

Welcome to pharmacology, the land of oh so many drugs! The discipline has two fundamental arms—pharmacokinetics (what the body does to drugs) and pharmacodynamics (what drugs do to the body). At last count, there were approximately 7000 drugs in use worldwide, but relax! You'll only have to know about half that. Therefore we will begin with the basics, how we assess drugs, what does potency mean, and that sort of thing.

There will be several lectures on pharmacokinetics — how the body absorbs a drug, distributes it, metabolizes it, and then eliminates it. These become key issues in therapeutics. Another important topic within pharmacokinetics is drug interactions. Some interactions can be deadly—these are good to know.

In the majority of blocks, the content of the pharmacology lectures will reflect the topic of the week. The majority of PBL cases will involve, to varying degrees, a patient taking a medication of some kind, which will either be central or peripheral to the case. Take the opportunity to gain practice in looking up any drugs seen in the case, and familiarize yourself with the many available sources of drug information.

All about Physiology

The discipline of physiology is concerned with understanding processes involved in maintaining normal health in an individual. It is a vast area of study usually subdivided into systems such as gastrointestinal, endocrine, cardiovascular, pulmonary, renal or neurophysiology, to name several. Within this systems framework you will examine coordinated events occurring at biochemical, cellular, tissue and whole-body levels that collectively establish a stable yet highly adaptable internal environment. A working knowledge of these physiological processes will form an important foundation in your medical/dental education.

The majority of PBL cases are designed to generate learning issues involving the basic, normal physiology underlying clinically relevant observations, pathologies and treatments. Numerous supplemental physiology lectures and laboratories have been strategically scheduled throughout the first two years of the curriculum to strengthen your understanding of potentially complex physiological processes introduced in PBL cases. Our intention is to help you acquire the tools necessary to integrate knowledge of physiology into clinical problem-solving situations.

Required and Recommended Books

The list of required and recommended books may appear quite daunting at first glance. But never fear because we're here to help. There is a very useful web site on which many of the listed books have been reviewed by medical students. Check it out at: www.reviewcentre.com. You can also drop in and ask one of us (your 'Group of Seven') our opinion(s) on any given book as well.

Finally, we refer you to the Student-written portion of this guide. Each year the new second year class writes their thoughts on the books that they found most useful during their first year. If you can, speak with a few of them as well – the choice of recommended books is often quite dependent on personal learning styles, so obtaining more than one opinion may be enormously helpful.

Where Can I Find Help? Student Services

Your adjustment to the fast pace of medical/dental school may meet with a few speed bumps – no worries, we all need help from time to time! The Faculties of Medicine and Dentistry here at UBC each have a remarkably large and enthusiastic group of people to make your life a little easier and, at the distributed sites, the NMP and IMP have easily accessible, friendly and knowledgeable students services staff available to help you at any time.

Both Faculties have put in place a strong student services team comprised of professionals who are very student-friendly and want to help make their students' experience in medical and dental school a very positive one. Medical and Dental students will find that their respective Office of Student Affairs and Student Services Office (both detailed further below) is an excellent resource for information and assistance. These offices were established to ensure that resources and assistance are available to students to support them in meeting their educational goals and to provide a confidential resource in times of need. Students with personal, medical, career or academic concerns can seek advice and assistance through these offices. Both Faculties have an open door policy and staff available to help in whatever way that they can.

In addition, students at UBC are encouraged to seek out the assistance of one of their friendly 'Group of Seven' (see page 16 for contact details). The Instructor will do everything in her/his power to assist students and, if unable to help, will locate someone who can.

The Office of Student Affairs (Faculty of Medicine)

The Office of Student Affairs is located in the Dean's Office Undergraduate Education, Vancouver Hospital and Health Sciences Centre, #3250, 910 West 10th Avenue (3rd floor of the Jim Pattison Pavilion North). Student Affairs staff include:

Dr. Bruce Fleming, Associate Dean for Student Affairs
Phone: 604-875-4500
Email: asscdean@interchange.ubc.ca

Victoria Lambert, Student Affairs Coordinator
Phone: 604-875-4111, ext. 61696
Email: victoria.lambert@ubc.ca

Rosemary McCutcheon, Student Financial Assistance Officer
Phone: 604-875-5834 or toll free 1-877-875-7800
Email: rosemary.mccutcheon@ubc.ca

Kiko Hirano, Assistant to the Associate Dean
Phone: 604-875-4500
Email: asscdean@interchange.ubc.ca

In order to better support the students in the IMP and the NMP, the Office of Student Affairs will have representation at each site. Specifically, each site will have an Assistant Dean for Student Affairs, and a Student Affairs Coordinator. Students will be given contact information for these individuals during Orientation Week.

The Students Services Office (Faculty of Dentistry)

The Student Services Office is located in the JB MacDonald Building, Room 278, 2199 Wesbrook Mall (UBC Campus). Student Services staff include:

Dr. Joanne Walton, Associate Dean, Academic and Student Affairs
Phone: 604-822-3863
Email: jnwalton@interchange.ubc.ca

Susanna James, Manager, Student and Alumni Services
Phone: 604-822-0326
Email: susannaj@interchange.ubc.ca

Connie Reynolds, Manager, Admissions and Academic Progress
Phone: 604-822-1847
Email: connier@interchange.ubc.ca

Kathryn Myles, Secretary, Student Services
Phone: 604-822-7977
Email: fodss@interchange.ubc.ca

Jackie Lee, Program Assistant, Student Services
Phone: 604-822-8063
Email: fodadms@interchange.ubc.ca

In addition, students should be aware of the support available in both Faculties through the Academic Adviser Programs and the Mentoring Programs. What are these two Programs and what are the differences between the two? Read on …

The Academic Advisor Program - Medicine

The Academic Advisor program provides students with a member of the Faculty of Medicine who knows her/him and will be available to provide advice throughout their years of medical school and act as an advisor when academic concerns or questions regarding academic progress arise. Advisors are available to assist and support students at arms length from the formal process of evaluation. This assistance is intended to allow students to achieve their full academic potential by helping them to evaluate their strengths, weaknesses and those areas that need improvement. In addition, Advisors provide support, encouragement and help in obtaining suitable advice and assistance to students experiencing academic difficulty.

Every entering medical student – regardless of program – is assigned an Academic Advisor (IMP and NMP students see note below). An Academic Advisor is charged with supporting approximately ten first-year students throughout the entire four-year program. During the beginning of each year, the Academic Advisor may invite her/his students to meet informally either individually or as a group. From this point forward, however, all meetings between the student and her/his Advisor are on an individual basis and completely confidential. Any discussion that might be considered necessary outside these meetings can only be with the student's prior knowledge and consent.

Students can learn more about the Academic Advisor Program by contacting the program's Coordinator:

Victoria Lambert, Student Affairs Coordinator
Phone: 604-875-4111, ext. 61696
Email: victoria.lambert@ubc.ca

Please note: The Academic Advisor Program will be in place at both the IMP and NMP sites and students can expect to be assigned an Advisor soon after their arrival. While the IMP or NMP Academic Advisor will be their primary advisor, students may wish to continue to rely on their Lower Mainland Advisor particularly when they are in the region for electives, etc. The IMP or NMP Student Affairs Coordinator will be the students' contact person regarding this program.

The Academic Advisor Program - Dentistry

The role of the Academic Advisor in Dentistry is to provide a personal and arms-length resource from within the Faculty of Dentistry for our DMD students, and to help ensure that students are learning in a safe and healthy environment, free from harassment, discrimination and conflict. Advisors provide support, encouragement, advice, and can assist in guiding a student in academic difficulty toward the appropriate support resource(s) available. In the Faculty of Dentistry, each student is assigned an advisor, and advisors are assigned based on year so they do not follow a student through the four year program but, rather, develop a good understanding of some common student issues and concerns that occur in a particular year. However, many students have developed relationships with their advisors and, informally, may continue to seek out their previous academic advisor for advice and guidance. There are three academic advisors assigned to the first and third year classes, and two academic advisors assigned to the second and fourth year classes.

For more information about the Dentistry Academic Advisor Program, please contact:

Susanna James, Manager, Student and Alumni Services
Phone: 604-822-0326
Email: susannaj@interchange.ubc.ca

The Mentor Program - Medicine

The Mentor Program provides students with the opportunity to meet with both their peers and an impartial community physician in an informal, supportive environment outside of their day-to-day relationships. Our mentors are volunteer physicians with an interest in the progress, challenges and well-being of medical students. These Mentors are willing to provide students with an exposure to the challenges involved in balancing a career in medicine with their personal lives.

Students benefit in many ways from the Mentor Program by meeting and getting to know an experienced physician in the community. At the beginning of their first year, students (including IMP and NMP students) are teamed up with a mentor and her/his Mentor Group. These groups can consist of up to 8 students and are made up of members from each medical school class. Because group members are enrolled in different years/phases of the program, students have the opportunity to share survival tips and learn from one another's experiences.

Groups usually meet early in the first term and then once or twice throughout the academic year. Second year students often assist with convening group meetings and full participation is encouraged but not mandatory. Pizza nights, pot-luck dinners and a variety of novel and innovative outings are the rule. A recent addition to the program has been a yearly student led Mentor Appreciation pot-luck dinner.

Students can learn more about the Mentor Program by contacting the program's Coordinator:

Neil Parker, Program Assistant (1st Year)
Phone: 604-822-2422
Email: neil@medd.med.ubc.ca

Please note: The Mentor Program will be in place at both the IMP and NMP sites, although the make-up of groups may be a little different during the first few years. The IMP or NMP Student Affairs Coordinator will be the students' contact person regarding this program.

Tri-Mentoring Program - Dentistry

The Faculty of Dentistry is currently developing an exciting, new tri-mentoring program for its dental students. A mentoring group of three, made up of one first year student, one third year student, and one dental practitioner, will be formed and a mentor-student relationship will be facilitated and encouraged between the third year student and the first year student, and between the practitioner and the third year student. We anticipate the pilot program to begin in January 2005. During the pilot stage, it is anticipated that the program will involve about ¼ of the first and third year classes, and all participants will be required to agree to a commitment of two years. Participation in the pilot project will be voluntary.

It is hoped that the students participating in the tri-mentoring program will not only gain knowledge and insight into the academic program and the dental profession, but will also develop leadership skills and reinforce their own knowledge and understanding of the academic content and the profession. Although still in development, it is anticipated that the mentoring triads will meet as a group on two occasions during the academic year, in addition to an as yet undetermined number of one-on-one meetings that may be in-person, by telephone or by email, between student and mentor.

For more information about the new tri-mentoring program, please contact:

Susanna James, Manager, Student and Alumni Services
Phone: 604-822-0326
Email: susannaj@interchange.ubc.ca

Last But Not Least …

Career Counselling: Dr Peter Granger

Dr Granger has had a widely varied career including rural and inner city practice and has served in administrative capacities in hospitals and medical professional organizations. He is presently the Director of the Division of Inner City Medicine, mentor to the CHIUS, and is now please to have the opportunity to assist students in their career planning as their career counselor.

Study Time! All About The Libraries

The UBC MD/DMD Undergraduate Programs are supported by the UBC Library and, now with the Northern and Island Medical Programs, medical students will also receive support from the McPherson (Main) Library at the University of Victoria and the Geoffrey R Weller Library at the University of Northern British Columbia, as well as several new hospital libraries.

During the first term, students will primarily utilize the UBC Life Sciences Libraries. The Life Sciences Libraries include Woodward Biomedical Library on the UBC Campus, as well as three hospital libraries: St Paul's Hospital Library at St. Paul's Hospital, the Biomedical Branch Library (BMB) at the Vancouver Hospital, and Hamber Library at Children's and Women's Health Centre of BC. The Librarians at each library will be able to offer assistance at their information and reference desks.

During the orientation session, we will introduce you to the extensive library and information resources available to you in your program.

Dr. Kathy Hornby, Informatics Theme Director for the program and Ms. Kristina McDavid, the MD Undergraduate Resources Librarian are available to assist you and we hope that you will feel free to contact us for help. Once the program begins we look forward to introducing you to more members of the library team -- the UNBC, UVic and hospital librarians.

Library Websites:

- Geoffrey R Weller Library, University of Northern British Columbia: www.library.unbc.ca
- McPherson (Main) Library, University of Victoria: http://gateway.uvic.ca
- University of British Columbia Library: www.library.ubc.ca

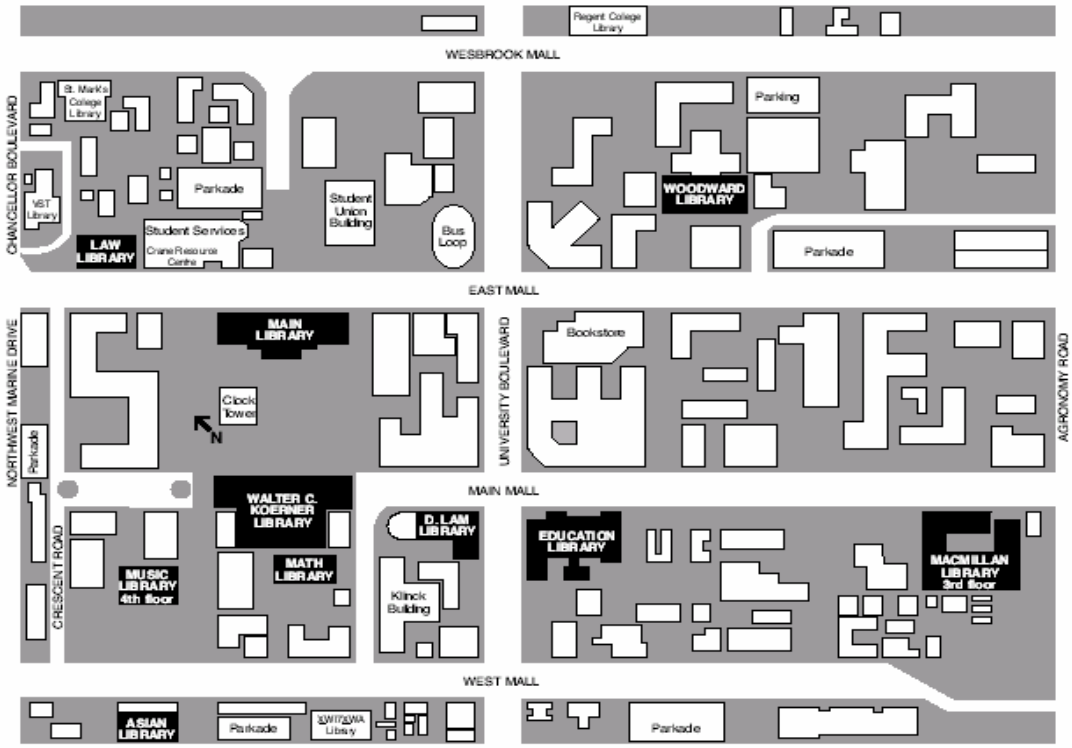
Contact information:

Dr. Kathy Hornby
Woodward Library
604-822-6676
khornby@interchange.ubc.ca

Kristina McDavid
Woodward Library
604-822-3393
kristina.mcdavid@ubc.ca

The Library

Guide to UBC Libraries



The University of British Columbia Library is the second largest research library in Canada. There are libraries at 10 locations on campus and at 4 off-campus, supporting teaching and research across disciplines. Together the libraries house over 4.6 million books and journals, 5 million microforms, more than 800,000 maps, archives, videos and other multimedia materials and over 44,722 subscriptions.

The UBC Library Web provides access to the catalogue of holdings, article indexes, electronic journals and texts, reference tools, research guides, and more. The UBC Library Web is available in all libraries.

The Library's instructional program, *Information Connections*, offers training in the use of electronic and other resources.

Many of the campus libraries have computers for academic activities such as Web courses and assignments or lengthy searches in the catalogue, article indexes, and electronic journals, and word processing software.

ON CAMPUS:

Asian Library (604-822-2427) Materials in Asian languages (Chinese, Japanese, Indic, etc.). Subject material about Asia, in English and other European languages, is in Walter C. Koerner Library and other branches. Law materials are in the Law Library.

Chapman Learning Commons (604-822-8448) Comfortable seating, group study, workshops, wireless network, laptops, word processing software. Help with library resources, information technologies, student services and new learning opportunities. Located in Main Library.

www.library.ubc.ca

more . . .

David Lam Library (604-822-9400) Materials on commerce and business administration.

Education Library (604-822-3767) All aspects and levels of education, curriculum materials, children's books.

Extension Library (telephone 604-822-3424, fax 604-822-6465, email extlib@interchange.ubc.ca) Online, phone, and mail service for off-campus UBC credit course and correspondence course students.

Fine Arts Division (604-822-3943) Materials on architecture, community and regional planning, costume, dance, graphics, sculpture, design, and painting. Located in Main Library.

Law Library (604-822-2275) Materials relating to law.

MacMillan Library (604-822-3445) Materials on forestry, agriculture, and food sciences.

Main Library Houses the Science & Engineering Division, Fine Arts Division, Rare Books & Special Collections and University Archives, Chung Collection, and The Chapman Learning Commons.

Map & Atlas Collection (604-822-2725) Maps, atlases, gazetteers, travel guides, and cartographic reference books. Located in Koerner Library on Level 2.

Mathematics Library (604-822-2667) Materials on pure mathematics.

Music Library (604-822-3589) Materials about music, including scores and non-circulating recordings.

Rare Books & Special Collections (604-822-2521) Non-circulating collections of rare books, western Canadiana, 19th century English literature, early children's literature, manuscripts, UBC theses, historical maps, photographs and archives. Located in Main Library.

Science & Engineering Division (604-822-3295) Reference service and collections for chemical, physical and geological sciences, computer science, engineering, meteorology, etc. Located in Main Library.

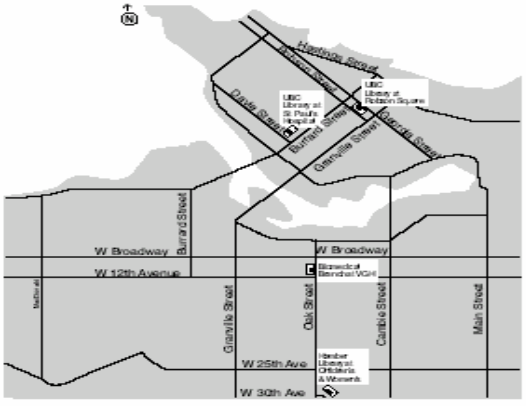
University Archives (604-822-5877) Repository of documents, photographs and other historical materials preserving the corporate memory of the University. Located in Main Library.

Walter C. Koerner Library (604-822-2406, 604-822-2725) Collections and reference service in humanities, social sciences, government publications, maps, microforms, and numeric data files.

Woodward Biomedical Library (604-822-4440, 604-822-5461, hours 604-822-1777) Materials on the health and life sciences: biology, botany, dentistry, medicine, nutrition, pharmacy, zoology, etc. Ask at Woodward for delivery of items from off-campus hospital libraries. A part of the Life Sciences Libraries.

OFF CAMPUS:
Off campus libraries consist of UBC Library at Robson Square and the three Life Sciences branches located in affiliated teaching hospitals.

The Life Sciences Libraries (LSLs) consist of four libraries serving five affiliated teaching hospitals: Woodward Biomedical Library near UBC Hospital, Biomedical Branch (BMB) Library at Vancouver General Hospital, Hamber Library at Children's Hospital and near Women's Hospital, and the branch at St. Paul's Hospital.



Biomedical Branch at VGH (604-875-4505)
Floor A, UBC Wing,
Heather Pavilion
Vancouver Hospital and Health Sciences Centre
700 West 10th Ave.,
Vancouver, BC V5Z 1L5

Hamber Library at Children's and Women's Health Centre of BC (604-875-2155)
4480 Oak St.,
Vancouver, BC V6H 3V4

UBC Library at St. Paul's Hospital (604-806-8425)
Providence Building Level 1
1081 Burrard St.,
Vancouver, BC V6Z 1Y6

UBC Library at Robson Square (604-822-3725)
800 Robson St., Plaza Level
Vancouver, BC V6Z 3B7

7/03

What About When I Move To The NMP or IMP?

How will things work at UNBC and UVic?

Together with information presented elsewhere here in the Purple Book, we are able to give you some insight from students who have already 'experienced the IMP and the NMP'. The delivery methods to be used in the distributed program have been piloted and evaluated, and a very successful 'Prototypical Week' (PTW) was held during the last week of January 2004, using Week 4 in the first year 'Host Defenses and Infection Block'.

The PTW involved eight first year students (class of 2007) going to Victoria and eight first year students going to Prince George for a week of studies. Several delivery methods were used by distributed and UBC-based faculty, and the results of an extensive evaluation process are being used to further develop the implementation plans for years 1 and 2. In November 2004, when the new teaching facilities at the three Universities are operational, additional testing of the technology will take place.

Students evaluated the week highly. They appreciated the excellent family practice experiences and clinical skills group sessions. They enjoyed working in a smaller group, contrasting with their experience in a large lecture theatre. They were highly impressed by the quality of local problem-based learning tutors and lecturers.

"I want to be an Island Medical Student! We had a great week and wonderful learning experiences."

"The PTW experience was outstanding. I am envious of the students who be entering the IMP!'

-Quotes from PTW students

What Is My Status at UNBC and UVic?

If you are one of the medical students moving to UVic or UNBC in the second term, you may be wondering what your status, as a UBC student, will be at each of the two sites. Here's the answer:

The Northern Medical Program (NMP) at the University of Northern British Columbia

The Northern Medical Program will have a dedicated half-time Student Affairs Coordinator, who will support NMP students. In addition, UNBC already has a wide range of student and support services established, such as:

- Academic Advising
- Alumni Association
- Athletic & Recreation Services (including a full Fitness Centre, which has workout facilities and offers a number of fun recreational classes throughout the year including such things as belly-dance, photography, and language classes just to name a few)
- Awards & Financial Aid
- Bookstore
- Campus Security (includes a safe-walk program)

- Centre for Teaching & Learning
- Childcare Centre
- Continuing Education Programs
- Computer User Services
- Co-op Education
- Counselling & Career Centre
- First Nations Centre
- First Nations Student Society
- Food Services (Food court, Bistro and lots of vending machines)
- Grad Student Society
- Health & Wellness Centre (full-time nurse on campus, physician clinics twice a week)
- Housing & Conference Services (off-campus housing program)
- Interfaith Chaplaincy
- International Centre
- Learning Skills Centre (which includes resources for students with disabilities)
- Library (including access to Librarians)
- Northern Undergraduate Student Society (student societies & clubs, Over-the-Edge student newspaper, CFUR campus radio station, PRIDE UNBC, and the Prince George Public Interest Research Group)
- Orientation (twice a year)
- Women's Centre

The Island Medical Program (IMP) at the University of Victoria

The UBC undergraduate medical students in the Island Medical Program at UVic will have affiliate student status at UVic, thus affording them access to all of UVic's campus services on the same basis as all other University of Victoria students. These services include, but are not limited to:

- Aboriginal services: This includes access to an Aboriginal Liaison Officer, the Native Student Union and an Aboriginal Counsellor
- Academic Advising
- Athletics and Recreation (McKinnon Facilities, Ian Stewart Complex, weight training facility, recreation sports clubs, intramural and instructional programs, swimming pools)
- Bookstore/campus shop
- Campus security services and parking services
- Career services
- Centre for Teaching and Learning
- Counselling Services (learning and study skills, wellness workshops and groups)
- Child care services
- Continuing studies
- Co-op education
- Computer user services (computer store, computer labs, help desk, Netlink (e-mail) account)
- Access to all of UVic's libraries
- Interfaith chaplaincy
- International and exchange student services
- Chapel
- Resource centre for students with a disability
- Records Services Office (Financial aid, scholarships and bursaries)

- University of Victoria student society (clubs and course unions, Student Union Building, Women's Centre – Sexual Assault Centre, Ombudsperson's Office, Vancouver Island Public Interest Research Group, Pride Collective, Students of Colour Collective, CFUV Radio 101.9 FM, The Martlet Newspaper)
- UVic events
- Health Services (physiotherapy, psychiatry)
- Housing, Food and Conference Services (on campus housing, single and family housing, off campus housing registry, all food services outlets)
- Family Centre (orientation and transition programs)
- Alumni Association

Hey! When Do I Get A Break?!

You don't. We're just kidding, of course. Here's a list of significant dates for the 2004/2005 academic year, including your days off. Please do take note that the exam dates are tentative and ***you should wait for the official schedules in October and February before making any travel arrangements***.

FIRST YEAR MEDICINE ACADEMIC YEAR 2004/2005

Fall Term, 2004

Week beginning	Block/Week	Notes
August 30	Orientation	Friday 3 Sept start of PRIN 401
September 6	PRIN 401 Week 1	Monday 6 Sept Labour Day
September 13	PRIN 401 Week 2	
September 20	PRIN 401 Week 3	
September 27	PRIN 401 Week 4	
October 4	PRIN 401 Week 5	
October 11	PRIN 401 Week 6	Mid-Block "consolidation" Monday 11 Oct Thanksgiving
October 18	PRIN 401 Week 7	
October 25	PRIN 401 Week 8	
November 1	PRIN 401 Week 9	
November 8	PRIN 401 Week 10	Thursday 11 Nov Remembrance Day
November 15	PRIN 401 Week 11	
November 22	PRIN 401 Week 12	
November 29	PRIN 401 Week 13	
December 6	PRIN 401 Week 14	Friday 10 December last day of classes
December 13	Study time/Exams	
December 20-22	Exams	

Northern Medical Program students, pack your bags and head north to Prince George!

Island Medical Program students, pack your bags and board the ferry to Victoria!

FIRST YEAR MEDICINE ACADEMIC YEAR 2004/2005

Spring Term, 2005

Week beginning	Block/Week	Notes
January 10	HDI Week 1	
January 17	HDI Week 2	
January 24	HDI Week 3	
January 31	HDI Week 4	
February 7	HDI Week 5	
February 14	Cardiovascular Week 1	
February 21	Cardiovascular Week 2	Friday 25 Feb Spring Break
February 28	Cardiovascular Week 3	Monday 28 Feb Spring Break
March 7	Cardiovascular Week 4	
March 14	Cardiovascular Week 5	
March 21	Pulmonary Week 1	Friday 25 March Easter
March 28	Pulmonary Week 2	Monday 28 March Easter
April 4	Pulmonary Week 3	
April 11	Pulmonary Week 4	
April 18	Pulmonary Week 5	
April 25	FERGU Week 1	
May 2	FERGU Week 2	
May 9	FERGU Week 3	
May 16	FERGU Week 4	
May 23	FERGU Week 5	Monday 23 May Victoria Day
May 30	Study time/ Exams	
June 6	Exams	Friday 10 June Final Exam

What About Second Year? Can You Give Me A Peek At It?

No problem. Here goes:

Doctor, Patient and Society (DPAS 420)

This multi-disciplinary course will examine critical issues in health care. Problem-based tutorials will address the patient-doctor relationship, health care systems, research, epidemiology, prevention, ethics, behavioural and social sciences, resource allocation, multiculturalism and marginalized populations.

Family Practice Continuum (FMPR 420)

This clinical course is a continuation of the first year Family Practice Continuum and it allows the integration of second year basic sciences, clinical skills and doctor patient & society in a Family Practice setting. Students are expected to expand their knowledge and skills through supervised patient interviewing, history taking and physical examinations in the Family Practice setting. Informatics and patient centered learning are emphasised.

Clinical Skills II (INDE 420)

Students will further develop general and specific communications skills, while learning a systemic approach to the remaining body systems. Experience with both pediatric and adult patients will be provided. There will be the opportunity to do a full history and physical of hospital patients. Small group sessions may be supplemented by self-study resources.

Blood and Lymphatics (FMED 421)

Studies in this course include: Blood and lymphatic system; anatomy, physiology and relevant biochemistry; normal and disordered function; pharmacological and other therapeutic and preventative modalities.

Integument (FMED 422)

This is a one week block covering the basic science and common clinical issues of skin, hair, nails, and accessible mucosae. Normal anatomy and physiology, common clinical and pathophysiological changes and dysfunction, and psychosocial relevance of integumentary diseases are the three principal areas explored.

Musculoskeletal and Locomotor (FMED 423)

The student is introduced to the basic science components which underlie common musculoskeletal conditions. Case based themes involving normal bone growth and development, abnormal bone metabolism, normal and abnormal cartilage structure and metabolism. Ligament structure and function as well as joint mechanics are also included.

G.I. (FMED 424)

Introduces the student to the clinically relevant basic sciences and pathophysiological events of the human gastrointestinal (GI) tract, comprising the oral cavity and teeth, esophagus, stomach, bowel, exocrine pancreas, liver and biliary tree.

Endocrine & Metabolism (FMED 425)

This block will focus on normal and abnormal carbohydrate and lipid metabolisms as well as the physiological function and disorders of the pituitary, thyroid and adrenal. Relevant pathology, anatomy, genetics, biochemistry, pharmacology, and radiology will be included as learning issues. Diagnostic testing and treatment strategies are also included.

Brain and Behaviour (FMED 426)

This block focuses on normal structure and functional interrelationships within the nervous system, with a major focus on the central nervous system. Emphasis is on the basic science (anatomy, physiology, pharmacology, pathology and behavioural science, as well as special topics such as special senses, pain and sleep) relevant to clinical problems in neurology and psychiatry. Laboratory sessions cover topics in neuroanatomy, head and neck gross anatomy and neuropathology to complement the week themes.

Reproduction (FMED 427)

This four week block covers the fundamentals of human reproduction and provides an introduction to reproductive endocrinology, pregnancy physiology and gynaecological neoplasia.

Growth & Development (FMED 428)

This five week block will focus on reproduction and aging. Core topics will include human sexuality, pregnancy, lactation and aging.

SECOND YEAR MEDICINE ACADEMIC YEAR 2004/2005
Fall Term, 2004

Week beginning	Block/Week	Notes
August 30	Musculoskeletal Week 1	
September 6	Musculoskeletal Week 2	Monday 6 Sept Labour Day
September 13	Musculoskeletal Week 3	
September 20	Musculoskeletal Week 4	
September 27	Blood & Lymphatics Week 1	
October 4	Blood & Lymphatics Week 2	
October 11	GI Week 1	Monday 11 Oct Thanksgiving
October 18	GI Week 2	
October 25	GI Week 3	
November 1	GI Week 4	
November 8	Endocrine & Metabolism Week 1	Thursday 11 November Remembrance Day
November 15	Endocrine & Metabolism Week 2	
November 22	Endocrine & Metabolism Week 3	
November 29	Endocrine & Metabolism Week 4	
December 6	Endocrine & Metabolism Week 5	Friday 10 Dec last day of classes
December 13	Study time/Exams	
December 20-24	Exams	

SECOND YEAR MEDICINE ACADEMIC YEAR 2004/2005
Spring Term, 2005

Week beginning	Block/Week	Notes
January 3	Integument Week 1	Monday 3 Jan Statutory Holiday
January 10	Brain & Behaviour Week 1	
January 17	Brain & Behaviour Week 2	
January 24	Brain & Behaviour Week 3	
January 31	Brain & Behaviour Week 4	
February 7	Brain & Behaviour Week 5	
February 14	Brain & Behaviour Week 6	
February 21	Brain & Behaviour Week 7	Friday 25 February Spring Break
February 28	Brain & Behaviour Week 8	Monday 28 Feb Spring Break
March 7	Brain & Behaviour Week 9	
March 14	Reproduction Week 1	
March 21	Reproduction Week 2	Friday 25 March Easter
March 28	Reproduction Week 3	Monday 28 March Easter
April 4	Reproduction Week 4	
April 11	Growth & Development Week 1	
April 18	Growth & Development Week 2	
April 25	Growth & Development Week 3	
May 2	Growth & Development Week 4	
May 9	Growth & Development Week 5	
May 16	Study week	
May 23	Examinations	Monday 23 May Victoria Day Monday 30 May Final Exam (CEBS)

Commonly Used Abbreviations

ALH (Anatomy Lecture Hall; in the Friedman (Anatomy) Building at UBC)

BCMA (British Columbia Medical Association)

CHIUS (Community Health Initiative by University Students)

CMA (Canadian Medical Association)

CDA (Canadian Dental Association)

DPAS (Doctor, Patient and Society)

FMED (Foundations of Medicine)

HSSA (Health Sciences Students' Association)

IMP (Island Medical Program; this refers to the distributed curriculum at UVic)

ITMC (Information Technology Medicol Committee)

LSC (Life Sciences Centre; the new building at UBC)

MEDICOL (Medicine and Dentistry Integrated Curriculum Online)

MORE (Medical Outreach Research Elective)

MSAC (Medical Student Alumni Centre in Vancouver)

MSB (Medical Sciences Building, the new building at UVic)

NMP (Northern Medical Program; this refers to the distributed curriculum at UNBC)

PBL (Problem Based Learning)

RJH (Royal Jubilee Hospital, Victoria)

SOS (Students Offering Support)

SSDC (Student Support and Development Committee)

SUB (Student Union Building. This is a very useful building at UBC, housing everything from a photocopy store to a postal office, through to food and coffee services.)

UBC (The University of British Columbia)

UNBC (The University of Northern British Columbia)

UVic (The University of Victoria)

VGH (Vancouver General Hospital *and* Victoria General Hospital)

Welcome to British Columbia

Burrard Inlet, Vancouver

Mr. PG!, Prince George

Inner Harbour, Victoria

If you are new to British Columbia we would like to welcome you to the beautiful west coast of Canada – whether you are staying in Vancouver for your four years of education (dental students, we know this applies to you!) or are moving to Prince George or Victoria in January, we are confident that you will have the time of your life living and learning in Canada's most beautiful province.

Some links that may be of interest and/or help are:

Tourism BC: www.hellobc.com

Tourism Vancouver: www.tourismvancouver.com. The 'Discover Vancouver' forum is also a great, friendly place to find an answer to just about any question. www.discovervancouver.com/forum

Tourism Prince George: www.tourismpg.com

Tourism Victoria: www.tourismvictoria.com

UBC Housing Questions (on and off campus): www.students.ubc.ca/welcome/housing.cfm and www.housing.ubc.ca

UNBC Housing Questions: (on and off campus): www.unbc.ca/housing

UVic Housing Questions: (on and off campus): www.hfcs.uvic.ca and www.hfcs.uvic.ca/offcam.htm

Fast Facts About UBC

- Familiarize yourself with the website that you will use often during your time here at UBC: www.ubc.ca.
- You are the first year of the exciting expansion of the medical program at UBC. Further information can be found at www.med.ubc.ca.
- The UBC campus may seem overwhelmingly large. Don't worry, you'll soon be finding your way around with ease. A map of the campus in included here in the Purple Book – if you've been reading carefully you should have already come across it!
- The main campus is bounded by Chancellor Boulevard to the northwest, Marine Drive to the southwest, Wesbrook Mall to the northeast, and West 16th Avenue to the southeast. This represents the administrative and educational core of UBC.
- The South Campus is bounded by Southwest Marine Drive to the south, West 16th Avenue to the northwest, and Pacific Spirit Park to the northeast. The South Campus houses many research facilities.
- The East Campus is bounded by West 16th Avenue on the south, Wesbrook Mall on the west, Acadia Road on the east, and on the north its border zigzags from Toronto Road to Agronomy Road to Fairview Avenue. A large part of the East Campus is made up of student, faculty and staff housing, along with child care buildings and the local police and fire department. UBC's first market housing development, known as Hampton Place, is also located here.
- How long has UBC been 'open for business'? The enabling legislation, the "University Act", was passed by the B.C. Legislature in **1908** (the Act's fiftieth anniversary in 1958 was marked by the publication of *Tuum Est*, the first comprehensive history of the University, and by the launch of the "UBC Development Fund", the first public appeal for capital funds by any Canadian university). The first meeting of Convocation was held in **1912** (this was clearly regarded by the Provincial Government of the time as a "launching ceremony" for the University). The University opened and the first classes were held at the Fairview campus in **1915** (this is the most commonly-accepted date - the seventy-fifth anniversary was marked with great fanfare in 1990). The Point Grey campus was opened in **1925**.
- UBC is a relatively young medical school, the twelfth founded in Canada, with the first class entering in 1950 and graduating in 1954. We celebrated our 50th Anniversary in the year 2000.
- How have we grown over the years? Annual enrollment dates can be found at: www.library.ubc.ca/archives/enrolmnt.html.
- How did we end up in our current location? Check out the interesting history and Pilgrimage and you'll quickly discover the powerful influence students can have: www.alumni.ubc.ca/files/pdf/trek/issues/01spring/greattrek.pdf.

Fast Facts About Vancouver[1]

- In a recent world-wide quality of living survey, Vancouver tied with Vienna for the second best place in the ENTIRE world to live. Zurich placed first and we suspect that has something to do with Swiss chocolate.
- Host city for the 2010 Olympic Games.

[1] *Some information adapted from http://www.bcpassport.com/index.php, a wonderful resource for the city of Vancouver.*

- During the 2010 Games, it is estimated that 900 buses will travel the Sea-to-Sky highway between Vancouver and Whistler *per day*.
- Size: 113 square kilometers.
- Population: 560,000.
- Area population: 2 million.
- Largest port on the west coast of North America.
- Largest city in British Columbia.
- Third largest city in Canada.
- Annual rainfall: 1219 mm (48 inches). 10% of that falls during the summer months (For comparison: Seattle gets 36 inches a year and San Francisco 21 inches).
- Mean temperatures: 3°C (37.4°F) in January and 18°C (64.4°F) in July.
- Daylight: 16 hours in June / 8 hours in December.
- Features: Vancouver is surrounded by water on three sides and is overlooked by the Coast Mountain Range with peaks above 1,500 meters (4920 feet).
- There are eight significant bridges in Vancouver, not counting the Capilano and Lynn Canyon Suspension Bridges. Three cross the Fraser River, which borders Vancouver on the south, three cross False Creek and connect downtown Vancouver to the rest of the city, and two cross the Burrard Inlet and connect Vancouver to the North Shore.
- Vancouver drivers, as a rule, are courteous and mild-mannered. They stop for pedestrians, and they don't often run yellow lights. Their most annoying characteristic is that they will happily drive slowly in the left hand lane on four lane highways. The "slower traffic keeps right" concept seems unknown.
- Most gas stations are self-serve; you can pay for gas, in most places, at the pump with a credit or debit card or inside after you've pumped.
- Go West! *Which* West?! The West Side is the west half of Vancouver. It runs from the University of British Columbia at the western tip of Vancouver to Ontario Street. The West End is a residential and commercial neighborhood just east of Stanley Park. It is bordered by Denman Street, Georgia Street, Burrard Street and the beach beyond Pacific Avenue. West Vancouver is not in Vancouver at all but across the Lions Gate Bridge on the North Shore.
- Take the ‘C Bus’! As far as we know, there is no C Bus; however, if someone tells you to take the 'C Bus' to get where you want to go, they are referring not to a real bus but to a ferry, called the SeaBus, that makes a 1.75 nautical mile voyage across the Burrard Inlet, the largest ice-free seaport in the world. The SeaBus runs between Canada Place and the Lonsdale Quay in North Vancouver every fifteen minutes and connects Vancouver to the North Shore.

Fast Facts About UNBC

- Main website: www.unbc.ca (with further interesting facts located at www.unbc.ca/introduction).
- UNBC opened for business in 1994. The University celebrated its tenth Anniversary on August 17th of this year, the same day of the opening of the Northern Health Sciences Centre, the home of the Northern Medical Program.
- UNBC is a small, friendly campus located on Cranbrook Hill, about a ten minute drive from downtown Prince George. The campus overlooks both the city and the foothills of the Rocky Mountains.
- UNBC is the only University in Canada with ‘Northern’ in its name.

- There are approximately 3700 students studying at UNBC. 64.7% of students are from Northern BC, 27% are from Southern BC and 8.3% are from outside of BC, including a number of international students.
- The UNBC campus at Prince George is 654,698 square feet in size.
- There are 13 buildings on campus with more than 6000 windows in total.
- UNBC employs 154 full-time faculty and 64.6 (We're not making up that number – let us know if you come across the 0.6th person!) term academic faculty.
- UNBC's library holdings total 605,242 items. The University spends approximately $1.4 million annually on new acquisitions.
- Roughly 130,235 cups of coffee were sold on campus last year.
- Plans are being developed for a new Northern Sport Centre and a Student Union Building.
- 'En Cha Hunà - UNBC's motto is a phrase from Carrier elders and means that every person has a viewpoint worth consideration. It reflects the spirit of academic inquiry and learning from others.
- Total alumni: 3522. Surveys of alumni have shown that the majority of UNBC graduates live and work in the north.
- In the last decade, no other construction project in BC has used more wood than was/is being used in the construction of the UNBC campus.
- There are more people, per capita, pursuing post-secondary education in Prince George than anywhere else in BC.
- UNBC has regional campuses in Terrace, Quesnel and Fort St. John. During the 2002-03 academic year there were 1870 course registrations, a 23.7% increase over the previous year. Students pursued their studies in thirteen northern BC communities. UNBC thus allows many students to complete degrees without leaving their jobs or families.
- Much of the research conducted at UNBC is uniquely focused on northern issues, with research issues dedicated to northern community development, northern land use, child welfare, adolescents and children with special needs, social indicators and rural health.

Fast Facts About Prince George

- Known as BC's northern capital, Prince George is a city of over 80,000 people, almost smack in the middle of the province, situated at the crossroads of Highway 97 (north-south) and Highway 16 (east-west) and at the confluence of the Fraser and Nechako Rivers.
- Prince George is BC's fourth largest city outside of Greater Vancouver.
- Mean temperatures: -9^{o}C in January and 15^{o}C in July.
- Annual rainfall: 416 mm (peaks in June). Annual snowfall: 235 cm (peaks in January).
- Size: 315.99 square kilometers.
- Elevation: 500-700 meters (approximately 575 m (1886 feet) in the city centre).
- For those outdoor enthusiasts there is no better place than Prince George. Ten minutes in any direction from downtown brings you into contact with the great outdoors. About 1600 lakes, countless rivers, three ski hills and hundreds of miles of hiking, biking and cross-country trails are accessible within a days drive of the city.
- The city boasts its own symphony orchestra, two performing arts theatres, a new art gallery and very active local arts community. The Prince George Multiplex is home to the Western Hockey League's Cougars team and is regularly used as a venue for such performers as Bryan Adams, BB King, Nickleback and the Tragically Hip.
- In this midst of all of the bustle are, of course, the people. Prince George would not be Prince George were it not for the people who live here. Its casual amiability and

willingness to welcome all with open arms isn't so much a personality trait as much as it is a natural consequence of living in a place where there is so much to grab on to.

- A really great compilation of 'things to see and do in Prince George' may be found at www. unbc.ca/guide. Here are some of the highlights:
- There are at least nine provincial parks within a five hour drive of Prince George.
- Also very easily accessible is rock climbing, canoeing, caving, fishing, hiking, luge (no kidding! UNBC was home to the 1997 North American Junior Women's Natural Luge Champion), mountain biking, skiing and sky diving.
- Prince George has a wide variety of pubs perfect for enjoying the company of your friends or meeting new friends. Some pubs that you can often spot University folks at are: Alfredo's (at the bottom of Cranbrook Hill), the Alpine (in the Hart Highlands), BX Pub (near downtown on 5th), Coach's Corner (in the Ramada downtown), Skeeto's (Parkwood Mall), College Heights Pub, JJ's Pub (across from the Multiplex), Sergeant O'Flaherty's (Coast Inn of the North downtown), and the Tabor Arms Pub with a Saturday night comedy show (1st and Tabor).
- There is a shopping centre in virtually every major neighbourhood in Prince George, so you are never far from groceries. Prince George also has the largest Costco in western Canada.
- In February, Winter Mardi Gras brightens your winter with goofy games such as snow golf and over-the-line snowball.
- An art gallery, craft guild, theatre workshop, symphony, playhouse, civic/convention centre, and 800-seat Vanier Hall provide the city with a cultural base.

Fast Facts About UVic

- Enrolment (2003): 18,415 undergraduate and graduate students (13,500 full time equivalents). 72% come from outside the Greater Victoria area.
- Main website: www.uvic.ca. Island Medical Program website: www.uvic.ca/imp.
- Total alumni: 67,756.
- The University of Victoria, one of Canada's leading Universities, provides both students and faculty with a unique learning environment. UVic has earned a reputation for commitment to research, scholarship and work-integrated learning. The University is widely recognized for its innovative and responsive programs and its interdisciplinary and international initiatives. Here, more than 18,000 students from around the world enjoy a campus community that offers outstanding social, cultural, artistic, environmental and athletic opportunities.
- UVic is BC's second largest educator in the health sector, through its programs in Nursing, Social Work, Psychology, Health Information Science and other allied health programs. UVic houses exemplary interdisciplinary research centres, including the Centres for Biomedical Research and Community Health Promotion Research and Aging – which have received international recognition for research related to health. UVic recently opened the Centre for Addictions Research of BC, funded by the BC Addictions Foundation.
- UVic is home to the Centre for Innovative Teaching, a specially designed classroom building equipped with the latest advancements in learning and teaching technologies.
- The University is the 4th-largest employer in Victoria.
- Established in 1903 as Victoria College, with an initial affiliation with McGill, the 3 martlets on the University crest are in reference to the crest of McGill University, which features the same. The University of Victoria was given degree-granting status in 1963 – the

University celebrated its 40th Anniversary in 2003 and boasts approximately 70,000 alumni around the world.

- For a complete background on the University of Victoria, please visit www.uvic.ca/about/factsfigures/index.html.
- UVic has Canada's third largest University co-operative education program, integrating academic studies with relevant paid work experience in more than 40 academic areas.
- A UVic student has been awarded with a Rhodes scholarship in each of the last 4 years (only 11 are awarded nationally).
- A large portion of the campus lies within, or is on the periphery of Ring Road which, in contrast to most similarly names structures (sorry, engineers), does in fact form a regular circle in the centre of campus.
- There are two major hospitals in the Greater Victoria area: the Royal Jubilee Hospital (RJH), which is home to the Island Cancer Centre and Victoria General Hospital (also known as VGH).
- Looking for some peace, quiet and a glimpse of paradise? About a 10 minute walk from UVic is Gyro Park Beach on beautiful Cadboro Bay.

Fast Facts About Victoria

- The Capital Regional District (CRD) includes the city of Victoria, as well as Saanich, which actually has a larger population than Victoria, and numerous other surrounding areas including the Gulf and San Juan Islands.
- CRD population (2001): 325000. Core: 211000.
- Mean daily temperatures: 6.5°C (44°F) in January and 21.8°C (71°F) in July.
- In case you were wondering, Victoria's climate is not identical to Vancouver's. That is a myth propagated by the Weather Channel. Victoria is much less 'wet', with an annual rainfall of 66.5 cm. The city's location gives it one of the driest microclimates in the Pacific Northwest with over 306 average days of sunshine each year (18 days more sun than the average in the lower mainland). With snow being a rarity, students can cycle or walk to campus year-round. Victoria is also the only city in Canada to have gone an entire calendar year without recording a sub-zero temperature.
- Despite its relatively small size, Victoria has a vibrant arts and culture community. Victoria is rapidly becoming known as the City of Festivals, hosting no less than 22 events annually. The city is home to fourteen theatre companies, a symphony and two opera companies. Victorians are also highly educated, with close to 73% of the population having some form of post-secondary education compared to the national average of 56%.
- BC Ferries remain the most popular mode of travel between the Island and mainland. Sailings leave Swartz Bay (Victoria) and Tsawwassen (Vancouver) on the odd hour for most of the year, with an extra sailing on even hours at occasional peak times. Service is hourly in the summer tourist season until 10 pm. Sailing time is approximately an hour and a half, and it's first-on, first off, so arrive early! BC Ferries also provides links between Vancouver Island and the 200 islands that extend to the northeast of Victoria and Vancouver Island, providing numerous wonderful destinations for a day trip or an extended vacation.
- A passenger-only ferry between Seattle and Victoria operates year round, with a travel time of only two and a half hours. Regular float plane and helicopter (Helijet) service is another great way to travel to and from Victoria.

- Daily rail service runs up-Island to Courtenay, home to Mount Washington, the Island's largest ski resort. The west coast of Vancouver Island is a camping and hiking paradise with the beauty of Clayoquot and Nootka Sound.
- The nightlife in Victoria is centered downtown. There are numerous clubs, pubs and coffee houses within easy walking distance of each other.
- The city played host to the Commonwealth Games in 1994 and, as a result, boasts many top-notch athletic facilities and on-campus 'cluster' and family housing.
- When in need of a respite from your studies, the Island offers many recreational activities. Vancouver Island is an outdoor recreation paradise, offering great sailing, kayaking, camping, surfing, golfing, hiking and whale-watching opportunities, just to name a few.

MED/DENT CLASS OF 2008 SURVIVAL GUIDE

Brought to you by the class of 2007!

Prototypical Week

Letter from the Editors

We're sure you've heard this many times already but CONGRATULATIONS!!! All your hard work has finally paid off and now you're officially a medical/dental student and becoming a DOCTOR/DENTIST (the thought is still kind of scary eh?!).

During the next couple of days you will be meeting 243 other amazing people with a variety of skills, interests, hobbies, backgrounds, etc. This is your opportunity to get to know everyone in the class (or at least try to) and learn from each other over the next four years.

Have fun, go crazy and enjoy yourself! Don't forget why you wanted to be a doctor/dentist in the first place because there will be times when you will wonder if they mixed the admitted and rejection piles (especially during HDI – stupid bugs!).

This guide will hopefully assist you in getting through your first year. Ideally, it should serve as a helpful reference for you to periodically review. Take the time to peruse this and make a list of questions that have not yet been answered by it. Please e-mail us these questions so that we can pass this on to the editors for next year to improve this resource. We will do our best to answer your questions, or you can always ask your second year buddy. Remember, there is always help around the corner!

This guide, along with the survival guides of 2006 and 2007, is posted on MEDICOL (check it out for the colour version of the Purple Book!). You may review these past documents for further information or if you just can't get enough orientation reading! Good times!

Best of luck for the coming year!

Warmest Regards,

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- ✓ Neil Parker – Orientation and PRIN Program Assistant (Med)
- ✓ Brady Warnick and Preena Sandhu
- ✓ Dr. Lance Rucker
- ✓ Dr. Karen Pinder

Disclaimer

Now before you get into all this good reading, we want to ensure that you are aware that this document has been created by the Class of 2007 only, with some information obtained from Survival Guides from previous years (that has been updated, of course!). The Faculties of Medicine and Dentistry at UBC had no input in this section of the Purple Book (i.e. the Survival Guide) and therefore their opinions and policies are not reflected in this guide. Please note that the information contained within the Survival Guide accurately (somewhat?) reflects our experiences in first year, but may not necessarily reflect your upcoming experiences as the Class of 2008, as the medical/dental curriculums are constantly evolving. With the introduction of the medical expansion, many changes have occurred and your experiences within the program may therefore be entirely different from ours (that includes the dental experience as well!). The editors of this Survival Guide have no experience with the expanded/distributed program and, as such, cannot guarantee the accuracy of the information contained within this document. We recommend that students in the Class of 2008 verify information prior to taking it as absolute fact! Happy reading!

Med Ball 2004

Your TO-DO List

Lots will be happening during this time. It's a fun and exciting time and not only will you get introduced to your classmates and to the faculty but you'll hear from different people and organizations, learn about events and programs, and you also need to get a few things done. Here's a brief run down (in no particular order). NMP and IMP students will receive site-specific details on all of the following services upon their arrival at UNBC or UVic in January.

Student Card: If you're new to UBC, get a student card if you haven't done so. This year student cards can be obtained at the UBC Bookstore. If you already have a card, don't forget to renew it!

U-PASS The U-Pass is a new universal transportation pass that was approved by referendum in February 2003. It is a mandatory pass at a cost of $20/month over 8 months. All members of the Alma Mater Society (that's you!) are eligible for the U-Pass between September and April inclusive, which provides unlimited access to Translink Bus, SkyTrain and SeaBus and other great deals. Your 2004/2005 U-Pass is available for pick-up at the UBC Bookstore during bookstore hours of operation (see www.bookstore.ubc.ca). You need your UB Card (also available at the UBC Bookstore) in order to get your U-Pass. For more information please go to www.upass.ubc.ca.

Tuition: If you have a student loan, make sure you go down to Brock Hall or call the Student Financial Assistance Office (604-822-5111 or toll free 1-877-272-1422) and get your tuition payment deadline extended as your loan money may arrive late. For more information go to the tuition deferral site:

http://students.ubc.ca/finance/fees.cfm?page=deferral

Bursary: Applications for bursaries can be found at http://students.ubc.ca/finance/awards.cfm?page=bursaries. Please note that with the recent passing of Policy 72, medical and dental students are only eligible for bursaries specific to Medicine and Dentistry or the Health Sciences. Students will still need to complete the on-line application for the general university bursary program to be considered for the medical/dental bursaries. The **deadline for applications** is September 15th.

Med Lounge: With the medical expansion there is a brand new Med Lounge for students in the new Life Sciences Building! We hear it's pretty awesome! The old Med Lounge (Dents are welcome too of course) is located in the basement of Woodward and the security code is 12 (together) + 5.

Lockers: Lockers will be assigned to you in the first couple of weeks. Bring a lock! Dental students should see Jenny Chung, Dental Stores Manager, in the lower level of JBM during the first week of class.

Anatomy Computer Lab: The lab is open 24 hours a day, seven days a week. There's even a free printer, you just need to bring your own paper. Be forewarned that despite regular maintenance, the printer often does not work properly. So don't rely on it to print

out that assignment the day that it is due! The code for the lab is ***51243***. Once the new Multi-Purpose Lab is completed in the LSC building at UBC, computers are expected to be available in the new lab 24/7. Stay tuned!

MSAC: Located at the corner of 12th and Heather, it is conveniently close to VGH. This is a great place to study. There's also a gym, a small computer lab, pool table and fouls ball. It came in especially handy in Term 2 when we were at VGH often. You need to get an access card from the office at the MSAC. The access cards can be obtained by phoning Nancy Thompson at the MSAC at 604-875-5522. Med students will have access for 4 years, and dents for 2 years.

Anatomy Coats: You can rent them from the department for $2 and you get to keep it for the year. This is a great deal! If your lab coat gets really grubby during the year you can return that one and get another one for $2.

Anatomy Scrubs: Scrubs are available at VGH (Laundry Facilities). You can buy them used or new. You can even choose to just wear your old, grubby clothes to Anatomy lab. Make sure you have a pair of old shoes that you reserve just for Anatomy Lab! Even though scrubs may look "cool", do NOT bring them home – unless you want to alienate your family and friends.

Family Practice/ Clinical Skills (short) Coats: *(Meds only)* Also available at the Laundry facilities at VGH.

CMA: *(Meds only)* You will get introduced to the Canadian Medical Association sometime in the beginning of the year. Sign up and get a free backpack and a subscription to the CMAJ.

CDA: *(Dents only)* You can sign up for the Canadian Dental Association to get various correspondence every month. The CDA rep will contact you.

Equipment Night: *(Meds only)* It's a good idea to go out to this event. Ask questions and try out the equipment.

Buddy Lunch: The Buddy Program pairs each first year student with a second year student. (You will meet your buddy at the Buddy Luncheon during Orientation Week.) The second years are a great source of information about courses, materials, and life as a med/dent student, so don't be shy to ask them for advice!

Mentorship Program: *(Meds only)* You'll be put in a Mentor Group early in the year. The Mentorship program is designed to provide an informal supportive environment for students. Mentor groups consist of one or two practicing physicians (mentors) and students from all four years. The groups meet over the four years of medical school, and there are annual social events such as the Mentor Appreciation Night and Ice Follies.

Academic Advisor*:* This applies to both medicine and dentistry. You'll be put into yet another group! Here, you and your small group will be assigned an academic advisor, someone you can turn to for academic counsel and support. The group meets together occasionally but you can also personally meet with your advisor if the need arises.

Career Advisor*:* For anyone who wants to discuss about their future career (getting into med school is not the end of the road – don't forget residency a.k.a. "The Real World"), Dr. Peter Granger is available for career advising on Tuesday mornings. Please contact Nancy

Thompson, Services Coordinator of MSAC at msac@interchange.ubc.ca or phone 604-875-5522 to make an appointment with Dr. Granger.

The Ins and Outs of Medical/Dental School

Orient 400: Orientation to Medical/Dental School and the Professions

Short and sweet. In this week you get introduced to many classmates and professors, hear all your courses and receive many pep talks. Do try to attend the social events, as they are a great chance to meet the other students. Also, though you may be eager to begin your learning as a new med/dent student, try not to take this week too seriously - there is no exam on this material and there is no need to scramble to take notes unless you really want to.

INFORMATICS (by Patrick Chen, Med 2006)

Aside from a few lectures and a couple of small assignments in Family Practice *(med students only)*, there will be no formal informatics material throughout the year. Online resources, however, do play an important role in the curriculum. By now, most you have probably had a look over the very thorough computer and software recommendations that were sent out with the registration package. Those of you looking to get a computer can refer to the required or recommended specifications on that sheet. Having a computer and a fast Internet connection will be helpful and will help cut back the amount of time you need to spend at the library.

Here are some sites or online resources that you will be visiting throughout the year:

- **The MEDICOL site**

http://www.med.ubc.ca/webct.html

-This site contains lecture notes from classes you can't attend because you "didn't feel well." It also has an online quiz section featuring a weekly quiz that many students find helpful when reviewing the week's material and preparing for exams.

- **The UBC library website**

Online indexes and databases: http://toby.library.ubc.ca/resources/onlinelist.cfm

-some good online texts to get you started on PBL:

  - ✓ MD Consult
  - ✓ Harrison's Online
  - ✓ Merck Manual
  - ✓ STAT! Ref

- **General medical resources:**

http://toby.library.ubc.ca/subjects/subjpage1.cfm?id=85

- **Search engine** such as Google for PBL and other miscellaneous stuff… www.google.ca
- **myUBC:** http://my.ubc.ca - to check your email and read/delete messages that get through the med mailing lists (e.g. md-08 & med-all).

HISTOLOGY

Histology lectures and labs are a part of both PRIN 401 and the FMED courses in the spring. This year, the Histology Lab will be held in the new multi-purpose lab in the Life Sciences Building. Histology labs are an important component of both semesters in first year and you will attend them about once a week (sometimes twice a week, or not at all, depending on the block!). Each lab traditionally begins with one of Dr. Ovalle's (and other Professors too!) famous pre-lab talks which you can follow along with in your fabulously detailed histology manual. In the first semester you will learn to love basic body tissues. The second semester focuses on the histology association with the various systems-based blocks that you will be covering.

This is the first year where computerized images will be complementing the traditional microscopes (keep your fingers crossed and hope that this new high tech stuff works!).

You will have the video-based Histology Lab exams in both December and June. It is important that you pick up a copy of Wheater's Histology and spend a bit of time looking at the images outside of scheduled lab time. We hear that the new multi-purpose lab will be open 24/7 so take advantage of the opportunity and spend some extra time in Histo lab!

ANATOMY (By Kyle Kirkham, Med 2006)

Some of the most entertaining lectures you will have all year will come from Dr. Vogl's anatomy classes. Be sure to bring coloured pencils and extra paper to his lectures as you will learn best by trying vainly to copy the "art" that he draws on the board. You will likely be offered a copy of Adi's notes at some point in the term. If you are still at the artistic level of finger paints Adi's work will blow you away but with the new anatomy schedule they are helpful mostly for 2nd year.

Your first experience in the gross anatomy lab is likely to be unlike anything you have done before. Some people are okay with it; some people have trouble with it but most take a while to get comfortable with the experience. However, some of the best learning experiences come from your time in the lab. Usually, each Friday afternoon you will have a lecture before the lab (Dr. Vogl's specialty) so you will know what you are doing when you go upstairs. There are always several TAs around to help out as well. In first term you will cover most of the body core working through the back and spine, thorax, abdomen and pelvis. With the new program, you won't have too many anatomy sessions in the spring and most of them will be review of the material that you covered in the fall. For those of you going to Victoria or Prince George, don't worry, your cadavers will be flown with you to your site.

The best way to learn anatomy is to make the anatomy lab your second home and to learn the material first hand. You must always wear a lab coat in the lab but it is recommended to have a set of clothes that you keep in you locker for this purpose as well. In recent years most people have gone to the uniform services in the basement of the VGH Heather Pavilion and picked up a set of hospital scrubs to wear in the lab. Anatomy is evaluated by multiple choice questions on the written exams and by the bell-ringer lab exam in December and June. You'll rotate through a series of stations where you will have to identify parts of the anatomy, X-rays and CT scans. The Anatomy Lab is open from 9:30 AM – 4:30 PM Monday to Friday, and closer to exams it's open on Saturdays as well. So never fear, there is plenty of time to learn your stuff before the exam.

DPAS 410: DOCTOR/DENTIST, PATIENT, AND SOCIETY (by Graham Blackburn, Med 2006)

DPAS provides an opportunity to learn and discuss the social l aspects of medicine, including such things as the relationship between wealth and health, First Nations health issues, sexual medicine, addictions, epidemic control and ethics. It is not a science course, but does require a fair bit of time reading and thinking. DPAS provides an opportunity to meet with someone outside the medical environment, and learn about what matters to them from their perspective at home. DPAS can be very personal, challenging and rewarding. That being said, it's also worth mentioning that DPAS is what you make of it. Many people like it and just as many people don't and you get back what you put in!

You will stay with your scavenger hunt buddies for all of first year (and maybe 2nd year) in DPAS, and will have them as your first PBL group of PRIN 401. Your group of approximately ten students will meet with your tutor each Wednesday afternoon, sometimes following a lecture. The way this course is examined varies from year to year. We had a 3-part exam in June: an in-tutorial brainstorm, take home questions, and a component that was assessed during the Clinical Skills practical exam (the OSCE, see below). Of course, you are also given marks for assignments and presentations throughout the year, all of which are evaluated by your tutor in December and June. There is usually an individual project during 1st term and then a group project and skit in the second term.

PLEASE NOTE: With the expanded/distributed medical program, the Family Practice/Clinical Skills curriculums have changed. Dental students may be affected in this Clinical Skills/Clinical Dentistry courses. **The following information is accurate based on the experiences of the Class of 2007 but may not reflect the upcoming experiences of the Class of 2008.**

INDE 410: INTRODUCTORY CLINICAL SKILLS AND SYSTEMS

Hands-on experience! This course runs throughout first and second year. In first term, it is dubbed "Communication Skills." This section concentrates on interviewing and history-taking, especially obtaining the "patient-centered" history. It is here that you will become skilled in the art of "FIFE", a ubiquitous interviewing technique you will become familiar with soon enough. You will be video-taped while interviewing your peers or real patients. Groups of ten students and their tutor(s) meet one afternoon a week. Your grade will be based on tutor evaluations of your participation, assignments, and written exam questions. A lot of self-evaluation goes on as well in order to improve your interviewing skills.

Starting in second term, you will learn how to take focused histories and do physical exams. Some of the exams we learned last year were cardiovascular, respiratory, and head and neck. This class tends to correlate well with the blocks, i.e., you will learn the cardiovascular exam during the cardiac block. You will stay with the same group of students for this entire course, but may have a different expert tutor for each organ-system block. Grading is based on tutor evaluations and an OSCE. The OSCE (observed structured clinical exam) is a practical exam that tests your physical exam and history-taking skills in various life-like scenarios using actors as patients (4-6 stations, generally more stations for the medical students and less for the dental students). Some questions on the written final will pertain to clinical skills as well.

The dental students will be exempt from some of the material. They are required to perform histories and physical examinations for each block but the medical students will have more material in comparison. The clinical skills coordinators will do their best to coordinate the curriculum to pertain to what you

should know as a dental student. For example, a common chief complaint will be some kind of pain in the oral cavity – it is your role to check for any systemic complications or psychosocial implications.

FMPR 401: FAMILY PRACTICE CONTINUUM *(Med students only)*

This course lasts for two years, and is taken by med students only. Once a week, you will go with a classmate to a family doctor's office (your primary tutor). During the year, you will also rotate through three other doctors' offices (diversity tutors) for one month each. This format allows you to get as broad an experience as possible. Many people are initially disoriented about the material covered in this course as individual experiences vary widely. Some people are minutes away from UBC while others are in White Rock (car-pool time), although they try to give the distance ones out evenly in the class. You may get hands on experience right away, or you may spend most of your time observing or taking histories.

Some good advice is not to panic if you aren't learning the same things as your peers. You'll undoubtedly hear about a classmate who watches a delivery or gives his/her first flu-shot in October, while you may have been relegated to thumb twiddling at the office. Don't worry, everything will eventually equalize over the four years of med school; you'll have done plenty of injections before you graduate! Enjoy the experience, and get from it what you can.

You will be graded by your primary tutors (not your diversity tutors). They will evaluate you based on completion of your patient logs, participation, attitude, etc. You will also do a few small assignments and complete a June exam based on the material covered in whole-class Family Practice lectures – so hang on to those lecture handouts and try to stay awake!

DENT 410: AN INTRODUCTION TO CLINICAL DENTISTRY *(Dent students only)*

This happens every Monday and Tuesday afternoon (in Term I Tuesdays are used for the Communication Skills course). You will review the following topics: Oral Biology, Critical Analysis, Dental Morphology, Ergonomics, Infection Control, Head and Neck Anatomy, Applied Infection Control, Oral Landmarks, Periodontal Structures. This will be taught through a combination of didactic and clinical settings. Since this is for only one afternoon per week, the amount of material is relatively small. You will be graded on exams in December and June as well as assignments throughout the year. Here, you will learn about the clinic and will be able to peer into each other's mouth every now and then.

After the June examinations, you will be subjected to another 3 weeks of school. Yes, you read this correctly – you will only have 7 weeks of summer ☹. During this portion of classes, you will be fully emerged into the dental world as you will learn about pediatric dentistry (kids), periodontology (gums), cariology (cavities), radiology, histology, embryology, endodontics (root canals), and more tooth morphology. This is actually not all that bad because you get to spend more time learning about your field of choice. There is also a weekly PBL portion (a PBL focused on various aspects of dentistry only!), so you'll get to have more fun in these small group sessions.

PRIN 401: PRINCIPLES OF HUMAN BIOLOGY

Constituting the bulk of first term, this course will teach you the fundamentals of science which pertain to medicine. It is also meant to introduce you to PBL, and to give everyone a similar knowledge base, as students in your class come from a wide variety of backgrounds. A wide range of topics is covered from embryology to cell biology, biochemistry to immunology, neoplasia to physiology, and pharmacology to

genetics. Each week, you will have both lectures and PBL tutorials that pertain to the week's subject. Labs may or may not be related to the week's topic. This course lasts all of first term, but is divided into 3 sections so you have three different PBL groups. Depending on your background, you may find this course difficult or easy.

The material from this course is examined in a multiple choice midterm exam (worth 10% of your final December mark) and a multiple choice Christmas final (worth 90% of your final December mark). Most people found the final to be more difficult than the midterm (there's a lot more material to cover, it is worth more, and it is given over 2 days). Remember that the June final does not cover any of this first-term material directly, although please don't take that as the OK to go ahead and forget everything you learned in term 1. Some questions in the June exam may end up looking vaguely familiar (hint hint)! You are also evaluated by your tutors (the faculty members leading your PBL tutorials).

A word from the wise (well, at least slightly more seasoned): don't become so tantalized by the newness of the PBL case format that you neglect to adequately review the lecture notes through the course of the term. Although the material that emerges from the PBL cases is important, the bulk of exam material still comes from lectures so try to keep up with them. This may sound somewhat anti-PBL in philosophy, but as long as the faculty uses exams as the yardstick for learning (and uses lecture material to constitute the vast chunk of those exams) then review lectures you must. Such is the state of the present juxtaposition of the past didactic system with the new PBL system at UBC, and I guess we have to learn to live with it.

Speaking of PBL . . . again some people like it, some don't. It really depends on your tutor and your group members. And during 1st term, know your pharmacology and pharmacy classmates well as they will soon become your best friends!

FOUNDATIONS OF MEDICINE (FMED) PHASE 2, PART 2 (P2P2)

This course starts in January and continues through second year. In a sense, it is a continuation of PRIN 401, except it focuses more on medicine itself via organ systems rather than on the science basics. FMED is divided into four blocks (each 5 weeks long) that cover a specific subject. These four blocks are: HDI, Cardio, Pulm, and FERGU. Lectures and labs are focused on the week's subject, with one exception: there are no labs during HDI (don't get too excited -- there's far too much to do in this block even without labs – stupid bugs!).

In June, you will write comprehensive multiple-choice exams that cover all of the material from January. These exams tend to be more difficult than the December ones, and since there are no end-of-block exams or midterms, it is important to pace yourself and to keep on top of the material as you go through. Cramming everything during exam week may have worked for us in undergrad, but the material here is simply too much to leave to the end. Don't get me wrong, you don't need to be compulsively reviewing, just don't get too far behind or you'll end up regretting it (like me). It is a **good** idea to do the weekly quizzes on the MEDICOL site (they are not worth any marks, and it is likely that you will see some of the very same questions on your actual exams! – hint hint). The quizzes also tend be a good indicator of the content and difficulty of exams.

FMED 401: HOST DEFENSES AND INFECTION (HDI)

This block deals with microorganisms, the diseases they cause, and how the body responds to infection (including some immunology). Many students are intimidated by this block because of the large volume of information that must be learned and memorized. Your eyes WILL start to glaze over once you discover how similar all these little critters look. It is manageable if you pace yourself and do some independent learning. Some suggestions you may wish to try: fill out the microorganism tables you will find on Medicol (other students found cue cards - one for each microorganism - just as helpful), take notes on all relevant organisms in "Clinical Microbiology Made Ridiculously Simple" (BUY THIS BOOK!!!!!), and/or try to learn one major microorganism per night. DO THE QUIZZES!

FMED 402: CARDIOVASCULAR SYSTEM

This block covers everything you might want to know about the heart and human vasculature. The cardiovascular and pulmonary systems are closely inter-linked, so you will use a lot of your knowledge from the previous block. You will have an opportunity to go to the Pathology rooms at VGH. The material is interesting and logical, and the faculty (especially Dr Courneya) does a great job. Make sure to get a **copy** of the Lilly textbook for this section! Last year, we were tested on PBL material and they took the form of "Case-based questions". DO THE QUIZZES!

FMED 403: PULMONARY SYSTEM

In this block, you will learn about the normal physiology of the respiratory system, how things can go wrong (pathology), and what we can do about this. Any smokers among you will want to quit after this block, especially after you have your Pathology tutorial at VGH, where specimens are exhibited. Each week of the block builds upon the previous week's knowledge. Most blocks begin with an introduction to the physiology, anatomy, and histology of the system in question, then progress into pathophysiology and treatment. DO THE QUIZZES!

FMED 404: FLUIDS, ELECTROLYTES, AND RENAL/GENITOURINARY SYSTEM (FERGU)

In FERGU you will learn about the urinary system, electrolytes as well as get an introduction to the reproductive system. The first 2 weeks of this block are easier than the last three, but never fear, everything comes together at the end of the block! The timing of this block has positive side; the material is still fresh in your mind so you don't have to re-learn it for exams. DO THE QUIZZES!

PATHOLOGY LABS

These labs occur throughout the year at VGH or in the Physiology building and are generally very helpful. This material may be examined as part of your written finals. You will be notified about the specimens you need to know for the final exams. They are all conveniently displayed in one of the Path labs at VGH a few weeks before exam time. So take the time to go in and look at the specimens! Last year, Pathology was tested on the same day as the Family Practice and Clinical Skills exams in June. Images were flashed up on the screen and we had to answer multiple choice questions pertaining to the images.

One final caveat: the curriculum is in a state of constant evolution, so if our class' feedback holds any weight at all, much of what occurred last year may no longer hold true. Regardless, have fun. It's your curriculum to love, hate, or change.

Textbooks Galore!

This is the updated list of textbooks for the 2004 – 2005 year. This list contains both required and recommended textbooks. Please see below for ratings of various textbooks based on surveys from previous years as well as specific student comments and recommendations.

Principles of Human Biology (PRIN 401)

Required

1. Moore, Keith L. and Arthur F. Dalley II. *Clinically Oriented Anatomy*, 4th ed. Philadelphia: Lippincott Williams & Wilkins, 1999.
2. Sauerland, Eberhardt K. *Grant's Dissector*, 12th ed. Philadelphia: Lippincott Williams & Wilkins, 1999.
3. Netter, Frank H. *Atlas of Human Anatomy*, 3rd ed. Teterboro, N.J.: Icon Learning Systems, 2003.
4. Junqueira, Luiz Carlos. *Basic Histology*, 10th ed. New York: Lange Medical Books McGraw-Hill, 2003. Young, Barbara. *Wheater's Functional Histology*, 4th ed. Edinburgh; New York: Churchill Livingstone, 2000.
5. Moore, Keith L. and T.V.N. Persaud. *Before We Are Born: Essentials of Embryology and Birth Defects*, 6th ed. Philadelphia: Saunders, 2003.
6. Cotran, Ramzi S. et al. *Robbins Pathologic Basis of Disease*, 6th ed. Philadelphia: Saunders, 1999.
7. Boron, Walter F. and Emile L. Boulpaep. *Medical Physiology: A Cellular and Molecular Approach*. Philadelphia: W.B. Saunders, 2003.
8. Shah, Amil. *Essentials of Clinical Oncology* [New book, available August 2004]

Recommended

1. Kasper, *Harrison's Principles of Internal Medicine*, 16th ed. New York: McGraw-Hill, 2004.
2. Gartner, Leslie P. and James L. Hiatt. *Color Atlas of Histology*, 3rd ed. Philadelphia: Lippincott Williams & Wilkins, 2000.
3. Rang, H.P. et al. *Pharmacology*, 5th ed. Edinburgh ; New York : Churchill Livingstone, 2003.
4. Alberts, Bruce et al. *Molecular Biology of the Cell*, 4th ed. New York: Garland Science, 2002.
5. Nussbaum, Robert L. et al. *Thompson & Thompson Genetics in Medicine*, 6th ed. Philadelphia: Saunders, 2001.

Reference

1. Katzung, Bertram G. *Basic and Clinical Pharmacology*, 9th ed. New York: McGraw-Hill, 2003.

Clinical Skills (INDE 410)

Required

1. Cole, Steven A. and Julian Bird. *The Medical Interview: The Three Function Approach*, 2nd ed. St. Louis, Mo.: Mosby, 2000.
2. Bickley, Lynn S. and Peter G. Szilagyi. *Bates' Guide to Physical Examination and History Taking*, 8th ed. Philadelphia: Lippincott Williams & Wilkins, 2003.
3. Goldbloom, Richard B. *Pediatric Clinical Skills*, 3rd ed. Philadelphia: Saunders, 2003.
4. Lucente, Frank E. and Har-El Gady. *Essentials of Otolaryngology*, 5th ed. Philadelphia: Lippincott Williams & Wilkins, 2004.

5. Communications Skills Student Manual

Doctor, Patient & Society (DPAS 410)

Required

1. Waxler-Morrison N, et al. *Cross-Cultural Caring: A Handbook for Health Professionals in Western Canada*. Vancouver: University of British Columbia Press, 1990.
2. Culhane Speck, Dara. *An Error in Judgement: The Politics of Medical Care in an Indian/White Community*. Buffalo; Vancouver: Talonbooks, 1987.
3. DPAS 410 Student Manual (To be distributed in class)

Recommended

1. Norman, G.R. and D.L. Streiner. *PDQ Statistics*. Hamilton; London; St Louis: BCDecker Inc., 1999.
2. Norman, G.R. and D.L. Streiner. *PDQ Epidemiology*. Hamilton; London; St Louis: BCDecker Inc., 1999.

Family Practice (FMPR 401)

Information to be handed out in class.

Dentistry I (DENT 410)

Required

1. Karst, Nancy and Sarah K. Smith. *Dental Anatomy: A Self-Instructional Program*, 10th ed. Stamford, CT : Appleton & Lange, 1998.
2. Newman, Michael G. et al. *Carranza's Clinical Periodontology*, 9th ed. Philadelphia: W.B. Saunders Co., 2002.
3. Nanci, Antonio. *Ten Cate's Oral Histology: Development, Structure and Function*, 6th ed. St. Louis: Mosby, 2003.
4. Murphy, Denise C. *Ergonomics and the Dental Care Worker*. Washington, DC: American Public Health Association, c1998.
5. Scully, Crispian and Roderick A. Cawson. *Medical Problems in Dentistry*, 4th ed. Oxford: Wright, 1998.

Recommended

1. Brunette, Donald Maxwell. *Critical Thinking: Understanding and Evaluating Dental Research*. Chicago: Quintessence Pub., 1996.
2. Moore, Keith L. and Arthur F. Dalley II. *Clinically Oriented Anatomy*, 4th ed. Philadelphia: Lippincott Williams & Wilkins, 1999.
3. Logan, Bari M. *McMinn's Color Atlas of Head & Neck Anatomy*, 3rd ed. St. Louis: Mosby, 2004.
4. Kidd, Edwina A.M. and Sally Joyston-Bechal. *Essentials of Dental Caries: The Disease and its Management*, 2nd ed. Oxford; Toronto: Oxford University Press, 1997.

Host Defenses and Infection (FMED 401)

Required

1. Schaechter, Moselio et al. *Mechanisms of Microbial Disease*, 3rd ed. Baltimore: Williams & Wilkins, 1998.
2. Mims, Cedric et al. *Medical Microbiology*, 3rd ed. St. Louis: Mosby, 2004.

3. Gladwin, Mark and Bill Trattler. *Clinical Microbiology Made Ridiculously Simple*, 3rd ed. Miami, FL: MedMaster, 2004.

Cardiovascular (FMED 402)

Recommended

1. Lilly, Leonard S. *Pathophysiology of Heart Disease*, 3rd ed. Philadelphia: Lippincott Williams & Wilkins, 2003.

Pulmonary (FMED 403)

Recommended

1. Ali, Juzar, Warren R. Summer and Michael G. Levitzky. *Pulmonary Pathophysiology*. New York: McGraw-Hill, Health Professions Division, 1999.
2. Levitzky, Michael G. *Pulmonary Physiology*, 6th ed. New York: McGraw-Hill Medical Publishing, 2003.
3. West, John B. *Pulmonary Physiology and Pathophysiology: An Integrated, Case-Based Approach*. Philadelphia : Lippincott Williams & Wilkins, 2001.

Fluids, Electrolytes, Renal and GU (FMED 404)

Recommended

1. Guyton, Arthur C. and John E. Hall. *Textbook of Medical Physiology*, 10th ed. Philadelphia ; Toronto : W.B. Saunders, 2000.

Textbooks: What do I really need?

By Joseph Bonifacio, Med 2005

Despite millions of health-related websites and internet with textbooks on-line a la MDConsult, nothing beats a good hardcopy textbook. The reliability of some websites is questionable and staring at a screen for a couple of hours is hard on the eyes. Moreover, some textbook gems such as Ridiculously Simple and Lilly are not on-line.

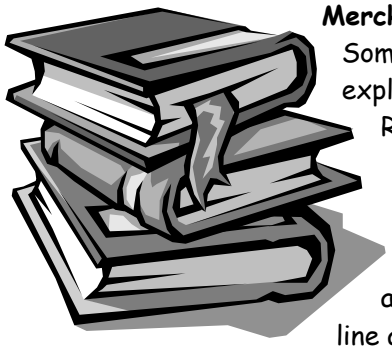
As done by previous classes, a class survey was done to rate whether textbooks should be bought, borrowed or left alone. This was very helpful in deciding how to spend the precious money you have earned (okay, borrowed) from summer jobs, parents, banks, and the like. Use the survey as means of determining how much money you want to spend. Of course, a colour anatomy atlas like Netter or Rohen may be worth buying.

To help you decide what items you want to get your hands on then follow the legend. Remember, the best books to get will have the highly coveted rating of five stethoscopes—whether you want to buy it new (or used) is up to you.

GENERAL RESOURCES

= highly recommended
= recommended
= up to you
= good bookends
= save your money

Medical Dictionary
Keep in mind that one is provided for during tutorials so this is primarily a dictionary for studying at home. There are two main types available at the bookstore: Stedman's Concise Medical Dictionary and Dorland's Medical Dictionary. Either works so it's up to you whether you go for the full size hardcover or, where available, the cheaper but usually just as good, pocket size version. Another suggestion was Mosby's Condensed Medical Dictionary.



Merck Manual
Some say buy, some say don't bother. It is a good basic reference and explains almost all topics at a basic level before you tackle the intricacies. Remember, there is an on-line version available.

Harrison's Principles of Internal Medicine
The grand-daddy of reference texts. A good basic reference at a level just a notch higher than Merck. Remember, there is an on-line and CD version available.

Toronto Notes
A point-form guide to almost any topic you will cover in PBL, written by students at U of T. Although heavy, pages are detachable and can be referenced. Not very good for learning basic concepts but is good for making a diagnosis.

Robbin's Pathologic Basis of Disease
A great reference book you will use for the bulk of PBL etc. Hey, it was even featured on ER! Used copies are hard to come by since many students keep their own. You will definitely want a good copy but it may be a bit tough getting your hands on a second-hand version because everyone tends to hang-on to it until they graduate or even longer.

Physiology textbooks
Generally speaking, they're all the same. Some may give more detail than others and this may depend on the particular topic or block. All physiology textbooks are available in reference in Woodward and can usually be easily accessed. Newer editions can be taken out for 2 hrs while older editions can be taken out over night.

HISTOLOGY

Dr. Ovalle provides top-notch handouts that are transcripts of the 20 minute videos you will watch at the beginning of class. Despite a few that have gone without texts for histo, most would recommend buying a basic histology text and a histology atlas.

Basic Histology by Junqueira

Black & white textbook that gives a lot of detail. Although higher than what you will really need, the detail does put things into perspective. It also has great EMs (electromicrographs).

Wheater's Functional Histology

A great colour atlas of histology. The main question will be which edition to buy. The newer edition is larger and has a few more pix and includes a CD. The older version, however, is just as good and may save you a few more dollars.

ANATOMY

The classic combo for anatomy is Grant's Dissector, Moore's Anatomy, and an atlas like Netter. Each class will begin with a lecture followed by the dissection. For the most part, the majority of the class did not buy the dissector. Pages can be quickly written down. A text and atlas, however, are highly recommended. Moore's Anatomy is the gold-standard and will help with studying for anatomy exams. An atlas will help you locate items on cadavers and bell-ringers.

Grant's Dissector

A black and white dissection text. Instructions, however, will be given before the lab so you may want to spend your money elsewhere. It's also quite a hassle to bring into class and to keep clean. You wouldn't want to handle something that came out of anatomy.

Moore's Anatomy

As said above, Moore's is the gold-standard for anatomy textbooks. Charts that breakdown muscles, nerves, arteries, and veins are particularly useful for exams. Explanations are, for the most part, clear and concise without losing valuable details.

Netter's Anatomy

A coloured hand-painted atlas that offers great pictures. Although Netter may not look exactly what's in front of you, its drawings are very clear and will help you locate almost everything on your cadaver. It also comes with a neat CD that you can use to test your knowledge!

Rohen's Anatomy

This one's a bit different from Moore and Netter because it uses color photographs, rather than drawings. Those who got Rohen's say it was good for testing yourself for exams because they are more true to life than drawings. Just keep in mind, you can have the real thing in the lab and there are also photographs on-line at http://www.gsm.com.

COMMUNICATION & CLINICAL SKILLS

The Medical Interview

A great way of contacting your buddy is to ask for their copy. You will primarily use the book during first semester. Chapters are assigned and discussion takes place during the first half hour of class followed by mock interviews.

Bates' Guide to Physical Exam and History Taking
For the most part, almost everybody bought this book. I didn't find it particular useful as I usually referred to the UT Clinical Handbook. This book, however, does have colour pictures so I would still suggest buying it, dents included. It should be stressed, however, that it won't be needed after 2nd year for those in dentistry.

Pediatric Clinical Skills
Only a few chapters of this black and white text were needed. We did go to Children's for 2-3 sessions but I would hold off until you decide to go into paediatrics.

PRIN 401

NMS Genetics
This book was co-authored by one of the lecturers so the questions may be relevant come exam time. There are only a few questions so I would seriously think over your decision to buy. Looking up relevant chapters may be your best move.

Biochemistry text
Refer to your old biochem text. If you sold yours, consider borrowing one from the library or simply borrow one from an old friend.

Immunology text
Ditto for the above. I was completely lost but instead of looking up an immunology text, Clinical Physiology Made Ridiculously Simple has a fabulous immunology section that explained everything crystal clear. Referring to it and notes made studying much easier. Now… what was the hotdog bun and what was the mustard???

Before we are Born
Results from the survey were mixed. Those that are very interested in each stage of development may find this a great resource. Others found that simply studying from notes sufficed. A great developmental chart found in the beginning of the book is quite useful and is definitely worth checking, particularly for first week!!!

SECOND TERM TEXTBOOKS

Although it's only first term, it's never too early to get second term books.

HDI

Clinical Microbiology Made Ridiculously Simple
A perennial favourite among medical students, "Ridiculously Simple" is a great book that combines useful charts with great cartoons to memorize those harmful bugs. If you see it being sold via e-mail, respond fast! You won't be disappointed.

Medical Microbiology by Mims
For those who want a more "traditional" text, Mims or Schaechter may be for you. Mims has the advantage of having coloured pictures and a lot of great detail and charts.

Mechanisms of Microbial Diseases by Schaechter

For those that want a little bit more detail and organization by organ systems than consider Schaechter. I found it more useful than Mims and was a great resource for PBL. Apparently each class switches in preference. Two years ago Mims was the most popular while last year it was Schaechter. I say check both at the library and see which one you like best.

PULMONARY

The standard for pulmonary block is two texts: one physiology and one pathophysiology. You'll find that the lecturer referenced both Levitsky and West so I would definitely check both out. Another option for pulmonary physiology is using a basic text like Guyton or Berne & Levy or Rhodes & Tanner.

Levitsky Physiology

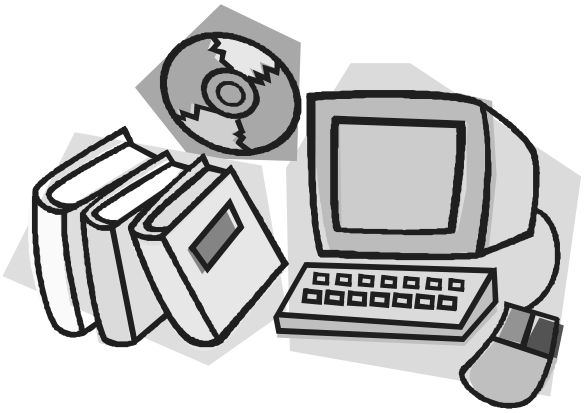
If you were confused by the lecture notes or just want a little bit more detail then I would recommend Levitsky. It's quite thin so consider making your own notes from relevant sections.

Levitsky Pathophysiology

This book had adequate coverage of pulmonary pathophysiology. It was particularly useful for PBL when you have to look up signs and symptoms of certain respiratory problems and diseases.

West Physiology

West had a little bit less detail which made it easier to understand. I still say check both West and Levitsky and see what the best fit is for you.



West Pathophysiology

Simple and concise although many would say it lacks detail. I would read West to get a general idea and then read Levitsky to get some more detail.

CARDIOLOGY

Pathophysiology of Heart Disease by Lilly

Put simply, BUY THIS or at least get a copy! There are few books that achieve five stethoscopes. You'll find that the chapters, although quite detailed, fly by fast while reading. The book was written by professors and students so it is extremely student-friendly. There were a few lectures that were difficult to comprehend but Lilly helped put everything into perspective. Again, make sure you get this one!

Rapid interpretation of EKG's

Reading EKG's is a valuable skill that needs a lot of practice. Lecturers, however, realistically realize that they can't make us cardiologists at the end of block. This book gives a great introduction to EKG's via a work-book style layout. You fill in three to four simple questions per page thereby building on previous knowledge.

FERGU

Most meds and dents would say to keep your money for this block. Lecture notes are clear and can be supplemented with a physiology text, particularly in third or fourth week.

Renal pathophysiology by Rose

Rose covers some basic topics such as metabolic acidosis and alkalosis etc. If you still need more detail after lectures then I would just borrow it at the library.

Fluids and Electrolytes Made Ridiculously Simple

I never looked at this one so I can't comment. I've heard that this helps with calculations but I found the notes were sufficient. Reviews were quite mixed so I would suggest you check one out at the library and see for yourself.

The original Excel file for the class survey below is available in the discussion section of the Med/Dent Student Lounge. Hint: look online for what's missing in the blank column below!

Medical Textbooks Survey

Titles		BUY (MOST UP-TO-DATE EDITION)	BUY (OLDER EDITION IS ACCEPTABLE)		ON-LINE OR LIBRARY RESERVE SECTION	DON'T EVEN BOTHER/NO OPINION
**1: What did you do?; **2: What would you recommend?*						
01-Stedman's Medical Dictionary	1	24	9		19	25
		31%	12%		25%	32%
	2	**17**	**23**		**16**	**21**
		22%	**30%**		**21%**	**27%**
02-Dorlund's Medical Dictionary	1	3	5		6	63
		4%	6%		8%	82%
	2	**3**	**7**		**8**	**59**
		4%	**9%**		**10%**	**77%**
03-Merck Manual	1	6	4		32	34
		8%	5%		42%	44%
	2	**4**	**2**		**39**	**32**
		5%	**3%**		**51%**	**42%**
04-Harrison's Principles of Internal Medicine	1	6	3		50	18
		8%	4%		65%	23%
	2	**5**	**4**		**54**	**14**
		6%	**5%**		**70%**	**18%**
05-MCQE Review Notes (Toronto Notes)	1	4	0		19	33
		5%	0%		25%	43%
	2	**6**	**2**		**22**	**26**
		8%	**3%**		**29%**	**34%**
06-Berne & Levy, Physiology	1	6	14		10	46
		8%	18%		13%	60%
	2	**3**	**11**		**18**	**43**
		4%	**14%**		**23%**	**56%**
07-Guyton & Hall, Textbook of Medical Physiology	1	13	16		19	28
		17%	21%		25%	36%
	2	**7**	**28**		**16**	**24**
		9%	**36%**		**21%**	**31%**
08-Rhoades & Tanner, Medical Physiology	1	2	2		8	62
		3%	3%		10%	81%
	2	**1**	**3**		**12**	**58**
		1%	**4%**		**16%**	**75%**
09-Boron & Boulpaep, Medical Physiology	1	1	0		1	73
		1%	0%		1%	95%
	2	**1**	**1**		**4**	**69**
		1%	**1%**		**5%**	**90%**
10-Cotran, Robbin's Pathologic Basis of Disease	1	64	10		2	0
		83%	13%		3%	0%
	2	**53**	**19**		**4**	**0**
		69%	**25%**		**5%**	**0%**

11-Junqueira, Basic Histology	1	11	32		4	28
		14%	42%		5%	36%
	2	**6**	**30**		**7**	**30**
		8%	**39%**		**9%**	**39%**
12-Burkitt, Wheater's Functional Histology	1	43	31		1	1
		56%	40%		1%	1%
	2	**31**	**43**		**2**	**0**
		40%	**56%**		**3%**	**0%**
13-Gartner, Colour Atlas of Histology	1	1	2		1	72
		1%	3%		1%	94%
	2	**0**	**3**		**4**	**68**
		0%	**4%**		**5%**	**88%**
14-Histology Video	1	32	22		1	18
		42%	29%		1%	23%
	2	**20**	**12**		**0**	**41**
		26%	**16%**		**0%**	**53%**
15-Sauerland, Grant's Dissector	1	3	9		1	29
		4%	12%		1%	38%
	2	**2**	**4**		**2**	**55**
		3%	**5%**		**3%**	**71%**
16-Moore, Clinically-Oriented Anatomy	1	63	9		3	2
		82%	12%		4%	3%
	2	**41**	**29**		**5**	**2**
		53%	**38%**		**6%**	**3%**
17-Netter, Atlas of Human Anatomy	1	59	9		2	7
		77%	12%		3%	9%
	2	**28**	**35**		**6**	**8**
		36%	**45%**		**8%**	**10%**
18-Rohen, Colour Atlas of Anatomy	1	22	7		5	42
		29%	9%		6%	55%
	2	**17**	**17**		**4**	**37**
		22%	**22%**		**5%**	**48%**
19-Cole and Bird, The Medical Interview	1	6	1		1	3
		8%	1%		1%	4%
	2	**2**	**3**		**1**	**4**
		3%	**4%**		**1%**	**5%**
20-Bickley, Bates' Guide to Physical Exam & History Taking	1	45	24		2	4
		58%	31%		3%	5%
	2	**31**	**31**		**3**	**9**
		40%	**40%**		**4%**	**12%**
21-Goldbloom, Pediatric Clinical Skills	1	2	0		7	62
		3%	0%		9%	81%
	2	**0**	**1**		**6**	**58**
		0%	**1%**		**8%**	**75%**
22-Lucente, The Essentials of Otolaryngology	1	0	0		4	65
		0%	0%		5%	84%
	2	**0**	**0**		**6**	**59**
		0%	**0%**		**8%**	**77%**

23-Shah, Public Health & Preventive Medicine in Canada	1	8	4		1	26
		10%	5%		1%	34%
	2	**3**	**1**		**1**	**49**
		4%	**1%**		**1%**	**64%**
24-Waxler-Morrison, Cross-Cultural Caring	1	3	4		0	64
		4%	5%		0%	83%
	2	**0**	**1**		**0**	**69**
		0%	**1%**		**0%**	**90%**
25-Culhane, An Error in Judgement	1	4	4		0	63
		5%	5%		0%	82%
	2	**0**	**2**		**1**	**68**
		0%	**3%**		**1%**	**88%**
26-Jonsen, Clinical Ethics	1	1	0		0	74
		1%	0%		0%	96%
	2	**0**	**0**		**0**	**72**
		0%	**0%**		**0%**	**94%**
27-Maurice, Sexual Medicine in Primacy Care	1	0	0		0	75
		0%	0%		0%	97%
	2	**0**	**0**		**0**	**75**
		0%	**0%**		**0%**	**97%**
28-Moore, Before We Are Born	1	30	11		11	10
		39%	14%		14%	13%
	2	**12**	**28**		**19**	**7**
		16%	**36%**		**25%**	**9%**
29-King, Cancer Biology	1	2	0		2	70
		3%	0%		3%	91%
	2	**1**	**1**		**3**	**68**
		1%	**1%**		**4%**	**88%**
30-Rang, Pharmacology	1	10	6		8	49
		13%	8%		10%	64%
	2	**6**	**11**		**16**	**39**
		8%	**14%**		**21%**	**51%**
31-Friedman, NMS Genetics	1	1	0		6	27
		1%	0%		8%	35%
	2	**0**	**2**		**11**	**25**
		0%	**3%**		**14%**	**32%**
32-General Biochemistry textbook	1	1	31		12	31
		1%	40%		16%	40%
	2	**1**	**18**		**23**	**33**
		1%	**23%**		**30%**	**43%**
33-General Immunology text	1	5	16		19	33
		6%	21%		25%	43%
	2	**1**	**13**		**33**	**24**
		1%	**17%**		**43%**	**31%**
34-General Cell Biology text	1	3	16		14	40
		4%	21%		18%	52%
	2	**0**	**10**		**21**	**42**
		0%	**13%**		**27%**	**55%**

35-Katzung, Basic and Clinical Pharmacology	1	1	1		5	68
		1%	1%		6%	88%
	2	**1**	**1**		**8**	**64**
		1%	**1%**		**10%**	**83%**
36-Gladwin, Clinical Microbiology Made Ridiculously Simple	1	59	10		0	2
		77%	13%		0%	3%
	2	**53**	**15**		**1**	**1**
		69%	**19%**		**1%**	**1%**
37-Mims, Medical Microbiology	1	8	2		6	57
		10%	3%		8%	74%
	2	**3**	**3**		**11**	**55**
		4%	**4%**		**14%**	**71%**
38-Schaechter, Mechanisms of Microbial Disease	1	38	9		6	22
		49%	12%		8%	29%
	2	**8**	**16**		**23**	**25**
		10%	**21%**		**30%**	**32%**
39-HDI Flashcards	1	29	1		0	31
		38%	1%		0%	40%
	2	**18**	**3**		**1**	**35**
		23%	**4%**		**1%**	**45%**
40-Levitsky, Pulmonary Physiology	1	11	5		4	7
		14%	6%		5%	9%
	2	**5**	**9**		**3**	**15**
		6%	**12%**		**4%**	**19%**
41-Ali and Levitsky, Pulmonary Pathology	1	10	4		5	10
		13%	5%		6%	13%
	2	**3**	**8**		**7**	**16**
		4%	**10%**		**9%**	**21%**
42-West, Respiratory Physiology & Pathophysiology	1	8	2		3	32
		10%	3%		4%	42%
	2	**4**	**3**		**3**	**33**
		5%	**4%**		**4%**	**43%**
43-Lilly, Pathophysiology of Heart Disease	1	41	6		1	0
		53%	8%		1%	0%
	2	**47**	**9**		**0**	**0**
		61%	**12%**		**0%**	**0%**
44-Dubin, Rapid Interpretation of EKG's	1	4	0		6	61
		5%	0%		8%	79%
	2	**1**	**2**		**6**	**63**
		1%	**3%**		**8%**	**82%**
45-O'Callaghan and Brenner, The Kidney at a Glance	1	1	0		4	57
		1%	0%		5%	74%
	2	**4**	**1**		**5**	**48**
		5%	**1%**		**6%**	**62%**
46-Fluids and Electrolytes Made Ridiculously Simple	1	2	0		0	66
		3%	0%		0%	86%
	2	**0**	**1**		**3**	**60**
		0%	**1%**		**4%**	**78%**

47-Rose, Renal Physiology	1	0	0		6	60
		0%	0%		8%	78%
	2	**1**	**0**		**8**	**56**
		1%	**0%**		**10%**	**73%**

COMMENTARY

Seeing that you have been provided with a very comprehensive list of the textbooks for 1st year, I will try to comment on the textbooks in general, with some help from students who provided their own comments below. I will try to provide some basic rules for you to go by:

1. *Buy used (unless the book is an awful condition) – come to the Used Book Sale!*
2. *Buy a medical dictionary – a pocket version is great to have at all times*
3. *Buy a physiology text – choose between Guyton, Berne & Levy, Boron & Boulpaep (just came out – very good diagrams), or Silverthorn (as per the student comments below). Check these books out in the reserve section to see what you like best*
4. *Spend a lot of time online to see (1) what is available and (2) whether you prefer online versus paper*
5. *HDI – Gladwin*
6. *Cardio – Lilly*
7. *Pulm – Weinberger*
8. *FERGU – many decent texts available but nothing that is all-encompassing*
9. *Clinical Skills – UofT book & Bates*
10. *Histo – Wheater's & the video*
11. *Anatomy – Rohen or Netter (for diagrams), and Moore (for descriptions)*
12. *Find an electronic version (pdf file) of the MCCQE Review Notes, or simply buy it new if your budget allows it.*

STUDENT COMMENTS - OTHER SUGGESTED BOOKS NOT LISTED IN THE TEXTBOOK LIST

- ✓ Talley and O'Connor - Clinical Examination
- ✓ Hardman - Goodman and Gilman Pharmacological Basis of Therapeutics
- ✓ CPS
- ✓ Current Medical Diagnoses and Treatment (good for PBL)
- ✓ Goldberg - Clinical Physiology Made Ridiculously Simple
- ✓ Radiology for Medical Students
- ✓ Radiology Made Ridiculously Simple
- ✓ Cecil Essentials of Medicine (similar to Harrison's)
- ✓ Hebert - Doing Right: Practical Guide To Ethics For Medical Trainees And Physicians
- ✓ University of Toronto - Essentials of Clinical Examination handbook
- ✓ Mosby's - Any of the books from the Crash Course series
- ✓ Weinberger - Principles of Pulmonary Medicine (the "Lilly" for Pulmonary)
- ✓ Siverthorn - Human Physiology (excellent for someone with limited science background).
- ✓ Olson - Pharmacology made Ridiculously Simple
- ✓ Nussbaum - Thompson and Thompson Genetics in Medicine (for basic genetics)

- ✓ Janeway - Immunobiology
- ✓ Alberts - Molecular Biology of the Cell
- ✓ I recommend Pulmonary Physiology by Weinberger instead of all the recommended pulmonary books. It is excellent and covers everything you need for the block. It is very clear and readable.
- ✓ Own a basic physiology text, a basic cell biology text, and any other "basic science" texts you can get hold of.
- ✓ Having a CPS is nice. Get one from a pharmacy student. They get new ones every year.
- ✓ As someone who didn't buy a single textbook this year, I'd just like to say that it is very possible to do just as well as everyone else while keeping $1000 extra in the pocket. The library has virtually everything we need on reserve, and if you've got internet access at home, you're laughing (MD Consult, emedicine.com, Harrison's Online, and the list goes on...). Of course, you'll probably want to buy these texts eventually. I know I do. But if you're pinched for cash this semester or for the entire year, know that you don't need to buy anything. Just be prepared to spend time on line collecting the info, or getting very well acquainted with the reserve section of Woodward library.
- ✓ If you have any textbooks from your undergrad that you liked, e.g. microbiology texts, physiology texts, these will probably very useful for studying. Don't panic and buy all texts right away. I found an encyclopedia and dictionary of medicine, nursing and allied health by Miller-Keane that I have loved all year. It is a bit more detailed than just a dictionary explanation, and the terms are all there. The essentials of clinical examination handbook that the second years sold as a fund raiser was helpful with clinical skills.
- ✓ If you are weak in immunology, I highly recommend Kuby Immunology. Or if you are weak in genetics – NMS Genetics is excellent.

STUDENT COMMENTS - FOR THE NON-SCIENCE STUDENT

- ✓ Lehninger - Intro to Biochemistry
- ✓ Janeway - Immunobiology
- ✓ Junquiera is helpful in understanding basic structures (already on this list, but worth a mention)
- ✓ Robbin's Pathophysiology – awesome for PBL!
- ✓ Gladwin - Microbiology made Ridiculously simple
- ✓ O'Callaghan and Brenner - Kidney at a Glance. Many people used this for FERGU and liked it!
- ✓ Silverthorn - Human Physiology (Physiology text from SFU - EXCELLENT if you do not have a background in physiology); great, thorough, basic, clear; excellent
- ✓ Tizard - Immunology (Walker recommended this one)
- ✓ I thought the Dubin EKG book was great too.
- ✓ Definitely get a basic physiology text! Guyton is good, but you may want to get a simpler one like Berne and Levy.
- ✓ Alberts - Molecular Biology of the Cell

Dental Textbooks Survey

Titles		BUY (MOST UP-TO-DATE EDITION)	BUY (OLDER EDITION IS ACCEPTABLE)		ON-LINE OR LIBRARY RESERVE SECTION	DON'T EVEN BOTHER/NO OPINION
**1: What did you do?; **2: What would you recommend?*						
Brunette, Critical Thinking: Understanding and Evaluation Dental Research*	1	1	0		1	12
		7%	0%		7%	86%
	2	**0**	**0**		**1**	**12**
		0%	**0%**		**7%**	**86%**
Carranza, Clinical Periodontology	1	8	1		3	2
		57%	7%		21%	14%
	2	**8**	**2**		**3**	**1**
		57%	**14%**		**21%**	**7%**
Crispian, Medical Problems in Dentistry	1	1	0		4	9
		7%	0%		29%	64%
	2	**1**	**0**		**5**	**8**
		7%	**0%**		**36%**	**57%**
Hotz, Modifying Risk Behaviours: A Practical Approach	1	0	0		1	13
		0%	0%		7%	93%
	2	**0**	**0**		**1**	**13**
		0%	**0%**		**7%**	**93%**
Karst, Dental Anatomy: A Self Instructional Program	1	6	1		3	3
		43%	7%		21%	21%
	2	**6**	**1**		**1**	**3**
		43%	**7%**		**7%**	**21%**
Kidd, Essentials of Dental Caries	1	1	0		1	1
		7%	0%		7%	7%
	2	**1**	**0**		**1**	**1**
		7%	**0%**		**7%**	**7%**
Liebgott, The Anatomical Basis of Dentistry	1	2	1		3	8
		14%	7%		21%	57%
	2	**1**	**2**		**3**	**7**
		7%	**14%**		**21%**	**50%**
McMinn, Colour Atlas of Head and Neck Anatomy	1	1	2		2	9
		7%	14%		14%	64%
	2	**0**	**1**		**3**	**10**
		0%	**7%**		**21%**	**71%**

Murphy, Ergonomics and the Dental Care Worker	1	1	0		2	9
		7%	0%		14%	64%
	2	**0**	**0**		**3**	**10**
		0%	**0%**		**21%**	**71%**
Tencate, Oral Histology	1	6	2		1	3
		43%	14%		7%	21%
	2	**5**	**4**		**2**	**3**
		36%	**29%**		**14%**	**21%**
Thylstrup, Textbook of Cariology	1	0	0		2	12
		0%	0%		14%	86%
	2	**0**	**0**		**2**	**12**
		0%	**0%**		**14%**	**86%**

Technology – Do I Need All These Gadgets?

	New	Used	Borrow	Don't even bother
Computer				
What did you do?	64	13	1	1
	81%	16%	1%	1%
What would you recommend?	**60**	**15**	**1**	**0**
	76%	19%	1%	0%
Internet Connection				
What did you do?	68	8	2	1
	86%	10%	3%	1%
What would you recommend?	**65**	**10**	**2**	**0**
	82%	13%	3%	0%
Cell phone				
What did you do?	32	8	1	35
	41%	10%	1%	44%
What would you recommend?	**20**	**5**	**2**	**48**
	25%	6%	3%	61%
Palm Pilot				
What did you do?	18	2	0	55
	23%	3%	0%	70%
What would you recommend?	**12**	**3**	**1**	**60**
	15%	4%	1%	76%

COMPUTER

In past guides, there was always a big write-up on the type of computer to buy and what peripherals it should include. Well, since virtually everyone has a computer, I will leave it out. If I were to recommend any brands though, I would suggest any of the following: Dell, Compaq, HP, Toshiba, Sony, IBM. All of these brands are quite reliable and have very good reputations. As for desktop vs. laptop, laptops are now becoming more powerful than ever. I think it is a matter of preference. Keep in mind that there are computers in the anatomy building as well as the MSAC, so you could probably survive without your own, but I wouldn't recommend it.

INTERNET CONNECTION

Well, considering you will need to access e-mail, Medicol, and PBL references, it is advisable to consider this. All computers come with internet connections these days, so you shouldn't need to worry. 56k vs. broad band (i.e. cable or DSL)? I'd recommend the broad band.

CELL PHONE

Not vital to your education – just an interesting survey question. You will probably be spending more time away from home, so it may be something to consider.

PALM PILOT (aka Personal Handheld, PDA)

This can be very helpful, especially in the clinical setting or even in PBL. First, it allows you to stay organized through a calendar program, either Palm OS or Microsoft Outlook. Second, there are an increasing number of programs available for the Palm, including ePocrates (all the drugs), 5 minute consult, Harrison's, Stedman's, Dorland's, and the list goes on. These devices are becoming more and more integrated into your education, as many of the residents are required to have some sort of PDA. Prices range from $125 - $1,000. You could probably find a decent one for ~$200 that is rechargeable and has a memory slot; therefore, it has the capacity for every program you need it for.

"Mmm, med cookies...raising money for rural practice"

Get Involved - Clubs and Societies!!!

BE PART OF THE MEDICAL UNDERGRADUATE SOCIETY!! (by Theo Blake & Kyle Kirkham, Med 2006)

The MUS is the UBC Medical Undergraduate Society, and it is a branch society of UBC's Alma Mater Society (AMS) to whom all UBC students are members. We are a voting member of UBC's student council! There are two positions reserved for first year students on the MUS council. These positions are the 1st year president and the VP Administration. This does not mean that first years are not welcome at the MUS meeting. All members of the society (of which you are by default as a medical student) are welcome to come and speak at any MUS meeting and come and vote at the AGM, however only elected MUS officers are permitted to vote at the monthly council meetings. The MUS offers several conference bursaries to students and is involved in organizing student run events. The MUS sends representatives to CFMS (Canadian Federation of Medical Students) and ACMC (Association of Canadian Medical Colleges) conferences to raise our schools concerns on the national level. Owing to the fact that the majority of Canada's medical schools are in Ontario and Quebec, it is important that the handful of medical schools on the West coast present a strong voice. Our MUS council this year has begun a dialogue with the provincial government in order to make the student voice heard when decisions are being made as to the fate of health care in this province. I would advise everyone to at least take a look at our website http://www.ams.ubc.ca/mus/ for a better understanding of what the MUS has to offer. I also suggest everyone come to a meeting at some point in first year as there are many fantastic opportunities provided by the MUS over the years you will be here. Welcome to UBC medicine, congratulations and good luck!

Somewhere in this guide you are going to find a list of the many chances you have to get involved in class politics and it might seem like there is a position for half the people in the class. All those committees and organizations are around to let medical and dental students have meaningful input into their education and to let you take an active part in your time at UBC. The MUS serves much the same roles and oversees most of the student representation on medical faculty committees. We represent all medical students to the faculty, the university, physician organizations and the world beyond. We also help run the MSAC and organize a range of social activities. You may not believe it but you will have time to get involved so take a look at the opportunities.

President (by Aaron Joe, 1st year Class President for Med 2007): I am very grateful for the opportunity to have served as the President of the first year Medical class. The minute I began orientation, I was in awe of the people around me—I remember saying to myself how proud I was to be part of a class of such talented, gifted, and compassionate people. My role as President was both challenging and rewarding. As President of the class, I was able to have a hand in most of the class's affairs. The President's primary job is to be a conduit of information between the class, the MUS and the Faculty. Part of the President's job includes organizing the political structure within the class, representing the class during MUS, Faculty and Presidents' meetings, and addressing concerns regarding class-Faculty relations. It was a wonderful experience to meet and work with the 'movers and shakers' of the Medical School, including many of the Associate Deans, Faculty and staff, as well as members of the MUS Executive. Time commitments can become difficult, however, as the course load on its own is

already very time consuming. Nonetheless, the pros far outweigh the cons, and I would strongly recommend anybody to take on this role.

VP Administration: The job includes taking minutes at the monthly MUS meetings, the AGM, and the exec meetings. The VP admin is responsible for files and file storage media for the MUS, as well as acting as a contact person and notifying the council of meeting times and agendas. The VP admin works closely with the other vice presidents and the president in scheduling meetings and setting the agendas.

ABOUT THE DENTAL UNDERGRAD SOCIETY!!

The DUS is very similar to the MUS in that it represents the students in all aspects of education. It runs various events throughout the year including Friday beer gardens, sports tournaments, Dental Ball, etc. The only 1st year representative is the class president, as the majority of the executive consists of 3rd and 4th year students.

President: As president of the first year class, you are responsible for being the liaison between your fellow classmates and faculty and act as the representative for your class. It is a great way to start getting involved with the DUS and get a chance to voice opinions that matter to you and your classmates. But don't worry, the position isn't too overwhelming and there is more than enough time to squeeze in a little fun.

VP SOCIAL AND SOCIAL COMMITTEE (by Stephen Kennedy, Med 2006)

The Social Committee is the group in the class responsible for putting together class parties and get-togethers. These can take any form, but basically First Years are expected to put on at least one or two "Weepers" a term. Weepers are Friday night parties for students from all years to unwind from the week, and may or may not have themes - depending on the time of year and the hosting class. First years almost always host the Christmas party, and two other big parties to look-out for (hosted by other classes) are the "Halloween Bash" and the spring "Eighties Party." Weepers are held at the Medical Student & Alumni Centre (MSAC) at W 12th and Heather (by VGH). Other social events to look out for will be "Skits Night", the Dean's Skating Party ("Ice Follies"), Med Ball, and the Spring Gala. The 2nd year class will also organize a ski-trip which is always an excellent break. Depending on the make-up and interests of your class you may also decide to organize any number of other events as a class (buying Canucks tickets, class trip, etc.) Enjoy your social time because it's a great way to get to know your colleagues, and it will become more and more precious as you progress through your medical education.

CANADIAN FEDERATION OF MEDICAL STUDENTS

The CFMS is an organization that represents the medical student governments and their members (i.e. you!) for 13 of 16 Canadian Medical Schools. Each school nominates two representatives to the CFMS Board along with the President of each respective medical school government. These representatives advocate for the needs of their respective schools in many national and international forums. The end result is national medical student unity and a strong national voice.

Throughout the last year, the CFMS enjoyed some success on a national as well as local level. Nationally, the CFMS voiced medical students' positions on tuition, accessibility to medical education, student well being, international medical graduates, as well as the future of health care delivery. Locally, the CFMS

delegates worked hard to unite the western regional schools as well as voice concerns over local issues, like tuition increases.

The CFMS is also an organization that provides services for you, our members. From discount airline tickets to cheaper disability insurance to international study opportunities, we are constantly striving to provide services that will make medical school easier and more rewarding.

Website: www.cfms.org

HEALTH SCIENCES STUDENT ASSOCIATION (HSSA) (by Shaila Merchant, Med 2007)

The HSSA is an interdisciplinary council consisting of students from all of the 11 health science faculties at UBC (Medicine, Dentistry, Pharmacy, Nursing, Midwifery, Lab Medicine, Physical and Occupational Therapy etc.). The goal of the council is to promote interdisciplinary team building.

The HSSA coordinates a few events annually: the high school outreach program (sending health science students to high schools to talk to students about choosing a career in health care and their experiences as a student so far), Health Together (an interdisciplinary event where students from different faculties are put onto teams to put together a treatment plan for a fictitious patient), as well as organizing speakers, movie nights, and sports events. All of these events are open to students both within and outside of the health science faculties.

As the first year medicine rep, I was responsible for attending a meeting once a week (Tuesday lunch hours) as well as passing along information about events to the class and recruiting volunteers for the High School outreach program.

CHRISTIAN MEDICAL AND DENTAL SOCIETY

CMDS is an international organization that encourages Christians to develop and integrate their faith with their professional education and practice. Here at UBC, CMDS includes medical and dental students and residents from all years. We meet once a week on Thursday evenings (4574 W. 15th Ave) for dinner, worship and discussions on various topics. You can come late and leave early or come early and leave late; there is no commitment. Just good food, lively discussions, and a great opportunity to get to know other students, as well as learn from the experiences of the upper years. All are welcome!

Annual national and international conferences are sponsored (often with subsidies for students) which promote networking and help Christians from faculties all over Canada and the world share their experiences and ideas. If you would like to be on the email list to be updated on local and national events and opportunities, just email mmcottle@mac.com with a request to be on the list.

Feel free to contact any of the following members for more info:

Sherry Yang (Med II)	604-430-2008	sherryy@interchange.ubc.ca
Ewan Goligher (Med II)	778-866-3284	goligher@interchange.ubc.ca
Lucinda McQuarrie (Med II)	604-736-0025	lucindam@interchange.ubc.ca
Mike Lane (Med II)	604-939-2030	milane@interchange.ubc.ca
Valerie Tom-Kun (Dent III)	604-202-1224	valeriet@interchange.ubc.ca

Jennifer Yeh (Med III)	604-327-6828	jenyeh@interchange.ubc.ca
Kyle Burns (1st yr resident)	604-733-3728	kdburns@interchange.ubc.ca
Group Advisors:		
Dr. Margaret Cottle (Palliative Care)	604-222-0288	mmcottle@mac.com
Dr. Robin Cottle (Ophthalmology)	604-222-0288	robcottle@mac.com

COMMUNITY HEALTH INITIATIVE BU UNIVERSITY STUDENTS (CHIUS)

CHIUS is an inter-professional, student-run clinic located within the Downtown Community Health Clinic. The CHIUS mission is to provide an exciting, dynamic, and innovative program that emphasizes the development of mental, emotional, social, and physical well-being of all participants in a safe and engaging environment. Our inter-professional team focuses on diminishing barriers to health care, establishing strong partnerships, and enhancing the community's perception of health care. We currently have volunteers from the faculties of medicine, nursing, social work, pharmacy, dentistry, dietetics, rehab sciences, and speech and audiology. On any given day, the CHIUS team is comprised of 4-5 students supported by a physician and a nurse.

So what exactly do all those fancy words above mean for a medical student volunteering at CHIUS? Pretty much medicine away from the books and students working at a clinic with a doc and nurse present to make sure that nothing unethical occurs. Often, you will get a chance to see patients and take histories as well as observe or perform physical exams. It is a great place to pick up some clinical experience and practice your clinical skills. It wouldn't take long before you become an expert at producing SOAP and performing FIFE! CHIUS is an excellent place to meet and learn from other medical students, students from other health disciplines, and the physicians, nurses, and mentors who work there.

What I find to be so rewarding volunteering at CHIUS is the opportunity to talk to some of the people living in the Downtown Eastside. We all come into medicine with a different background and different experiences, so each of us will have a different level of understanding about addiction, poverty, and mental illness. Through talking to these people, you get a glimpse into what life is like in the Downtown Eastside – the struggles that these people face, their living conditions, their past and how they end up in this part of the town. In the words of a patient I talked to at the clinic, "No one ever chooses to be down here." It sounds like an obvious statement but after giving it some thought, it makes complete sense – given the opportunity to choose, no one will ever choose to become an addict, to live in poverty, or to live with a mental illness. CHIUS provides the opportunity to learn from this marginalized population – the type of learning that cannot be picked up from textbooks or DPAS sessions.

CHIUS also offers programs such as Beauty Night for women in the Downtown Eastside (organized by the Women's committee) and Footcare at Powell Place (organized by members of the outreach committee). Therefore, not only can you become involved as a volunteer at the clinic, you can also help organize CHIUS through joining one of the committees.

To sign up for orientations or to learn more about CHIUS, go to www.chius.ubc.ca

ALMA MATER SOCIETY (AMS)

If none of these appeals to you or you want to be involved in more activities, the AMS has a lot of student clubs. Almost anything you're interested in, it's likely to be there. If not, you and a group of friends can start up your own AMS club! Visit http://www.ams.ubc.ca/clubs/index.html to check out the clubs or visit clubs days during the first few weeks of school.

TALK TO YOUR DOC

'Talk To Your Doc' is an outreach program for high school students designed to help them improve their communication skills and develop an independent relationship with their doctor. After an orientation that provides you with everything you need to know, you and 3-5 of your classmates visit local high schools to facilitate highly interactive workshops that teach students various communication strategies and specifics like confidentiality in the doctor-patient encounter. The workshop schedule is flexible and you do as few or as many workshops as you want.

The program has grown increasingly popular since it began in 1998. High school students say they love having young facilitators who they can relate to, while medical students say the program provides them with important insights for helping their future teenage patients. You will usually receive an email about the program and the orientation date in the fall, but if you are interested in participating you can also contact the program coordinator directly:

Samantha Van Staalduinen at savan@interchange.ubc.ca or call Sam on 604.822.8002.

The boys showing off their moustaches – Moustache Competition, May 2004

Get Involved - Class Representatives!!!

Want to be a rep? Our reps have written about their experiences, so that you know what you can expect if you decide to run for a position.

CURRICULUM Rep

The primary role of curriculum reps is to act as a "bridge" between the students and the Faculty of Medicine. We hear the concerns and opinions related to our curriculum from our classmates and express them to the faculty on their behalf. As the medical program is constantly evolving, it is crucial that the faculty hears the voices of the students in an organized and efficient manner. This is where we come in! We meet with the curriculum committee whenever there are issues to be discussed. We fight for our rights!

The dental curriculum rep has the responsibility of representing the voices of the dental students to the Faculty of Dentistry, and attending monthly Curriculum meetings.

FACULTY Rep

The faculty representatives from each class serve as student representatives to the Full Faculty meetings. There are about two each year. The issues brought up could involve any aspect of the Faculty of Medicine from research to education to expansion. As the elected Faculty Rep you will serve as a reserve representative should the MUS Executive be unable to attend the meetings.

CLINICAL SKILLS Rep

A very enjoyable position! All you have to do is to sit on the clinical skills committee, and enjoy the delicious refreshments they serve during the meetings…hehehe…just kidding. Actually, your role would be to convey to the committee your classmates' concerns and any good/bad feedback you get about clinical skills lectures and seminars. Time commitment is meeting once a month.

DPAS Rep

As reps, you will meet with course directors and tutors to address issues concerning yourselves and your class mates in DPAS, how you would like to shape certain aspects of the course, and what can be improved for your and subsequent years. We did see some changes in format this year, and hope next year will be even better for you. There is a very dedicated group of tutors working to improve the course. Being involved with DPAS is a worthwhile experience.

FAMILY PRACTICE Rep

This position was interesting and at the same time, did not require much commitment. Reps were required to attend a couple of meetings a term with the course coordinators. The meetings weren't very long and

we got to learn a lot about the rural expansion. Our thoughts and opinions were valued and best of all, there was food at all the meetings!

DENT 410 Rep

A major role of a dental rep is to attend monthly meetings with the head honchos of the faculty (i.e., the Dental Curriculum Committee) once every month. However, as these meetings usually don't pertain to us little first years, the more important role is to act as a liaison between the faculty and the first year dental students when issues arise.

PRIN Rep

The PRIN rep deals with all three sections in the first term (P2P1a, P2P1b, P2P1c). You will have to contact the faculty in charge of each section and communicate with them any concerns the class might have regarding lectures, examination procedures, or other questions/concerns they might have.

HDI Rep

Not a lot of work. All you'll have to do is convey your witty classmates' complaints and pos/neg feedback (unfortunately most of the time all you'll get is NEG!!!) to the wonderful block coordinator. All is done through email or you can arrange personal meeting with Dr. Roscoe. Time commitment varies depending on how much email you receive from your classmates, and on the nature of the complaint.

CARDIO Rep

The Cardio block is one of the most interesting (and challenging) blocks of the year. As the Cardio Rep you will be in close contact with the Head of the Cardio block and will convey information/concerns from students to the cardio faculty and vice versa. In the past there have been concerns regarding the online quizzes and whether they are truly reflective of the material taught in lectures. While the faculty has ensured us that they are working on this, issues may still come up, so be prepared! This is a great block!

PULMONARY Rep

The pulmonary block can be quite challenging at times so there are usually a lot of questions regarding lectures, concept clarifications, and examination procedures that you will need to forward to the faculty in charge of the Pulmonary block. Last year, there were no particular meetings that had to be attended and most of the communication was via email. You should also keep an eye out for technical problems regarding availabilities of lecture handouts and other resources that the faculty should be informed about so that it can be fixed.

Get to Know Your UBC Medical & Dental Personnel

MD STUDENT FINANCIAL ASSISTANCE OFFICER – Rosemary McCutcheon

The Faculty of Medicine Student Financial Assistance Officer provides financial assistance information and guidance to medical students at UBC.

You'll probably be meeting Rosemary McCutcheon sometime during the first year. The UBC Medical Student Financial Assistance Information booklet that you received in your admissions package details the financial services and resources available to you.

For questions related to government student loans, bursaries, scholarships, lines of credit, emergency loans, budgeting or assistance in other financial matters related to your education, contact Rosemary anytime:

- Tel: 604.875.5834 or toll free 1.877.875.7800
- E-mail: Rosemary.McCutcheon@ubc.ca

ORIENTATION AND PRIN PROGRAM ASSISTANT – Neil Parker
MD FMED PROGRAM ASSISTANT – Marina Lee

Neil Parker and Marina Lee are general resource people for the first year MD class.

Neil is the Faculty of Medicine's contact for Orientation and PRIN (term one). His core responsibilities include:

- ✓ Provides key support for:
  - o Phase I "Orientation Week"
  - o Mentor Program
  - o First year PRIN 401
  - o Promotions Committee (first year, PRIN 401)
- ✓ Maintains first year student files
- ✓ Finalizes PRIN 401 timetables
- ✓ Manages e-mail list-serves relating to first year

If you need to contact Neil:

- Tel: 604.822-2422
- Fax: 604.822-6061
- E-mail: neil@medd.med.ubc.ca

Marina is the Faculty of Medicine's contact for FMED (term two). Her core responsibilities include:

- ✓ Provides key support for:
  - o First Year FMED PBL
  - o Promotions Committee (first year, FMED)
- ✓ Maintains first year student files
- ✓ Finalizes FMED timetables

If you need to contact Marina:

- Tel: 604.822-1746
- Fax: 604.822-6061
- E-mail: mlee@medd.med.ubc.ca

STUDENT AFFAIRS COORDINATOR – Victoria Lambert

Victoria looks after the programs and services that Medicine offers to support its students as they progress through the MD program. In addition, Victoria is knowledgeable on a variety of community and campus resources at all the program sites and can provide information and guidance on such concerns as housing, student health, disability resources, career development, child care, clerkship travel … if she can track down the information for you, she will. Many students in the IMP and NMP will be familiar with the services that Victoria provides prior to their first day in orientation; they can count on similar support from her counterparts in place in both Prince George and Victoria.

Students seeking information and/or support can contact Victoria anytime:

- Office: #3250, 910 West 10th Avenue (VGH, Vancouver)
- Tel: 604.875.4111 (ext. 61696)
- E-mail: victoria.lambert@ubc.ca

MANAGER, DENTISTRY STUDENT AND ALUMNI AFFAIRS – Susanna James

Sue looks after the programs and services that Dentistry offers to support its students as they progress through the DMD program. She also complements the Academic Advisor program as a non-academic person to go to if students have concerns about anything that they think might affect their academic progress. You can reach her at:

- Office: JBM Room 296B
- Tel: 604.822-0326
- E-mail: susannej@interchange.ubc.ca

MANAGER, DENTISTRY ADMISSIONS AND ACADEMIC PROGRESS – Connie Reynolds

Connie looks after everything "admission" and she's also the person to look to for everything to do with your academic progress including producing your grades, discussing issues about the Policy and Procedures manual, supplementals, promotions etc. In addition, she also complements the Academic Advisor program and is available for student advising. You can reach her at:

- Office: Room 294, JBM
- Tel: 604.822-1847

- Fax: 604.822-8279
- E-mail: connier@interchange.ubc.ca

SECRETARY, DENTISTRY STUDENT SERVICES – Kathryn Myles
Kathryn is your friendly support secretary for student services. She does many wonderful things for the Student Services Office and you will know her well as the main contact person to whom you would report your absence from school.

- Office: Room 278, JBM
- Tel: 604.822-7977
- E-mail: fodss@interchange.ubc.ca

ADDITIONAL HUMAN RESOURCES FOR YOU
Additional personnel who you may turn to for help during the year are as follows:

Lisa Marie Allen, Program Assistant DPAS 410
E-mail: lmallen@interchange.ubc.ca

Bonnie Quan Symons, Program Assistant Clinical Skills
Phone: 604-875-4111, ext. 62538
3250, 910 West 10th Avenue (VH&HSC)
cskills@interchange.ubc.ca

Bhuvinder Vaid, Program Assistant Family Practice
Phone: 604-225-2564
211, 2150 Western Parkway (Trilogy Building, UBC)
fpc@familymed.ubc.ca

Equipment Report (Medical and Dental)

Hi everyone! This is a ***brief*** synopsis of the product information. I have tried to focus on some basic educational issues and have tried to give you a student's perspective on equipment. In addition to this material you will be receiving product info from the companies themselves. Have a look at it before you come. WHY? One because it's pretty cool stuff and two, because then you will get much more out of the viewing session on September 4. It's a pretty big chunk of cash to lay out, so you want to make sure that you are getting what is the best choice for your ***personal situation*** (i.e. finances, professional interests, etc.). Congratulations to you all, and please feel free to contact me with any questions during the first week of classes.

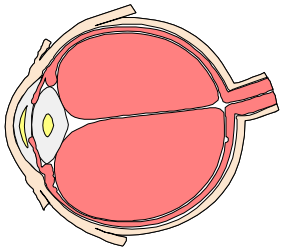
Note: Starting this year, the Clinical Skills and Exam departments will no longer be providing any instruments for the OSCE (the clinical skills practical exam). You WILL need to purchase a diagnostic set plus a stethoscope. I know it will probably be tempting to "shop around" for a better price but we are purchasing in bulk along with other Canadian medical schools; therefore the best pricing you can get is by purchasing with the class.

- Jasmine Lam (jaslam@interchange.ubc.ca) – Equipment Rep

DIAGNOSTIC SETS (MANDATORY FOR MEDICAL STUDENTS):

✓ The first important point is ***power***… i.e. some say that a 3.5V light is better than 2.5V. The argument is that the brighter set is easier to learn on. Both will do nicely, the 3.5V increases your available range. Nonetheless, I have spoken to several upper year students who have gotten along very well with the 2.5V sets. Additionally, it is unusual for one to use the bigger models at full power...simply because it can hurt the patient.

✓ Another consideration is one of ***portability***. There appears to be as many different pieces of advice and opinions as there are people! The bottom line is it has to be with you for you to use it. The full-sized models in the soft case seemed very portable to me personally. Others swear by the "pocket set" types- it is almost like carrying a couple of extra pens. Check out the various options keeping in mind we will have plenty of reference materials stuffed in our pockets as we go through the various rotations. Welch-Allyn introduced a new model last year that is ½ the weight of the other models. This may be very ergonomically useful.



✓ Further to this issue… the sales reps will tell you that a portable set is harder to learn with. I've spoken to upper level students and docs who dispute this. Nonetheless the full size might well be worth getting, especially if you plan to go into family practice. They will last you forever, and can be converted to the wall mounted kind.

✓ A nice touch is those models that are both rechargeable, and which can take normal batteries in case someone (not you, of course) forgets to charge the handle.

✓ A couple of other nice options to look for and consider… in the Ophthalmoscope that the diopters go up in levels of one all the way up to ten (at least) on either side of zero. In the Otoscope, make sure that it has an insufflator port so that a bulb can be attached.

✓ Try not to focus on the "gimmicks". For example, I've been told almost no one uses rhinoscopes, because the otoscope works fine. Most docs seem to use the otoscope as a throat illuminator, so this

piece is a bit redundant. Some ophthalmoscopes look like they came right off the Starship Enterprise! These "cool gadgets" will of course cost more and before you plop down $1000 say to yourself "Do I really need this?"

✓ Also pay attention to how the instrument ***feels*** (and no, I am not getting "Artsy" with you!). Play around with and note the differences in the placement and style of aperture selections, rheostat controls, overall balance, etc… once again it is important to find a product that will suit your needs- and a large part of this is your personal comfort.

The companies:

There are two main companies that make diagnostic sets that we deal with (listed in alphabetical order). Both provide local and prompt service through our distributor BC Stevens and have outstanding reputations.

Heine:

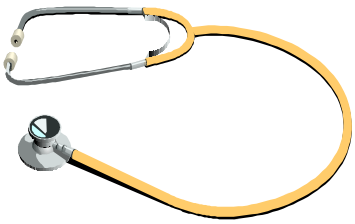
International reputation (German manufacturing centre), award-winning optical engineering, easy to use products, unconditional guarantee during medical school and residency, more accessories available for future purchase. Service is offered world-wide, maintenance free, lifetime guarantee for workmanship.

Welch Allyn:

Long-time name, good reputation, easy to use products, maintenance free, lifetime guarantee for workmanship, unconditional guarantee during medical school and residency, found widely in North American Hospitals, more accessories available for future purchase.

Whichever name you buy, it doesn't matter. I have two things to say about this: 1. You won't get a better deal on a set than right now. 2. Opthalmoscopes and otoscopes are widely misused by physicians and students who don't take the time to learn how to use them. The earlier you start to use these pieces, the better you will be at diagnosing problems associated with the eye and ear. Considering the cost of books for first year, this is not so bad!

Est. Cost: $250 for a pocket set; $450-500 for the full set (more for the PanOptic set).



Stethoscopes (mandatory for medical students):

The most well known and arguably the best name, is Littmann. This product is made by 3M Canada. Heine and Welch-Allyn also make steths. When buying a stethoscope, here are some things to consider:

The most important factor is personal ***fit***. You need to pick one that fits and feels comfortable for you. Therefore, be sure you try out numerous models and styles before you buy one.

The next consideration is the tube length. All the literature indicates that the longer the tube the more sound you lose. On the flip side with a shorter tube you must get significantly closer to the patient. In the end, I would classify this issue as one that comes down to personal preference as most people suggested that sound lost due to an increased tube length was negligible.

Explore (i.e. ***listen too!***) the differences between the single sided chest pieces (Master Cardiology style) vs. those with a chest piece and low-frequency bell. Note: several people have warned me that without a bell it is harder to assess the heart sounds in the suprasternal notch and the supraclavicular fossae.

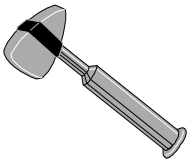
There two main tube designs, the "two tubes in one" design vs. single lumen tubing. Common consensus verifies that the sound quality is significantly better with the "two tubes in one" option (like stereo vs. mono if ya know what I mean).

Depending on your particular professional bent, look for those with a ***pediatric adapter*** - there are several options… and it might be worth paying the extra money now to secure the versatility for the future. Pediatric bells are also required for pediatric OSCE's.

Est. Cost: $75 – 180.

Sphygmomanometers:

The sphygmomanometers (BP cuffs) are optional. There is one at every hospital bedside, and in every doctor's office. If you have a personal use for one, or just want to take advantage of a good price, fine, but you do not need to buy one of these. But be forewarned, using the BP cuff accurately and quickly is a skill that takes time to master; by getting one, you can practice at home.



Tendon Hammers & Tuning Forks:

There are several types, and you can go for your preference. Most people buy the Queen's-type tendon hammer. It looks like a circular disc mounted on a handle (sort of like an umbrella). The other option is the Tomahawk, the triangular head, which is quite popular as well. Try them both, prices are comparable so choose your preference.

A tuning fork is a tool that you will actually use (but like the BP cuffs, they are usually available at every doctor's office). Make sure that is 256 Hz, and that's it. You can get cheaper, unweighted tuning forks if you want. These can be picked up in some music stores.

Est. Cost: ~<$10 (each)

HERE'S A MORE DETAILED CHECKLIST THAT YOU CAN HAVE WITH YOU WHEN YOU ARE LOOKING AT THE EQUIPMENT:

Rechargeable Battery Handle:

1. How well balanced are the handles in your hand?
2. How easy is it to prepare the handle for charging?
3. What type of connector system is used to connect the instrument head(s) to the handle, how well does it lock?

Otoscope:

1. What material is used for the instrument housing and how durable is it?
2. Does the manufacturer protect the Fiber Optic bundles to ensure long instrument life & reliable performance?
3. Is the viewing lens well attached to the instrument head to prevent loss or damage?
4. Is the insuflation port built into the instrument head?

Ophthalmoscope:

1. What material is the optics made of and how are they mounted to the instrument?
2. Does the manufacturer guarantee a completely sealed optical system? For how long?
3. When shaken does the instrument make any noise?
4. Does the instrument feel comfortable in your hand?

5. What system is used to eliminate or reduce corneal reflex or glare?

Sphygmomanometer (Blood Pressure Unit)

1. How comfortable does the instrument feel in you your hand and how easy are the controls to use?
2. What design features ensure the durability of the unit as well as the measuring device and dial?
3. Does the system use a single, double or tube in tube system?

Stethoscope:

1. How comfortable is the instrument in your ears?
2. What type of material or system is used to amplify heart sounds?
3. How well do you hear your own heart beat?
4. How durable does the stethoscope feel and look?

Warrantee:

1. What is the warrantee on the instruments, bulbs and batteries while you are a student? Once you graduate?

We can say from experience that the most important equipment for meds is the stethoscope. Dents can do with borrowing one. Tuning forks weren't necessary for first year. It usually takes a few weeks for your equipment to arrive. To further assist you, below you will find the results to the equipment survey. As with the other surveys, you'll see that there are 2 questions for each piece of equipment. It is interesting to note that less people recommended buying new diagnostic sets relative to what they actually did for the year.

Medical Equipment Survey

	New	Used	Borrow	Don't even bother
Diagnostic Set				
What did you do?	31	5	10	20
	47%	8%	15%	30%
What would you recommend?	**18**	**8**	**17**	**21**
	27%	**12%**	**26%**	**32%**
Stethoscope				
What did you do?	64	0	1	2
	97%	0%	2%	3%
What would you recommend?	**64**	**0**	**1**	**2**
	97%	**0%**	**2%**	**3%**
BP Cuff				
What did you do?	12	2	10	42
	18%	3%	15%	64%

What would you recommend?	**8**	**3**	**18**	**35**
	12%	**5%**	**27%**	**53%**
Tendon Hammer				
What did you do?	7	1	3	55
	11%	2%	5%	83%
What would you recommend?	**2**	**0**	**1**	**61**
	3%	**0%**	**2%**	**92%**

Dental Equipment

SURGICAL TELESCOPES

You'll be asked to purchase dental loupes this year. As the dental program becomes more clinical in its first 2 years, there will be more opportunities to use the loupes to do various wax ups in Dr. Kilistoff's sessions and in your ergonomics sessions. However, it may be important to point out that before you make this ~$1,300 investment, it is mandatory to have these only for Dent 420.3.

If you do plan on getting loupes, here is a memo that Dr. Lance Rucker (aka Mr. Ergonomics) has sent to all the 2nd years:

*The Equipment and Supply Committee for the Faculty of Dentistry has indicated that SurgiTel telescopes are the **only** brand of equipment meeting the required specification and will be required by any students newly acquiring telescopes (unless approved separately and individually by the head of the Surgical Telescope Evaluation Program group, Dr. Rucker). If you currently already have another brand or type of telescope, please contact Dr. Rucker to ensure that they actually match your declination angle and working length, or if you have any further questions about surgical magnification which are not answered by the information on the SMWS (http://www.dentistry.ubc.ca/research/ergonomics/welcome.htm).*

This year, First Year students will be involved in further ergonomics and wax carving exercises in clinical simulation with Dr. Kilistoff beginning in late October and early November, plus several sessions in the New Year. For that reason I recommend that the students get in touch with the ST representative at BISCO about some times for meeting with first year students during the month of September. In the past you may remember that we have had a Surgical Magnification Symposium in September which I ran. This is not being done as a separate presentation this year because I am away on sabbatical, and because the ST choices are now more straightforward than ever. Many students in the past have dragged feet on acquiring telescopes because the utilization was for only during a few sessions until the end of Year Two. As you can gather that is changing this year. In fact, many members of last year's incoming class were woefully challenged by the clinical simulation wax carving exercises and found themselves floundering for balance and control as they competed against classmates who were already equipped with telescopes. I will be away until February, so I will miss the carnage if that is repeated this year, but I might recommend that students go ahead and get the low-magnification SurgiTel vertical adjustment light-weight flip-ups asap.

For more information about GSC SurgiTel telescopes, please contact Bisco Dental Products in Richmond (604-276-8662).

WHITE SHOES

Get them – make sure they're comfy. You'll be using them for all four years as well as in any other dental clinic you go to. Make sure that these are worn in a clinic setting ONLY.

SKULL

This one is a difficult one. You will be spending several weeks on head and neck anatomy in Dent 410, but this will further be reviewed in 2nd year during the Brain and Behaviour block. It can be a very good learning tool, and it can also be used anytime in the future. They're about a $100, so your decision will probably be based on your budget.

STETHOSCOPE

Although you won't be using this in your dental sessions unless you are doing vitals or TMJ analysis, it is nice to have in your clinical skills sessions. Also, if you plan to do any work experience at CHIUS, it is also important to have. I purchased a mid-range one this year and plan to keep it forever. As with the skull, this is probably a "nice to have" rather than a "need to have". You can always borrow them from your helpful medical colleagues if you need.

To further assist you, below you will find the results to the dental equipment survey.

Dental Equipment Survey

	New	Used	Borrow	Don't even bother
Surgical Telescope				
What did you do?	7	0	1	6
	50%	0%	7%	43%
What would you recommend?	**8**	**0**	**0**	**6**
	57%	**0%**	**0%**	**43%**
White shoes				
What did you do?	13	0	0	1
	93%	0%	0%	7%
What would you recommend?	**13**	**1**	**0**	**0**
	93%	**7%**	**0%**	**0%**
Skull				
What did you do?	8	0	0	6
	57%	0%	0%	43%
What would you recommend?	**3**	**2**	**1**	**8**
	21%	**14%**	**7%**	**57%**
Stethoscope				
What did you do?	4	1	5	4
	29%	7%	36%	29%
What would you recommend?	**1**	**0**	**8**	**5**
	7%	**0%**	**57%**	**36%**

A Parent's Perspective

A few words of advice from Shelly Jetzer, a wife and mother who must find ways to handle life inside and outside of med school:

The way I balance school and home/family life is to treat school as an 8am-5pm job. Regardless of when we finish class, I stay at school until 5 or 6pm each day. I work on research for PBL, read the week's notes, or clarify concepts from lectures. In this way I keep up with the workload on a weekly basis. My son is in daycare four days per week. My spouse is able to drop him off and pick him up from daycare which makes my life easier. When I get home around 6pm, I am totally a mom until about 9 or 10pm (plus I spend a little time with my spouse after my child goes to bed). I sometimes manage to get a little work done after 9 or 10pm. On the weekends, I spend more time with my family but still try and get about 6 to 8 hours (total) of homework done. The best advice I can give is to keep up!!! Don't wait until the exam study period to see material/notes for the very first time. I hope this is helpful. Best wishes with your studies.

A break at the beach during exam study period

A Perspective from the Non-Science Student

Welcome to UBC Medicine! As a student without a huge science background I thought I would offer some of the tips I was given and some of the tricks I and other students learned (Pam Kryskow, Med 2006).

- Use your 2nd year buddy as a resource - find out the books they found helpful, the resources that helped them, etc.
- There are lots of great books out there that act as the Coles notes of medicine. Some of them include: pocket handbooks, Toronto Notes, Mosby's Crash Course series, Ridiculously Simple series. Check out the health sciences bookstore for even more.
- Don't be afraid to ask questions in class. If you are unsure about something it's guaranteed there are others in your class with the same confusion. The earlier you learn to ask questions the better.
- Stay on top of your studies; try to review the previous weeks regularly. Things really pile up and exam time can be crazy if you do not.
- Ask for help if you feel overwhelmed - whether it's a classmate, a lecturer, any faculty member. There are lots of people who are around to help. The faculty will even help you find a tutor if you need one. Do not wait until you are desperate to get help.
- Start a study group in the first week on classes. This really keeps you accountable for the material, gives you others to bounce stuff off of and helps you answer many of your questions. If your PBL group is good, they might make a good group.
- Have fun!! There are lots of sports teams, artistic endeavours, and outings. Get involved. Med School is not just studying. Your year will be so much more fun if you do stuff other than school.
- Play HOCKEY! Even if you have never skated in your life sign up for one of the hockey teams. Last year over half our class was playing. Those who crawled at the beginning had the makings of a Gretzky by the end of the season.
- Volunteer at CHIUS or shadow doctors. You will learn so much more from the hands on. Volunteering gives you incredible experience and you will be amazed at how much you retain from one shift at CHIUS.

Hockey Girls Amanda and Hannah

Life Outside School: Sports, Parties, Projects!

Medicine and Dentistry aren't all about hitting the books. Many of us got involved with extracurricular activities during our undergrad educations, and there is no reason to give up these activities now that we're here. You may even want to try something totally new! Throughout the year there are many, many, opportunities to participate in intramural sports, go to parties, and take-part in other organized events. UBC Meds and Dents participate in many intramurals: ultimate, basketball, volleyball, soccer, and of course ice hockey. All levels of ability are welcome for these sports – just get in the appropriate league for your ability and you're off! In regards to hockey, this will be the 2nd year of the "Molson's Doc's Hockey League" which is an all Med/Dent league. Many of us never played hockey in our lives previous to playing in this league, but it's a ton of fun and a great opportunity to get to know your fellow classmates and colleagues from upper years.

At different times during the year there are also several "UBC Legacy Games" events: "The Great Trek Relay", "Day of the Longboat", UBC "Tri-Du", and "Storm the Wall", to name a few. In the past we have managed to put out some pretty competitive teams for these events and, even when we don't, we make a big splash! (Last year my team's Long Boat tipped for both our races…)

Med and dent students also take part in our own tournaments. Very soon in the first few weeks, there is the Webber Boot, a soccer tournament among the four Med/Dent classes. In second term, there are two ice hockey tournaments: the Corec Cup (w/ co-ed teams) and the Golden Puck, also held between the four classes.

Quite a bit of energy also goes into organizing Weepers and other parties/social events during the year. Weepers are Friday night parties for students from all years to unwind from the week, and may or may not have themes - depending on the time of year and the hosting class. First years almost always host the Christmas party, and two other fun Weepers (hosted by other classes) are the "Halloween Bash" and the spring "Eighties Party." Weepers are held at the Medical Student & Alumni Centre (MSAC) at W 12th and Heather (by VGH). Other social events to look-out for will be "Skits Night", and the Dean's Skating Party ("Ice Follies").

Events that deserve special mention are the Spring Gala and the Medical Ball. The Spring Gala is a showcase of the different artistic talents of UBC Med/Dent Students, including poetry, singing, playing instruments, dancing, and more. Med Ball is the big formal event of the year, and all faculty and students are invited to attend. Both of these events are not to be missed.

In terms of other organized events, the 2nd year class typically organizes a ski-trip in January/February which is an excellent break. Depending on the make-up and interests of your colleagues you may also decide to organize any number of other events as a class (buying Canucks tickets, class trip, etc.) Enjoy your social time because it's a great way to get to know your colleagues, and it will become more and more precious as you progress through your medical/dental education.

Some final words of wisdom from the Class of 2007 (the stuff they don't tell you in class!)

"Knowing what I know now, if I could do <u>one thing</u> differently in first year, it would be...."

- Review the week's material at the end of every week.
- I would have been more careful with dissection of our cadaver as you have to study from it for exams!
- I would have spent more time in the first semester reviewing class notes on the weekends so that I did not have to learn material for the first time close to the Christmas exams (i.e. during the exam study period).
- I would have definitely kept up with clinical skills more during the year so I wouldn't have to have a cram session at the end.
- Take HDI seriously from the beginning and follow-up the lectures by reading appropriate sections from "Microbio made ridiculously simple".
- Take the DPAS take-home final a little more seriously: double check my math, write more than a couple sentences for the answers and put some forethought into the 3rd jump at the OSCE.
- I wouldn't spend so much time on PBL. Like less than two hours per PBL session.
- Study BEFORE exams are all looming, it is never a bad thing to review all the way through!
- Not worry so much during the year – it'll only give you diarrhea. And know that everything will be OK!

Good Luck!

First year camping trip