

## The Rural Immersion program: developing a resident-driven residency program

### Le programme d'immersion en milieu rural : élaborer un programme de résidence axé sur les besoins des résidents

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#### Implication Statement

The Rural Immersion program has been created to streamline residents to less-used remote sites, and to create resident-driven curricula. The program is suggested as a possible means to increase rural retention and benefit rural communities with longitudinal care.

#### Énoncé des implications de la recherche

Le programme d'immersion en milieu rural a été créé pour orienter les résidents vers des sites éloignés moins utilisés et pour élaborer des programmes d'études axés sur les besoins des résidents. Ce programme est proposé comme un moyen possible de favoriser la rétention en milieu rural et de soutenir les communautés rurales grâce à des soins longitudinaux.

## Introduction

Integrative models in medical education have grown in popularity across Canada.<sup>1</sup> These models, primarily in medical schools, immerse trainees in a single community, enhancing clinical skills,<sup>2</sup> patient relationships,<sup>3</sup> and interdisciplinary teamwork.<sup>4</sup> They are particularly vital in rural settings, helping to retain and develop healthcare services.

However, Canada struggles to retain physicians in rural areas, with fewer applicants to rural training, often leaving seats unfilled.<sup>5</sup>

Few residency programs in Canada use an integrative model, especially in rural settings. We propose a Rural Immersion (RI) program, a family practice residency where a resident remains in one rural community, works with a single preceptor team, and develops clinical skills essential to family medicine.

## Description of the Innovation

In this model, residents are based in a single rural site, working across emergency, hospitalist, pediatrics, family medicine, surgical assist, and obstetrics as available. Skills developed include: Family medicine procedures (Pap smears, biopsies, liquid nitrogen removals), emergency & critical care (POCUS, arterial/central lines, dialysis lines, intubations, ACLS, ATLS), and additional training (palliative care, anesthesia, dermatology, fetal medicine).

The pilot launched with two residents in 2023. As a CaRMS-listed program, RI currently offers seven sites in British Columbia: Quesnel, Valemount/McBride, Mackenzie, Chetwynd/Tumbler Ridge, Vanderhoof, Burns Lake, and Smithers.

Residents are assessed using a competency checklist derived from the College of Family Physicians of Canada and UBC's residency standards. The curriculum is resident-driven, allowing for individualized learning. Table 1 outlines a sample RI resident schedule, which is flexible based on community needs and educational goals.

Table 1. A possible resident's schedule, to change per week as necessary depending on their goals and weaknesses.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday/Sunday
0730: In-hospital rounding 0830-12:30: Family practice clinic 18:00-23:00: Emergency shift	0730: In-hospital rounding 09:00-16:00: Family practice clinic, focusing on maternity	0730: In-hospital rounding 09:00-12:00: Surgical assist 13:00-16:00: Anesthesia	0730: In-hospital rounding 09:00-14:00: Emergency shift	0730: Family practice clinic 12:00: Academic half day	Possibly on call for interesting cases and possible emergency shifts

This longitudinal model enhances clinical learning experiences. Compared to typical residencies with limited emergency blocks, RI residents work emergency shifts weekly, providing greater hands-on experience. Rural sites, with fewer trainees, offer more direct clinical opportunities. Relationship-based learning also reduces hierarchy, improving communication and student comfort.<sup>5</sup>

## Outcomes

Since its July 2023 launch, the program has expanded for the July 2024 CaRMS cycle, accepting four new residents. The initial two residents received strong feedback from healthcare providers, prompting six new sites to request RI residents.

Interest in the program has been significant, with hundreds of CaRMS applicants for just four spots. Many applicants are from the participating communities, suggesting a long-term interest in practicing in rural areas.

With its small cohort size, RI offers additional certifications, such as Independent Practitioner status in ultrasound, with ongoing skill refinement throughout residency.

The program is also collaborating with UBC's integrated clerkship models. Six communities have requested partnerships where RI residents would teach longitudinally embedded medical students.

## Next steps

This novel, resident-driven rural residency has seen early success, leading to increased CaRMS matching and new community partnerships. Future plans include long-term resident assessment, ensuring well-being and preventing isolation, tracking skill retention and performance on the College of Family Physicians of Canada exams, expanding preceptor availability to maintain high teaching standards, and evaluating retention rates for physicians trained through the RI model.

By fostering a stronger connection between residents and rural communities, this program offers a promising path to sustainable rural healthcare solutions.

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## References

1. John J, Brown ME. The impact of longitudinal integrated clerkships on patient care: a qualitative systematic review. *Educ Prim Care*. 2021;33(3):137–47. <https://doi.org/10.1080/14739879.2021.1980438>.
2. Beattie J, Binder MJ, Fuller L. Rural longitudinal integrated clerkships and medical workforce outcomes: a scoping review protocol. *BMJ Open*. 2022;12(3):e058717. <https://doi.org/10.1136/bmjopen-2021-058717>.
3. Bartlett M, Couper I, Poncelet A, et al. The do's, don'ts and don't knows of establishing a sustainable longitudinal integrated clerkship. *Perspect Med Educ*. 2020;9:5–19. <https://doi.org/10.1007/s40037-019-00558-z>.
4. O'Sullivan B, McGrail M, Russell D, et al. Duration and setting of rural immersion during the medical degree relates to rural work outcomes. *Med Educ*. 2018;52:803–15. <https://doi.org/10.1111/medu.13578>.
5. Nichols D, Cockell J, Lemoine D, Konkin J. The Rural Integrated Community Clerkship: a vital stretch in the Alberta rural physician workforce pipeline. *Can Med Educ J*. 2023 Jul 27. <https://doi.org/10.36834/cmej.73944>.