



CAMPUS PRINCIPAL DE SHERBROOKE



CAMPUS DE LA SANTÉ DE SHERBROOKE



CAMPUS DE LONGUEUIL

# UDES

## L'Université de Sherbrooke

International development: A perspective on a role for universities and faculties of health sciences.

IMELF, Quebec, October 2017

# An earthquake and the aftermaths

Haïti, january 2010

- A faculty of medicine completely destroyed
- An urgent need for help and assistance
- Emergency missions by faculty and hospital workers
  - Surgical and medical emergency needs

Fall 2010: a new dean is starting in office

- Urgent needs from many sources
- Huge risks and one emergency evacuation
- Intense pressure and impacts in Sherbrooke
- A country suffering... for many years

# Plan

- A few words about UdeS and it's FMSS
- Few lessons from experience
- What evidence is available ?
- Why exactly go international ?
- A role for universities and faculties of health sciences
- Conclusion

# Disclosure

- No conflicts of interest
- No diploma in health administration
- Not an expert at international health
  
- I learn every day

# About UdeS

## 8 Faculties and 3 Interfaculty teaching centers

- Law
- Education
- Ingeneering
- Science
- Arts, Humanities and Social Sciences
- Medicine and Health Sciences
- Business
- Physical Activity Sciences

## 3 centers

- Environnement and sustainable development
- Research training
- Contemporary religious studies

## Diversified continuous professional development

### A few numbers

- 30 818 students
- 132,5 M\$ in research
- 113 research chairs - institutes and research centers
- 394 training programs

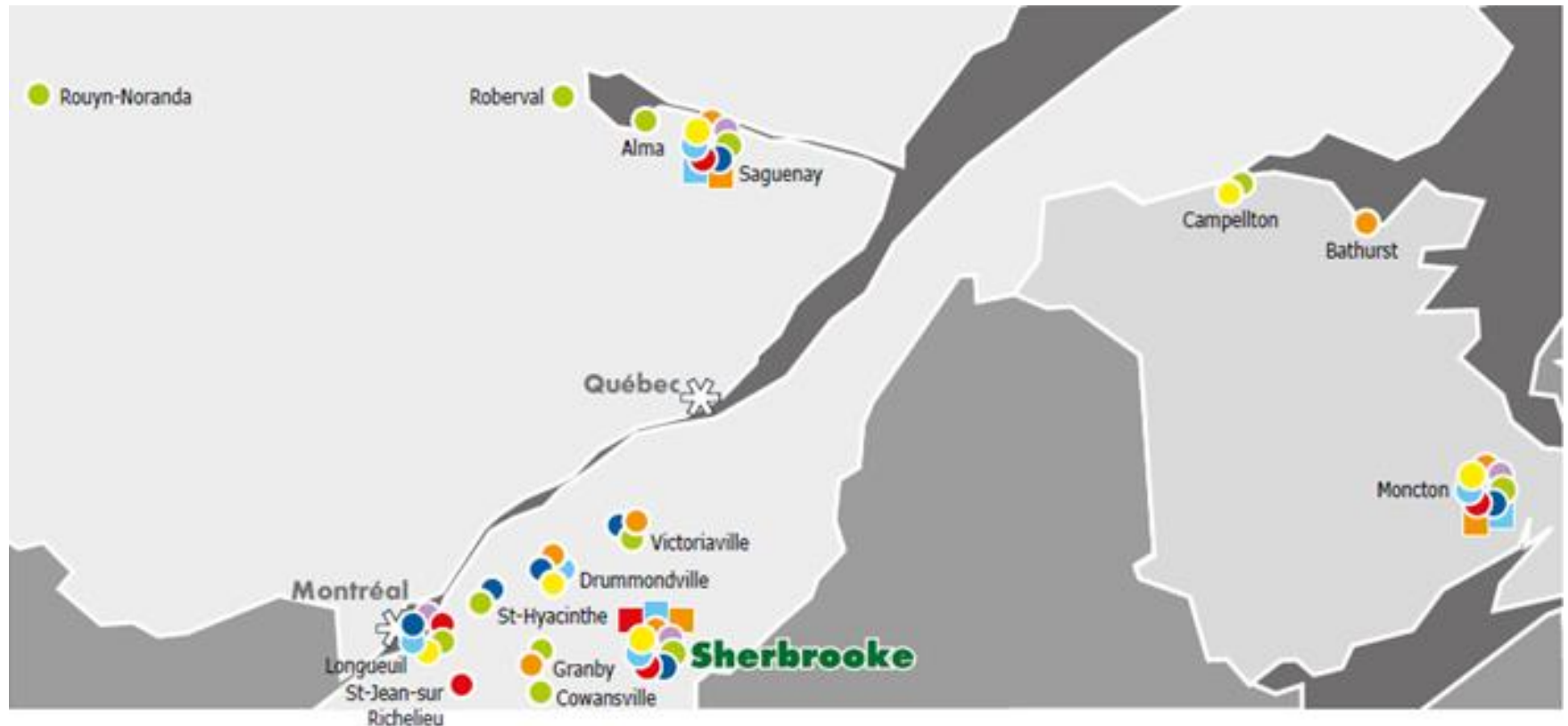


# About FMSS

- Medicine, nursing, OT/PT, research and graduate studies
  - 4200 students
- Center for health sciences professoral support and pedagogy
- CPD, clinical simulation, « patients partenaires »
- WHO/PAHO collaborating center for human resources training in health
- Microprogram in international health
- Most important international agreements
  - France: Montpellier and others
  - Mali, Haïti, Uruguay
- Social accountability
  - Réseau francophone/CIDMEF - The Net



# About FMSS



- Chirurgie générale
- Chirurgie spécialisée - sélectif
- Médecine de famille et soins aigus
- Médecine interne
- Médecine spécialisée - sélectif
- Médecine spécialisée obligatoire
- Obstétrique gynécologie obligatoire
- Obstétrique gynécologie - sélectif
- Pédiatrie générale
- Pédiatrie spécialisée - sélectif
- Psychiatrie obligatoire
- Psychiatrie - sélectif
- Santé communautaire







# A few lessons from experience

- Students are asking for international experience
- Rotations in developing countries transform our student's perspective and learning experience
- Students benefit (and often need) preparation
  
- Training and research can make a difference
- Fundamental research is a different business
  - Although very important

***Harnessing cats...***

# A few lessons from experience

- International training and exchanges is a risky business
  - This applies everywhere
  - The need to follow your people abroad
- The world is changing and is not stable
- The world is a very big place
- The pitfalls of « diplomatie de salon »
- The very modest impact of time limited interventions

***The importance of keeping in sight why we  
are doing what we are doing***

# A few lessons from experience

- The true social accountability: what are the needs ?
  - Expressed needs vs real needs
  - What is the perspective of « ground workers »
  - What is an « acceptable project »
- The absolute need for local champions
- Leadership and local alliances
- Structuring impact implies time

***What evidence can we use to guide our choices ?***

# What evidence is available?

- The importance of reproductive, maternal, new born and child health (RMNCH)
  - Priority of Global Affairs Canada
  - Fourth and fifth of 8 millenium goals
  - UN priority for women, chidren and adolescents (2015)
  - World health starts here, in our country
- Need for integrated health services across 3 packages
  - Reproductive - Maternal and new born - child
- Highly cost-effective (benefits = 8,7 X costs)

Source : Black RE et all, RMNCH key messages from diseases control, priorities 3rd edition.  
Lancet, 2016, 388: 2811-24

# What evidence is available?

- The most cost-effective interventions in RMNCH
  - Contraception
  - Management of labour and delivery
  - Care of preterm births
  - Treatment of severe infectious diseases
  - Management of severe malnutrition
- The importance of integrated lines of care
  - Community – primary health center – referral hospitals
- The importance of primary care (and basic specialties)
  - A role for everyone

# Evidence that sounds familiar ?

- Interdisciplinary approach
  - Need for delegation in order to improve access
- Hierarchy of services
- Need for distributed and coordinated health care
  
- *What about:*
  - models of training?
  - distributed medical education?
  - the need for interdisciplinarity?
  - prevention in curriculum ?
  - community services in training?

# Why exactly go international ?

## Our mission

Enracinée dans les communautés où elle s'engage et évolue, la FMSS a pour mission la formation, la recherche et le partage des connaissances, en favorisant la pensée critique et créative, dans le but d'améliorer la santé et le bien-être des personnes et des populations.



# Why exactly go international ?

## Our mission

**Rooted in communities where it engages and evolves,** la FMSS a pour mission la formation, la recherche et le partage des connaissances, en favorisant la pensée critique et créative, dans le but d'améliorer la santé et le bien-être des personnes et des populations.

# Why exactly go international ?

## Our mission

Rooted in communities where it engages and evolves, **la FMSS a pour mission la education/training, research and knowledge sharing, en favorisant la critical and creative thinking, dans le but d'améliorer la santé et le bien-être des personnes et des populations.**

# Why exactly go international ?

## Our mission

Rooted in communities where it engages et évolue, la FMSS a pour mission la education/training, research and knowledge sharing, en favorisant la critical and creative thinking, **in order to improve health and well beign of people and populations.**

# Why exactly go international ?

- Improve the quality of our programs
- Knowledge transfer
  - The will of a lasting impact
  - The need for real partnership
- Career enrichment/enhancement for our faculty
- Relevant learning experiences and expertise gain for the whole medicine faculty
- Social accountability



# A role for universities and faculties of health sciences

- The difference between humanitarian and development interventions
- Training vs delivering
  - Although doing both is great !
- Expertise in family medicine and other relevant 1st line health delivery disciplines
- The need for real exchanges
- Technopedagogy to fight distance and frontiers
- Importance of public health

# A role for universities and faculties of health sciences

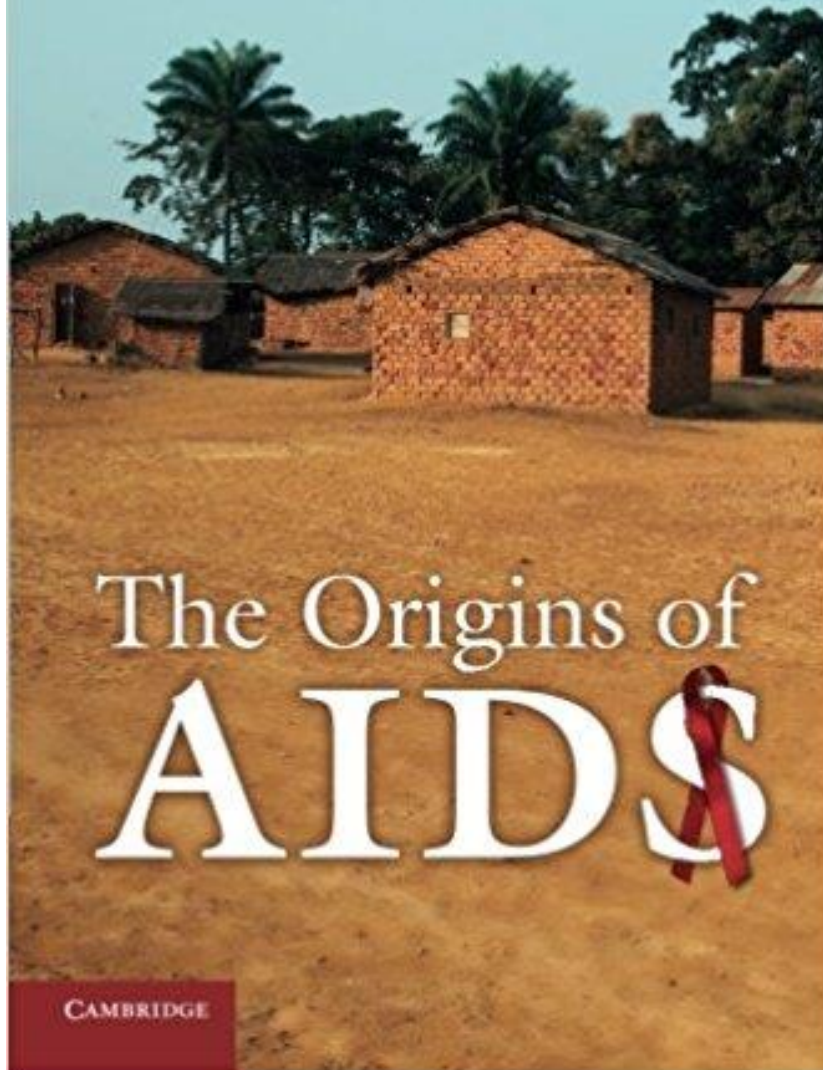
- Powerful and adapted pedagogic methods
- Clinical simulation
- Integration and organization of clinical rotations
  - Adapted evaluating tools
- Training in various and distributed clinical settings
- Our students and residents as teachers and learners
- The rich contact of cultures



# A role for universities and faculties of health sciences

- Supporting our partners despite distance
  - The incredible power of Internet
- Professoral exchanges
- Research development opportunities, especially for epidemiologic research
- The local champions must be enabled to act locally
- The need for alliances and ground experience
  - In Canada and abroad

JACQUES PEPIN



The Origins of  
**AIDS**

CAMBRIDGE



# Conclusion

- Importance of keeping our mission at the very center of our decisions and actions
- Universities can play a role with their unique expertise
  - The need to get out of the « emergency response model » and its impacts (sometimes negative ?)
  - Lasting impact calls for training of human resources
- Social accountability and sustainable development
- International exchanges improve our programs and enhance professoral careers
- The need for real win-win

**MERCI !**



# Exemple d'un modèle



Programme DÉCLIC de formation des professionnels de la santé au Mali

Financé depuis 2010 par AMC

- Soutien à l'institut National Formation en Sciences de la Santé
- Mise en place d'un Diplôme d'Étude Spécialisée en Médecine de famille
- Création de 5 Centres de santé communautaire- Universitaire lieu de formation interdisciplinaire en communauté

28