

**Social commitment and change processes in
physician training program.**

**Sherbrooke (Canada) committed
journey towards training Family
Physicians.**

Paul Grand'Maison
Martine Morin

2012-12-03 PAHO PHC Buenos Aires



Paul Grand'Maison, MD, MSc, FCFPC, FCAHS

- Director, Office of International Relations (05-2012)
 - Director, WHO/PAHO CC (since 2001) on the development of health human resources responsive to the health needs of the population
 - 2002 to 2011 : Vice-dean for UGME
- Martine Morin, MD, FCFPC**
- Co-Director of the WHO/PAHO CC (since 2009) on the development of health human resources
 - Co-coordinator of the Sherbrooke-Uruguay regional partnership project



Canada health care organizations

- Universal and public system
- Integration/complementarity of levels of care
- Health and social services
- Major role for PHC
- Quebec (2002) : Family Medicine Groups (GMF):
 - MDs (> 5) + other professionals
 - A list of registered patients
 - Wide variety of services and on-call systems
 - Various and mixed remuneration systems
 - Rigorous evaluation



Social commitment and change process

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**« The direction in which education starts
a man will determine its future mind »**

-Platon

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Canada, Québec, Sherbrooke



Sherbrooke Faculty of Medicine and Health Sciences



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Faculty History

- Founded in the 60's to respond to the needs of communities out of large cities
- Recognized for its educational innovations
- Since 2001 : A WHO/PAHO CC
- 2006 : Faculty of Medicine and Health Sciences
- Numbers (2012) :
 - 525 full time teachers / 1200 part time teachers
 - 3 500 students
 - 1 000 employees



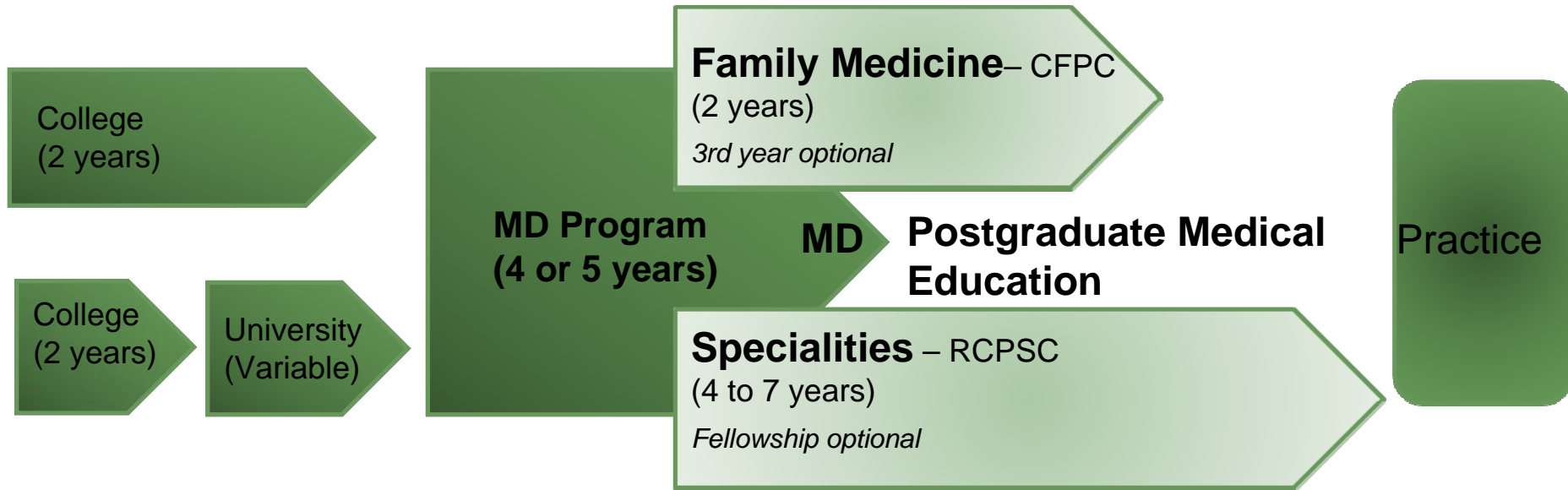
Sherbrooke : social commitment to PHC

- Since its beginning of activities
- Mission and/or 4-year strategic plans include the term Social Responsibility (since end of 90's)
- Family Medicine Residency program in community-based educational sites
- Committed expected results since 2005 for its MD graduates:
 - Family Medicine : 50%
 - «Generalist specialties »: 25%
- International collaboration

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Training physicians



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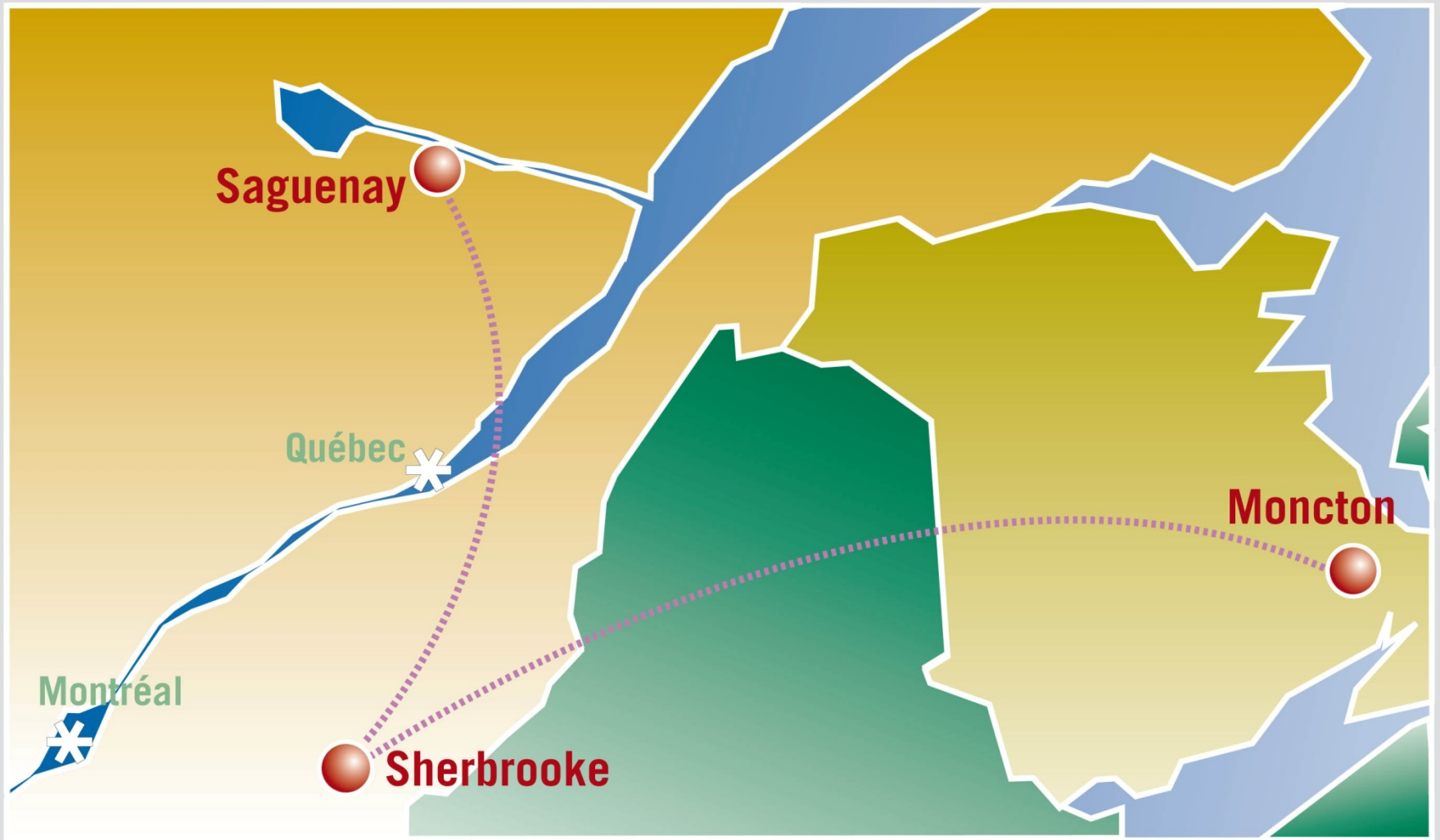
Sherbrooke MD Program

- 1966: First students. System-based with a basic and clinical sciences integrated curriculum
- 1987: Major reform : Small groups, problem-based learning (PBL) and community-oriented education (COE)
- 1998-2010: ↑ number of 1st year students (90 to 210)
- New pipelines, new approach to admission
- 2006 : 2 outside campuses (whole program)
- 2014: curriculum reform





MD Sherbrooke : 3 sites



Avril 2011

Sherbrooke MD Program

2006 : Major Clerkship reform

- Focus on basic general competencies
- CanMeds roles
- Task-based program: 100 most relevant and “trans-disciplinary” (not specialty-based) clinical situations (abdominal pain, fever, etc.) for which
 - appropriate differential diagnoses for a “general physician” are outlined
 - expected tasks to be completed by graduates are delineated
 - level of competencies defined



Learning opportunities for PHC

Clinical experiences and results

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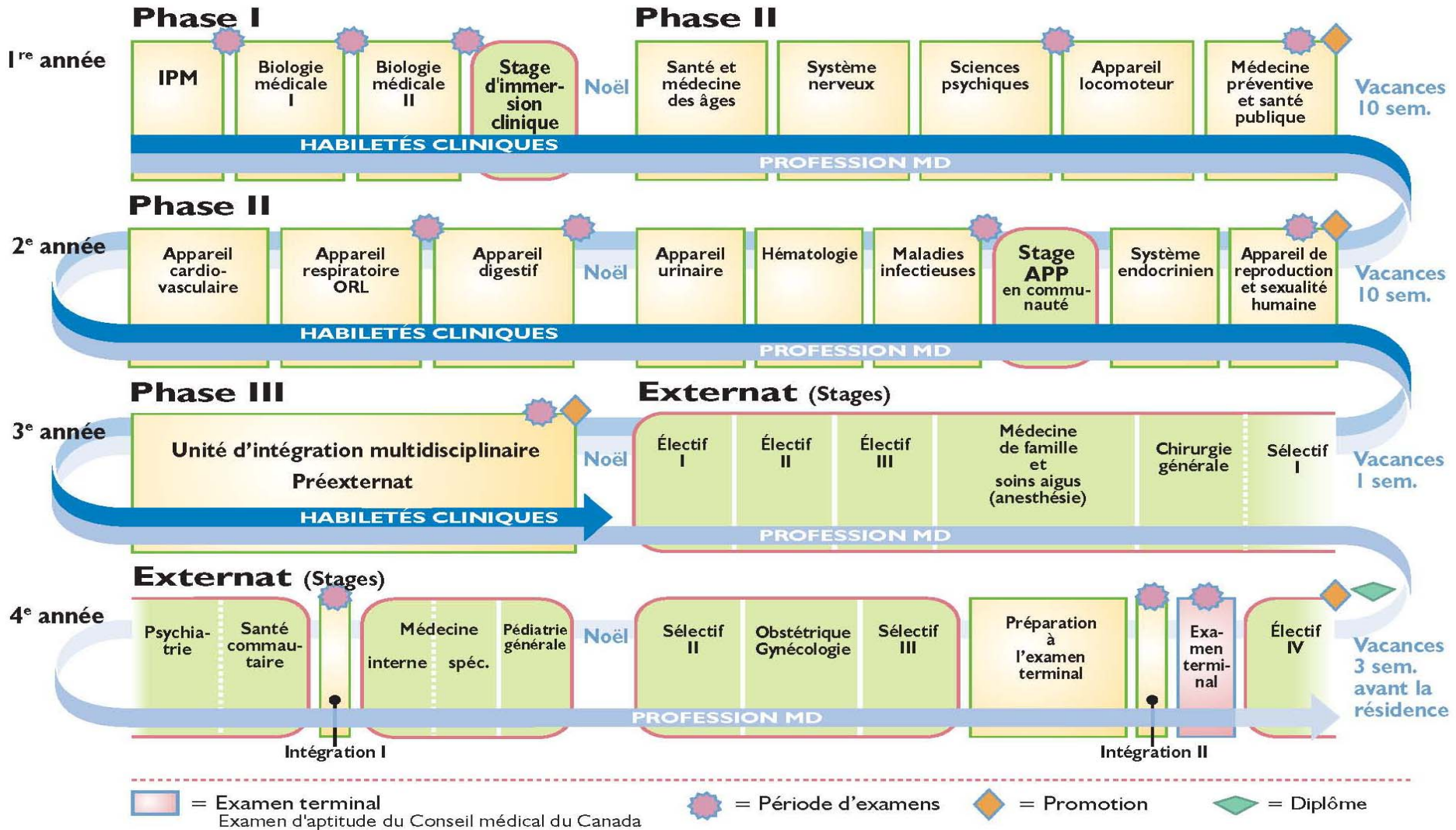


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4 years MD program



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Curriculum and PHC

- Y-1: 2 w. of clinical immersion in community based sites
- Y-2: 2 w. of clinical immersion in community based sites
- Preclinical years small group teachers :
 - ~25% by family physicians
 - ~25% by « generalist specialists »
- Leadership role of family physicians :
 - Program director
 - Phase and unit directors
 - Evaluation and promotion committee
 - Clerkship director



Curriculum and PHC

Clerkship : total number of rotation weeks: 64

Family Medicine	8 weeks
« Generalist specialities »	20 weeks
Public Health	4 weeks
Electives (16 weeks) : mean number of weeks in PHC	4 weeks

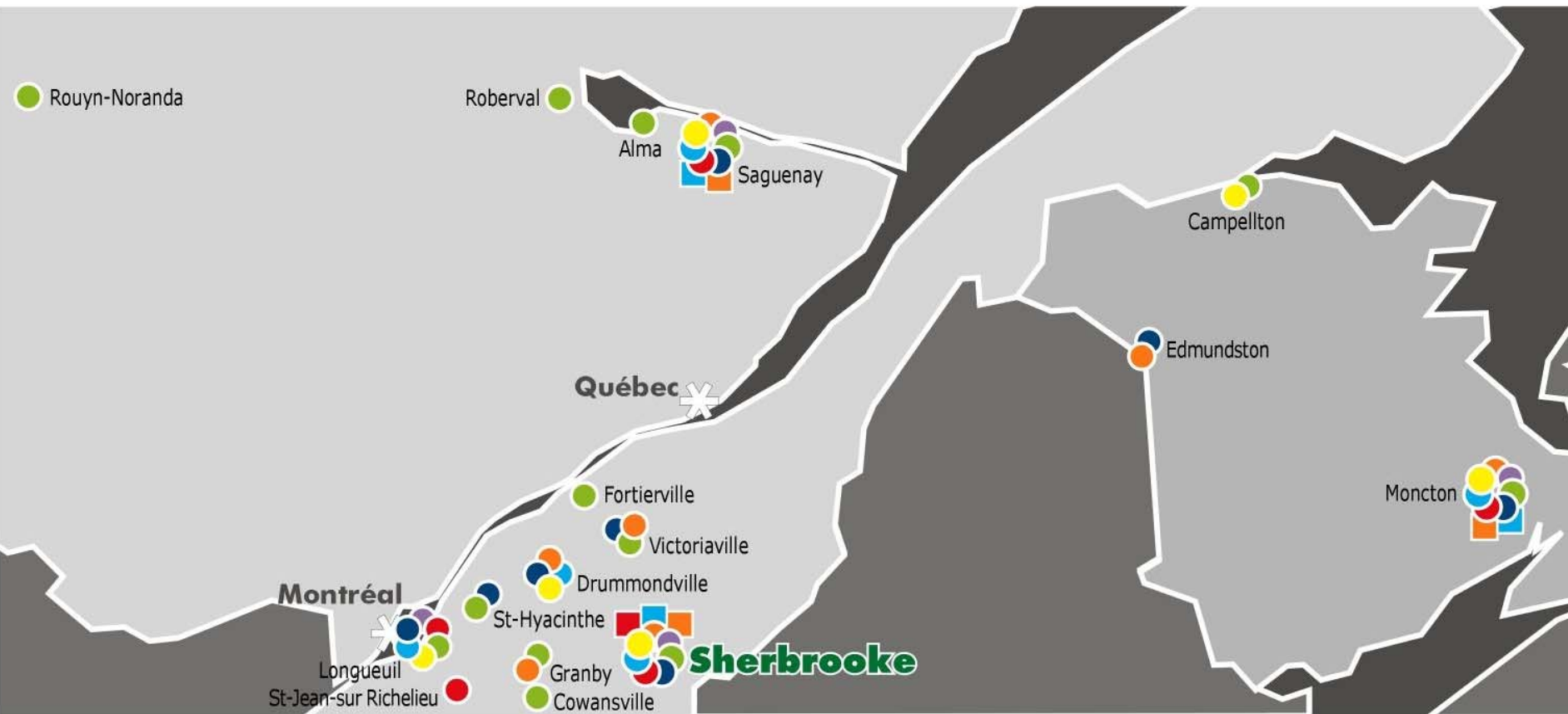


Training sites network

- Comprehensive and integrated
- 1 university hospital : Sherbrooke. Pop.: 150 000.
Region of 325 000 people
- 3 major affiliated teaching hospitals in our major sites in Longueuil, Saguenay and Moncton. Pop.: 150 000
- 3 community hospitals in cities of approx. 50 000 habitants
- 10 community sites in cities less than 25 000 habitants



MILIEUX DE STAGE À L'EXTERNAT 2011-2012



Janvier 2011

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

MD Graduates : Residencies

Discipline	%*
Family Medicine	~ 45% / 50%**
« Generalist » specialities (General Internal Medicine, General Surgery, Psychiatry, Pediatrics, Ob-Gyn)	~ 30%
SubSpecialties	~ 20%/25%

* Mean for the last 5 years (2007-2012)

** 1st choice (2007-2012) for Family Medicine : 32% to 38%

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Sherbrooke MD : Graduates location of practice

- Out of larger cities in Quebec (Sherbrooke, Québec, Montréal) and in New-Brunswick (Moncton): approximately 65%
- Award from Canadian Association for Rural Medicine: medical school with the higher percentage of graduates staying in rural regions after 5 years of practice

Residency in Family Medicine

- Initial program : 1970 (first FM teacher)
 - A 2 year integrated program
- A university department of FM:1975 (5 teachers – 15 residents)
- Progressive increase of graduates taking the program
- Compulsory program for family practice: 1988
- 2012 : 200 residents, 60 full time teachers, 500 part time teachers
- 9 FM teaching units (all GMF)
 - 4 in cities of 150 000 inhabitants
 - 5 in cities of less than 50 000 inhabitants

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PHC : Nursing education at FMSS

- Bachelor degree since 1979
- Master and PhD since end of the 80s
- Since 2005 3 pathways
 - Acute care (in hospital)
 - Community based care (PHC)
 - Chronic diseases : adaptation and rehabilitation
- Since 2008 : Specialised nurse practitioner program in PHC (extensive collaboration with department of Family Medicine)



International commitment for PHC

- CC WHO/PAHO, Network-TUFH, THE Net, others
- Projects supporting development of PHC and Family Medicine (MD program and residency)
 - Mali (15 years, \$\$\$)
 - Uruguay (6 years, \$\$)
 - Haiti (2 years, \$)
- Leadership for an international project (2011 - 2015) of francophone medical schools (n = 28 out of 130) on social accountability



Conclusion

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**The repeated actions of each of all, their acts,
how minimal they are,
and the commitment of all
are those elements that make
a generational change.**

Robert Kennedy

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« DOING IT IS COSTLY »

**« NOT DOING IT WILL BE MUCH
MORE COSTLY »**

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