# AFTER MEDICAL SCHOOL: TRAINING RESIDENTS, NURSES AND PHYSICIANS TO WORK ABROAD

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# After Med School: Training Residents, Nurses and Physicians



### Three components:

- Short Program in International Health
  - 90 hours, 6 credits
- One month clinical elective in Mali
- Development of clinical teaching in Mali
  - DECLIC





# After Med School:

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### Three components:

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# One month clinical elective in Mali

- Started in 1997
  - Personal initiative
  - I supervisor, 2 residents
- Rapid growth
  - Now over 5 months per year
  - 2007-2008: 32 residents,
     experienced doctors and nurses
  - Strong supervision



# Clinical elective in Mali



- Family Medicine oriented
- In Community Health centres
  - CSCOM
  - Urbans and rurals
- Hand in hand with local staff and medical interns

# Clinical elective in Mali

- □ For who?
  - Residents in last year of training
    - Any specialty or university
  - Since 2007
    - Practicing physicians
    - B.Sc nurses
      - Having done U de S International Health short program or equivalent
      - Working language is French or Bamanan kan

# Short Program in International Health

- From a felt need for better preparedness
- Initiative of 2 professors
  - Coming back from a year of training in Tropical Medicine in Montpellier, France
  - At first informal, 60 hours, no credits
- Since 2007
  - Accredited 2<sup>nd</sup> cycle short program
    - 90 hours, 6 credits,
  - 60 participants
    - In Longueuil
    - And distant sites trough video conferences
    - With group work and exams
  - 600 \$ fees



# Short Program in International Health

- Global Health approach
- Considering socio, cultural and economic determinants of health and diseases
- Clinically oriented
  - Parasitology
  - Malaria
  - Maternal and child health
- Family Medicine perspective
- Focus on Mali



www.usherbrooke.ca/santeinternationale/

# What helped?

- Committed partners and friends in Mali
- Supportive sponsors
  - Fondation Marcelle et Jean Coutu
- Strong commitment of the Dean office
- SMUS practice plan
- Sabbaticals
- Autonomous financial tools

# Strengths



- Grass root start
- Hands on
- Based on human relationships
- Continuity
- Adaptability and responsiveness

## Weakness

- Weak monitoring and evaluation
- Very few data

### 5 months of presence per year

- Increases delivery of care in small centres
- ■Breaks monotony and isolation
- Raises the profile of Community
   Medicine
- Creates a network for collaboration and innovation

# Opportunities

- For networking
- To gain valuable experiences
- To support and participate more elaborate projects and programs in Mali

# **Threats**

- Fatigue and tiredness
- Change in policies

# **DECLIC**

Développement de l'Enseignement CLInique de la médecine Communautaire

### After years of informal collaboration:

- Agreement between Bamako and Sherbrooke
   Medical Faculties
  - Improve medical pedagogy and clinical teaching
  - Support delocalisation of teaching sites
  - Develop a community medicine specialty
  - Support international health training for canadians





# **DECLIC**

Développement de l'Enseignement CLInique de la médecine Communautaire

- Agreement between Bamako and Sherbrooke
   Medical Faculties
- DECLIC
  - Building a critical mass of teaching physicians in Community Medicine
  - Development of clinical teaching units in CSCOM
  - For the creation of a specialty program in Community Medicine



# Why DECLIC?



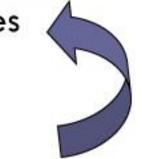
- Over 725 Community health centres in Mali
  - Community-oriented
  - Local community in the management structure.
  - But number of obstacles to recruitment and retention of personnel
    - lack of adequately trained people
    - low value placed on community health activities.

# Why DECLIC?

- Low value placed on community health activities
  - Low wages
  - Little support
  - No professional development
  - Loneliness and monotony

# Why DECLIC?

Low value placed on community health activities



### Lack of adequate training

- Oriented towards tertiary specialist care
  - Impedes training of skilled 1st line physicians
- Insufficient clinical training



# DECLIC

- Supported by AUCC-CIDA
- To be started in 2009
  - over3 years
- Will be supported by the UdeS International Health training
- Will give a new meaning to the IH program and training



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