

approach, improved knowledge and competencies, patient-centered and team-based care, student and community satisfaction, and supports rural retention i.e. "Learning and practice in the community, for the community".

Institutional strengthening will require huge investment on infrastructure in some countries. Effective faculty development and retention of teachers, importance of "role models", "inspirational teachers" must be supported by appropriate accreditation and quality across both public and private institutions.

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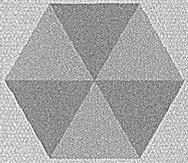
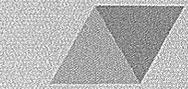
Learning and Practice
in the Community,
for the
Community

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A CALL FOR ACTION BY PMAC 2014



We have come a long, long way, from the 2004 Joint Learning Initiative. Momentum has accumulated and global, regional and national commitment is growing, though uneven. Global/regional networks have been formed and are functioning, but need further nurturing. The post 2015 MDG challenge is positioning the health workforce in the global goals in light of universal health coverage. Without adequate number of competent, committed and responsive health workforce at primary health care and backed up by tertiary care services, UHC seems to be out of reach. A Global HRH strategy addressing the health workforce in 21st century is emerging. So join us – hand in hand to make this vision happen.



CONFERENCE ACTIVITIES





Recognition for Excellence in Health Professional Education

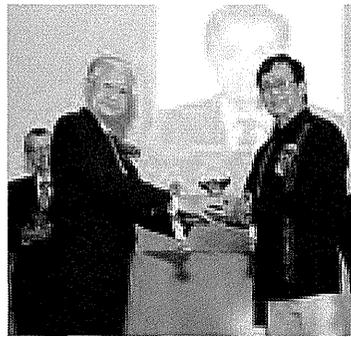
Health and the health care system have been continuously evolving throughout the history of mankind. The momentum for change has substantially increased during the last few decades. Globalisation has increased the quantity of information available to us both as individuals and as societies and therefore has been re-shaping the way we think about health. These changes have major impact on health systems and health professionals. People expect to have health care systems of a high standard. In addition, people expect the health system to be cost-effective and accessible to all, across all economic strata. Improvement of health relies mainly on the quality of health care providers.

Therefore, there is no doubt that health professional education is of utmost importance in the process of producing health professionals. Like the health system, health professional education has been influenced by changes in society. This year the Prince Mahidol Award Conference would like to honour health professional educators whose work has had a strong impact on the improvement of health care.



The criteria for selecting the awardees include:

- He/she has demonstrated dedication in teaching by receiving outstanding assessment from the university or from the students; or
- He/she has demonstrated innovation or has developed teaching modules or techniques that have transformed learning and that have been used as part of an evidence-base for producing quality health personnel; or
- The teaching module has been adopted as a model for the implementation in other countries and/or rolling out of the module in his/her country. The adopted model must also show a positive outcome; or
- He/she has demonstrated commitment in teaching either by dedication of time or duration of work in teaching services; or
- He/she has shown commitment in actually delivering training in difficult circumstances, e.g. remote areas; or
- He/she is a visionary leader who has changed paradigms of learning.

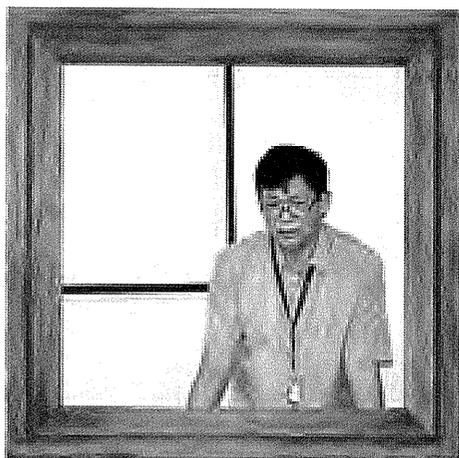


Out of 26 nominees which come from any level and any type of teaching or training institution, 7 health educators from 5 different continents were awarded the Recognition for Excellence in Health Professional Education.

- **Fortunato L. CRISTOBAL**
Dean, Ateneo de Zamboanga University, Philippines
- **Gwen SHERWOOD**
Professor and Associate Dean for Academic Affairs
University of North Carolina, Chapel Hill School of Nursing, USA
- **Ian COUPER**
Professor and Director, Centre for Rural Health
University of the Witwatersrand, South Africa
- **Jan De MAESENEER**
Secretary General, The Network: Towards Unity For Health, Belgium

- **Nelson K. SEWANKAMBO**
Principal, College of Health Sciences, Makerere University, Uganda
- **Roger STRASSER**
Dean, Northern Ontario School of Medicine (NOSM), Canada
- **Yang KE**
Executive Vice-President, Peking University, Peking University Health Science Center, China

All winners were invited to receive the award on 31 January 2014 at the Closing Ceremony of PMAC 2014. They received grand recognition and applaud not only from our prestigious co-host representatives but also by our PMAC 2014 participants.



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It is not resources that are the biggest limitation, but if there are transformative ideas, and people willing to try them out, the RESOURCES WILL BE FOUND. ”

Fortunato L. CRISTOBAL

Dean, Ateneo de Zamboanga University,
Philippines

A true visionary, Dr. Fortunato L. Cristobal is the founding Dean of the Ateneo De Zamboanga University School of Medicine (ADZU-SOM) in Zamboanga City, Mindanao Philippines. Dr. Cristobal has worked in the health field for over thirty years and has revolutionized the field of medical education by advancing and demonstrating the concepts of community based medical education, service learning, and by aligning the curriculum and the schools' programs with priority health needs in the region it serves. He has inspired and supported many others working with underserved communities through his significant works and humble personality and has truly dedicated his life to giving back to the communities in his conflict ridden region and beyond.

To address the immediate chronic shortage of doctors he initiated a trimester training program in general pediatrics for GPs. Within a few years close to 50 rural physicians trained were able to perform life saving procedures previously unavailable in their communities.

Recognizing the value of community based researches he established the Zamboanga Medical Research Foundation, a non profit organization to advance the region's medical research, education, training. This laid the impetus to the formation of the Zamboanga Medical School Foundation with only \$500 as the initial seed money and a pioneering 27 students with volunteer faculty. The shoe string budget of the school and the use of existing clinical facilities served as proof of concept that it does not require millions of dollars and dozens of PhD Faculty to start a high quality health professional school.

To date, the school has graduated 210 certified physicians with a cumulative board pass rate of 94%. Ninety percent of its graduates are still in the Region, with 50% serving in doctorless areas while only 4% went abroad. Perhaps, this retention of graduates has bearing to the decrease in infant mortality of the region from 55.6/1000LB in 1995 to 14.6/1000 LB in 2003, and 8.2/1000 LB in 2008.



As developing countries struggle to find solutions to health workforce and health outcome disparities, the volunteers of Zamboanga have shown a way forward for even the poorest regions to assert that historical disadvantage does not have to be on going destiny. It is not resources that are the biggest limitation; but if there are transformative ideas, and people willing to try them out, the resources will be found.

Gwen SHERWOOD

Professor and Associate Dean for Academic Affairs
University of North Carolina, Chapel Hill School of Nursing, USA

My dedication in teaching is rooted in a deep commitment to provide caring leadership in a global society, enhance access to education for increasing diversity in nursing, and expand the leadership capacity of health care professionals. I seek to help shape nursing education policy through a proactive vision of changing access to education and influencing international health policy through new educational partnerships.



My commitment is reflected in creating new nursing education programs and interactive broadcasts in the geographically remote Texas-Mexico border area of the US; crafting innovative, interactive transformative learning models grounded in reflective practice; and leading faculty development in Kazakhstan, Sakhalin, China, Thailand, Taiwan, Mexico, Kenya, and England. I worked with the team representing Thailand and China to develop the first Master's in Nursing degree for China in 1993 with 81 graduates who helped lead the paradigm shift across China. For the past two years, I have led three reflective practice faculty development



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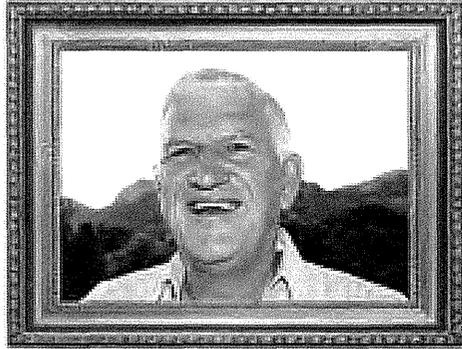
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seminars for Thai health professions educators who are bringing change in nursing education across Thailand.

Our work in developing QSEN (Quality and Safety Education for Nursing) changed the paradigm of nursing education in the US by transforming mindsets to focus on improving quality of care through the science of safety and is being replicated in other world regions.

A core component of my work is continually expanding faculty capacity to be able to vision a future in education that is learner-centered, change oriented, and transformative. I seek connection with learners by applying transformative methods so classrooms become an interactive arena for developing professional artistry and expertise. Through Reflective process learners integrate didactic learning with past experience in case study application; a process-oriented change model, reflective practice is the ideal way to improve performance by examining context and thinking through practice situations.



Ian COUPER

Professor and Director, Centre for Rural Health
University of the Witwatersrand, South Africa

I lead two teams delivering innovative teaching programs at the University of the Witwatersrand (Wits), South Africa.

Firstly, the Integrated Primary Care (IPC) rotation is a unique 6-week clerkship for final year medical students, which integrates the learning from all other disciplines at primary care level, in rural and underserved sites, with a focus on the management of patient problems rather than disease, in the context of understanding and seeking to improve health systems and the health of communities. Seven departments in the faculty work together to deliver this program, under my leadership. With our support, the IPC rotation has been adapted and is being used in district-based medical student rotations in two other countries in the region, at the University of Malawi College of Medicine and the Universidade Catolica de Mozambique in Beira.

Secondly, the Bachelor of Clinical Medical Practice degree program for clinical associates (midlevel medical workers), launched in 2009, involves students becoming involved in patient care at district hospital level from



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We place medical and clinical associate students in **REMOTE AND RURAL AREAS**, where they are supported by a network of local generalist medical and nurse practitioners

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early in their first year and integrating theoretical input (including basic sciences) around patient problems, with one integrated course being delivered per year. The curriculum objectives are structured around the needs of district hospitals, based on a national collaboration.

We place medical and clinical associate students in remote and rural areas, where they are supported by a network of local generalist medical and nurse practitioners. In one of these sites, Lehurutshe Community Hospital, we have established a district training centre, in collaboration with the North West provincial department of health, where students from a range of programs – medical, clinical associate, physiotherapy, occupational therapy and dentistry – are accommodated and can learn together. This model is being rolled out to other districts.

I initiated the adaptation and roll out of two educational programmes for practising rural doctors in South Africa, viz. a neonatal resuscitation training program and the Basic Emergency Skills Training (BEST) program, in collaboration with Australian and local colleagues. Both follow a model of identifying and equipping locally based trainers who have continued to provide the training to doctors and nurses in their districts, with minimal fees involved.

In 2003, I established a scholarship scheme, the Wits Initiative for Rural Health Education (WIRHE), for disadvantaged rural students who want to become health professionals, in partnership with the North West provincial department of health. Students are linked to their local district facilities, working there in their vacations, are supported and mentored during their training, and are required to work back in their districts on completion of their studies. By the end of 2012, there were 33 graduates already serving their communities, or completing internships prior to undertaking this service, and 57 students being supported across 7 health science programs.

I lead the Wits Centre for Rural Health, which is seeking to develop and nurture STAR health workers in rural areas, through Service support, Training, Advocacy and Research in rural health care, thus impacting on the health of rural people.

Jan De Maeseneer (1952) trained as a medical doctor and family physician at Ghent University (Belgium). He started the development of an interdisciplinary team in the Community Health Center Ledeberg – Ghent, a deprived area that became more and more multicultural. He joined the department of Family Medicine and Primary Health Care (www.primarycare.ugent.be), made the first PhD-thesis in Belgium on family medicine (1989) and was appointed Head of Department. Since 2010 the department became a WHO-Collaborating Centre on PHC.



Jan De MAESENEER

Secretary General,
The Network: Towards Unity For Health, Belgium

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Equity, Solidarity, Learning from diversity, Intersectoral cooperation, Person- and People-Centeredness and SUSTAINABILITY

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In 1997, the faculty asked him to lead the Educational Committee for a fundamental reform from a traditional discipline-based curriculum towards an integrated contextual curriculum, problem-based, patient- and community-oriented. In 2005, the innovative curriculum received a very positive evaluation by an International Accreditation Board, and a special “Quality Award” for its “social accountability and community orientation”. The assessment of the new curriculum indicated that students did perform better for knowledge acquisition and used more self-directed and active learning.

Since 1990, Jan De Maeseneer contributed to the development of an interuniversity family medicine training program in Flanders (Belgium), based on distance learning with over 400 training practices in the community.

In 1997, Jan De Maeseneer started a project to support family medicine training in South-Africa. In 2005, the Family Medicine Educational Consortium in South-Africa, became part of the “Primafamed-network” (www.primafamed.ugent.be) that spread from South-Africa to Kenya, Tanzania, Rwanda, DRC, Uganda, Ghana, Sudan, Mali, Nigeria,...and developed strong south-south cooperation. In 2004, Jan De Maeseneer received the “Wonca-Five Star Doctor Award for Excellence in Health Care”, for his contribution to the development of training in family medicine worldwide.



In 2007, Jan De Maeseneer became Secretary-General of the Network: Towards Unity for Health (www.the-networktufh.org), focusing on community orientation and social accountability of education.

Since 2012, Jan De Maeseneer is a member of the Global Forum on Innovation in Health Professional Education at the Institute of Medicine in Washington.

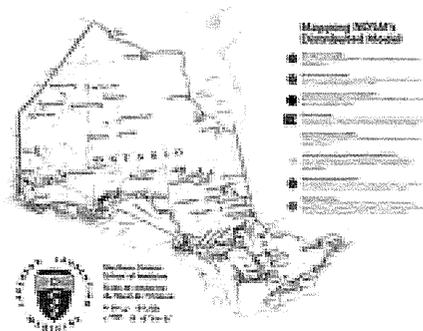
Jan De Maeseneer served at different levels as advisor for health policy development: he chairs the Health Council of the City of Ghent, is the chairman of the Strategic Advisory Board on Health, Welfare and Family of the Flemish government, the chairman of the European Forum for Primary Care (www.euprimarycare.org) and recently became the chairman of the Expert-Panel “Investing in Health” advising the European Commission.

In all his activities the focus of Jan De Maeseneer was on: equity, solidarity, learning from diversity, intersectoral cooperation, person- and people-centeredness and sustainability.



Roger STRASSER

Dean, Northern Ontario School of Medicine (NOSM), Canada



Socially Accountable Medical Education in Canada's North

The Northern Ontario School of Medicine (NOSM) was established in 2002 with a social accountability mandate to contribute to improving the health of the people and communities of Northern Ontario. Uniquely developed through a community consultative process, the holistic cohesive curriculum for the MD program is grounded in Northern Ontario, organized around five themes, and relies heavily on electronic communications to support Distributed Community Engaged Learning (DCEL). Clinical education takes place in over 70 communities, so that the students explore cases from the perspective of physicians, and experience the diversity of communities and cultures, across Northern Ontario. Third year is a community-based longitudinal integrated clerkship. NOSM was the first medical school in the world in which all students undertake a longitudinal integrated clerkship.

Local Engagement, Global Leadership

After eight years of recruiting applicants from an underserved health workforce region, there are signs that NOSM is successful in graduating health professionals who have the skills and the desire to provide healthcare in rural and remote communities. NOSM has become a world leader in Community Engaged Medical Education, while staying true to its social accountability mandate.

About Professor Roger Strasser

Professor Strasser came to Canada in 2002 from Australia where he was Head of the Monash University School of Rural Health. Professor Strasser has received many prestigious awards including: Honorary Fellowship of the Royal College of General Practitioners (UK); the Louis Ariotti Award for excellence and innovation in rural and remote health in Australia; Fellow of Wonca; the inaugural Small, Rural and Northern Award of Excellence by the Ontario Hospital Association; and, the Australian College of Rural and Remote Medicine Life Fellowship Award. In 2011, Professor Strasser was appointed a Member in the General Division Order of Australia (AM) and a Fellow of Monash University.

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