



Intelligence Artificielle et Formation en Santé

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Intelligence

La capacité d'une personne ou d'un être d'acquérir et
d'appliquer des **connaissances**

+

Intelligence **collective**
Intelligence **émotionnelle**

2

Intelligence Artificielle

La théorie et le développement de systèmes informatiques capables d'effectuer des tâches qui requièrent normalement l'intelligence humaine,
telles que la perception visuelle, la reconnaissance vocale, la prise de décision et la traduction entre les langues.

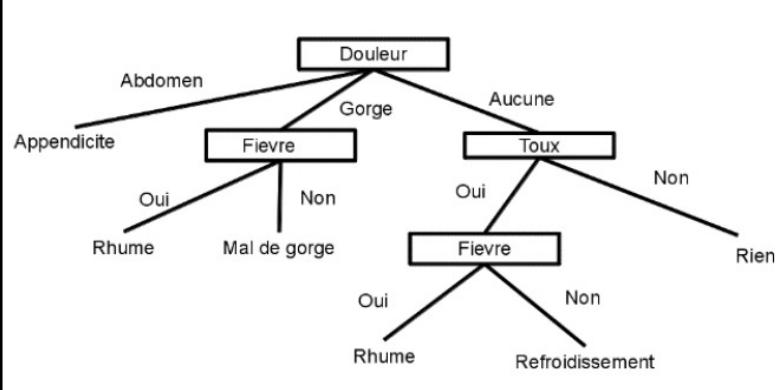
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Intelligence Artificielle

Basée modèle
Basée données

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Intelligence Artificielle basée modèle



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Intelligence Artificielle basée données

Apprentissage automatique
Apprentissage profond

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Modèle

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*Apprendre à
partir de
données*

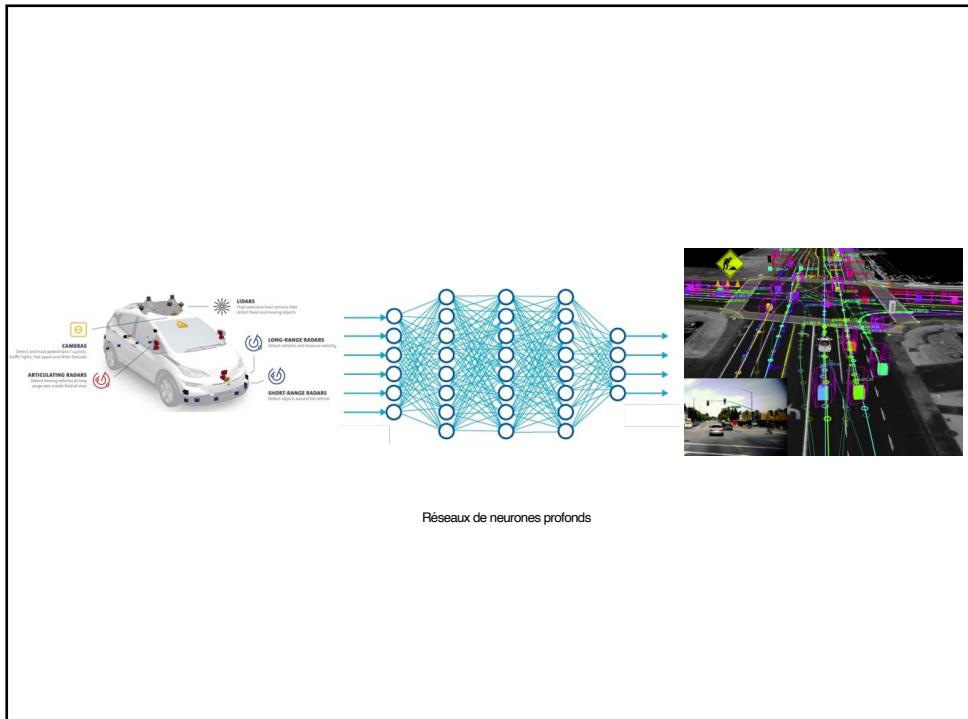
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Quand ça marche et Quand ça ne marche pas

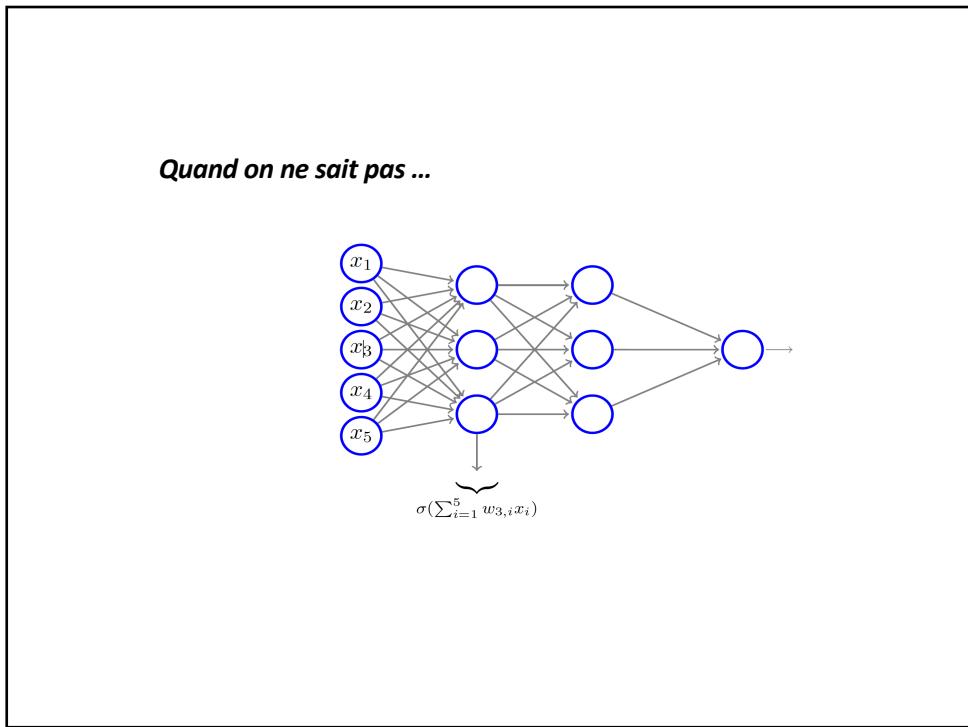
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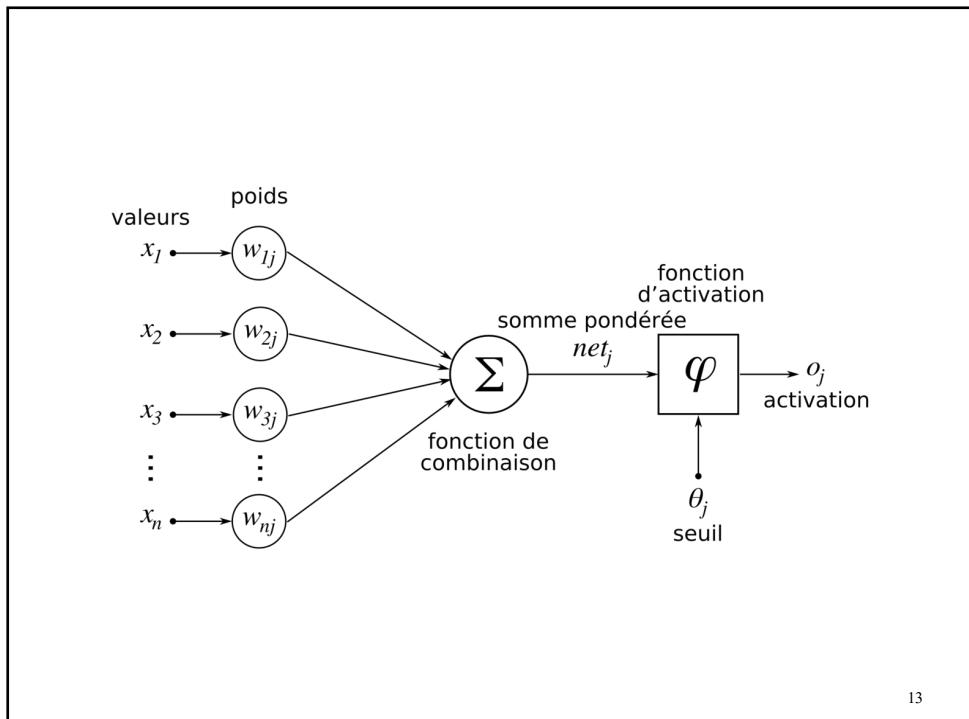
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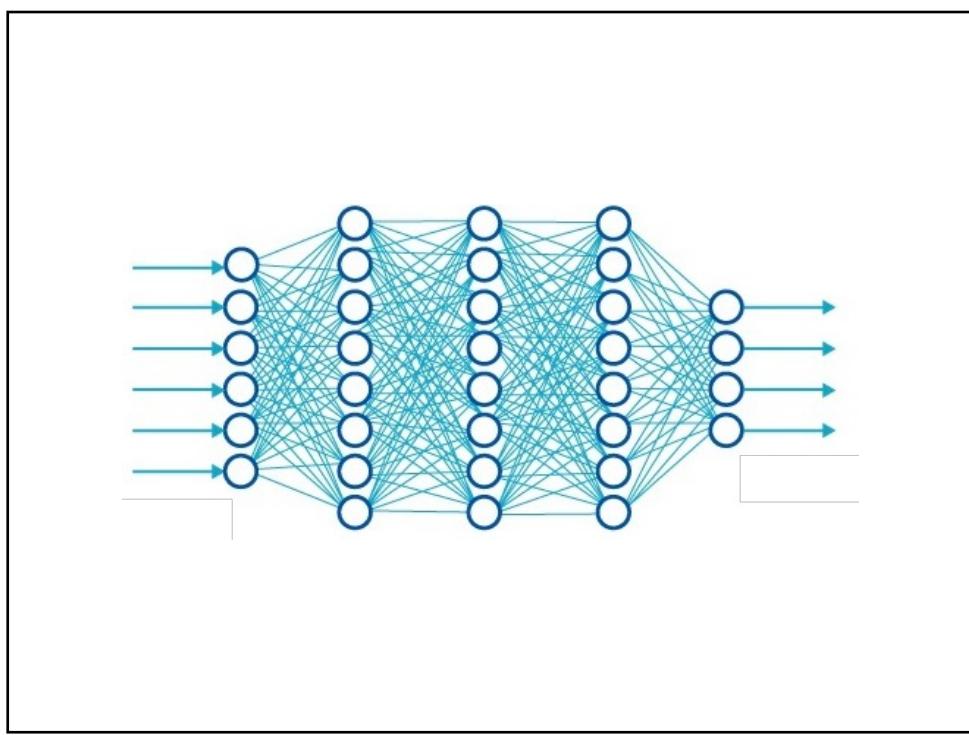


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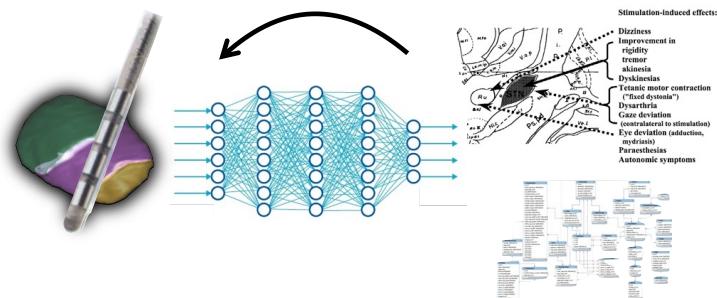
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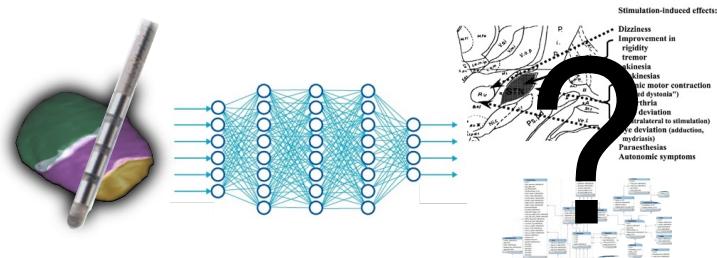
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Apprentissage



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Prédiction

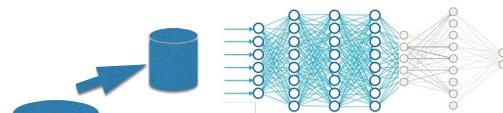


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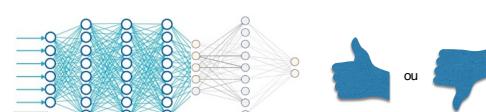
Ca marche ?

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Apprendre



Tester

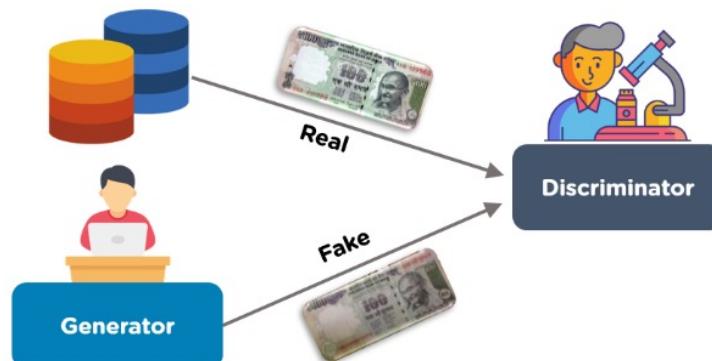


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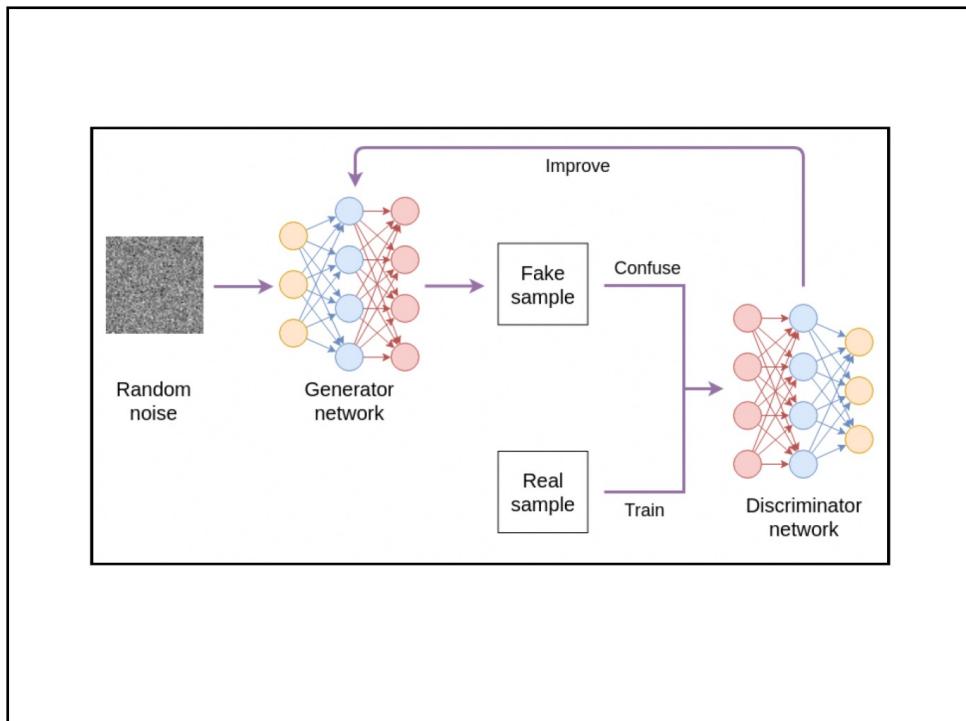
IA génératives

Textes, sons, images, vidéos, ...

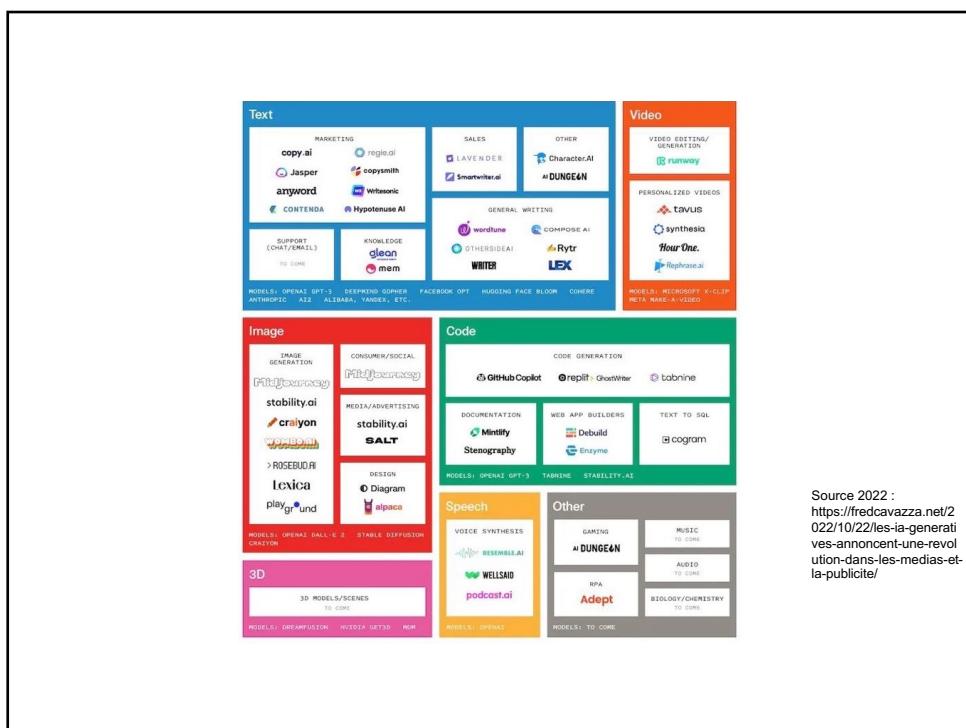
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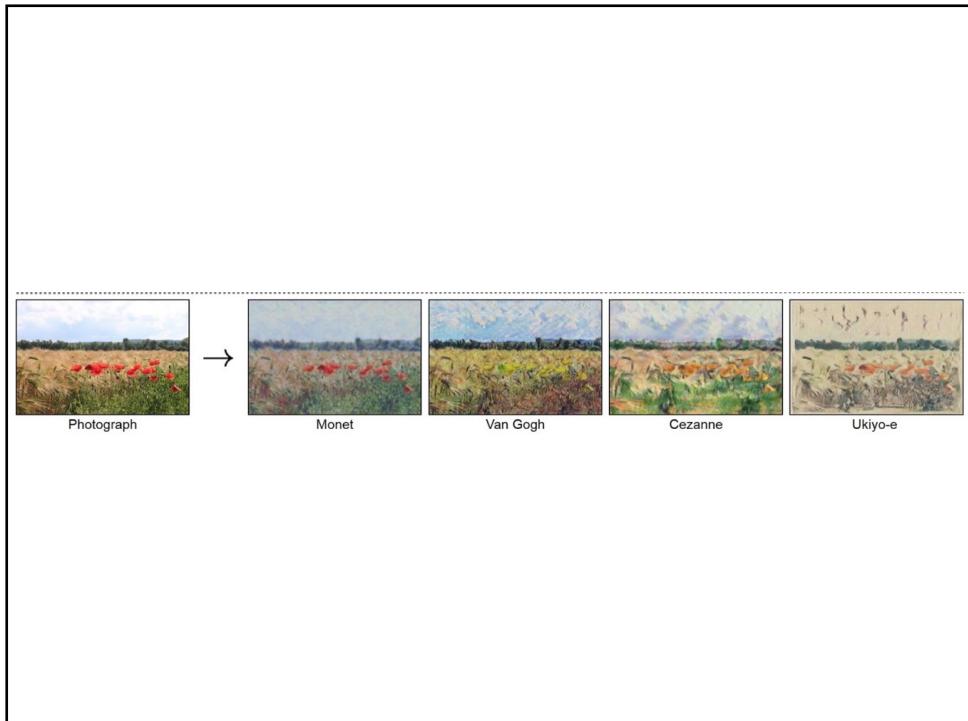
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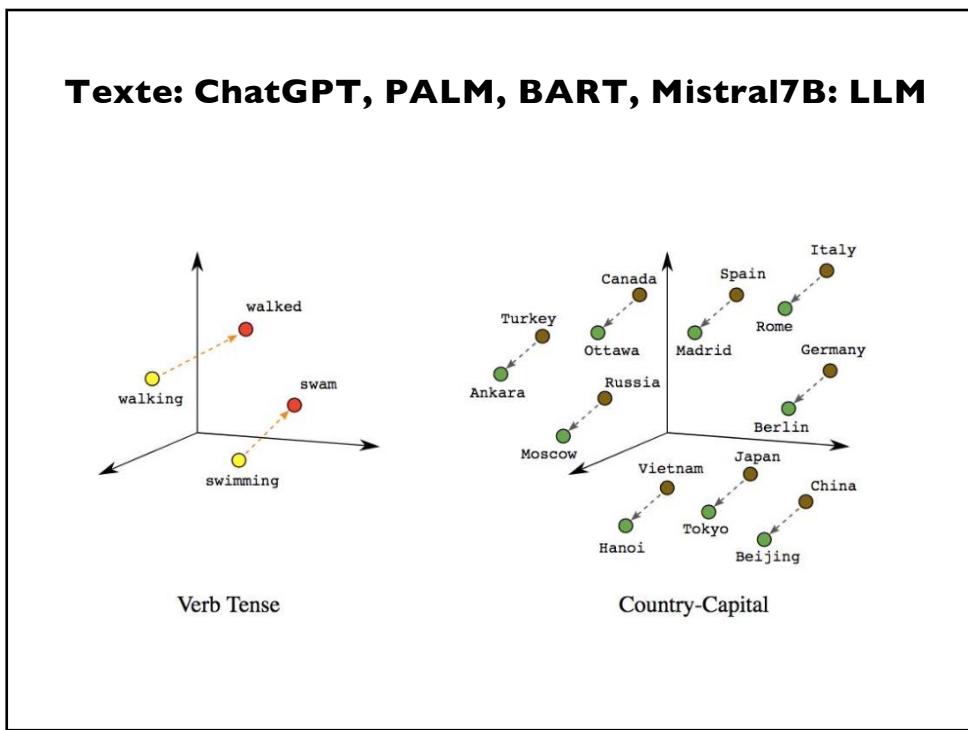
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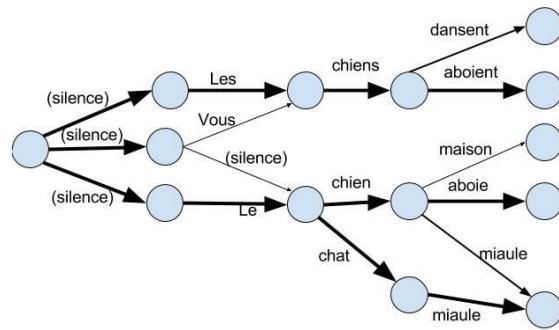
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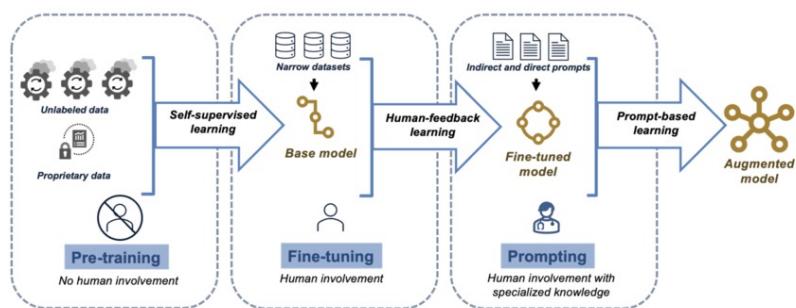
Texte: ChatGPT, PALM, BART, Mistral7B: LLM

L'épaisseur des flèches indique la valeur de la probabilité de transition

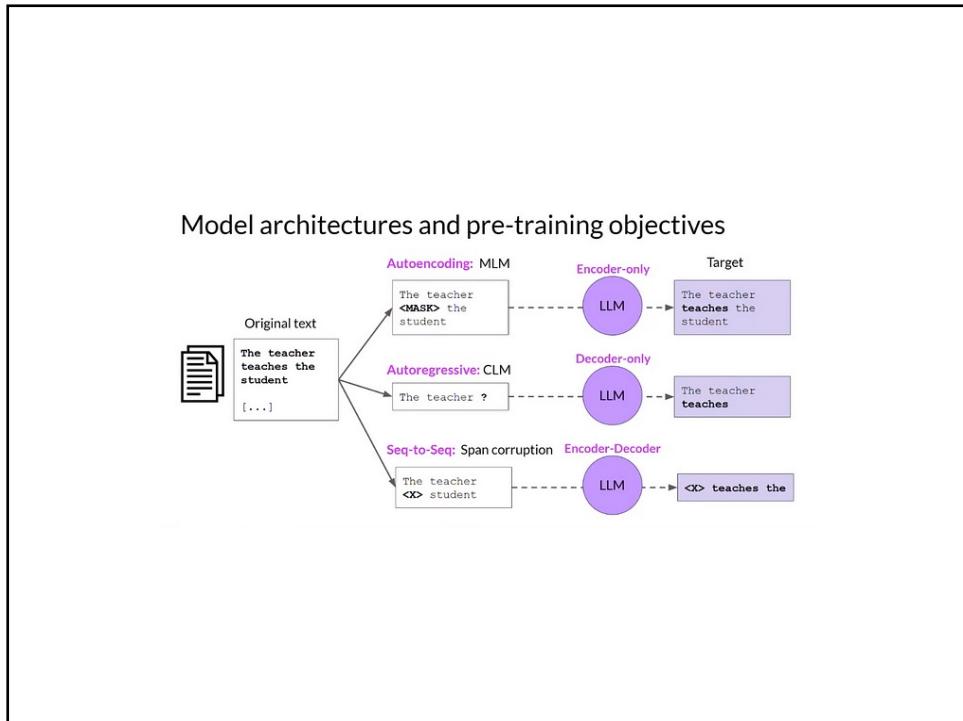


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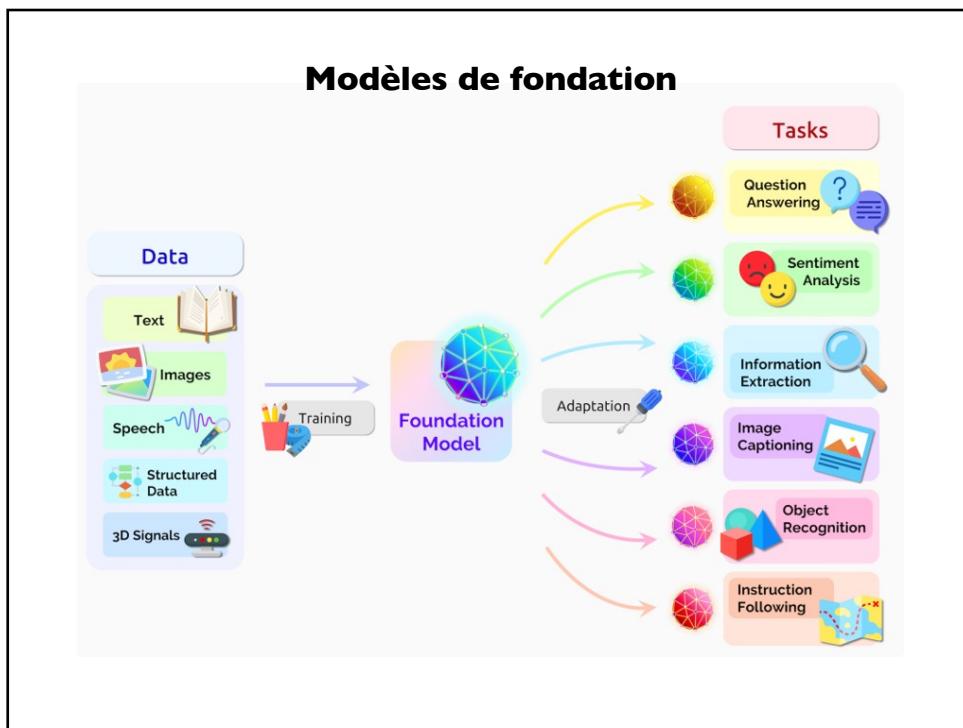
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Aspects positifs Numérique et IA Avantages et Opportunités

- Aspects positifs IA
 - Automatisation
 - Prédiction
 - Reconnaissance
- Applications
 - Partout
 - Santé, transports, industrie, ...

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Oui, Mais ...

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Limites, Inconvénients, Risques

- Limites techniques
- Limités non techniques

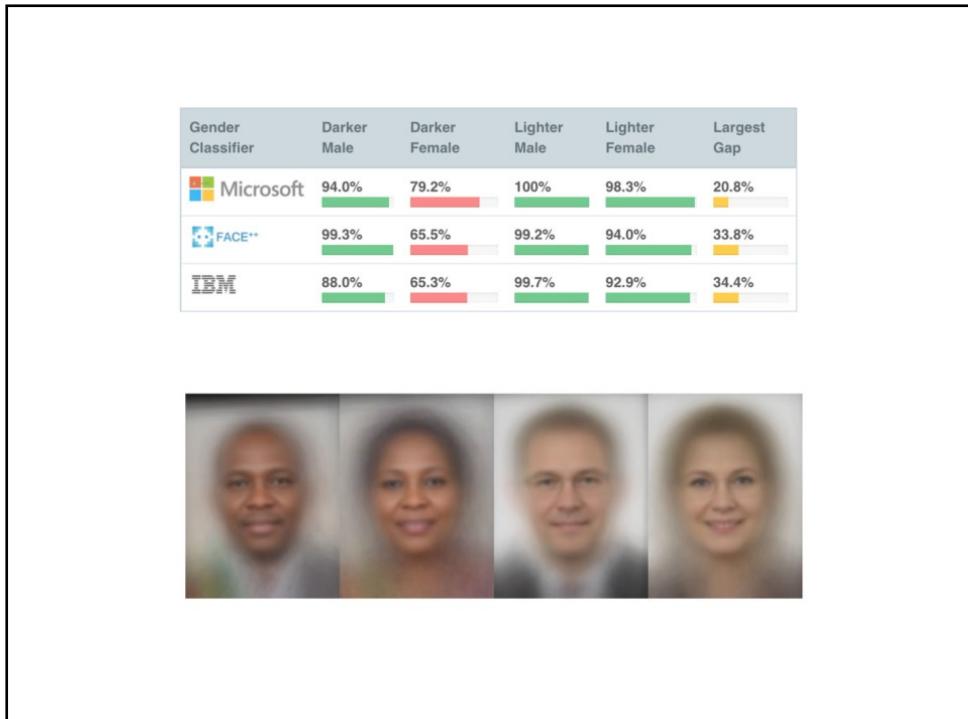
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Limites techniques

- Data
 - Availability of High Quality and Quantity
 - Annotation
 - Standardization - Interoperability
 - Representativity
- Analysis
 - Unlabeled or weakly labelled data
 - Uncertainty
 - Heterogeneous
 - Explainability
 - Validation

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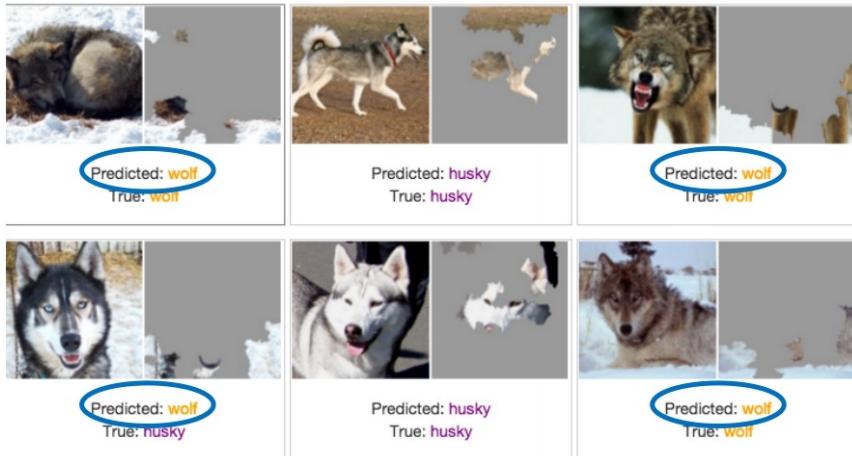
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- Enjeux d'opacité
 - Responsabilité,
 - Transparence
 - Enjeux de sources et de copyright

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Explicabilité



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Fiabilité



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Fiabilité

Adversarial Noise

"panda" + = "gibbon"

Adversarial Rotation

"vulture" + = "orangutan"

Adversarial Photographer

"not hotdog" + = "hotdog"

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Hallucinations in LLM

 How many 'm's are in the word 'Weather'?

 There is one 'm' in the word 'Weather'.

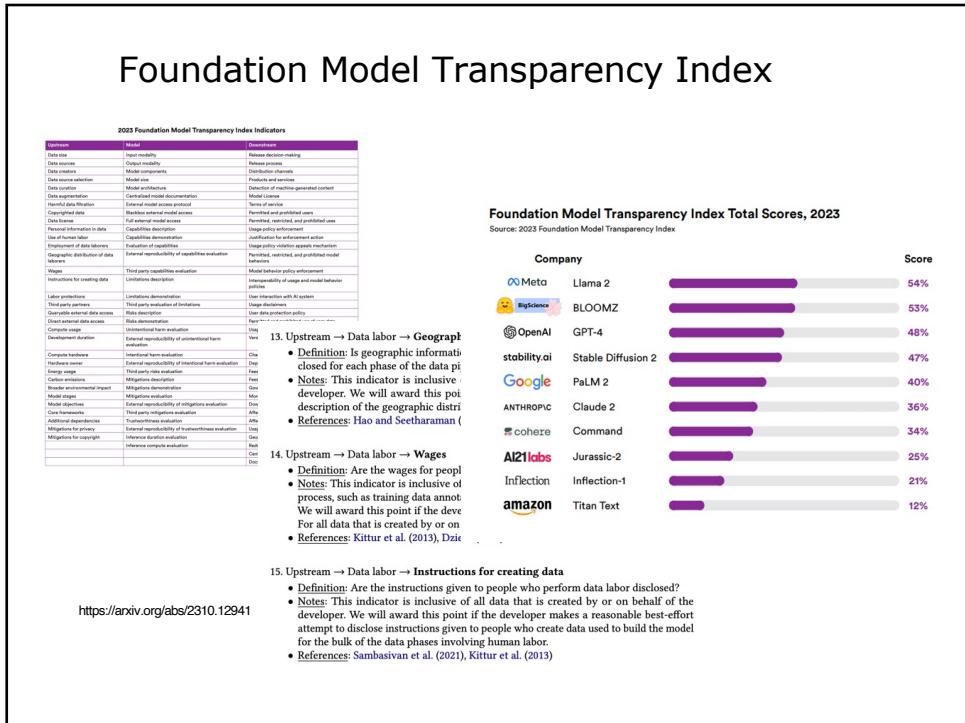
 Are you sure?

 Apologies for the oversight. You're right; there are no 'm's in the word 'Weather'. Thank you for pointing it out.

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Hallucination Type	Sub-Type	User Input	Model Output	Explanation
Factuality Hallucination	Factual Inconsistency	Tell me about the first person to land on the Moon.	Yuri Gagarin was the first person to land on the Moon.	The LLM's response is factual inconsistency as Neil Armstrong was the first person to land on the Moon, not Yuri Gagarin, who was the first human in space.
	Factual Fabrication	Tell me about the historical origins of unicorns.	Unicorns were documented to have roamed the plains of Atlantis around 10,000 BC, where they were considered sacred creatures and were often associated with royalty.	The LLM's response is a fabricated claim since there's no verified, real-world evidence supporting the existence of unicorns in Atlantis, especially in connection with royalty.
Faithfulness Hallucination	Instruction Inconsistency	Translate the following English question into Spanish: "What is the capital of France?"	The capital of France is Paris.	The user explicitly provided an instruction to translate the English question into Spanish. Instead of performing the translation as instructed, the LLM chose to answer the question.
	Context Inconsistency	Summarize the following paragraph about the Nile: The Nile is a major north-flowing river in northeastern Africa. It's traditionally considered the longest river in the world. Originating in the Great Lakes region of central Africa, it flows through several countries before emptying into the Mediterranean Sea.	The Nile originates from the mountain ranges of central Africa and flows into the Mediterranean.	The LLM's summary incorrectly states that the Nile originates from the "mountain ranges of central Africa," while the paragraph clearly mentions that the Nile originates in the Great Lakes region of central Africa.
Logical Inconsistency	Logical Inconsistency	Solve the equation $2x + 3 = 11$ step by step.	Step 1: Subtract 3 from both sides to get: $2x = 8$. Step 2: Divide both sides by 2 to get: $x = 3$. So the result of the equation is $x=3$.	The first step correctly isolates the term with x to get $2x = 8$. However, the next step inaccurately divides 8 by 2 to yield a result of $x = 3$, which is inconsistent with the earlier reasoning.

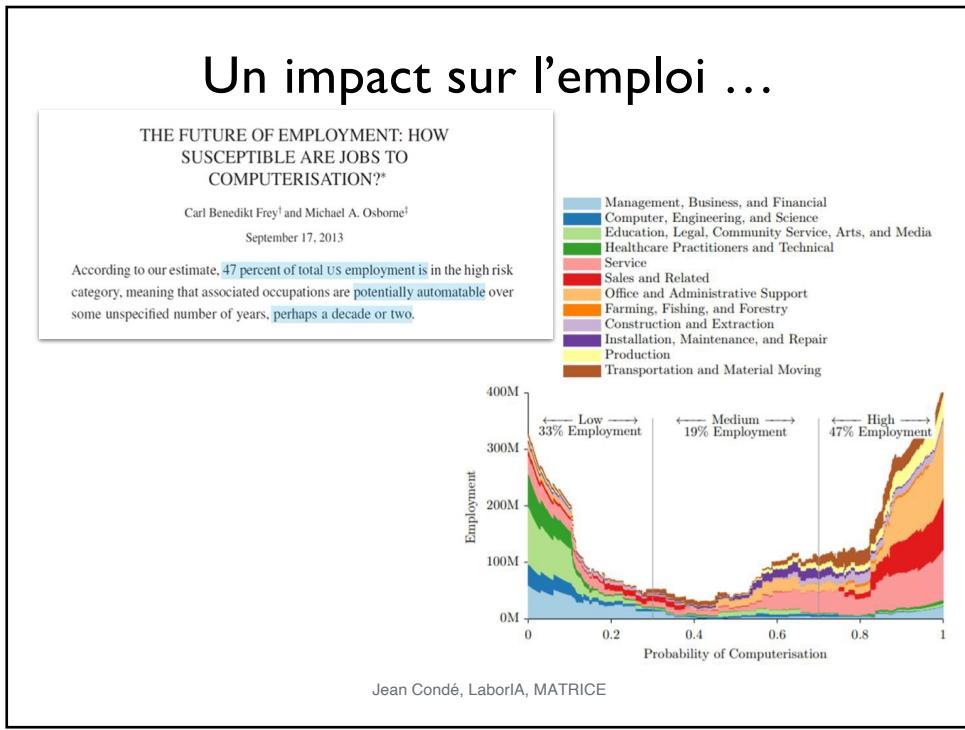
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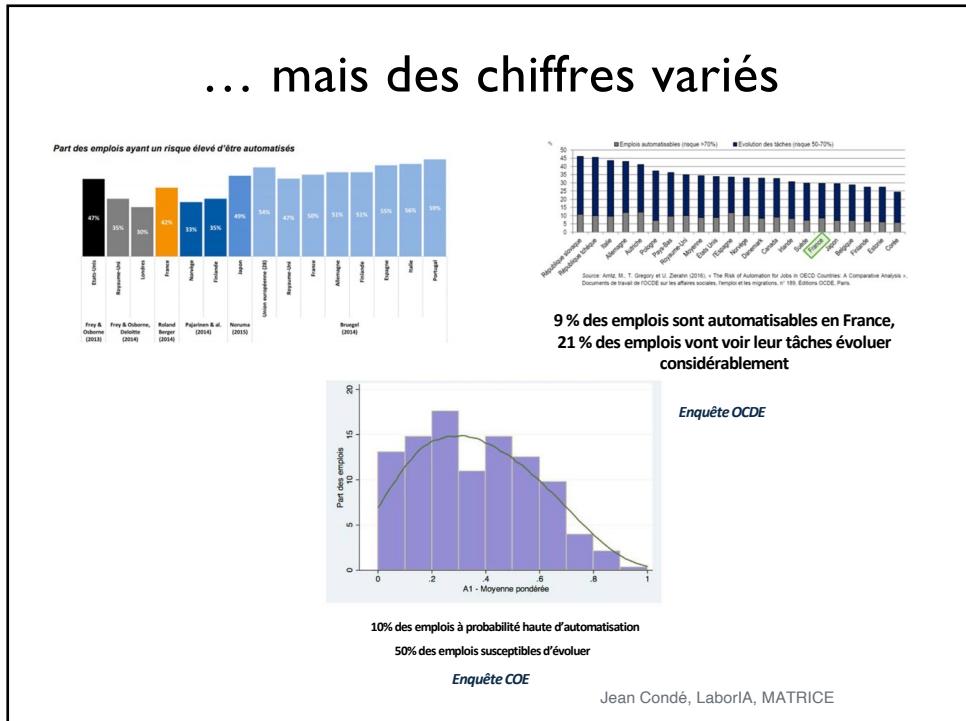
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Discriminations



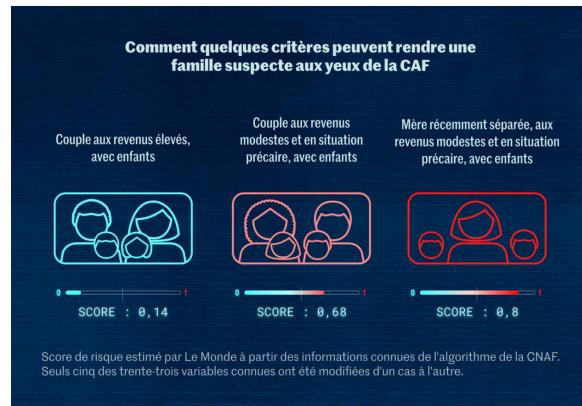
BE_INT

= f(0,10)

- 0,14 x SEXUAL FEMALE
- 0,13 x AGE GROUP_30_49
- 0,70 x AGE GROUP_50_PLUS
- + 0,16 x STATE GROUP_EU
- 0,05 x NATIONAL GROUP_THIRD
- + 0,28 x TRAINING TEACHING
- + 0,01 x TRAINING_MATURA_PLUS
- 0,15 x SUPERVISORY
- 0,34 x RGS_TYP_2
- 0,18 x RGS_TYP_3
- 0,83 x RGS_TYP_4
- 0,82 x RGS_TYP_5
- 0,67 x EMPLOYED
- + 0,17 x OCCUPATIONAL_PRODUCTION
- 0,74 x EMPLOYMENT_Days_LOW
- + 0,65 x FREQUENCY_FALL_1
- + 1,19 x FREQUENCY_FALL_2
- + 1,98 x FREQUENCY_FALL_3_PLUS
- 0,80 x BUSINESS_CASE_LONG
- 0,57 x MN_PARTICIPATION_I
- 0,21 x MN_PARTICIPATION_2
- 0,43 x MN_PARTICIPATION_3)

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Discriminations



Critères de l'algorithme de la CAF

- D'avoir des revenus faibles,
- D'être au chômage ou de ne pas avoir de travail stable,
- D'être un parent isolé (80% des parents isolés sont des femmes)⁸,
- De dénier une part importante de ses revenus pour se loger,
- D'avoir de nombreux contacts avec la CAF (pour ceux qui oseraient demander de l'aide).

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Discriminations

Exemple: Police prédictive: boîte noire ou machine learning responsable



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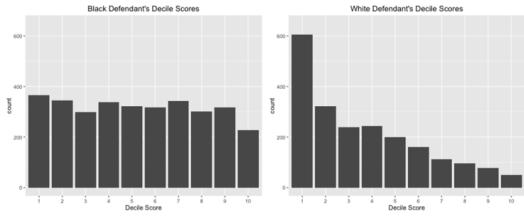
Discriminations

**Exemple: Justice predictive
Bias in, bias out**





Race/Ethnicity	Incarceration Rate (per 100,000)
Asian	115
White (not Latino)	400
Latino	831
Native Hawaiian or Pacific Islander	1,012
American Indian or Alaska Native	1,295
Black	2,366



Decile Score	Count
1	450
2	400
3	350
4	380
5	350
6	380
7	350
8	320
9	300
10	250

Decile Score	Count
1	600
2	400
3	300
4	280
5	250
6	220
7	200
8	180
9	150
10	100



Prediction Fails Differently for Black Defendants

	WHITE	AFRICAN AMERICAN
Labeled Higher Risk, But Didn't Offend	23.5%	44.2%
Labeled Lower Risk, Yet Did Re-Offend	47.7%	28.0%

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Les IA génératives réduisent les stéréotypes à leur version la plus cliché

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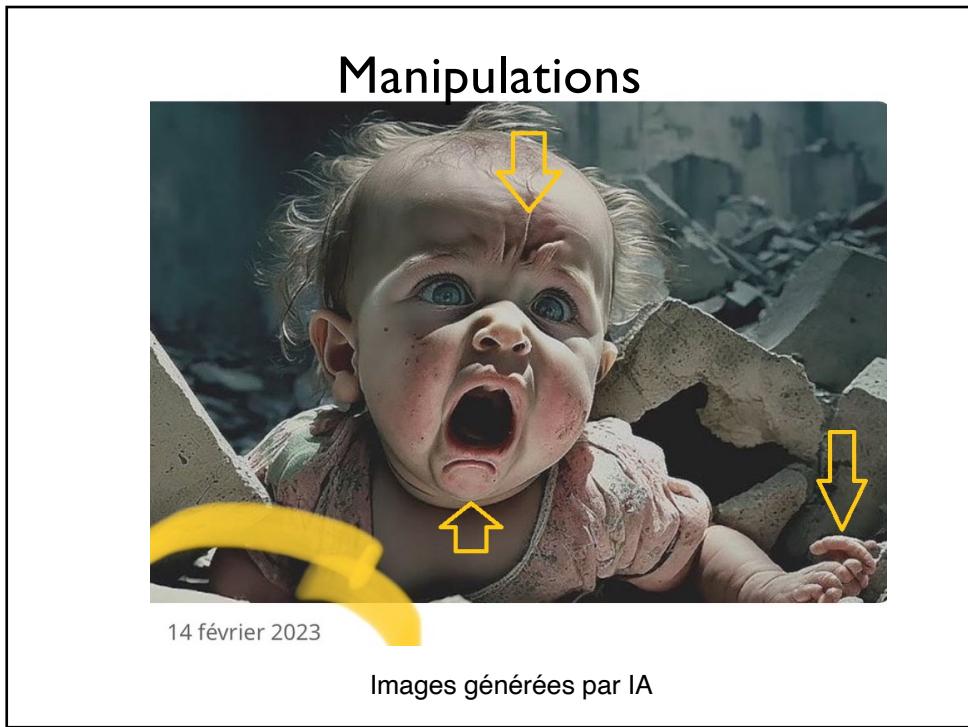


Midjourney

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Manipulations



Images générées par IA

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Manipulations



Images générées par IA

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Manipulations



Images générées par IA

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IA et Formation médicale

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Impact IA sur l'apprentissage: Simulation

- **Compétence ciblée – Public ciblé**
- **Scénario d'apprentissage**
- **Réalisme visuel, haptique, procédural, immersif**
- **Métriques d'évaluation**
- **Retour**
- **Schéma pédagogique**
- **Validité/Validation/Evaluation**
- ...

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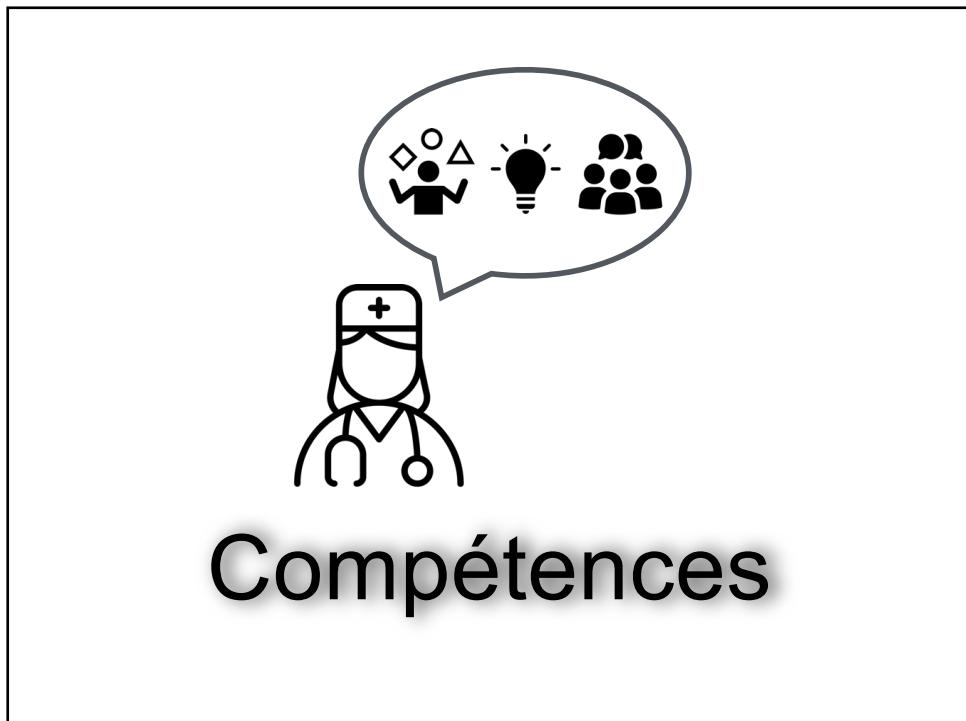
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Impact IA sur l'apprentissage: Autres

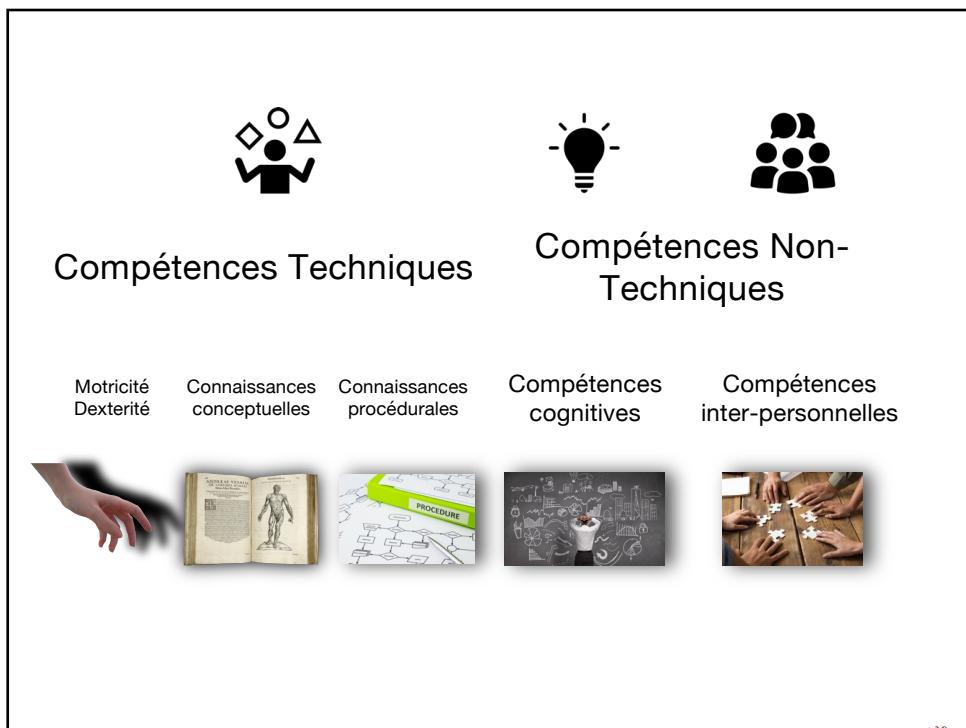
- **Outils**
 - **RV**
 - **IAG**
 - **Capteurs**
- **Formation initiale et continue**

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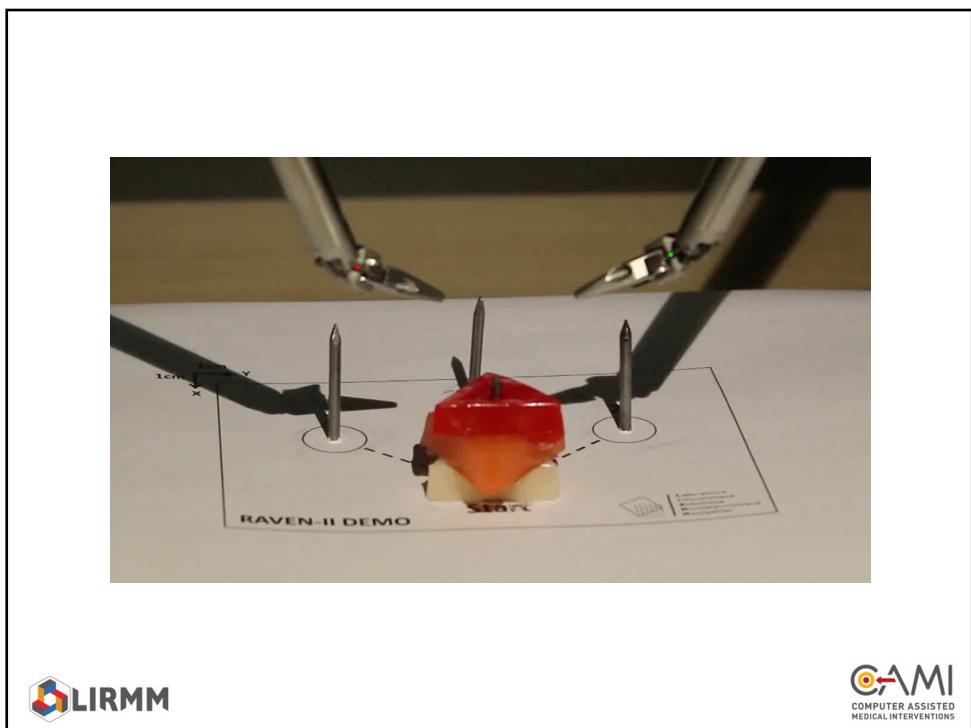
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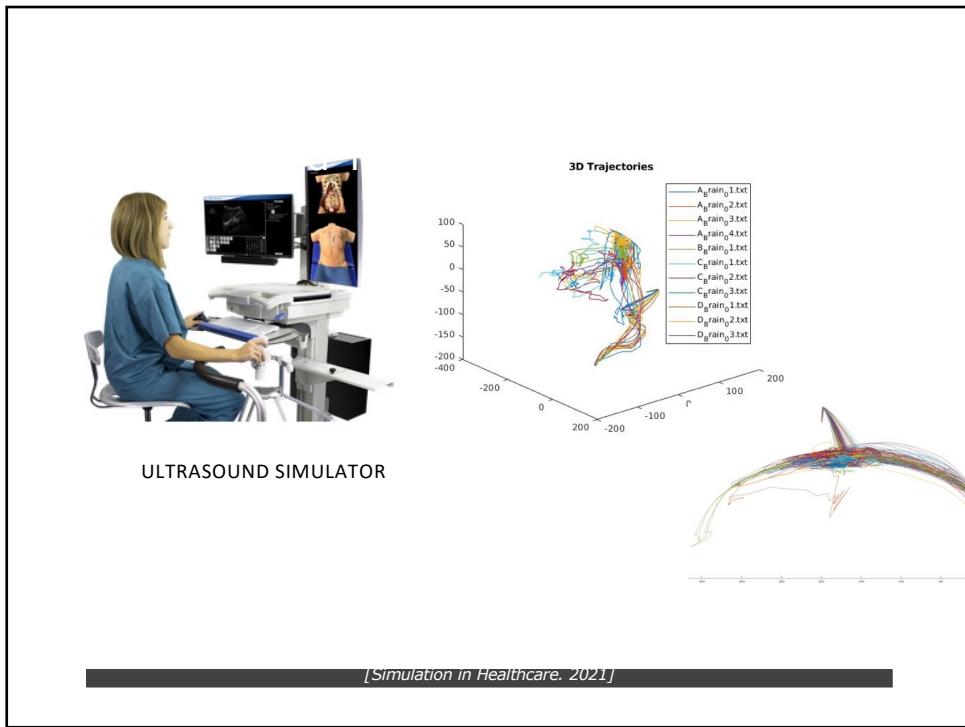
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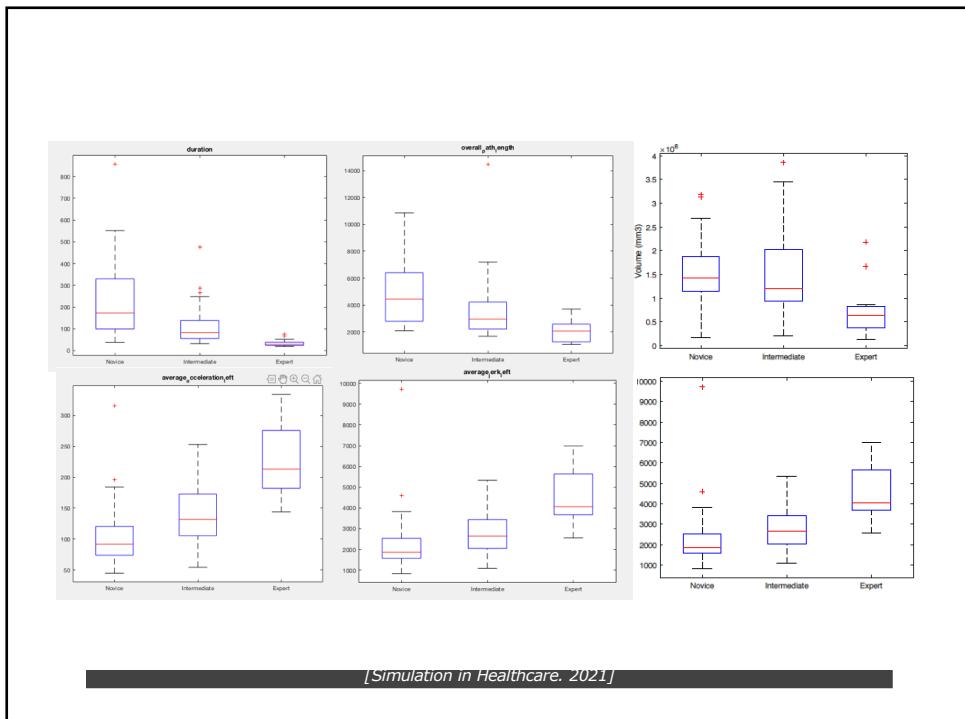
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Path Length	Total movement of the instrument tip during the entire procedure	$PL = \int_0^T \sqrt{\left(\frac{dx}{dt}\right)^2 + \left(\frac{dy}{dt}\right)^2 + \left(\frac{dz}{dt}\right)^2} dt$	m
Duration	Time during which each end of the instrument is in motion		s
Mean Velocity	Evolution of the position over time	$v = \frac{\int_0^T \sqrt{\left(\frac{dx}{dt}\right)^2 + \left(\frac{dy}{dt}\right)^2 + \left(\frac{dz}{dt}\right)^2} dt}{t}$	m/s
Mean acceleration	Velocity evolution over time (= velocity derivative)	$\bar{a}_{mean} = \frac{\bar{v}(t_2) - \bar{v}(t_1)}{t_2 - t_1} = \frac{\Delta \vec{v}}{\Delta t}$	m/s ²
Smoothness	Total variation of the acceleration as a function of time	$MS = \frac{J}{T}, J = \sqrt{\frac{1}{2} \int_0^T f^2 dt}, f = \frac{d^3x}{dt^3}$	m/s ³
Volume	Convex envelope of the whole trajectory: smallest volume that contains the whole trajectory.		m ³
Movement economy	Ratio of the volume of work to the length of the trajectory		m ²
Bimanual dexterity	Ratio of the duration of the movements of each arm	$BD = \frac{\sum_{n=1}^N (v_{left}(n) - \bar{v}_{left})(v_{right}(n) - \bar{v}_{right})}{\sqrt{\sum_{n=1}^N (v_{left}(n) - \bar{v}_{left})^2 \sum_{n=1}^N (v_{right}(n) - \bar{v}_{right})^2}}$	
Angular length	The total variation of the angle of the instrument tip in the plane perpendicular to the instrument axis	$AL = \int_0^T \sqrt{\left(\frac{ds}{dt}\right)^2 + \left(\frac{d\beta}{dt}\right)^2} dt$	rad
Nombre de pauses	Number of pauses > 0.5 seconds		
Nombre de mobilisation de la caméra	Number of camera position changes following 0.5s of immobility		
Pourcentage d'inactivité	Ratio between the duration of immobility of the arm (from 0.5s of stop) and the total duration of the surgery		%

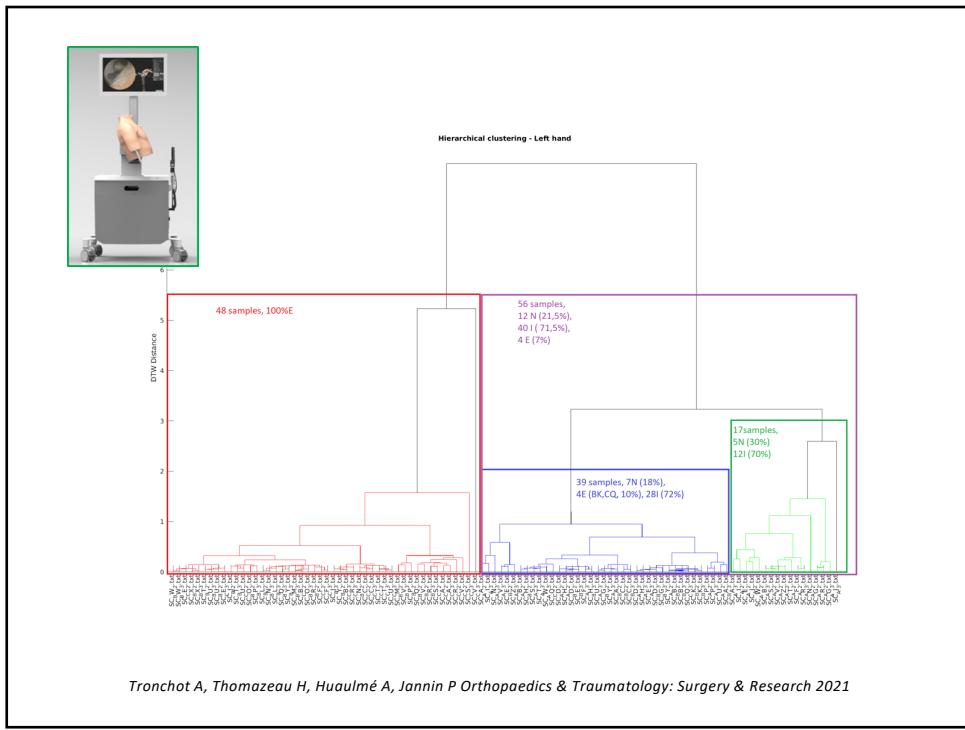
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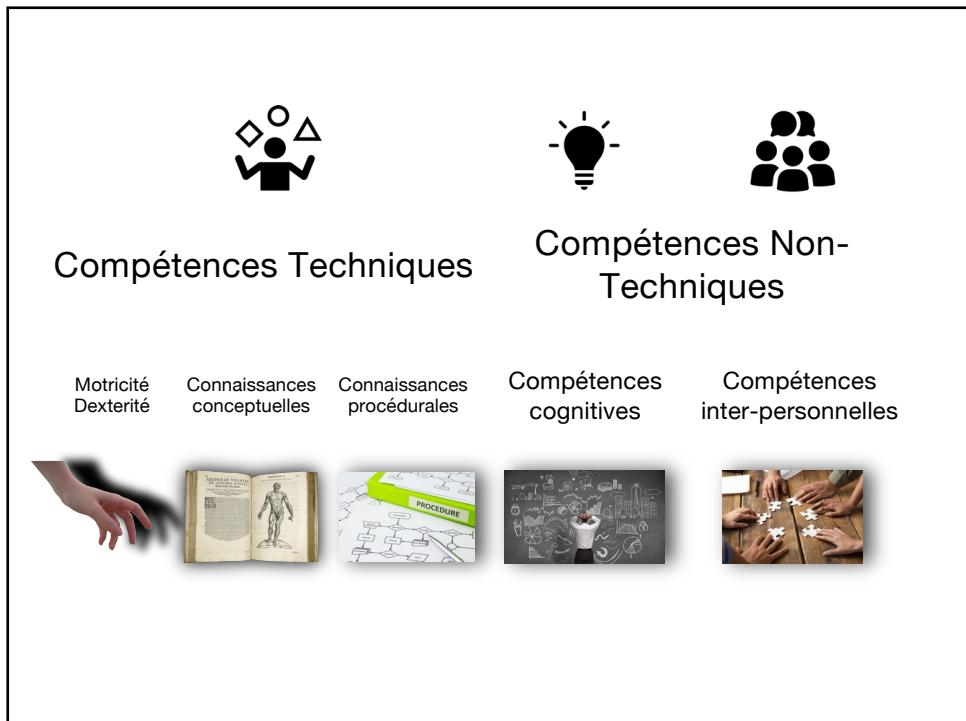
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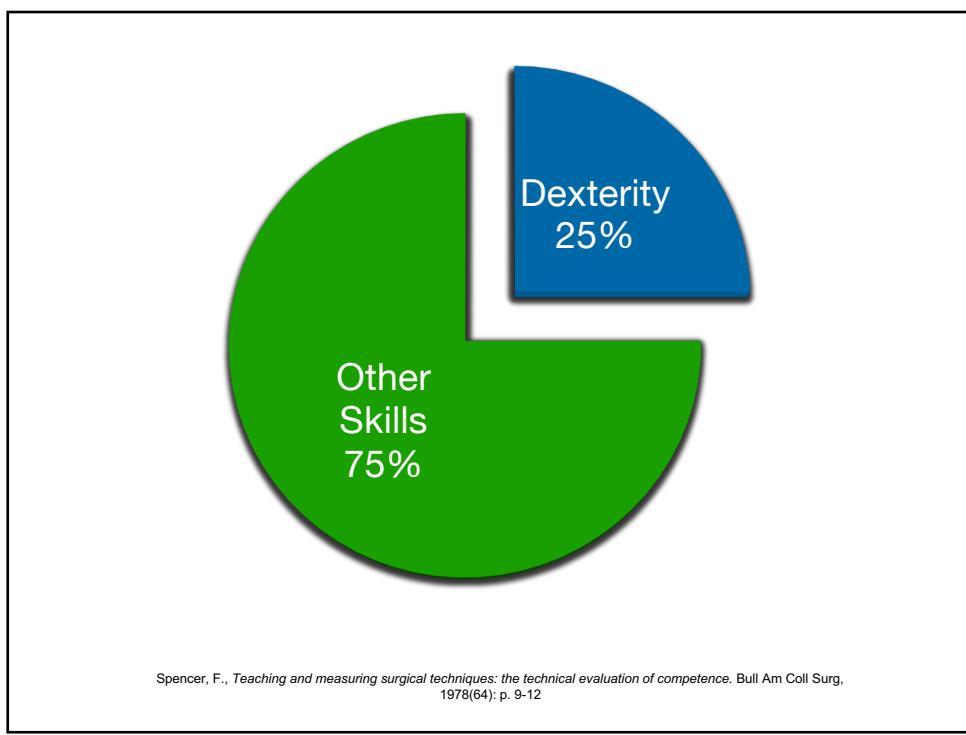
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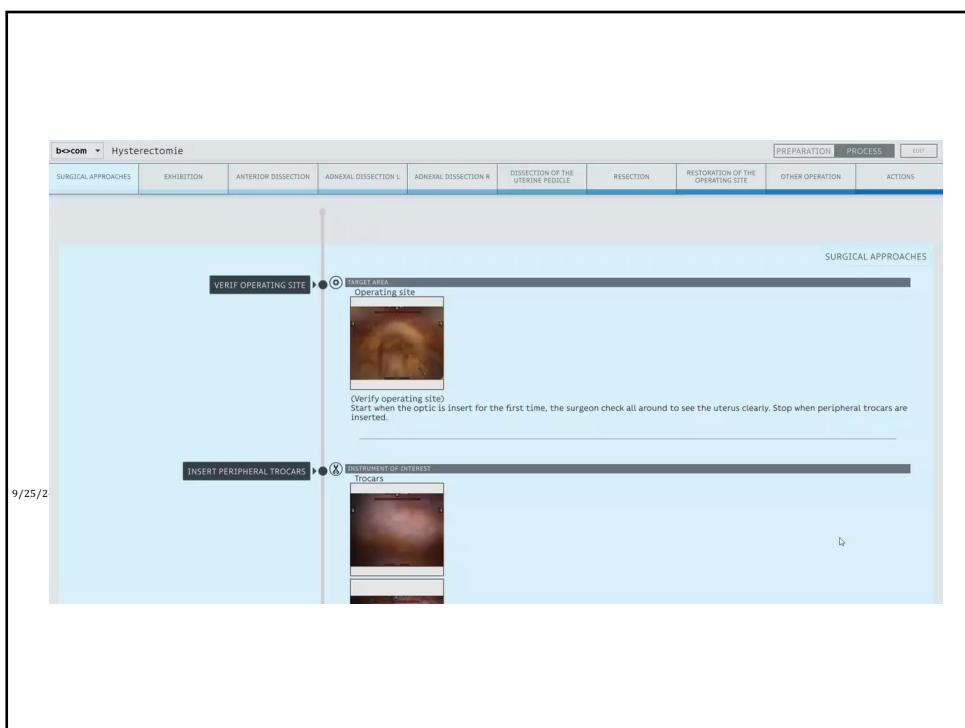
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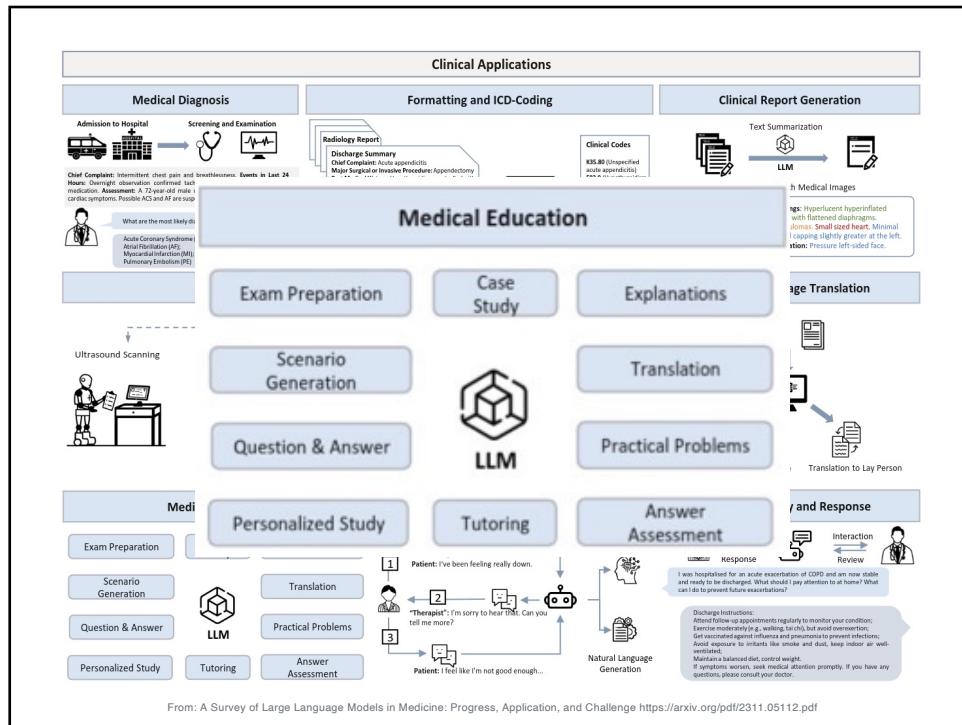
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IAG

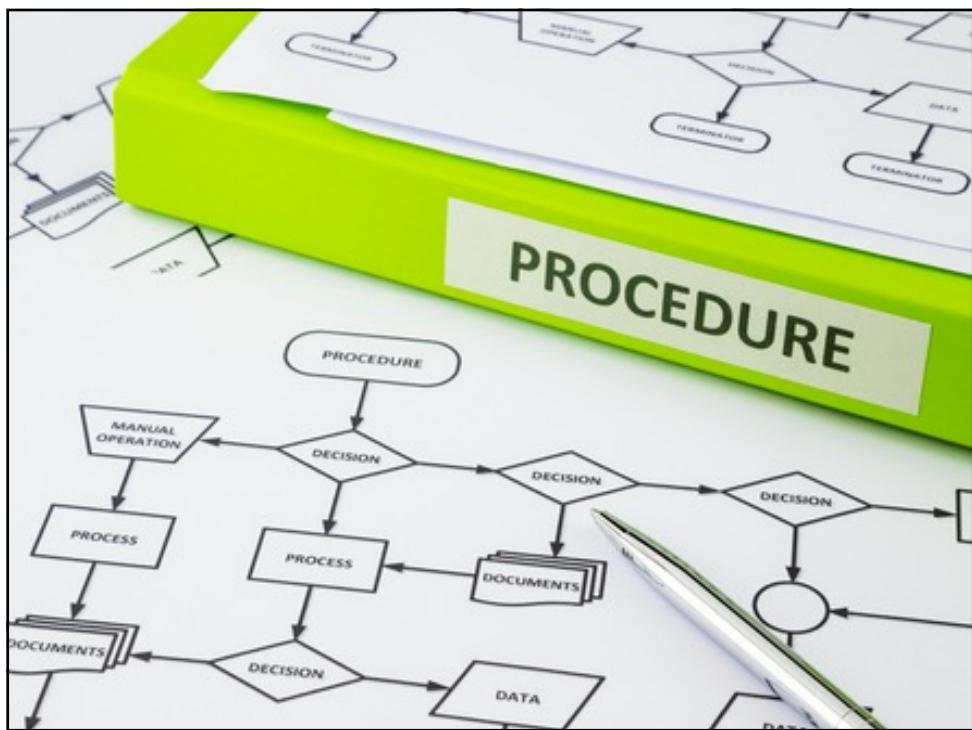
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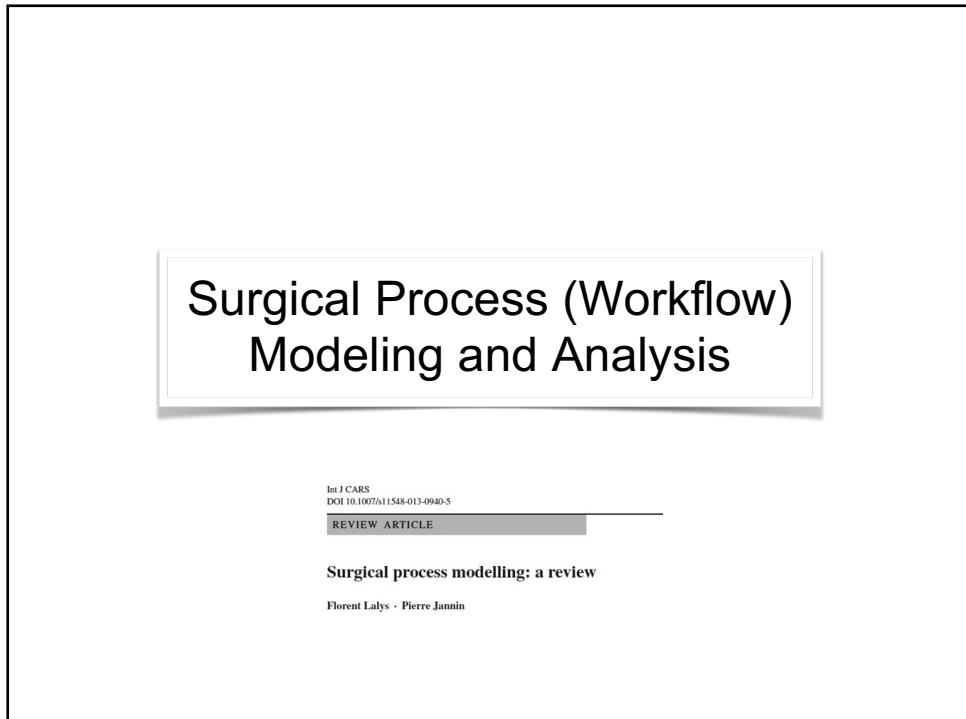
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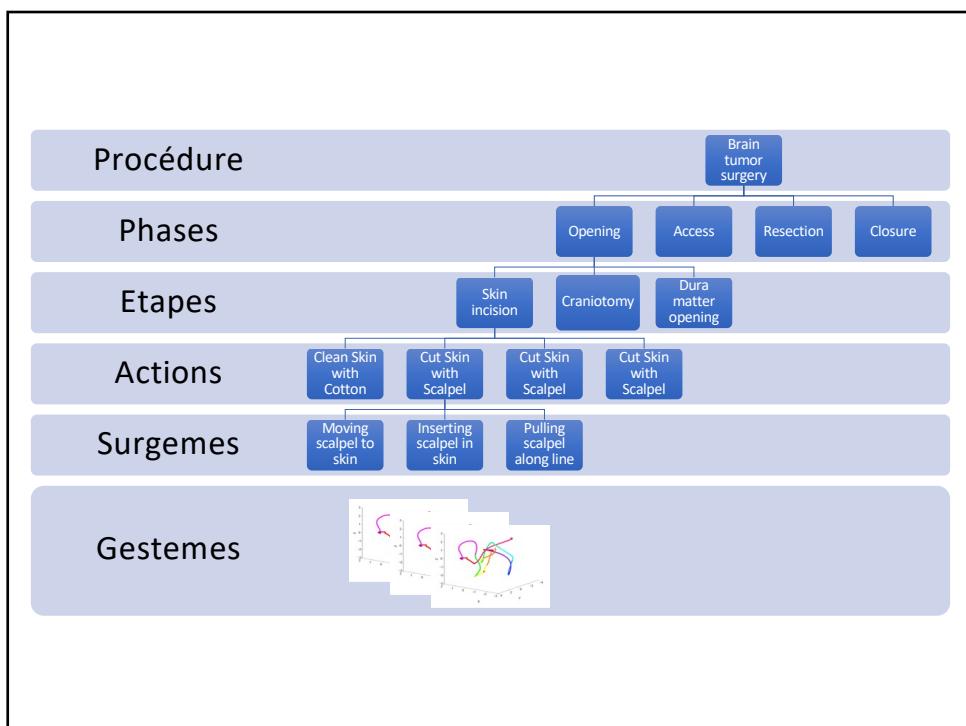
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<https://doi.org/10.1007/s11548-018-1824-5>

ORIGINAL ARTICLE

CrossMark

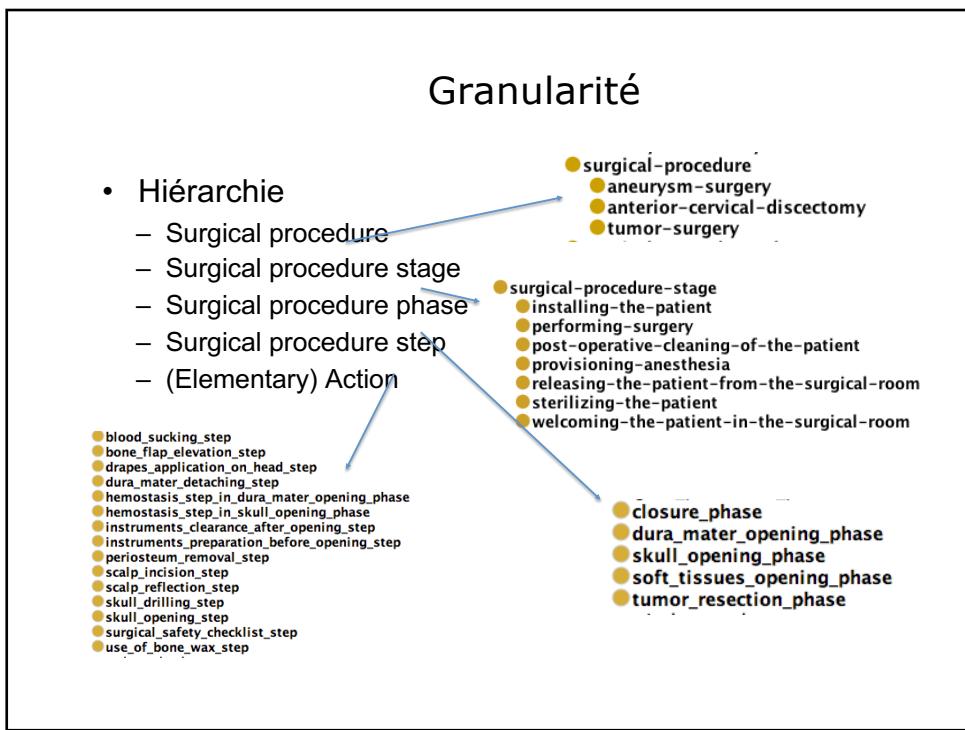
Toward a standard ontology of surgical process models

Bernard Gibaud¹ · Germain Forestier⁴ · Carolin Feldmann² · Giancarlo Ferrigno³ · Paulo Gonçalves^{5,6} · Tamás Haldegger^{7,8} · Chantal Julliard^{1,9,10} · Darko Katić^{11,12} · Hannes Kenngott¹⁴ · Lena Maier-Hein² · Keno März² · Elena de Momi³ · Dénes Ákos Nagy^{7,8} · Hirenkumar Nakawala³ · Juliane Neumann¹⁵ · Thomas Neumuth¹⁵ · Javier Rojas Balderrama^{1,16} · Stefanie Speidel¹³ · Martin Wagner¹⁴ · Pierre Jannin¹

<http://ontospm.univ-rennes1.fr>

IJCAR 2018, SURGETICA 2014]

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Exemples 'actions'

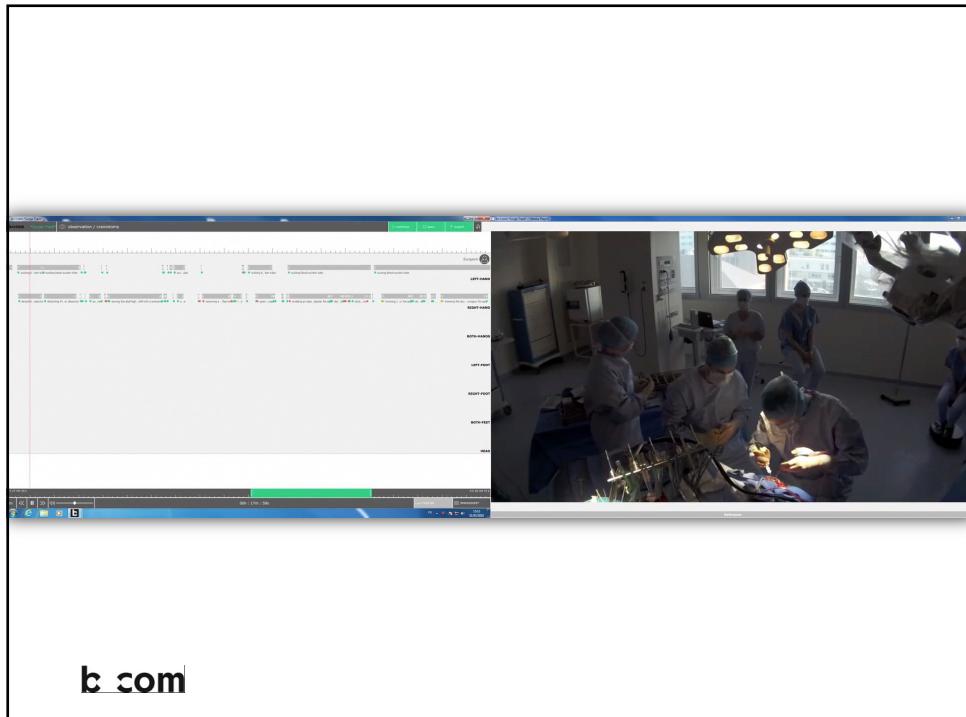
- ▼ ● **action**
 - ▼ ● **human-action**
 - ● **human-interaction**
 - **language-act**
 - ● **observation-by-human**
 - ▼ ● **physical-action-by-human**
 - ▼ ● **action-affecting-physical-object**
 - **cleaning-an-object**
 - **coagulating-a-bleeding-tissue**
 - ● **cutting-an-object**
 - ● **fixing-an-object**
 - **giving-an-object**
 - **grabbing-an-object**
 - **holding-an-object**
 - ● **holding-out-an-object**
 - **injecting-a-substance**
 - ● **moving-an-object**
 - **receiving-an-object**
 - **removing-an-object**
 - **sucking-an-object**
 - ● **suturing-an-object**
 - ▼ ● **medical-device-action**
 - **data-processing-action**

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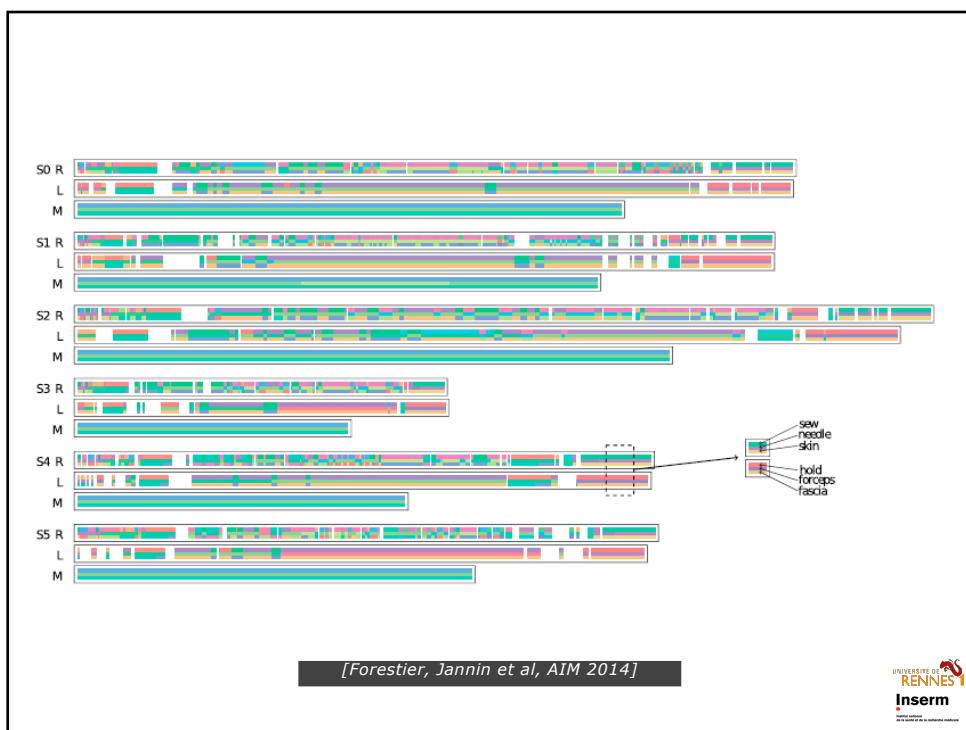


[JAMIA 2009]

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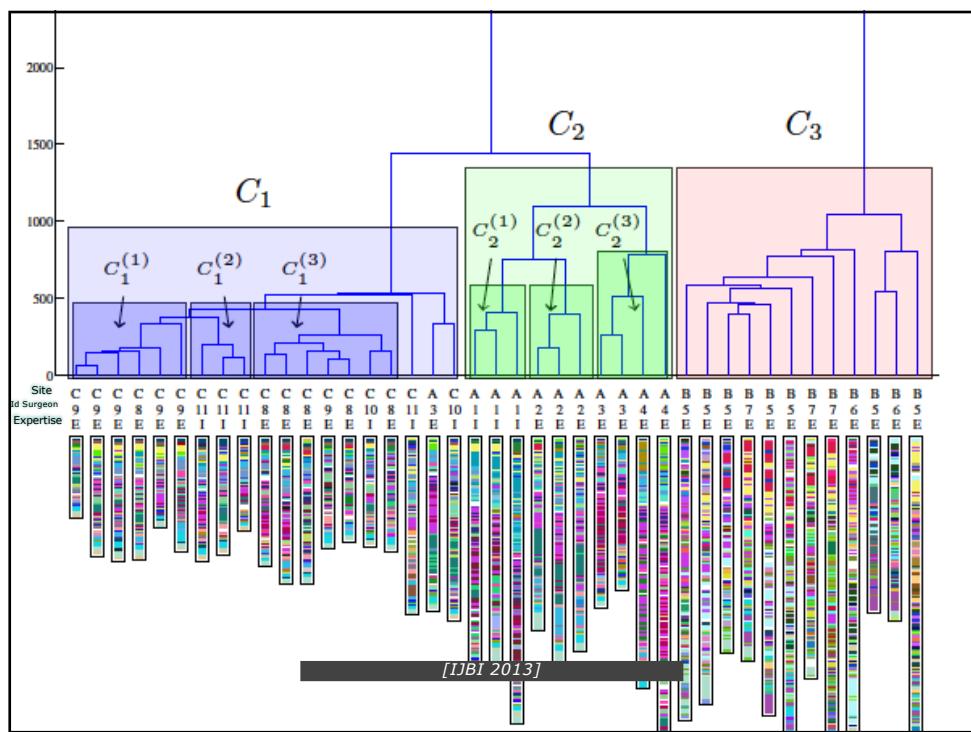
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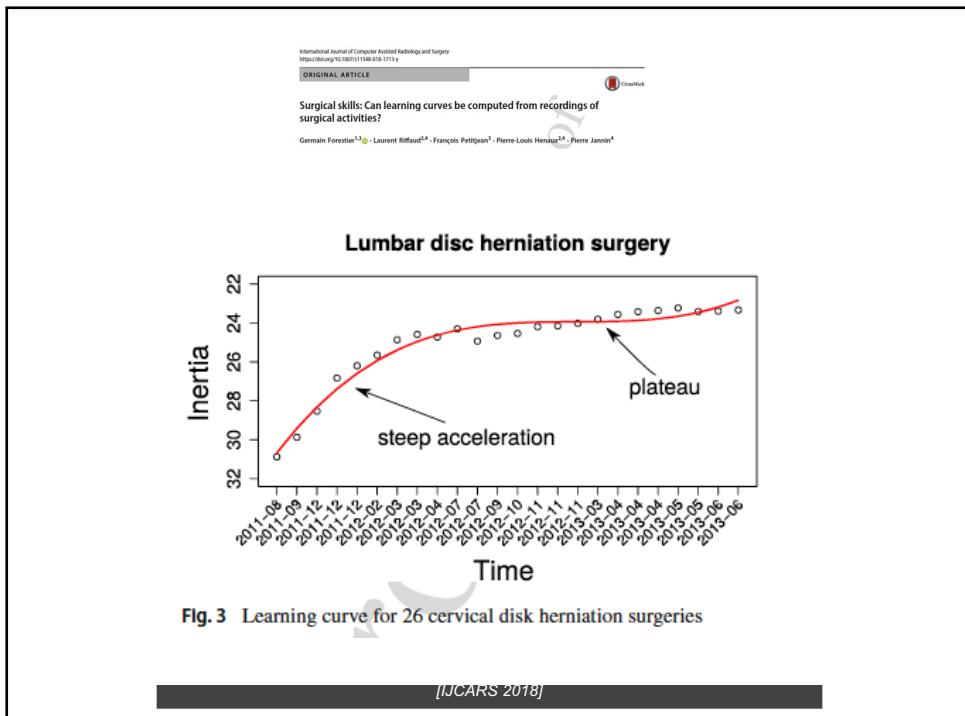
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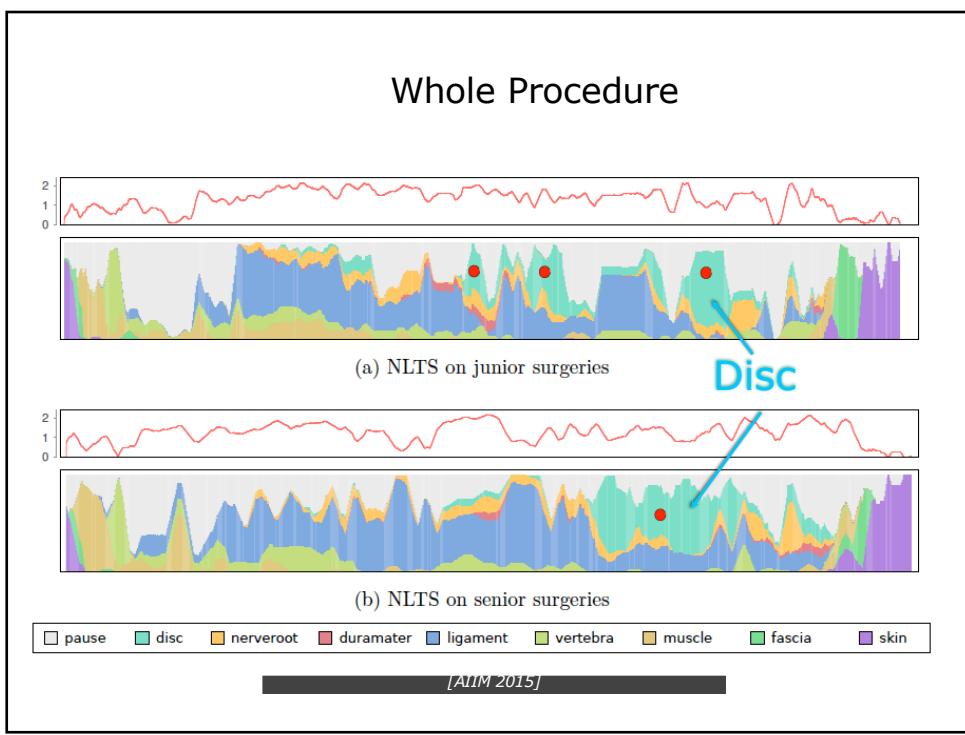
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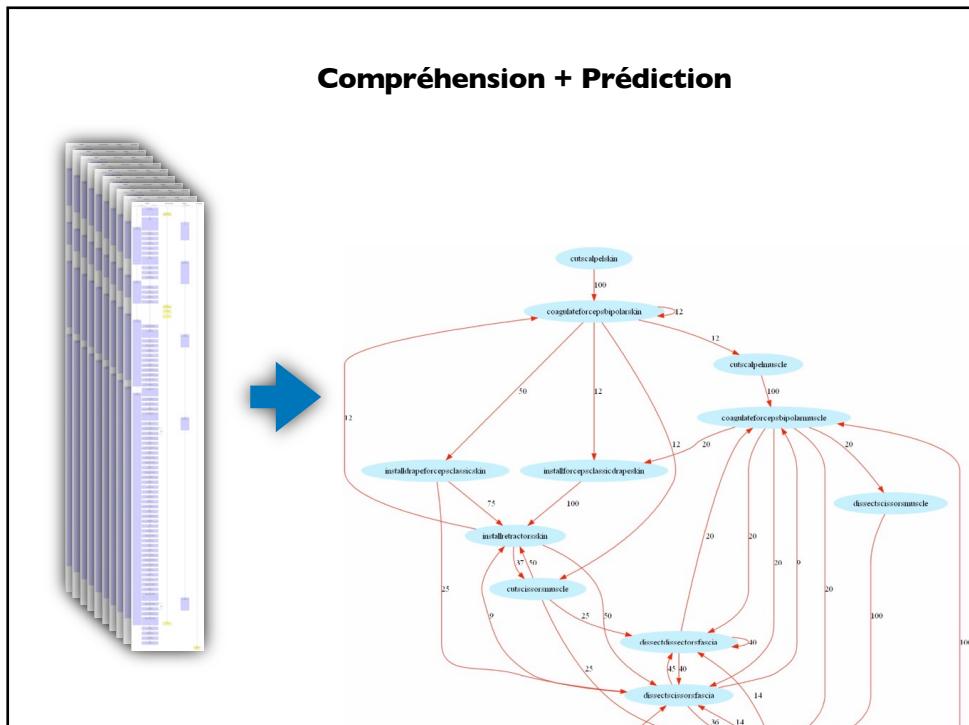
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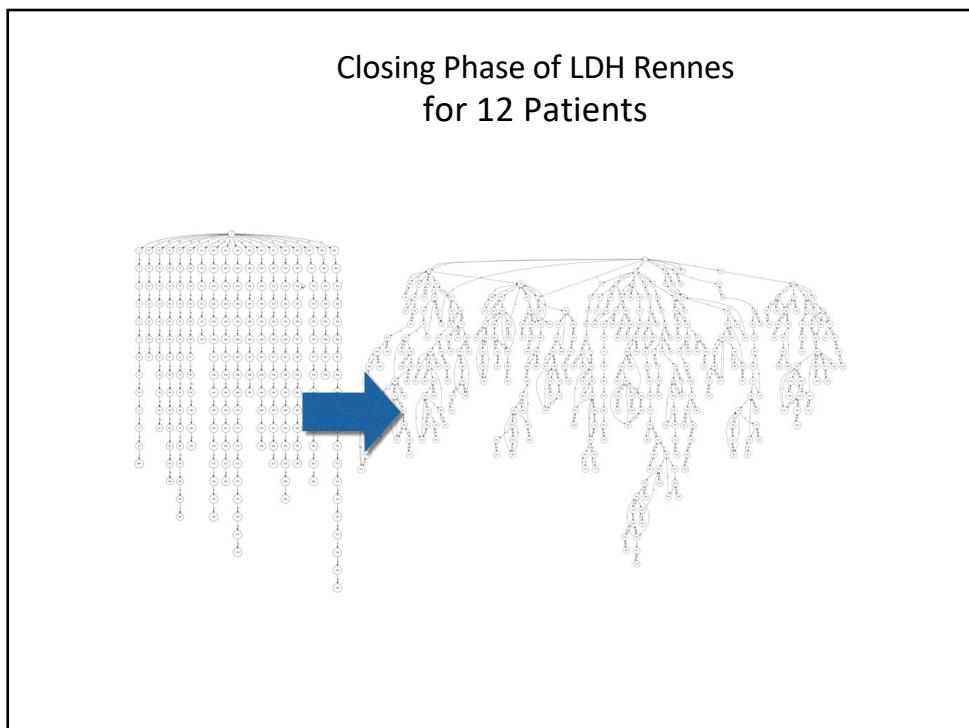
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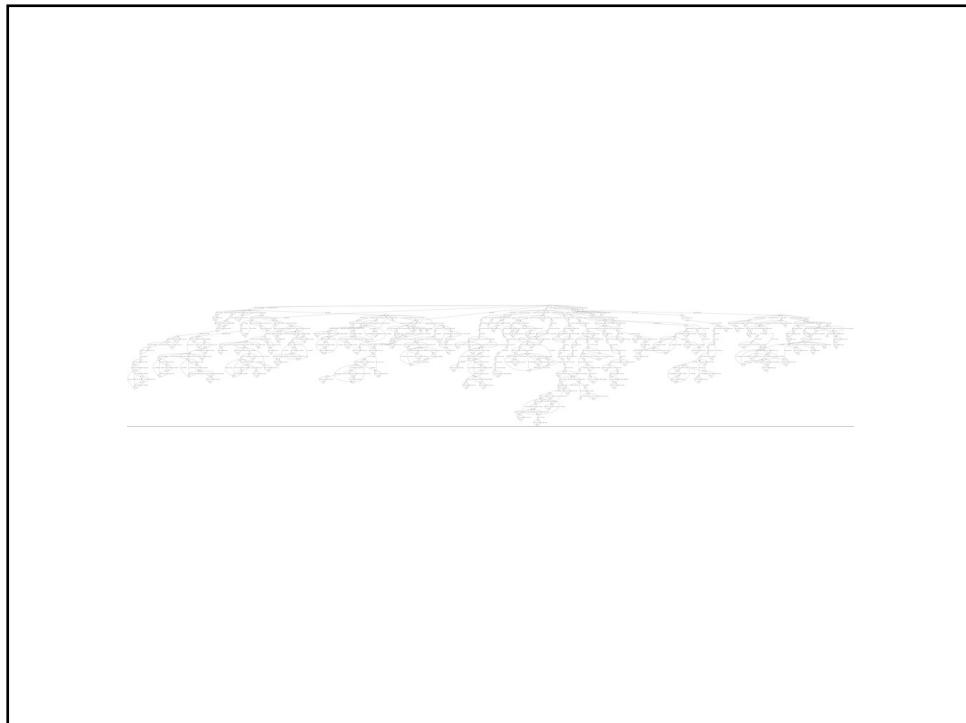
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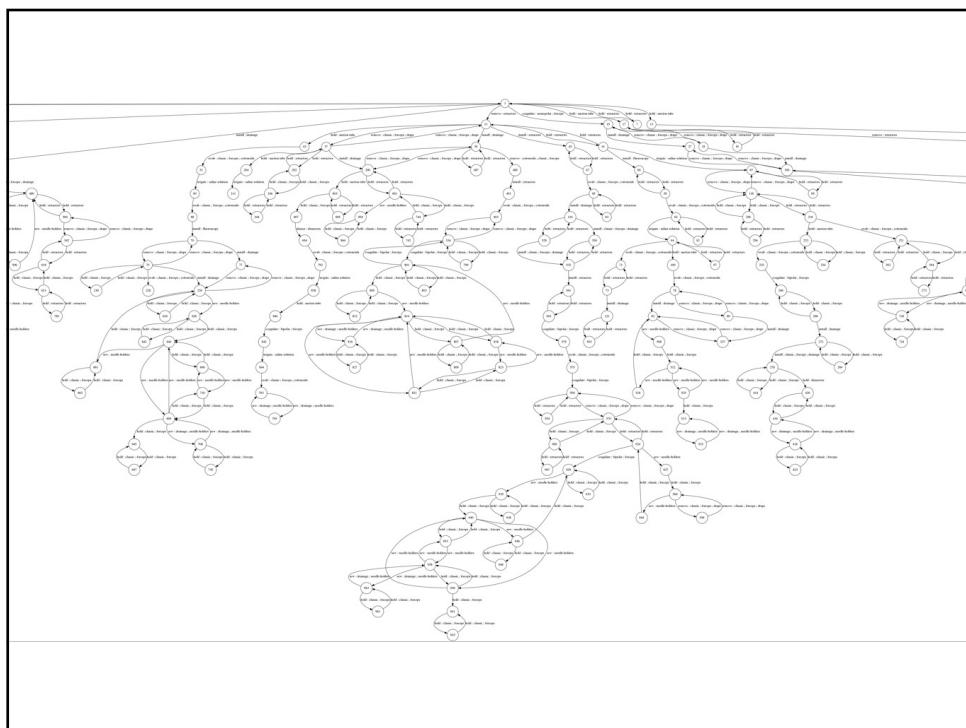
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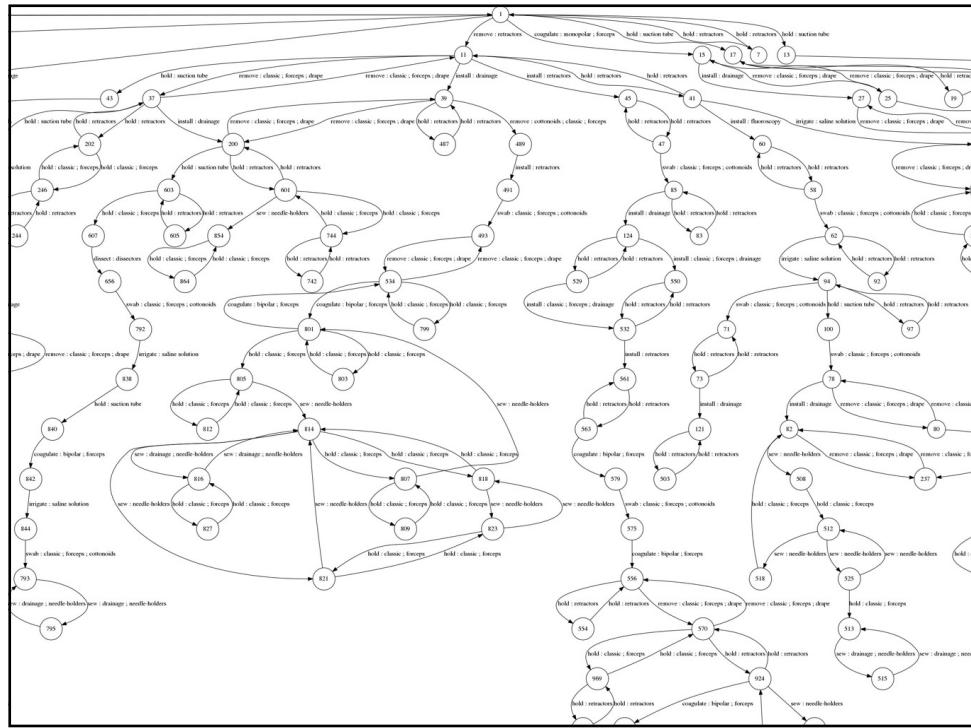
94



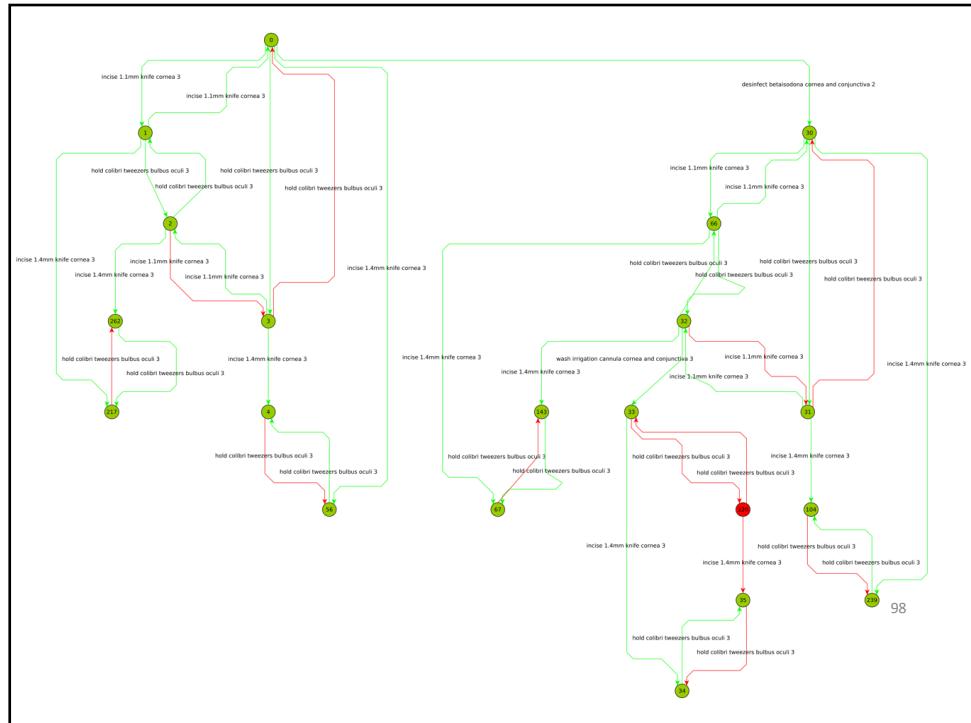
95



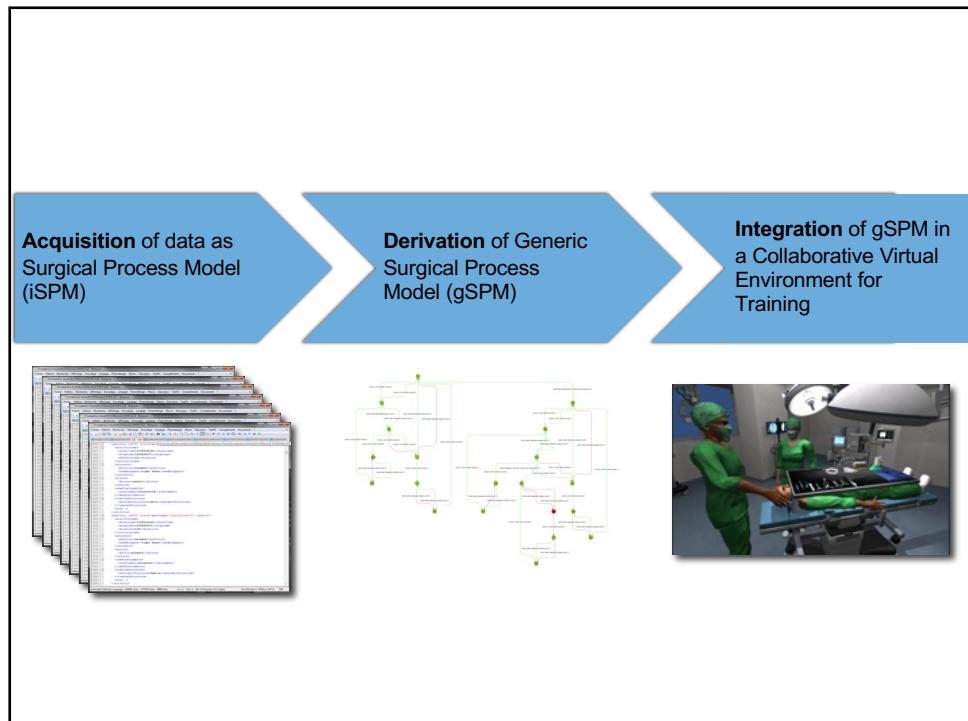
96



97



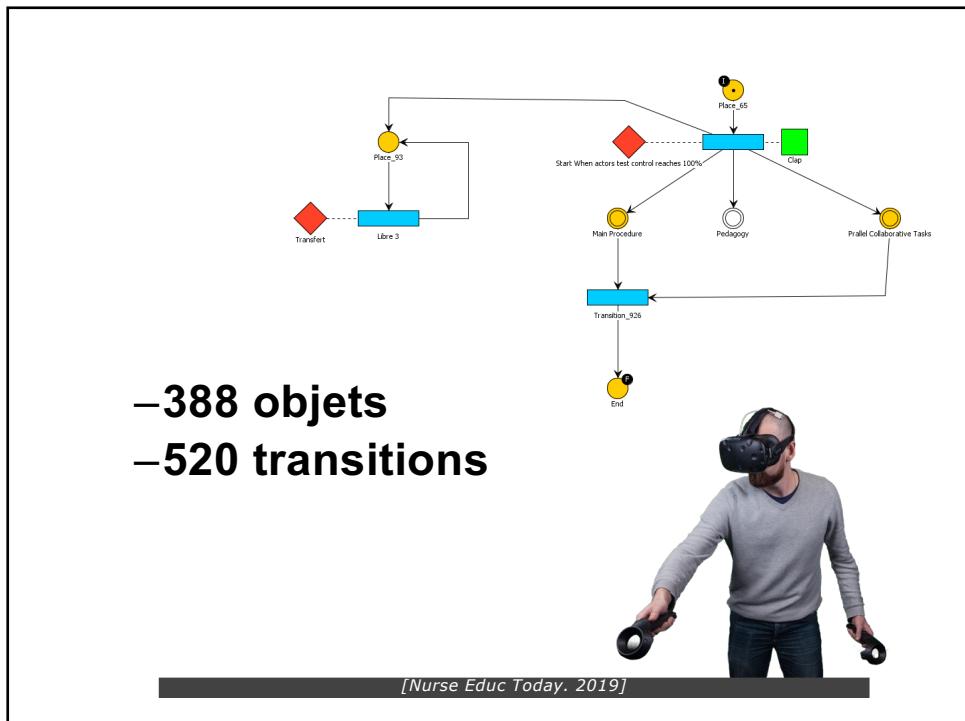
98



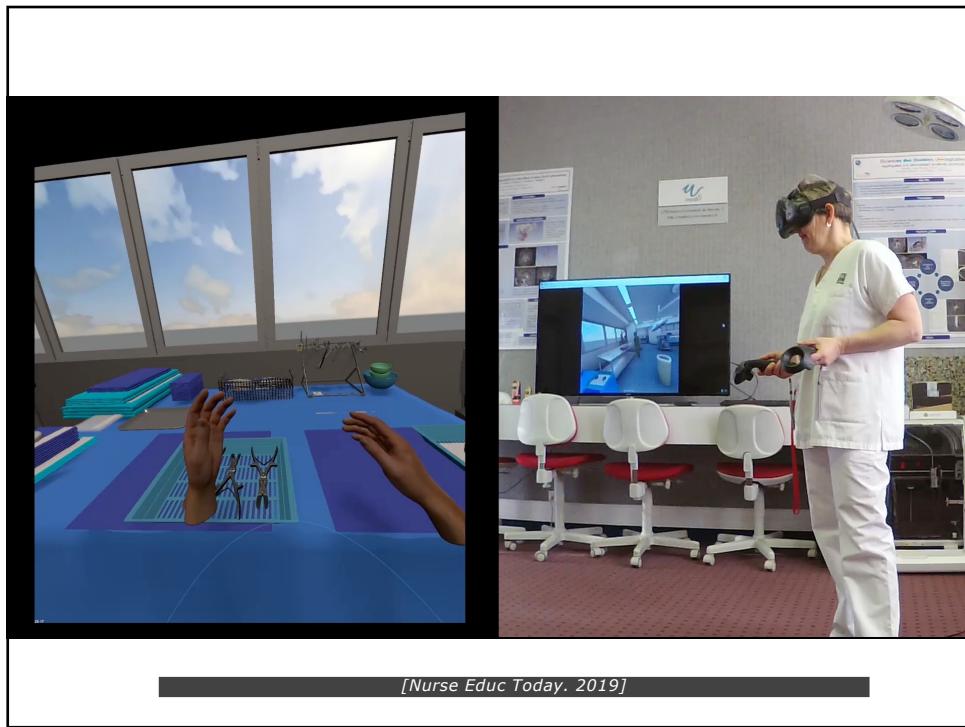
100



101



102



103



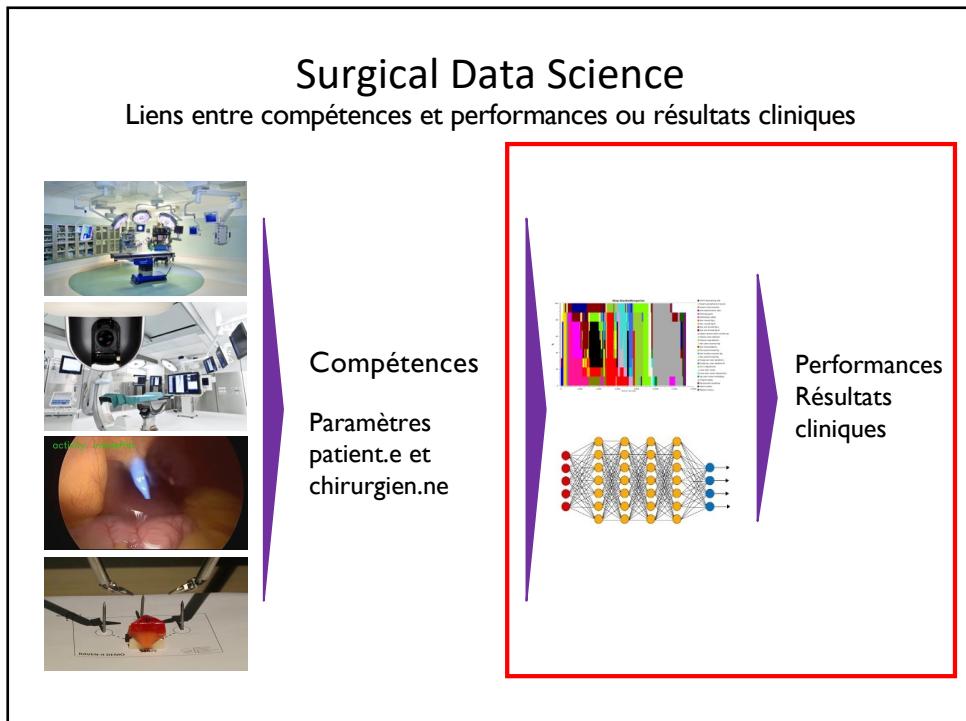
105

Surgical Data Science

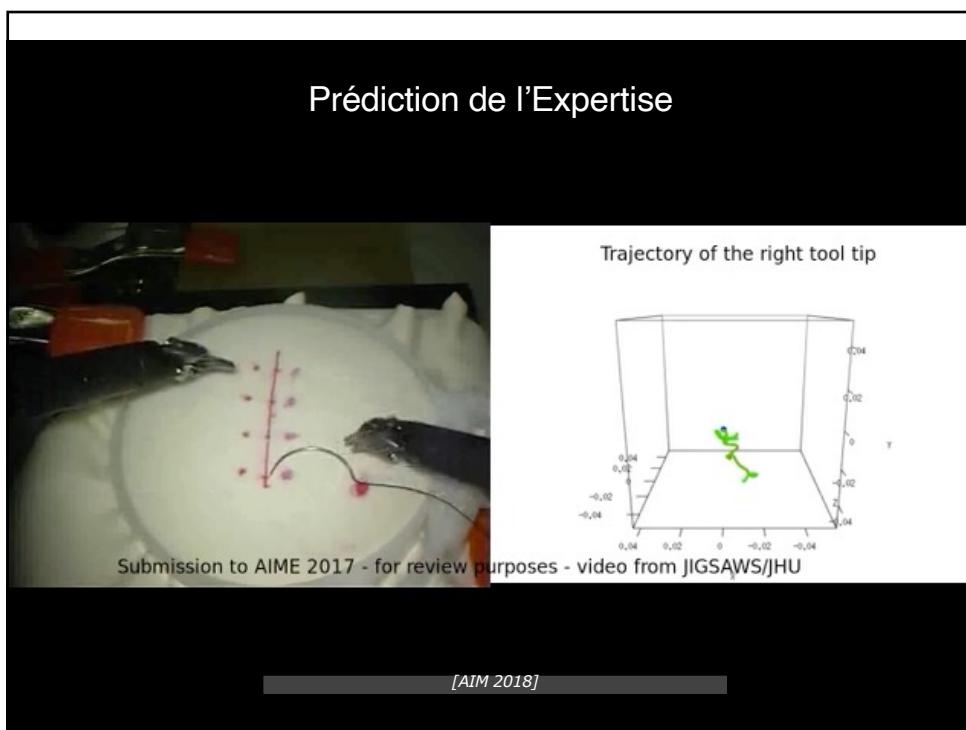
Liens entre compétences et performances ou résultats cliniques

The slide features a central title 'Surgical Data Science' and a subtitle 'Liens entre compétences et performances ou résultats cliniques'. To the left is a vertical collage of four images: a robotic surgery system, a surgeon's view through a camera, a close-up of a procedure, and a close-up of surgical instruments. To the right, two text boxes are connected by a purple arrow. The top box is titled 'Compétences' and the bottom box is titled 'Paramètres patient.e et chirurgien.ne'.

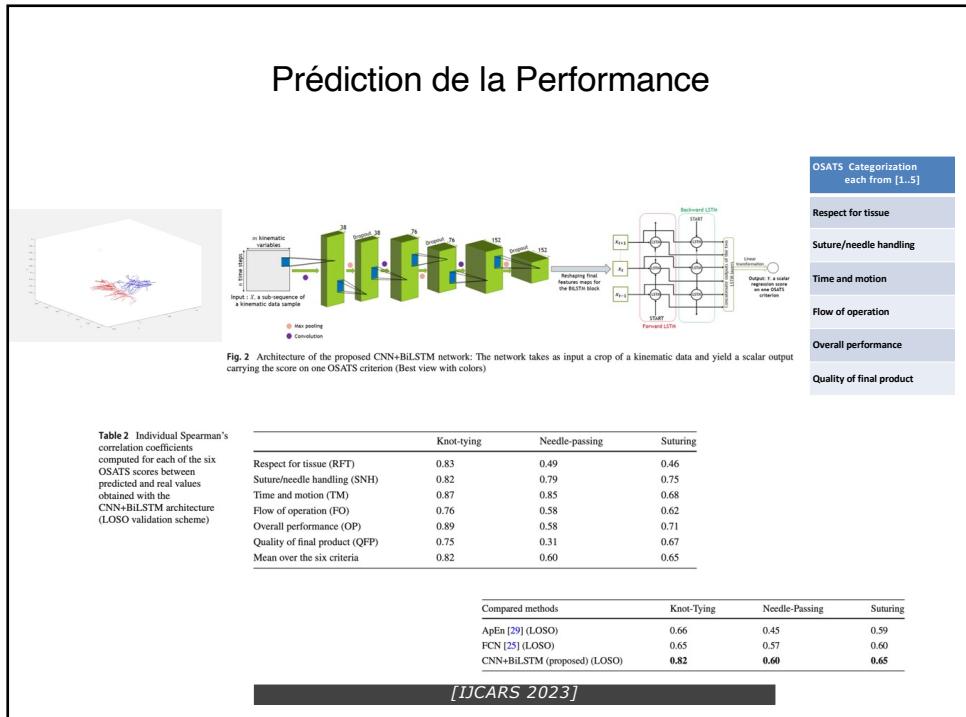
106



107



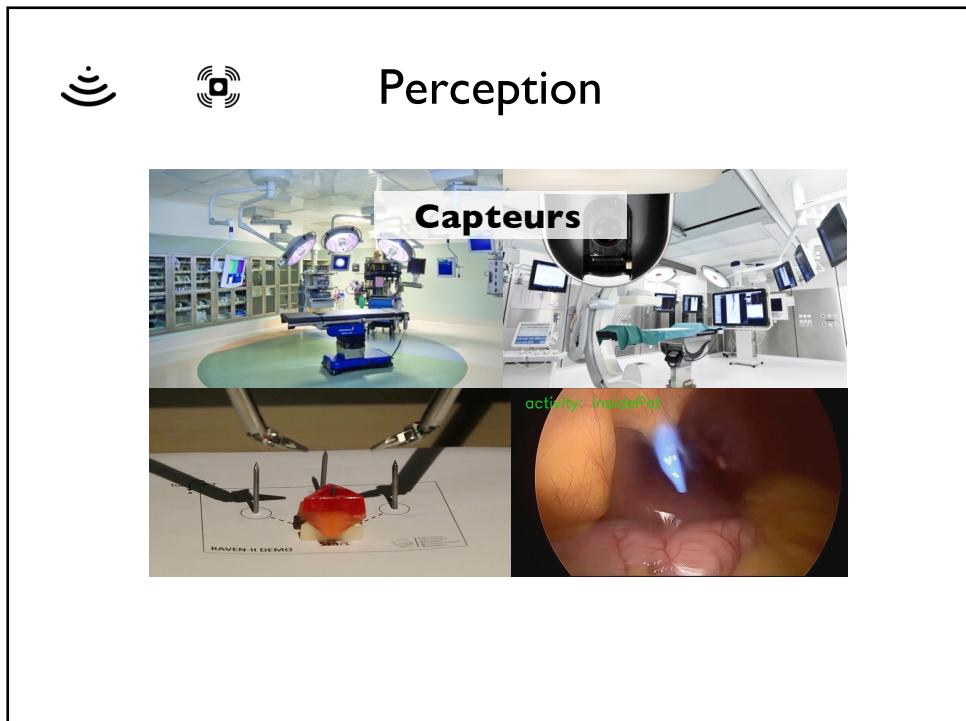
108



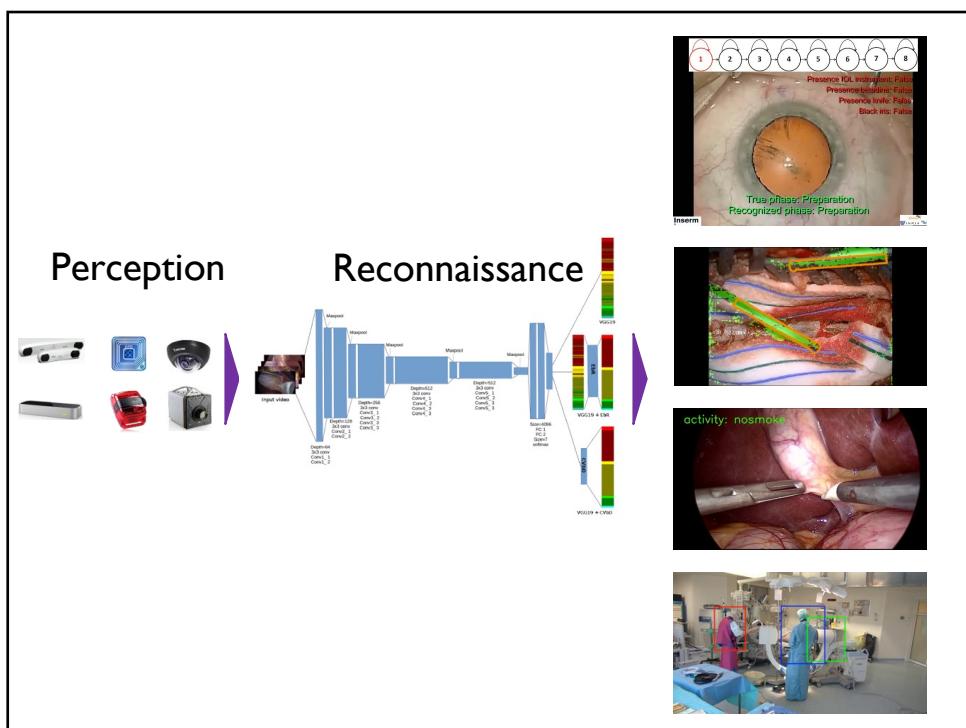
109

Evaluation et formation continues

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Prédition de la Qualité Chirurgicale

International Journal of Computer Assisted Radiology and Surgery (2020) 15:89–97
https://doi.org/10.1007/s11548-019-02072-3
ORIGINAL ARTICLE

Predicting the quality of surgical exposure using spatial and procedural features from laparoscopic videos

Feature name	Feature type	Feature count	Segment
Perimeter	Int	1	10
Surface	Int	1	10
Barycenter	Int	2	10
Main directions	Float	5	10
Texture	Int	1	10
Color	Int	3	10

Feature name	Feature type	Feature count	Effector count
Mean/std activities duration	Float	2	4
Activity zero-order entropy	Float	1	
Activity first-order entropy	Float	1	
Triplet of longest/shortest activity	String	6	
Exposure duration	Int	1	1
Count of activity pattern	Int	11	
Count of verb pattern	Int	10	
Count of target pattern	Int	16	

[A. Dérathé et al., IJCARS 2020, IJCARS 2021]

TiMC **CAMI**
COMPUTER ASSISTED MEDICAL INTERVENTIONS

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Prédition de Déviations

Artificial Intelligence in Medicine 104 (2020) 102437
Contents lists available at ScienceDirect
Artificial Intelligence in Medicine
journal homepage: www.elsevier.com/locate/aim

Offline identification of surgical deviations in laparoscopic rectopexy
Arnaud Huaulin^{a,b}, Pierre Jannin^{a,c}, Fabien Reche^c, Jean-Luc Faucheron^a,
Alexandre Moreau-Gaudry^b, Sandrine Vorot^c

A Create iSPMs

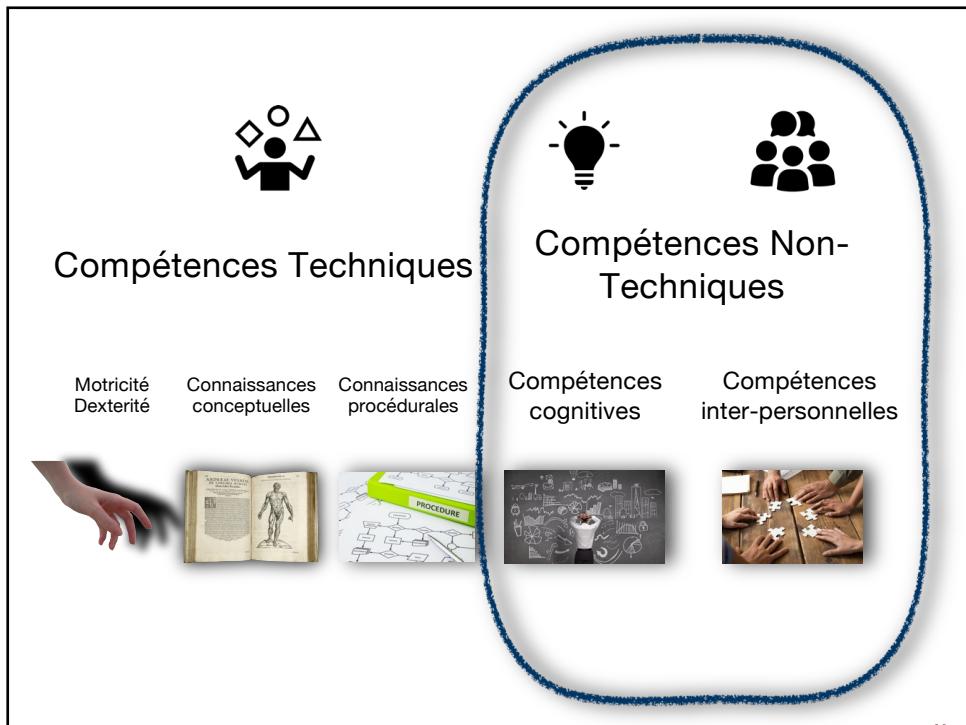
B Create a standard surgical process by MD-NLTS

C Detect surgical deviations

D Classify deviations' types by HSMM

TiMC **CAMI**
COMPUTER ASSISTED MEDICAL INTERVENTIONS

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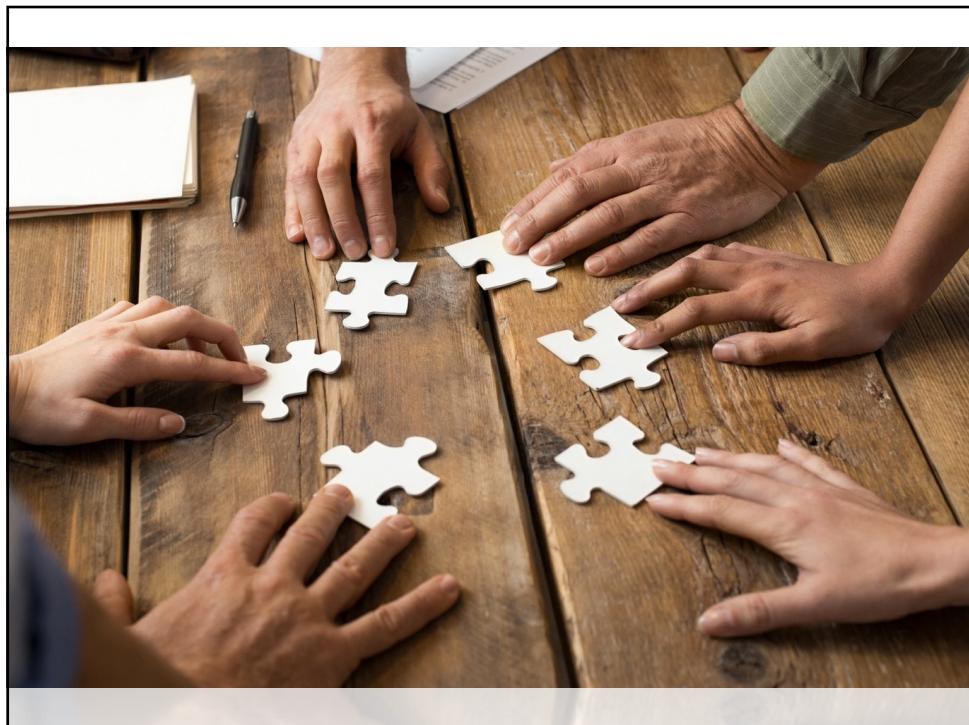
115



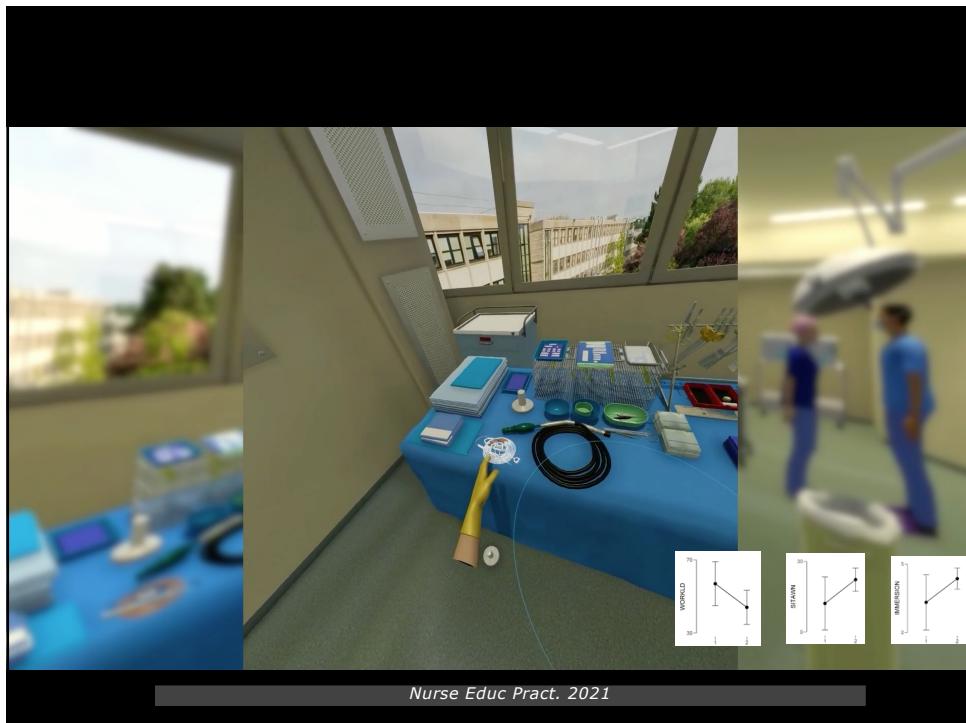
116



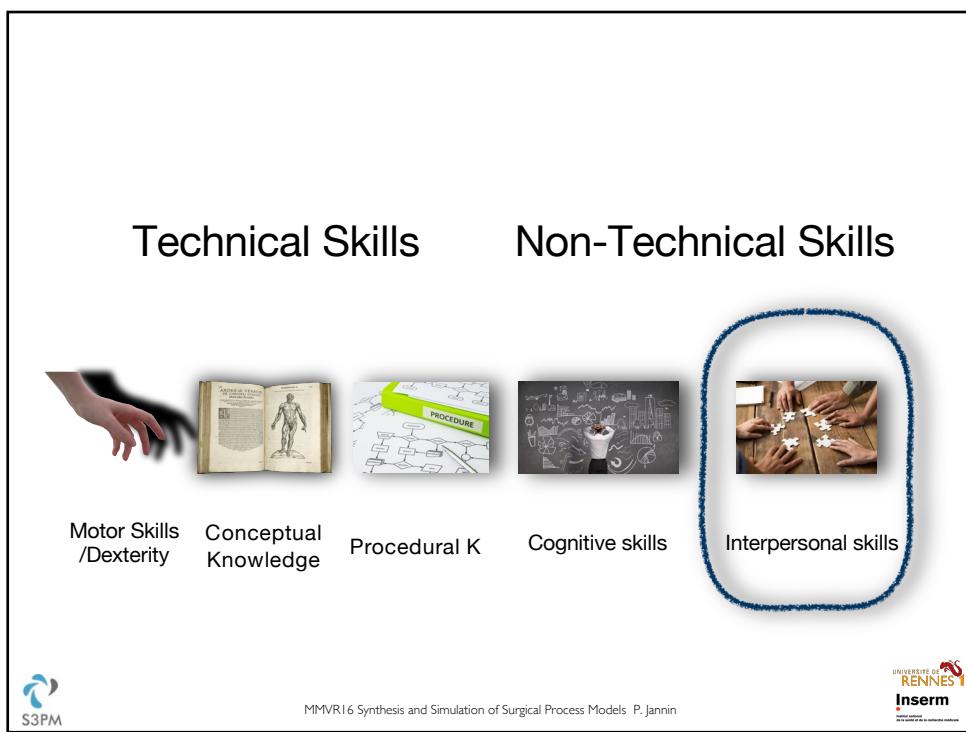
117



118

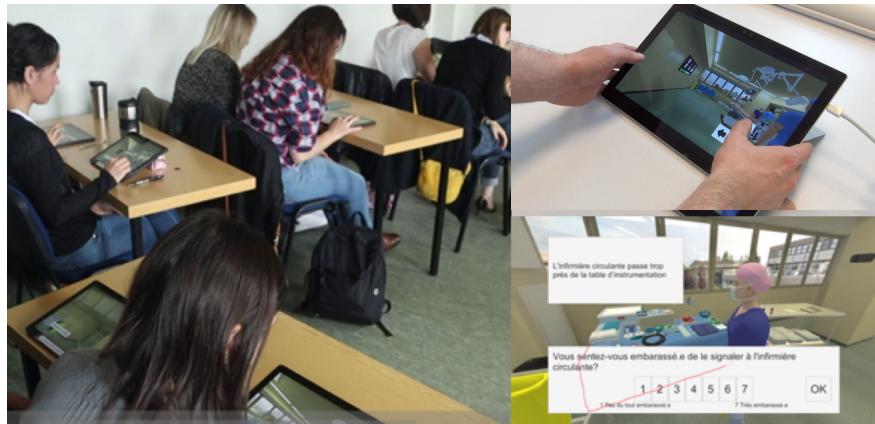


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121

Communication



Clin Simul Nurs. 2021.

122

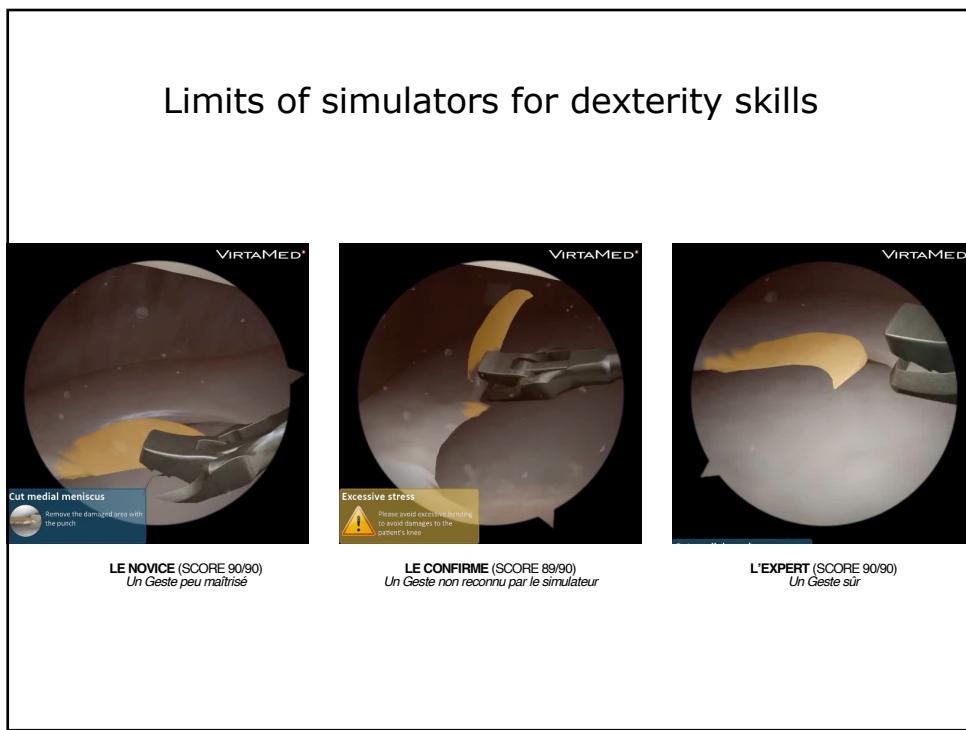


[IJCARs 2023]

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Limits of simulators for dexterity skills								
NOVICE			CONFIRMÉ			EXPERT		
Résumé Guided meniscectomy II			Résumé Guided meniscectomy II			Résumé Guided meniscectomy II		
Date du report : 21/05/2021, 13:00			Date du report : 17/06/2021, 08:38			Date du report : 04/06/2021, 08:07		
Simulation overview			Simulation overview			Simulation overview		
Nom	Mesurée	Valeur de l'objectif	Nom	Mesurée	Valeur de l'objectif	Nom	Mesurée	Valeur de l'objectif
Procedure time	01:51	≤ 03:00	Procedure time	01:51	≤ 03:00	Procedure time	01:07	≤ 03:00
Meniscus cutting	20/20		Meniscus cutting	20/20		Meniscus cutting	20/20	
Meniscus cutting	Score 90/90		Meniscus cutting	Score 89/90		Meniscus cutting	Score 90/90	
Meniscus cutting	20/20		Meniscus cutting	20/20		Meniscus cutting	20/20	
Optimal medial region	99 %	≥ 95 %	Optimal medial region	100 %	≥ 95 %	Optimal medial region	99 %	≥ 95 %
Healthy medial region	0 %	≤ 5 %	Healthy medial region	1 %	≤ 5 %	Healthy medial region	3 %	≤ 5 %
Safety	20/20		Select	20/20		Safety	20/20	
Safety	Score 90/90		Safety	Score 89/90		Safety	Score 90/90	
Arthroscopy instruments movement observed	75 %	≥ 70 %	Arthroscopy Instruments movement observed	75 %	≥ 70 %	Arthroscopy Instruments movement observed	68 %	≥ 70 %
Misalignment time of scope horizon	11 %	≤ 5 %	Misalignment time of scope horizon	6 %	≤ 5 %	Misalignment time of scope horizon	2 %	≤ 5 %
Scraping of femur cartilage	1 %	≤ 6 %	Scraping of femur cartilage	1 %	≤ 6 %	Scraping of femur cartilage	1 %	≤ 6 %
Scraping of tibia cartilage	0 %	≤ 4 %	Scraping of tibia cartilage	0 %	≤ 4 %	Scraping of tibia cartilage	0 %	≤ 4 %
Dexterity	20/20		Dexterity	20/20		Dexterity	20/20	
Dexterity	Score 90/90		Dexterity	Score 89/90		Dexterity	Score 90/90	
Camera path length	22.8 cm	≤ 25 cm	Camera path length	9 cm	≤ 25 cm	Camera path length	11.5 cm	≤ 25 cm
Probe path length	11.7 cm	≤ 50 cm	Probe path length	12.8 cm	≤ 50 cm	Probe path length	17.1 cm	≤ 50 cm
Punch path length	36 cm	≤ 50 cm	Punch path length	54.4 cm	≤ 50 cm	Punch path length	31.2 cm	≤ 50 cm
Shaver path length	18.8 cm	≤ 50 cm	Shaver path length	14 cm	≤ 50 cm	Shaver path length	24.2 cm	≤ 50 cm

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Perception

Capteurs

The slide displays four sensor technologies in dashed orange circles:

- Heart rate Belt**: Shows a person wearing a heart rate belt with an ECG trace and R-R intervals (828, 845, 794, 742 ms) labeled "Stress".
- RGB-D cameras**: Shows a person in a lab setting with a skeleton overlay, labeled "Ergonomie".
- EMG sensors**: Shows a computer monitor displaying EMG signals and muscle models, labeled "Effort, Fatigue".
- Eye tracking**: Shows a skull wearing eye tracking goggles, labeled "Eye gaze".

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The slide displays three sensor technologies in dashed orange circles, with a fourth section below:

- Heart rate Belt**: Shows a person wearing a heart rate belt with an ECG trace and R-R intervals (828, 845, 794, 742 ms) labeled "Indirect measure of stress".
- RGB-D cameras**: Shows a person in a lab setting with a skeleton overlay, labeled "Ergonomie".
- EMG sensors**: Shows a computer monitor displaying EMG signals and muscle models, labeled "Fatigue and effort".

Below these sections is a screenshot of a software interface showing a 3D skeleton model, multiple video feeds of a person in a lab, and a graph of EMG signals with a red value of 82.

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Etat art: Troubles Musculo Squelettiques chez les Chirurgien.ne.s



Fatigue: 75%



Douleur globale: 88% & 73% (min : 55%, max : 97%)



44% (min : 15%, max : 88%)



44% (min : 17%, max : 91%)



40% ±17%



19% ±9%



32% ±24%

[T. Casy – in revision]

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“Stand-up straight !”: Human pose estimation to evaluate postural skills during orthopedic surgery simulations

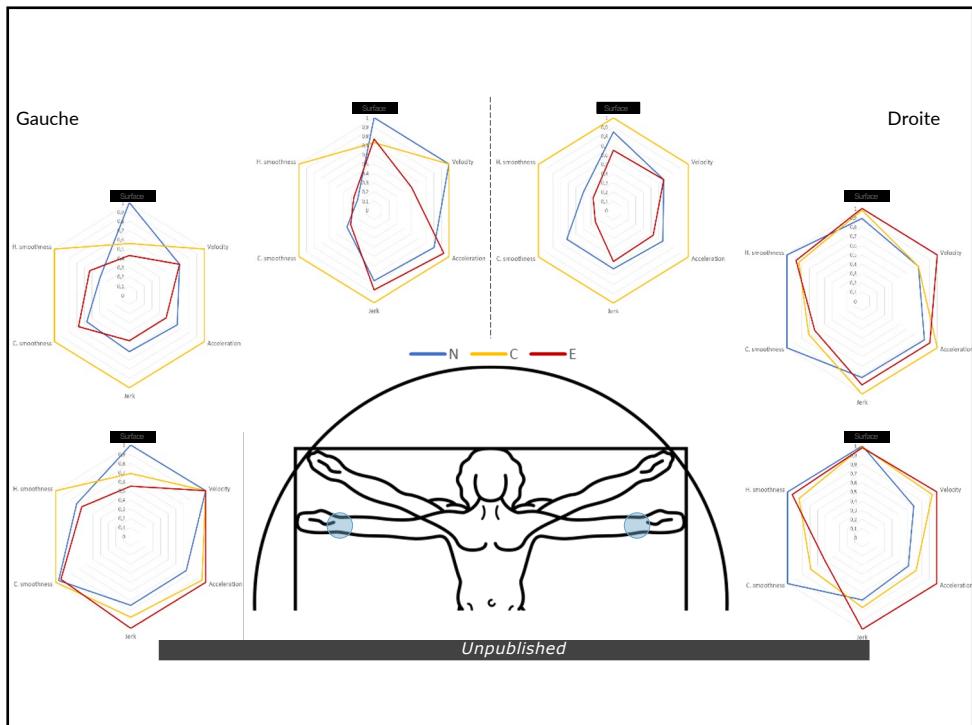
**Tiphaine Casy, Alexandre Tronchot, Hervé Thomazeau, Xavier Morandi,
Pierre Jannin, Arnaud Huault**

Supplementary material

Dots and lines representation of human pose estimation of one surgeon during orthopedic simulation with a modified OpenPose algorithm

IJCARS 2022

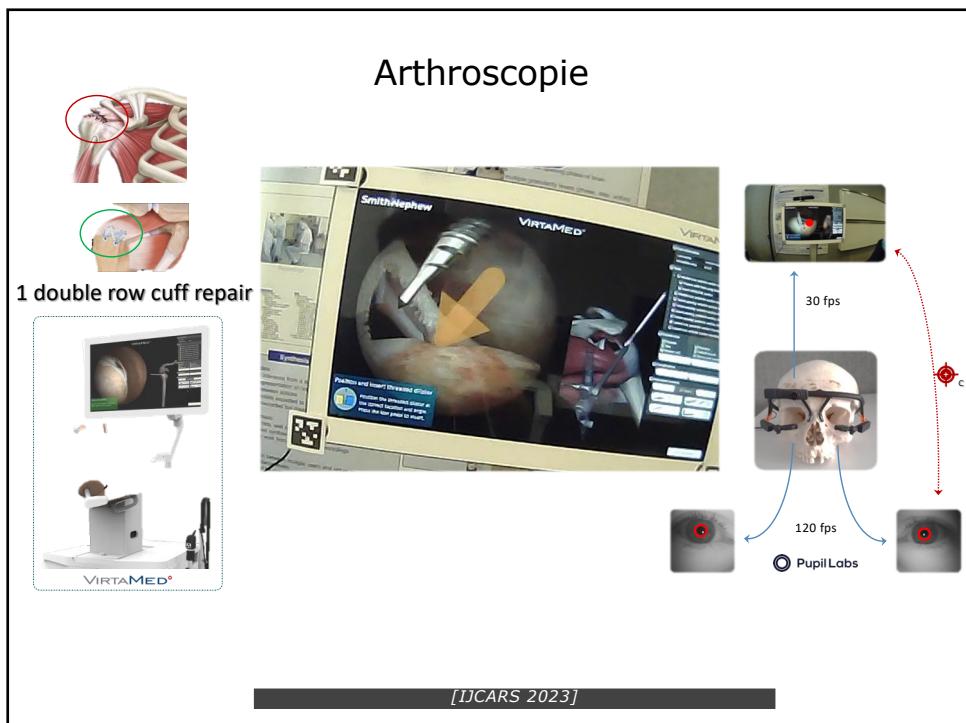
130



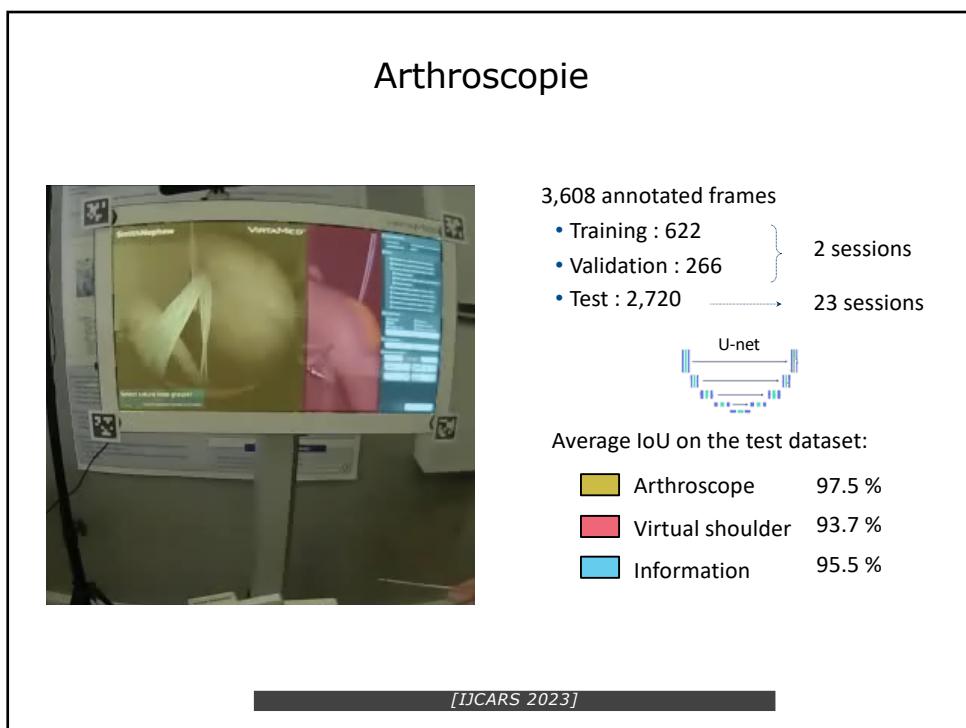
131

Comportement Visuel

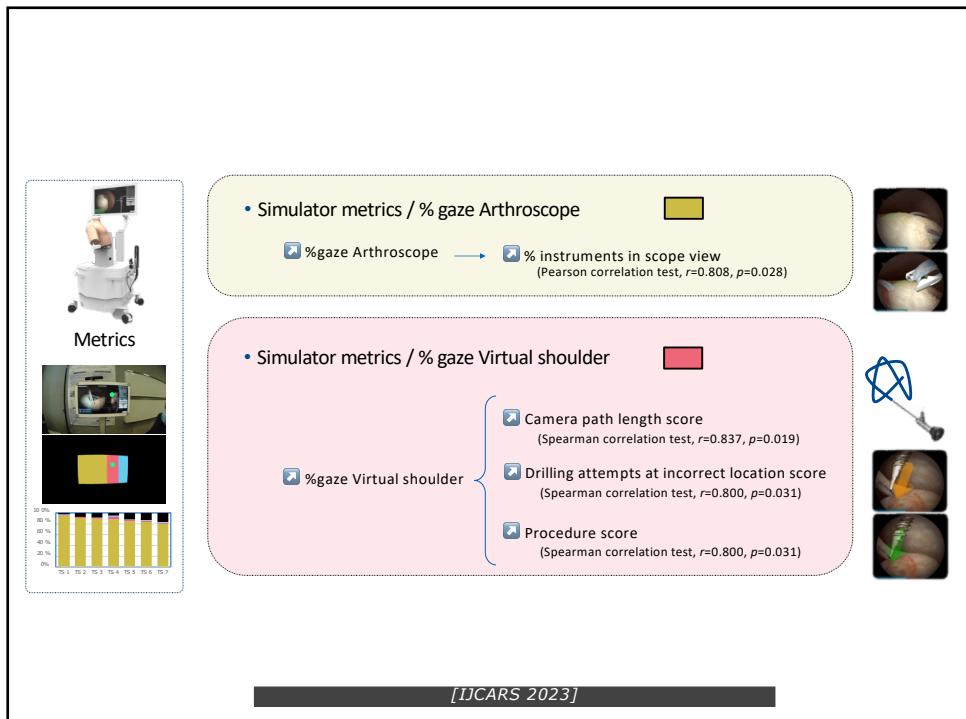
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Impact IA sur l'apprentissage: Simulation

- Compétence ciblée – Public ciblé**
- Scénario d'apprentissage**
- Réalisme visuel, haptique, procédural, immersif**
- Métriques d'évaluation**
- Retour**
- Schéma pédagogique**
- Validité/Validation/Evaluation**
- ...

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Impact IA sur l'apprentissage: Autres

- **Outils**
 - RV
 - IAG
 - Capteurs
- **Formation initiale et continue**

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Oui, Mais ...

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Limites, Inconvénients, Risques

- Limites techniques
- Limités non techniques

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Members of the Medicis team

Faculty members

- Anne JANNIN, PhD, HDR
DB2, Inserm team coordination
Médecin de l'orthopédie et de la biomécanique
CRCN, Intern
- Xavier MOULINS, PhD, HDR
Professor, Head of the ENT surgery department, Pontchâteau University Hospital
- Xavier MOULAND, MD, PhD, HDR
Professor, Head of the Orthopedic surgery department, Pontchâteau University Hospital
- Laurent RITAUD, MD, PhD, HDR
Professor, Head of the Plastic surgery department, Pontchâteau University Hospital
- Krystel NYANGON-TINGOH, MD, PhD, HDR
Associate Professor, ORL/GC surgeon, Pontchâteau University Hospital
- Michel PELLERIN, MD, PhD
Associate Professor, OB/Gyn, Pontchâteau University Hospital
- Bruno PERRIN, MD, PhD
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Associate Professor, Orthopedics surgeon, Pontchâteau University Hospital
- Mathieu PERARD, MD, PhD
Associate Professor, Plastic surgeon, Pontchâteau University Hospital
- Arnaud HUILLIER, PhD
Research Engineer
- Frédéric MARCHAL, MD, PhD, HDR
Professor, Eye surgeon, Pontchâteau University Hospital
- Jean-Pierre MATHIEU, PhD
Associate Professor, OB/Gyn, Pontchâteau University Hospital
- Junior Professor:

Postdoctoral researchers

- Alfonso ESTUDILLO
[Mediis](#)

PhD students

- Sébastien AUBIN
- Alexandre TRONCHOT, MD
Inria RESIN co-supervision with Psychology Department Rennes 2 University
- Frédéric MARCHAL, MD, PhD
[Mediis](#)
- Corentin COSET, MD

Engineers

- Sophie CALLET
[Mediis](#)

Interns

- Steven Henry (Pediatric orthopaedic surgery): One year research internship
- Mihai Drăgoescu (Orthopaedic surgery): One year research internship
- Nicolas Vallet (Orthopaedics): One year research internship

Administrative assistant

- Sophie BUDAGI

Visiting scholars

- 2022 Maks Benmousa (Université de Thessaloniki, Grèce)
- 2020 Dr Marwa Kadidou, Dr Farès Deraf (Université de Thessaloniki, Grèce)
- 2019 Dr Sanaa El-Badri, Dr Noura El-Badri (Université de Thessaloniki, Grèce)
- 2017 Dr Venkumar Nakonda (Politecnico di Milano, Italie)
- 2017 Dr Venkumar Nakonda (Politecnico di Milano, Italie)
- 2016 Dr Alain Janusz (UCL Louvain, Belgique)
- 2016 Dr Naoki Matsunaga (Kinki University, Japon)
- 2016 Takaoji Okamoto (Oita University, Japon)
- 2016 Nathalie Hudon (Queen's University, Kingston Ontario, Canada)
- 2015 Dr Toshiyuki Kuroda (Kyoto University, Kyoto, Japon)
- 2015 Dr Arka Kotic (KTC, Karlsruhe, Allemagne)
- 2014 Drs Liang (McGill University, Montréal, Canada)

Guests and visiting scholars...

Former members

- IP access to the former IPB page



International collaborations with Funding and Publications

- The University of Tokyo, Japan: Pr. Mitsubishi and Harada - from 2017 - JST IMPACT project 2017-2019
- University of Tokyo, Japan: Dr. Yamada - from 2017 - JST IMPACT project 2017-2019
- University of Thessaloniki, Grèce: Pr. Malli - from 2018 PHC Texsil 2019-2021
- CAMIT Kyushu University, Japan: Pr. Hashizume - from 2013 PHC Sakuraku Takeumi project
- CNRS, Paris, France: Dr. G. Forestier - from 2013 PHC Sakuraku Takeumi project
- SINTEF, Trondheim, Norway: Dr. Løvgi - from 2014 PHC Asgaard
- Royal Holloway University of London, Londres, Royaume-Uni: Dr. Peter and Dr. Egleston, from 2016
- Queen's University, Kingston, Ontario, Canada: Pr. Pichotgarng - from 2015 - ISR 2015-2016
- International School, Beijing, SA, PR, China: Dr. Wang, S., Prof. - from 2014 - ISR 2013-2014, PRM
- CAMP/AB TUM Munich Germany: Pr. N. Naval - PHC Procepto 2010-2013

Main national collaborations with publications

- Pr. F. Marchal, LPIC, Université Rennes 2
- Dr. Y. Mekhora, Institut des Sciences et Techniques IRSA, Rennes
- Dr. E. Berdine, Institut du Cerveau et de la Moelle, Hopital de la Pitié-Salpêtrière Paris
- Pr. P. Pichotgarng, Institut des Sciences et Techniques IRSA, Université de Montpellier
- Dr. S. Voro, CR Inserm, TMC-IMAG CHRU Lille 523, Grenoble
- Pr. G. Forestier, Université de Haute Alsace à Mulhouse

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