

Integrating Global Health into the Medical Curriculum: Experience of Foreign Students in Ukraine

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Introduction

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization). Medical education consistently focuses on biomedicine despite reliable research and clinical experience showing that the determinants of health are preconceived as social phenomena.¹⁻⁴ The medical curriculum of Ukraine is based on the methodology of organizing training processes according to the European Credit Transfer System (ECTS). The curriculum structure is based on 3 cycles of training: humanitarian and socio-economic, natural and scientific, and vocational training. The curriculum incorporates Social Medicine and Hygiene, but course objectives fail to elaborate on qualitative aspects, instead focusing on quantitative elements and Ukrainian Organization of Healthcare.

Global health is a collaborative trans-national research and action for promoting health for all.⁵ In total, 19648 international students study health-related courses in Ukraine. (Ukrainian State Center for International Education) Despite this, Global Health is not adequately focused on, especially as majority of these students are citizens of nations with heavy global health burdens. We believe that the medical education curriculum must change to incorporate rigorous training in biosocial health determinants to ensure that all future health professionals are equipped with the knowledge and skills necessary to address complex health problems. For this reason, a 2-day Certificate Course in Global Health for all students in the country was organized.

The course ran from February 8 to 9, 2016. Sessions were held at the Ivano-Frankivsk National Medical University. Registration was done via online forms; the course was mainly promoted for around 20 days, by placing course posters on social media platforms and the university website. Attendees were charged a registration fee of \$12 for course materials, meals and logistical expenses. The program involved 11-sessions and was facilitated by Don Eliseo Lucero-Prisno III MD, a professor of Global Health and Public Health at X'ian-Jiantong-Liverpool University, and a renowned Global Health trainer; having previously operated such global health courses in several developing nations all over Asia and Africa. Course Coordinators and the Facilitator created a timetable for relevant topics including: Introductory Lecture on Global Health, Global Health Epidemiology and Global Health Equity, Global Health Economics, Global Health Challenges and Global Health Tools. Student speakers also gave Explanatory lectures.

The final session was on Building Careers in Global Health, where the facilitator taught attendees on strategic steps to take in building a sustainable and profitable career in the numerous fields of Global Health. The course was concluded with presentation of certificates of completion for participants.

Certain simple actions like proper hand washing, filtering of drinking water, maintenance of menstrual hygiene, and proper breastfeeding still need attention in the rural areas. With a fair understanding of the constraints these families face, we decide objectives for behavior change for each family allotted to us and work towards achieving this over the next three years through various behavior change strategies.¹¹

107 foreign medical students from 12 countries (67% Nigerian, 9% Jordanian, 6% Kenyan, 4% Iraqi, 3% Namibian, Ghanaian and Polish, 1% Indian, Congolese, Pakistani, Zambian and Palestinian) and 7 medical universities all over Ukraine participated in the course. 56% of participants were male, 44% female. 95% of participants were in clinical years of study (4th – 6th years), while 5% were in pre-clinical years (1st – 3rd years). Participants were successfully instructed on the basic theories and concepts including current trends, challenges and debates in Global Health. Attendees completed brief exercises on: **Developing Frameworks in Global Health**, where students were tasked with linking an overt health outcome with all its determinants and consequences, and **Cost-Effectiveness of Global Health Interventions**, where they role-played as health consultants and academics tasked to provide advice to a major funding agency on whether to fund an intervention to control a certain type of infectious disease in a region.

The novelty of such a course in this part of the world, for this group of students, highlighted gaps in knowledge pertaining to Global health. Participants' interests were piqued by the insidious etiologies that underlie many of the diseases they have been taught in class.

The conclusions from this initiative include:

1. There is clear undeniable interest from foreign medical students to know more about the intricacies and determinants of health, especially on the global landscape.
2. The wealth of foreign medical students in Ukraine is an untapped resource, as to the future of global health in developing countries.
3. Integrating global health into the educational curriculum is an assured way to broaden the horizons of upcoming physicians on what it takes to be a 21st century doctor.

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Submission: Feb 20, 2017

Acceptance: Jun 21, 2017

Publication: Jun 28, 2017

Process: No peer-reviews

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4. Global health lessons can be easily woven into the medical education schedule without being interruptive on other subjects of study.

The aim is to develop a curriculum and make it a mainstay in medical education of foreign students in Ukraine. Several models for integrating social sciences into medical curricula

have been described.^{6, 7} We believe that efficient integration can be achieved by: building a community of individuals and organizations that acknowledge a broader approach to health, collaborating with curriculum commissions, and establishing institutional backing by emphasizing credible research that demonstrates the importance of Global Health.⁸

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Acknowledgments

This initiative was made possible by the continuous support of Ivano-Frankivsk National Medical University Department for Education of Foreign Students, AB Global Health Initiative, the European Medical Students' Association Ivano-Frankivsk, as well as, the continued collaboration with Don Eliseo Lucero-Priso III MD, Ezeagu Collins and Aderombi Adetayo.

Conflict of Interest Statement & Funding

No grants, financial support, or any other contribution to the initiative was received from any source. The author declares that there are no potential conflicts of interests for the publication of this article.

Author Contributions

Conception and design the work/idea, Collect data/obtaining results, Analysis and interpretation of data, Write the manuscript, Critical revision of the manuscript, Approval of the final version: VO.

Cite as:

Ohwo V. Integrating Global Health into the Medical Curriculum: Experience of Foreign Students in Ukraine. *Int J Med Students.* 2017 May-Aug;5(2):84-86.