



# NEWSLETTER

## MEDICAL EDUCATION DEVELOPMENT

UKRAINIAN-SWISS PROJECT

April – June  
2020

” Uncertainty of the nearest future, increased feeling of danger in comparison with pre-pandemic times and the need to adapt like never before – radically changing usual practices, learning something new – is the context where we all are since March 2020.

Although Ukrainians are fairly well-trained to invent ways to survive, but this sharp targeted pandemic “earthquake” of established practices – based on our observations – leads to dramatically profound changes in some aspects of educational environment of higher medical education institutions (HEIs). Distance learning, introduction of state online certification, distance defenses of scientific works – these are the realities of educators and students. And it seems, students are satisfied with this innovative and unexpectedly quickly introduced form of educational product.

However, admission to internatura and organization of its extramural part, practical training of medical and nurse students since end of 2019 need to be adequately regulated on the national level. Moreover, the gaps which seem to have been bridged, are coming back to lives of university applicants and their parents: at a time when we were preparing this newsletter, decline in transparency and meritocratic principles related to HEIs admission is happening. External independent testing (ZNO), which gave a chance to talented school graduates freely (without bribes and “contacts”) to select the best universities and program tracks is on the verge of failure. These cracks (ZNO is in danger, untransparent admission to internatura etc.) in the basis of education will reveal their effects in the next decades, as education of citizens has long-term impact on sustainable development of individual systems and countries as a whole.

The professional community still discovers ways to achieve its intentions, seeks new sources of inspiration and develops horizontal linkages. During several months of work in quarantine, the Project supported two seasons of online course on medical assistance during COVID-19 pandemic. This course was an incredible success with medical professionals – statistics of reviews are impressive.

Medical universities – Bukovinian and Kharkiv – initiated experience exchange in implementation of distance certification, and educators of different HEIs improved their teaching excellence online. Such initiatives and



aspirations for sharing experience among colleagues from other educational institutions (based on our observations) are extremely rare in medical education community; therefore, these sprouts of openness inspire us the most. We were trembling offering our first trainings, but after extremely positive feedback from the participants we are more confident and active in continuing with new editions of teaching excellence trainings. So, during Autumn School – 2021 we will have a profound storage of basic and innovative tools, experience of their implementation and reflections on what we achieved and where to move forward together. We think that an active position and closer cohesion (social cohesion, and not physical, taking into consideration quarantine measures) with like-minded people and professionals, who share the same values and senses, are the best way to get out of the coronavirus crisis in good health and with great inspiration. Additionally, with the understanding that change is a challenge which is better to accept together, we have an opportunity to participate in creation of better “tomorrow”. We are grateful to all our collaborators for sincere cooperation and confident view of the future.

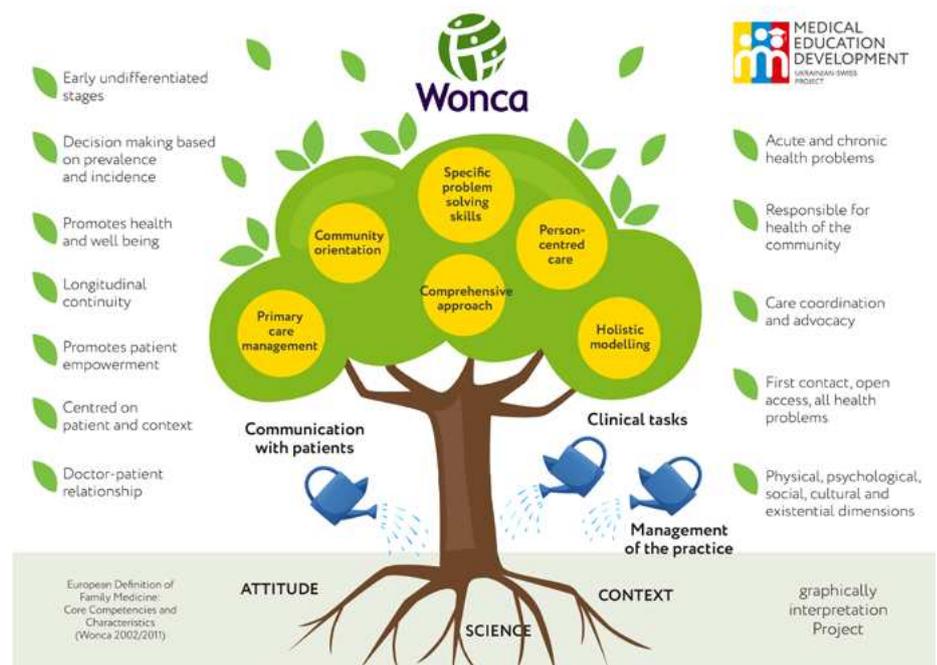
**Tetiana Stepurko,**  
Head of PIU Ukrainian-Swiss Project  
“Medical Education Development”

## WORKING GROUP

# MEETING OF THE WORKING GROUP

## ON COMPETENCES OF PRIMARY HEALTH CARE SPECIALISTS

The basis for the development of curriculum in higher medical education institutions should be those competences that are necessary for the appropriate health care provision within the approved model of primary health care.



Family doctors and nurses should acquire and form these competences at different levels of education. A list of such competences in Ukraine is rather fragmented and not presented in a professional or an educational standard, which can be a basis for the development of undergraduate, postgraduate curricula, or a basis for continuing professional development programs, with the exception of the educational standard “nurse”.

To form the list of competences of a family doctor and a nurse (including advanced nurse), Ukrainian-Swiss Project “Medical Education Development” established a working group, which consists of prominent family medicine and nursing specialists, in particular practitioners, educators of HEIs, representatives of international projects, scientists.

The first meeting was held online on April 3, 2020. During this meeting, participants had the opportunity to discuss how nowadays competences are reflected in curricula; specifically, it was mentioned that there is a gap between the description of competences and their connection with knowledge and skills acquired during studying. Furthermore, international approaches to building a logical link between competences and the knowledge, skills and attitudes by which competences are embodied were presented. The approaches of WONCA (World Organization of Family Doctors) and EURACT (European Academy of Family Medicine Teachers) on how to formulate competences and transform them into curricula were presented and taken as a basis for the future work.

The second meeting of the working group took place on May 21, 2020, also online, and was devoted to discussing on how to adapt WONCA and EURACT approaches to the Ukrainian context and the requirements for the preparation of educational and professional standards, which are foreseen by Ukrainian legislation.

Resulting from the two meetings, representatives of the working group are working on adapting the EURACT competences to the work functions of a family doctor and a nurse, as required by the Ukrainian professional standard, and afterwards they will revise knowledge, skills, including clinical skills, which should be learnt to get appropriate competence.

## ONLINE-COURSE

# MEDICAL ASSISTANCE DURING COVID-19 PANDEMIC

Season 1, 2

Realizing the urgent need of doctors and nurses of reliable and trustworthy information regarding approaches to health care provision under COVID-19 spread, the Project in cooperation with the Public Health Center of Ukraine, the Academy of Family Medicine of Ukraine, the medical network Dobrobut conducted two seasons of the course “Medical assistance during COVID-19 pandemic”.



online course for medical professionals on the YouTube channel Medical education development

## MEDICAL ASSISTANCE DURING COVID-19 PANDEMIC

Tue, Fri at 5 pm in April e-certificate based on the results of the tests



## THE FIRST SEASON

The first season was held in April 2020. Co-organizers of this season were Ukrainian-Swiss Project “Medical Education Development”, the Public Health Center of Ukraine, the Academy of Family Medicine of Ukraine with the support of the Ukrainian Academy of Paediatric Specialties, All-Ukrainian Association of Children Immunology with the assistance of the National Health Service of Ukraine.

Every Tuesday and Friday at 5 pm on the Youtube channel of the Project, as well as on the educational portal of the Public Health Center of Ukraine, the following lectures were broadcasted:

1. Telephone interview: counselling under uncertainties (lecturer Vadym Vus)
2. Infection control in outpatient practice. Home visits. Patronage of newborns during the COVID-19 pandemic (lecturer Ievgen Meshko)

3. Counseling of patients with panic attacks during the pandemic: the role of a family doctor and a nurse (lecturer Ihor Zastavnyi, Anastasia Khodan)
4. Vaccination during the COVID-19 pandemic (lecturer Fedir Lapii)
5. Coronavirus and cardiovascular disease: international guidelines (lecturer Iryna Voloshyna)
6. Algorithms for supporting pregnancy, childbirth and newborns to avoid the coronavirus disease (lecturer Fedir Lapii)
7. Coronavirus disease and immunodeficiency states (lecturer Anastasia Bondarenko)
8. Coronavirus disease and chronic lung pathology (lecturer Oleksandr Katilov)

This season included international guidelines and recommendations,

” *I liked the first season. A lot of practical information, I use it all the time.*

available data, treatment and experience of patient support from different countries, the specifics of the use of personal protective equipment and the practice of infection control in outpatient facilities and during home visits.

For the first season, **7056 medical professionals were registered**: general practitioners and specialized care doctors, health care managers, nurses, HEIs teachers and professionals from other fields, and **2883 graduated successfully**.

## THE SECOND SEASON

The second season took place in May 2020 and allowed paying more attention to experience of COVID-19 patients supervision, laboratory diagnostics issues, observation of patients at the pre-hospital stage, and also to understand practical aspects of the use of ventilators. The second season was developed in cooperation between Ukrainian-Swiss Project “Medical Education Development”, the Public Health Center of Ukraine, the medical network Dobrobut.

During the second season, every Tuesday and Friday at 17.00 on the Youtube channel of the Project, as well

online course for medical professionals on the YouTube channel  Medical education development

# MEDICAL ASSISTANCE DURING COVID-19 PANDEMIC

Tue, Fri at 5 pm since May 5

Season 2

You can study here: [www.phc.org.ua](http://www.phc.org.ua)

Certificate is available based on the results of the tests



“ Information on infection control helped to organize my work properly, guidelines on how to conduct remote counselling as well as how to support patients with comorbid pathology are of a great value.

“ A very convenient format and valuable recommendations. The course should have a continuation.

of staff work during the reprofiling of the health care facility (lecturers Roman Kolesnyk, Stanislava Haponova).

6. Respiratory support of COVID-19 patients. Practical aspects (lecturer Lilia Skolska).

as on the educational portal of the Public Health Center of Ukraine, the following lectures were broadcasted:

1. Combining the experience of supporting COVID-19 patients in the pre-hospital and hospital stages (lecturer Ruslan Buianovskiy).
2. Organization of outpatient department work during the COVID-19 pandemic (lecturer Oleksiy Rykov).
3. Algorithm for monitoring the COVID-19 patients. Outpatient stage (lecturer Viktoriya Baida).
4. Usage of personal protective equipment in outpatient and inpatient settings (lecturers Lilia Skolska, Danylo Bryndak).
5. Infection control and organization

7. Laboratory diagnostics of COVID-19 (lecturers Olha Karaman, Oleksiy Rykov).

8. COVID-19 patients support services (lecturers Olha Rusyna, Aliona Drab).

In the second season, **1853 medical professionals were registered for the course, and 657 successfully graduated with a certificate.**

Those professionals who finished their study not only received the updated and reliable knowledge, but also will be able to report their CPD credits according to the certificate (eight credits per each season).

Both seasons will be open for registration on the educational portal of the Public Health Center of Ukraine until August 1, 2020, so all interested professionals can take this study.

The educational portal of the Public Health Center of Ukraine: <https://portal.phc.org.ua>

More information about two seasons, about our partners in this educational activity, feedback of the participants and opportunities for modern educational platforms development in Ukraine could be found in our special edition “Challenges and new educational opportunities in Ukraine under COVID-19 pandemic”.

## Video «Clinical route of a COVID-19 patient in primary health care system»

With the spread of COVID-19 in Ukraine, primary health care doctors have more and more questions about working with patients with suspected COVID-19. How to identify a suspected case based on clinical and epidemiological criteria? Under what circumstances does the patient need to be hospitalized? How correctly to send an urgent message, identifying contact people? How to use personal protective equipment?

The Public Health Center of Ukraine in cooperation with World Health Organization and Ukrainian-Swiss Project “Medical Education Development” recorded a video-guideline for medical professionals on the identification of suspicion of COVID-19, which includes a clear algorithm of professional activities and the specifics of the use of personal protective equipment.

The video-guideline was reviewed on the Public Health Center of Ukraine page more than 38,000 times.

Video-guideline can be reviewed here: <https://cutt.ly/auV0jub>

## ONLINE-COURSE

# COURSE “TEACHING EXCELLENCE. THE FIRST EDITION: FEEDBACK”



The Project continues to work on improving the capacity of pilot higher medical education institutions. In May, the course “Teaching excellence” was launched; it consists of several editions and offers teachers the opportunity to get the knowledge and develop skills needed to teach, interact with students and improve the learning environment in HEIs.

The first edition of the course was devoted to feedback, which plays an important role in ensuring the quality and effectiveness of learning, achieving the goals of learning process. The Project partner in this first edition of the course was the educational agency “Insha Osvita”, which has professional trainers for adult education.

The first edition of the course was held online on May 6 – June 4, 2020, and consisted of two lectures and three practical workshops.

Everyone had the opportunity to listen to two open lectures «**What is effective learning and how to create an atmosphere conducive to development**» (2,397 views) and “**Tools for constructive feedback and support in the learning process**” (1,227 views) on the Youtube channel of the Project.

To select participants for practical workshops, an open call was announced. As the result, the workshops involved **103 medical HEI lecturers** from Ternopil National Medical University, Bukovinian State Medical University, Vinnytsia National Medical University, Vinnytsia Medical College, Lviv Medical Academy, Dnipropetrovsk Medical Academy, Donetsk National Medical University, Zhytomyr Medical Institute, Zaporizhzhia State Medical University, Rivne Medical Academy, Lviv National Medical

University, Bogomolets National Medical University, National Pharmaceutical University, Uzhhorod National University, Kharkiv National Medical University. During the three workshops, the participants in small groups practiced skills of formulating and providing feedback to students, colleagues, representatives of administration. The participants were looking for possible options to express constructive feedback, which could motivate for further learning, facilitate difficult and sometimes even conflict situations in the learning process, help to reach understanding and cooperation between a lecturer and a student. Now our lecturers understand why congruence is important, how to use paraphrasing, and they have tools, which help to train gained skills in everyday activities.

As we put an idea of viral spread of changes in every pilot HEIs, based on the results of practical workshops **15 “change agents”** were selected and went through additional preparation on June 15-24, 2020. Now they are ready to conduct trainings for their colleagues, improve communication and share ideas of quality of learning in their Alma Maters.

### Participants about the course:

- *Thank you for the interesting course. Never before have I had such pedagogical experience.*
- *I would like all the teachers of our education institution to have this course!*
- *I liked a lot the way in which information was presented, practical tasks were wonderful! I wish everybody prosperity, as you do a great work! Now I look differently at students.*

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- *The principles of feedback were new for me. The ideas of humanistic pedagogy were what I feel and how I try to organize my classes, but it was useful to know that those ideas have been elaborated for many years and you are not alone. The feedback I also used, but I felt lack of theoretical knowledge and practical skills, so I did everything blindly. The principles of feedback seem to be very easy, but in practice difficulties appear, so it was useful to identify my own mistakes and work on them.*
- *I am very grateful to Anna (note: trainer) and to my group. It was exciting to work with like-minded people. The course motivates a lot. I did not expect it to be that interesting and useful. Thank you!*

While our “change agents” are working, we are already preparing our next editions of the course “Teaching excellence”. Where do we find topics? We find them in the results of those evaluations of learning environment which we conducted in our pilot HEIs in 2019 – we work on improvement of the most burning issues. To remind the results of evaluations, please visit: <https://mededu.org.ua/uk/our-library/>.

## ONLINE COURSE

### Training of facilitators of peer groups

On June 16, 2020, the Project started preparation of facilitators of peer groups for family doctors, nurses, health care managers.

Peer groups represent the modern method of continuing professional development, which helps medical professionals to improve quality of health care. This education method is accessible and responds to everyday challenges and problems, which face medical doctors, nurses, and health care managers.

Course trainer is a medical doctor, professor of medicine, a member of **Swiss Academy of Medical Sciences Renato Galeazzi**. Renato has experience of participation in peer groups in Switzerland. He also supported development of such groups in other countries of Europe and Asia. He not only shares his own knowledge, but also motivates participants to continuously strive for self-development for their patients and professionalism.

The selected 23 future facilitators from the Chernivtsi, Kharkiv, Rivne, Lviv, Zhytomyr, Ternopil oblasts during seven online lectures and workshops will learn what is a peer group, what is the specificity of peer group organization, how to select and present a topic, how to become a successful facilitator. Gained knowledge will help facilitators to launch peer groups in their respective regions already in July-August 2020 under the Project supervision. We cannot wait for peer groups become a reality in Ukraine!

Meanwhile we invite everybody to watch an open lecture of the professor of medicine Renato Galeazzi “The place of peer groups in continuing professional development” on the Project Youtube channel: <https://cutt.ly/WuV1QAN>.

## WEBINARS



Вебінар

ДОСВІД ВПРОВАДЖЕННЯ  
ЗАСОБІВ ДИСТАНЦІЙНОГО НАВЧАННЯ  
В ХНМУ ПІД ЧАС КАРАНТИНУ

ЧТ, 11 червня, 15:00

### "Using means of e-learning in higher medical education institutions"

Changes in educational process under COVID-19 quarantine measures in Ukraine raised among HEIs the need to ensure continuing learning in distance mode, including transparent process of passing exams. Project partner HEIs show creativity, coordinated work of administrative and teaching staff with IT departments to react on current challenges and implement approaches, reliable algorithms, which allow making the distance learning process clear, convenient, and transparent.

The Project is interested in sharing the best experience of our partners among all higher educational institutions, so we supported the idea of creating a joint online platform to present development and achievements of educational institutions.

Webinar series was opened on May 25 by **Bukovinian State Medical University**, which shared with the participants their experience of organization of the final exam online: how students were identified, and recommendations of the Ministry of Education were followed. The system currently offered by BSMU solves the following problems: automatic distribution of students to teachers, which eliminates the possibility of influencing the distribution of students between examiners and allows avoiding "agreements" on the results of the exam; automatic creation of a queue of students; creating a schedule with automatic sending of links to a student 10 minutes before the video exam; student identification, recording in the journal; grading, students' access to grades; automatic calculation of the final score; automatic generation of reporting documentation (examination protocols, student rankings, final protocols, etc.).

**Kharkiv National Medical University** was the next one presenting their experience of distance learning. The webinar took place on May 11. Colleagues from KHNMU explained all the stages of distance learning implementation in the institution, peculiarities of selection and introduction of the distance exam system as well as shared their updates in creating courses in Moodle.

Such events give the opportunity for every HEI to continuously grow and find new ideas for implementation, so we are happy to support the initiative of our partners and invite others to join webinars of experience exchange.

# INTERVIEW WITH EXPERT. RENATO GALEAZZI

## WHAT ARE THE BASIC PRINCIPLES AND KEY STRATEGIES OF SWISS MEDICAL DOCTORS FOR PROFESSIONAL DEVELOPMENT?

Continuous Medical Education/ Continuous Professional Development (CME/CPD) is required by Swiss Federal Law and organized by the Specialists' Associations (accredited by an Accrediting Agency). Each Swiss doctor must collect 50 credit-hours of structured credits and 30 credits of self-learning.

Structured credits can be collected by participating in/at:

- Group discussions (Peer Groups or the different name is Quality Circles), normally once or twice a month, normally 2 hours in the evenings.
- Lectures and case presentations by local or invited specialists at local hospitals or polyclinics.
- Lectures or half-day, one day or two days courses organized by the specialists' associations themselves, often together with big or teaching hospitals.
- Yearly congresses of the specialists' associations.
- Other national or international congresses.




ВІДКРИТА ЛЕКЦІЯ

ГРУПИ РІВНИХ  
В СИСТЕМІ БПР

ВТ, 16 червня  
о 18:00

Ренато Галеацці  
професор, лікар

Being a member of a Peer Group (Quality Circle) is mandatory for practicing physicians (especially for family doctors or generalists (as they are called in Switzerland) all other events can be chosen freely.

## WHY DO MEDICAL PROFESSIONALS IN EUROPE PARTICIPATE IN PEER GROUPS? WHAT MOTIVATES THEM?

First, let me explain what a peer group is. This is a group of professionals of the same level (same position) and same activity which meets regularly – once or twice a month, to discuss, analyze professional situations and clinical cases, to share knowledge and expertise they have. In West European countries PG are often called “Quality

Circles”. They differ from PG in their composition, as narrow specialists come together with family doctors from the same region or catchment area. The topics are the same as in PG but relational problems between family doctors and narrow specialists are also discussed.

So, why do health care providers participate in such groups? The main reason is clearly to improve quality of medical care. Doctors in Europe are interested in improving continuously their practice of providing high quality health care. Imagine yourself, how many challenging and demanding situations health care providers encounter every day. Medicine is changing almost daily, so physicians and other medical professionals need

to update and adapt their knowledge, skills and attitudes. Peer Groups can provide all this, and even more. Peer group participants get knowledge, feedback on their actions or even mistakes, but also, they receive support from other professionals. I would say, that through the participation in Peer Groups, medical professionals get access to five times bigger amount of knowledge they can get themselves. Additionally, in some countries peer groups are obligatory part of continuous professional development for medical professionals.

### IS IT POSSIBLE TO IMPLEMENT PEER GROUPS IN UKRAINE? WHAT ARE THE KEY SECRETS OF SUCCESS FOR THIS IMPLEMENTATION?

I am sure, it will be possible. In the Ukrainian context of health care reform (including medical education reform), medical doctors, nurses and health care managers are looking for more information explaining how to work in the new framework. So, the need in educational products of high quality, which also address their professional needs, becomes obviously pointed. Peer Groups can really address this request, as they are needs-based, self-managed educational events – it is up to group members to decide what to discuss. At the same time Peer Groups are very practical: participants discuss difficult cases; analyze various approaches and provide different views on real situations from their own practice. Also, Peer Groups give additional responsibility to medical professionals – it is now in their hands to provide evidence-based medical information, and to communicate ideas effectively.



The key concept here is PEER – it is, for example, family doctors sharing experience with colleagues of the same level, as they clearly understand the type of practice, they all share.

The key secret of success of Peer Groups are devoted and motivated facilitators organizing and leading peer group meetings. This person should be a real communicator, an experienced, motivated practitioner, and an estimated colleague. He should also be able to support participants so they can discuss evidence-based approaches to real everyday problems considering reliable sources of information (e.g. international clinical guidelines).

### HOW ARE THE GROUPS AND THEIR MEETINGS ORGANIZED? WHAT EXACTLY IS GOING ON THERE? WHAT MEDICAL PROFESSIONALS CAN GET FROM THESE MEETINGS?

Usually, a peer group consists of up to 25 participants and one or two facilitators leading the group. Participants can take a role of presenter and prepare a presentation of special topic, often a case report or a problem encountered in his/her daily work for discussion. Basically, participants share their knowledge and experience with each other and make conclusions from this discussion and the theoretical part of the presentation. For example, if a physician having done a mistake which other medical doctors haven't faced yet, will share this experience, the consequences and the "lesson learned" so the colleagues can avoid making the same mistake. Another option is the sharing of information members of the peer group got by reading an article, by attending a conference or some other event. New research data, new technical developments, new therapeutic options, new guidelines can also be promoted.

It is important to underline, that typically peer groups are operating among family doctors and nurses, I have never observed the peer groups among health care managers. It seems

however, that in Ukraine, due to the health care reform, peer groups for managers need to be included in their CPD activity as for health care managers there are many uncertainties and many new practices to share with each other.

### HOW LONG CAN A MEDICAL PROFESSIONAL ATTEND PEER GROUP MEETINGS?

There are no limits how long health care providers can participate in peer groups. These meetings can take place for years because content of meetings differs every time and new information appears and can be discussed in the framework of peer group. Peer groups are a part of continuing medical education and professional development (CME/CPD), so it should last throughout the professionally active life, "Life Long Learning".

### WHY PARTICIPANTS SHOULD BE PEERS, EQUAL BY THEIR POSITIONS? WHY SHOULDN'T WE GATHER PROFESSIONALS OF DIFFERENT POSITIONS OR SPECIALTY?

The idea of peer groups is to bring together professionals with the same experience, same type of practice, so they can discuss knowledge, skills and cases which are relevant for their everyday work. Also, it is worth to mention that it is easier to manage such

Peer groups are a part of continuing medical education and professional development (CME/CPD), so it should last throughout the professionally active life, "Life Long Learning".

groups (for example, inviting peers, taking into consideration their similar and congruent interests and practices). Indeed, selecting topics, facilitating communication, establishing friendly atmosphere are the key parts of the peer group processes.

However, peer groups are not exclusively for the discussions among the peers. PG are also a possibility to invite other specialists as presenters or invited guests. These guests bring information grounded in special experience and knowledge and having them invited will help in the relation and communication among generalist specialties and narrow specialties.

### **DID YOU PARTICIPATE IN PEER GROUPS PERSONALLY? WHAT IS THE BEST EXPERIENCE YOU GET THERE?**

As a general internist I attended PG with the practitioners of our hospital's catchment area. This improved greatly my understanding of the practitioners and promoted the continuation of in-patient and out-patient care. We could greatly upgrade post-hospital care through a better understanding of the conditions under which practitioners are working compared with the conditions within the hospital.

### **WE KNOW THAT YOU HAVE EXTENSIVE CLINICAL EXPERIENCE AND MANAGERIAL PRACTICE IN SWITZERLAND AND THAT YOU CONSULTED A LOT OF POST-SOVIET COUNTRIES ON CPD, MEDICAL EDUCATION.**



### **COULD YOU SHARE THE MOST IMPORTANT OBSERVATIONS ON THE KEY DIFFERENCES IN CLINICAL EXPERIENCES OF PROVIDERS AND THEIR CPD.**

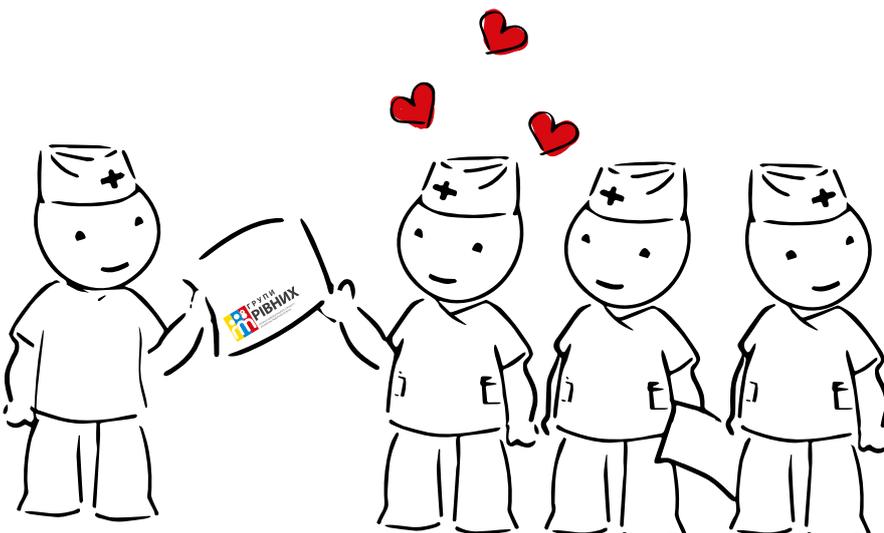
There is still too much emphasis on theoretical learning during long courses given and attended every few years. This is not very effective: 1) medical practice changes or improves much faster, so CME/CPD is not also continuous; 2) topics are not chosen by the practitioners, do not evolve out of daily practice, and 3) normally theoretical learning during long courses does not correspond to modern adult learning theory, as it gives a higher

“attestation” but does not change the everyday work of the practitioners.

CME/CPD in western countries is much more interactive, practical, everyday practice oriented, and without examination. Examinations are not needed in CME/CPD. Examinations are prone to corruption and in addition, people who have to pass and exam learn for the exam and not for life.

### **WHAT WOULD YOU LIKE TO WISH PEER GROUP FACILITATORS AND PARTICIPANTS IN UKRAINE?**

Do not wait with the start of having PG meetings until the government has given order or permission. Form spontaneous groups without much formality and start meeting every 2 weeks. But give the meeting a structure: presentation of the problem, presentation of the theoretical framework using textbooks, articles from medical journals etc., common “questions and discussion” of the presented problem by the group but guided by the facilitator. Then ask the government for the credit-points.



*I. Horbachevsky Ternopil National Medical University*

## Complex activities of TNMU on overcoming COVID-19 epidemic in the Ternopil oblast

Teachers and staff members of TNMU actively participate in diagnostic and treatment process of patients with coronavirus. Professor Vasyl Kopcha, associated professors Vasyl Kachor, Natalia Zavidniuk, assistants and PhDs Natalia Vyshnevskaya and Iaryna Iosyk, who are the members of the Department of Infectious Diseases, Epidemiology and Skin and Venerological Diseases, regularly work in the Infectious Diseases Department of Ternopil City Hospital of Emergency Care. Assistant of the Department of Microbiology, Virology and Immunology Uliana Ilnytska and postgraduate student of the Department of Pathophysiology Olga Kostyuk make PCR diagnostic in the viral laboratory of the Department of Biological Factors Research of the state agency "Ternopil oblast laboratory center of the state sanitary and epidemiological service of Ukraine". In addition, the TNMU staff members provide consultations to those people who call at the COVID-19 hotline, and the Psychological Center of the university provides online counseling services for people in stress and



crisis situations during the COVID-19 quarantine period. Administration of Ternopil National Medical University provided the Infectious Diseases Department with a ventilator, two concentrators of oxygen, PCR-analyzer "Rotor Gene 6000".

Students of TNMU are also involved in the fight against COVID-19. International students of the HEI donated 27,000 UAH for purchasing respirators for the health care centers of the oblast: Infectious Diseases Department of Ternopil City Hospital of Emergency Care, Koziv raion hospital, Monastyrskaya raion hospital, Shumska hospital. Students organize online educational and art events: flash mob "Stay at home", chess competition, quarantine art contest "Art Fiesta", online contest "Poem in the vyshyvanka", online conference "Pan a pandemic".



## Canadian-Ukrainian online course "Global Health" in TNMU

On May 11-22, 2020, students and teachers of the Institute of Nursing of TNMU had an opportunity to study on the joint Canadian-Ukrainian online course "Global Health", which resulted from cooperation between Ternopil National Medical University and MacEwan University (Edmonton, Canada).

In this joint learning participated 13 students of the Faculty of Nursing of MacEwan University and 10 students of the Institute of Nursing of TNMU. The goal of the course was to acquaint students with the problems of globalization, which are inextricably linked to health problems in the world, and also review of Sustainable Development Goals, which should define the activities of countries to ensure the well-being of present and future generations. This year, special attention was paid to the issues related to the COVID-19 pandemic, as the disease has spread around the world and affected various aspects of the health care system. The educational program was intensive. Students were to study, conduct scientific research, give presentations on the specifics of the COVID-19 pandemic around the world, and find out how health systems and society at large respond to this challenge.

*A. Krupynskiy Lviv Medical Academy*

## The 11<sup>th</sup> International Congress "Nurses against COVID-19"

Lviv Medical Academy co-organized the 11th International Congress "Nurses against COVID-19", which was held online on May 12, 2020. The Congress brought together participants from Ukraine, China, USA, Switzerland, Germany, Italy, Kazakhstan and was devoted to COVID-19. Special attention was paid to the role of nurse in overcoming the pandemic; the experience of countries-participants in dealing with the virus was presented. The representative of the Swiss-Ukrainian Project "Medical Education Development" Hlib Bitiukov participated in the Congress and reported on the Italian experience in dealing with COVID-19.

More information about the Congress is here: [www.congress.medsestra.org.ua](http://www.congress.medsestra.org.ua)

Autumn School – 2020

## Autumn School of Medical Education is changing the format

Immediately after its holding for the first time, the Autumn School of Medical Education became a highly expected event for medical educators, health care professionals, representatives of civil society and international organizations. For its part, the Project appreciates this unique opportunity to create professional discourse and hear the views of professionals from different fields. Nevertheless, given the current challenges of COVID-19, the Autumn School of Medical Education is changing its format this year. **The Autumn School is transforming into numerous short-term, but important trainings, workshops, and presentations.** We started with the training “Teaching excellence. Edition 1. Feedback”, and next we will have a workshop on peer groups for teachers of medical HEIs, which is currently under preparation, as well as workshops on **curriculum development, mentorship training for better skills building and introduction to specialty.** We really hope that we will be able to carry out some of these activities offline in small groups. Every change brings some new ideas with it! We are working on the incentives for those who will go through all “educational marathons” we are planning. Petro Ilkiv from Swiss Cooperation Office in Ukraine shared with us inspirational marathon experience, and we are happy to adapt it to our events.

We are sure, for those who strive for knowledge, continuing professional development to ensure quality of education, this change will not be an obstacle, and in 2021, we will meet in a traditional format. We are grateful to Kharkiv National Medical University, which has become a co-organizer of Autumn School-2020, for understanding and flexibility.

Here you can find some memories about Autumn School – 2019: <https://cutt.ly/huV0PbQ>

piloting

## Piloting of courses “Health Financing Systems”, “Quality Management”

In the framework of the master program “Healthcare management”, we are finalizing online parts of two courses: “Health Financing Systems” and “Quality Management”.

Already in August–September 2020, the Project is planning to pilot these two courses among health care managers, but not only among them.

After the successful completion of the course “**Health Financing Systems**”, participants will recognize the importance of system thinking, especially under transformation of health care system, will understand the concept of universal health coverage, as well as its relationship with the guaranteed package of medical services, features of this package in different countries and features of the Ukrainian experience, will understand key concepts of health care financing, will be able to describe their distinctive features and benefits.

The course “**Quality Management**” will help professionals to understand the process approach to quality management and the relationship of this approach with the management of the organization, will teach managers of health care facilities to distinguish technical quality from clinical, and also will present quality management tools that can be applied at the organizational level.

Follow our announcements on the Facebook page about the call of applicants for the pilot stage.



**ОСНОВИ ФІНАНСУВАННЯ ОХОРОНИ ЗДОРОВ'Я**  
за версією українських політиків

МОЗ має безпосередньо займатися закупівлями і підвищенням зарплат

В Україні витрачається на охорону здоров'я 2,9% ВВП

Зaproвадити внески від працевластів і працівників в рамках медичного страхування

**СКОРО** Онлайн-курс для лікарів, пацієнтів і всіх всіх всіх:  
**СИСТЕМИ ФІНАНСУВАННЯ ОХОРОНИ ЗДОРОВ'Я**

## research

## Research of responsibilities distribution of primary health care providers

### as well as competences which family doctors and family nurses need to do their jobs

In its activities, the Project relies not on assumptions, but on evidence, which is formed by conducting research, collecting feedback, supporting work of expert groups. To plan activities to develop competences of family doctors and family nurses, to understand at which levels of education different knowledge and skills are acquired, and to assess possibilities of responsibilities distribution between primary health care doctor and nurse, the Project initiates the research on the primary health care level. A number of expert interviews, survey among medical doctors and nurses will help to identify if professionals have needed competences for practice, which knowledge and skills they lack and if it affects the demand for further professional development. Qualitative stage of the research will help to identify existing models of distribution of responsibilities between family doctors and nurses in a way that a nurse has broader responsibilities.

The results of the research will be the basis for the revision of approaches to curricula development at the undergraduate level, internatura, to development of high quality CPD products for doctors, as well as for the formation of nurses' demand for CPD. The Project will use this data for implementation of the concept of a nurse with broader responsibilities. We are happy that this initiative is interesting for our partner project on non-communicable diseases prevention, which is also supported by the Swiss Cooperation Office.

## school of family doctor

## Azov School of Family Doctor



We are ready to announce the dates of Azov School of Family Doctor. On **September 11-13, 2020, in Berdiansk, Zaporizhzhia oblast**, the Academy of Family Medicine with the support of Ukrainian-Swiss Project "Medical Education Development" organizes educational event aimed at enhancing the quality of primary care in Ukraine through the education and communication of peers (GP, family doctors) using modern technologies and international algorithms for providing evidence-based care. Very soon we will announce the process of selecting 50 participants who will be able to discuss the continuing professional development, strengthening approaches to vaccination, as well as the prevention of negative cases among their patients.

## online course

## Online course on vaccination

The number of participants of our previous online courses along with the positive feedback inspire us to continue to create high-quality educational online products for health care professionals. Together with the medical network Dobrobut, Ukrainian Association of Paediatric Specialties and the Public Health Center of Ukraine, the Ukrainian-Swiss Project "Medical Education Development" is working on the online course on vaccination. Important topics, star lecturers, your CPD – all this is already available in July on the Youtube channel of the Project: <https://cutt.ly/euNqG9Z> and on the portal of the Public Health Center of Ukraine.

## Lugano Summer School

## Lugano Summer School goes virtual

Lugano Summer School in Public Health Policy, Economics, and Management, which is part of the professional training project financially supported by the Swiss Agency for Development and Cooperation (SDC) and managed by the Swiss Tropical and Public Health Institute (Swiss TPH), this year is carried out online due to the global COVID-19 crisis.

Still SSPH+ Summer School will provide interactive lectures from experts, 1-day and 3-day courses, online networking opportunities and exchanges including daily poster presentations. The schedule of the event has been modified to enable health professionals in resource-constrained settings (time, bandwidth) to participate in the program. Greater emphasis will be laid on the plenary lectures; the number of courses will be slightly reduced. The program of the School is available here:

<http://www.ssph-lugano-summer-school.ch/2020-programme/>.

Even virtually SSPH+ Summer School is a great opportunity for mutual learning for change.

# SUZANNE ROSE. MEDICAL STUDENT EDUCATION IN THE TIME OF COVID-19



The world is changing, unexpected new challenges appear, health care systems are transforming, and so medical education should also transform. The need to prepare future medical doctors was never as urgent as now, in the context of global emergency.

- This pandemic presents practical and logistical challenges and concerns for patient safety, recognizing that students may potentially spread the virus when asymptomatic and may acquire the virus in the course of training.
- How does pandemic affect learning environment? Social distancing is the most effective preventative strategy since the emergence of COVID-19 pending development of a vaccine, treatment, or both. Obviously, it contradicts the understanding of how the learning process should be structured “gathering in learning studios, lecture halls, or small-group rooms”. Within the past few years, many faculties were already “flipping” the classroom to provide individualized instruction for asynchronous learning “anytime/anywhere”. However, students still convened for small-group interactions, laboratory sessions, simulations, and technology sessions (learning bedside ultrasonography), as well as for clinical instruction with standardized patients and in authentic patient care environments. In response to COVID-19, medical education faculty have quickly transitioned to online formats, even in clinical skills training and exams. But outcomes of these changes will require subsequent evaluation. The transition from the workplace or medical school setting to home results in isolation, an increased use of email, and struggles with establishing boundaries between work and home, which could affect faculty, students, and support staff.
- What exactly is the role of the medical student in the clinical environment? Ideally, the student is part of the team (and here a lot of Ukrainian graduates and interns painfully smile) as a learner who requires supervision. Formation of students’ professional identity relies on teaching and role modelling in these settings as students learn to prioritize patients and aspire to altruism. The next question then is what level of student involvement during a crisis best represents this prioritization? In other disaster circumstances, including natural disasters, blackouts, fires, and the September 11 attacks, students were able to continue their education and help in the effort. However, with the emergence of a highly contagious pandemic, students may transmit the virus unknowingly or contract the disease. Other contributing factors that limit the role of students in this clinical environment include lack of COVID-19 testing; diminished value of education, with cancellation of surgical procedures and routine appointments and the transition to telehealth formats; and lack of adequate personal protective equipment (PPE). With the initial emergence of COVID-19, students were not involved in the care of patients with suspected or confirmed COVID-19, especially with the shortage of PPE.
- What then could educators do to create experiences for students who are usually assigned to inpatient or outpatient rotations? The options are continually evolving but may include consolidating and moving clinical didactic sessions online



earlier to allow for later entry into the clinical environment; creating and using available virtual cases; modifying the academic calendar to exchange later experiences and defer clinical rotations; and involving students in the telehealth environment, including electives based on experiences students are pursuing to enable them to assist and learn in this critical situation.

- There is uncertainty regarding how long this situation will persist and increasing recognition that there may be periods in the future after reengagement in a “new normal” environment in which quarantines and social distancing may again be required. The challenge is in providing authentic patient experiences for medical students as a key component of medical education under these circumstances.
- The culture of professionalism and altruism must be redefined and take into consideration the possible negative effects of potential actions, even with good intentions. Previously it was acceptable if a doctor came sick to work. Today such altruism may pose threat for other doctors and patients, as virus can be spread further.
- However, learners across the continuum of education have participated in many ways to care for patients and communities in this crisis. In medical schools across the country, students are volunteering in call centres, creating patient education materials, and helping with grocery shopping for those who cannot leave isolation.
- While in the midst of this COVID-19 crisis, it is crucial that the academic educational community learns from the experience and prioritizes a forward-thinking approach.
- The COVID-19 epidemic may represent an enduring transformation in medicine with the advancement of telehealth, adaptive research protocols, and clinical trials with flexible approaches to achieve solutions. There are many examples whereby learning from difficult experiences (emergence of HIV, response to disasters) changed discovery, science, and patient care. This is not only a time to contribute to the advancement of medical education in the setting of active curricular innovation and transformation, but it may be a seminal moment for many disciplines in medicine.
- Rose, S. Medical Student Education in the Time of COVID-19. JAMA. Published online March 31, 2020. doi:10.1001/jama.2020.5227. <https://jamanetwork.com/journals/jama/fullarticle/2764138>

## SOURCES

# SOURCES OF QUALITATIVE AND RELEVANT ONLINE COURSES

The following online courses can help in managing patients with COVID-19 and provide updated knowledge on prevention and control of infectious hazards.

- **“Infection Prevention and Control for COVID-19 Virus”,** online course from the World Health Organization <https://bit.ly/3dMmUpR>
- **“Clinical Care for Severe Acute Respiratory Infection”,** online course from the World Health Organization <https://bit.ly/33ZM2EY>
- British Medical Journal (BMJ) opened free access to all courses, devoted to COVID-19. <https://bit.ly/39s6aRi>
- Online course from the World Health Organization **«Design of the department for the reception of patients with acute respiratory infections».** <https://bit.ly/2R2cxnS>

Sources of information with the recent recommendations on patients with COVID-19 care for medical professionals:

- WHO published guidelines «Clinical management of severe acute respiratory infection (SARI) in suspected COVID-19 case». <https://bit.ly/39zhnzi>
- **WHO brief manual for health care professionals on how to use personal protective equipment and prevent spread of infections.** <https://bit.ly/2R2duwz>
- Center for Disease Control and Prevention – CDC provides access to a number of updated documents on laboratory diagnostics, prevention, an management of patients with coronavirus infection <https://bit.ly/2xGNzDG>
- National Institute of Health publishes resources with updated sources of information on COVID-19. <https://bit.ly/3dMT1p5>

Contacts:

**01001, Kyiv, 6b Liuteranska str.,  
apt. 43, tel. +38 044 384 1009**

The most updated information you can find on the project Facebook page:

<https://www.fb.com/MedEduUkraine/>  
or on the website: [www.mededu.org.ua](http://www.mededu.org.ua)