Educating the Future Workforce for Refugee Health: Experiences from Marmara Medical School

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Workforce for Refugee Health

• **Target groups** include health professionals from different specializations, from different levels of health care such as emergency medical services, hospitals, health centers, public health centers including non–health actors AND from the crisis management centers and local governments

• **Focus: Medical students**
• First real experience of Turkish medical community in working with refugees: in 1992-93, refugee influx from Iraq

• Turkish Medical Association initiated a course for GPs on “Health services management in extraordinary situations”
National Standards for Undergraduate Medical Education-Turkey

- **DS.2.5.1.** Behavioral and social sciences, humanities, forensic medicine, social and ethical elements, and generic professional skills should be cited at all stages of undergraduate medical education.

- **DS.2.5.2.** The curriculum design should provide opportunities for the students to contact with real patients and face common health problems of the society beginning from early stages of medical education.
• **2.7. Preparing the medical students for postgraduate training and working conditions**

• **BS.2.7.1.** The curriculum must include components to prepare the medical students for postgraduate training and working conditions.
• Medical faculties adopted their curricula based on national standards
• Educational settings and educational methods have been adopted accordingly
• A shift from bio-medical perspective in med. education towards bio-psycho-social and cultural perspective
C. Health related conditions

• Health service provision for vulnerable groups

D. Environmental (physical, sociocultural) / Global Conditions

• Migration related problems
• Health services in Extraordinary Conditions
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• Communication Skills Program (2001)- 3 years program
  – INTERCULTURAL COMMUNICATION
    (first year students)
  – The program aims medical students gaining awareness about being culturally-sensitive physicians
  – The Dadu village: a simulation game
  – The purpose of this simulation game is to enable participants to experience the difficulties of teaching a skill to adults with different expectations and cultures
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Migration and Health (2014)

• Public Health and Community Oriented Medicine (4 months clerkship)
• Aim: to create awareness and increase knowledge on refugee health
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Migration and Health (2014)

• An interdisciplinary course (Public Health, Sociology, Psychiatry)
• 40 medical students (intern)
• Interactive-participatory course (150 min)
• Presentations + discussion
Topics included

Public health aspects:
- dimension of the migration
- legal status and its impact on refugee health
- public health aspects of migration
  - social determinants of migrants’ health
  - government’s responsibilities
  - challenges due to barriers for access to care
  - people with specific needs: impairment, injuries, chronic disease
  - importance of primary health care services/service providers
  - ethical issues (e.g. compulsory health screening of migrants)
  - providing culturally appropriate health care without discrimination
Topics included

Sociological aspects:

- Causes of migration
- History of migration in Turkey
- Social effects of migration on the host and the home country
Topics included

Psychological aspects:
- Stress
- Trauma
- Effects of migration on mental health
Lesson learned

• there is a clear need for this topic in the medical curriculum
• a difficult topic to discuss with medical students
  – *Health inequalities in health – migration and health*
• we experienced a similar critical perspective in all groups regarding migrant’s health
• politics, emotions, personal life stories are part of the discourse
• lack of knowledge / false information/ biases/ discussions often driven by values but lacking critical reflexion
Lesson learned

• there is a clear need for this topic in the medical curriculum

• interdisciplinary format of the program is an advantage

• interactivity provides a useful learning opportunity (especially for changing attitudes)
Health-related interventions to immigrants

• Two basic approaches:
  – Migrant-specific, exclusive approach
    • specific health and preventive interventions are required.
  – Migrant-sensitive, inclusive approach
    • adapting the existing routine health and preventive services

Recommendations for the future

• Refugee health should be part of core curriculum

• The curriculum design should provide opportunities for the students to experience the challenges in «reality situations» beginning from early stages of medical education.

• Refugee health should be referred to at all stages of undergraduate medical education
  – addressing the knowledge, attitude and behaviour domains

• Local data might help to increase awareness and to change attitudes
• Thank you,
• Teşekkür ederim,
• Şükran