

NEWSLETTER

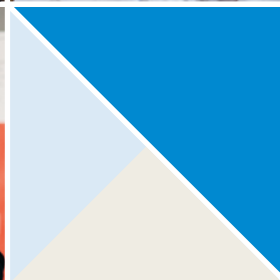
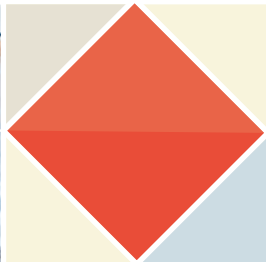
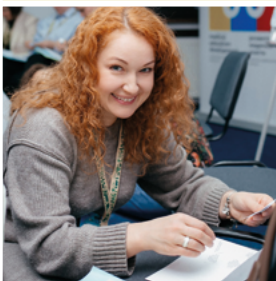
OF MEDICAL EDUCATION

MEDICAL EDUCATION DEVELOPMENT UKRAINIAN-SWISS PROJECT

January –
April
2026



WEAVING A NEW PATTERN OF MEDICAL EDUCATION TOGETHER



WINTER EDITION OF THE WORKSHOP OF EXTRAORDINARY TEACHERS:

FIVE DAYS ON TEACHING EXCELLENCE AND COURAGE TO CHANGE



From 18 to 23 January in the Carpathians, we held the second Workshop of Extraordinary Teachers, even though we had originally planned to organise just one such event. Why did we change our minds? Because of the overwhelming demand for this unique format, which educators found so appealing last year that we decided to repeat it.

Those were five days not about 'teaching correctly', but about the person behind the teaching. A combined 468 years of teaching experience within a circle of trust where the participants could ask difficult questions and seek answers together.

Over the course of the two workshops held – in June 2025 and Janu-

ary 2026 – 62 lecturers from medical universities across Ukraine visited the Carpathians. The feedback revealed a figure rarely seen in educational settings: 100% satisfaction, and 100% of participants confirmed that they had found themselves in a comfortable and productive atmosphere during the workshop. This is

no coincidence, but rather a reflection of how the format is structured.

WHO NURTURES THE SPACE

The workshop space was lovingly nurtured by the long-standing creators and facilitators of the Workshop of Extraordinary Teachers: **Olha Bershadska**, an educational consultant who knows how to create an environment where you simply want to be, and who develops programmes that do not only address professional skills but also personal growth, and **Nataliia Starynska**, a trainer who skilfully helps to bring structure to chaos and unlock potential through incisive questions and clear action plans.



and share their own ideas. As a result, this event, which started out without any speakers, has become an event featuring 32 incredibly interesting speakers, in-depth conversations and forging links between departments, disciplines and universities.

Nataliia Starynska,
trainer

WHAT MAKES THIS FORMAT SPECIAL

The Workshop of Extraordinary Teachers is modelled on the North American Workshop of Extraordinary Teachers. Its key feature is that there is no rigidly fixed programme – and this is not a 'lesser' format, but quite the opposite.



In this format, there are no guest speakers or pre-determined topics. A great deal of attention is paid to identifying the issues that truly concern teachers and, what is crucial, those they can influence. It is on this basis that the programme of the event is built on and unfolds.

Olha Bershadska,
educational consultant

The workshop begins with highlighting real challenges from day-to-day work which are then discussed in smaller groups. One of the main rules of interaction is: don't complain or criticise but ask questions.

THE VENUE AS PART OF THE METHOD

The venue for this training format is no accident either – we chose it to ensure not only mental but also physical distance from familiar roles and lecture theatres. In the context of a full-scale war, this distance proved to be not merely an organisational detail, but a functional prerequisite for deep learning.

In their feedback, several participants describe this in almost identical terms.



It was the first time in such a long while, full 5-6 days, that thoughts of the war occupied only 10% of my thoughts, rather than 90%, as is usually the case.



For the first time in 3.5 years since the start of the full-scale invasion, I did not feel anxious.

A teacher living under constant pressure and anxiety cannot engage in deep, reflective work on themselves. The space created in the Carpathians restores this capacity.

TOOLS READY FOR IMPLEMENTATION

As well as in-depth self-reflection, the workshop served as a platform for sharing best practice: educators were keen to share tried-and-tested tools and methodologies. At the winter workshop, participants frequently mentioned the 'map of polarities' – a tool that helps identify deadlocks in one's work and seek balance rather than a one-sided solution. Other techniques they took away with them included: the Dilts Pyramid for self-analysis, the competencies equaliser, and small-group reflection formats. Everyone took home not only inspiration but also concrete solutions ready to be implemented in the classroom.



We see how people gradually relax. How their faces soften, their hunched shoulders straighten, and smiles appear. This is the moment when real learning becomes possible – about themselves and about teaching.

Olha Bershadska,
educational consultant



We create a space where every teacher is a source of valuable experience. It doesn't matter whether you've been teaching for one year or 40, nor does it matter what academic degree or position you hold – everyone has something interesting and useful to offer others. We design the Workshop of Extraordinary Teachers so that everyone has a place and space to come to terms with their own challenges



'DON'T SAY NO, THINK: HOW CAN I DO THIS?'

The key insight from the winter workshop was formulated by the participants themselves: 'Don't say no, think: how can I do this?'. This is about choosing to seek solutions and opportunities for change, rather than falling back on the usual resistance to them.

One thought recurs in the feedback – so literally that different people express it in almost identical words:

”

I'm not the only one who isn't a perfect teacher. And I'm not the only one whose students sometimes lack motivation. The problems I came here with have been resolved and even more.

”

This education system needs you, because you're not the only one who stands out; there are plenty of others like you.

”

I feel as though the old paradigm is crumbling and new doors are opening to an education that teaches from the heart.

”

It wasn't just professional – it was incredibly human, inspiring, a real 'wow' experience.

The word 'therapeutic' appears several times in the feedback. At the same time, the workshop deliberately remains within the boundaries of professional training and does not claim to be psychotherapy. It's simply that the format, in which a teacher is finally heard and realises they are not alone, is healing.

This format helps to overcome professional loneliness and isolation. For a teacher, this is important not just emotionally: to see that your dif-

ficulties are not unique, that others also have doubts, get tired and yet continue to transform education.

The workshop transforms teachers in several ways at once. They begin to recognise their own value and potential more clearly – and this is reflected in specific feedback such as: 'I am needed in this education system', 'I am in the right place'. A desire emerges to make classes more lively, interactive and student-centred. To think not just about 'what to teach', but 'how to create a learning experience'.

The Workshop of Extraordinary Teachers took place thanks to the openness of every participant and their belief that change in medical education begins with every one of us. And we are already preparing for the third workshop which will traditionally take place in the Carpathians at the end of June.

EDUCATION THAT PREPARES YOU FOR THE REAL WORLD:

WE DISCUSS THE COMPETENCE-BASED APPROACH TO LEARNING AND TEACHING



Back in 2021, we produced a guide entitled "The Competence-Based Approach in Medical Education", and it remains a sought-after resource among lecturers keen to improve their teaching excellence. In this article, we explain what this guide is about, who it will be useful for, and outline what the competence-based approach is and why it is valuable.

Teaching skills are a vital competence for educators who are the key drivers of educational processes. The problem often lies in the fact that no one teaches clinicians how to teach. Consequently, they largely rely on their own experience. The guide "The Competence-Based Approach in Medical Education" has been produced to assist educators, including

those in the medical field. It forms part of the comprehensive approach of the Ukrainian-Swiss Project "Medical Education Development" aimed at capacity building of medical HEIs.

The guide is primarily intended for lecturers and teaching staff at medical HEIs, as well as other universities, institutes, and academies that

train students in the specialities in "22 Healthcare". However, it will be valuable to educators across all disciplines. Indeed, medical education provides an excellent context for understanding the essence of the competence-based approach and for integrating its principles and tools into one's own teaching practice.

The guide helps to understand:

- how to design educational programmes using the competence-based approach;
- how to define learning outcomes;
- how to plan classes;
- how to assess the level of competences acquired;
- how to develop teaching skills.

THE NEW LOGIC OF THE EDUCATIONAL PROCESS

So what does the competence-based approach involve? It is gradually changing the logic of education: the focus is shifting to preparation for real professional life, rather than for exams or demonstration of theoretical knowledge.

Competence is a combination of knowledge, skills, and attitude. By acquiring knowledge, a student finds the answer to the question 'what to do?'; by acquiring skills – to the question 'how to do it?'; and by developing attitudes – to the question 'why do it?'

Within this framework, the educational programme is structured around the future graduate: what they need to know what skills they must demonstrate and what level of readiness for professional practice they should possess upon completion of their studies. It is not enough simply to know that communication with patients is important. A future specialist must be able to communicate, explain, listen, interact with people and integrate these skills into their daily work. The outcome of learning is not the volume of information acquired, but the readiness to act.

The competence-based approach also changes the role of the teacher. In the traditional model of teaching, the focus was often on mastering topics and testing theoretical knowledge. Now, what matters is not just what the student has learnt, but whether they are able to apply this knowledge in practice. Whereas previously, when preparing classes, teachers would start from the perspective of 'what needs to be taught, and which topics are covered by this subject', the primary focus now is: 'What goals do we want to achieve, and what should the future professional, trained by this educational programme, be like?'

KEY PRINCIPLES AND ADVANTAGES OF THE APPROACH

The key principles of the competence-based approach include a focus on relevant competences that meet both academic expectations and needs of the professional sector; support for individual learning pace; openness in the development of courses, learning objectives and assessment; and transparent and fair assessment of learning outcomes.

Students are given greater freedom and responsibility for their own learning: they can better understand which competencies they need to develop, choose some of their modules, shape their own learning pathway, and gain experience at other universities. At the same time, this approach places particular emphasis on developing key skills: critical thinking, communication, leadership, ability to work in a team and make decisions.

This is particularly important for medical education. A modern doctor or nurse must not only possess knowledge but also be able to interact with patients, work under stressful conditions, collaborate with colleagues and

engage in continuous learning. The effectiveness of treatment often depends on the quality of interaction between a healthcare professional and a patient. And it is precisely the competence-based approach that helps to develop this quality systematically, rather than randomly.

Today, the competence-based approach in medical education is not merely a legal requirement. It ensures that graduates of medical HEIs will acquire knowledge, master skills and develop attitudes that meet the modern needs of medicine and patients' expectations, while the educational process will be geared towards developing modern specialists.

The guide is available via [the QR code](#).



HOW LECTURERS MASTERED THE ART OF TEACHING STUDENTS IN SIMULATION CENTRES



From January to May 2026, teams of educators from clinical departments at ten pilot higher medical education institutions attended eleven training sessions on the fundamentals of simulation-based learning. These training sessions form part of our systematic approach to integrating simulation-based learning approaches into the educational process at our partner institutions. Read on to find out what took place during these sessions, how they were conducted and, most importantly, why we organised them.

A PIECE OF A BIGGER PUZZLE

Simulation-based learning was introduced in Ukrainian medical HEIs in response to a problem highlighted by both teachers and students: a lack of opportunities to practise clinical skills while studying at the institution. Previously, the typical approach was to immerse students in practical work directly while interacting with patients. This approach does not provide a safe learning environment, as a mistake made in such conditions comes at a real cost. Moreover, students in

the early stages of their training have not yet mastered the skills to a sufficient level to practise safely.

The simulation centre provides a different kind of space: a place to practise a skill, make a mistake in a safe environment without fear of causing harm, analyse the mistake and try again.

Today, simulation-based learning is integrated not only into the teaching process but also into assessment: HEIs must be confident that students do not only know the material (which



is assessed through oral exams and tests) but are also able to apply it. This is precisely why medical students sit the OSCE (Objective Structured Clinical Examination). Preparation for this can only be achieved through practice, and the simulation centre plays a key role here.



In response to these challenges, our project incorporated an approach into our work with pilot institutions that involves the development of simulation-based learning directly across several levels: infrastructure and equipment, institutional strategy and sustainability of the centre, integration into educational programmes in the form of simulation sessions on the 'General Practice-Family Medicine' course (the section on simulation scenarios in the guide for medical educators, 'General Practice – Family Medicine') and, finally, the ability of teachers to use the simulation centre effectively in the teaching process.

It is this fourth level that has become the focus of our series of training sessions.

HOW THE TRAINING SESSIONS WERE ORGANISED

Our aim was to form teams of clinical discipline lecturers who understand the principles of simulation-based learning and can independently plan and deliver sessions for students in the simulation centre. The training format is therefore tailored to those who already work or plan to work in a simulation centre, with a focus on the gradual development of competences, a shared understanding of approaches and effective use of available resources. This is why we mainly conduct training in the simulation centres of HEIs and utilise the

equipment available there. Unfortunately, for safety reasons, we are unable to hold training sessions at the simulation centres of Zaporizhzhia State Medical and Pharmaceutical University, Kharkiv National Medical University and Sumy State University. However, we are trying to provide the most favourable conditions for training in Kyiv.

Our main objective during the training sessions was to show participants that simulation-based learning changes the very logic of medical training: it is not about the transfer of knowledge, but about behavioural change through planned practical experience. It is not a session where one is assessed, but one during which a transformation takes place from 'knowing' to 'doing'.

These steps and this logic are embedded in Miller's Pyramid, which describes four levels of clinical competence: knows, knows how, shows how, does. Most traditional training stops at the first two. Simulation takes the student to the 'shows' level where the skill is practised in a controlled environment, rather than being applied for the first time on a real patient.

Each training session lasted two days and was structured around practical work:

- participants learnt the approach to skill development;
- practised practical skill stations in the role of teachers;
- developed their own scenarios;
- learnt how to conduct debriefings and provide feedback.



Key topics included a four-stage approach to practising skills, SMART objectives for simulation sessions, the Kolb's Learning Cycle as a model for adult learning, and perhaps the most challenging for many, debriefing without judgement.

It was precisely this last point that required the most work. Feedback in a simulation is not the instructor's assessment of 'good' or 'bad', 'chaotic' or 'uncertain'. Emotional judgements cause students to become defensive rather than to analyse and learn from their mistakes. Instead, relevant feedback is based on the action taken by the simulation participant and is provided immediately after the action is completed. The teacher observes and verbalises what they have seen: "It took 60 seconds between the decision being made and it being carried out", "The information about blood pressure was not passed on to the team leader". This kind of feedback provides greater understanding and a more positive emotional response. The teacher's role in the simulation is to act as a facilitator, helping the student to analyse their own actions, rather than to pass judgement.

WHO TOOK PART IN THE TRAINING

The training sessions involved ten teams from pilot institutions. A total of 119 teachers completed the training.



1. Zhytomyr Medical Institute (28–29 January).
2. Kharkiv National Medical University (12–13 February).
3. Danylo Halytsky Lviv National Medical University (5–6 March).
4. Sumy State University (12–13 March).
5. Horbachevsky Ternopil National Medical University (31 March–1 April).
6. Ivano-Frankivsk National Medical University (2–3 April and 20–21 May).
7. Bukovinian State Medical University (23–24 April),
8. Bogomolets National Medical University (7–8 May).
9. Zaporizhzhia State Medical and

Pharmaceutical University (9–10 May).

10. Uzhhorod National University, Faculty of Medicine (23–24 May).

WHAT THE PARTICIPANTS SAY

Many described the debriefing as the most challenging and, at the same time, the most valuable part of the training. "It is important to learn how to formulate conclusions without making value judgements and to refine one's debriefing skills," said a participant from Sumy State University. Teachers from Zaporizhzhia summed up their main aim succinctly: to replace emotional assessment with fact-based assessment.

A participant from Bogomolets National Medical University adds another dimension: "The most useful part was the practical work which gave us the opportunity to work through all the theoretical material independently, understand our mistakes and work on them".

Several participants highlighted the experience of being in the role of a student rather than a teacher. "This allowed us to understand and experience learning from different perspectives", said a participant from Bukovinian State Medical University. A lecturer from Lviv National Medical University outlined the next step in concrete terms: "We are already plan-





ning to review our existing scenarios and integrate new teaching formats”.

Lecturers from Bukovinian University described their post-training action plan as follows: “To design classes with a clear structure, incorporating triggers and expected actions. To ask open-ended questions, analyse students’ thinking rather than just their actions, and provide constructive feedback”.

WHO DELIVERED THE TRAINING SESSIONS

The series of the training sessions was prepared and delivered by three trainers – practising doctors and certified instructors who themselves work with simulation-based learning on a daily basis.

Liliia Skolska, an anaesthetist, Head of the Education and Training Centre at the Dobrobut Academy private higher education institution, a certified instructor and course director for the All-Ukrainian Resuscitation Council and the European Resuscitation Council.

Anzhelika Shpachuk, an anaesthetist, assistant at the Department of Anaesthesiology and Surgery at the Dobrobut Academy private higher education institution, a certified instructor and course director for the All-Ukrainian Resuscitation Council and the European Resuscitation Council.

Antonina Chervatiuk, Head of the Simulation Training Centre at Hor-

bachivsky Ternopil National Medical University, Assistant at the Department of Emergency and Simulation Medicine, and a certified course instructor for the All-Ukrainian Resuscitation Council and the European Resuscitation Council.

We would like to express our sincere gratitude to the trainers and all participants for their collaboration!



SIMULATION CENTRE DEVELOPMENT STRATEGY: TRAINING FOR THE TEAM AT SUMY STATE UNIVERSITY



To support the points made in our previous article, we would like to tell you about an important training session during which the team from a pilot HEI practised strategic thinking and applied it to their own simulation centre.

Training session “Simulation Centre Development Strategy” took place in Zhytomyr on 17–18 February. The two-day session was led by Matviy Khrenov, co-founder of the Ukrainian Healthcare Centre (UHC) and adviser to the Minister of Health of Ukraine from 2018 to 2020.

The participants worked on key strategic questions:

- how to build relationships with clients;
- assessing available resources;
- finding partners;
- developing a comprehensive strategic plan.

The training was delivered with methodological support from Nataliia Starynska, a teaching skills coach, facilitator, lecturer at Kyiv-Mohyla Business School, and a certified Project Management Professional. Nataliia's role is to help the Sumy State University team to integrate

the training material into their future work, in particular to finalise the strategy draft that was started during the training.

The participants highlighted the practical value of the training. “I consider the greatest achievement to be the systematisation of knowledge regarding organisation and development of simulation-based education, as well as the practical tools for establishing and improving the work of a simulation centre,” said one participant. Another emphasised that the training enabled them to analyse specific actions and potential risks in detail and step by step.

This is not the first training of its kind for our project – we are working consistently with pilot institutions on the strategic development of their simulation centres. We hope that for our colleagues in Sumy it has provided a solid foundation for developing their own strategy.



WOULD YOU LIKE TO ENHANCE YOUR TEACHING?

THEN TAKE A LOOK AT THE COURSES IN THE PROGRAMME
“TEACHING EXCELLENCE FOR MEDICAL EDUCATORS”

Teaching in medical education requires far more than just clinical experience and subject knowledge. The ability to organise learning so that it truly works for students is a skill in its own right, one that can and must be learnt. It is around this idea that we have created a series of online courses which we have brought together in the programme “Teaching Excellence for Medical Educators”.

out of 10, and over 70% of learners gave it the highest score. 85% said they would recommend it to colleagues.

You can find out more about the course and start learning by following [the link¹](#).



COURSE 1:

MEDICAL EDUCATION AS A SYSTEM: THE STRATEGIC ROLE OF THE TEACHER

This course is designed for those who are just starting out as teachers: doctors and nurses without formal teaching qualifications who find themselves in front of a class, and for young lecturers who are still developing their skills. It will also help experienced educators to take a fresh look at their role within the system.

During the course, you will gain an understanding of:

- how the medical education system in Ukraine works, who influences it,

and what values shape it;

- re-evaluate your role and influence as a teacher within this system;
- how to create a supportive educational environment – physical, virtual and interpersonal;
- how to recognise the signs of a supportive or toxic atmosphere in higher education institutions and identify small steps that can improve the environment;
- as well as to develop a plan for your own professional development.

It consists of three modules which you can complete at any time that suits you, at your own pace, and in any order. Each module contains short video lectures, practical examples from teaching practice, and tasks to encourage reflection and assess understanding of the material

The lecturers include well-known and much-loved Wim Groot, Janet Grant, Tetiana Chernysh, Olha Bershadska, Olena Ihnashchuk, Anastasiia Khodan, Ihor Zastavnyi and others.

773 participants enrolled on the course. The average rating is 9.55



COURSE 2:

EDUCATIONAL DESIGN IN ACTION: HOW TO CREATE EFFECTIVE TRAINING COURSES

The second course is more practical and is aimed at the same audience as the first. It answers the question: how do you design a training course so that it really works?

During the course, you will:

- understand how your course relates to the curriculum and where the boundaries of your academic freedom lie;
- be able to design a course using the principles of backward design;

- understand how to apply the principles of adult learning and which basic theories you should bear in mind to ensure that learning is practical, understandable and motivating;
- learn to build a transparent assessment system;
- be able to create or update a syllabus so that it becomes a truly useful document both for you and your students.

The course consists of five modules which can also be completed at any

time that suits you and in any order. Each module includes a video, a quiz, practical tasks and prompts for reflection.

The speakers include Wim Groot, Inna Chukhno, Mychailo Wynnicky, Natalia Trambovetska, Natalia Starynska, Joachim Pelikan and Christoph Pimmer.

72 participants have already completed the course. A total of 288 people registered for the course. The average rating is 9.7 out of 10, and over 76% of participants gave it the highest score.

You can find out more about this course [here](#)².

We would like to emphasise that all the programme's courses have been created by our project team under the leadership of Olena Ihnashchuk, Medical Education Coordinator. The co-author is Olha Bershadaska, a trainer of trainers and facilitators and a designer of comprehensive educational programmes.



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HOW TO SHAPE MEDICAL EDUCATION OF THE FUTURE: A CONFERENCE FOR PILOT HEIS

On 26–27 March in Kyiv, we brought together 28 representatives from ten pilot higher medical education institutions. The occasion was the conference “Building the Capacity and Synergy of Higher Medical Education Institutions”. In terms of format, it was more of an open discussion about the state of the system and directions for its future development: what is already working, what needs rethinking, and what medical education should look like to prepare doctors for a country that has already changed.



The conference began with opening remarks from project leader Martin Raab, Petro Ilkiv, a representative of the Swiss Embassy, Serhii Ubohov, Head of the Department of Medical

Personnel, Education and Science at the Ministry of Health of Ukraine; and Olena Nykonchuk, Director General of the Centre for Education Quality at the Ministry of Health of Ukraine.

Serhii Ubohov was the first to speak and shared updates from the Ministry of Health of Ukraine. The discussion covered both changes that have already been implemented and the Ministry's plans.

First and foremost, Mr Ubohov reminded the audience of the electronic allocation system for internship placements and emphasised that a register of interns is now available, recording their academic performance and results from the Krok 3 examinations.



Separately, Mr Ubohov spoke about the development of nursing as an independent professional field with a tiered education system ranging from vocational college to master's degree programmes. He also spoke about continuing professional development (CPD), emphasising the importance of moving away from the formal accumulation of credits towards conscious learning: “You shouldn't attend a CPD event just to get a certificate, but to genuinely acquire the knowledge and competencies that raise your personal professional standards”.



Another key change is the reorganisation of the Testing Centre into the Centre for Education Quality at the Ministry of Health of Ukraine. According to Serhii Ubohov, this is not merely a name change: “The Centre’s philosophy is shifting from ‘catch and test’ to identifying the root cause: how to ensure quality by creating the necessary conditions for it”. The Ministry of Health of Ukraine is now officially authorised to monitor the quality of medical education from undergraduate to postgraduate, from CPD to a genuine audit of what is happening in lecture halls and clinics”.

Olena Nykonchuk spoke during the panel discussion “Changes in the Medical Education Ecosystem in Ukraine” about the responsibility of the institutions themselves: “Change



does not come by decree. You drive it yourselves and that is the most important thing. But be honest with yourselves: the system is extremely fragmented and the licensing rules for regulated professions are set

to change. The key question is not for the Ministry, but for you: are you ready to develop? Because we will support those who are ready”.

Full recordings of the speeches by representatives of the Ministry of Health of Ukraine can be found [via the link¹](#).

Other speakers also supported the idea of institutional autonomy and accountability.

Andrii Butenko, Chair of the National Agency for Higher Education Quality Assurance, reminded the audience that since 2025 universities have been investigating cases of academic misconduct themselves. The logic is simple: “The university awards the degree. It must therefore be responsible for its own reputation”.



Matviy Khrenov, co-founder of the Ukrainian Healthcare Centre (UHC), spoke about management as a distinct professional discipline: “Management is a science just like anatomy. It has fundamental laws. A leadership role in a higher education institution is not an automatic extension of a clinical or academic career. It is a distinct profession with its own set of competencies”. Institutions that wish to move forward require professional managers in top positions and their own institutional identity – a strategy



that is not merely a formal document, but a realistic description of what the organisation does on a daily basis.

Matviy Khrenov spoke separately about the shift from competition to cluster thinking. “Duplicating resources is a luxury the system cannot afford. Pooling resources yields greater results than the parallel existence of weaker structures”.

Iryna Solovei, President of Gang NGO and co-founder of Velyka Ideia crowdfunding platform, expanded on this idea within a broader socio-economic context. Ukraine is entering the knowledge economy where value is created by cognitive capabilities. In this world, a teacher derives their value not as a conveyor of information, but as someone ‘who can empathise

with another person in their learning process’. Educational institutions should not be passive implementers of change, but its creators.

Ihor Zastavnyi and Anastasiia Khodan, co-founders and family doctors at Svoi.ridni, spoke about the inevitable changes that Ukrainian society and, consequently, medical education is undergoing. Ukraine’s demographic reality demands a rethinking of the very logic of education: “We must recognise that, given the size of our population, we will probably no longer belong to the category of large countries. We will be a country with a small population, and that changes everything”. A country with a smaller population can remain strong only if every specialist becomes as effective as possible.

This context defines both the role of education and the role of the teacher. In a fragile, non-linear world, which is precisely the world we live in, the teacher is no longer merely a source of knowledge. They become a co-navigator, helping students to find their way through uncertainty, tolerate complexity, and think critically.

Medical education of the future, according to the speakers, must prepare students not for a stable world, but for a world of change. And this requires a different approach to learning – one based on values. The VBCA (Values-based Curriculum Approach) involves that values are not taught as a separate course in bioethics but permeate every topic: any procedure or diagnosis is considered through the prism of ethics, empathy and respect for the patient.

Separately, the speakers discussed the environment that retains people in the profession. Healthcare professionals are leaving Ukraine not only because of salaries, but also due to a lack of dignity and a sense of support. The responsibility of educators lies in creating an environment where people feel respected and that they belong.

Anastasiia Leukhina, a consultant for the Ukrainian-Swiss Project “Medical Education Development”, also spoke about the ethical aspect of training, but from the perspective of commu-





nication between a doctor and a patient. She posed an uncomfortable question: if the majority of patient complaints relate not to the quality of medical treatment but to the quality of communication, why does communication still remain on the sidelines of medical education? The students have already provided the answer themselves: where an optional course on communication was introduced, eleven or twelve students enrolled instead of the expected two or three

groups of students. Since 2022, the project has been working to integrate a course on humanity and empathy into medical education – [more on this initiative](#)².

INSTEAD OF A CONCLUSION

The conference was not a reporting event in the traditional sense, but rather a platform where we looked into the future together and discussed the changes that need to be implemented today. This is precisely what

will enable us to succeed tomorrow!

We would like to thank all our partners and the community who joined us in this dialogue, worked on shaping a future vision for medical education, and showed that they cared.

Another key part of the conference was a showcase of our project activities. You can view it [via the link](#)³.

We have compiled all the key presentations and insights from the conference for you in [the event recordings](#)⁴.



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SIX SKILLS OF STRATEGIC THINKING:

TRAINING FOR TWO MORE PROJECT'S PILOTS

The series of trainings “Six Skills of Strategic Thinking” for management teams at pilot medical HEIs continues. At the start of 2026, two more institutions joined the programme: Bukovinian State Medical University and Andrei Krupynskyi Lviv Medical Academy.

The training sessions were delivered by Matviy Khrenov, co-founder of the Ukrainian Healthcare Centre (UHC). The format is the same for every institution: two days of intensive work during which rectors, vice-rectors, heads of departments and heads of units immerse themselves as equals in mastering the six skills of strategic thinking, work through case studies, and

seek answers to questions that often go unaddressed in day-to-day work. During the training, the participants work through six skills: how to notice important signals amid the noise of information; how to see the full picture and understand where the problem lies within the system; how to think big without losing control of the details; how to correctly formulate a problem



and find its true cause; how to create a clear, realistic and inspiring vision of the future; and, finally, how to work with people who have different interests and build alliances.



The participants themselves are best positioned to speak about the results. After the training, one participant summed up their main takeaway as follows:

”

The interactive format with case study analysis and literature recommendations was the most valuable part. It's an effective tool both for



work at the university and for life. I plan to review the system of values and get feedback from the team on our long-term strategy.

”

Now the main task is to ask ourselves and the team the right questions: “Why are we doing this?”, “Where is this leading?”, and “What happens next?”

”

I want to initiate a jointly developed vision for the faculty's development and identify specific steps to achieve our goals.

We would like to thank the teams and the trainer for their joint work! We hope that the tools gained will form the basis for institutional strategies and, over time, have a positive impact on management practices.



CO-LEARNING WORKSHOPS

AS A PRACTICE FOR TEACHING ADULTS COMMUNICATION SKILLS



Since the start of 2025, Co-Learning workshops have been running as part of the project. Four groups of educators and practitioners from the healthcare sector, each having held around seven meetings during this time: over 70 participants, eight facilitators, and 28 peer-group sessions. Curious what this format is and how it benefits the self-education of adults and established professionals? Read on to find out.

NOT A LECTURE. AND NOT EVEN A TRAINING SESSION

The Co-Learning workshops are built in a peer-group format, with two facilitators present at all times – one representing educators, the other practitioners. There is no classic role of the 'expert' who knows the answers. And there are no 'listeners' who silently 'take notes' on those answers. Everyone is involved in co-creation.

If we look at the co-learning workshops through the lens of andragogy, the theory of adult learning, it becomes clear why this format has proved so natural for the participants.

Adults learn differently. For them, it is important to:

- see the practical value of learning;
- draw on their own experience;
- be able to influence the process;
- solve real problems, rather than ones detached from context.

These are precisely the principles underpinning the workshops.

There is no pre-determined 'correct' programme here – it is shaped by the requests of the participants in each individual group. And although the topics vary from group to group, they all revolve around communication, empathy, and a human-centred approach.

The topics the participants chose for their joint research and learning centred on skills for empathetic and ef-

fective communication. There was a particularly strong demand for working with bad news and critical situations, and for tools and protocols to handle them.

BRIDGING THE GAPS BETWEEN CURRICULA AND PRACTICAL EXPERIENCE

One of the key contexts in which these workshops should be viewed is the gap between formal medical education and the demands of real-world practice. These two contexts need to be aligned, and the workshops are moving in this direction.

Skills in communication, empathy, and a person-centred approach are not only highly relevant but also an integral part of the medical environment where patients are at the heart of the system. At the same time, in the curricula of medical higher education institutions, these topics are often covered in a fragmented manner and presented as unimportant knowledge. Meanwhile, practitioners complain of a lack of time for empathetic communication, often citing the risk of burnout. However, in our workshops we dispel these myths and explain that mastering empathy skills is essential for preventing burnout, provided the tools are used correctly.

As a result, doctors and teachers find themselves in a situation where they have 'heard of it' but do not always understand exactly how it works. And does it work at all?

Co-Learning workshops partially address this challenge.

They do not replace formal education, but they create a space where

participants can:

- analyse real-life situations;
- practise the tools;
- hear about colleagues' experiences;
- and gradually integrate these skills into one's own practice.

POTENTIAL FOR SYSTEMIC CHANGE

At this stage, Co-Learning workshops can be seen as a pilot format. But their potential is already visible beyond that of a single educational project.

This is about the opportunity to:

- complement formal curricula with

practice-oriented formats;

- develop communities of teachers and practitioners;
- promote a facilitation-based approach to learning;
- and, finally, shift the culture of medical education towards a more person-centred approach.

FROM KNOWLEDGE TO ACTION

Importantly, in this format, communication and empathy are no longer 'soft skills' in a purely theoretical sense.

They become the subject of active work. After all, it is not enough simply to prescribe treatment in silence.

Doctors cannot deliver bad news to a patient and then disappear. So how should conflict situations be handled? How do you talk about sensitive topics or make treatment decisions together? What should be done when a patient becomes aggressive?

This knowledge is not a 'luxury extra' but a 'basic requirement' of the present day.

There are no universal or quick answers to these questions. But they require a space where they can be explored. They need to be discussed both in educational institutions and among practitioners!

It is exactly this kind of space that the workshops have become.

REFLECTION, COMMUNICATION AND SYSTEMIC CHANGE:

HOW MEDICAL EDUCATION IS BECOMING PERSON-CENTRED

The Person, Not the Disease:
An Empathy Lab in Medical Education



Throughout the winter and spring of 2026, the Ukrainian-Swiss Project "Medical Education Development", in partnership with Anastasiia Leukhina, a project consultant and author of the book "A Non-Scary Book on Life, Death, and Everything in-Between" and editor of the guide "Humanity and Empathy in Healthcare", continued the series of events "A Person, Not a Disease: Laboratory of Empathy in Medical Education". Four meetings with Ukrainian and international experts, including representatives of the EACH organisation, were united by a common idea: medical education requires not only new knowledge, but also a new way of thinking.

You can watch all the episodes in the series on our YouTube channel [in Ukrainian¹](#), and the sessions featuring international speakers are also available [in English²](#).



1



2



ON 5 FEBRUARY 2026

A meeting with Pavlo Kulishenko, former First Deputy Head of the Patrol Police Academy in Kyiv and one of the developers and implementers of problem-based learning (PBL) in police training, took place.

The focus was on transforming traditional, discipline-based teaching into a problem-based format capable of integrating knowledge around real-life case studies. It was discussed how to introduce innovations into over-regulated and conservative programmes, and how PBL facilitates the simultaneous development of 'hard' skills (legislation, protocols) and 'soft' competences, in particular effective communication which is also relevant to medical education.



ON 17 FEBRUARY

Practising physiotherapists from Belgium and Hungary discussed the paradigm shift in medicine – the transition from a 'body repair' model to a person-centred approach.

Lode Verreyen, a physiotherapist, head of an interdisciplinary practice in Antwerp (Belgium), CEO at Pro-Q-Kine (the Belgian accreditation body for physiotherapists), board member of Patient Empowerment and EACH, and Dr Anna Udvardi, physiotherapist in private practice, MDT, and former lecturer at the Department of Physi-

otherapy at Semmelweis University (Budapest, Hungary), emphasised the need to move from a biomedical to a biopsychosocial model. At the heart of this model is a patient as a person with their own experiences, fears, expectations and resources, while genuine interest and curiosity about the patient's personality become key professional tools.



ON 20 MARCH

Professor Margaretha Barbara Breebaart, Professor and anaesthetist at Antwerp University Hospital (UZA), PhD, and member of the communication skills teaching team at the University of Antwerp, and Dr Katelijne Baetens, general practitioner, coordinating doctor at two long-term care centres, and communication trainer, spoke about role-play exercises as a tool for teaching medical communication. The experts explained why students avoid taking part in role-play exercises – due to fear of making mistakes, perfectionism and the feeling of being judged – and how to change this. The main conclusion: the problem lies not in the method, but in the environment. When a teacher demonstrates imperfection and gives permission to make mistakes, students begin to take action. They also discussed specific tools in detail: demonstrating poor communication, identifying the 'worst-case scenario', working in a circle, and following a set algorithm. They emphasised that debriefing after the exercise is more important than the exercise itself – this is where the real learning takes place.

ON 7 APRIL

Peter Pype, Professor at the Faculty of Medicine and Health Sciences at



Ghent University (Belgium) and researcher into interprofessional collaboration in education and practice, shared a real-life case study: "How to Implement Change in Medical Education: the Ghent Experience". The professor emphasised that change within an institution is not about new courses or structures, but about changing people's mindsets, behaviours and habits. He explained how to build a coalition of change advocates, why a single 'champion' who genuinely believes in the idea is more important than a formal leader, and how small, practical steps can trigger large-scale transformations. He also discussed dealing with resistance and the moment when change ceases to be 'someone's project' and becomes part of the norm.

Four events, four different angles on the same topic. PBL, a person-centred approach, role-play exercises, change management – all these are different tools working towards a common goal: to make medical education the one that puts people at the centre.

For those who wish to integrate these approaches into their teaching practice more deeply, we recommend the guide "Humanity and Empathy in Healthcare", the first Ukrainian publication dedicated to teaching empathy in medicine, building partnerships with patients, dealing with difficult news, and preventing burnout. You can download the guide [here](#).



TANGIBLE MED EDUCATION IS BACK:

THE FOURTH SEASON OF THE PODCAST IS NOW AVAILABLE IN VIDEO FORMAT



INTERESTING AND INSIGHTFUL
ABOUT MEDICAL EDUCATION



In April, the first episode of the fourth season of our Tangible Med Education podcast aired. In it, we return to important conversations about medical education, and for the first time we're doing so in a video format. Subscribe to the podcast's [YouTube channel](#) so you don't miss new episodes.

In the podcast, we reflect on the current state of medical education as of 2026, analyse the changes taking place, and, together with our guests, shape a vision for the future. Today's discussion focuses on what doctors in the country will be like after the full-scale war, and whether the system is capable of teaching not only clinical thinking but also responsibility, humanity, and the ability to work in a constantly changing world. This is precisely what the fourth season of the Tangible Med Education podcast is all about.

Mychailo Wynnycky, sociologist, lecturer at the Kyiv-Mohyla Academy and Deputy Minister of Education and Science of Ukraine and the podcast's original host, has returned.

We invite people from different fields who work inside the healthcare sys-



tem every day – teaching, treating patients, managing institutions, studying, driving change and rethinking the very role of medical education in Ukraine to join the conversations.

Each episode is built around one of the major themes: professional identity of doctors, leadership, management, the role of the university, and the lecturers themselves. It is precisely this interdisciplinary perspec-



tive that allows discussing medical education not as a closed system of staff training, but as part of broader societal changes.

The first three episodes of the new season are now available.

The first guest was Minister of Health of Ukraine **Viktor Liashko**. The conversation covered the workforce crisis, the quality of education, institutional accountability, and the need for difficult decisions without which change will remain merely a matter of discussion.

The second episode is a conversation with anaesthetist, military medic, popular author and blogger **Andrii**



Semiankiv (MED GOblin) about how a doctor is really shaped, the limits of medical education, the role of experience, and why a doctor's humanity is often determined not by their training, but by the environment in which they work.

The third episode is dedicated to the



art of teaching. Our guest is **Matviy Khrenov**, co-founder of the Ukrainian Healthcare Centre (UHC), who, drawing on his background in medicine and management, became a lecturer at the Kyiv-Mohyla Academy and a trainer for established specialists.

This is a conversation about the shift

in the teaching paradigm from the transmission of knowledge to co-creation, importance of a humanities education for healthcare professionals, and why a doctor should be not only a specialist but also a person capable of thinking beyond their own speciality. The interviewees 'pinpoint' the problems in medical education – not just in outdated curricula or a lack of practical experience, but much deeper: in the corporate culture, the mindset and the very understanding of the university's role.

A total of around 10 podcast episodes are planned (though this is not set in stone), with each new episode released every two weeks. There are more thought-provoking conversations and interesting guests in store for you.

“AI IS OUR ASSISTANT, NOT OUR REPLACEMENT”:

NOTES FROM A TWO-DAY WORKSHOP ON ARTIFICIAL INTELLIGENCE IN DOCTORS' HANDS

It analyses CT and MRI scans, identifies trends and supports clinical decision-making, simplifies paperwork and assists with patient interactions. No, this isn't just another doctor on the ward. It's artificial intelligence, which is widely used in medicine. And the question is no longer whether a doctor needs AI, but how to use it wisely.

Where are AI's capabilities real, and where are they overstated? How can results be assessed critically? Can AI help improve processes within a healthcare facility? And what are the ethical implications of using AI? Answers to these questions were sought at the workshop “Artificial Intelligence in Doctor's Hands” which the team of the Ukrainian-Swiss project “Medical Education Development” organised with the support of the National University of Kyiv-Mohyla Academy (NaUKMA) in a suburb of Kyiv on 11–12 March. We're sharing notes from

the workshop to encourage you to keep exploring how AI can be applied in your work.

MAIN AREAS OF AI APPLICATION

In their lectures, **Andrii Hlybovets, Dean of the Faculty of Computer Science at NaUKMA and one of the workshop's ideological inspirers, and Roman Paraskevov, Head of the Health Care Quality Department at Kyiv City Clinical Hospital No. 1**, outline the main areas and examples of AI applications that can sig-



nificantly ease doctor's daily routine.

- **AI in medical diagnostics.** AI sometimes demonstrates accuracy on a par with experienced doctors and can analyse X-rays, CT and MRI scans, histological images and dermatological photographs which is helpful for medical diagnosis. AI can process huge volumes of images and detect patterns that are harder for humans to notice due to fatigue or limited attention.
- **AI as a doctor's assistant.** Artificial intelligence can be a useful



supporting tool in medical decision making, for example, in assessing risk, identifying patterns, predicting how a disease will progress, analysing treatment pathways, or suggesting possible diagnoses. It's worth reminding here that defining the problem, asking the right questions and overseeing the process must remain the responsibility of a human being whom AI cannot replace.

- **Development of medicines and personalised medicine.** Taking the AlphaFold system as an example, which has predicted the 3D structure of almost all known proteins (around 200 million), we can see how AI can help doctors and scientists to understand the mechanisms of diseases and find the right medicines more quickly. AI reduces the time taken to develop new medicines from 10–15 years to significantly shorter periods.
- **Robotics and remote care.** AI tools are enabling partial robotisation in surgery, significantly improving the precision of procedures. AI is also an excellent aid in remote medicine for monitoring patients' condition remotely.
- **AI in handling large data volumes.** This applies to the analysis of digital medical records, identification of risk factors, patient clustering based on similar characteristics, classification of large data volumes, and processing visual data.

Andrii Hlybovets:



Healthcare is one of those sectors that is actively integrating modern technological solutions, and in this era of rapid development of artificial intelligence tools, it is changing particularly quickly. That is why medical students, who will be responsible for the future development of medicine in Ukraine, need to understand the impact of these technologies, their ethical implications, and possibilities for their implementation.

- **AI in patient interaction.** Modern language models can be used in medicine for chatbots, initial symptom collection, patient navigation or automation of documentation.
- **AI in medical education** is nothing new and is already widely used to create simulations, model clinical scenarios, practise decision making, or analyse students' actions. Another practical application is automatic audio transcription and creation of a custom knowledge base. Thus, AI can be used as a learning assistant and a tool for personalised education.
- **AI in administrative work.** AI is also used for drafting grant applications, preparing documents,



and structuring information. It can also be utilised when working with medical protocols: asking questions about documents, finding the required information, and working with verified sources to avoid AI 'hallucinations'.

HOW AI CAN IMPROVE OPERATIONAL AND PROJECT PROCESSES

Anastasiia Oleksiuk, co-founder and Operations Manager at Nobi Children's Clinic, shared how AI can improve operational and project processes at a medical centre.



– 1 –

Situation: vaccine procurement takes place at irregular intervals.

What algorithm and AI-based solution does Anastasiia propose?

First, describe the process to AI and use it to research best practices for inventory management and procurement at a medical institution. As a result, it will identify the weakest links. Next, use AI to generate a tracker table that helps to automatically calculate the required quantity of vaccines. And as the solution, to choose a responsible person and delegate the tracking and procurement tool to them.

– 2 –

Situation: the clinic's team is growing. Staff feel the need to discuss and formalise internal ethical standards for communication.



How can AI be used to benefit the team? We already know that AI can work with datasets from open sources, so we can entrust it with researching best practices in HR policies at medical institutions. At this stage, it is important to explain to the team the need to hold a discussion session. And here, once again, AI can help by planning the structure of the workshop. The clinic's team can lead the session, analyse situations and draft a Code of Ethics, while the AI will group and categorise the data based on the outcomes of the strategic session and prepare the final document.

– 3 –

Situation: there is no vision for the clinic's development over the next three years. It is unclear which processes should be prioritised in the planning.

Can AI help? It can be a useful tool in strategic planning. Artificial intelligence is good at structuring strategy sessions – questions for discussion, frameworks, and timing. After bringing together the leadership team and running the session, you can upload all your notes, observations and insights from the session into AI which will analyse and group them, help to draw up a list of goals and actions for the next three years, and structure them into a single system for tracking progress.

Anastasiia Oleksiuk:



Metacognition is a person's ability to analyse their own thinking. It is a very important skill at a time when artificial intelligence can provide an answer to everything. And it needs to be improved.

Mykola Novikov, a radiologist, nuclear medicine specialist and Head of the Radiology Department at LI-SOD Hospital, shared insights into the practical use of artificial intelligence tools in doctor's work using the example of a radiologist's day-to-day work.

One of Mykola's key points is that artificial intelligence should not be just another app on our desktop. It should work seamlessly in the background, like a conductor, integrating into a single workflow without any extra effort, so that you can focus on what AI cannot do – complex clinical interpretation and empathy.



RECOMMENDATIONS FOR HEALTH-CARE FACILITIES ON ACQUIRING AND IMPLEMENTING AI

- Assess the economic benefits, potential risks and impact on workflows.

- Obtain comprehensive information about the AI tool from its developers: clinical validation, research design, and the plan for quality control and error monitoring.
- Test the model on your facility's local data, as accuracy may vary due to differences in equipment or patient demographics.
- Take the psychological factor into account: doctors may experience 'automation bias' (blindly trusting incorrect AI suggestions) or, on the contrary, reject correct results due to mistrust of the algorithms.
- Carry out regular (at least annual) or continuous monitoring of the AI's performance to detect faults in good time and ensure patient safety.

Mykola Novikov:



Your task is to keep up with the market and with the tools that enable you to view the market critically. Radiologists won't disappear, but those radiologists who make effective use of AI will replace those who don't.

ETHICAL ASPECTS OF USING AI IN MEDICAL PRACTICE

When discussing the benefits of AI and its widespread application, it is impossible to overlook the ethical aspects of using such solutions. **Tetiana Zakharchenko, Director of the Centre for Data, Artificial Intelligence and Society at the Ukrainian Catholic University,** spoke during the workshop about the risks of automated decisions and decline in expert competence resulting from the excessive or incorrect use of AI, citing modern examples and research.

1. Responsibility for decisions

AI is a tool, not a replacement for the doctor. The final decision must always rest with the doctor who must understand what the algorithm is rec-



ommending and be able to override that recommendation. The greater the risk to life, the greater the level of control must be. Tetiana notes that the regulation of AI will inevitably become part of government policy and relevant legislation.

2. Importance of independent clinical validation

AI tools in medicine should not be limited to the manufacturer's internal tests alone but must also undergo full clinical validation. After all, marketing success or widespread adoption does not in itself constitute proof of clinical efficacy. As an example, Tetiana cites a case involving the detection of sepsis using a tool that had been widely implemented in clinics. Doctors noticed a large number of errors in the tool, and upon investigation, it transpired that the system had not, in fact, undergone full clinical validation.

3. Bias and algorithms unfairness

Algorithms or digital medical tools reflect the limitations of the data and conditions under which they were

created or tested. If the validation sample was not representative, the system will perform less well and will be biased against certain patient groups. For example, AI solutions for dermatologists are quite often trained on fair-skinned patients which is why they perform significantly worse when diagnosing dark-skinned patients.

There are no completely unbiased AI models, and bias can arise at the stages of data collection or cleaning, model development, or system use by humans. At the same time, this reminds us of the importance of human validation, tools, and final decisions.

4. Privacy and confidentiality of medical data

Patient's medical data present extremely sensitive information. Using AI tools that transmit these data to external servers without patient's consent is a violation, even if the doctor does so with the best of intentions. To reduce the risk of medical data leaks, Tetiana advises anonymising documents, removing personal data, and

not transferring confidential information into open models.

5. Responsibility and accountability

It must be clearly defined who selects the AI tool for the clinic, who verifies its safety and scope of application, who is responsible for algorithmic errors, and who reports incidents and how.

6. Transparency and explainability of systems

A doctor must understand which tool they are using, why the algorithm has made a particular recommendation, and on what data the model performs well or poorly. A patient, meanwhile, must know when AI is influencing their treatment or access to care.

7. Over-reliance on AI and skill degradation

We must clearly understand exactly which skills are important to preserve and keep these 'muscles' in shape while using AI tools extensively. Specialists are beginning to think less for themselves, relying on AI-generated text and, as a result, losing their analytical and decision-making skills. In medicine, this is particularly dangerous as a doctor may rely too heavily on AI recommendations and make the wrong decisions.

Tetiana Zakharchenko:



The main risk of AI is not that it thinks for us, but that we get used to not thinking for ourselves.

Recordings of the practical lectures and workshops are available [via the link](#). Watch, share and incorporate them into your work.

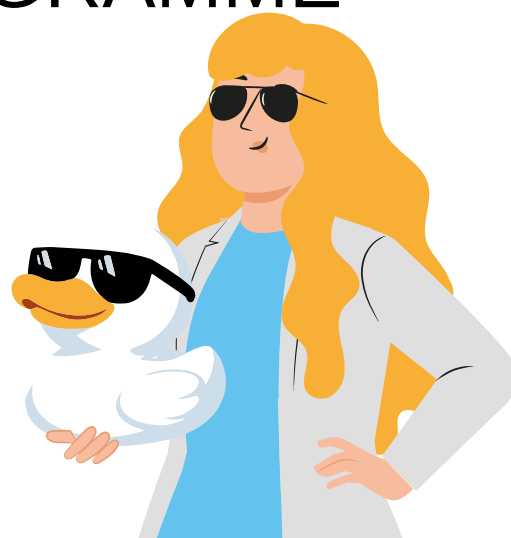


WE'RE BEGINNING TO BRUSH UP ON CONFIDENTIALITY SKILLS:

SIX PRIMARY CARE FACILITIES HAVE JOINED THE PROGRAMME

In the previous issue of the [Newsletter 3/2025 \(20\)](#), we wrote in detail about confidentiality in medicine, explaining that this concept is much broader than simply not disclosing a diagnosis and relates, above all, to the patient's dignity and the trust between them and their doctor. Now we are moving from words to action.

Together with Svoi.Ridni, in March we launched the programme "Rebooting the Culture of Confidentiality in Primary Care Facilities" which six primary care facilities joined on a competitive basis. Who are these lucky ones, and what are the teams at these facilities currently working on? Read on.



The aim of the programme is to focus the teams' attention on the issues of confidentiality and ethics in their day-to-day work, so that together they can develop approaches and practices that will help to protect patients' personal data in a way that feels natural and is understood by the team.

Over the course of nine months, teams from the selected facilities will work alongside experts to analyse the environment, organisational culture, processes and ethical frameworks that influence interactions between health-care professionals and patients.

An open call for applications for the programme was announced. Over 50 teams from primary care facilities across Ukraine applied. From among them, the expert panel selected the six most motivated:

- Nadvirna Centre for Primary Healthcare (Municipal Non-Profit Company);

- Centre for Primary Healthcare of the Sencha Village Council Municipal Non-Profit Company) Poltava Oblast;
- Medical Clinic of the Ukrainian Catholic University State Budgetary Institution;
- Voznesensk City Centre for Primary Healthcare Municipal Non-Profit Company;
- Primary Healthcare Centre No. 1 of Sviatoshynskyi District Municipal Non-Profit Company, Kyiv;
- Zolotonosha City Centre for Primary Healthcare (Family Medicine) of Zolotonosha City Council Municipal Non-Profit Company.

HOW THE PROGRAMME WORKS

Work in the facilities has already begun. We are currently conducting interviews with team representatives – management, administrators, and medical and non-medical staff. At the same time, we are collecting

data through surveys of teams and patients. This will give us and the facilities' teams the opportunity to better understand current confidentiality practices and identify where they are most frequently breached.

In addition to the research component, the facilities are taking part in a training programme. Themed online meetings with the teams are held every two weeks to which we invite various speakers. Overall, this part of the programme covers six areas:

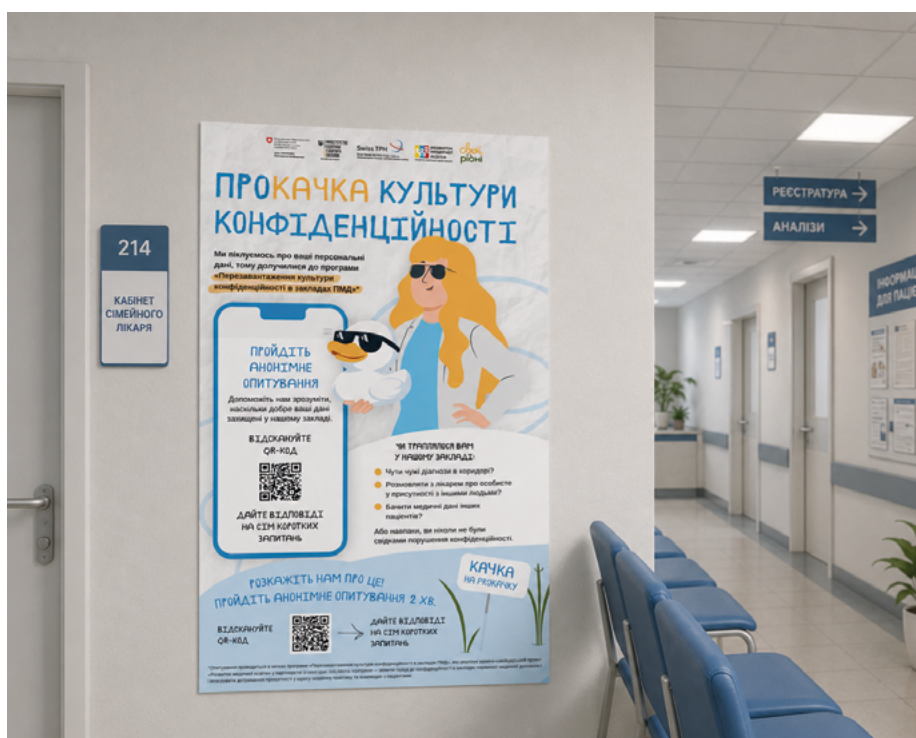
- analysing practical case studies on confidentiality;
- reviewing the facility's corporate culture and values;
- confidential communication with patients and within the team;
- confidential spaces, data transfer, and electronic document management;
- legal aspects of confidentiality both within and outside the facility.

Work on each topic involves independent preparation by the team and a mentoring session with an expert.

The programme's mentors and speakers are: Ihor Zastavnyi, Anastasiia Khodan, Matviy Khrenov, Ole-na Matsekh, Sofiia Nastyshyn, Vasyly Piven, and Tetiana Korchak.

As early as July, we plan to visit the facilities to discuss the findings from the initial data collection and work together to develop recommendations for each of them. At the end of the programme, each organisation will receive a list of steps on how to better protect patients' personal data.

Keep an eye on our new programme, as we will certainly be sharing the results of the pilot.



WEBINAR ON CPD AND CERTIFICATION:

THE MINISTRY OF HEALTH OF UKRAINE ANSWERS QUESTIONS FROM HEALTHCARE PROFESSIONALS

On 26 February, webinar “What Has Changed in the Rules for Accumulating CPD Points, and How Does This Affect the Certification of Healthcare Professionals?” took place, initiated by the Ministry of Health of Ukraine in collaboration with the Ukrainian-Swiss Project “Medical Education Development”.

At the webinar, Serhii Ubohov, Head of the Department of Medical Personnel, Education and Science at the Ministry of Health of Ukraine, and Mariia Bomko, Head of the Medical Science Sector within the Department of Medical Personnel, Education and Science Department of the Ministry of Health of Ukraine, spoke about where and how to find accredited CPD activities, how the reimbursement of participation costs works, and how to study while constantly short of time.

The webinar was facilitated by project consultant Alla Boiko.

The speakers paid particular attention to the topic of compiling and submitting portfolios: what they should look like, when and where they should be submitted, how points are recorded within them, and how they are verified and signed off. More complex situations were also discussed: what to do if points are insufficient, and what approaches are considered during the period of martial law to ensure the

system remains realistic for healthcare professionals while maintaining the logic of the certification requirements.

The webinar attracted a large audience who left over 300 questions in the comments section during the broadcast. We are seeing significant interest from the healthcare community regarding the CPD system and the portfolio submission process so we are preparing a separate document with additional clarifications which will address the most common questions raised by the participants.

A recording of the webinar is now available on the Project's YouTube channel. In it, you will find answers to the most frequently asked questions regarding CPD scoring and portfolio submission.



MASTERCLASS NURSES

“SUPPORTING PATIENTS DURING RECOVERY”



On 12–13 February in Zhytomyr, nurses from the pilot facilities of the project “Advanced Nurse Practitioner in the Primary Health Care”, with our support, took part in the practical training session in order to practise skills in caring for patients during their recovery.

The masterclass was a logical continuation of a series of webinars during which nurses from our pilot facilities had studied the theory. These online sessions focused on understanding the role of a nurse, the scope of their competence, and patient support. Thus, during the in-

person session, the nurses were able to concentrate on practising practical skills, analysing clinical situations, and applying tools in real-life cases.

The format included parallel sessions in small groups, analysis of clinical cases, role plays, and practising action algorithms ranging from independent interventions to identifying ‘red flags’ and keeping records.

The topics included: assessing the condition of post-stroke patients, screening for lymphoedema, managing complications following breast surgery, and exercises for pain in the cervical, thoracic, and lumbar spine.

The training was delivered by the experts from the Vidnovlennia Medical Centre who work daily with patients following strokes, cancer



treatments, and injuries. This was evident in the quality of the material, and the participants noticed it.

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We gained a lot of information that was genuinely new to us and even more practical skills that we will definitely use in our work. What's more, it's very rare to meet people who are truly passionate about their work. Everyone who taught us over these two days was exactly like that.

After the masterclass, the participants took away specific action algorithms, assessment scales, and practical recommendations for their day-to-day work. But that's not all! For many, the event marked a step towards greater confidence in their role within the team and in the patients' recovery process.



YOUTH LEADERSHIP FORUM 2026: LEADERSHIP, VALUES, AND COMMUNITIES



The Youth Leadership Forum 2026 took place in Ivano-Frankivsk from 12 to 14 February, bringing together 60 students, intern doctors and professionals from various regions of Ukraine. Three days of sessions, nine speakers and ten moderators came together to create an inspiring environment. Read on to find out how it went.

The event was opened by Mariia Karchevych, Deputy Minister of Health for Digital Development; Ole-na Ihnashchuk, our Project's Medical Education Coordinator; Nataliia Melnychenko, Deputy Head of Rehabilitation for Ukraine, and Matviy Khrenov, co-founder of the Ukrainian Health Centre (UHC).

The programme was structured around several major topics. On the first day, Matviy Khrenov spoke about leadership, power and ethics and immediately offered a different perspective on a concept that is often viewed negatively:



True leadership is the exact opposite of what is now called Machiavellianism. Because power must be based on trust, the ability to negotiate and communicate.



Over the next days, the programme delved deeper. Military officer and combat medic Viktoriya Kovach spoke about the context in which we live and make decisions, and about how important it is to see reality for what it is.

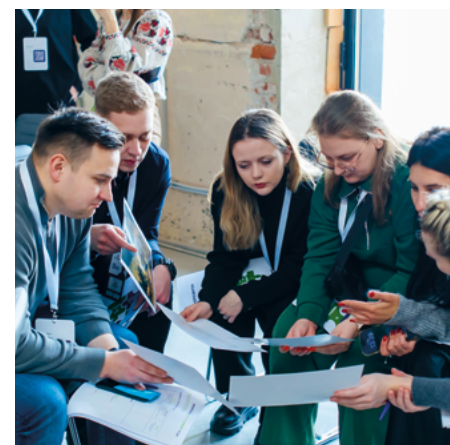
Pavlo Kovtoniuk, co-founder of UHC and former Deputy Minister of Health, shared his thoughts on life and resilience in times of crisis. Olga Roman-chuk worked with the participants on the topic of digital identity exploring who we are beyond our professional roles and how this shapes trust and influence.

The participants moved through three themed stations in turn — on career, community and personal development. Each group was facilitated by moderators that ensured deeper discussion and building interdisciplinary connections.

A separate session focused on values: young professionals did not only discuss what had positively influenced their professional development, but also what had had a destructive impact, i.e., attitudes and practices that take shape still at university and which are worth re-evaluating.

Between lectures, there was also time for a book club: Matviy Khrenov moderated a discussion on the book *Call Sign Chaos: Leadership Lessons from Former Pentagon Chief Jim Mattis*.

The Forum was organised by the Ukrainian Health Centre (UHC) with the support and funding of the Ukrainian-Swiss Project “Medical Education Development” and Rehabilitation for Ukraine and was made possible thanks to the generous support of the American people. The Forum's educational partners were the Global Medical Knowledge Alliance and On-coHub. The communications partner was Medixy.



INTENSIVE TRAINING “LEADERSHIP IN MEDICAL EDUCATION”:

THREE DAYS WORKING WITH MEDICAL STUDENTS



From 8 to 10 April, together with the Ukrainian Health Centre (UHC), we ran the intensive course “Leadership in Medical Education” for 4-6th-year medical students. It is important for us to support the formats that do not only impart knowledge but also teach students to think: to ask questions, analyse, and see the bigger picture. This was the very foundation of the three-day programme.

The intensive course programme was structured around several major topics. The co-founders of the Ukrainian Health Centre (UHC) led three discussions: Matviy Khrenov on the fundamentals of leadership, Pavlo Kovtoniuk on a systems approach and thinking on the scale of change, and Nataliia Ryabtseva on critical thinking as a skill.

Mychailo Wynnycky, a lecturer and Head of the Centre for Liberal Arts



& Sciences at NaUKMA, shared his thoughts on the role of higher education today and how it influences the development of individuals and institutions.

A separate session was dedicated to the ethical use of artificial intelligence, conducted in a world café format by Vitalii Zaiets, the Project's Digitalisation Coordinator. The students worked on creating a guide to the ethical use of AI, examining the issues from various perspectives ranging from that of an innovative student to that of a regulator and a patient.

The key conclusions from the participants are:

- The doctor's agency: in clinical situations AI cannot have the 'final say'; ultimate responsibility always lies with the professional;

- Honesty as the norm: use of AI is not a breach of ethics if it is transparent;
- Safety above all: working with real patient data in open AI systems is unacceptable without strict anonymisation;
- Critical distance: AI may be biased due to the limitations of training datasets, so every response must be checked for relevance to the Ukrainian context.

These findings will lay the foundations for a future guide on the ethical use of artificial intelligence. We'll be telling you more about it soon. Don't miss it.

Apart from learning, there was also time for informal socialising: a walk through Podil with Pavlo Kovtoniuk and networking with alumni and students of the Master's Programme in Healthcare Management.

We would like to thank the participants for their enthusiasm and openness, the speakers for the depth of their insights and their willingness to engage with the student audience, and our partners for joint implementation of the event.





FIRST PUBLIC PRESENTATION OF THE NEW MEDICAL SCHOOL

On 17 April, the representatives of the university, medical community and international organisations gathered at the Kyiv-Mohyla Academy to learn more about the new Medical School — a joint project between NaUKMA and the Dobrobut Medical Network. What was discussed at the presentation, and when will the School open its doors to its first applicants?

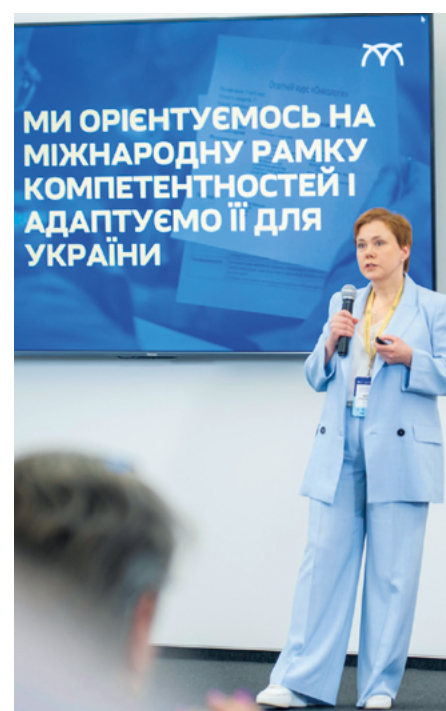
The idea of a partnership between the university and the Medical Network arose from both sides simultaneously. For NaUKMA, this is the realisation of a long-held vision: “In the Western tradition, all good classical universities have their own medical schools. We’ve been working towards this for quite some time,” noted Serhiy Kvit, President of NaUKMA. For the Dobrobut Medical Network, it is the conclusion drawn from 25 years of practical experience: “We realised that change needs to start right from the beginning, with the training of doctors,” explained Serhiy Orel, the Network’s CEO.

The Medical School is being established in response to a systemic challenge: the need for a new generation of doctors.

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We are convinced that Ukraine needs a different kind of doctor — not merely someone who follows protocols, but a medical expert, a responsible citizen, and a person with ethical principles. After all, a doctor is more than just a clinician. That is why we are guided by an international framework of competences and are adapting it to the Ukrainian context, shaping doctors who are capable of thinking critically, interacting effectively, and taking responsibility.

Mariia Kukushkina,
Dean and Organiser
of the Medical School



The Medical School is being established as an environment where a culture of collaboration, responsibility and respect for patients is fostered. The programme is based on a combination of fundamental, clinical and humanities training, as well as a focus on international approaches and partnerships.



The School's programme comprises: a six-year integrated Master's programme, early clinical practice, a combination of fundamental, clinical and humanities education, and a focus on international approaches and partnerships.

Over 100 experts from Ukraine and abroad have already joined the School's development. Our project is also involved in the creation of the new Medical School, providing expert support and contributing international experience.

THE FIRST INTAKE OF STUDENTS IS SCHEDULED FOR 2026

Following the team's presentations, the Project's ambassadors shared their vision of the role and prospects of the new Medical School. Among them were the Healthy Decisions Foundation, represented by Tetiana Havrysh, co-founder and Director of Strategic Development, Viktoriya Tymoshevska, co-founder and Executive Director, and Inesa Guivaniuk, Co-Executive Director of GMKA, as well as Wim Groot, PhD, Professor of Health Economics and Professor of Evidence-Based Education at Maastricht University.

The event concluded with a panel discussion



"Medical Education as an Investment in the Future" exploring the link between education and practice, the role of culture in training doctors, and the potential for scaling up new educational models.

The Medical School is open to partnerships and invites lecturers, experts, medical institutions and donors to collaborate.



MASTER'S PROGRAMME IN HEALTHCARE MANAGEMENT:

AN ENVIRONMENT SHAPING NEW PROFESSIONAL ROLES

This year marks the fourth intake for the updated Master's programme in Healthcare Management at the Kyiv-Mohyla Academy. Over this time, it has become a 'home' for people who ask themselves complex questions about the future of health care and seek systematic answers to them. We are sharing the stories of graduates from the Master's programme and revealing the secret to joining the community.

The value of the programme is evident in the way its graduates rethink their professional roles and become drivers of change. The updated Master's programme already has its first stories of professional transformation, and it is these that best demonstrate how the synergy extends far beyond the lecture theatres.



Part of the Master's programme community is involved in establishing the new Medical School by Mohyla Academy and Dobrobut, one of the most ambitious projects in the field of medical education in Ukraine today. This process is led by **Mariia Kukushkina**, a graduate of the programme's first cohort following its update.

Mariia, Candidate of Medical Sciences and Dean of the new Medical School, says she joined the Master's programme as an established doctor who had already achieved a lot in her

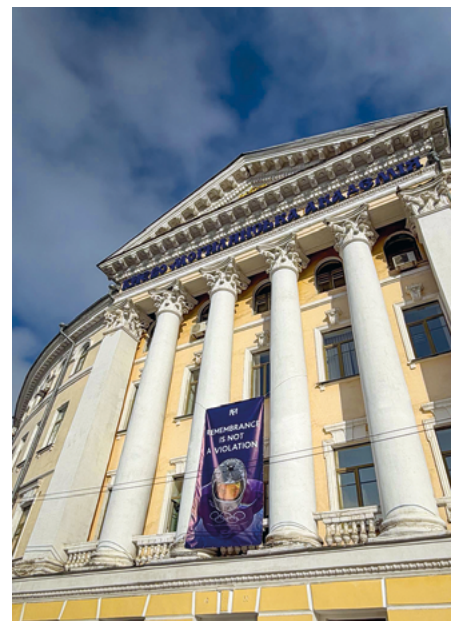
profession. But it was the studies at the Master's programme that gave her the opportunity to see the bigger picture.



For me, the Master's programme became a way to broaden my horizons. My entire professional life had been focused not just on oncology, but on a very narrow sub-field of it. I suppose that in my specialisation I'd done everything I wanted to do, change or introduce. So, deep down, I was asking myself: "What else could I try? What would really get me excited?" And it was here, on this programme, that I had the chance to see more, including beyond the medical profession.

Today, this experience is continuing through the creation of a new model of medical education.

Another graduate of the programme **Oksana Petrynych**, Associate Professor at the Faculty of Health, Social Work and Psychology at NaUKMA, Candidate of Medical Sciences, is also involved in setting up the Medi-



cal School by Mohyla Academy and Dobrobut.

Oksana says that, formally speaking, her professional focus has not changed; she was already working in the field of medical education before starting her master's degree. But her approach and vision of what modern medical training should be like have changed.



The medical education that we are currently shaping together with Mariia Kukushkina will be person-centred and humanistic. It will not only focus on professional skills, but also on worldview, critical thinking, and the ability to see a patient as a human being. And the Master's programme has played a decisive role in this.

For Oksana, the programme's environment was also important — the people behind the healthcare system that was reformed in 2018.

"I really wanted to in this environment and become part of it," she says. It is this sense of community and professional synergy that is often mentioned in feedback from programme's students and alumni.



Andrii Vysotskyi, anaesthetist at the National Cancer Institute, describes his studies as "one of the best investments" of his life.

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It's definitely not about the 'final destination'. It's a journey where everything is just beginning. I hesitated about whether to enrol during the war. But I realised: right now is the best time for change.

Olena Matsekh, GP and Executive Director of Svoi.Ridni, says that the Master's programme helped her to look at the healthcare system in a broader context.



”

We joke with our classmates that life has become more interesting but harder since completing the programme, because we've developed the habit of asking questions: why, how, and what for?



**FIND
YOUR COMMUNITY
IN THE MASTER'S
PROGRAM**

And it is this ability to think systemically, see interconnections and work with change that is now becoming one of the key competencies in the healthcare sector.

The Master's Programme in Healthcare Management was designed for people with diverse professional backgrounds: doctors, nurses, managers, representatives of the public sector, analysts, communications specialists, veterans, and anyone who wants to work on driving change in the healthcare sector.

The programme is structured to help students to see the system holistically: to understand how policies and management decisions work, how change takes shape, and how to work with teams, and manage accountability. But for many students, the environment, the community of people that forms during their studies and often remains close-knit after the programme ends, is just as important as the knowledge itself.

SO HOW DO YOU BECOME PART OF THIS COMMUNITY?

The admissions campaign for the Master's programme has just begun.

The admissions process often feels like an endless stream of dates, exams, documents and deadlines: when to register, which exams to sit, and how not to get lost amidst all the stages of the process. The programme team has prepared detailed [Applicant's Guide](#) where all the key stages of the admissions campaign are collected and which explains the process step by step.

To apply, you must sit the UEE (Unified Entrance Examination) and UPEE (Unified Professional Entrance Examination) exams. However, applicants who already hold a Master's or Specialist degree may sit the internal entrance exams at NaUKMA.

Between 2023 and 2025, 52 students on the programme received scholarships that fully or partially covered their tuition fees. Most of the partners who have supported the programme in previous years continue to do so. New partnerships are also emerging. Therefore, after sitting their entrance exams, applicants can apply for a scholarship that fully or partially covers their tuition fees.

Applicants can join the information channel where the programme team regularly shares guidance on the admissions process, materials to help to prepare for exams, and answers to frequently asked questions. This ensures you are not left to navigate the process on your own and allows gradually figuring out all the details of the admissions campaign.

Today, the healthcare system is facing both the reality of current crises and challenges of the future. And that is why its future cannot simply be predicted it must be shaped. Join the community of those who are shaping the future.

Subscribe to the channel about applying for the [Master's programme](#).



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THREE ROUND TABLES WITH THE MINISTRY OF HEALTH:

A CONVERSATION ON TRAINING HEALTHCARE MANAGERS

In March 2026, we held a series of three online round tables in collaboration with the Ministry of Health of Ukraine. Each meeting focused on a specific area of training for healthcare managers and together they formed a comprehensive discussion on how this training is organised today, where the gaps lie, and what needs to be changed.

Management competence in medicine is a topic that has long been sidelined in sectoral discussions. Yet the quality of managerial decisions does not only determine the effectiveness of a particular institution, but also how the healthcare system functions as a whole. This is why these meetings were so important: they provided an opportunity for people working on this issue from various angles – universities, continuing professional development (CPD) providers and government institutions – to come together in one place and speak openly.

19 MARCH.

EDUCATION HEALTHCARE IN MANAGEMENT: MASTER'S PROGRAMMES AND CPD

The first meeting brought together representatives of Master's programmes in healthcare management and public administration, providers of continuing professional development programmes focusing on leadership and managerial competences, as well as industry experts.

At the heart of the discussion was a question rarely raised in public: do existing training formats truly prepare managers capable of working within the real-world conditions of the healthcare system? The participants discussed which approaches have prov-

en effective and which remain merely formal; the barriers that programmes and their graduates face in practice; the experience that has already been gained; and what aspects of this experience are worth scaling up.

A separate topic was collaboration among universities, CPD providers and state institutions: what form this could take and why it often remains non-systemic today.

24 MARCH.

ORGANISATION AND MANAGEMENT OF HEALTH CARE: SPECIALISATION CYCLES

The second round table focused on specialisation cycles, a training format that exists outside master's programmes and is aimed at professionals already working within the system. The representatives from the faculties and institutes of postgraduate education at higher education institutions offering such courses joined the discussion.

The key issues discussed at the meeting concerned the alignment of programmes with the system's actual needs: is what is taught on specialisation cycles truly needed by healthcare institution managers today? Which teaching approaches yield the best results, and which have long since become obsolete? What barriers – or-

ganisational, resource-related or regulatory – are hindering high-quality training? The participants also shared their accumulated experience and achievements of their programmes, seeking common ground and opportunities for more coordinated work.

25 MARCH.

ORGANISATION AND MANAGEMENT OF PHARMACY: SPECIALISATION CYCLES

The third meeting followed a similar structure, but the focus was on training managers for the pharmaceutical sector. Pharmacy has its own specific characteristics: the regulatory environment, supply chains, interaction with the healthcare system — and all of this requires managers with an understanding of the sector-specific context, rather than just general management tools.

The participants discussed the extent to which existing specialisation programmes meet these needs, which teaching approaches work in a pharmaceutical context, and how to strengthen the role of such programmes in developing professionals capable of working effectively in today's environment.

The ultimate aim of the round tables was to gather and systematise existing experience and to try to formulate a shared vision of how to further develop management education in healthcare.

The series of round tables was organised by the Ministry of Health of Ukraine with the support of the Ukrainian-Swiss Project "Medical Education Development".

FRAMEWORK DOCUMENT

“PHC-2 MODEL VISION” PUBLISHED



In 2025, the experts from the Ukrainian Healthcare Centre, together with our project, held two round tables on a new vision for the PHC-2 model and developed proposals for the state policy on the development of primary health care. This resulted in the publication of a framework document setting out the conceptual foundations of the new model and recommendations for changes to the system.

PHC-2 is a new standard for interaction between the state and primary care providers. The state is significantly

and consistently increasing investment in primary health care while providers are improving the quality of services, acquiring new competencies and assuming greater responsibility. This is what the document is about.

Introduction of PHC-2 will contribute to the health system sustainability, reduce the financial pressure on specialist care and lay the foundations for the sector's long-term development, even during periods of economic constraints.

A number of factors will make this approach possible:

- a financial model that will incentivise productivity;
- expanded powers for mid-level healthcare staff;
- systematic training of primary healthcare teams in new competencies, etc.

Why has the current approach become obsolete? How can the new approach be implemented, and what is required to do so? What are the details of the proposed payment model for services? You will find answers to these and many other questions in this document. It will be useful for healthcare facilities, local authorities and non-governmental organisations seeking to implement modern healthcare standards.



“THE STRENGTH OF COMMUNITIES LIES NOT IN GRAND WORDS, BUT IN QUIET, DAILY WORK”

In March, a column by Tetiana Chernysh, Head of the Project Implementation Unit of the Ukrainian-Swiss Project “Medical Education Development” was published on LB.ua. It was about how a community can transform pain into action, memory into responsibility, and one person’s dream into a long-term investment in the future.



To support this argument, Tetiana cites in her column the example of an initiative by the graduates of the Master’s Programme in Healthcare Management at the National University of Kyiv-Mohyla Academy (NaUKMA), namely, establishment of Artem Sviridov Scholarship Fund.

Artem was a student in the first intake of the updated programme; he aspired to transform Ukrainian medicine while simultaneously serving as captain and commander of the 2nd Assault Company of the 1st Battalion of

the 210th Separate Assault Regiment of the Armed Forces of Ukraine. On 28 August 2025, he was killed on a combat mission. His fellow students decided that his memory should live on in more than just words and set up a fund to raise money for scholarships for other military personnel to study on the Master’s Programme in Healthcare Management.

How can we ensure that his memory lives on in practice? Is it possible to build communities capable of driving change? And how does preserving the memory of our fellow human beings help us to plan the future? Read Tetiana’s article via [the link](#) to find out more.



MEDICAL EDUCATION SHOULD PREPARE FUTURE DOCTORS FOR A WIDE RANGE OF CLINICAL SITUATIONS, RATHER THAN FOR A NARROW SPECIALISATION

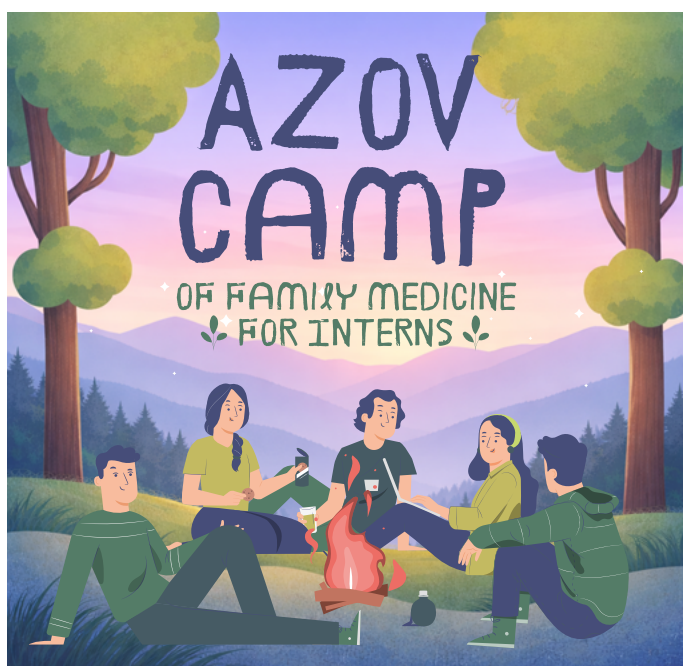
In her column on LB.ua, Olena Ihnashchuk, the Project’s Medical Education Coordinator and Associate Professor at the School of Healthcare Management at NaUKMA, raises the question: why isn’t family medicine at the heart of medical education?

By the start of 2026, 30 million Ukrainians had registered with family doctors. It is these doctors who coordinate the patient’s care pathway, are responsible for prevention and make initial clinical decisions. However, the Project’s research shows that

only around 25% of students at five Ukrainian medical HEIs considered family medicine as a possible career choice.

Why is there this gap between the system logic and training of doctors, and what needs to change? Read Olena’s column via [the link](#).





The Azov Camp of Family Medicine for Interns will take place in Ivano-Frankivsk region from 5 to 10 June.

The Carpathians, a campfire, six days of intensive training and a community of like-minded people that will endure long after the camp is over. The Azov Camp of Family Medicine is a space where young family doctors, interns and senior-year students learn together, reflect and come to appreciate the importance of the family doctor's profession and their role within the health system.

Organisers: the Ukrainian-Swiss Project "Medical Education Development" in partnership with the Ukrainian Academy of Family Medicine and the Ukrainian Healthcare Centre (UHC), a community of peer group facilitators.

AUTUMN SCHOOL OF MEDICAL EDUCATION 2026

This year, we are organising the third Autumn School of Medical Education which will take place on 8–10 October.

Traditionally, the Autumn School will bring together medical educators, managers, and professionals who develop and implement policies in the field of medical education, as well as student representatives and members of the public. Anyone who cares about the future of medical education in Ukraine is welcome.

We will share further details of the event and the terms of participation in due course. However, we can already announce that registration for the Autumn School will open in June. Keep an eye out for announcements!



This is an event aimed at strengthening the community, as well as developing facilitation skills, exchanging experiences, and engaging in collective reflection for facilitators who are developing the peer group model in Ukraine. 50 representatives of the community will take part in the event.

The congress will take place in Lviv on 11–13 June 2026.

Organiser: the Ukrainian-Swiss Project "Medical Education Development".

FORUM "AN EDUCATIONAL EXPERIMENT FOR HEALTHCARE PROFESSIONALS: LEARNING/EMPATHY/COMMUNICATION"

On 6–9 July 2026 in Zakarpattia, we will hold an experimental Forum based on the principles of co-creation: the participants themselves propose topics, lead sessions, and determine where to focus attention.

The main topic of the Forum is empathy and communication in medicine, and the exchange of experiences between educators and clinicians.

The programme includes self-directed sessions, a film club, body-based practices, networking, and plenty of informal communication.

The Forum is organised for participants of the Co-Learning programme who have completed a nine-month cycle of online sessions, lecturers from medical HEIs who integrate clinical communication into their courses, clinicians who implement on-the-job training, as well as facilitators and representatives of the civil society sector who promote humanistic approaches in health care.

Organisers: the Ukrainian-Swiss Project "Medical Education Development" in partnership with Horizontal Connections NGO and the Docudays team.



The end of the academic year is a time when it is important to pause, look at one's own teaching practice from a new perspective, and find inspiration for further development. It is for this very reason that we are once again bringing together medical educators in the Carpathians to work together on the challenges that have accumulated over the year, share best practices, and discover new meanings in their teaching roles.

The workshop will take place in the Carpathians from 18 to 23 June 2026.

Organisers: the Ukrainian-Swiss Project "Medical Education Development" in partnership with Vysche NGO.

WORKSHOP ON DEVELOPING STUDENT COMMUNITIES IN HEALTH CARE

This is a three-day training programme for ten student teams wishing to strengthen their work: to develop a strategy, streamline internal processes, and learn how to implement projects from a concept to completion.

Teams can expect training in strategic and project management, teamwork, communication and resource mobilisation, as well as practical exercises based on the real challenges faced by each community. The participants will also have the opportunity to exchange experiences with other teams.

The workshop will take place on in Kyiv 8–10 July 2026.

Organisers: the Ukrainian Healthcare Centre (UHC) in collaboration with the Ukrainian-Swiss Project "Medical Education Development".



UKRAINIAN-SWISS SUMMER SCHOOL 2026 "RESILIENCE THROUGH COLLABORATION"

This summer will see the second Ukrainian-Swiss Summer School, a large-scale joint educational initiative by Ukrainian-Swiss projects in the health sector. This year's topic is partnership, leadership, and collaboration as the foundation for sustainable change in society. Particular attention will be paid to community resilience, effective cross-sectoral collaboration, accessibility, impact of the environment on health, and innovation in medical education.

The School will take place in Truskavets from 29 July to 1 August 2026.

Who it is for: professionals in healthcare, education, public sector, and local government.

Applications are open until 7 June via [the link](#).

Organisers: the Ukrainian-Swiss project "Act for Health" in partnership with Medical Education Development, TRUE and MH4U projects, with the support of the Ministry of Health of Ukraine, Public Health Centre and the World Bank.



Local partners: Lviv Regional Centre for Disease Control and Prevention, Truskavets City Council and Svoi.Ridni Family Medicine Clinic.

The event takes place with financial support from the Swiss Embassy in Ukraine.

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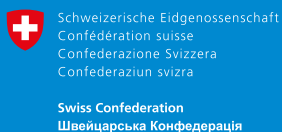


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