

### Course Overview

SocMed courses immerse students in the study of social medicine through personal connection and reflection, praxis, and partnership. In the 2019 Uganda and Rwanda course, thirty health careers students (medicine, nursing, public health, pharmacy, and dental) will enroll, with half of the spaces filled by students from Uganda and other African countries, and the other half filled by health professions students from around the world. Previous years have included participants from Canada, Germany, Italy, Lebanon, the Netherlands, Sweden, the U.S., Rwanda, Uganda, and Zimbabwe to create a truly global classroom. St. Mary's Hospital Lacor in Gulu, Uganda ([www.lacorhospital.org](http://www.lacorhospital.org)) hosts the course in collaboration with Gulu University Faculty of Medicine (GUFM). This year's course will also include an experience in Rwanda for 5 days at the end of the course in partnership with the organization Partners in Health. This upcoming course will run from January 4<sup>th</sup> – 25<sup>th</sup>, 2019.

*Beyond the Biologic Basis of Disease* merges unique pedagogical approaches including community engagement; classroom-based presentations and discussions; group reflection; theater, film, and other art forms; and patient interaction through narrative medicine. These approaches create an innovative and interactive learning environment in which students participate as both learners and teachers to advance the entire class' understanding of the interactions between the biology of disease and the myriad social, cultural, economic, political, and historical factors that influence illness presentation and social experience of disease.

The course curriculum places considerable importance on building partnerships and encouraging students to reflect upon their personal experiences with power, privilege, race, class, and gender as central to effective partnership building in global health. In the spirit of *praxis* (a model of education that combines critical reflection with action) these components of the course give students the opportunity to discern their role in global health and social medicine through facilitated, in-depth conversations with core faculty and student colleagues.

Student evaluation is based upon active participation, a reflective essay on a narrative medicine experience, an exam incorporating both the social and clinical components of the course, and group work. Group work consists of developing an advocacy-related project that incorporates the themes of the class and provides the opportunity for continued partnership and sustained momentum after completion of the course.

**Note:** This is a very intensive course requiring sustained attention and attendance for the full duration. Class runs from 8am until 5pm, with some evening movies in addition, and include weekend sessions as well.

### Course Goals

1. To provide a structured global health immersion experience for health career students with dedicated supervision and teaching in social medicine
2. To study issues related to health in Uganda & Rwanda with an emphasis on local and global context
3. To foster critical analysis of global health interventions in resource-poor settings
4. To facilitate the development of a clinical approach to disease and illness using a biosocial model through structured supervision and teaching



5. To build an understanding and skill set associated with health advocacy and leading change.
6. To promote international solidarity and partnership in generating solutions to global health challenges facing societies throughout the world

### **Course Curriculum**

The course structure brings together teaching in both social medicine and clinical medicine that links to the social aspects of patient and communities. The social medicine component is divided into the following parts:

- **Part 1** – Social Determinants of Health: Accounting for Local and Global Context
- **Part 2** – Health Interventions: Paradigms of Charity, Development, and Social Justice
- **Part 3** – Core Issues in Social Medicine: Primary Health Care, Community Health Workers, Health and Human Rights, and Financing
- **Part 4** – Making Social Medicine Visible: Writing, Narrative Medicine, Deep Listening, Photography, and Community Organizing and Leadership

### **Course Facilitators**

SocMed cohorts are a collective of learners comprised of health professional students and facilitators from around the world. The facilitator team includes:

- *Owilli Alex Olirus* – SocMed Co-Director; Master’s of Nursing Student, University of Saskatchewan
- *Amy Finnegan* – SocMed Co-Director; Sociologist who serves as Chair of the Department of Justice and Peace Studies at the University of St. Thomas
- *Fiona Kabagenyi* – ENT Resident, Makerere University, Uganda.
- *Angella Namwase* – Capacity Building Coordinator, Infectious Disease Institute, Uganda.
- *Sande Ojara* – Ob/Gyn Resident, Mbarara University, Uganda.
- *Augie Lindmark* – SocMed Fellow, University of Minnesota Medical Student
- *Ronald Kyambadde* – Gulu University Medical Student, Uganda
- *Tatian Muwanga* – Physician, Mbarara University of Science and Technology
- *Michael Westerhaus* – SocMed Co-Director, Primary care physician at the Center for International Health in St. Paul, MN and a member of University of Minnesota Global Health Faculty

### **Cost**

Students coming from high- and middle-income countries pay a full room-and-board and course fee that covers expenses for their participation. Students coming from low-income countries pay a significantly lower course fee that is subsidized.

The cost for a student from a high- and middle-income country is:

**Full Room/Board and Course Fee:** \$2000.00

The cost for a student from a low-income country is:

**Full Room/Board and Course Fee:** \$150.00

This course fee covers food and lodging for the entire duration of the course, transportation throughout the course (including transport to Rwanda and back to Uganda) and costs of running the course.

Please note that these fees *do not include transportation costs* to/from Entebbe Airport or Kampala, Uganda at the beginning and the end of the course. Students are responsible for arranging and covering transportation costs to the point of meeting either at Entebbe airport for international student or a designated location in Kampala, for students from within Uganda. International flights from North America to Entebbe International Airport in Uganda are approximately \$1,200-\$1,500.

Regardless of country of origin, limited scholarship opportunities are available for students with significant financial barriers. If you feel you have sufficient need for a scholarship and would be unable to participate without financial support, please complete the required information on the ‘Scholarship’ section of the application.

Note that costs above do not include costs associated with social events, vaccinations, spending money for gifts and other small personal expenses, and any additional travel in Uganda not associated with the course that you may wish to do.

### **More Information and Application Process**

Further information and applications can be found on the SocMed website: [www.socmedglobal.org](http://www.socmedglobal.org). Please view short videos describing the course, publications related to the course, and advocacy videos created by previous students during the course by visiting the “Resources” tab on the website.

**Please note that applications this year must be submitted through an on-line application:** <https://goo.gl/forms/rtFzW2uYeMPRKwmz2>. Applications are due **July 15<sup>th</sup>, 2018**. If you have questions, contact us at [socmedglobal@gmail.com](mailto:socmedglobal@gmail.com).

### ***SocMed* – The Organization**

Founded in 2011, *SocMed* advocates for and implements global health curricula founded on the study of social medicine. In our work, SocMed promotes three P’s:

- **Praxis** – inspired by Paulo Freire, we believe that constant interplay between reflection and action generates critical analysis of the world and deepens our ability to effectively respond;
- **Partnership** – community-building amongst individuals with varied demographic backgrounds offers the most innovative and just means of moving towards health equity;
- **Personal** – who we are and where we come from matters deeply in health delivery. Critical self-awareness enhances our ability to undo harmful structural and societal factors of which we are all part.

By engaging students through careful examination of the social and economic contexts of health and immersing them in partnership with a diverse group of students from around the world, we aim to foster innovative leaders who are ready to tackle challenging health problems in communities around the world.