

Specific teaching objectives of PHMW 2006

1. Introduction into medical peace work

By the end of the session students should be able

- to explain the differences between mainstream use of the terms “peace” and “peace work”, and an inclusive conceptualization as used in peace studies
- to diagnose different kinds and levels of violence in clinical settings and socio-political live
- to analyse a given conflict example by identifying three elements, phases, levels and involved actors
- to outline four mayor links between peace and health

2. Medical assets for peace and conflict work

By the end of the session students should be able

- to give examples of medical values violated by the use of violence
- to explain direct, structural and cultural violence
- to give examples of diseases that may become important during times of war
- to explain how important diseases may obstruct progress
- to give examples of mechanisms promoting conflict solution through medical work

3. Intercultural communication

By the end of the session students should be able

- to demonstrate a basic understanding of the concept of culture and intercultural communication
- to discuss on what and how we communicate

4. Health for All

By finishing the teaching block the students should be able

- to describe the global health status and health inequalities in the world
- to explain major impact of poverty on people's health
- to discuss health as a basis for development and reducing violent conflicts
- to outline new trends in international humanitarian aid

5. Access to medicines

By finishing the teaching block students should be able

- to explain, why inaccessibility to live-saving drugs is a form of structural violence
- to name five important factors for the unnecessary dead of AIDS-patients in Africa
- to describe, how health professionals can counter the main reasons for drug inaccessibility

6. Nonviolent communication (NVC)

By the end of the session the students should be able to

- to identify violent communication in common academic and clinical settings
- to express honestly in a difficult conversation the observations, stimulated feelings, underlying needs and clear requests
- to listen empathically to the feelings and needs of another person
- to see the difference between NVC as method and NVC as attitude (applied peace-philosophy)

7. Global Health Watch 2005-2006 - tackling the world's health inequalities

By finishing the teaching block the students should be able

- to identify in presented examples the nature and impact of global forces on health outcomes and health systems
- to explain a health systems policy agenda which emphasizes government's role in poor countries
- to outline why there is a need to reform the World Health Organization

8. Disarmament and arms control

By finishing the teaching block the students should be able

- to describe three major bio-medical and psycho-social health effects of A, B, C weapons and small arms

- to discuss the successes and disappointments of the medical peace movement in the last 25 years in relation to disarmament and arms control
- to outline three serious risk factors of nuclear war in 2006 and sketch preventive
- to point out the weakness of weapon conventions by elaborating on three critical issues
- to explain the primacy of prevention in medical responses to weapons
- to identify the violation of the medical oath through medical assistance in the production of weaponry

9. Health advocacy in (inter-)national conflicts

After having finished the scenarios and role playing, students should be able:

- to explain different types of public health surveillance that can be initiated during conflict
- to elaborate on some policy dilemmas that exist when reconstructing health systems during/after violent conflicts
- to formulate a clear message about what could be done to improve health in a given conflict situation

10. Doctors at risk

By the end of the session the students should be able

- to explain key issues about Nazi-Medicine, the Doctors' Trail and the principle of "informed consent"
- to elaborate the mayor risks of health professionals in contributing to war and violence
- to analyze the applicability of the 'informed consent' in clinical situations
- to discuss the need for an every-day resistance against complicity

11. Protection: Geneva Conventions and Human Rights

By the end of the teaching block students should be able

- to sketch the protective power of The Geneva Conventions and of humanitarian organizations in conflict areas.
- to identify in a given case study the advantages and limitations of IHL.
- to apply in a violent conflict situation the mandate, the functions and tools of health professionals for violence prevention, de-escalation and bridge building.

12. Peace building through health initiatives

By the end of the teaching block students should be able

- to discuss the role of health professionals in peace building and conflict transformation.
- to identify the peacework-mechanisms of given WHO and McMaster projects

13. Do no harm

By the end of the teaching block students should be able

- to explain the negative impact of resource transfers and implicit ethical messages of humanitarian aid and development assistance in conflict-prone areas
- to analyze the dividers and connectors in a given conflict
- to analyze an international aid programme by using the Do No Harm Framework

14. Evaluation of peace work

By finishing the teaching block the students should be able

- to describe theories of change and developing strategy by using the Four-Cell Matrix of the Reflecting on Peace Practice
- to explain effectiveness criteria in peace work
- to discuss the crisis of context analysis in peace practice

15. Conflict transformation

By finishing the teaching block the students should be able

- to identify the key-elements in a conflict in general, and describe the connection between conflict, belief system, intentions and needs.
- to explain the role of the mediator, the core values and main focus in a mediation process
- to demonstrate a beginning understanding and practice of adequate communication and strategy to achieve conflict transformation, both as a mediator and as a part in a conflict.