

Can Virtual International Exchanges Improve Primary Health Care?

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INTRODUCTION

We live in an increasingly interconnected world and the outbreak of the coronavirus pandemic has starkly illustrated how global threats can suddenly and devastatingly impact on all of our health. Medical educators have been arguing for some time that all doctors need training in global health in order to be 'fit for the future', and that we need to 'go global' in developing postgraduate curricula to ensure that all doctors are equipped to deal with global health issues (1). Furthermore, the UK Royal College of General Practitioners (RCGP) has had an international strategic plan which priorities 'moving global primary care policy higher up the RCGPs agenda' and 'increasing the quality of education and delivery of family medicine'. The capacity and capability to deliver this must involve training of RCGP workforce.

However, despite its importance, currently General Practitioners (GPs) training in the UK receive little formal training in global health, and the knowledge, attitudes and experience of medical educators involved in GP training is highly variable (2). Traditionally doctors developed skills in global health and international medicine through medical electives overseas. However, these opportunities were typically limited to very junior doctors and those close to retirement, with mid career doctors being precluded due to work and family commitments. Furthermore, the future of medical electives and exchanges is uncertain for the foreseeable future due to the COVID pandemic.

One solution to this has been 'internationalisation at home' (IoH) in medical curricula i.e. "the purposeful integration of international and intercultural dimensions into the formal and informal curriculum for all students within domestic learning environment" (3). The principle can be incorporated in varying ways depending on discipline and programme, but several recent studies outline the use of virtual mobility to set up virtual international exchanges (VIE). Virtual international exchange programmes might offer an opportunity to expand the reach of real-world intercultural teaching and upskill primary care practitioners. They could foster meaningful relationships to improve community health care in all countries. In view of this, we undertook a systematic literature review to help determine the potential benefits of developing VIE programmes for doctors training to be GPs in Dorset. We summarise the literature and discuss key themes that emerged.

METHOD

An electronic database search of PubMed and Google Scholar was used to retrieve peer reviewed articles published from 2010-2020. Searches for 'virtual international exchange' and 'collaborative online international learning' were combined with keywords 'health' and 'medicine' to narrow the scope of the search results. The abstracts were reviewed to include articles where participants were healthcare clinicians or trainees and articles were available in English. Qualitative and quantitative studies were included.

11 key papers emerged although we were unable to find any specifically investigating VIE between primary care/GP trainees or doctors.

HOW WERE VIES SET UP?

A wide variety of online tools were used including video conferencing (e.g. using Skype, Zoom), webinars, social media, texts and messaging, Google classroom and Moodle.

WHAT DID PARTICIPANTS GAIN?

Participants reported a range of both professional and personal benefits gained from their VIE. Professionally this included expanding their specialist knowledge as well as gaining an understanding of the health challenges other countries encounter, together with insight into their cultures (4-6). It was also documented that VIE promoted reflection which enhanced the participants personal development (7,8). Thus, on a personal level their experiences increased not only their intercultural awareness and competence, but also their understanding of their own culture (4,5). Moreover, it provided an opportunity to develop confidence in public speaking and enhance their scientific communication skills.

HOW WAS LEARNING EVALUATED?

Learning was evaluated in a range of ways with reflective papers or journals as commonplace tools. More structured evaluations included pre- and post-VIE questionnaires with both quantitative and qualitative responses (e.g. 6,7).

WHAT WERE THE CHALLENGES IN ESTABLISHING SUCCESSFUL VIE?

The majority of the studies highlighted communication as one of the key challenges. This included the practicalities of working across different time zones but also in the alignment of schedules and availability for the project. Participants feed back that having time to prepare and to establish meaningful relationships during the exchanges was critical for the success of the programmes, as was the need for stable internet services.

IMPLICATIONS FOR PRIMARY CARE – BOTH IN THE UK AND OVERSEAS

GPs in the UK are on the frontline of the NHS, often working in multicultural teams, and caring for patients with a wide range of cultural backgrounds. The Office for National Statistics (ONS) estimate that in 2019 nearly 9.5 million people (over 14% of the UK population) were born overseas. Doctors training to work as GPs therefore need high levels of intercultural competency to appropriately care for people from a myriad of cultural backgrounds. One new, innovative pedagogical approach would be to offer virtual international exchanges with colleagues overseas.

Virtual international exchanges may also offer a means for experienced GPs to collaborate with colleagues in other countries to enhance community health, to provide bi-directional education and support. We propose that this is an underexplored and exciting possibility that requires further research and pilot schemes. We are currently undertaking a feasibility project with Dorset GP trainees – please see poster 3464 or contact the authors directly for further information.

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