

Background

Global Health is defined as an area for study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide (Koplan et al, 2009). It continues to be an important aspect of a healthcare professional's curriculum and newly qualified doctors are expected to be able to evaluate health determinants from a global perspective. At the University of Cambridge, School of Clinical Medicine, students receive this teaching within the Improving Health curriculum, but can also gain further appreciation through international medical electives. Unfortunately travel restrictions due to the COVID-19 pandemic, and an increasing awareness over the contributions of overseas electives to greenhouse gas emissions has called for alternative learning strategies.

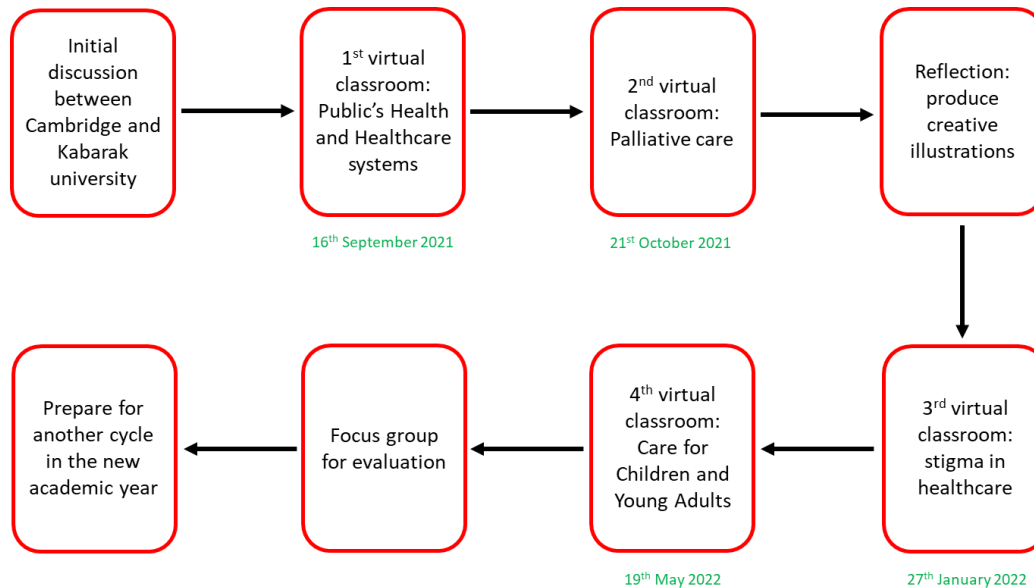
In addition, low resource countries often have less decision-making power in international collaborations compared to their higher resource counterparts.

Our aim was to develop equal partnership between international institutions to facilitate global health learning without the need to leave one's room, whereby learners developed presentations to peer-teach one another.

Koplan, J P., Bond, T C., Merson, M H., Reddy, K S., Rodriguez, M H., Sewankambo, N K., and Wasserheit, J N. (2009). 'Towards a common definition of global health'. Lancet, 373, 1993-5.

Methods

UK medical students at the University of Cambridge and Kenyan family physician trainees at the University of Kabararak participated in two-hour long virtual flipped classrooms. The topics for the classrooms were decided using a nominal group technique. An initial discussion with all learners ensured that all stakeholders could map the learning against their individual learning objectives. Malterud's text condensation as thematic analysis was performed on the focus group and pre- and post-survey for analysis.



Malterud, K. (2012). Systematic text condensation: A strategy for qualitative analysis. Scandinavian journal of public health. 40. 795-805.

Results

Analysis of the focus groups exploring learners' experience revealed that

They gained:

- Community and partnership
- Active and relatable exchange
- Different perspectives
- Depth and breadth of knowledge

Classrooms worked because of:

- Respect and collaboration
- Learner-driven and curriculum mapped focus
- Trust in experiences
- Safe space for discussion and reflection

Challenges

Whilst developing this partnership, challenges encountered included the logistical and practical difficulties associated with different time zones and professional responsibilities between students and physicians. In addition, many learners from Kabararak University stated that they were new to learner-led teaching and these discrepancies in expectations of the classroom were addressed through active participation.

Finally, colonisation-related and senior-junior challenges were noted. Many UK medical students felt initially uncomfortable delivering teaching to more senior qualified physicians from Kenya, but this barrier dissipated with time.

"I was just ready to learn. I didn't look at it as if it was any less coming from a student rather than a doctor." Kenyan physician participant.

"I was definitely self-conscious about it at the start, I hoped that they were getting as much out of it as we were. We were looking at differences in systems that we were more familiar with." UK student participant.

Key message

The learner-led virtual flipped global health classrooms developed facilitated an alternative learning strategy where equal partnership between Kenyan family physician trainees and UK medical students was produced. An appreciation of the differences in culture and pedagogy, as well as mutual respect was required.



More info