

Global health education for health professions students

Elsie Kiguli-Malwadde reports on the 5th Bellagio Global Health Education Initiative (BGHEI 5.0.) virtual conference

BGHEI represents a diverse group of health professions educators with a mission to enhance health professions schools worldwide to offer high-quality global health education (GHE) programmes. The BGHEI 5th conference was held virtually over four separate days between 30 November and 9 December 2020. On each day, four-hour Zoom sessions were organised. The conference was compelling, relevant, and engaging. The 78 participants included student rapporteurs and attendees from all over the world, including USA, Uganda, Israel, Italy, Brazil, Bahrain, Germany, Zambia, Slovenia, Colombia, China, Lebanon, Australia and South Africa. The theme of the conference was “Away 2020 and beyond: Global Health Education for health professions students”.

Sessions were preceded by 30 minutes of networking where by participants joined in to renew acquaintances and also meet new people. The first day was started off by a debate on “Global health electives can meet the same learning objectives as in-person away rotations”. Although the motion was voted down, it was noted that beyond COVID-19, it will be important to develop hybrid student exchange experiences. Members agreed that it was important to find ways to fund learners from middle- and low-income countries and even some from high-income countries to be physically present in different settings. It was also noted that there is need to be creative and embrace virtual exchanges in GHE. There were suggestions on using videos for teaching simple language phrases that students use to interact with patients so that some basics can be learnt virtually. Same with sceneries, food and entertainment which are all part of the wholesome experience on away rotations. For clinical teaching, virtual health facility tours and patient encounters could be simulated. Assignments could be done online. It was agreed that this can never replace the face-to-face experience, but the need to work with what we have was highlighted along with the notion that innovation is key to education like never before. The debate was followed by an example of a global health curriculum from Israel. The challenges and experiences were shared and discussed.

The second-day theme was on trainee perspectives and reflections. An overview of visits at China’s Health Science faculties for both inbound and outbound students in global health was shared followed by a University of California, Los Angeles student presenta-

tion on an expanded residency training that depicts social accountability at the Mahatma Gandhi Institute of Medical Science, India. All these were very enlightening presentations of how things are done in different places. Students from Yale University shared on a project entitled “Students United for Regional & Global Education (SURGE): The Role of Interdisciplinary Case-Based Peer-Learning in Developing Future Leaders in Global Health”. This was an eye-opener of how students can become owners of their own learning agenda. This programme involved case-based learning and participation included students from different parts of the globe.

Inter-professional education

The third day theme was on essentials to advance GHE. Discussion varied from stakeholder and institutional agenda in GHE, faculty preparedness in GHE and the assessment and evaluation of the GH away rotations. The last session of the third day was on Inter-Professional Education. Elsie Kiguli-Malwadde, the Director Health Workforce Education and Development at the African Center for Global Health and Social Transformation (ACHEST) from Uganda shared two examples of inter-professional education (IPE) projects in Africa that are being run by the African Forum for Research and Education In Health (AFREhealth). One of them is aimed at strengthening IPE in HIV care and is being implemented in 14 countries in Africa at 40 partnering institutions in 100 clinical sites. So far, 5,027 learners and 547 facilitators have been trained. 45 training-the-trainers workshops have been conducted as well as 125 IPE workshops and 18 webinars. She informed participants that the programme had been majorly successful and also noted that it had underscored the great leadership potential in African health professions education institutions as well as the expansive programmatic capacity. The programme has ignited tremendous excitement around IPE in Africa.

The second programme she shared was a four-week elective exchange experience for African students from various health disciplines aimed at exposing them to a global exposure within a multidisciplinary learning environment. The goal is to foster collaborative practice among Africa’s future health care professionals. It was being implemented at 15 training institutions in eight African countries. Participation was halted by COVID-19 but AFREhealth is looking at turning into an online course to ensure that this chance is not lost.

The last day was a business meeting for BGHEI members to plan for the next year. It was an exciting virtual conference.

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