

Embracing Global Health in medical education: innovative ideas to achieve equity transnationally

L'intégration de la santé mondiale dans l'éducation médicale : idées novatrices pour atteindre l'équité à l'échelle transnationale

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The holistic impact promoted by Global Health initiatives

In recent years, the concept of global health has emerged to address these issues. Global health is the study and practice of improving health and health equity for all people worldwide through international and interdisciplinary collaboration.¹ The COVID-19 pandemic heightened awareness of global health issues, influencing health practices and medical education locally and globally.²

There is evidence that participating in global health electives generates positive educational outcomes and personal benefits for medical trainees. CanMEDS competencies were self-perceived to be strongly impacted by introducing a Global Health Education program.³

To illustrate recent efforts to promote Global Health awareness and implement projects to foster this initiative, the Anesthesia Department of the University of Toronto has been building innovative and supportive programs since 2004. The Canadian Anesthesiologists' Society International Education Fund (CAS-IEF) agreed to take on a project to set up a postgraduate anesthesia training program in Rwanda. The UofT Anesthesia Department was responsible for leading this program,⁴ which transformed into an Anesthesia Education program and service delivery in the destination country. Despite not being structured with virtual education, that demonstrates the benefit of creating equity and better outcomes in low-income countries by supporting and advocating for Global Health Initiatives.

Post-pandemic virtual education status

Technology serves a role in healthcare provision and administration, medical education, and personal enrichment for the organizations and individuals in a healthcare system.² Noteworthy, some factors may become barriers to connecting leaders around the world to discuss health equity, such as digital divide and misalignment of priorities. Nevertheless, with the emerging digital technology, the actual scenario is favorable to connect people worldwide to exchange ideas and leverage health equity.

Virtual Education plays a historical role in the medical field. Virtual seminars, remote e-learning lectures, Virtual Reality (VR), social media, or synchronous telementoring procedures have been performed for many years and have gathered a lot of attention and engagement worldwide.²

Of note, VR is a powerful educational tool increasingly gaining popularity. Medical educators can integrate VR into curricula to provide shared simulated clinical experiences, scaffolding quality interprofessional education regardless of geographic location and transforming how we deliver education to clinicians.⁵

The spike of the COVID-19 pandemic boosted virtual teaching and learning experiences. This modality of learning grew exponentially, sharing the stage with in-person experiences highly demanded.^{1,2} Virtual Global Health activities may provide viable engagement strategies

and mutual learning with more convenience and lower cost compared to in-person contributions with a considerable geographic burden, connecting people remotely effectively.¹

Based on this novel scenario accelerated by the COVID period, there is room to apply remote learning to foster Global Health, promoting healthcare network across the globe.

Connection through constructivism

Constructivist learning theory posits that people can learn social and communication skills within a classroom environment that emphasizes collaboration and exchanging ideas.⁶ This learning theory suggests that when students articulate their ideas clearly and collaborate on group tasks they essentially are incorporating the new ideas into what they know already thus constructing new learning for themselves. Students must learn to "negotiate with others" and to evaluate their contributions in a socially acceptable manner. With that in mind, teamwork is essential to succeed in life since they will have diverse experiences.

This model enables learners to learn by doing, work on self-directed learning during content creation, and receive expert feedback while spreading knowledge among diverse medical contexts.

Considering this theory and the increasing popularity of remote virtual education, it is possible to foresee an opportunity to create content to connect different areas of the planet with overseas seminars. Such seminars, based on Constructivism, may lead the effort of content creation to nurture conceptual growth.

Conclusion

Canadian Medical Institutions can engage with Global Health Initiatives through virtual remote teaching and learning experiences. Including virtual Global Health activities in Canadian Medical Institutions could enhance bilateral learners' knowledge and create a social experience of exchanging life experiences and thought processes. Virtual activities manage networks among medical learners across countries to advance health equity. Learners need to

engage in constructivist, feedback-driven, virtual content construction. Drops of knowledge, network, and empathy can empower the movement of changing healthcare delivery in the world. With the emerging digital technology, the actual scenario is favorable to connect people worldwide to exchange ideas and leverage health equity. The time to embrace Virtual Global Health is now!

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