

An exploration of Swansea medical students' experiences of active involvement in an international health student link

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Introduction

Globalisation has led to an increase in the number of diseases coming into the UK from abroad. Likewise there has been an increase in the number of UK residents who were born in countries with a different culture from the UK. In order to meet the challenges posed by globalisation UK medical students need to know about diseases in other parts of the world and health inequalities both in the UK and across the world. Similarly they need to be "culturally competent" to meet the needs of all their patients.

Tomorrow's Doctors (General Medical Council 2009) includes learning outcomes relating directly to global health while some outcomes are best met by including global health teaching. One way that medical students can gain exposure to global health issues is by engaging in an international health student link

The Swansea Gambia Student Link was established in 2006 to promote the sharing of learning between students from Swansea University School of Medicine and the University of The Gambia Medical School. Students from the two institutions organise exchange visits to learn more about the culture and healthcare provision in the other country.

Aim

The aim of this study was to explore the experiences of Swansea medical students who have been active in the Link to identify any educational benefits

Methods

Five students/ junior doctors who have been active in the Link while students at Swansea School of Medicine were invited to take part in the study. One student who was not a member of the Link Committee was invited to take part in the study to give an insight into the benefit of the Link to students who were not members of the Link Committee.

Participants were interviewed using an interview guide regarding their experiences as part of the Link and the educational benefits they obtained by taking part in this activity. The interviews were transcribed verbatim and analysed using an inductive approach by means of the conventional content analysis method (Hsieh and Shannon, 2005).

Ethics approval was obtained from the School Ethics Committee of the School of Postgraduate Medical and Dental Education of Cardiff University and the School of Human & Health Sciences/School of Medicine Research Ethics Committee of Swansea University.



Discussion

Participants in the study reported several educational benefits associated with taking part in an international health student link. Going on the exchange visit as part of a group enabled students to get useful clinical exposure in a relatively supportive environment. Participants reported seeing many clinical conditions which they were unlikely to see in the UK. This is in keeping with the findings of Harries et al (1987) that students who do their electives in a developing country are likely to come across an abundance of clinical signs that can help them improve their clinical diagnostic skills.

By interacting with medical colleagues, other health professionals and patients during the exchange visit to The Gambia participants felt that they had increased their cultural awareness and competence. UK patients from a black and minority ethnic (BME) background are less likely to report a positive experience of their use of health services than patients from a white background (Myers 2009). Increased cultural awareness among healthcare professionals is likely to improve the experience for this group of patients.

The main problem that students faced was that they had to take time out of core teaching to go on the exchange visit. In future exchange visits will take place when other students are on clinical placements to avoid this problem. Although none of the participants reported that they were limited in their ability to take part in the exchange visit for financial reasons it is possible that cost issues could have prevented some students from going on the visit.

References

- General Medical Council (2009): *Tomorrow's Doctors: Outcomes and Standards for Undergraduate Medical Education*
- Harries AD, Hoggar SK, Nwosu AC, Church KS (1987): Student electives in tropical countries-the incidence of clinical signs in an African general hospital: *The British Journal of Clinical Practice*: 41: 839-840
- Hsieh H-F, Shannon SE (2005): Three approaches to qualitative content analysis: *Qualitative Health Research*: 15: 1277-1288
- Myers J (2009): On how to reduce inequalities in the care for BME patients: *Nursing Times*: 105: 39

Results

Interviewees reported educational benefits in five areas



1. Improved clinical diagnostic skills:

Participants who had been on the exchange visit to The Gambia reported seeing conditions they were unlikely to see in the UK and seeing lots of patients with physical signs which helped them improve on their clinical diagnostic skills

In terms of raw clinical exposure we saw a lot of things that we would never ever see here in the UK. We put a list together of the conditions we saw and it run to two pages of typed text (Ben 2)

one of the things that was striking in The Gambia was how many CVAs you see and how much hypertension there is and that again we weren't expecting. And also the amount of diabetes there was quite striking. I don't think we realised that before we went (Ben 2)

2. Increased medical knowledge:

Interviewees were more aware of the global burden of disease especially the high incidence of non communicable diseases in poorer countries contrary to what they had read in the textbooks

3. Experience of providing peer education:

During the exchange visits students prepared presentations on conditions that were more common in the areas that they studied and shared it with students from the other school. They also shared the knowledge gained with their colleagues on return to Swansea.

we gave an hour long talk on what we did and what we saw and the kind of things that we got out of it and the experiences we had.... we also wrote up cases that we saw as case histories and examples which we presented to the rest of the year so they could have a look at those and use those as a teaching resource (Ben 2)

the doctor is the last thing they go to .. first they go to...well in the rural areas they might go to the local healer wherever they might just see the off- licence pharmacy and finally they will go to the doctors when they've tried everything else (Andy 1)

4. Increased cultural awareness:

Participants spent time with their Gambian colleagues and other health professionals during the exchange visit and gained an insight into the cultural factors which influenced the health-seeking behaviour of people in The Gambia

5. Generic skills:

Participants gained team-working, leadership and presentation skills by taking part in the Link. They had many opportunities for reflection and gained a greater awareness of resource use

if we could apply a little bit more of that thinking here and think about ...do I need this test, do I need this scan, will it tell me anything? That could save potentially a lot of money in the NHS (Dan 4)

Conclusions/ recommendation

Participating in an international health student link is a useful way for UK medical students to achieve several *Tomorrow's Doctors* outcomes. Future research needs to look at the benefits to the Gambian students of involvement in the Link

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