# Reimagining Medical Education for Primary Care in the time of Covid-19

a World View

**Title: Reimagining Medical Education for Primary Care in the time of Covid-19: a World View**

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**Abstract**

This article sets out to highlight the challenges and opportunities for medical education in primary care realised during the COVID-19 pandemic and now being enacted globally. The themes were originally presented during a webinar involving educationalists from around the world and are subsequently discussed by members of the WONCA working party for education. The article recognises the importance of utilising diversity, addressing inequity and responding to the priority health needs of the community through socially accountable practice. The well-being of educators and learners is identified as priority in response to the ongoing global pandemic. Finally we imagine a new era for medical education drawing on global connection and shared resources to create a strong community of practice.

**Keywords:** primary care, family medicine, medical education, Covid-19, social accountability, community of practice, well being

## Introduction

Perhaps the greatest aspiration for medical education is that it can address global health problems. To ensure global impact, educationalists around the world must respond to the rapidly changing needs of local communities whilst maintaining and utilizing global connections [1]. Adaptation, flexibility and innovation are important if this is to be achieved across different countries with varying systems and resources.

The coronavirus 2019 (COVID-19) pandemic provided the impetus for medical educationalists around the world to unite in addressing a novel global health problem. As case numbers continue to rise globally the longer term role of medical education is being considered. This is particularly important within education for primary care which empowers health professionals to deliver the person centered comprehensive frontline services supported by the Declaration of Astana [2]. Strong primary healthcare is central to achieving universal health coverage as part of the Sustainable Development Goals [3] and provides the very foundation of the global health response to COVID-19 [4].

The World Organization of Family Doctors (WONCA) recognises the importance of linking primary care professionals from diverse backgrounds facilitating global connections which lead to positive change. To promote connection, WONCA ran a series of on-line seminars during the COVID-19 pandemic [5]. This article builds on the themes discussed during the seminar on medical education and includes excerpts from members of the WONCA Working Party on Education [6] representing the United Kingdom, Egypt, Malaysia, Canada, Ecuador and Kenya and covering all seven WONCA regions [7]. Together we address the ongoing challenges and opportunities that arise during the pandemic, enabling us to reimagine the future of medical education for primary care around the world.

## Embracing diversity

In responding to the COVID-19 pandemic, diversity within the global community of learning should be embraced and utilised to enhance the educational experience of learners and the professional development of teachers. Global partnerships are known to be beneficial in healthcare, and educators should be encouraged to work in the spirit of co-development

recognising the value of shared experience and the importance of lessons from resource-poor settings [8]. During the COVID-19 pandemic there are already good examples of success in sharing educational resources and innovative practice [9]. As the world reshapes to address a novel virus, there is great potential for an environment of rapid learning and innovation [10], often driven by specific challenges faced in individual countries or institutions. For example in the Eastern Mediterranean region we learned that:

'*The introduction of virtual objective structured clinical exams (OSCE's) took place in Bahrain, Kingdom Saudi Arabia (KSA) & Egypt for small cohorts of students, with Objective Structured Video exam (OSVE) being used for larger cohorts. Also, oral sheets or virtual viva cards replaced traditional oral exams in Egypt.' NN*

As the pandemic progresses maintaining this spirit of co-working could be one way to manage change and uncertainty and to enhance educational experience.

**Being socially accountable**

The rapidly changing environment during the COVID-19 pandemic has provided the opportunity for medical educators in primary care to practice social accountability. Social accountability can be defined as *'the capacity to respond to society's priority health needs and health system challenges to meet such needs'* [11]. As such it should form part of a common focus, central to the education of tomorrow's doctors. In emphasising the importance of social accountability, experiences from the Asia Pacific and South Asia regions were shared:

*'Across the Asia Pacific Region it has been a wake-up call for institutions to become more aware of their role as players of public good. In this regard, student volunteerism and community engagement is being fostered to address real word needs of the local communities, based on values medical educationists have long upheld such as compassion, social justice and equity' CT*

*'A major innovation in Pakistan was getting out of work lady doctors who had completed an online 6 months certificate course in family medicine to work in partnership with the Government to monitor Covid-positive patients during home isolation' MA*

One principle of family medicine is being a resource to a defined community [12]. The concept of "*community adaptiveness*" will be important moving forward as education adapts and is refined based on local needs [13]. This may involve re-imagining the consultation and the doctor-patient relationship as well as considering new profiles of communities and prevalence of disease influenced by COVID-19. A strong partnership between the medical education system and the communities in which they serve will be critical to ensure that medical training is fit for purpose and the potential of social accountable practice can be realised [14].

**Tackling inequity**

Socially accountable practice is one way to address the inequity within our global community of learning. Our discussions highlighted that inequity across the world has been heightened by the COVID-19 pandemic. Learners have experienced stages of the pandemic at different times, within the context of different health care systems and government responses. The approach and capacity of educational institutions had varied markedly. The paradigm shift to remote teaching and learning has widened the digital and social divide, both between and within countries. This is highlighted by insights from South Asia and Africa:

*'In South Asia public sector medical universities were the least equipped to handle the shift in teaching from in-person to online. It took time and learning on the go to establish online teaching for both teachers and students. To date many students in the far flung areas have not been able to access the online learning completely due to internet connectivity' MA*

*'Across Africa the public universities lack infrastructure to deliver on-line learning as they do not have the resources for IT. Medical students therefore lie idle at home whereas the private universities have the resources and are educating their medical students online' JM*

Successful online learning requires internet connectivity and hardware, which can be difficult for many around the world to access. Adverse socioeconomic factors are often restrictive, but there has also been innovation in remote learning in low resource settings. This often involves utilisation of smart phones which are more accessible than laptops or personal computers. Downloadable educational resources such as podcasts have been augmented by asynchronous discussions using

social media and email enabling teaching and learning to continue and thrive under difficult circumstances.

In addressing inequity the circumstances of individual learners and educators should be recognised. A common theme is the challenge of teaching and learning within the home environment, finding adequate time and space and balancing educational activities with family responsibilities. The experience from Ecuador on conducting examinations within the home was shared:

*'At the time of the exam, there were difficulties such as bad internet signal and the electricity service being interrupted. Some students had to run to their neighbour's house to find an adequate signal or to buy more megabytes of signal, all this in order not to lose the evaluation. These are the situations that arose in regions of the country far from Quito, the capital' CC*

As we look to the future we must consider together how to address the inequities that have arisen during the pandemic including how to best utilise educational technology to reach all learners equally.

**A focus on well-being**

During our discussions there was a common thread and reference to the importance of well-being. It is recognised that poor emotional well-being has a negative impact on educational achievement [15]. As such the well-being of learners and educators is the foundation of a successful global response to the COVID-19 pandemic.

As the pandemic hit there were many challenges to well-being. The safety of staff and students was an immediate priority. The rapid up skilling and implementation of remote learning proved challenging in many settings:

*'Teaching medical students this (remote) modality of consultation requires faculty to be versant with it first. In many South Asian countries lack of internet facilities in rural areas, lack of computer literacy and absence of an organized primary care system are barriers.' MA*

In undergraduate teaching many examples of threats to well-being were shared within our group. Anxiety amongst learners is common. Initially this was due to the cancellation of clinical

placements and medical electives [16] but is currently linked to the longevity of the pandemic and the threat of a second wave. Anxiety can also be the result of confusing and conflicting messages from health and academic authorities, inevitably stemming from the evolving and uncertain nature of COVID-19.

For postgraduate learners in primary care, professional roles changed to include provision of first-contact services for this novel condition, whilst maintaining quality and comprehensive care. There is ongoing demand, change and uncertainty in clinical practice without the familiarity and confidence of an evidence informed approach.

In response to these challenges some Universities have focused on facilitating better connections, often utilising technology, to help learning communities move forward together during these distressing times. New services promoting mentorship and peer support have been introduced in many regions, exemplified by the experience in Africa:

*'In Kenya they have established a well being platform through the Medical Professional Associations. It is a call centre for mental health and well being supported by psychologists and psychiatrists. They have also trained medical students to offer support to their peers.' JM*

The pandemic has created the opportunities to promote well-being by strengthening services in areas such as pastoral care and through adaptation of policies and processes. The experience from South America highlights the transition from uncertainty to positive change:

*'Fear runs through us, this fear is to face the new, to believe that we cannot, to rejection. In truth has not happened, rather it has been quite profitable, and the pandemic has led us to explore paths that we had not wanted to explore!' CC*

**Re-imagining medical education**

As the COVID-19 pandemic evolves, the environment of rapid change, uncertainty and isolation has a number of consequences for learners which should be considered in the ongoing design and delivery of educational activities. Again, embracing socially accountable practice is important and there are already examples of socially accountable initiatives targeted to addressing uncertainty of learners [17]. Another approach to managing uncertainty and complexity is to '*admit ignorance,*

*explore paradoxes and reflect collectively'* whilst *'celebrating the different perspectives that arise from a variety of values and world views*' [18]. In fact, reflecting collectively is one way to build the community of learning practice and to maintain the professional identity which is central to well-being [19]. Educators should recognise the inherent soft skills that primary care professionals possess and, with lack of evidence to guide practice, promote self-reflection as an insight to new learning. Through this process teachers and learners can stay in touch with the human side of COVID-19, and build resilience [20]. If medical education focuses on self and collective reflection, combined with activities to build the community of learning practice then well-being and learning will be enhanced as we move forward.

**Conclusion**

The changes experienced as a result of the COVID-19 pandemic threatened quality and sustainability across the spectrum of medical education, but also provided an opportunity to embrace and learn from new ways of working. Around the world innovative solutions have been found at speed and scale highlighting the ability of medical education to rapidly change whilst maintaining educational standards. In these uncertain times we must instill in our learners a genuine passion for new knowledge, inquiry and questioning while revisiting the core skills of reflection, critical thinking and analysis whilst maintaining and promoting well-being. We must also focus on building the global community of learning practice, utilising global connection and sharing resources. In this way the COVID-19 pandemic could enable us to realise a vision [1] and establish a new era for medical education in primary care.

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