Development and Evaluation of International Rotations for Education, Research and Culture Using Cooperative Bidirectional People-to-People Exchanges

Anthony Kovac, MD,1 Alec Hermanson, MD,2 Kimberly Connelly, MAT3

Introduction: The number of students, residents and faculty at our institution who have participated in an international education and teaching experience (IEE) has grown. Since 2016, a bidirectional international program has evolved for observation and exchange of education, research and culture of anesthesiology, nurse anesthesia, nursing and emergency medicine between our institution and partners in Ghana and Peru. We describe and evaluate this program in a people-to-people context.

Methods: Evaluation of IEEs by past participants via anonymous online survey.

Results: 38 have participated (11 anesthesia residents and 8 medical, 6 nursing, 6 respiratory care and 7 nurse anesthesia students). 23 traveled to or from Ghana; 15 to or from Peru. 17/38 (45%) completed the online survey. On 1 to 10 scale (10 = highest), all rated their experience 9 or higher. Scores on prior knowledge of country visited averaged 5/10. All indicated positive experiences and would recommend to others. 80% indicated foreign language skill improvement. Optimal IEE length was 4 (80%), 3 (14%) and 2 weeks (6%). Positive aspects included cultural immersion, relationships, exchange of ideas, learning new medical systems, and host family. Negative aspects included short observer period, sickness, language barrier, lack of hands-on care, climate, lack of structure, and difficulty adapting. Lessons learned included healthcare delivery outside USA, inspiration, happiness as choice/state of mind, change of approach to people/patients, use of education to impact more providers/patients, and learning from providers/patients. Overall IEE ratings ranged from meeting to far exceeding expectations. Participants indicated experiencing more cultural aspects than expected. 60% of residents, 30% of medical students and 15% of nurse anesthesia students felt the IEE could be improved. Suggestions included clear objectives, cooperative research, teaching, and increased time available for the experience.

Discussion: Cooperative exchanges with international institutions can result in successful medical education partnership initiatives, with the potential to improve clinical knowledge and skills, benefitting all partners. Students and residents from USA, Peru and Ghana stated that the bidirectional IEE was valuable for their clinical training and changed how they approach patient care.

Conclusions: Bidirectional, interprofessional and educational IEEs result in increased understanding of cultural differences and allow better cooperation and collaboration. Success and sustainability of cooperative agreements for international partnerships depend on regular communication and a key contact person in each country.

1Anthony Kovac, MD, Anesthesiology, University of Kansas Medical Center, 3901 Rainbow Blvd, MS 1034, Kansas City, KS 66160; Phone 913-588-6670; Fax 913-588-3365; Email akovac@kumc.edu.
2Alec Hermanson, MD, Anesthesiology, University of Kansas Medical Center, 3901 Rainbow Blvd, MS 1034, Kansas City, KS 66160; Phone 913-588-6670; Fax 913-588-3365; Email ahermanson@kumc.edu.
3Kimberly Connelly, MAT, Office of International Programs, University of Kansas Medical Center, 3901 Rainbow Blvd, MS 3033, Kansas City, KS 66160; Phone 913-588-1480; Fax 913-588-1462; Email kconnelly@kumc.edu.