An ethical partnership model: clinical electives in Africa

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What problems were addressed? Medical students were undertaking electives in developing world countries on their own initiative and returning with worrisome reports of duties that entailed excessive clinical responsibilities. These raised issues of ethical and professional concern. The literature outlines a growing awareness of challenges in this area and expresses concerns about medical tourism. These placements accrue advantages almost entirely to the medical students, rather than the hosting institution.

Resource-limited countries face challenges in developing health systems that can effectively deliver health care to their populations. Grimes *et al.*[1] outline recommendations for surgeons establishing initiatives in these low-income countries. The College of Surgeons of East, Central and Southern Africa (COSECSA) is an example of an initiative that endeavours to train surgeons to fulfil unmet surgical needs in its 10 member countries.

What was tried? As a result of a global health initiative, COSECSA and the Royal College of Surgeons in Ireland (RCSI) developed a collaborative agreement in 2004. COSECSA's educational offering has been greatly expanded and improved, and a variety of surgical short courses are now offered. Many of the surgical staff and trainees have received training using e-learning tools and other training materials provided by the RCSI. Most importantly, COSECSA's capacity to meet its own objectives has been significantly enhanced, particularly in the areas of administration and management.

An opportunity was identified to further develop the relationship with COSECSA and to balance reciprocity within the partnership. As a result, RCSI now offers our senior medical students meaningful electives in hospitals that are COSECSA-accredited institutions and have benefited from the RCSI–COSECSA partnership. Hospitals are selected on the basis of their suitability and according to the benefits available to both the student and hospital in terms of facilities and the presence of a qualified medical doctor willing to teach students at an appropriate level. A 6-week elective period is recommended and applicants are interviewed to ensure their suitability. We endeavour to ensure pre-departure contact with a senior medical person in each placement, something that students had found difficult in the past. A logistical contact with whom students can discuss day-to-day living issues is organised on the ground. A 24-hour telephone line is available to the students and ongoing contact is maintained via e-mail. Any clinical queries are addressed and potential health issues managed either locally or remotely with the assistance of our international health department. A debriefing programme has recently been implemented.

The programme was piloted in 2011 with two students and has been refined according to annual evaluations. It now caters for 10 students placed in four hospitals in Moshi in Tanzania, and Nakuru, Nyeri and Kijabe in Kenya.

What lessons were learned? As a result of a global health initiative, in which reciprocity was the aim, an electives programme that is mutually beneficial and sustainable was developed. In order to reduce the risk for unintended consequences of developing world electives, it is strongly suggested that such opportunities should be further developed. These models will facilitate the education of future medical professionals in global health while assuring adherence to ethical principles and mutual benefit to both students and their host communities.

REFERENCE

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Educating for tolerance in a conflict-ridden political environment

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What problems were addressed? Family medicine residents at the Technion, Israel, come from diverse cultural, ethnic and religious backgrounds, and include Jews and Arabs (Muslims, Christians and

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Druze). This multi-ethnic blend reflects the diversity of Israeli society. In addition to rotations in clinics and wards, residents are obliged to complete a 4-year continuing medical education (CME) programme, during which they are divided into four groups that meet on a weekly basis. The group contributes to both personal and professional development and supports its members throughout the residency. In times of war, ethnic-political tensions between Jews and Arabs intensify and infiltrate the medical encounter from both sides. Nevertheless, relationships among residents have traditionally been based on mutual respect, and political issues have been kept out of the academic discourse; that is, until Jewish and Arab residents asked for an open and frank dialogue on ethnic-political conflict issues.

What was tried? The education committee of the CME programme, which includes faculty members and residents, decided to embark on an interventional education programme organised and moderated by Jewish and Arab instructors from the Centre for Humanistic Education (CHE) within the Holocaust and Jewish Resistance Heritage Museum at Kibbutz, Lohamei HaGetaot. This centre was chosen in view of the extensive experience in social education it has attained over the years in providing tools for making moral judgements and fulfilling civic responsibility, and for combating indifference to the suffering of others. The programme's objectives were to enhance tolerance, and to help participants acknowledge the narrative of one's self and that of 'the other', and reflect on cross-cultural and multiethnic encounters with both patients and staff. Four groups of residents and one group of faculty staff participated. The first day of the programme took place at the CME centre, and included self and familial identity workshops and text-based activities dealing with self-attachment to Israel and Palestine. The second day, held in the CHE, included discourses on issues related to physicians' ethical boundaries in reference to the Holocaust, as an extreme test case.

What lessons were learned? Participants, both residents and faculty staff, reflected on the programme in discussions and written texts. They emphasised the enormous need, within the complex ethnic-political context in Israel, for such dialogue during both residency and subsequent professional life. Participants stated that although over the years they had had close contact with Arab and Jewish neighbours, they had always refrained from discussing issues related to the political conflict. However, refraining from dealing with the ethnic and political tensions that lie beneath the surface may merely serve to aggravate them. Although difficult personal experiences from the past were uncovered, the atmosphere in the classes was characterised by respect and empathy, and participants felt that the programme allowed them to develop a deeper understanding of 'the other' and enhanced mutual tolerance. Dealing with the Holocaust, although potentially very threatening, leads to a profound understanding of the importance of humanistic and democratic values, and provides tools for making moral judgements and fulfilling civic responsibility. We think that in order to be meaningful and positive, potentially threatening ethnic-political dialogue should be initiated by residents and moderated by professional instructors. Our experience demonstrates that, in an ethnic-political conflict, the education of health care professionals in the development of tolerance is vital, possible and fruitful.

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Decreasing emotional distress among first-year medical students

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What problems were addressed? Although numerous studies have documented the adverse impact of negative emotions on learning, empathy and professionalism, little is known about how to mitigate such emotions to improve medical students' education. Medical students' first encounter with cadavers in the gross anatomy laboratory is commonly associated with negative emotion and represents an ideal scenario to assess strategies that may lessen emotional distress. Here, we sought to determine whether cognitive reappraisal (CR), an emotional regulatory strategy that involves reinterpreting an emotion-eliciting situation[1], could have a positive impact on emotional responses in the anatomy laboratory.

What was tried? Our interdisciplinary team of clinician educators, a research psychologist, the anatomy