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Building global learning networks: a practical guide for medical educators

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Abstract

As healthcare becomes increasingly globalized, postgraduate medical education must evolve to prepare clinicians for an increasingly interconnected, diverse, and intercultural healthcare landscape. This article offers nine practical tips for designing and sustaining global learning networks—virtual, collaborative frameworks that connect trainees, educators, and institutions across borders. The recommendations are organized under four themes: (1) designing equitable curricula, (2) facilitating global collaboration, (3) developing culturally competent educators and learners, and (4) sustaining and evaluating learning networks. These recommendations are grounded in the theoretical frameworks of systems thinking and communities of practice. We emphasize co-created curricula, digital platforms for international engagement, culturally responsive pedagogy, inclusive assessment strategies, and decentralized leadership models. Each tip is grounded in peer-reviewed literature, international case studies, and lessons from our collaborative experiences. We address barriers such as time zones, resource inequities, and quality assurance. By embedding global perspectives into postgraduate programmes, global learning networks strengthen intercultural competence, enhance professional identity formation, expand access to medical education in low-resource settings, and foster mutual learning across diverse health systems. This guide supports postgraduate medical educators in cultivating culturally competent clinicians and advancing a more equitable, collaborative, and resilient global healthcare workforce.

Keywords: global medical education and training; digital learning; transnational education; health profession education; global classrooms; intercultural competence; curriculum development; community of practice; systems thinking

Introduction

Global perspectives and intercultural dimensions are increasingly recognized as essential components of postgraduate medical education. Clinicians must be prepared not only to deliver patient-centred care in culturally diverse contexts but also to address global health challenges through collaboration across borders [1, 2]. A growing body of literature supports the integration of intercultural dimensions into medical education and training [3, 4]. However, transnational medical education has yet to reach its full potential, remaining under-researched and underutilized [5]. Historically, medical education initiatives have often followed a 'Westernization' model, replicating Global North structures and unintentionally reinforcing global inequities [6]. Furthermore, persistent disparities in funding, infrastructure, and access to resources, especially in low-resource settings, remain significant barriers to equitable learning [7].

We present the concept of a 'Global Learning Network' as a framework for moving beyond one-directional knowledge transfer. This model establishes and sustains reciprocal partnerships through virtual collaboration between medical training institutions [8]. This model draws on systems thinking, which highlights the interdependence of educational processes, and on communities of practice (CoP), which position learning as participation in a shared professional community. Together, these frameworks provide the foundation for co-creation, mutual learning, interprofessional, and cross-cultural teamwork [9, 10].

In this paper, we translate these ideas into nine practical, evidence-informed tips organized across four domains: curriculum design, collaboration, educator and learner development, and sustainability. Each tip integrates peer-reviewed research, international case studies, and insights from our own cross-national collaboration involving partners in the UK, Malaysia, Saudi

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Arabia, and India [11]. We hope this guide will provide postgraduate educators and programme directors with actionable strategies for building sustainable, cross-border learning networks that advance health professions education globally.

Theme 1: Designing equitable and globally relevant curricula

Tip #1: Co-create globally adaptable curricula with diverse stakeholders

Co-creation and bidirectional learning are essential for building curricula that are both globally relevant and locally responsive. A major challenge in transnational educational partnerships has been the historical tendency for curriculum control to flow unilaterally from high-income countries (HICs) to low- and middle-income countries (LMICs). This pattern often limits cultural resonance and equity [12]. A recent scoping review of Global Health competencies highlights this ongoing challenge, showing that this discourse frequently perpetuates colonial structures of inequality, with Global North institutions unilaterally setting priorities and benefiting disproportionately from data and partnerships [13]. A genuine co-creation approach requires HICs and LMICs to exchange expertise and share decision-making power. This helps establish learning outcomes that balance global priorities with regional needs and cultural sensitivities [1]. This process transforms the curriculum from a static document into a dynamic part of the community's shared practice that evolves with changing health needs. Programme directors can embed co-creation in several ways: conducting joint needs assessments, involving diverse stakeholders such as trainees and community representatives, using adaptable curriculum blueprints, and establishing feedback loops [14]. To outline how co-creation can be operationalised, we propose a set of learning outcomes with aligned activities (Table 1).

Table 1. Proposed learning outcomes and aligned activities for co-created global curricula in postgraduate medical education.

Learning outcomes	Aligned activities
Evaluate intercultural issues in health professions education and practice	• Analyse international case studies highlighting complex cultural factors in healthcare decisions • Participate in online forums to share cultural perspectives • Write reflective essays based on global discussions or clinical collaborations
Critically examine healthcare policies across diverse communities	• Review and synthesize international healthcare guidelines • Adapt global standards to local contexts • Collaborate on projects addressing healthcare policies impact and disparities
Assess the value of multicultural diversity in clinical practice and education	• Conduct media analysis on international health issues and policies • Interview international peers or faculty on the impact of diversity on practice • Develop group presentations demonstrating how diverse perspectives improve care and learning
Apply techniques for culturally responsive clinical practice	• Engage in role-play scenarios involving cultural misunderstanding, followed by structured debriefs • Participate in problem-based learning tutorials focused on intercultural dynamics • Undertake collaborative research exploring cultural dimensions of clinical care
Utilize digital tools to collaborate across international professional networks	• Network with peers across countries through online platforms • Participate in virtual team projects involving knowledge exchange across countries

Tip #2: Integrate global perspectives into medical education

Embedding global perspectives into medical education encourages learners to engage with diverse health systems and address inequities beyond their local context. Treating global health as an 'add-on' risks reinforcing narrow perspectives and missing opportunities for developing intercultural competence. For instance, integrating international case-based discussions (CBDs), collaborations with patient representatives, and comparative analyses of health systems encourage learners to critically examine how socioeconomic and cultural factors shape care [15]. When resources allow, integrating high-fidelity virtual patient simulations that incorporate ethnocultural and sociopolitical dimensions offers learners authentic, multicultural insights into clinical decision-making [16]. In the context of limited infrastructure and funding, Vogt and Wang emphasize that low-fidelity role-plays or simple discussion methods can be just as effective as high-tech simulations [17]. Programme directors can promote this integration by designing modules that highlight global case studies and embedding patient voices from diverse backgrounds.

Theme 2: Facilitating collaboration in global learning environments

Designing globally relevant curricula is only the first step. To enact them effectively across borders, learners and educators need digital tools and platforms that allow them to connect and collaborate among global learning networks.

Tip #3: Harness digital tools to enable global interaction

Digital tools are the backbone of global learning networks as they create virtual spaces for CoPs to thrive by facilitating the exchange of expertise among clinicians and educators across borders. Video conferencing systems such as Zoom are essential for fostering the community element by enabling real-time interaction. For instance, when Global North learners participate in CBDs on infectious diseases led by an expert from the Global South, they are not just passively receiving information; they are actively engaging in the shared practice of clinical reasoning [18]. Asynchronous platforms like Miro and Google Classroom help build a repository of shared resources and collective knowledge, while gamified tools such as Mentimeter strengthen engagement through interactive quizzes and discussion boards. However, these

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higher-bandwidth platforms are not always accessible in low-resource settings. A recent systematic review found that even simple discussion forums improved learner satisfaction and cost-effectiveness compared to traditional approaches [19]. The College of Surgeons of East, Central and Southern Africa (COSECSA), for example, has successfully scaled surgical training across 20+ countries through e-logbooks and the 'School for Surgeons' platform, which remains functional even in low-bandwidth environments [20]. Similarly, the Foundation for Advancement of International Medical Education and Research institute fosters a CoP for health professions educators across Latin America through a hybrid fellowship that combines in-person and online learning [21]. To maximize inclusivity, programme directors can adopt a phased approach: starting with widely accessible, low-bandwidth tools like WhatsApp, Telegram, and Jitsi Meet [22], then scaling up to more advanced platforms as infrastructure improves and embedding protected teaching time or dedicated Continuing Professional Development (CPD) days so participation becomes integral to training rather than optional.

Tip #4: Implement collaborative projects and peer networks

Digital tools provide the infrastructure for virtual connections. However, authentic learning and collaboration depend on what learners actually do together within these spaces. Project-based learning can be embedded strategically to engage trainees in globally focused activities that drive the CoP. Evidence demonstrates that collaborative projects, such as co-developing public health interventions or undertaking shared quality improvement initiatives, strengthen clinical skills, and professional identity while building capacity in resource-limited settings [23, 24]. International collaborations in health professions education further show that coordinated project-based workshops and research initiatives improve educational quality, accessibility, and professional development across institutions [14, 25]. These findings echo Wenger's theory of CoPs, where learners progress from legitimate peripheral participation towards full membership of the community. Such activities can be aligned with existing postgraduate structures, including clinical audits or CPD modules to ensure broader integration into formal training pathways.

Establishing virtual communities and structured peer mentorship networks amplifies these benefits. Systematic reviews confirm that CoPs improve knowledge exchange and support long-term professional growth [26]. Models such as buddy systems, coaching circles, and trainee-led networks have been found to foster cross-cultural awareness and interdisciplinary teamwork [27]. Intentional design of these networks provides the relational infrastructure of the CoP, building the reciprocity necessary for knowledge and support to flow between all members [28].

Theme 3: Developing globally competent educators and learners

Collaborative projects create opportunities for diverse groups to work together, but the effectiveness of these experiences depends on how educators and learners navigate these interactions respectfully and productively across cultural boundaries.

Tip #5: Promote cultural humility and global citizenship in learning

Cultural humility and global citizenship are critical for fostering mutual respect among postgraduate learners from diverse backgrounds [29]. Embedding structured cultural humility training within postgraduate education can foster a sense of shared responsibility for addressing global health inequities and reflective capacity [30]. The Clinical Education Partnership Initiative illustrates this well: through reciprocal exchanges, both Kenyan and US trainees reported gains not only in clinical knowledge but also in professionalism and cultural humility, as they adopted new approaches to patient care after working alongside one another [31]. Practical strategies for cultivating these attributes include structured workshops, guest lectures and virtual exchanges featuring diverse international voices, and case-based and interprofessional activities that highlight global health inequities. Embedding such interventions enables educators to create safe spaces for learners to explore diverse health perspectives and reflect critically on their assumptions and strengthen intercultural competence.

Tip #6: Equip educators with skills for global facilitation and support

The success of global learning networks depends on educators who are confident and capable in cross-cultural facilitation. Without targeted training, even well-designed curricula may fail to achieve equitable participation. Workshops and seminars focusing on virtual facilitation, international collaboration, and culturally responsive teaching can strengthen educators' skills to guide postgraduate learners effectively [32], but may not be accessible to all educators due to resource, travel, and funding constraints. Therefore, building the local educator capacity through the 'teach the teacher' is a proven effective alternative that ensures sustainability without dependence on external experts [16]. Organizing international forums that link educators across borders also promotes shared teaching resources and collaborative pedagogy. Programme directors can prioritize faculty development by embedding facilitation training into existing professional development structures, supporting peer mentoring among educators, and promoting access to open online training resources where travel or funding constraints exist.

Tip #7: Foster reflective practice and lifelong learning mindsets

Fostering reflective practice is central to developing adaptive clinicians who can learn from diverse experiences and sustain professional growth. Studies show that embedding structured reflective practice into postgraduate medical education programmes helps residents develop reflective capacity, supports decision-making, and builds resilience [33]. For example, a narrative review highlights the value of reflective essays, e-portfolios, and debriefing sessions in promoting deeper learning and enhancing self-awareness among both trainees and educators [33]. Therefore, programme leaders can foster lifelong learning by incorporating regular reflective tasks into curricula, linking them to formative assessments, and providing structured feedback that encourages continuous improvement and adaptability.

Theme 4: Sustaining and evaluating global learning networks

While reflective practice fosters growth at the individual level, sustaining global learning networks requires robust communication and evaluation mechanisms that ensure adaptiveness and sustainability.

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Tip #8: Establish clear communication and feedback mechanisms

From a systems thinking perspective, global learning networks are dynamic systems that thrive on robust communication and feedback systems that sustain engagement and responsiveness to ever-evolving healthcare needs. Effective communication mechanisms are therefore essential, serving as the arteries that sustain the CoP [23]. Regular synchronous meetings provide a predictable rhythm that keeps participants engaged, while asynchronous platforms, such as shared digital workspaces and instant messaging platforms, help maintain connectivity across time zones. A combination of formal systems (e.g. virtual learning environments) and informal channels (e.g. social media groups) can foster a sense of community and inclusivity. Additionally, trainee-led discussion groups and distributed leadership models have been shown to reduce reliance on a single coordinator while promoting inclusivity across institutions [20]. To strengthen feedback loops, programme directors should set clear objectives for communication, mix formal and informal channels, and schedule periodic reviews to encourage iterative improvement of the network.

Tip #9: Design flexible and inclusive global assessment strategies

Tailored assessment and evaluation strategies must accommodate variations in regulatory standards and curricular frameworks across institutions. A one-size-fits-all approach risks marginalizing learners in low-resource contexts [34]. Formative assessments may be locally devised, such as reflective writing, peer feedback, and discussion-based evaluations, while performance-based tasks could be used for summative purposes, such as capstone projects, case study analyses, e-portfolios, and e-posters [35]. International quiz competitions can enhance motivation and knowledge exchange while fostering camaraderie among postgraduate learners from different regions. Open badges and digital credentials can recognize active participation and offer tangible evidence of achievement, which can be shared on professional platforms such as LinkedIn. While these tools help promote visibility, they assume a strong IT infrastructure. Paper-based portfolios and oral case presentations may be more feasible in lower resource settings, echoing Vogt and Wang's [17] recommendation to adapt methods creatively to local resource availability. For instance, the Medical Education Partnership Initiative in sub-Saharan Africa have demonstrated how equitable assessment can be scaled across sites using both paper-based and digital portfolios [36]. To guide implementation, programme directors can draw on a structured checklist of indicators (Table 2). Embedding these metrics into evaluation processes ensures that assessments remain inclusive and globally relevant.

Table 2. Checklist for monitoring global assessment strategies.

Domain	Indicators
Participation metrics	• Attendance and engagement rates • Tasks submission rates • Portfolio completion rates
Collaboration outputs	• Number of cross-institutional projects produced • Co-authored presentations and publications • Shared teaching materials and resources
Assessment accessibility	• Contribution rate between high- and low-resource partners • Proportion of assessments adapted for low-resource contexts • Flexibility of assessment formats to meet diverse learner needs
Learner experience	• Feedback survey and focus groups • Reflective practice log • Improvement in cultural and clinical competencies measured through validated scales
Sustainability and progression	• Provision of participation certificates • Evidence of value for learners' career progression • Long-term continuity of peer networks and collaborations • Formal institutional support (e.g. inclusion in strategic plan, dedicated funding)

Challenges and proposed solutions

Global learning networks hold significant potential for transforming postgraduate medical education, but their implementation is not without obstacles. Institutions must navigate structural, curricular, technological, and cultural barriers to ensure equity and sustainability. Key challenges include managing cultural and linguistic diversity, aligning curricula across contexts, addressing digital access disparities, coordinating across time zones, supporting faculty development, and ensuring fair and context-sensitive assessment practices [37–39].

These issues are closely linked to the four overarching themes of this paper—curriculum design, collaboration, educator and learner development, and sustainability. The nine practical tips outlined earlier provide actionable ways to respond to these challenges. Figure 1 synthesizes the main challenges and aligns them with potential solutions across the four themes, offering a high-level overview to guide implementation.

Implications for postgraduate medical educators

Adopting the global learning network framework and translating these recommendations into practice can yield tangible outcomes across multiple levels. For learners, global networks strengthen intercultural competence and adaptability as part of a broader skill set that is increasingly essential in diverse clinical environments [29, 33]. Clinicians trained in such settings are better prepared to deliver patient-centred care, navigate complex ethical dilemmas, and collaborate effectively in multicultural teams [31]. They also build durable international peer networks, which is vital for career progression in an interconnected world.

For postgraduate medical educators and programme directors, these recommendations offer a roadmap to modernize training and cultivate a globally minded healthcare workforce. By engaging in co-creation and reciprocal partnerships, institutions can move beyond the historical 'Westernization' of medical education [7, 13]. In addition to enriching the faculty experience through cross-cultural collaboration, this approach raises an institution's profile by fostering sustainable partnerships and aligning with its strategic goals for internationalization [1].

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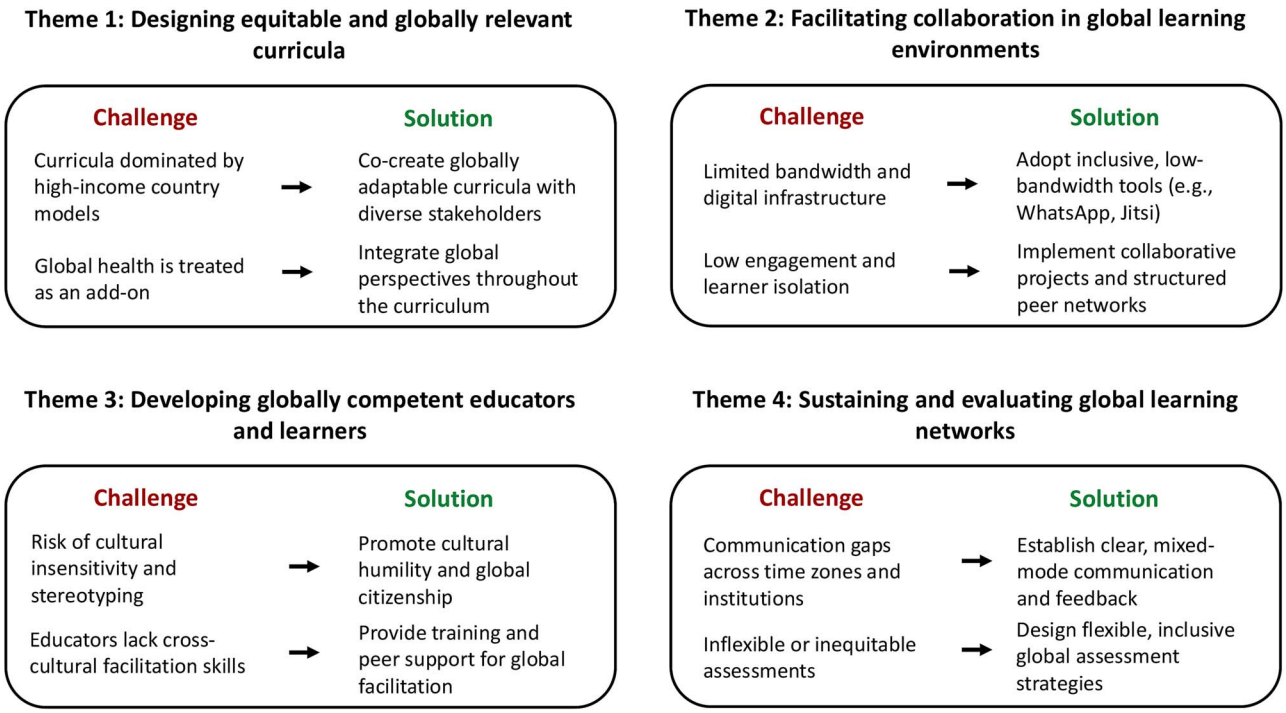

Figure 1 Challenges and solutions in building global learning networks

For health systems, global learning networks function as a practical tool for addressing inequities by facilitating knowledge exchange and expanding access to educational resources [26]. In low-resource settings, they can strengthen both clinical and educational capacity, while in high-resource settings, they promote mutual learning and innovation. Ultimately, this contributes to a global healthcare workforce that is more adaptable, resilient, and collectively capable of tackling shared health challenges like pandemics and climate change.

Conclusion

As postgraduate medical education continues to evolve within the complexities of a globalized healthcare system, the cultivation of learning networks that embed global perspectives and intercultural competencies is therefore imperative. This paper has outlined nine practical tips to support clinician educators in designing, delivering, and sustaining such networks. Embedding these principles into curricula ensures that postgraduate training is not only locally relevant but also globally responsive. By implementing these practical steps, postgraduate programmes can help build a future-ready healthcare system equipped to address interconnected global health challenges.

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Author contributions

J.L., J.M., and V.N. conceptualized the theme of this article. J.L. wrote the first draft, which was then reviewed and revised by all authors. All authors edited and approved the final version of the manuscript.

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Data availability

This article is an educational piece and does not involve the generation or analysis of new data. Therefore, no datasets are associated with this study.

Ethics approval and consent to participate

This manuscript does not require ethics approval as it is an educational article.

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