

Promoting Academic Family Medicine: Participatory-Action Research describing the experiences of young African Family Physicians.

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Context: Africa faces a significant burden of communicable and non-communicable diseases. This is worsened by its inefficient health systems. In response, many have advocated for strengthening primary health care systems, and training doctors capable of providing comprehensive health services. Hence, many countries in Africa have started postgraduate training in family medicine (FM). Much has been achieved regarding the acquisition of a breath of clinical skills; however, many young family doctors still lack the academic skills necessary for promoting the philosophy of FM.

Objective: Our research explored the extent to which a virtual group of young African family doctors can support its members in promoting teaching and learning in FM.

Methodology: In 2016, 13 members of AfriWon Renaissance (the WONCA Africa Working Group for young family doctors) came together to form a virtual group called, *AfriWon Education and Training Theme Group (AfriWonETG)*. This was in response to an agreed need to promote teaching and learning skills in FM. To achieve this, we used a participatory-action approach to bridge the gap between research and action. We chose online discussion sessions for relevant topics in medical education, personal reading tasks and practical assignments at our affiliated organisations as the interventions necessary to achieve our aim. One year into this initiative, we decided to use a focus group discussion to elicit our experiences and suggestions for improvement.

Results: Four themes were used to describe what members liked/disliked about the initiative. AfriWonETG provided an enriching opportunity for “social interaction”, “mentorship and learning” beyond what was offered by their affiliated organisations. Achieving AfriWonETG’s aim was limited by “competing priorities” and “group activities depending on one individual,” i.e. the theme leader. To further achieve the group’s aim, we identified the need to promote “team effort,” “regular meetings” and “design activities that promote self-directed learning among members.”

Conclusion: We demonstrated that through a virtual community of learning and peer mentorship, young African family doctors can create a supportive environment necessary for promoting academic FM skills. This approach has its own challenges due to competing roles and responsibilities at home and at affiliated organisations. Addressing self-efficacy and group dynamics are necessary requirements for success.