Global Health in the Core Curriculum – *central or peripheral*?

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“And what better place to prepare those world citizens, people who can see bridges instead of boundaries, than at our colleges and universities? I hope that a global perspective will eventually permeate our curriculum and our discussions and that the day will come when all of our students will be able to have an experience in another culture”

- Chancellor Larry Vanderhoef (2004 Convocation speech, Univ California “Crossing Boundaries Imagined and Real”)
Our Challenge…

How do we develop “transformative” learning experiences for our students, and develop change within institutions as well as future health care workers?
This conference ... opportunities to

Examine how schools include global health content within programmes

Share models of good practice, identify resources, utilise expertise of participants

Explore educational needs of us, our schools and students to

- *Embed GH within programmes*
- *Effect change in approach to GH teaching / learning*
What is the difference? Is there a difference or is it just semantics / word play?

Is this important to how we approach learning and teaching in this area?
'Global Health'
relates to health issues and concerns that transcend national borders, class, race, ethnicity and culture.
The term stresses the commonality of health issues and which require a collective (partnership-based) action.

'International Health'
relates more to health practices, policies and systems in countries other than one's own and
stresses more the differences between countries than their commonalities.
It is a concept more focused on bilateral foreign aid activities than on collective action, to disease control in poor countries, and to medical missionary work.
What is the difference? Is there a difference or is it just semantics / word play?

Is this important to how we approach learning and teaching in this area?

And how would you define a “Global Citizen”? 
Definition of Global Citizen

Someone who:

- Understands s/he shares common humanity with others
- *Understands diversity to be essential to all life*
- Understands rights and responsibilities of citizenship and the local and global implications of these
- *Recognises connection between local and global events and actions*
- Sees themselves as involved and able to participate in the world
- *Understands importance of multiple perspectives and can access and reflect critically on diverse range of views and information*
- Able to take action for the common good with regard to local and global consequences

*(Abdi & Shultz, 2002)*
Global Citizenship –
other aspects from the literature

Social mobility and international travel

Moral and ethical values \textit{(Dower, 2003)}

Critical engagement with and understanding of global questions \textit{(Oxfam, 2006)}

Cosmopolitanism \textit{(Osler and Starkey, 2005)}

Political and social activist \textit{(Mayo, 2005)}

Soft and Hard Global Citizenship \textit{(Andreotti, 2006)}
Why invest in Global Health education?
12% of world population
17% of healthcare schools

13% of world population
4% of healthcare schools
Why Invest in Global Health Education?

Goes well beyond the needs of the low income countries. Industrialized countries have large disadvantaged, multi-cultural and foreign-born populations whose needs are often ill met by health workers trained in traditional ways.

- **Need for more personnel able to address global health problems**
- **Strong student interest in global health issues and experiences**
- **Insufficient(ly) qualified teachers / faculty**
- **Lack of good teaching materials**
- **Global Health education can affect career choices**
- **Global Health education can enhance ability to work on cross-cultural settings**
- **Better prepared students to serve communities in which they are placed**
Global health education can therefore offer dual benefit: providing a minority of highly motivated students with the expertise for career work overseas, and a much larger number who will be called upon to provide high quality, culturally sensitive services here at home.
includes recognition not only of differing voices and perspectives but also importance of globalisation, critical thinking skills and promotion of social justice.

Dr Douglas Bourn,

Development Education Research Centre, Institute of Education.

Internationalisation of Curriculum conference, Oxford 2009
Equipping Learners to Participate in a globalised world requires moving from... (1)

**fixed content and skills to conform to a pre-determined idea of society**

**concepts and strategies to address complexity, difference and uncertainty according to contexts**

*Douglas Bourne, Development Education Centre, Institute of Education*
Equipping Learners to Participate in a globalised world requires moving from… (2)

absorbing information, to reproduce received knowledge, to accept and adapt to existing structures and models of thinking, knowing and being

assess, interrogate and connect information, to generate knowledge, to live with difference and conflict, to shift positions and perspectives according to contexts
Equipping Learners to Participate in a globalised world requires moving from...

structured, ordered and stable, predictable, comprehensible as a whole, universal meanings and interpretations

complex and changing, uncertain, multifaceted and interconnected, different meanings and interpretation
How would you (or do you) include Global Health / International content?

How do you ensure students learn / experience / change?

All students or (self) selected minority?
Approaches to defining a “curriculum”

• The ‘detailed list’
  http://www.medsin.org/coreglobalhealth

• ‘Broad perspectives’
  http://globalhealtheducation.org/SitePages/Home.aspx
  Global Health Education Consortium (GHEC)

• ‘Concepts’
  Medact www.medact.org,
  Institute for International Medical Education http://www.iime.org/index.htm
  , GMC, WFME
How do you decide which approach to use?

What is most useful to change culture? How does it fit with your schools’ curricular approach?
A Pedagogical Approach

- derived from current conceptualisation within Higher Education

- 3 models
  - “additive”
  - “integrated”
  - “transformative”
Model A: “additive” teaching content around global health topics; supplementary to the mainstream core curricular teaching

Murdoch-Eaton et al, Training healthcare professionals for the future: Internationalism and effective inclusion of global health training, Medical Teacher, 2011
Additive course components:

not integral to the teaching programme,
varied and unregulated learning experiences for (self)-selected students.

Student Selection Components / Options

Elective:
• many schools in Western developed countries allow time nearer graduation for periods of study abroad.

Extension to studies
• additional intercalated year (BSc or Masters)

Individual teachers with international experiences
• global health material into their sessions,
• Enriching but can be anecdotal, inconsistent, potential to detract from intended learning outcomes
Model B: some elements of “integrated” global health teaching components are embedded within mainstream curricular teaching, contributing to broader learning outcomes. Additional global health teaching components can be retained.

Murdoch-Eaton et al, Training healthcare professionals for the future: Internationalism and effective inclusion of global health training, Medical Teacher, 2011
Integrated GH teaching into core curricular content

Uniformity of integration across the course components is crucial for sustainability and reproducibility of key outcomes, for both the mainstream curriculum and for integrated global health components.

Critical appraisal skills, problem solving
- Utilise literature, and examples from range of global / cultural / societal settings
- Utilisation of international tutors and visiting guest speakers

Skills development designed within course components:
- utilisation of international / global resources
- demonstrate an awareness of other cultures
- Communication skills training
- Personal and professional development curricular strands

expected learning outcomes / assessments
- demonstrate an understanding of international health, multicultural and intercultural issues
Model C: “transformational” global health and internationalisation teaching & learning experiences are embedded throughout the programme, with dynamic and interactive effect on both.

Additional study; requires extension of course duration

Transformational inclusion of ‘international’ course elements – incorporated within teaching.

And with transformational impact on programme/core teaching

Murdoch-Eaton et al, Training healthcare professionals for the future: Internationalism and effective inclusion of global health training, Medical Teacher, 2011
Transformative curricular material: considers the perspectives of the learner, the teacher and the learning environment, and what all can contribute to the learning situation. The inter-relationship of these with the intended learning outcomes allow a dynamic approach to learning method, content and even assessment methodology.

Recognition and utilisation of international staff, students (and patients /community)

- resources and co-developers of curricular material.

Utilisation of international students’ experiences

- contribute to the sessions, develop material sensitive to their needs and longer term expectations.
- Group tasks utilising cultural diversity

Accommodation of students’ culturally different learning styles and preferences.
Transformative curricular material (2):

Utilisation of web technologies

• online networking with international schools
• facilitate co-learning including sharing of resources, learning materials, learning outcomes.

assessment methods

• collaboratively developed, reviewed to identify cultural assumptions.

Institutional level

• Quality Management and Enhancement procedures, utilisation of international benchmarks
• Content review - ensure dynamic and responsive material, not type casting other countries or cultures.
Challenges (some!)

- Transparency of content / learning
- *Perceived overloaded curriculum*
- Skills of teaching staff
- *Institutional culture*
- Logistical and ethical challenges
- “Voyeuristic” learner
Globally competent health care workers

We aim to develop and encourage doctors (of the future) to:

- Challenge attitudes towards patients, individuals, communities and health care delivery systems.
- Recognise factors contributing to global health inequalities
- Identify the role of governments, international companies, international organisations and NGOs
- Recognise the factors underpinning global inequality and access to health care services
- Acknowledge the interdependence within a global health system

(www.skillshare.org/buildingawareness_health.htm)

Frenk et al, Lancet 2010, Health Professionals for a new century
A final thought...

Any intervention is not “inherently benign”

can you identify two key learning points to take away from here

• For yourself
• For your institution

How will you evaluate the effect?
Global Health Education for Tomorrow's Doctors

20th October 2011
Austin Court
Birmingham