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Editorial: Teaching and learning in a global cultural context

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Editorial on the Research Topic
Teaching and learning in a global cultural context

Internationalization of medical education and societal impact - Students as stakeholders for medical science diplomacy

In a world that has just emerged from one of the most severe global public health crises in modern history, we find ourselves confronted with an array of pressing challenges. Our planet is experiencing escalating geopolitical conflicts, violence, climate change, population migration, and deep societal divisions. These challenges are not isolated: they are interwoven and complex, requiring a holistic approach that recognizes the vital role of the next generation of health professionals in shaping our collective future.

This new generation of graduates is coming of age in an era defined by rising concerns about sustainability and the prudent utilization of limited resources. They inhabit a culturally diverse and ever-evolving global landscape, demanding a multifaceted approach to healthcare challenges. The question that emerges is how these graduates can effectively and harmoniously collaborate to address challenges, embracing an interdisciplinary, cooperative, respectful, and culturally competent framework that transcends borders.

Within this context, the concept of Internationalization of Medical Education (IoME) has come to the forefront as an area of growing importance in educational research and practice within the health professions (Wu et al., 2022). While the definition of IoME is not uniformly agreed upon, the American Council on Education described it as a “strategic, coordinated framework that integrates policies, programs, initiatives, and individuals to make colleges and universities more globally oriented and internationally connected” (American Council on Education, 2023).

As medical educators we recognize IoME as the integration of formats and processes designed to immerse students in a culturally diverse learning environment. IoME is not the introduction of a new subject matter, it encompasses programmatic efforts and scholarly work on outcomes, theories, and practical applications in this domain (Wu et al., 2022). Formats include activities such as fostering international partnerships, facilitating student mobility, promoting internationalization “at home,” and incorporating international perspectives into the curriculum (Beelen and Jones, 2015; Leask, 2015).

In our view, it is essential to distinguish IoME from Global Health education, which, by and large, emphasizes a narrow focus on low and middle-income countries. In doing so we must also acknowledge that IoME has been shaped by perspectives and understandings from the Global North (Hanson, 2015), traditionally characterized as the wealthier regions of the Western world, such as North America, Europe, and Australia. An inclusive version of IoME will be enriched by approaches to communication and problem-solving from the Global South, which holds custodianship of diverse knowledge systems, boasting millennia

of indigenous science and worldviews. This integration will prove particularly vital given that the existing paradigms have proven insufficient for effectively addressing global challenges.

IoME has historically been motivated by three primary models: the market, social transformation, and the lesser-known liberal model (Hanson, 2015). The market and social transformation models, while relevant, possess inherent limitations. They often involve competition for leadership in the domains of science and clinical care, and emphasize health equity, which, in most cases, leans toward countries of low and middle-income. By contrast, the liberal model invokes students as ambassadors for international understanding and collaboration (Wu and De Wit, 2022), effectively creating a framework of “soft diplomacy” or “Science Diplomacy” (Wu, 2023).

But what exactly is Science Diplomacy, and what should *Medical Science Diplomacy*, as an integral part of IoME, look like?

As a concept, Science Diplomacy involves “the use of science as a soft power to advance diplomatic objectives - e.g., for building bridges between nations and creating good will on which diplomatic relations can be built” (Stone, 2019; European Union, 2023). Its growth can be traced to the end of the Cold War and the fall of the Iron Curtain, where strategic collaborative partnerships at a nation-state level became paramount to promote international understanding.

We propose that *Medical Science Diplomacy* should fuse humanitarian values and mission with global policy to enhance health outcomes on a global scale. As such, it should embrace students and trainees as an integral part of its processes and actions, ideally during their formative years and continuing throughout their training. This approach is crucial, as it establishes students as stakeholders for cultural understanding and partnerships, fostering peaceful collaboration and a high level of sustainability.

Medical Science Diplomacy is unique in that its outcomes are measurable. Like Science Diplomacy, it contributes to international understanding, but also offers a wealth of quantifiable components by which to evaluate its effectiveness. Student competencies in global collaboration, empathy, cultural competency, professionalism, tolerance, respect for diversity, and measurable improvements in patient care for diverse populations are just a few of the metrics that can be taught, conveyed, and measured. Internationalization is therefore a powerful and sustainable force that has the potential to lead to a more peaceful and improved global healthcare landscape. Therefore, it should serve as the primary driving force behind IoME.

The cornerstone of our vision for *Medical Science Diplomacy* is early and comprehensive internationalization. Equipping the next generation with the skills and support to create a peaceful and collaborative world should be the foremost mission and priority of our educator community. It is a vision of unity, collaboration, and progress in an increasingly connected world.

With its growing significance, there is a demonstrable need for research on the impact of the globalization of medical education, including medical curricula and teaching material. In this issue of *Frontiers of Education*, we introduce four contributions to this emerging field.

In their perspective article, Bua and Sahi examine the barriers to genuine bilateral exchange in medical curriculum in the broader

context of decolonizing global health. How important will a decolonizing perspective prove to be in driving forward IoME? Employing an ethnographic study, Liu et al. examine the impact of a longitudinal cultural competency pathway in undergraduate medical training and identify a range of contributing factors to effective student learning. They highlight the need for further study of the informal, hidden curriculum within the context of institutional commitment to cultural competency. Hejri et al. consider the difficulties around assessing cultural competency as a student learning outcome and how these challenges can be mitigated by promoting diverse voices at all stages of design and implementation of assessment. Finally, Pittala and Jacob present a study of how the medical care of refugees and asylum seekers provides opportunities for inclusive learning and an appreciation of the significance of IoME for both medical students and professionals.

The promise of internationalization is that future generations of graduates will have global competencies to solve healthcare issues collectively, transcending national borders and underpinned by Science Diplomacy and a sense of belonging to a global community of medical practitioners. Some of the challenges to the adoption of IoME reflect broader societal issues: for example, the dominance of the English language in academic literature and textbooks, the uneven implementation of technological advances across diverse economies and the broader issues of inclusivity arising from uneven access to Higher Education in different countries. However, these challenges also highlight the need for global perspective and exchange, and a strong research culture that can measure the impact of IoME on clinical education. We hope that this special issue exemplifies the potential of this approach.

The outcome of the comprehensive implementation of internationalization on different levels and of research programs that we as Editors would hope to foster, will be to anchor IoME in medical schools as part of a broader science diplomacy and internationalization of Higher Education (Hudzik, 2011). At the heart of this effort, ownership of IoME and co-creation by students will ultimately ensure the sustainability of a collaborative, culturally diverse and respectful community in healthcare. In summary, embedding a global perspective on clinical practice from the outset of medical training and as a cornerstone of the curriculum can only lead to the betterment of the health across the global community.

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AW: Conceptualization, Writing—original draft, Writing—review & editing. GN: Writing—review & editing, Conceptualization. RW: Conceptualization, Writing—review & editing.

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The authors declare that the research was conducted in the absence of any commercial or financial relationships

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References

- American Council on Education (2023). *Comprehensive Internationalization Framework - What Is Comprehensive Internationalization?* Available online at: <https://www.acenet.edu/Research-Insights/Pages/Internationalization/CIIGE-Model-for-Comprehensive-Internationalization.aspx> (accessed July 2, 2021).
- Beelen, J., and Jones, E. (2015). "Redefining internationalization at home," in *The European Higher Education Area*, eds. A. Curaj, L. Matei, R. Pricopie, J. Salmi, P. Scott (Cham: Springer), 59–72. doi: 10.1007/978-3-319-20877-0_5
- European Union (2023). *What is Science Diplomacy?* Available online at: https://www.eeas.europa.eu/eeas/what-science-diplomacy_en (accessed July 11, 2023).
- Hanson, L. (2015). "Internationalising the curriculum in health," in *Critical Perspectives on Internationalising the Curriculum in Disciplines*, ed. W. Green, C. Whitsed (Rotterdam: Sense Publishers), 175–87. doi: 10.1007/978-94-6300-085-7_14
- Hudzik, J. (2011). *Comprehensive Internationalization- From Concept to Action*. Washington, DC, USA: NAFSA: Association of International Educators; 44p.
- Leask, B. (2015). *Internationalizing the Curriculum*. London: Taylor and Francis. doi: 10.4324/9781315716954
- Stone, D. (2019). *Making Global Policy*. Cambridge: Cambridge University Press. Available online at: <https://www.cambridge.org/core/elements/making-global-policy/4FD45D8D30E6024C9D1889BB51BC09E4> (accessed July 11, 2023).
- Wu, A. (2023). Reshaping internationalization of medical education in 2023. *BMC Med. Educ.* 23, 366. doi: 10.1186/s12909-023-04374-2
- Wu, A., Choi, E., Diderich, M., Shamim, A., Rahhal, Z., Mitchell, M., et al. (2022). Internationalization of medical education - motivations and formats of current practices. *Med. Sci. Educ.* 32, 1–13. doi: 10.1007/s40670-022-01553-6
- Wu, A., and De Wit, H. (2022). The liberal model in internationalization of medical education—an opportunity to reduce healthcare nationalism. *Med. Sci. Educ.* 32, 1235–1236. doi: 10.1007/s40670-022-01623-9