

# Medical education without borders

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# Summary

Globalization influences the training of medical doctors in different ways. Medical schools adapt the content of curricula to better prepare students for their diversifying future work context, and increasing numbers of students travel abroad for, or as part of, their education. In **Chapter 1**, I introduce some of the main concepts and controversies in higher education internationalization, including institutions' main rationales for engaging in internationalization and their challenges in international curriculum design. I present International Medical Programmes (IMPs) as the main topic of this thesis, defined as distinct medical programmes, characterized by active international student recruitment, English as the language of instruction and an internationalized curriculum. These programmes offer a unique environment to see the consequences of globalization in medical education in action. The overarching research question guiding this exploration is:

*How do choices around the aims, vision and content of IMPs play out in the curriculum and for the actors involved?*

This question marked the departure of a journey along eight medical schools in eight countries and more than two hundred individuals who shared their perspectives. The results are presented and discussed in the following chapters.

In **Chapter 2**, I first address the aims of International Medical Programmes. Preparing students for a medical career in an unknown international location is challenging as well as controversial. Curriculum designers must balance specific local healthcare requirements with the global health competencies doctors need in our globalized world. By investigating the challenges and strategies that IMP teachers experience in curriculum design, this first study aims to contribute insights to the debate on local versus global medical education. I conducted a multi-centre instrumental case study across three universities with an IMP in the Netherlands, Hungary and Malaysia. The study involved 26 semi-structured interviews with key curriculum designers who were recruited through purposive sampling. Additionally, I performed a curriculum document analysis. Data were thematically analysed within a multidisciplinary and international research team. In the interviews, participants described two profiles of IMP graduates: 'a global physician', equipped with specific competencies for international practice, and 'a universal professional', an overall high-level graduate fit for future practice anywhere. These perspectives posed different curriculum design challenges, most notably a balancing act between standardization and contextualization. In this chapter, I conclude that IMPs teach us how we can rethink graduate profiles in

a globalising world. Preparing students to be adaptable to the requirements of a rapidly changing future local healthcare context is challenging but crucial.

**Chapter 3** zooms in on ethical dilemmas around the vision and content of IMPs. Internationalization in medical education raises ethical concerns, for instance over its for-profit orientation and the potential erosion of cultural diversity. These concerns fit into a broader debate on social responsibility in higher education. This study aims to explore how academic staff in IMPs experience and act upon these ethical concerns. I further analysed 24 of the interviews with curriculum directors and teaching staff that were conducted as part of the case study project in Chapter 2. Participants shared their personal experiences and responded to ethical concerns expressed in the literature. The multidisciplinary research team performed a template analysis of the data based on theoretical frameworks of ethics and social responsibility. Participants primarily experienced internationalization as having a positive impact on students, the university and the future global society. Yet, they did face several ethical dilemmas. First, marketization through international recruitment against substantial tuition fees could widen access to medical education, but may allow weaker students to enter medical schools. Second, homogenization of educational methods and content offered an opportunity to expose students to best practices, but also posed a risk to educational quality. And third, student diversity helped promote intercultural learning, but also jeopardized student well-being. I discuss that the findings reflect a tension between scholars' and practitioners' views. The critical perspective found in academic debates is largely missing in practice, while theoretical frameworks on ethics possibly overlook the benefits of international education.

In **Chapter 4**, the perspective shifts to the IMP students' and alumni's view on the aims and content of IMPs. IMP graduates practice globally, yet, as the previous Chapters indicate, how to prepare students for an unknown international environment is complex. Following IMP graduates throughout their early careers, this study aims to offer insights into gaps in current undergraduate education. In this international, longitudinal, mixed-methods study, 188 graduates from seven IMPs completed baseline surveys on career choice and job preparedness. Forty-two participants completed follow-up until three years after graduation and nine participated in a series of semi-structured interviews. During the analysis, two typical student profiles emerged. The first depicts a student who, despite the challenges of studying abroad, pursues a medical degree 'anyhow', with a common

aim of practicing in their home country. The other deliberately selects an IMP while envisaging an international career. Two years after graduation, the majority (>70%) of our participants were practicing in a country other than their country of training. They reported challenges around licensing, the job application process and health system familiarization. Participants' experiences point towards potential curriculum adaptations to facilitate cross-border transitions, including career guidance, networking and entrance exam preparation. In conclusion, most IMPs essentially prepare their graduates for a career elsewhere. Gaps and challenges that IMP graduates experience in this cross-border career transition entail a responsibility for preparation and guidance that is currently lacking in IMP curricula.

While completing the previous studies, diverging perspectives around the vision of IMPs emerged that I did not completely grasp. **Chapter 5** results from a discourse analysis project to better understand perspectives on IMPs' purpose, value and desirability and to explore the implications of these diverging perspectives. A lack of common understanding of IMPs' purposes causes tensions and triggers critiques. In this chapter, I use a discourse analysis approach to explore the different ways in which the purposes of IMPs are constructed and how these discourses interact. The research situates in two of the participating IMPs, in the Netherlands and in Hungary. The key-informant interviews from Chapter 2 and 3, supplemented with policy documents, public domain texts and scholarly literature, form the archive. The data collection occurred concurrently with an iterative analysis of patterns, links and interactions between the identified discourses. The analysis indicates that IMPs are constructed discursively around three distinct narratives and associated practices: serving the institutions that host them, serving the (global) public interest, and serving individual students. Co-existence and misalignments of these three discourses cause conflicting practices and confusion among stakeholders. This study illustrates how medical schools create tensions for learners and staff who must navigate conflicting expectations related to higher education internationalization.

**Chapter 6** covers a conceptual reflection on problems and solutions in medical education internationalization, addressing issues relating to aims and vision of internationalization. I present internationalization as a delicate act that is not seldom presented as a goal in itself. I argue that the alignment between, on the one hand, the challenges and opportunities of globalization, and, by contrast,

the internationalization modalities or solutions that are being applied in medical schools, is not always evident. Referring to an organizational decision-making model on problems, solutions and stakeholders, I question whose problems are actually being solved in medical education internationalization. The chapter furthermore discusses some of the tensions in transferring education across international contexts, addressing issues of contextualization and standardization. Finally, in the general discussion presented in **Chapter 7**, the main results of the individual studies are summarized and synthesized. The chapter answers the main research question and reflects on the findings in relation to broader academic and public debates. The main conclusions include that understanding IMPs' student populations, their career ambitions and preferred future work locations helps to paint the picture of graduate profiles, which translates into programme aims. A lack of a clear understanding of these profiles and, related, a lack of a clear vision on international medical education in many IMP practices, leaves room for ambiguity among staff, students and (future) employers. Choices around content, as a result, do not follow from a shared vision but from ad-hoc decisions and individual teachers' initiatives and ideas. The chapter ends with some thoughts on directions for further thinking and research. I argue that making these choices around internationalization more consciously and explicitly than is being done until now in IMPs, will improve education quality, staff and students' experiences and institutions' positions. This choice process could include embracing diversity and adaptability rather than balancing standardization and contextualization, and implementing global citizenship and social accountability as frameworks to further guide vision building for international medical education. I finally propose that further thinking and research in medical education internationalization should involve efforts towards decolonization of education and research.