CULTURAL HEGEMONY IN MEDICAL EDUCATION

Exploring the visibility of culture in health professions

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Because this is a dissertation, I am writing in the first person. However, I want to acknowledge the collaborative nature of this research and the importance of my research team. For the most part, when referring to the studies themselves, the “I” statements should be read as “we”.
We sell our Med Ed
Must do it like we do it!
A culture of no culture

Haiku by Cathy Edwards & Paulette Hahn, Associate Professors Medicine University of Florida, Gainesville, FL USA
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Chapter 1

Introduction
We live in a globalized world with a widening and growing impact of worldwide interconnectedness, which has a direct impact on education. This brings many opportunities, but also threats, including educational cultural hegemony (see below). Cultural competence is increasingly important for professionals in health care but also for the educators that teach and train them. Developing cultural competence starts with bringing up aspects of culture and sociopolitical background into our conversations. In this thesis I will explore if and how educators in the international health professions education programs bring up aspects of culture and sociopolitical background in conversations about education. I further explore the views of faculty facilitators experienced in global health professions education, and strategies to foster such discussions.

Globalization and education

The era we live in has been described as the era of globalization. In his Pulitzer prize winning book ‘The World is Flat: A brief history of the twenty-first century’ Thomas Friedman describes Globalization 1.0 as the era of discovery of America and trading between the Old World and New World (1492 to 1800), which resulted in the conceptual shrinking of the world from large to medium. Globalization 2.0 was the post Great Depression, World Wars I and II (1800 – 2000), where the emergence of multinational companies led to further global integration and shrank the world from medium to small. Friedman describes Globalization 3.0 as the new “flat world” (2000 – to date), a global network making the small world tiny and enabling more people to connect and collaborate. The interconnectivity process which cuts across borders, also connects cultures and communities across space and time. Definitions of key terms used through the chapter can be found in Table 1 (Glossary of key terms).

Globalization impacts the social fabric of our society with accompanying challenges and opportunities, which are not limited to the business sphere; they extend to our educational institutions. Globalization serves as a catalyst for internationalization, which is the effort to make education the topic of this thesis, more responsive to globalization. With an increasing emphasis on internationalization there is a steady flow of students and teachers to other countries, international campuses and collaborations, and partnerships among institutions. Other terms used to describe internationalization of education include ‘off-shore education’, ‘borderless education’, ‘transnational education’ and ‘cross-border education’.

The impact of globalization is evidenced by an increasing number of international partnerships in health professions education. The number of students pursuing international higher education degrees is predicted to increase from 1.8 million in 2000 to 7.2 to 15 million in 2025. Developed, usually English-speaking, countries provide most of these initiatives, while Asia, Latin America and other developing countries are often the “buying” countries. Reviewing recent literature from the US provides numerous examples. For example, three Harvard Medical International (HMI) collaborations demonstrate the potential for new
models of undergraduate health professions education and global health care in the United Arab Emirates, Turkey, and India. A partnership between the consortium of US medical schools led by the University of Indiana Medical School and Kenya’s Moi University School of Medicine has resulted in a bidirectional exchange of faculty, trainees and medical students. Other partnerships in Rwanda, Haiti, Vietnam are examples of recent US collaborations in the postgraduate realm. Similar collaborations have come from European universities, notably Maastricht University. The Maastricht School of Health Professions Education (SHE) has an Office for International Collaboration in health professions education within SHE - SHE Collaborates, which has innovation and capacity building projects in Vietnam, Ghana, Saudi Arabia, Ethiopia, Indonesia, Nicaragua and many more countries. The International Medical University in Kuala Lumpur partners with universities in Australia, New Zealand, Canada, the United States of America, Ireland, the United Kingdom and China. Similarly, China also has multiple collaborations with institutions in the US, the UK, Australia, France, the Netherlands, Norway, Thailand, and Hong Kong.

Globalization and the threat of ignoring cultural differences

As with other opportunities, many challenges accompany these partnerships. These often involve high and low-income countries therefore it is important to be aware and reflective about the potential power differentials. Ethical considerations including balancing benefit to the host communities as well as to trainees from a high-income country is imperative. Curricula may be designed to be “parallel” to the main campus of a partnering institution and in fact may be deliberately indistinguishable from that of the original campus. There is evidence that simply “copy-pasting” a curriculum is likely to fail and it is important to incorporate stakeholder viewpoints in the developmental stages of the curriculum in order to adapt to the local context. With increasing “commodification and trade of medical education” there is the danger of this commodification becoming a form of colonialism. Dogra et al. note that many educational approaches are “rooted in the historical context of white domination of disadvantaged minorities and are very race or ethnicity focused”. Still others warn that a dominant culture may “overwhelm” a partnering institution’s national traditions and culture. Concerns have also been raised regarding globalization resulting in “tectonic shifts in medical education occurring with almost no reflection”. The possibility of globalization and internationalization of education resulting in a new-world colonization of education calls for more research on the impact on partnering institutions’ cultures. Despite calls for cross-cultural research involving global partnerships, there is a gap in the medical education literature about the positive and negative sociocultural impacts of these partnerships.

Additionally, in the globalized world information and communications technology allows education to be a global enterprise; therefore, many institutions have adopted it in preference to face-to-face education. Private sector healthcare
endeavors like the Khan Academy have gained popularity and worldwide institutions are offering (paid) online or blended programs such as Massive Open Online Courses (MOOCs) in an effort to attract foreign students. Use of a different medium does not, however, remove the challenges of cross-cultural education. A large meta-analysis by Zhao showed that factors influencing the effectiveness of face-to-face education impact also on the effectiveness of distance education. Both instructors and participants may feel it is inappropriate or unprofessional to bring their identity, or ideological background, into an e-learning environment so participants remain “physically and socially within ... a culture that is foreign to, and mostly unknown, to the teacher”. Clear definition of roles and rules may be even more important for online communication than in face-to-face learning.

**Culture and Cultural Competence**

Before moving forward, it is important to define culture and cultural competence, and consider how it is affected by power dynamics. Previously, static issues like ethnicity, race, gender, age, income, education, sexual orientation, ability and faith defined culture. New definitions of culture include “sets of competing discourses and practices, within situations characterized by the unequal distribution of power”. Cultural competency or the aim to train health professionals in the care of the increasing culturally heterogeneous patient population has been underscored by health disparities. These disparities draw attention to social equity issues, which has also lead to newer definitions of culture that include an understanding of the power distribution in society and an emphasis on social justice.

Cultural competence has been defined as “the ability of health care professionals to communicate with and effectively provide high-quality care to patients from diverse sociocultural backgrounds; aspects of diversity include— but go beyond— race, ethnicity, gender, sexual orientation, religion, and country of origin”. Kumagai et al. define cultural competence as a skill set that allows the learner “to go beyond the traditional notions of “competency” (i.e., knowledge, skills, and attitudes). It must involve the fostering of a critical awareness—a critical consciousness—of the self, others, and the world and a commitment to addressing issues of societal relevance in health care.” (Table 1)

Cultural competence is not only important for health professionals but also for the educators that teach and train them. They will have to teach an increasingly heterogeneous student population. Increasingly they will be involved in international contacts and communication with other educators in their domain, and many educators use (parts of) curricula and educational theories that have been developed elsewhere, i.e. in a cultural setting that is different from their own.

**Conceptual framework**

Language is a site for and has a stake in power struggles as it reflects ideology. Ideology is closely linked to language and power because using language is a common visible social behavior or convention. Existing social conventions or
ideologies are expressed implicitly through language as ‘common-sense assumptions’. Those in power dictate these ‘common-sense assumptions’ and impact language and other symbols and behaviors that express identity, culture, and power. Therefore language reflects the order of society at a micro-level, which in turn reflects social structure and action at a macro-level. As ideology is pervasively present in language the study of the ideological nature of language is important.

The term discourse is used to describe how language exercises power; analysis of discourses makes apparent the social practices of which language is part. Discourse theory falls under the realm of Critical Theory. This is a social theory oriented toward critiquing and changing society by digging beneath the surface of social life and uncovering the assumptions that keep us from a full and true understanding of how the world works. It can be traced back to the Greek word κριτικός, kritikos associated with judgment or skill in judging. Critical theorists including Horkheimer, Habermas, Marcuse and Gramsci critique the social forces that prevent people from seeing and understanding the forms of power and domination that exist in society and affect their lives. Because critical theory studies social inequities in society, it is well suited to examine relationships between high power western institutions and low power institutions from under-developed countries. Discourse theory provides the heuristics within this framework to explore power, privilege and identity by exploring not just what the person is saying (informing others) but also what the person is doing (actions) and being (identity). It is particularly well suited to explore the visibility of culture in international educational partnerships.

For these reasons, I chose critical discourse analysis as my framework for analysis of discourses. To be critical in discourse analysis means not taking things for granted, challenging reductionism and making manifest the opaque structures of power relations. It is generally agreed that several different approaches from the humanities and social sciences are all legitimate approaches for critical discourse analysis. Foucauldian ‘macro-linguistic’ approaches, based on the work of Michael Foucault, examine the genealogy of text within the hierarchy of institutions or systems. A ‘micro-linguistic’ approach examines phonetics, phonology, grammar and semantic of language. For this research, I use the ‘meso-linguistic’ critical discourse approach, which involves a sociocultural analysis of the production of discourse and is a combination of both micro and macro-linguistic approaches.

Aims

My thesis aims to study the visibility (or its lack) of culture in international health professions education programs. In my role as an educator and learner in culturally diverse settings (see section, Reflexivity and my part in research, p. 14), I became concerned that HPE programs promote educational objectivism (Table 1), maintaining a distance between teachers and learners – an implicit understanding that cultural ‘baggage’ would be left at the doorstep of the classroom. This prompted me to explore global health professions education (HPE) programs promoting a ‘culture of no culture’. The gap in literature addressed is the
(in)visibility of culture in this era of globalization and internationalization of health professions education. As an extension of this purpose, I explored the interest and willingness of participants to engage and learn from cultural discussions and to use these discussions to help develop critical consciousness.

Research Setting and Context

I selected two health professions education-training programs as the settings for the studies. The Foundation for the Advancement of International Medical Education & Research® (FAIMER®), was the setting for research studies 1, 2 and 3 (Chapter 2, 3 and 4). Study 4 (Chapter 5) also includes the Maastricht School of Health Professions Education. Both programs have onsite learning components as well as distance learning and provide advanced training to health professions educators across the globe in educational methods, research and leadership. I chose these two programs because of their strong international focus and inclusion of participants and faculty from developed and developing countries. In addition, I had privileged access to them because I am a FAIMER® alumna; one of my supervisors (PM) is the Founding Co-Director of the FAIMER Institute. Two of my Ph.D. supervisors (TD, DV) are affiliated with The Maastricht School of Health Professions Education (I discuss the implications of sampling in the section on Reflexivity below).

FAIMER is a fellowship program for international health professions educators (HPE) from over forty countries. The FAIMER Institute, established in 200150-52, provides 2-year part time fellowships. These develop cohorts of 16 mid-career health professions faculty from Latin America, Africa, the Middle East and Asia to act as educational research scholars and change agents within a global community of practice.53 The FAIMER Institute curriculum includes two (3- and 2-week) residential sessions a year apart in Philadelphia and two 11-month e-learning periods conducted via a listserv. The program is designed to teach education methods, management, and leadership skills, as well as to develop strong professional bonds with other health professions educators around the world. During the total immersion residential sessions, Fellows are encouraged to share information about their culture, particularly during structured ‘Learning Circle’ activities54 which foster inter-relational groups that care about the development of each individual. The listserv is used for formal e-learning modules, alumni-designed community conversations, and as an informal resource network and social support network for Fellows.

The Maastricht School of Health Professions Education (SHE) has more than 35 years of experience of education, research and innovation. The school offers a wide range of courses in health professions education, from short courses and certificate courses to Master Health Professions Education (MHPE) and PhD degree programs of which this thesis is a product. SHE reinforces internationalization through its research, education and collaborations in health professions education. The MHPE program gives participants the knowledge and skills required for a career in health professions education and research. It is a two-year program taught in English. It is largely based on distance learning, with a maximum of three short
periods in Maastricht. The MHPE attracts an international group of professionals from a variety of educational, professional and cultural backgrounds who have acquired university degrees in one of the health professions in their native country (e.g.: health sciences, medicine, nursing, physiotherapy, dentistry, pharmacy, speech therapy).  

In FAIMER and SHE courses there are some face-to-face components where staff and teachers meet, but a large part of the interaction is online and asynchronous because of the large distances and time zone differences between students from all over the world. Online conversations can be efficient and effective when students are motivated and the technical facilities are provided. They are, however, less spontaneous, they lack of nonverbal communication cues and require more explicit turn taking. Additionally, asynchronous online conversations have also been found to be less interactive than synchronous online conversations.

Reflexivity and my part in research

Reflexivity is “an awareness of the ways in which the researcher as an individual with a particular social identity and background has an impact on the research process”. This thesis is comprised of four interconnected studies that use critical discourse analysis and discourse theory as the conceptual framework. I will preface this thesis by positioning myself within the research and discuss how my insider role as a FAIMER alumna played out in the research. It is not a coincidence that I ventured to study the visibility of culture in learning environments. Being part of FAIMER exposed me to educators from several different countries. To name a few: Philippines, Vietnam, Malaysia, Indonesia, Bangladesh, India, Nepal, Turkey, Egypt, Nigeria, Ethiopia, South Africa, Mali, Venezuela, Colombia, Brazil, Peru, Chile, and Argentina. At the time when I undertook the FAIMER fellowship I myself was based in Islamabad, Pakistan and later I immigrated to the US. I was fascinated by the interplay of culture during the face-to-face sessions with other health professions educators in Philadelphia, many of who ended up collaborating on projects and inviting each other as guest speakers.

It is important to provide some more details about my background, which influences my world-view and consequently my epistemological stance. While I was growing up, my parents travelled all over the world. I was born in the pre-revolution Shah-era Iran (though my parents are originally from Pakistan), lived in New Jersey and Milan for some time, completed my medical school in Pakistan, trained in New York in Internal Medicine and returned to Pakistan pre-9/11. It was during that time that I undertook the FAIMER fellowship and over the years I watched the turbulence in my home country and worldwide in dismay, finally immigrating to Florida USA. Being a woman from Pakistan but having had the privilege of multicultural exposure, both while growing up and later in life, has placed me in a unique position where I can view educational environments with both the western and eastern view points, appreciating pros and cons of both and giving an ‘outsider’ point of view. As I yo-yoed between different cultures embedded within educational institutions over my career, I noted how hegemony (Table 1)
existed in both western and eastern educational settings. There was an implicit understanding amongst participants in a western setting to keep discussions about cultural backgrounds out of the work-space or class-room space. On a personal note this tendency for hegemony impacted me in two ways. Firstly, during the first few years of immigration I would have been particularly happy to talk about my experiences in Pakistan – in fact it would have been cathartic, but I was rarely asked and I did not volunteer to share. Now I understand that ‘pedagogical space’ – which I describe in Chapter 4 – to understand and develop our personal stories is essential to the successful development of our professional identity. Secondly, my experiences working in a developing country could have helped shed light on health care disparities, social and cultural challenges in medicine and I could have directly contributed to cultural competency training experiences. But I followed the dominant culture of keeping my personal experiences, struggles, concerns and fears out of the workspace. On reflecting back the norms are similar in many ways in the eastern setting where there was an assumed sense of hegemony i.e. assumption that all subscribe to similar world-views, which ultimately promotes a narrow world-view. The assumption that all individuals agree with the often conservative society values dictated by dominant religious figures, or not voicing opinions that may contradict a superior (thereby stifling debate) in an authoritative culture are examples of hegemony in the east. I was curious to study the positive and negative consequences of such practices in the educational setting, which has resulted in this body of research.

In the US, I followed the world political events with interest. I noted that over the past two decades there was an increasing understanding that globalization and other events in Asia, Africa and Europe have an impact within America and consequently there has been an emphasis on ensuring ‘cultural competence’. The call to include power differentials and social inequities while defining and discussing culture rang a bell with me as my cultural norms were dictated by the dominant power in the country of residence. Being part of FAIMER and SHE enabled me to give the ‘insider’ eastern perspectives of participants in international education set-ups but I felt equally authentic providing the ‘outsider’ western point of view. Through the research I constantly strove to be reflexive by discussing my position, and how it affected my thinking and writing, with the other members of the research team during our conversations, as well as by detailed comments on article drafts. By using this approach I was able to ‘turn back’ and appraise the impact of life experiences, which helped me gain perspective from the data itself.

Problem statement and Research Questions

Multiple health professions education partnerships have sprung up as a response to globalization, with on-site campuses, exchange student programs and online education with or without face-to-face interactions. The introductory chapter establishes that globalization has led to commodification of education, which can pose threats to local culture. Even though globalization has resulted in a ‘flat world’ with increased connectivity from the healthcare perspective, the world we live in has increasing disparities. Health professionals all over the world have to be sensitive to
and adept at dealing with culturally heterogeneous patient population with a commitment to address issues of societal relevance in health care, as highlighted by newer definitions of cultural competence.\textsuperscript{38} Whereas, on one hand I paint the landscape of a globalized world, increasing health disparities and the increasing importance of cultural competence – on the other hand, there lays the challenge of adapting curricula to local culture, ensuring cultural competence and preventing the colonialism of education.\textsuperscript{6} There is recognition for the need for reflection on these shifts in medical education but there is little in the literature about the affects of globalization on culture such as educational objectivism, cultural hegemony or a ‘culture of no culture’, which is the gap this thesis aims to address.

More specifically, the research questions for this thesis are:

1. How visible is culture (cultural discussion) in online health professions education conversations and how do participants’ sociopolitical backgrounds enter discussions focused on health professions education and leadership to generate critical consciousness?

2. How do participants in an online cross-cultural educational learning setting react to cultural conversation cues? And what factors do participants describe that they experienced that hinder or promote readiness to discuss culture in a professional development curriculum?

3. How does the use of Identity Text as a structured educational intervention promote discovery and dialogue about participants’ cultural backgrounds?

4. How do facilitators encourage cultural discussions? And how do facilitators and participants of those discussions co-construct an understanding about power and privilege in society?

The thesis contains six chapters: Introduction and Discussion Chapters (Chapter 1 and 6); three published research articles (Chapter 2,3,4) and one that is accepted for publication (Chapter 5). The research questions that comprise this research program are outlined below, followed by a brief summary of each respective chapter.

Chapter 2 reports the first research study, which is an exploratory study where I set out to explore how culture was visible in online conversations. Specifically, to assess if the rich cultural exchanges noted in face-to-face interactions in health professions education programs continued in an online discussion forum and if the exchanges went beyond superficial discussion and addressed deeper social concerns. I chose FAIMER’s online discussion ‘listserv’ to explore the research question as participants from multiple continents first meet during the face-to-face component of the program and then participate in online discussions. I was surprised to note the paucity of cultural discussions in the FAIMER online cohort in our first study and wondered if deliberate introduction of cultural conversation cues would prompt participants to discuss cultural issues. I was also interested in knowing more about factors promoting and hindering cultural discussions. This is addressed in Chapter 3, the second research study where FAIMER participants in an online cross-cultural educational learning setting were asked to react to cultural
conversation cues. They were also asked about factors that they experienced that hinder or promote readiness to discuss culture in a professional development curriculum. The third research study builds on the results of study two, where participants had indicated that they would be inclined to share information about their background and culture if asked specifically to do so, therefore I went on to use ‘Identity Text’ as an educational intervention to promote such dialogue. This question is addressed in Chapter 4 where I report how FAIMER participants undertook a structured educational intervention ‘Identity Text’ to promote discovery and dialogue about their cultural backgrounds.

I felt it was important to explore how comfortable facilitators felt discussing culture and if they thought it was relevant and important to deliberately bring up cultural issues to promote critical thinking about social justice and equity issues. I invited facilitators from FAIMER and SHE for in-depth interviews regarding their experiences. This is addressed in Chapter 5. I asked them how and if facilitators encourage cultural discussions and how do facilitators and participants of those discussions co-construct an understanding about power, privilege and development of critical consciousness in learners.

Chapter 6 is a discussion of the preceding chapters. It summarizes the main findings of each study and synthesizes their conclusions. It discusses the relevance of this work, establishes what new perspectives are offered by this thesis, explores opportunities, and makes recommendations for future research and practice.

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Table 1: Glossary of terms

**Globalization:** Globalization is the context of economic and academic trends that are part of the 21st century. In the context of education globalization is the economic, political, and societal forces pushing 21st century higher education toward greater international involvement.\(^{12}\)

**Internationalization:** Internationalization includes the policies and practices undertaken by academic systems and institutions—and even individuals—to cope with the global academic environment.\(^{12}\)

**Critical consciousness:** Critical consciousness is a state of understanding how power and difference shape social structure and interaction (“reading the world”), coupled with an orientation toward pragmatic action.\(^{39}\)

**Hegemony/Cultural hegemony:** Hegemony denotes a group or regime, which exerts undue influence within a society. Cultural hegemony is the idea that the ruling class can manipulate the value system of a society, so that their view becomes the worldview.\(^{62}\)

**Educational objectivism:** Educational objectivism assumes teaching requires a distance between teacher and learner and that the self (subjectivity).\(^{63}\)
Chapter 2
Gender, religion, and sociopolitical issues in cross-cultural online education

Published As:

Abstract

Cross-cultural education is thought to develop critical consciousness of how unequal distributions of power and privilege affect people’s health. Learners in different sociopolitical settings can join together in developing critical consciousness—awareness of power and privilege dynamics in society—by means of communication technology. The aim of this research was to define strengths and limitations of existing cross-cultural discussions in generating critical consciousness. The setting was the FAIMER international fellowship program for mid-career interdisciplinary health faculty, whose goal is to foster global advancement of health professions education. Fellows take part in participant-led, online, written, task-focused discussions on topics like professionalism, community health, and leadership. We reflexively identified text that brought sociopolitical topics into the online environment during the years 2011 and 2012 and used a discourse analysis toolset to make our content analysis relevant to critical consciousness. While references to participants’ cultures and backgrounds were infrequent, narratives of political-, gender-, religion-, and other culture-related topics did emerge. When participants gave accounts of their experiences and exchanged cross-cultural stories, they were more likely to develop ad hoc networks to support one another in facing those issues than explore issues relating to the development of critical consciousness. We suggest that cross-cultural discussions need to be facilitated actively to transform learners’ frames of reference, create critical consciousness, and develop cultural competence. Further research is needed into how to provide a safe environment for such learning and provide faculty development for the skills needed to facilitate these exchanges.

Keywords Cross-cultural communication · Power · Hegemony · Critical consciousness

What sets worlds in motion is the interplay of differences, their attractions and repulsions... By suppressing differences and peculiarities...progress weakens.

Octavio Paz (Mexican poet, writer and diplomat; 1914–1998)

Introduction

Given the globalization of health professions education (Schwarz 2001; Harden 2006; Norcini and Banda 2011), health professions educators need to pay attention to cultural differences and values, and the events that shape them. If people feel it is inappropriate to bring their identity or ideological background into educational environments, students may remain “physically and socially within...a culture that is foreign to, and mostly unknown, to the teacher” (Hofstede 1984), and teachers’ cultural assumptions will prevail. The term ‘cultural hegemony’ describes this power of a dominant class to present one authoritative definition of reality or view of culture in such a way that other classes accept it as a common understanding (Borg et al. 2002; Gramsci 1995). Thus, an implicit consensus emerges that this is the only sensible way of seeing the world. Groups who present alternative views risk being marginalized, and learning may suffer (Arce 1998; Monrouxe 2010; Hawthorne et al. 2004). Therefore, leaders of cross-cultural health professions education need
to avoid inadvertently encouraging learners to leave their cultural background at the classroom doorstep (Beagan 2000). The term cross-culturalism refers to exchanges beyond the boundaries of individual nations or cultural groups (Betancourt 2003) as opposed to multiculturalism, which deals with cultural diversity within a particular nation or social group (Burgess and Burgess 2005). This research applies the concept of cross-culturalism to faculty learning and developing a leadership community of practice (Burdick 2014).

This research is conceptually orientated towards the critical theory research paradigm (Bergman et al. 2012) and the concept of ‘critical consciousness.’ Kumagai and Lypson argued that cultural education in medicine must go beyond traditional notions of ‘competence’ (Kumagai and Lypson 2009) to reflective awareness of differences in power and privilege in society, and a commitment to social justice (Freire 1993). To avoid tacitly imposing cultural assumptions, faculty need to facilitate diverse viewpoints. The ability to do so is most important in online education due to its lack of nonverbal communication and emphasis on written learning (De Jong et al. 2013). Discourse theories also fall within the scope of critical theory. Stemming from the parent disciplines of linguistics, sociology and psychology, this family of theories holds that language and other symbols and behaviors express identity, culture, and power (Hajer 1997). Those symbols and signs reflect the order of society at a micro-level, which in turn reflects social structure and action at a macro-level (Fairclough 1995; Alexander 1987). Discourse theories provide heuristics, which can be used to explore relationships between power, privilege, and identity.

Our research question was: How do participants’ sociopolitical backgrounds enter online discussions focused on health professions education and leadership to generate critical consciousness? We selected the Foundation for the Advancement of International Medical Education & Research (FAIMER) as the setting because its purpose is to develop “international health professions educators who have the potential to play a key role in improving health professions education at their home institutions and in their regions, and ultimately help to improve world health” (FAIMER September 24, 2013). This group of individuals, participating in communal activity, and continuously creating a shared identity by engaging in and contributing to the practices of their communities (Noricini et al. 2005) forms a community of cross-cultural practice (Burdick et al. 2010).
Methods

Educational setting and participants

The FAIMER Institute (Burdick et al. 2010; FAIMER September 24, 2013; Norcini et al. 2005) provides a 2-year fellowship, which each year develops a cohort of 16 mid-career health professions faculty from Latin America, Africa, the Middle East, and Asia to act as educational scholars and agents of change within a global community of health professionals. There are 3- and a 2-week residential sessions 1 year apart in Philadelphia and two 11-month online discussions conducted via a list serve. Both formal and informal meetings during the residential sessions foster cross-cultural understanding by encouraging fellows to share information about their ethnicity, religion, political influences, food, dress, and language. Respect for differences is supported by structured ‘Learning Circle’ activities (Noble et al. 2005; Noble and Henderson 2008) and sessions covering a range of topics related to education and leadership.

Internet connectivity is problematic in remote areas, so a list serve is used for online discussions. These discussions had two major elements in 2011–2012, when this study was done. First, Fellows reported progress on educational innovation projects they had implemented at their home institutions with the guidance of faculty project advisers. Second, teams of 5–6 current Fellows selected topics, and then collaboratively designed and implemented six 3-week e-learning modules to deepen their health professions education and leadership expertise. Faculty e-learning advisers, mainly from the U.S., and an alumni faculty adviser facilitated the online discussions, whose participants included 32 first and second year Fellows and any of the 150 program alumni who wished to take part. The list serve also provided an informal resource and social support network for Fellows (e.g., congratulations for professional or personal milestones; condolences on personal or national tragedies; holiday greetings). To help those were not native English speakers, had limited time, or were using mobile devices with limited editing functions, Fellows were encouraged to post short comments and not be overly concerned with English grammar. Fellows were required to post “at least one substantive comment that advances the topic” during the e-learning modules, but were not given any specific guidelines to deliberately post cross-cultural comments.

Methodology

It has been argued that qualitative research is of good quality when epistemology, methodology, and method are internally consistent (Carter and Little 2007). Located within the critical theory paradigm (Lincoln et al. 2011) this research had a subjectivist epistemology. Discourse theory holds that our words are never neutral; each has a historical, political and social context (Fiske 1994). Researchers use their ‘critical reflexivity’ to explore the relative value of different subject positions. Critical discourse analysis methodology allows them to explore dialectical tensions within participants’ written language. We now describe the methods we used to do that.
Critical reflexivity

ZZ, a FAIMER Institute Fellow from Pakistan, was educated as a physician in Pakistan, trained as an Internist in the United States, returned to academic medicine in Pakistan, and 10 years later immigrated to the United States. PM is a U.S. faculty member of the FAIMER Institute with extensive experience of academic leadership development involving gender and minority participants (Morahan et al. 2010). DV, RN, and TD (from the Netherlands, Canada, and U.K.) are extensively involved with cross-cultural education and one (TD) has published on critical discourse (Dornan 2014). All authors had extensive experience of online education. ZZ ‘s cross-cultural experience and understanding of participants’ situations inevitably influenced her interpretation of posts to the list serve. In order for this background to serve as a resource to the project, her co-researchers, including PM who is one of the residential FAIMER faculty advisor, joined in an explicit, conscious process of critical reflexivity, reading data, joining periodic Skype calls, commenting on documents, emailing reflexive comments to one another, and helping each other identify their preconceptions. PM contributed the perspective a of faculty advisor involved with the listserve.

Identification of text for analysis

ZZ compiled all posts to the list serve between August 1, 2011 and August 1, 2012 related to the topics of the e-learning modules, social posts, information requests, and spontaneously generated discussions (but not congratulatory posts, as they consisted of single words or short phrases like “Congratulations”; “Well done”) into a 1286-page document. She used her reflexive understanding of the posts to identify those which referred to sociopolitical issues, including religion and gender. Guided by this initial review, the authors compiled a list of keywords and used them to text-search the document to identify any text missed in the first pass. The words were: Terror(ism), Liberal(ism), Conservat(ism), Religion, Islam, Hinduism, Buddhism, Christian, Eid, Christmas, New Year, Chinese New Year, Diwali, Basant, Easter, Carnivale, Lent, Passover, Female, Women, Democra(cy), Dictator(ship), Multicultural(ism), and Diversity. ZZ ensured that entire posts, including associated back-and-forth dialogue between participants, were included, checking with another author (PM) who had actively participated in the discussions. The posts containing these concepts were compiled into an 11-page transcript.

Methodological framework

The content analysis drew insights and analytical tools from critical discourse methodology, which is consistent with the critical paradigm in which this research was conducted. Discourse theory holds that our words are never neutral: each has a historical, political and social context (Fiske 1994). Qualitative analysis can identify connections between texts and social and cultural structures and processes (Fairclough 1995). Gee specified features of the structure and content of text, which identify how social structures and processes influence social action (Gee 2014) and said they could be combined with a general thematic analysis not rooted in any particular linguistic methodology (Gee 2004).
Analytical procedures

The researchers used analytical tools developed by Gee (2014) to explore how language built identities, relationships, and the significance of events. They all read the 11-page transcript, searching systematically for the ‘situated,’ or contextual, meaning of words, identifying typical stories that invited readers or listeners to enter into the world of a writer, looking beyond what contributors were saying to identify what their discourse was ‘doing,’ and exploring how metaphors were used. They worked independently of one another, highlighting material of interest and annotating them with marginal comments. They exchanged and discussed comments to identify and explore areas of agreement and disagreement. ZZ kept notes about the discussions, archived the comments into a single dataset, and maintained an audit trail back to the original data. She then wrote the narrative of results, proceeding from description to interpretation to explanation while constantly comparing these explanations to the original textual materials. The other authors contributed their reflexive reactions to the evolving narrative of results.

Results

Although FAIMER’s mission includes fostering cross-cultural education, <1 % of the text (11 pages) was explicitly sociopolitical. Participants from 16 countries in Africa and the Middle East (Ethiopia, Nigeria, Kenya, Cameroon, Egypt and Saudi Arabia), Latin America (Mexico, Colombia, Chile), Asia (India, Sri Lanka, Pakistan, Bangladesh, China, and Indonesia), and the United States, contributed to the sociopolitical discussions. They contributed posts, typically in response to events in their home countries, which did not necessarily relate to the topics of the formal discussions. In other words, the geo-political contributions appeared spontaneously, without a specific request by faculty facilitators. These conversations soon petered out for several reasons. There was limited back-and-forth dialogue between an initiating participant and other participants, which limited the depth of the discussions. Posts were greeted not with positive or negative responses, but with silence, and faculty did not ask for more information or build on what had been said. Within the limited discussions that did take place, we identified four strands (parts of conversation within an email thread). Participants discussed experiences related to political events in their countries (political strand); highlighted gender issues (gender-related strand); discussed religion in their home countries (religion-related strand); and offered glimpses into the impact of cultural factors on their lives (general cultural strand). The following paragraphs elaborate those four topics, and Table 1 provides examples of specific posts.
Table 1

Examples of sociopolitical content in the four strands

Excerpts are part of a back-and-forth dialogue

<table>
<thead>
<tr>
<th>Political Discourse</th>
<th>Terrorism and bomb blasts in India and Pakistan</th>
<th>Response from Pakistan living through terror on a daily basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant from India living under the threat of terrorism</td>
<td>“Sorry to interrupt. But, there was a series of bomb blasts in my city. Thankfully, except for the person who was carrying the bomb, no one else was injured.”</td>
<td>“It’s comforting to find that all of you are safe and no damage was done. Unfortunately bomb blasts are common occurrences in our part of the world and we have lost quite a few good friends and acquaintances to these senseless acts of violence. I can understand your feeling as I have escaped from death in these blasts by a whisker—thrice and my daughter twice (both times going to her school). We have responded, in [our city] by not getting terrorized and we go on about our daily lives as usual, but still, it’s a good idea to be very careful.”</td>
</tr>
</tbody>
</table>
**Arab Spring**

Egyptian woman chronicling her lived experiences through the Egyptian revolution using the metaphor of childbirth

“When I gave birth to my kids, I went through a normal delivery, and refused to take pain killers...I wanted to experience labor pain, which is unbearable; yet I enjoyed every single moment of it...with all those intermingled feelings of suffering, curiosity, serenity, fear, happiness, just waiting for the moment of listening to the first cry”. She metaphorically then linked childbirth to the electoral process: “Today, while I was impatiently waiting for announcing Egypt’s first civil president, the same feeling was projected on me: Egypt was giving birth...very painful...laborious...”

**South American participant providing global context of events and encouragement using the metaphor of breast feeding**

“Well, I think that movement to change the model of government in your country is IMPORTANT FOR ALL OF US (INCLUDING LATINO AMERICA) because that kind of change has effects in all middle east country (at same manner that the movement to fall the dictator), effects in economics fields around the world, effects in the way to reorganize and how to obtain a common view of your country where are different points of view about it (that is a common situation in a lot of countries around the world)...So the problem is for all Egyptians not only for the president and his government and if the homework is well done this condition could be a wave more bigger than the last and I hope that it be great. All my prayers for you and your country in this new endeavour. And the image about the pain when the women had given birth could be compensated with the image when the newborn goes to her mamas to take breastfeeding (what a lot of happiness!!! between both)...”
<table>
<thead>
<tr>
<th>Gender - Related Discourse</th>
<th>Discussing transitioning from feminism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant from the middle-east discussing daily work environment</td>
<td>“After I selected the (4) employees, I realized the trouble of having (4) females who are trying to prove themselves in a very masculine culture. Competition was as evident as the sun from first day...and it was hell. Complaints everyday...unhealthy climate, poor relationships, poor communication...the [good of the] unit was the last thing they ever thought of considerably”.</td>
</tr>
<tr>
<td>Discussing differences in east–west health care practices—CDA tool: activities conforming to social norms or routinization Participant discussing examining women</td>
<td>“Exposure of body parts is not allowed or only minimal exposure is allowed (e.g. in UK we were trained to examine the patient with tops off so that both breasts, chest and axillae could be properly examined. In [my country], patients will only allow the affected breast to be examined and despite request will not allow the contralateral breast to be examined. Men cannot do gynecological examination on women even in an emergency.”</td>
</tr>
<tr>
<td></td>
<td>Participant from U.S reflecting on western roles of men and women</td>
</tr>
<tr>
<td></td>
<td>“Western culture has evolved more and more into a self-directed, self-centered, individualistic culture of science, savage capitalism and alpha male/alpha female thinking.”</td>
</tr>
<tr>
<td></td>
<td>“Asking to take off clothes and wear a gown may be considered a norm in one society but a totally unacceptable behavior (or request by a doctor—even with the best of intentions) in another society of culture. We do come across such incidents in our conservative societies and this does conflict with what we were taught (and practiced) in the West.”</td>
</tr>
<tr>
<td>Religion - Related Discourse</td>
<td>Participant view on impact of religion in guiding professional outlook</td>
</tr>
</tbody>
</table>
Political strand

Political text concerned two main topics: terrorist attacks in India and Pakistan, and the Arab Spring in Egypt. There were two additional posts (from Egypt and Saudi Arabia) about local governments fostering progress and a view from the U.S. on the value of democracy.

Terrorism

As shown in Table 1, a participant from India broke into the on-line discussion by announcing a terrorist bomb attack. A participant replied empathically that such events are part of normal life in Pakistan. Then participants who had experienced bomb blasts or other forms of terrorism due to the Tamil guerrilla war and drug-related violence in South America joined the discussion. As participants contributed their experiences, geographic borders became irrelevant. Participants wrote of terrorism as anti-social behavior; a life of living with terror; lack of safety; vigilance; not allowing oneself to be terrorized; life going on despite bomb blasts; hopes of terrorism ending, and peace returning. The text in Table 1 shows that participants did not comment on socioeconomic and political factors contributing to terrorism and relevant to healthcare. Terrorists were characterized as radicalized zealots who do not deserve sympathy or understanding: ‘Thankfully, except for the person who was carrying the bomb, no one else was injured.’ The net effect of this conversation was to create solidarity between participants who were potential victims of terrorism and emphasize the “otherness” of terrorists, but it did not relate the terrorism discussion to medical education.

The Arab spring

In a second part of this strand, vivid metaphors of childbirth and breastfeeding described the local political environment during the Arab Spring (Table 1). The metaphors gave readers a unique window into the life of someone they knew, who was now caught up in an uprising that held the world’s attention. A South American picked up on the metaphor, expressed support, and expressed opinions about social change. Later, a participant from the Middle East wrote that “Boundaries are boundaries—they are there to define the environment and mobilizing them is not always a choice” and asked “is it always feasible especially if it requires moving boundaries and making it safe?” A U.S. faculty participant reminded participants of a debate about democracy versus dictatorship during another module but back-and-forth dialogue did not result. The conversation explored differences in Fellows’ political environments but did not analyze their relevance to medical education.

Gender–related strand

Table 1 contains example text from a conversation about gender issues in treating women patients, which began during an e-learning module on Professionalism. Male and female participants participated in a candid and uninhibited way, describing social norms in their different countries. A participant
from Bangladesh wrote that “Shaking hands is culturally and religiously governed, male doctors usually don’t shake hands with women patients, they exchange salam (Assalamu Alaikum-peace be upon you!). But it is not mandatory. Our present [female] Prime Minister Sheikh Hasina shake hands with all, but previous [female Prime Minister] Begum Khaleda Zia shakes hand only with ladies! So there is difference in same culture!” Participants from many countries discussed cultural restrictions imposed by male leaders to prevent women from receiving adequate medical care. Participants from India, Pakistan, Saudi Arabia and Egypt shared differences in physical examination of women patients (Table 1): “Exposure of body parts is not allowed or only minimal exposure is allowed (e.g. in UK we were trained to examine the patient with tops off so that both breasts, chest and axillae could be properly examined. In [my country], patient will only allow the affected breast to be examined and despite request will not allow the contralateral breast to be examined. Men cannot do gynecological examination on women even in an emergency.” Another participant wrote, “Asking to take off clothes and wear a gown may be considered a norm in one society but a totally unacceptable behavior (or request by a doctor—even with the best of intentions) in another society of culture. We do come across such incidents in our conservative societies and this does conflict with what we were taught (and practiced) in the West.”

In other posts, one participant offered a view about women physicians saying: “In India specially, the attire is important—at the hospital such as ours the female residents cannot come in skirts etc.—not as a rule but as an unwritten norm.” Women’s rights were touched on briefly: “USAID is also funding many projects on gender equality in Pakistan and a lot of work is being done by Pakistani females in this regard. A great example of how they are succeeding in their mission is that of one Pakistani Film producer, Sharmeen, who received an Oscar award for her film ‘Saving Face’ a few days ago. This film is regarding women who were disfigured because someone threw acid on their faces. Sharmeen brought this to the attention of the world through her film and this film also earned her an Oscar award, first time any Pakistani has won this award. Yesterday Pakistani parliament passed a law that will now lead to fine of one million rupees and life sentence or death sentence to any one who would carry out such a brutal act.” Other posts touched on women trying to make their mark in a ‘masculine’ work environment.

Taken as a whole, the discussions identified and compared social norms in different cultures, exploring a spectrum of stances, from conservatism to liberal feminism. Explicit links were made to medical education but the relevance of the discussion was often left implicit.

Religion-related strand

Some participants wrote of the influence of religion—the Muslim, Hindu, Buddhist or Taoist faiths—on their professional identities. ‘God’ and ‘Allah’ were mentioned on several occasions, either in social posts or in the Professionalism e-learning module. The Muslim faith was discussed more frequently than other religions; participants emphasized the significance of moderation and how the Islam religion preaches “never be radical or extreme.” One participant described
Buddhism as preaching “ethical behavior which is compassion, loving kindness, the
giving up from self-centeredness and greed.” Another described the Hindu oath from
fifteenth century BCE in the context of medicine: “the basic expectation from a
physician is ‘selfless dedication to preservation of human life’, sometimes even at
the cost of one’s life!” A participant from China discussed how he related with the
ancient Chinese mantra of “8 Chinese characters (医为仁术, 济世为怀), and that it
means that, ‘Medical work is a kind of skill with benevolence, the persons who
undertake this work should bear the idea of serving the people of the
community/world in their mind’. This has been recognized as the standard for the
health care workers in ancient China, and is still mentioned today.” The pattern
noted in the previous strand, of exchanging experiences and norming, was again
apparent, but in-depth exploration of the relevance of those cross-cultural issues to
medical education was lacking.

General cultural strand

Posts during the Professionalism e-learning module addressed the topic of
primary socialization. One participant posted about “the process of being raised by
the origin family, since, we see and understand the world by what they do and
convey to us and share concerning their values. All those values they have are,
dialectically fruit of the socio-cultural and political system.” Another participant
used capital letters to emphasize the significance of the Asian culture of respect:
“the deep rooted culturally driven perception of RESPECT and the socially rejected
CRITICISM against hierarchy, where feedback could be perceived as disrespect.”

Participants shared the “insider” view of culture in their countries, discussing
what an “outsider” would find strange if they did not share the knowledge and
assumptions that render communications and actions natural and taken-for-granted
by insiders. For example, participants noted that in some of these countries,
especially in rural areas, a paternalistic doctor and patient relationship is the norm.

Discussion

Principal findings and meanings

The most striking finding of this research was not what was present in the
data, but what was absent. A thorough search of a large corpus of posts to a cross-
cultural discussion forum found that <1 % of the text addressed cross-cultural issues.
More detailed analysis showed that, even when cross-cultural topics were
introduced, participants’ responses to them tended to be rather muted. When more
lively discussions took place, superficial comparisons of social norms, and solidarity
between participants, were more likely to emerge than an exploration of how
contrasting cultural perspectives illuminated the practice of medical education. Links
between cross-cultural issues and the FAIMER curriculum were rarely made. That is
not to denigrate the importance of telling stories, whose value is increasingly
recognized (King 2003) because they lead to better understanding of other peoples’
lives, which may foster cultural tolerance.
The silence which greeted some posts may be an example of ‘situational silence,’ in which institutional expectations constrain participants from responding (Lingard 2013). It may also signify cultural hegemony, when dominant cultural expectations make it different for people to identify themselves with positions that deviate from expected norms. Under those conditions, the discourse of faculty development may be restricted to uncontroversial subject matter (Lingard 2013; Dankoski et al. 2014). It is noteworthy that the mostly U.S. FAIMER faculty made very few contributions (fewer than 10) to the cross-cultural discussions. Whether this faculty ‘silence’ was related to cultural hegemony or lack of facilitation skills remains to be explored (Dankoski et al. 2014).

**Relationship to other publications**

Considerable theory and research show that cultural exchanges as part of curriculum are essential for transformative learning because they disrupt fixed beliefs and lead people to revise their positions and reinterpret meaning (Teti and Gervasio 2012; Kumagai and Wear 2014; Frenk et al. 2010). Otherwise, cultural hegemony imposes powerful influences on what and how people think about their society (Teti and Gervasio 2012). The role that silence, humor and emotions play in enhancing or inhibiting transformational learning (Lingard 2013; Dankoski et al. 2014; McNaughton 2013) has been little studied in cross-cultural health professions education settings. Transformative learning is the cognitive process of effecting changes in our frame of reference—how we define our worldview where emotions are involved (Mezirow 1990). Adults often reject ideas that do not correspond to their particular values, so altering frames of reference is an important educational achievement (Frenk et al. 2010). Frames of reference are composed of two dimensions: points of view and habits of mind. Points of view may change over time as a result of influences such as reflection and feedback (Mezirow 2003). Habits of mind, such as ethnocentrism, are harder to change (Mezirow 2000). Transformative learning takes place by discussing with others the “reasons presented in support of competing interpretations, by critically examining evidence, arguments, and alternative points of view” (Mezirow 2006). This learning involves social participation—the individual as an active participant in the practices of social communities, and in the construction of his/her identity through these communities (Wenger 2000). When circumstances permit, trans-formative learners move toward a frame of reference that is a more inclusive, discriminating, self-reflective, and integrative of experience (Mezirow 2006).

Emancipatory learning experiences must empower learners to move to take action to bring about social and political change (Galloway 2012), therefore, in designing trans-formative learning, simply mixing participants from different cultures or including a topic addressing ideological backgrounds of participants may not be enough (Beagan 2003; Kumastan et al. 2007) to foster critical consciousness. While information and communications technology has enabled globalization of health professions education, several factors impact outcomes. The inhibiting power of cultural hegemony can make participants hesitate to interrupt curriculum-related discussions and contribute cultural observations. Participants’ culture or media preference, and their individualist and collectivist cultural traits can also affect
communication styles (Schwarz 2001; Al-Harthi 2005). Pragmatic issues also play a role, such as participants’ previous experience with using online settings for learning, professional development, or communities of practice (Dawson 2006).

On a facilitator’s part, lack of confidence in facilitating cross-cultural discourse, especially in the online environment, can also adversely impact such discourse (Dankoski et al. 2014). Recent reports note the need for training of both faculty and learners to let go of the concept of objectivity, scrutinize personal biases, acquire skills to “make the invisible visible” (Wear et al. 2012) and unseat the existing hidden curriculum of cultural hegemony. Faculty need to find the balance between task completion and discussion of ‘stories,’ and acknowledge and take advantage of the tension between the opposing dis- courses of standardization and diversity (Frost and Regehr 2013).

Limitations and strengths

One factor that likely affected the cross-cultural discourses in this study was the perceived safety of disclosure. This may be particularly pertinent in the online setting, where current participants did not personally know all Fellows, and where privacy and security cannot be guaranteed. Fellows from two countries, whose governments are widely thought to be authoritarian (but not fellows from other countries), told us they were fearful of putting sensitive topics on the list serve due to government surveillance and IT monitoring, however this was limited to Fellows from two counties. We were also limited to the voices appearing in the online discussion; there may have been additional communication outside the list serve (e.g., personal emails between participants and faculty). Participants may more likely support and repeat mainstream stories of experiences common to many, while they may not share stories of vulnerability. Pragmatic group level usability issues, such as information overload and challenges in accessing the list serve, may also have lowered frequency of posts; such parameters are known to affect discourse structure and sense of community (Dawson 2006). Useful future research could include in-depth interviews seeking to understand why some participants felt comfortable sharing information about their lives while others did not, and exploration of the impact of culture and the online technology on this participation. Though instruments have been developed to measure participants’ global cultural competence (Johnson et al. 2006; Kumastan et al. 2007), sense of community (Center for Creative Leadership 2014), and classroom community strength (Dawson 2006) Kumastan’s work shows that current instruments measuring cultural competency ignore the power relations of social inequality (Johnson et al. 2006; Kumastan et al. 2007). This would add another dimension to future research. Additionally, we realize that technology itself is a cultural tool; while not the focus of this study, the results, together with other studies we are conducting, are providing useful information for designing further studies to explore this issue.

While we did not attempt an exhaustive documentation of the cross-cultural discourses over years, the discourse over a 1-year period was sufficient to provide initial insights. This report provides a base line for us and others studying the nature of cross-cultural inter- actions in professional community of practice settings.
Implications for health professional educators

These observations lead to fundamental questions: Should a person’s cultural background or current events in his or her home country be brought up in an online e-learning environment for faculty development and fostering a professional community of practice? Is it possible to do this in an online discussion, or should this be left to face-to-face learning activities? What has it to do with health professions education? Is this a distraction for other faculty? Should learning environments maintain cultural hegemony by limiting such discourse? Should faculty actively facilitate or not?

If we conclude that cultural issues should be addressed in online cross-cultural discussions, then we need to look at the depth of these discussions; in our sample, they remained non-analytical and relatively superficial. Future interventional research could include addressing how to foster discussions about participant social identity (Burford 2012), the impact of doing so on learner engagement, and the facilitation skills needed to provide a safe environment for such discussions.

While we may be able to keep a group of learners ‘on task’ by prescribing cultural hegemony, we may miss a critical opportunity to transform the frames of reference of both learners and educators (Frenk et al. 2010) and to ‘unmask illusions of pure objectivity’ (Wear et al. 2012). Letting go of the need to keep contributions “culture-free” may empower participants to talk (or write). Moreover, knowing each other’s stories makes participants in a teaching/learning setting feel they are part of a group, which can stimulate participation and reduce dropout rates (Tinto 1997). Allowing room for spontaneous stories, such as the terrorist bombings in India or the Arab rising in Egypt, can also help a group understand and accept limited participation from those who may be preoccupied with current events in their countries or lack regular access to the internet because of various conditions.

Openness to sharing cultural perspectives may be an important way to foster cultural competence, a Liaison Committee on Medical Education (LCME) mandated goal for all U. S. and Canadian medical schools (Association of American Medical Colleges, Liaison Committee on Medical Education 2003). Attention to informal discussions in online learning may be an important modality from the instructional design point of view while raising awareness about the hidden curriculum of existing cultural hegemony. Assimilation is not the answer, and with the help of facilitators, learners can form positive cross-cultural and interdependent alliances (O’Donnell et al. 2007).

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Compliance with ethical standards
Ethical approval IRB approval was obtained through the Foundation University, Pakistan, on commencement of the study; Approval to use the FAIMER data was obtained through FAIMER.

Conflict of interest None.

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Chapter 3

Cultural Hegemony? Educators’ perspectives on facilitating cross-cultural dialogue

Published As:

Abstract

Background: We live in an age when education is being internationalized. This can confront students with ‘cultural hegemony’ that can result from the unequal distribution of power and privilege in global society. The name that is given to awareness of social inequality is ‘critical consciousness’. Cross-cultural dialogue provides an opportunity for learners to develop critical consciousness to counter cultural hegemony. The purpose of this research was to understand how learners engage with cross-cultural dialogue, so we can help them do so more effectively in the future.

Method: The setting for this research was an online discussion in an international health professions educator fellowship program. We introduced scenarios with cultural references to study the reaction of participants to cultural conversation cues. We used an inductive thematic analysis to explore power and hegemony issues.

Results: Participants reflected that personally they were more likely to take part in cross-cultural discussions if they recognized the context discussed or had prior exposure to educational settings with cultural diversity. They identified barriers as lack of skills in facilitating cross-cultural discussions and fear of offending others. They suggested deliberately introducing cultural issues throughout the curriculum.

Conclusion: Our results indicate that developing critical consciousness and cross-cultural competency will require instructional design to identify longitudinal opportunities to bring up cross-cultural issues, and training facilitators to foster cross-cultural discussions by asking clarifying questions and navigating crucial/sensitive conversations.

Keywords: cross-cultural communication; educational cultural hegemony; culturally responsive andragogy; critical consciousness; discourse analysis

Introduction:

‘No culture ever developed, bloomed and matured without feeding on other cultures . . . reciprocal influences and intermingling’

- Maria Vargas Llosa 2010 Nobel Prize in Literature

Global communication and internationalization are now integral parts of many higher education programs (1). Participants are most likely to develop the mutual trust, on which the long-term success of such programs depends, when they are ‘culturally competent’ (2-4). In the absence of trust, learners from minority backgrounds have reported a variety of emotional and physical symptoms (5). Cultural competence means more than acquiring knowledge, attitude, and skills. Cultural competence is the ability to interact respectfully with colleagues from any culture and requires ‘critical consciousness’ (6). The philosopher Paulo Freire described critical consciousness as an in-depth reflective understanding of the world, which takes account of social relationships and power dynamics (7, 8).
Acquiring such critical consciousness and reflective ability is not easy, because not every member of society has equal access to money, status, knowledge, information, or even public discourse and communication (9-11). Those with best access may be so influential that they strongly inform what less privileged people perceive as ‘reality’; they enshrine what Gramsci described as the ‘only sensible worldview’ into laws, rules, norms, and habits (12). This results in ‘hegemony’, whereby the most powerful members of society determine what is ‘real’ within a culture. Language, which is an integral part of hegemony, exercises power. Researchers use the word ‘discourse’ to describe ways in which the culturally embedded use of language is a social practice, determined by, and determining, other social practices (13, 14) and how genres and topics of language in public use exercise power (10).

All of this means that those of us, who increasingly educate learners from diverse backgrounds, need to understand which factors promote or hinder cross-cultural dialogue in health professions education (15, 16). Interactions between teachers and learners within classrooms impact engagement of learners and have been shown to replicate cultural hegemony rather than challenge the interactional patterns between dominant and subordinate communities in the wider society (17). In our earlier research with an online educational setting, we wondered if faculty and/or participants experienced ‘educational cultural hegemony’, finding it inappropriate to bring up cultural differences, or if other factors hindered cross-cultural dialogue. We have operationally defined ‘educational cultural hegemony’ as educational practices where teachers assume that the content and task is ‘culture free’ and, therefore, implicitly discourage bringing in personal cultural context. We found that health professions educators from over 40 countries rarely mentioned culture; they focused rather on the specific educational content and tasks (18). As a follow-up to the study, here we aim to explore educational cultural hegemony further by analyzing participant responses to a direct call to discuss cultural issues. The critical theory paradigm (19) with Gramsci’s theory of ‘cultural hegemony’ (7, 12) and Freire’s ‘critical consciousness’ provided the conceptual framework. Our research questions were: ‘How do participants in an online cross-cultural educational learning setting react to cultural conversation cues?’ and ‘What factors do participants describe that they experienced that hinder or promote readiness to discuss culture in a professional development curriculum?’

Methods:

Educational setting and participants

Institutional Review Board (IRB) approval was obtained through Foundation University, Pakistan, on commencement of the study. The Foundation for Advancement of International Medical Education & Research (FAIMER) Institute, established in 2001 (20 22), provides a 2-year part time fellowship to develop cohorts of 16 mid-career health professions faculty from Latin America, Africa, the Middle East, and Asia to act as educational research scholars and change agents within a global community of practice (23). During 2013 2014, 164 FAIMER Institute alumni (2001 2011) were invited to convene an online asynchronous discussion on a
topic of their choice. The first three authors (FAIMER Institute alumni) convened a 2-week conversation from November 3 to 24, 2014, focusing on participants’ readiness to engage in cultural dialogue and exploring the community’s thoughts about ‘educational cultural hegemony’. The participants were current FAIMER Fellows, FAIMER alumni, and faculty. The participants (n 23) were current FAIMER Fellows (n 19), FAIMER alumni (n 3), and faculty (n 1). This generated conversations and activity in the form of ‘posts’, which were compiled and analyzed for this study.

The FAIMER Institute curriculum includes two (3- and 2-week) residential sessions a year apart in Philadelphia and two 11-month e-learning periods conducted via a listserv. During the total immersion residential sessions, Fellows are encouraged to share information about their culture, particularly during structured ‘Learning Circle’ activities (24 26). The listserv is used for formal e-learning modules, alumni-designed community conversations, and as an informal resource network and a social support network for Fellows. During the formal e-learning sessions, Fellows are required to post ‘at least one substantive comment that advances the topic’, but are not given any specific guidelines to deliberately post comments to promote multicultural discourse (18).

**Epistemology and methodology**

Epistemology or theory of knowledge guides methodological choices and is considered to be critical or axiological in qualitative research (27). This qualitative research has a subjectivist epistemology and is located in the critical theory paradigm (28), which allows for historical insights and is particularly suitable for analysis of online dialogue such as in this study, which is shaped by social, political, cultural, economic, ethnic, and gender values crystalized over time.

**Critical reflexivity**

‘Critical reflexivity’ allows researchers to explore their own relative positions on the topic. In keeping with critical research practice (28), the researchers were also the facilitators of the discussion and employed critical reflexivity to self-consciously explore their own positions on the data set. The first three authors are FAIMER Fellows who have worked in academic positions in Pakistan and United States (ZZ), India and United States (RV), and Egypt and Saudi Arabia (OH). DV and TD faculty are faculty at the University of Maastricht and work with international students. PM is the founding director of FAIMER. To prevent implicit bias, all researchers, using Skype™ calls and emails, explored how their perspectives regarding culture were shaped over the years of interaction with learners from different backgrounds, commented on documents, and helped identify preconceptions that may impact data analysis.

**Preparation of scenarios**

The authors purposefully crafted cultural cues or ‘scenarios’ to provide a rich situation, which allowed the researchers to analyze expressive texts explaining why people found particular components of the scenarios of interest (Table 1).
scenarios were crafted to reflect scenarios that are similar to those the researchers had noted over years of facilitating discussions on multi-cultural listserves. While writing the scenarios, researchers discussed among themselves how participants occasionally brought up their culture explicitly in discussions, whereas sometimes the inference to their culture was more subtly embedded in the conversation, and therefore, the scenarios used in the study were written to replicate their own ‘lived experience’ as facilitators. Two (scenarios 1 and 3) had very explicit cultural context and less strong relation to education. Scenario 1, ‘The Dilemma of Yes and No’, described cultural differences in India regarding non-verbal communication through a description of head nodding. Scenario 3, ‘Who Says Islam is Tough’, described the Tanoura Dance, a Sufi custom in Islam, of worship through dance. The other two scenarios (scenarios 2 and 4), ‘Multicultural Learning Environments and Educators’ and ‘Program Evaluation’, had a subtler cultural context embedded in an educational setting that pointed out educational cultural hegemony.

Design of the on-line conversation and data collection

Three of the authors (ZZ, RV, and OH) facilitated the conversation. They asked participants to pick one of the four scenarios and comment (post) on the scenario or describe why the scenario they had picked resonated with them. The facilitators then asked participants to share their thoughts on whether they felt it is difficult or appropriate to probe culture on a professional listserv and whether they felt discussing culture on a professional listserv had relevance to health professions education. All posts were compiled into a 63-page document, which was used for data analysis.

Analytic procedures

The researchers used Braun and Clarke’s framework for theoretical thematic analysis (29). All researchers read the 63-page document. Keeping in mind the research question and following the six phases for thematic analysis described by Braun and Clarke, ZZ and RV, working independently, highlighted material of interest and identified typical stories, patterned responses, and comments.

Themes were identified based on the ‘richness’ of comments rather than the percentages of responses (29). All researchers discussed the highlighted material and comments. ZZ maintained an audit trail back to the original data and kept notes about the discussions. She then wrote the narrative of results proceeding from description to interpretation to explanation while asking: ‘What does this theme mean?’ ‘What are the assumptions underpinning it?’ ‘What are the implications of this theme?’ (29). All authors contributed their reflexive reactions to the evolving narrative of results.

Results:

The scenarios elicited participation and reflection from a broad cultural spectrum (14 countries, including Nigeria, Liberia, Cameroon, Ghana, Egypt in Africa and the Middle East, Colombia in Latin America, Turkey, India, Pakistan, Bangladesh,
China, Philippines, and Indonesia in Asia, and the United States) and included 23 midcareer Fellows (48% female).

Scenarios 1 and 3, in which the reference to culture was obvious and not directly related to education, elicited the most participation, compared to scenarios 2 and 4 where the reference to culture was more subtle and directly pertained to educational settings. The latent theoretical content analysis revealed two main themes. The first pertained to factors the participants perceived as facilitating or impeding their participation in cross-cultural discussions. The second comprised participants' points of view regarding educational cultural hegemony.

**Factors determining participation in cross-cultural discussions**

In response to the cultural cues, participants stated that when they were asked to pick a scenario to comment on, they tended to pick the one they could relate to at either a personal level or its relation to a cultural norm they had previously read about or heard about. Majority of participants chose to comment on the scenarios with an explicit reference to culture, with only four participants choosing to comment on the scenarios with subtle, implicit reference to culture. When they did comment on the subtle reference scenarios, they did so because they felt they related to the scenario having experienced it in real life. On the contrary, participants familiar with Indian or Chinese culture were likely to pick the ‘dilemma of yes/no’ scenario, because they had actually experienced or understood the cultural nuance. Additionally, those who were more familiar and more exposed to different cultures in the education environment, for example, through the Maastricht University medical education programs (Some alumina fellows were pursuing Masters or PhD degrees at Maastricht University) or as FAIMER alumni faculty, were more comfortable in participating in such discussions.

Participants described their lack of ‘experience in multiculturalism and diversity’ as a major barrier to engaging in cross-cultural dialogue. Others mentioned that they ‘preferred to see what others’ experiences were’ or that ‘silence meant understanding’; most did not provide further explanation for their reticence. Some expressed a ‘fear of putting ideas, belief into correct words’ and ‘fear that a response might open a trail of discussions and posts that might need more response and at the end a confrontation that might cause unnecessary tension’. Others noted pragmatic difficulties in taking part in cultural discussions, such as availability of time and other logistical issues: ‘time constraints are the main reason behind my silence ... Work duties, responsibilities and deadlines’. Those who were more familiar and more exposed to different cultures in the education environment, for example, through the Maastricht University medical education programs or as FAIMER alumni faculty, were more comfortable in participating in such discussions.

Analysis of the reflections elicited by the scenario ‘Who says Islam is tough?’ was instructive about why participants responded or did not respond to a cultural cue, or how deeply they reflected. One participant explained that: ‘Though I enjoy Sufi music there was no immediate resonance of a story [in my personal experience] to recollect and share’. Other participants who did comment on this scenario
focused on the dancer, without in-depth comments that could have more deeply explored the relevance of dance, music and culture to education. The very deliberately worded title ‘Who says Islam is tough?’ did not draw any comment from participants from other parts of the world regarding the specific position of Islam on music and dance. A non-Muslim participant commented that the fear of offending others might stand in the way: ‘... many times its fear of offending others or intruding in their privacy is what leads to silence’. Another said: Although I appreciate dancing (and music) as a powerful way of expressing ourselves and a very important part of many or our rituals (and in our region, almost a must in social meetings, with a whole world of meaning), I felt in this topic I should learn from others about Islam.

In contrast, a Muslim participant, who had personal experience with the scenario, felt comfortable in reflecting more deeply. This participant provided an ‘insider’ view stating he/she wished for ‘an opportunity to talk briefly and openly about why I was fasting [in the month of Ramadan, during the on-site session]’ and assumed that other participants felt ‘that they were being obtrusive and invading my privacy . . . was the reason for their silence’.

Points of view regarding educational cultural hegemony

After the discussion about the scenarios, the authors presented their concept, based on Gramsci’s theory of cultural hegemony, that the current education system promotes ‘cultural educational hegemony’ through an emphasis on content and tasks and expectation for learners to leave their culture at the classroom door. Then, the authors invited participants to provide their views on the appropriateness of deliberately introducing cultural issues in educational settings by explicitly asking learners to share information about their culture, political, economic, or gender-related norms. Some participants had clear views on cultural hegemony and expressed that they felt the current educational system does promote hegemony. One participant vividly described it as a phenomenon similar to ‘Imperial neocolonialism, Hollywoodization, McDonaldization’. Another participant stated that, ‘Yes, current education promotes cultural hegemony . . . I believe in a curriculum that encourages you to deliberately address culture alongside the task’.

Several participants described cultural issues that they had experienced that were particularly useful to include in health professions curricula. These included learning about festivals in order to incorporate the dates in the education calendar, learning from visiting students about an Amazonian indigenous tribe’s ritualistic use of the ancestral ‘Yage’ (drinking a special beverage with hallucinogenic effects), and learning from co-participant ‘Catholic, Protestant, Muslim, Buddhists about their religious beliefs as part of a “Learning Circle”’. These experiences were rich examples of how including culture in learning contributed to understanding about cultural norms in the context of developing respectful classroom relationships, providing health care, or developing trust-based peer learning groups. One participant integrated these ideas in a post:

In medical education; cross-cultural topics should be considered in curriculum
Issues such as culture, mode of learning, customs, and ethics should not be presented separately from other content of FAIMER curriculum. If we do so, they risk becoming de-emphasized as fringe elements or of marginal importance and I believe that we all express cultural and other preferences, for example, gender, age, race, religion, etc. (and . . . most of this is TOTALLY UNCONSCIOUS to us). Thus, we INEVITABLY express these preferences even when we are focused on a task (such as education). My conclusion is that since it is inevitable, that we may as well make the “elephant in the living room” (unconscious preferences) visible, and explicitly deal with them.

Though there was a general consensus regarding the importance of facilitating cross-cultural discussion, such as stating that the ‘more transcultural we are the more easily we can adapt across borders’, participants struggled with how to move towards that goal. Several participants discussed the need for coaching on cross-cultural issues. Participants noted the need for planning regarding the how, when, and where to address cross-cultural issues in the curriculum: ‘Consider what learning outcomes you wish the students to achieve from this cross-cultural learning component’; ‘. . . The plan is the secret and here it is the curriculum map’ and ‘it is important to design curricula that expose the students to diverse cultures’. Another pointed out:

The FAIMER Philadelphia institute has professionals dealing with multiple cultures. Nevertheless, initiation of successful communication within this cultural diversity needs much more efforts/tools and opportunities from all stakeholders.

Other suggestions included facilitated group discussions or ‘guided exchange in a multicultural setting’ to break down walls to allow frank and respectful discussions, skill development in dealing with diversity in attitudes and behavior, and sessions emphasizing respect for others cultural and religious beliefs. Taken as a whole, participants made a case for careful instructional design to explicitly address skills for cross-cultural interaction and understanding in the curriculum.

Discussion

Principal findings and meanings

There are three main findings of our research. First, health professions educators who were part of the international curriculum displayed readiness to engage in cross-cultural dialogue when presented with the explicit cultural cues (scenarios). Second, the participants identified specific facilitating promoters and barriers for effective cross-cultural communication. These, with the perceived needs
that participants identified, provided our third major finding - specific guidance for future educational design modifications and skill development of teachers to foster cross-cultural exchange.

A few barriers to engagement in cross-cultural discourse appeared noteworthy. Participants reported a fear of running into misunderstanding or even confrontation when posting a remark about another culture, which resulted in silence of some participants. Other researchers have also noted that social norms may inhibit open disagreement and potential confrontation (30, 31). Thus, some participants indicated that they chose to remain silent during cross-cultural interactions in order to hear from others before attempting to enter the conversation. If participants could not personally relate to a cross-cultural topic, they were less inclined to take part in the discussion; conversely, if the topic was of personal interest or participants had a story to tell, they often contributed to the conversation.

However, while some participants noted that at times they wished for an ‘opportunity to talk’ their cultural nuance, in the wake of silence (or absence of a prompting or facilitation), they did not feel comfortable doing so. For others, ‘silence meant understanding’ and they did not feel the need to say more. This is consistent with research that shows that while Western classrooms with a dominant independent culture may be ‘fearful of silence’ (11, 32), silence in international settings may be a sign of respectful deference for (33, 34) those from Eastern or interdependent cultures (33, 34).

It remains puzzling that, although participants agreed that deliberately intertwining cultural issues into the curriculum is a desirable educational practice, they tended to stay away from the scenarios that did so. It is possible that participants found it easier to join in a discussion that explicitly pertained to culture or that they did not note the subtle and implicit ways in which culture was intertwined in educational settings in two of the scenarios. This pattern could even be interpreted as a sign of educational cultural hegemony itself.

The results point to several concrete educational strategies that educators can use to advance cross-cultural dialogue, thus facilitating the opportunity for the trans-formational learning recommended in health professions education reform (35). First, participants clearly perceived the need to be trained to introduce and handle sensitive cultural topics, particularly if they were to facilitate such discussions, including when and how to pose clarifying questions to deepen the dialogue and how to navigate crucial/sensitive conversations. Second, they suggested that issues related to cross-cultural competence be embedded within the curriculum rather than being addressed out of context. Several suggested a curriculum map to display how, where, and when cross-cultural topics would be addressed.

**Relationship to other publications**

Considerable theory and research have shown that cultural exchanges can
disrupt fixed beliefs involved in hegemony and can lead people to revise their positions and reinterpret meaning. This process is essential for transformative learning, which is emphasized in health professions education reform today (36-38). However, cultural hegemony is maintained when there is an unwritten rule to limit dialogue to the content or educational task at hand. The scholar Parker Palmer has labelled this ‘educational objectivism’, which assumes teaching requires a distance between teacher and learner and that the self (subjectivity) should be eliminated; with the newer information on the neuroscience of learning, Palmer urged moving to a more relational epistemology and pedagogy (39). The assumption that discussion should be ‘objective’ and limited to the content or task provides a type of ‘common sense’ or ‘cultural hegemony’ that leads to an absence of cross-cultural exchanges and thus minimizes opportunity for critical reflection and transformative learning (40, 41).

Limitations and strengths

Strengths of this work included documenting the points of view of health care professionals from many countries who are part of a community of practice (3). The study involved a wide cultural spectrum including 14 countries from three continents. However, the numbers of participants is small limiting generalizability and participation was voluntary; thus, there may have been self-selection of ‘believers’ about the importance of cross-cultural issues. Others may not have participated because they had a different point of view and perhaps were afraid of being viewed as an outsider in the discussion a counter hegemony (42). It is also possible that participants from countries with authoritarian governments may not actively participate for fear of surveillance and monitoring.

This work also serves as a needs assessment by identifying facilitating factors, barriers to, and suggestions for fostering cross-cultural exchange. This is a first step to developing culturally responsive andragogy. The educational design and process (43) created explicit awareness about cross-cultural concepts such as educational cultural hegemony and communication in a community of practice of health professions educators. In this study, we did not delve into how to achieve this goal the actual educational design. One of the results of the study was, however, clear appreciation of the importance to integrate cross-cultural competencies in the curriculum.

Implications for health professional educators

To realize the transformational learning urged by various health professions education reform reports (35), educators need to move beyond content and task-focused curricula to engage and learn from cross-cultural discussions. Implementation will require training faculty and students to handle culturally sensitive topics and curriculum design to explicitly incorporate issues related to cross-cultural issues. This process by itself may be a transformative experience for faculty and students (44).
<table>
<thead>
<tr>
<th>Scenario 1</th>
<th>The scenarios as provided to the participants</th>
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<tbody>
<tr>
<td>‘The Dilemma of Yes and No’ described cultural differences in non-verbal communication through a description of head nodding horizontally (side to side more of a circular motion). This is used customarily in South India to say ‘Yes’, while in the United States the same movement means ‘No’.</td>
<td>We recently moved to the United States from South India. My daughter who is studying in elementary school came to me with a question. My daughter said that when teacher asked in the class if she had understood and she said yes by shaking her head the teacher would come to her seat and say ‘don’t worry I will help you’. My daughter was puzzled. I of course now enlightened by my Ethiopian friend’s experience asked her immediately how did she shake her head. My daughter showed me horizontally side to side (more of a circular motion) as is customary in South India to say ‘Yes’ which means ‘No’ in United States. I laughed and explained to her that head shaking means different things in different culture. What is considered a ‘Yes’ in South India is a ‘No’ somewhere else and vice versa. So I told her to just speak up and say that she had understood.</td>
</tr>
<tr>
<td>Scenario 2</td>
<td>‘Multicultural Learning Environments and Educators’ described difficulties faced by facilitators in multicultural learning environments. The dilemma presented was how to achieve balance between providing extra support to students who are not accustomed to the critical reflection skill needed as part of the course, and treating all students similarly.</td>
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<td>I would agree with you about the difficulty of setting standards when the tests are not as good as they could be, and the teachers are not aware of this problem. However . . . This view will not help things to improve and there is a way to improve things by using standard setting methods not necessarily setting the standards (yet). When I was in New Mexico, I worked with Miriam Friedman Ben David for several years in assessment. She and a team of people developed an assessment system for the entire institution. Standard setting was part of it. The exercise of setting standards is highly educational for all teachers who participate. One of the most powerful strategies for changing the quality of tests is when the teachers realize that the tests they have been writing and using are not the best or even OK. They are not interested in someone telling them this. However, when this realization takes place during a standard setting exercise, when teachers examine the questions, one by one, and debate the answers and the assumptions about the questions and the answers it becomes self-evident that the questions are poorly done, ambiguous, that the some of the items are not important, and so on. They realize this in a group of their peers, in a group of ‘experts’ and they see that they don’t agree about things and that a standard makes sense. Standard setting as an educational event can help to develop the awareness among teachers about poor quality tests that you are suggesting needs to happen and can lead to setting the standards for tests that are better and collectively created by my more aware teachers.</td>
</tr>
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</table>
‘Who Says Islam is Tough’ described the Tanoura Dance (‘whirling darawish’), a Sufi custom in Islam, of worship through dance aimed at bringing about cleansing and awakening of the heart.

See how Egyptians feel the beauty of God and how they worship HIM through a dance. Tannura Dance (Al Daraweesh) has a very special characteristic as it relies on the dancer’s unlimited moves in circles. Believers of this concept see the universe stems from the same point of rotation. As the universe starts and ends from the same point, the dancer will always start and end his movement from that point. He moves anticlockwise, very much like the pilgrims’ movement around Kaba (The Muslims’ holy shrine). The dance is symbolic of our life journey. The dancer brings his colorful skirts (diversity in life) up and down projecting the ups and downs of our lives. The four drums (Duff) in his hands represent the four seasons. We revolve in life. We give birth and new life. We revolve and then ends up subliming into the divine soul to start another life there in the other world.

Once the dancer stretches his right hand upward and pointing down with his left hand, he would be establishing the connection between the earth and the sky. Moving in circles, the dancer is very much like alleviating his worldly burdens, reaching ecstasy in a symbolical attempt to approach heaven and sublime into the divine soul. Once he unties the belt around his waist, the dancer would be rhetorically moving upward to heaven.

SUFIISM is the remembrance of the divine within us. Sufi practice is aimed at bringing about cleansing and awakening of the heart. ‘Dhikir’ of Sufis is the origin of Tannura Dance, which carries its philosophy.

Enjoy watching Tannura Dance on this link: http://youtube/yOxiyz1pRSI
Scenario 4

‘Program Evaluation’ described the impact of cultural uniformity among participants within a leadership program in India, compared to the FAIMER Institute with participants from across the globe.

Why is the CML group (FAIMER Regional Institute, Ludhiana India) more active on the ml-web? I think one of the reasons may be a ‘uniformity’ or similarity of the regional Institute fellows? In contrast, when you look at the Philadelphia crowd, there is a wide variety of fellows. Some may have difficulty with language and expression? Others may not understand the format of certain web discussions or not find it interesting/stimulating. Others may not think the discussion is useful because they cannot relate it to their own work and hence the discussion for them is very abstract and only on paper?

I can imagine that a restaurant making soup in Disney World will need to cater to many different taste buds as compared to a small suburban restaurant in a quiet neighborhood. Perhaps some of the fellows involved with the CML regional institute can give some details of their fellows and discussion; I expect that although the topics will be the same but the discussion will be more contextual, to India’s medical Education, hence the interest?

So coming back to the Philadelphia listserv, one of the ways that we are using to consider stakeholder’s needs is to make ml-web (listserv) teams with a wide variety of fellows. Also the planning in Philadelphia and the conference calls help.
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Chapter 4

Identity text: an educational intervention to foster cultural interaction

Published As:

Abstract

Background: Sociocultural theories state that learning results from people participating in contexts where social interaction is facilitated. There is a need to create such facilitated pedagogical spaces where participants can share their ways of knowing and doing. The aim of this exploratory study was to introduce pedagogical space for sociocultural interaction using ‘Identity Text’.

Methods: Identity Texts are sociocultural artifacts produced by participants, which can be written, spoken, visual, musical, or multimodal. In 2013, participants of an international medical education fellowship program were asked to create their own Identity Texts to promote discussion about participants’ cultural backgrounds. Thematic analysis was used to make the analysis relevant to studying the pedagogical utility of the intervention.

Result: The Identity Text intervention created two spaces: a ‘reflective space’, which helped participants reflect on sensitive topics such as institutional environments, roles in interdisciplinary teams, and gender discrimination, and a ‘narrative space’, which allowed participants to tell powerful stories that provided cultural insights and challenged cultural hegemony; they described the conscious and subconscious transformation in identity that evolved secondary to struggles with local power dynamics and social demands involving the impact of family, peers, and country of origin.

Conclusion: While the impact of providing pedagogical space using Identity Text on cognitive engagement and enhanced learning requires further research, the findings of this study suggest that it is a useful pedagogical strategy to support cross-cultural education.

Keywords: educational cultural hegemony; pedagogical space; cross-cultural education; sociocultural theory; discourse analysis

Introduction:

In health professions education, new academic partnerships between North American and European institutions and health centers in developing countries have emerged (1, 2). This globalization is ushering in an increasingly interconnected world with complexities for cross-cultural communication in both face-to-face and online settings (3, 4). Exploring and understanding cultural difference have been noted as critical for establishing trust and determining long-term success of educational programs (1, 2, 5, 6). It is of note that when trust is undermined in multicultural learning environments, learners from minority backgrounds have reported increased depression, anxiety, hypertension, cardiovascular, pulmonary, and pain conditions (7-9).

Dogra and colleagues have recently published AMEE Guide No. 103 for assisting faculty in designing, delivering, and assessing diversity curricula (10). They note that ‘course design is not value free or unbiased as it is dependent on the
perceptions held by educators’ and that many educational approaches are ‘rooted in the historical context of white domination of disadvantaged minorities and are very race or ethnicity focused’. This conclusion emphasizes research, which has shown that groups in power may dictate assumptions about culture, leading to ‘common-sense understandings that serve for all’ (11). Such ‘dominant discourse’, the way of speaking created by those in power, thus becomes the accepted way of looking at or speaking about the subject (12). The phenomenon of stifling of non-dominant discourses by a tacitly dominant discourse is termed ‘cultural hegemony’ (13, 14). ‘Educational cultural hegemony’ occurs when teachers assume that content and task are culture free, and unconsciously, implicitly discourage introducing the student’s personal cultural context. Markus and Conner have highlighted numerous examples where educational methods have been dominated by teachers from Western independent cultures, inhibiting the engagement and learning by those from interdependent cultures (6).

One of Dogra and colleagues’ key recommendations is: ‘provide a safe learning environment but be prepared to challenge students to push themselves’ (10). Our earlier research emphasizes this challenge. We found that health professions educators from diverse cultures who were participating in residential program sessions, followed by online distance educational discussions, made surprisingly few references to sociopolitical events or norms in their home countries (15). When they did, their online contributions were more likely to be greeted by silence or superficial, short-lived discussions than in-depth exploration of the issues raised.

Educational literature reveals the need for ‘pedagogical space’ to promote a safe place for sense making of such exchanges about culture and identity that can foster learning (16, 17). Pedagogical spaces are not only physical, but also narrative social spaces with historical and cultural dimensions in which learners interact (18). Sociocultural theorists and practitioners have described learning in collaborative cultural contexts (19) as well as a lack of facilitating interactional, narrative pedagogical space (20). The gap we identify in the literature is the lack of specific educational interventions to provide safe pedagogical space that can promote cross-cultural exchanges.

Creation of ‘Identity-Safe Classrooms’ where teachers encourage discussions about learners’ identities has been shown to improve student performance on standardized testing (21). Cummins and Early have described Identity Text as an educational strategy that promotes this pedagogical space (22). Identity Text is an intervention, orchestrated by the teacher or facilitator, to describe and discuss learners’ creative work, which can showcase the influence of cultural background on the individual (23). Identity Text engages learners by asking them to create ‘texts’ (e.g., creative writing and other multimodal forms of cultural production) that express the identity or influence of cultural background on the individual in a new social setting (22). Identity Text thus offers a method to challenge hegemonic societal trends by bringing learners’ cultural backgrounds to the foreground, and drawing attention to the multiple facets of life experiences which shape interactions in learning environments (6, 23). While Identity Text has been described in K-12
educational settings (22), in this study we explored the use of the Identity Text intervention in a very different setting. The objective of this research was to evaluate the use of Identity Text as a structured educational intervention to promote discovery and dialogue about participants’ cultural backgrounds. Specifically, this project set out to describe the application of the intervention in an educational context that comprises an asynchronous online platform and global health professions education faculty development program.

Methods

Theoretical framework

Our aim is to introduce Identity Text as a pedagogical tool for sociocultural interaction, which places this research within the critical theory paradigm (24). Discourse theory (25), which falls in the scope of critical theory, posits that language is not only about what the person is saying (informing others) but also what the person is doing (actions) and being (identity). Language can exercise and resist power (25). It is ‘never neutral’ (12) because it incorporates tacit assumptions of what is normal and right (25). Qualitative data analysis, from this standpoint, can identify power relations and cultural assumptions (12, 26).

Context

The US-based Foundation for Advancement of International Medical Education and Research (FAIMER†) has a 2-year global fellowship program for midcareer health professions faculty from over 40 developing countries (5). The program goals are to strengthen knowledge and skills in education, leadership, and project management, and build a community of practice in health professions education with the aim of improving the health of communities (5). The program comprises an initial 3-week face-to-face immersion residential session in Philadelphia, an 11-month e-learning period with online, asynchronous discussions (conducted via listserv), a second 2-week residential session, and a second and final 11-month e-learning period. Participants remain members of the community of practice after graduation and continue to take an active role in online discussions.

Intervention

During 2013 2014, the FAIMER Institute invited alumni from the years 2001 to 2011 to convene a 2-week ‘FAIMER Community Conversation’ on a topic of their choice. ZZ (FAIMER Institute Fellow alumnus) convened a conversation in December 2013 entitled ‘Identity Matters’ and invited the coauthors as guest faculty. We used Identity Text (27) as the educational intervention because it fits with a learner-centered approach and stimulates constructive, contextual, and collaborative learning. We asked participants to actively connect the topic of identity to their own daily life and history (constructive and contextual) and reflect on the Identity Text of others (constructive and collaborative) (28).
Data gathering process

ZZ asked FAIMER listserv participants to submit an Identity Text describing how their identity as an educator had evolved over time. The written cue (Appendix 1) asked them to take into account how the people, traditions, politics, language, religion, race, ethnicity, gender issues, and economy of their country had influenced their identity as a person and educator. It asked participants to be creative in their submission, using any medium of communication (e.g., art, poetry, slides, and videos). ZZ then facilitated the online discussion about how participants’ cultural backgrounds influenced their roles as educators and leaders. As part of the collaborative approach, the authors also contributed their own Identity Texts and joined in the discussion. At the end of the 2 weeks, ZZ compiled the submitted Identity Texts into a 109-page text, which served as the data set for analysis.

Critical reflexivity

The authors have diverse backgrounds: ZZ is a FAIMER Institute Fellow alumnus, who trained as an internist in New York and emigrated from Pakistan to the USA. DV is Dutch, lived in Asia and Italy, and works with learners from all around the world at Maastricht University. RN lived in France while obtaining her PhD, immigrated to Canada from Pakistan, and focuses on language and diversity education. PM is an American, founding co-director of the FAIMER institute, and has worked to promote gender and minority issues. TD works in the UK, has lived in the Netherlands, is an expert in critical research, and has worked with health professions educators from cross-cultural backgrounds. These authors took part in a conscious explicit process of critical reflexivity, discussing via Skype calls and emails how their back-grounds might influence analysis of the texts. They discussed their preconceptions and interpretations of the data, using their diverse backgrounds as resources to provide cultural insights. ZZ, DV, PM, and TD participated actively by submitting their own Identity Texts online in order to make transparent their own subjectivities, to foster a safe pedagogical space and enhance critical reflectivity.

Data analysis

This was a thematic analysis, which used Braun and Clarke’s framework of latent thematic analysis to analyze the Identity Texts (29). Bearing in mind the research question and following the six phases described by Braun and Clarke, two of the authors (ZZ and RN) independently analyzed the data and identified themes, focusing on patterns and richness of responses rather than the number of responses, and assigned comments to themes. ZZ then wrote a narrative of the results, proceeding from identification of cultural themes to analysis of the content of the themes to synthesis and explanation. A latent thematic analysis goes beyond semantic content of data and identifies underlying ideas and assumptions (29). To study these broader meanings, we used a set of analytical tools described by Gee, which are compatible with our critical theoretical orientation, to identify typical stories or figured worlds; these are narratives and images that different social and cultural groups use to make sense of the world (25). They function as simplified models of how things work when they are ‘normal’ and ‘natural’ from the
perspective of a particular social and cultural group that the participants invited listeners to assume (30). Gee’s tools were also used to study how participants’ language enacted distinctive ways of interacting, valuing, feeling, and believing (31). All authors contributed to the evolving narrative, and an audit trail was maintained.

Results:

Twenty-eight participants, including four of the authors, contributed to the online discussions. Participants who posted their Identity Texts came from 11 countries in Africa (Ethiopia, Egypt, and South Africa), Asia (India, Pakistan, Turkey, Bangladesh, China, and Philippines), and Latin America (Brazil and Colombia). Three co-authors from the US, Netherlands, and UK, and the first author from Pakistan also contributed their Identity Texts.

Our analysis revealed that the Identity Text intervention provided submissions about the impact of socio-cultural factors on the formation of identity that could be framed as two pedagogical spaces: a ‘reflection space’ and a ‘narrative space’. Appendix 2 contains verbatim examples to illustrate what we mean by those terms. Below, we present an analysis of the text in these two spaces.

A reflection space

Participants used the Identity Text framework to reflect on tensions they faced in their life and careers. Several frank and open discussions emerged on sensitive topics such as institutional environments, roles in interdisciplinary teams, and gender discrimination. Several participants commented that they were ‘happy to have this opportunity’ which invited ‘introspection’, ‘encouraged them to share their story’ and discuss topics that were often in their subconsciousness or for which they had no space to discuss in an educational setting.

Identity dissonance

One topic of reflection was on tensions between traditional academic and actual pedagogical responsibilities. One participant described contrasting figured worlds where ‘an identity has been built . . . that promotion is always and only possible through publication or research’. Life as a university professor was compared metaphorically to ‘soccer only targeted at scoring goal but not showing a beautiful game or the art of soccer (targeted at publishing not the art of teaching)’ (Participant A, Ethiopia).

A second topic of reflection was the tension caused by power relations and the struggle with dominant perceptions about who holds authority in interdisciplinary teams, which was highlighted by two participants who were nurses. They described dissonance related to explicit expectations and actual experience, and to theoretical status and practical hierarchical work environments. One nurse described how she was introduced as ‘Doctor’ as ‘a quick way to gain respect from the people’: ‘when I said or did something impressive then I wanted people to know that even a nurse can think and advocate for their health; and I did that thinking this
was my contribution to nursing’ (Participant B, Pakistan). The text refers to unspoken assumptions about the role of a nurse and the role of a doctor, that is, a doctor can go into a nurse’s space but not the reverse.

**Gender-related tensions**

Participants also reflected on tensions faced around gender-related societal expectations, which in some parts of the world still determine career choices. A participant from India highlighted the expected roles of women as child bearers rather than doctors, although this expectation might not be openly acknowledged by society (Participant C, India). Her response brought to light the tensions faced by women in India as wives, mothers, and women physicians. Participants from developed countries also described gender-related stereotypes. As an example, one participant shared that her mother had said: ‘When you have a family, you will soon stop working again to care for your children’ but ‘luckily, my current world allows me to combine both’ (Participant D, Netherlands). She wrote that she had ‘also refused to accept that women should have different role in society’. This participant also noted that she was one of eight women of the 130 researchers in her institute, and ‘how some of those eight fought to be more male than male, others disappeared into the background, and a third group overexposed their femininity. None of them attractive choices’ (Participant D, Netherlands). Another participant drew the group into an academic figured world in the 1980s when she ‘was one of less than 150 women chairs in either basic or clinical science across the US’. She described pushing this into her subconsciousness for many years and having gender bias pointed out to her during a leadership fellowship program, when ‘some faculty looked to the men Fellows rather than the women Fellows when answering questions’. Understanding the ‘gender bias’ over the years and ‘reflection on this experience led me to assume my identity in advancing women!’ (Participant E, USA).

In these examples, participants reflected on tensions in careers, notably their perceptions about academic versus pedagogical responsibilities, power relations in interdisciplinary teams, and gender biases. Through these reflections facilitated by the Identity Text strategy, participants were not just ‘saying’; they were also ‘doing’. Through their reflections, they were educating others about struggles they faced in academic advancement in their particular cultural settings.

**Role of middle-class culture**

Participants described how middle-class culture in their countries led them to choosing medicine as a career: ‘Society, peers, and family endorsed joining a prestigious and well-paying course of medicine’ (Participant C, India). Another participant stated that being told from an early age that she ‘must’ become a doctor led her to become a doctor. She too attributed this to her ‘middle-class background’ (Participant F, India).
A narrative space

Role of social network on identity formation

Our analysis of the Identity Texts also revealed powerful stories about how participants saw and understood the world, a narrative space. Several participants wrote retrospectively in a storytelling fashion, building connections, on the role family members played in shaping their careers. One participant used the metaphor of dance to describe the role of parents as mentors: ‘In my dance of life, from my father I got the steps of inquiry, a love for reasoning, and the heated side of my temperament that will stand me in good stead for the tango or the Pasodoble. My mother’s contribution is linked rather to the more subtle dances like the rumba and the waltz’ (Participant G, South Africa). The participant appeared to be making explicit information that might otherwise be buried in the subconscious.

A participant contributed her story which traversed three generations of musicians at the University of the Philippines Conservatory of Music and that coming from a well-known musician family ‘genetics has something to do with the love of teaching’ (Participant H, Philippines). She herself went onto a career in medicine but noted the influence her mother had on her career:

listening to her colleagues, students and friends recount their most memorable experiences with my mother, I am once again awed by her courage, her commitment and dedication to parenting and teaching, her simplicity, her integrity and her passion for excellence in everything she did. Thank you, Mom. I hope that we inherited those good traits.

Participants discussed fortuitously meeting mentors who shaped their careers. Incorporation of ‘love for dissection’ and anatomical pathology, passion for microbes, interdisciplinary research, health professions education, and leadership stemmed from mentorship, as one participant described: ‘We instinctively identify with particular individuals and tend to model our behavior and activities on them, either unconsciously, or consciously and deliberately, aided by a process of reflection’ (Participant G, South Africa).

Role of politics on identity formation

Participants used Identity Text to share stories that were quite specific to their particular cultural environment. As an example, the above participant also articulated a figured world of South Africa emerging from apartheid, explained the health professions context, and provided an ‘insider view’ of the impact of political events. Her story demonstrated historical cultural experiences related to race, socioeconomic factors that have played a critical role in shaping her worldviews, and provided a rich resource to discuss coexistence with various cultural backgrounds:

the uprising of school children against the form of education to which they were subjected was a watershed moment in the transition to the democracy finally achieved in 1994. So the political landscape had a major influence to
my growth and development. (Participant I, South Africa)

White western view

A western faculty member described her struggle in a cross-cultural teaching environment as, on one hand, ‘being quite comfortable in an outsider position’ and, on the other hand, not being able to connect with women from other cultures outside the work environment:

I was really eager to talk to the Moroccan and Turkish mothers of my son’s classmates, but we had little to discuss. They did not work and I had no religion.

We talked about our children, but that was about it. I was quite disappointed with myself for not being able to connect. (Participant D, The Netherlands)

She went on to draw us into the figured world of a western faculty member in a cross-cultural learning environment looking ‘for borders between two fields’ where ‘volunteering my white-western view instead of waiting for your discussion points’ felt ‘like an elephant in the china cabinet’ (Participant D, The Netherlands).

Another white participant from South Africa commented on how seemingly ‘fragile’ partnerships at academic institutions administratively controlled by minority white faculty continue to work and how she found ‘the dynamics in the school, which had lecturers of all races, were fascinating’. She also realized how isolated she had been from the social and political realities of South Africa: ‘how my own thinking had also been stifled by the system and how liberating it was to have access to a much wider cultural spectrum’ (Participant I, South Africa).

A white faculty member from the USA commented on how using ‘Identity Text’ reminded her of race-related conversations she had taken part in and how such conversations help unpack ‘unearned privileges’ like being white and male (Participant E, USA).

Discussion

Principal findings

Our research demonstrates that the Identity Text (23) educational intervention can provide formal, legitimate ‘pedagogical space’ that facilitates cross-cultural education in an online global faculty setting where many participants have not personally met each other. Our analysis of the submissions revealed two complementary components of that legitimised space. The reflection space enabled learners to reflect on deep cross-cultural issues such as power dynamics, gender bias, and tensions between being an academic and educator. The narrative space fostered the exchange of thoughtful stories about personal backgrounds and local situations. The reflection and narrative space provided space to discuss issues such as gender, politics, and white privilege, which are generally not brought up in learning environments. Cultural hegemony in health professions education
inadvertently encourages learners to leave their cultural backgrounds at the classroom doorstep (32). Identity Text helps challenge these hegemonic trends by providing a safe space to share and learn about these important issues. These discussions are critical in medical education because of two main reasons: first, learners who are adept in multicultural conversations report improved preparedness to take care of diverse population which is associated with improved access to health care for racial and ethnic minority patients, greater patient choice and satisfaction, and better educational experience for health professions students (33, 34). Second, there is now a vast body of literature that challenges ‘color-blind’ policies at institutions (35) as by ignoring racial identities individuals and institutions place minority groups at a disadvantage at the recruitment, retention, and promotion levels (36, 37). Creating forums or hosting focus groups to hear the voices of individuals of color, women, and lesbian, gay, bisexual, and transgender (LGBT) prevent them from feeling isolated and devalued. Supporting and nourishing minority meetings and groups on campus or at an institution increases multicultural interaction, provides a support system, and sends a strong message about the organizational climate (36).

**Relationship with other research**

The results indicate that the Identity Text teaching method encompasses many of the methods suggested by Dogra and colleagues to foster diversity competence outcomes such as the ability to ‘evaluate your own attitudes and perceptions (including personal biases) of different groups within society’ and ‘reflect on the relevance of diversity in health and delivery of services’ (10).

Educational researchers have noted a lack of facilitating interactional, narrative interventions (20). Identity Text appears be a simple educational intervention that provides and legitimizes the pedagogical space that has been noted to be important in promoting sense making (16, 17). It also provides ‘narrative space’ for self and telling one’s stories (38) and ‘reflection space’ to foster reflection in an interactional way.

There are several ways in which this educational intervention may be particularly useful with the increasing number of cross-cultural educational settings and use of distance learning. First, stories provide insights into others’ culture and lead to better understanding and cultural tolerance (16). Moreover, knowing each other’s stories makes participants in a teaching/learning setting feel they are part of a group, which can stimulate engagement, build trust, and reduce dropout rates (39).

Second, it is also important to understand and develop our story about our backgrounds and culture for successful development of professional identity (20). Identity Text, as indicated in some of the participants’ contributions in the results, created an opportunity to discuss tensions and dissonance encountered during professional development. Telling and re-telling personal stories enables learners to understand the development of their professional identity in the sociocultural context (20).
Third, reflection on how individuals position themselves in relation to dominant institutional or social bodies can help learners from minority groups to shed light on their evolving professional identities (40-42). Another educational arena that may be a fertile ground for use of Identity Text is bridging the gap between the professional and personal worlds; this is coming increasingly to the forefront in intergenerational differences in health professions education (43). Finally, the use of Identity Text may facilitate discussions about how cultural context influences education, thus helping to promote more effective implementation of educational theories and research.

Strengths and limitations

We have demonstrated the feasibility of the Identity Text teaching method in eliciting substantial reflection and stories about educators’ professional development in the challenging context of an asynchronous online setting, with global learners, many of whom have never met personally.

This study has several limitations. First, participation was voluntary; therefore, those who took part may ‘believe’ in the importance of promoting discussion about the learner’s cultural background. We did not capture the point of view of participants who may not believe or who felt uncomfortable discussing their background in a public forum; for example, this type of disclosure may not be common in some cultures (6). Nevertheless, we had participants from 14 countries in five continents. Second, because this was an exploratory study to establish if Identity Text was a feasible teaching method to elicit submissions and dialogue about cultural issues in a challenging environment (online, global, and lack of personal connections), we did not gather data regarding the ability of Identity Text to result in cognitive engagement and learning, or assess the amount and quality of reflection or narratives. However, Dogra and colleagues have suggested possible assessment methods, which can be incorporated into Identity Text (10).

Learnings and implications for future practice

We propose the use of Identity Text as an educational intervention that can result in engagement of learners through identity affirmation and building a learning community, which in turn would result in cognitive engagement. We have also identified several strategies for successful use of Identity Text. First, there is the need for practice and experience in preparing thoughtful Identity Texts. We provided one text and two PowerPoint examples for the participants along with the written cue. Second, we found active facilitation was necessary, both to encourage provision of Identity Texts and to encourage reflective reactions to those posted. The German Society for Medical Education has recently proposed specific competencies for faculty to demonstrate their social and communicative ability, which include establishing a working climate conducive for learning and cooperation (44). Although participants submitted Identity Texts, dialogue around these submissions was limited; even with active facilitation, there was variable back-and-forth discussion among participants about the commonalities, differences, or impact of sharing Identity Texts. Finally, educators need to give careful thought to cultural
considerations about societal norms about personal disclosure (6). Having faculty provide their own stories, and disclosing their own experiences and biases may be needed to provide a safe space for sharing.

As Dogra and colleagues have indicated (10), further research is needed to measure the long-term impact of teaching methods, such as using Identity Text, on enhanced engagement, learning and building, and sustaining a community of practice (19). Further research is also needed to determine whether an intervention such as Identity Text increases dialogue on sociocultural issues in a professional development setting (15).

Disclosures

Part of this work was presented at the AMEE Conference Milan 2014. IRB approval was obtained through Foundation University, Pakistan, on commencement of the study.

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Appendix 1. The written cue.

Tell us about the evolution of your identity over time as an educator. Each one of you brings with you a wealth of information about your country; the people, traditions, politics, language, religion, race, ethnicity, gender issues, and economy of the area. Each of these factors has likely influenced you as a person and as an educator. Let’s talk about how these factors affected the evolution of your identity. Attached are two PowerPoint presentations and a write-up for inspiration, which may give you some ideas.

Feel free to use any form to communicate your thoughts, including PowerPoint, YouTube, Art, Poetry, Sketches or Pictures (you are not limited to this list). If you can use your native language and translate, that would be great! Try to tell your story, that is, use a narrative style.

Appendix 2. Excerpts from Identity Texts.

❖ I contemplate the emergence of my personal dance and I see it rooted in the exuberant, provocative, slightly defiant Sophiatown jive, with a good dose of kwai, a little bit of samba and quite a few steps that I cannot yet predict. I trust in the emergence of the normative truth that how we teach and the way we are have an impact on who our students will become and where they will go. My future is a ‘lucky packet’ and still holds many surprises, but my subjective truth is that, as long as my feet keep moving and I am engaged in understanding learning and in guided reflection, my personal insight, my teaching and the meaning of my life will blossom.

❖ To cut a long story short, I moved from one state to another, mostly in South and Central India, every six years. It meant learning a new language, joining a new school, making new friends, and adapting to a new culture. In each place, while I felt a part of the culture, I was considered an outsider. The funny part is I never stayed in Bihar, so I never identified with it. Today, when someone asks me where I am from, I have a tough time explaining. I feel like saying ‘pan-Indian’. I find it easier to explain to a foreigner that I am Indian, than to my countrymen! And though I feel at home everywhere, I can’t say I am accepted as one of their own anywhere within India. Yet, in all honesty, I cannot say that I have ever been denied any opportunities or rights because of this ‘identity crisis’. I have blended in quite easily everywhere.

❖ Dance macabre. Who does not remember the angst accompanying that first cut through the skin in the dissection hall. ‘Will I recognise the brachial plexus before I destroy it?’ Quickly followed by: ‘Oh my God, I completely destroyed it’, and the embarrassing realisation days later that the brachial plexus is so big that it is impossible to miss. But through all of this we had Dr. ND. She had the grace not to laugh in our faces, but gently guided us to discover all the truths of the body; to develop a love for the gentle dissection of the thalamus; to envision the relationships in the anterior mediastinum, always
showing respect towards our cadaver, which so easily could have been
flippantly dismissed. I developed such a love for anatomy that I again turned
tutor, and AD, my dear friend to this day, still acknowledges my tutoring as
the only reason he passed anatomy. Dr ND a role model and mentor to
honour and remember.

❖ I have been a member of several ‘conversations on race’, ‘healing the
wounds of racism’, etc. over the past 30 years. Much of this work has been
‘identity text’ to listen and understand where individuals come from, and
understand my own identities. For example, in the US there are various
‘unearned privileges’ that tend to come with birth or life stage, being: a man,
white, heterosexual, able-bodied, Christian, English speaking, higher
socioeconomic status, between 20 60 years old. So on the one side, I am
white, so I have unearned privilege; on the other side, I am a woman, so I
have less unearned privilege than a man.

❖ I was born in a middle class family in India and by default, it is the dream of
every middle-class parent in India that all their children should become either
doctors or engineers. So, they would push and push their children with extra
classes, tuitions, medical entrance preparations from Grade 9 onwards etc. In
keeping with this tradition, I was told from my childhood that I ‘must’
become a doctor, which I took very seriously and achieved it. So my identity a
doctor was partly contributed to by my middle-class culture.

❖ We were in a strange and uniquely South African situation of being a medical
school, which was only for people of colour who came largely from very
economically disadvantaged backgrounds. The dynamics in the school, which
had lecturers of all races, was fascinating and I realised very early on how
isolated I had been from the social and political realities of South Africa, how
my own thinking had also been stifled by the system and how liberating it
was to have access to a much wider cultural spectrum. The potential for
cultural hegemony was obviously very high, the curriculum and accreditation
processes and control over who could be admitted to the school and who
could teach, were largely held by the White minority authorities, but
somehow there was a partnership, sometimes fragile but overwhelmingly
honest, between faculty and students.
This chapter is embargoed at request

Chapter 5
Medical Education to Enhance Critical Consciousness: Facilitators’ Experiences

Zaidi Z, Vyas R, Verstegen D, Morahan P, Dornan T. Emancipatory Medical Education: Discourse Analysis of Interviews with Health Professions Educators. Accepted as a Research in Medical Education (RIME) Research and Review Paper in Academic Medicine
Chapter 6

Discussion
This discussion chapter reviews the principal findings and conclusions of the four inter-related studies and establishes the integral themes of this thesis. Furthermore, it considers how the themes are relevant to the wider community of researchers, educators and doctors. Lastly, it identifies future directions for research, education and practice.

Background

The Brazilian philosopher Paulo Freire who is known for his work in critical pedagogy (philosophy of education and social movement that combines education with critical theory) describes critical consciousness as “reading the world” - an in-depth reflective understanding of the world while taking into account relationships and power dynamics in society. An understanding of power dynamics promotes reflection on how the ruling class can manipulate the value system of a society, so that their view becomes the worldview or cultural hegemony. In education power dynamics leading to cultural hegemony or educational cultural hegemony, manifest in educational practices where teachers assume that the content and task is ‘culture free’ and, therefore, implicitly discourage bringing in personal cultural context. Developing a reflective stance, an understanding of different cultures and values is not a new idea – the ancient Greeks encouraged students to “stand back from humanity and nature, to make them objects of thought and criticism, and to search for their meaning and significance”. Building on the importance of such a reflective stance, Freire’s work from the 1970’s is even more relevant in the age of globalization, where, despite information technology and ease of movement across borders, there are social inequities in society.

Freire asserts that in order for education to be transformative learners have to be engaged through dialogue while bringing in their life experiences. Additionally, only through exposing unexamined power relations and focusing on moving education in a liberatory direction can education be emancipatory. Emancipatory education aims to free learners from forces that control their lives and help them to take social action. This reflective awareness about societal inequities, examining beliefs and practices leads to transformative learning. In today’s globalized world with multicultural and cross-cultural educational settings cultural exchanges, discussion of power dynamics and inequities can disrupt fixed beliefs and lead people to revise their positions and reinterpret meaning, which is essential for transformative learning. Though the theoretical frameworks state the benefit of transformative and emancipatory education there is a paucity of literature demonstrating the application of these theories.

My research brought up some central themes that interact in a process that is visualized in Figure 1. This thesis set out to understand how culture is visible (or not visible) in medical education and sheds light on issues related to educational cultural hegemony, critical consciousness and emancipatory education. The interrelatedness of the key themes discussed below is presented as a theoretical framework. The framework demonstrates how a questioning, reflexive stance – critical consciousness -- can lead health professions educators to identify power
imbalances – *educational cultural hegemony*. Further reflection results in a plan for action – praxis, moving educators from theory and words to action -- *emancipatory education*. These key themes are discussed in further detail ahead.

**Figure 1**: Theoretical framework demonstrating interrelatedness of key themes

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**Review of key learnings**

**Chapter 2** studies the visibility (or its lack) of culture and describes how cultural hegemony evolves in international health professions education. The specific research question was: How visible is culture (cultural discussion) in online health professions education conversations and how do participants’ sociopolitical backgrounds enter discussions focused on health professions education and leadership to generate critical consciousness? Studying the FAIMER fellowship listserv discussions over a one-year period, all posts were compiled into a 1286-page document. The posts within this document, which referred to sociopolitical, cultural issues including religion and gender were identified. There were two main findings of this study. Firstly, analysis of the data revealed very few discussions (<1% of all online posts) which explicitly demonstrated cultural exchange. Secondly, when sociopolitical or other cultural issues were discussed in the online platform, the discussions were superficial with no reflective commentary. When participants gave accounts of their experiences and exchanged cross-cultural stories, they were more
likely to develop ad hoc networks to support one another in facing those issues rather than explore issues relating to the development of critical consciousness. For example when discussing terrorism, terrorists were characterized as radicalized zealots; the “otherness” of terrorists was emphasized, but the discussion did not relate the terrorism issue to medical education. The health professions educators from over 40 countries rarely mentioned culture; they focused rather on the specific educational content and tasks. Faculty participation was noted to be minimal as well with no active facilitation of discussions. It is important to note that this paucity and shallow depth of explicit cultural exchange occurred despite the setting where FAIMER fostered a community of practice of health professions educators and encouraged cross-cultural education. The findings in this study led us to theorize reasons for silence around cultural discussions including cultural hegemony - when dominant cultural expectations may dictate that educational discourse may be restricted to uncontroversial ‘fact-based’ subject matter. The chapter then proposes suggestions to mitigate educational cultural hegemony, including training facilitators and participants in cross-cultural settings to learn to let go of the concept of objectivity and to scrutinize personal biases.

To further explore if faculty and participants experienced cultural hegemony, finding it inappropriate to bring up cultural differences, or if other factors hindered cross-cultural dialogue, the second research study described in Chapter 3 studies the reaction of participants on the FAIMER listserv to cultural conversation cues. The cues were provided in the form of scenarios crafted to reflect situations that the researchers had noted over years of facilitating discussions on multicultural listservs and had both explicit and implicit reference to culture. The research questions were: “How do participants in an online cross-cultural educational learning setting react to cultural conversation cues?” and ‘What factors do participants describe that they experienced that hinder or promote readiness to discuss culture in a professional development curriculum?’ Participants noted that given the opportunity they would personally like to take part in cross-cultural conversations. They disagreed with the idea of educational cultural hegemony as good practice in teaching/learning, specifically educational settings that promoted a ‘culture of no culture’. At the same time, they described barriers including: not knowing the context of the discussion, lack of skills in facilitating cross-cultural discussions and fear of offending others. This research resulted in defining ‘educational cultural hegemony’ as educational practices where teachers assume that the content and task is ‘culture free’ and, therefore, implicitly discourage bringing in personal cultural context. The assumption that discussion should be ‘objective’ and limited to the content or task leads to an absence of cross-cultural exchanges and thus minimizes opportunity for critical reflection and transformative learning. The research draws attention to the role that cultural exchanges play in disrupting fixed beliefs and leading people to revise their positions and reinterpret meaning, which is essential for transformative learning that is emphasized in health professions education reform. This chapter then proposed concrete educational strategies to advance cross-cultural education including training facilitators on how to introduce and handle sensitive cultural topics; when and how to pose clarifying questions to deepen the dialogue and how to navigate crucial/sensitive conversations. An additional point noted was that issues related to
cross-cultural competence need to be embedded within the curriculum rather than being addressed out of context and that use of a curriculum map to display how, where, and when to include cross-cultural topics would be helpful.

The previous two chapters identified the need for deliberate introduction and promotion of cross-cultural exchange. **Chapter 4** addressed this need by providing FAIMER listserv participants with a structured pedagogical space in the form of the ‘Identity Text’. The research question was: How does the use of Identity Text as a structured educational intervention promote discovery and dialogue about participants’ cultural backgrounds? Identity Text engages learners by asking them to create ‘texts’ (e.g., creative writing and other multimodal forms of cultural production) that express the identity or influence of cultural background on the individual in a new social setting.11 Identity Text has previously been used in K-12 education to promote a safe-space for exchanges about culture and identity, orchestrated by a facilitator, to describe and discuss learners’ creative work, which can showcase the influence of cultural background on the individual.12 The objective of this research was to evaluate the use of Identity Text as a structured educational intervention to promote discovery and dialogue about participants’ cultural backgrounds in health professions education. In the individual Identity Text posts, participants reflected on power dynamics at the institutional level, gender issues and other social issues; they provided powerful story-like narratives including personal struggles in South Africa as it emerged from apartheid, the impact of ‘middle-class culture’ on career choice and the ‘white-western view’ in a multicultural setting. The study demonstrated that designing pedagogical space, structured reflection activities, and trained facilitation could be a powerful method to promote discussions about cultural background. Identity Text can challenge hegemonic societal trends by bringing learners’ cultural backgrounds to the foreground, and drawing attention to the multiple facets of life experiences, which shape interactions in learning environments.12,13 The chapter highlighted the importance of creating forums to hear different voices, which can prevent minority groups from feeling isolated. Insights gained through such conversations can also help participants gain a better understanding of diverse points-of-view and power dynamics leading to transformative learning experiences.5

The final piece of research is presented in **Chapter 5**, which is composed of analysis of in-depth interviews with faculty facilitators from FAIMER and SHE who were experienced in cross-cultural education. The research questions were: How do facilitators encourage cultural discussions? And how do facilitators and participants of those discussions co-construct an understanding about power and privilege in society? Analysis of the interviews revealed that the facilitators had an understanding of their role and responsibility in fostering awareness and promoting critical consciousness and social justice. They noted that some amongst the facilitators were more ‘facile’ or more experienced in dealing with cross-cultural discussions and turning them into opportunities for reflection. These skilled facilitators encouraged discussions about participant’s heritage and described how they encountered issues related to racism, biases and power differentials in cross-cultural settings. They emphasized the need for training because often participants
brought up traumatic situations, which needed to be addressed. Additionally, the faculty noted that a ‘safe pedagogical space’ for these discussions was of paramount importance. This research highlighted challenges faced by facilitators in cross-cultural learning environments. They had a clear understanding of the role they play in moving individuals to develop a questioning, reflexive stance – critical consciousness and that this reflective awareness of power and privilege leads to emancipatory education. However, they struggled with their own monolithic understanding of other cultures, although they tried to break free of stereotyping others and encouraged their learners to do the same.

**Discussion of integral themes**

**Educational Cultural hegemony**

To understand the broad concept of cultural hegemony, I draw on the work of Antonio Gramsci, the Italian Marxist philosopher (1891-1937) who was imprisoned for most of his life by Mussolini. Gramsci first described hegemony or ideological domination. During the trial, Mussolini said about Gramsci: "We have to prevent that this mind continue thinking." Cultural hegemony, according to Gramsci, occurs when one ideology or worldview dominates and suppresses any other ways of explaining reality. The institutions and beliefs of the dominant culture can be so powerful that alternative ways of envisioning reality do not appear conceivable. According to Gramsci, because of the way ideas are transmitted by language, the words we use to speak and write have been constructed by social interactions through history and shaped by the dominant ideology of the times. Thus words have cultural meanings that condition us to think in particular ways, and not be able to think very well in other ways.

This thesis provides evidence that educational cultural hegemony exists in health professions education. The implicit understanding that educational environments are task-focused settings, where teachers/facilitators are not expected to explicitly encourage learners to discuss their culture leads to a ‘culture of no culture’, in essence educational cultural hegemony. While being task-focused is extremely important in a learning environment, attention has to be paid to the needs of the learners. In fact learning may be meaningless unless connected to the learner’s life (and thus background and culture and experience). Therefore leaving ‘cultural baggage at the doorstep’ of the classroom is not an option and may have a grave consequence: in the absence of cultural discussion the dominant culture is considered the only culture.

**Benefits of encouraging cultural discussions**

There are three main benefits of encouraging cultural discussions in educational environments. First, encouraging learners from diverse and minority backgrounds to share their experiences in a safe setting has been described as essential for the academic success of minority learners. Such forums are described as ‘counterspaces’ which are intentionally created networks, safe spaces
or sanctuaries where participants can develop relationships and support for coping with difficulties they face as minorities. They are defined as “sites where deficit notions of people of color can be challenged and where a positive collegiate racial climate can be established and maintained” and help participants develop a positive cultural identity. Relevant examples in the US may be African American, Latino, Asian American or LGBT groups. Participants can express themselves in the nonjudgmental environment without a fear of being judged. They can also draw on the collective wisdom of the group in deciding how to respond to adversities encountered. Social support has been shown to be an important factor in determining academic success; research at the collegiate level has shown that students who talked to others about their perceptions of being treated unfairly had a higher grade point average than those who did not talk to others.

A second benefit is that students will learn more and more efficiently when they can relate what they learn to their own context. Knowing each other’s stories makes participants in a teaching/learning setting feel they are part of a group, which can stimulate engagement, build trust, and reduce dropout rates. Such a change in educational process, which led to an increase in the success of minority student populations, could lead to production of a more diverse health care workforce. In the US significant disparities have been noted in health care workforce; despite comprising 30% of the overall US population, minority students account for only approximately 11% of medical school graduates. Promoting diversity in medical education is critical if we are to address the health and health care disparities so prevalent among minority populations. There have been numerous calls for strategies to improve admission, recruitment and retention of minorities in health care.

A third benefit to such a change in education is cultural competency informed by critical consciousness. While increasing the number of minorities in health care is important, cultural competency is also essential for health care workers of all backgrounds. Research shows that learners who are adept at dealing with multicultural and diversity issues through exposure in medical school report improved preparedness to take care of diverse populations. Sharing personal accounts helps provide insights into others’ culture and leads to better understanding and cultural tolerance. A tolerance for ambiguity, understanding multiple and contradictory points of view, ability to enter the storytellers’ reality and to understand how the story teller makes sense of that reality, and insight into the use of image and metaphor are other benefits of sharing personal narratives. Such discussions can also dispel the notion that only one ‘story’ exists and prevents stereotyping of individuals, leading to transformative learning experiences.

Critical Consciousness

As discussed at the beginning of this chapter, the Brazilian educator Paulo Freire (1921-1997) described critical consciousness as a state of understanding how power and difference shape social structure and interaction (“reading the world”). Freire grew up poor and despite adversity went on to complete law school and
became Director of the National Department of Education and Culture of the Social Service. During this time he had the first opportunity for significant application of his theories when 300 sugarcane workers were taught to read and write in just 45 days. This led to a countrywide movement, which ended with a military coup and Freire being imprisoned as a traitor. Later in exile he described the ‘culture of silence’ in his book Pedagogy of the Oppressed.²⁹ The dominant social class creates a ‘culture of silence’ that instills a negative, silenced and suppressed self-image. Critical consciousness is needed to recognize the power relationship and fight against the ‘culture of silence’. Freire emphasized the role educators can play by recognizing repression (explicit or implicit) and understanding the disproportionate spread of power. Educators can empower learners by emphasizing critical consciousness.

The results of this research provides evidence that participants in an online international educational setting sometimes wished for an “opportunity to talk” their cultural nuance. However, in the wake of silence (or absence of a prompting or facilitation) they did not feel comfortable doing so. In a Western setting with the dominant independent culture, learners may be “fearful of silence”.¹³,³⁰ Conversely, in an Eastern or interdependent setting silence may be a sign of respectful deference.¹³,³¹ Researchers studying silence argue that silence is “anything but”.³²

This thesis adds another dimension to the silence research stemming from educational cultural hegemony. The results suggest that, without facilitation, cultural norms can reinforce a less than ideal teaching/learning system. It also provides evidence that health professions educators who teach in cross-cultural settings are aware of their role in developing critical consciousness and highlighting social justice issues. They were reflective about their own biases, tried to break free of them and intentionally demonstrated how to have the courage to speak up when confronted with power imbalances.

Emancipatory Education

The role of education in reconstructing society has been the focus of attention of many great philosophers and thinkers dating back to Socrates and Plato. The educational agenda behind critical theory is not just reconstruction of society but also illumination of oppressions and injustices. Critical pedagogy -- also referred to with variable meaning as liberatory, transformative or emancipatory pedagogy -- builds on the works of Freire and Giroux.²⁹,³³ It invites students and teachers to look critically for social inequity and to study the tacit values that underlie the enterprise. Education, according to this theory, plays a fundamental role in creating a just and democratic society.³⁴,³⁵ Critical consciousness coupled with an orientation toward pragmatic action leads to emancipatory education. Both students and educators take on new roles as “transformative intellectuals”³⁶ and “cultural workers”.¹ Emancipatory pedagogy has also been described as: “Habits of thought, reading, writing, and speaking which go beneath surface meaning, first impressions, dominant myths, official pronouncements, traditional clichés, received wisdom, and mere opinions, to understand the deep meaning, root causes, social context,
ideology, and personal consequences of any action, event, object, process, organization, experience, text, subject matter, policy, mass media, or discourse.  

The key to emancipatory pedagogy lies in the teacher’s ideology; therefore it is essential to broaden the teacher’s understanding of emancipatory education. This thesis discusses how facilitators teaching in international health professions education strive towards emancipatory education by tackling power issues they encounter and recognize, and responding to adversities that their learners have faced. However, they have adopted these practices through years of experience in education without any specific training in social justice or critical pedagogy. More work is needed to review and refine curricula by viewing it through the frame of emancipatory education. In this day and age emancipatory education has an additional facet. Many future physicians will not just have to be adept at caring for a diverse population but will also in some areas of the world be caretakers for migrants suffering from trauma and distress. Ensuring the long-term wellbeing of these migrants “will be the best inoculation against the risks of violent extremism which so many fear.”

**Implications for practice**

In this section I describe how institutions, learners and teachers can work towards developing culturally responsive environments. This is followed by examples of culturally responsive curriculum models or blueprints from the literature.

**Developing culturally responsive environments**

Cultural competence requires more than gaining knowledge about cultures. It requires a new cognitive and behavioral skill set that allows learners to be successful in a changing environment. This requires multiple opportunities that allow acquisition of knowledge and an understanding of the importance of attitudes and skills, integrated over time. Most of the research on readiness to engage in cultural discourse comes from the K-12 school literature in the US. Culturally responsive pedagogy emphasizes the cultural characteristics, experiences, and perspectives of ethnically diverse students and uses these as conduits for teaching these learners more effectively. It is important to be aware that cultural awareness does not automatically result in social equity processes; professional development activities have to link knowledge to practice explicitly within classroom activities. There are three dimensions of culturally responsive pedagogy. The **personal dimension** refers to the process by which teachers learn to become culturally responsive, and the **instructional dimension** refers to practices and challenges associated with implementing cultural responsiveness in the classroom. The **institutional dimension** is the need for reform of the cultural factors affecting the organization of schools, school policies and procedures including allocation of resources.

Guerra and Nelson describe three steps that help develop culturally responsive learning environments. Step 1 is **raising awareness** about cultural differences and inequalities in power distribution. A simple acknowledgement of
inequities would help raise awareness about the need for change. During such discussions facilitators can invite participants to discuss ‘success stories’ of how they dealt with inequities, instead of just discussing the problem. FAIMER fosters respect for differences by utilizing ‘appreciative inquiry’ and appreciative androgyny, in the design of sessions. Medical schools report that embedding processes such as these, which provide opportunities for positive, culturally contextual discussions in the curriculum may be the key first step. The Weill Cornell Medical College in Doha, Qatar reports using cultural anthropology to understand needs cultural nuances to help create medical education experience in the societal context that is indigenous to Qatar. Cross-cultural immersion has been reported to be an “eye opener” and participants have indicated that “their world view had been broadened and their personal lives enriched by this short experience”. While cross-cultural immersion is often deliberately built into undergraduate health profession education, it is important to keep the momentum going and extend this into higher level training programs like health professions education degrees. After all, these are the future leaders in education in their institutions and countries.

Step 2 is assessing readiness to engage. This might include cross-cultural simulation exercises or ‘The Implicit Association Test (IAT, available free online)’ which measures attitudes and beliefs that people may be unwilling or unable to report. The first two steps can help faculty understand why cultural competency is important and provide them with initial training to develop competency. Step 3 is differentiated training, i.e. advanced training recommended for faculty who express an interest.

If I review the results of my thesis in the institutional, instructional and personal dimensions described earlier, the parallel that comes to mind regarding the institutional dimension is the ‘equity and diversity’ focus that is part of most institutions’ mission statements, but often ends up as only lip service. It is not enough just to say that a curriculum aims to foster cross-cultural education. Regarding the instructional domain, a curricular blueprint, measures to increase the awareness of stakeholders and pedagogical safe space are prerequisites (See below).

Critical pedagogical practices shown to be effective include: promoting authentic dialogue; recognizing the value of everyone in the room; sharing and inviting stories; questioning the status quo; creating cognitive disequilibrium and challenging the power hierarchy. On the personal as well as the instructional dimensions, this research shows that health care professionals in international curricula agreed that educational cultural hegemony in the form of a task-focused learning environment would result in a lost opportunity to benefit from diversity. However, to provide an ecosystem conducive for critical reflection requires addressing barriers to readiness to engage in cross-cultural discussions. Institutions need to train faculty facilitators to be able to go beyond awareness of cultural issues to deliberately ask participants to say more about their backgrounds and culture. Moreover, the work does not end here, as an important goal would be social action based on reflective practice. Providing an environment where all involved feel safe and comfortable to be involved in social activism is not a straightforward task.
Curriculum blueprint

Dogra et al. provide practical examples from across UK for the development of curricula focusing on teaching diversity encouraging educators to view this as a theme running through the entire curriculum. They have suggested multiple teaching formats including lectures, seminars, workshops, communication skills training, community-based learning involving field work and e-learning using blogs, on-line lectures, webinars and videos. They recommend paying special attention to the following groups to illustrate diversity issues while planning the curriculum: groups with disability; social deprivation; gender; sexuality; ethnicity; age; marginalized groups, e.g. homelessness, refugee health. This thesis highlights how careful planning and curricular blue-prints as described by Dogra et al. are essential in fostering cultural discussions in health professions education particularly as these steps can be over looked or assumed not to be required with a diverse group of learners.

In a recent review of literature Halman et al summarized ways in which critical consciousness has been explored and developed in health professions education. This thesis verifies the key themes identified to define and discuss core attributes of critical consciousness in HPE, which include: 1) Appreciating context in education and practice: Personal histories, lived experience and understanding individual context impacts the educational experience and the learner’s lens for new knowledge. Additionally, immersive experiences that allow a greater recognition of one’s own privileges enhances the learner’s sense of social responsibility; 2) Illuminating power structures: Though there is a clear recognition for power relations to be examined in healthcare, the available literature tends to be theoretical with a conventional education system that does not promote collective action; 3) Moving beyond ‘procedural’: There have been calls to move away from treating cultural competency as a static check-list and understanding that “cultural competence is not an abdominal exam”. Traditional behaviorist approaches have been questioned and need to be replaced by critical pedagogy; 4) Enacting reflection: Though reflection has been noted to be prerequisite for the development of critical consciousness, without support by the educational structure it can lead to frustration and discontent; 5) Promoting equity and social justice: The authors posit that social justice has been noted to be the primary underpinning of work done by health professionals and emphasizing critical awareness of disparities can result in further commitment to social justice issues.

Critical consciousness as a disruptive innovation

It has been pointed out that challenging educational cultural hegemony and developing critical consciousness are no easy tasks. Disruptive innovations were first described in the business world, are simple new models (usually less expensive) that benefit those who are not currently using that model. At the start disruptive innovation is not as good as existing models but over time can overtake the old way of doing things. Like any other disruptive innovation in health care this is uncomfortable and precarious if not done well. Kumagai et al. provide the example
of discussing gender issues in a setting where a participant may have experienced rape or sexual assault. If the structure of such an activity is not well planned, if the facilitator is not trained to handle the conversation, and if emotional distress cannot be attended to, then the attempt to develop critical consciousness may cause harm. On an individual level for health professions educators, it is not always easy to walk-the-talk when they are in a position of power, for example, in providing educational consulting service to an institution in a low-income country. In a recent editorial Frambach et al. discuss how the practice of health professions educators “is inextricably linked to a global industry of health professions education” and that practicing critical consciousness requires asking painful questions and taking disruptive actions. However, awareness and reflection both at the individual and institutional (national policy makers) levels are first steps.

**Implications for future research**

**Curricula**

In these troubled times with social inequities becoming globally apparent through current, with the immigration and terrorism crises as well as environmental and other crises, there is a need for action research on development of policies, guidelines and curricula to foster critical consciousness in educational systems. Such curricula -- including pedagogical tools like ‘safe-spaces’, ‘appreciative inquiry’ forums, ‘Identity Text’ to name a few -- need research to measure their long-term impact. How do these critical pedagogical practices result in enhanced engagement and more effective learning? Can active facilitation of cross-cultural discussions result in deep discussions that result in changes in point-of-view and transformative learning among participants? Can the practices result in social activism or emancipatory educational actions? More research is needed on how to develop content and effective teaching/learning practices for sessions aiming to develop critical consciousness. It has been suggested that in order to teach medical students the art of critical consciousness, faculty should collaborate with experts in drama, performance and literature, or with experts in race relations who are familiar with cultivation of critical consciousness. Another aspect requiring attention is the emotional reaction of participants when confronted with cognitive disequilibrium during cross-cultural discussion. Further research is also needed to explore similarities and differences in teaching and learning practices for face-to-face and online teaching to foster critical consciousness. Finally, program evaluation is needed that focuses on impacts on both facilitators and learners, as well as and impact of the curriculum.

**Faculty development /Facilitator training**

Faculty development continues to be a challenge in that such learning does not always transfer to the workplace. Steps that can help transfer learning to the workplace include relating faculty development to job requirements and the context of practice, balancing institutional need and individual aspiration, providing opportunities to practice with peers in a safe setting and rewarding participants for
The ‘how, when and where’ questions about facilitator training also require research. In contrast to faculty development efforts in areas like Problem-based Learning or Evidence-Based Learning where a cadre of faculty can be trained to facilitate the sessions, a curriculum focusing on developing critical consciousness requires ‘culture change’ at an institutional level and needs to involve all stakeholders. Such measures have to be highlighted and reinforced at all levels and at all forums including faculty or student orientations. One model that might be useful to explore is the decades-long US National Science Foundation’s ADVANCE awards (Advancement of women in science and engineering careers). The model for transformational culture change in academic institutions regarding advancement of women in science, technology, engineering, and mathematics (STEM) fields is an example of a longitudinal program that addresses individual, institutional and national needs.

Institutions and organizations

Institutions and organizations partnering with low-income or disadvantaged groups must reflect on whether the partnership is resulting in commodification of education and how it is impacting the partnering institution’s curriculum. They should actively take measures to safeguard against educational cultural hegemony, gather data and add to the limited literature available on this topic.

Institutional policies should reflect their commitment to social justice issues. Further research is needed to study the impact of institutional policies to promote culturally responsive environments. For example, data regarding the effectiveness of Guerra and Nelson’s three-step framework, steps taken by institutions to implement curricular changes suggested by Halman et al. to foster critical consciousness; or curricular blue prints recommended by Dogra et al. would be a contribution to the field.

The results of this thesis highlight how educational culture is steered by the needs of the dominant class; for example, western cultures tend to pay less emphasis on cultural backgrounds and discussion pertaining to culture. This educational cultural hegemony leads to a ‘culture of no culture’ in which learners do not share unless specifically asked to do so. Not only does sharing personal stories transform opinions of others and is important step in developing critical consciousness but is also important for the well-being of minorities. There is now a body of literature focusing on equity and diversity, which shows that ignoring race and culture results in impacts on the minority group such as hypertension, mental health issues like anxiety, depression and substance abuse. As educators aiming to develop critical consciousness, we must individually and collectively at institutional levels address and prevent the tendency toward educational cultural hegemony – only then can we move towards the lofty but not unachievable goal of emancipatory education.
Final comment

At the start of the Ph.D., I had been located in Pakistan and had not known that I would be immigrating to the US. It almost seemed destined that I should ‘walk the walk’ and gain cross-cultural exposure to undertake this thesis. In the midst of bomb blasts and crumbling social order I left with my husband and two boys arriving in sunny Florida. As the kids started school and I work, the notion of being ‘color-blind’ quickly dissipated as we encountered incidents of racism. Over the past few years as I have delved into the literature on culture and the role dominant powers play in steering culture resulting in cultural hegemony, I was led to the literature on race issues. With each consecutive publication (part of this thesis), in parallel I realized that I was personally following a cycle well described in literature for minorities.\textsuperscript{67,68} From being somewhat cognizant of the nature of institutional racism, the encounters with racism led me to be to more aware of the dynamics of privilege and oppression. The introspection led me to actively seek to integrate my redefined identity into the dominant culture without compromising my own racial identity. In a way my Ph.D. work has led me, and subsequently my family – particularly my two boys, who immigrated at an impressionable age – to be comfortable and authentic in our own skin. However, there are other minorities who struggle on a daily basis at work, institutions of learning or socially to resolve such dissonance. As Harper Lee wrote: “You never really understand a person until you consider things from his point of view... Until you climb inside of his skin and walk around in it” (To Kill a Mockingbird). I hope that this thesis will serve as a bridge between cultures, helping not just to create awareness amongst health profession educators about the role they play individually and collectively in fostering culturally responsive environments but will also lead to praxis.

“I think bridges have a special meaning in our life. I think a book is a bridge. Any type of art is a bridge that allows different cultures to connect. You may not understand your neighbour’s way of seeing life, but you sure understand your neighbour’s joy in painting or dancing” – Paulo Coelho
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Summary

Share Our Resources
Allow Critical Consciousness
Power of Our Voices

Haiku by Cathy Edwards & Paulette Hahn, Associate Professors Medicine University of Florida, Gainesville, FL USA
Globalization has led to internationalization of education and as a consequence increasing cross-cultural interaction. Partnerships mostly between developed countries and under-developed low-income countries have sprung up resulting in commodification of education. There is a paucity of research on the power dynamics and the impact on culture in such partnerships. The goal of this thesis was to explore the visibility of culture in health professions education. As an extension of this work the thesis also explores the interest and willingness of participants to foster a curriculum aiming to develop critical consciousness. The thesis has six chapters: One introductory chapter (chapter 1), four empirical studies (chapters 2-5), and a discussion chapter (chapter 6).

**Chapter 1** introduces the reader to the context of the research in a global setting. It discusses the impact globalization has had on medical education, particularly through the development of partnerships between institutions. It also introduces the two conceptual frameworks underpinning the thesis i.e. Critical Theory and Discourse Theory. The chapter points out the importance of language - Discourse Theory - as it reflects ideology and social order of the society and explains the relationship of discourse theory with critical theory which focuses on social inequities and justice. A description of the health professions education programs studies in the thesis is provided along with a personal reflexive narrative about my relationship to the institutions and the data. The research questions of the thesis are presented at the end of the chapter and are as follows:

- How visible is culture (cultural discussion) in online health professions education conversations and how do participants' sociopolitical backgrounds enter discussions focused on health professions education and leadership to generate critical consciousness?
- How do participants in an online cross-cultural educational learning setting react to cultural conversation cues? And what factors do participants describe that they experienced that hinder or promote readiness to discuss culture in a professional development curriculum?
- How does the use of Identity Text as a structured educational intervention promote discovery and dialogue about participants' cultural backgrounds?
- How do facilitators encourage cultural discussions? And how do facilitators and participants of those discussions co-construct an understanding about power and privilege in society?

**Chapter 2** explores how participants in an international HPE program discuss their sociopolitical backgrounds and if they entered conversations that could generate critical consciousness. This research study was an exploratory study, aiming to understand the ‘state of’ sociopolitical discourses in cross-cultural education. The setting chosen was FAIMER as it specifically aims to foster cross-cultural education. This research has four main contributions to the literature. First, it highlights that simply stating an aim to foster cross-cultural education is not enough. Second, expecting international participants to automatically share stories
about their sociopolitical backgrounds is unrealistic and active facilitation is required to generate critical consciousness. Third, while the references to backgrounds were rare they touched on important topics like terrorism, gender and religion. Finally, the absence of active facilitation of cultural discussions by the dominant group – white western faculty – results in inadvertent culture hegemony, a culture of no culture. We have operationally defined ‘educational cultural hegemony’ as educational practices where teachers assume that the content and task is ‘culture free’ and, therefore, implicitly discourage bringing in personal cultural context.

**Chapter 3** builds further on the ‘absence’ of cultural discussion noted in Chapter 2 in the FAIMER Institute program. Sociocultural scenarios were used to sensitize participants, to study the level of engagement in such discussions. This research had two main contributions to the literature. First, participants in this international HPE program did note that the current educational system did promote hegemony and that they would like to see cultural discussions deliberately introduced through out the curriculum. Second, the research identifies common anxieties participants face in cross-cultural discussions including how to deal with sensitive topics, fear of offending others and worrying about the lack of skills to facilitate or enter such discussions.

**Chapter 4** expands on the findings in Chapter 3, where participants had suggested deliberate introduction of cultural topics to promote discussions about sociocultural backgrounds. In this research study an educational intervention ‘Identity Text’ was introduced. Identity Texts are sociocultural artifacts produced by participants, which can be written, spoken, visual, musical, or multimodal. This research demonstrates the use of pedagogical space in promoting sociocultural discussions. Participants shared powerful and sensitive stories about struggles they had faced in their countries of origin. If facilitated these stories have the potential of transforming beliefs and creating understanding of circumstances, while providing opportunities to deal with cognitive dissonance.

**Chapter 5** builds on the research in Chapters 2-4. The FAIMER faculty and SHE Maastricht University faculty were invited for in-depth interviews. The goal of this study was to understand the experience faculty had facilitating cultural discussions and to study if they felt that such conversations could be used to generate critical consciousness. This research has three main contributions to literature. First, it demonstrates that facilitators understand the role they play in education in highlighting social inequities and thus emancipatory education. Second, experienced faculty noted that they had to be ‘facile in attending to pain’ in settings where there were facilitating discussions to generate critical consciousness. Third, the most important factor highlighted by the facilitators was the need for safe pedagogical space for such conversations.

**Chapter 6** returns to the four main research questions within the framework of hegemony, critical consciousness and emancipatory education. It provides key findings of the thesis, implications for practice and relationship to other research. This is followed by a call for future research that: (1) explores curriculum blueprint
and program evaluation of curricula generating critical consciousness (2) answers the ‘how, when and where’ questions pertaining to facilitator training (3) evaluates the impact of institutional policies on the culture of the less dominant partner in HPE partnerships.
Samenvatting

Deel in middelen
sta kritisch bewustzijn toe
macht onzer stemmen.

Haiku van Cathy Edwards & Paulette Hahn, universitair hoofddocenten Geneeskunde, Universiteit van Florida, Gainesville, FL, US
Globalisering heeft geleid tot internationalisering van het onderwijs en daarmee tot steeds meer interculturele interactie. Samenwerkingsverbanden, meestal tussen eerstewereldlanden en derdewereldlanden met een laag inkomen, namen een hoge vlucht, waarmee de commodificatie van het onderwijs een feit werd. Er is echter weinig onderzoek verricht naar de machtsdynamiek en de invloed op cultuur binnen zulke samenwerkingsverbanden. Het doel van dit proefschrift was om de zichtbaarheid van cultuur in het gezondheidszorgonderwijs in kaart te brengen. In het verlengde daarvan beoogt dit proefschrift ook na te gaan in welke mate deelnemers belangstelling hebben en bereid zijn zich in te zetten voor een curriculum dat de ontwikkeling van kritisch bewustzijn ten doel heeft. Het proefschrift bestaat uit zes hoofdstukken: Een inleidend hoofdstuk (hoofdstuk 1), vier empirische studies (hoofdstukken 2-5) en een discussiehoofdstuk (hoofdstuk 6).

**Hoofdstuk 1** maakt de lezer bekend met de context van het onderzoek in een mondiale setting. Het bespreekt de invloed die globalisering, vooral dankzij de opkomst van samenwerkingsverbanden tussen instellingen, gehad heeft op het medisch onderwijs. Ook introduceert het de twee denkkaders die dit proefschrift onderschragen, nl. kritische theorie en discoursstheorie. Het hoofdstuk wijst op het belang van taal – discoursstheorie – als weerspiegeling van de ideologie en het maatschappelijke bestel van de samenleving en licht het verband toe tussen discoursstheorie en kritische theorie die zich richt op sociale onrechtvaardigheid en gerechtigheid. Naast een beschrijving van de gezondheidszorgopleidingen in het proefschrift, wordt een persoonlijk reflexief betoog gegeven over mijn verhouding ten opzichte van de instellingen en de gegevens. De onderzoeksvragen van het proefschrift worden aan het eind van het hoofdstuk gepresenteerd en luiden als volgt:

- Hoe zichtbaar is cultuur (culturele discussie) in online gesprekken in het gezondheidszorgonderwijs, in welke mate bespreken deelnemers hun sociaal-politieke achtergrond tijdens discussies over gezondheidszorgonderwijs en leiderschap en hoe draagt dit bij tot het creëren van kritisch bewustzijn?

- Hoe reageren deelnemers in een online, interculturele onderwijsleeromgeving op culturele gesprekssignalen? En welke factoren belemmeren of bevorderen, in de omschreven beleving van deelnemers, hun bereidheid om cultuur te bespreken in een nascholingsprogramma?

- Hoe zorgt het gebruik van Identiteitsstekst als een vooropgezette onderwijsinterventie ervoor dat deelnemers meer over elkaars achtergrond te weten komen en daarover met elkaar in dialoog gaan?

- Hoe brengen gespreksleiders culturele discussies op gang? En hoe komen gespreksleiders en deelnemers aan dergelijke gesprekken gezamenlijk tot een begrip van macht en bevoorrecht in de samenleving?

**Hoofdstuk 2** onderzoekt hoe deelnemers aan een internationale gezondheidszorgopleiding hun sociaal-politieke achtergrond bespreken en of zij
gesprekken aangingen die tot kritisch bewustzijn zouden kunnen leiden. Dit onderzoek was exploratief van aard en had ten doel inzicht te verschaffen in de “stand van” sociaal-politieke discussies in het intercultureel onderwijs. We kozen FAIMER als setting omdat deze stichting zich specifiek richt op het bevorderen van intercultureel onderwijs. Dit onderzoek levert vier hoofdbijdragen aan de literatuur. Ten eerste benadrukt het dat een simpele verklaring dat men de bevordering van intercultureel onderwijs nastreeft niet volstaat. Een tweede inzicht is dat het onrealistisch is te verwachten dat internationale deelnemers vanzelf hun verhalen over hun sociaal-politieke achtergrond met elkaar delen; er is dus actieve begeleiding nodig om kritisch bewustzijn te cultiveren. Ten derde, hoewel er weinig gevallen waren waarin achtergronden ter sprake kwamen, gingen deze over belangrijke onderwerpen zoals terrorisme, gender en religie. Ten slotte leidt de afwezigheid van actieve begeleiding van culturele discussies door de overheersende groep – blanke, westere stafleden – onbedoeld tot cultureel overwicht, oftewel een cultuur van geen cultuur. We hebben “cultureel overwicht in het onderwijs” geoperationaliseerd als onderwijspraktijken waarbij docenten ervan uitgaan dat de inhoud en taak “cultuurvrij” zijn en daarmee impliciet het inbrengen van persoonlijke culturele context ontmoedigen.

Hoofdstuk 3 bouwt verder voort op de in Hoofdstuk 2 geconstateerde “afwezigheid” van culturele discussie in de opleiding van de stichting FAIMER. Er werden sociaal-culturele scenario’s gebruikt om deelnemers een respons te ontlokken, opdat het niveau van betrokkenheid in dergelijke discussies bestudeerd kon worden. Dit onderzoek leverde twee hoofdbijdragen aan de literatuur. Ten eerste merkten deelnemers aan deze internationale gezondheidszorgopleiding wel op dat het huidige onderwijssysteem inderdaad overwicht in de hand werkte en dat ze graag zouden zien dat culturele discussies doelbewust in het gehele curriculum werden ingevoerd. Ten tweede brengt het onderzoek in kaart welke zorgen deelnemers aan interculturele discussies doorgaans hebben, zoals hoe om te gaan met gevoelige onderwerpen, bang zijn om anderen te beledigen en zorgen over het onvoldoende vaardig zijn in het begeleiden van dergelijke discussies of het participeren daarin.

Hoofdstuk 4 vormt een aanvulling op de bevindingen uit Hoofdstuk 3, waarin deelnemers een doelbewuste invoering van culturele onderwerpen aanbevelen teneinde discussies over sociaal-culturele achtergronden op gang te brengen. In dit onderzoek werd een onderwijsinterventie, “Identiteitsstekst” genaamd, geïntroduceerd. Identiteitssteksten zijn sociaal-culturele artefacten die door deelnemers zijn vervaardigd in geschreven, gesproken, visuele, of muzikale vorm, of een combinatie van deze. Dit onderzoek laat zien hoe pedagogische ruimte gebruikt wordt voor het op gang brengen van sociaal-culturele discussies. Deelnemers deelden aangrijpende en aandoenlijke verhalen met elkaar over hobbels die zij in hun land van herkomst hadden moeten nemen. Met de juiste begeleiding zouden dergelijke verhalen ervoor kunnen zorgen dat bestaande opvattingen worden omgevormd en er een beter begrip van omstandigheden ontstaat; tegelijkertijd bieden zij kansen om met cognitieve dissonantie om te gaan.
**Hoofdstuk 5** bouwt voort op het onderzoek uit Hoofdstukken 2-4. We nodigden stafleden van FAIMER en SHE, Universiteit Maastricht, uit voor een diepte-interview. Deze studie had als doel de ervaring van stafleden tijdens het begeleiden van culturele discussies in kaart te brengen en daarbij na te gaan of zij vonden dat dergelijke gesprekken ingezet zouden kunnen worden voor het cultiveren van kritisch bewustzijn. Dit onderzoek levert drie hoofdbijdragen aan de literatuur. Ten eerste laat het zien dat gespreksleiders zich bewust zijn van de rol die zij spelen in het onderwijs betreft het bespreekbaar maken van sociale onrechtvaardigheid en dus in het emancipatorisch onderwijs. Ten tweede merkten ervaren stafleden op dat zij zich bij het aanhoren van leed tijdens het begeleiden van discussies bedoeld om kritisch bewustzijn te cultiveren meegaand moesten opstellen. Ten derde werd door gespreksleiders als belangrijkste factor aangemerkt dat er behoefte bestaat aan veilige pedagogische ruimte voor zulke gesprekken.

**Hoofdstuk 6** keert terug naar de vier leidende onderzoeksvragen in het kader van overwicht, kritisch bewustzijn en emancipatorisch onderwijs. De belangrijkste bevindingen van het proefschrift passeren de revue, alsook de gevolgen voor de praktijk en de relatie tot ander onderzoek. Dit wordt gevolgd door een oproep tot toekomstig onderzoek dat: 1) zich richt op de blauwdruk en programma-evaluatie van curricula die kritisch bewustzijn cultiveren, 2) de “hoe, wanneer en waar”-vragen met betrekking tot het opleiden van gespreksleiders beantwoordt, en 3) de invloed van instellingsbeleid op de cultuur van de minder dominante partner in samenwerkingsverbanden op het gebied van gezondheidszorg evalueert.
Valorisation
Relevance and Target Groups

The research in this dissertation has relevance for individuals, institutions and national organizations. At an individual level it increases awareness among health care professionals about power dynamics that can result in hegemony in medical education. It invites students and teachers to look critically around them, develop a reflective stance while studying social inequities and take action/praxis, moving them from theory and words to action - emancipatory education. It highlights how faculty facilitators can promote cross-cultural dialogue increasing participants understanding of different cultural backgrounds and perspectives. At institutional and national levels promoting cross-cultural dialogue is essential in achieving and sustaining diversity. This dissertation draws attention to the need for curricular blueprints at the institutional level and policies at a national level needed to promote diversity, outlining steps to develop culturally responsive curricula. It provides a concise description of pedagogical tools and steps for facilitator training. In the era of globalization the dissertation is particularly relevant to institutions planning offshore campuses and international partnerships as it cautions against commodification of education resulting in a culture of no culture.

Dissemination

The work has been disseminated through presentations at national and international conferences including the Association of American Medical Colleges (AAMC) national and regional meetings; Ottawa-Canadian Conference on Medical Education (CCME) and the International Association for Medical Education Conference (AMEE). I was awarded the Medical Education Travelling Fellowship by the Association for the Study of Medical Education (ASME) to collaborate with my doctoral team and supervisors for the research work in this dissertation. The research work in Chapter 5 has recently been recognized as a Research in Medical Education (RIME) Research and Review Paper in Academic Medicine.

At an institutional level I have also presented my work in an effort to bring attention to cultural and minority issues and have been recognized by the “Excellence in Research Award”. Presently, I provide input on several committees at the University of Florida College of Medicine including the Admissions Committee, Curriculum Committee and Program Evaluation Committee; focusing on incorporating curricular strategies to promote cultural understanding and diversity. I am also building on my dissertation work by undertaking new research projects, which will add further to the body of literature on the topic, the latest being a college-wide survey studying experiences of students with microaggressions.

Activities and Innovation:

While the result of the research presented in this dissertation will contribute to the literature and serve as a resource for others, one of the additional benefits of the dissertation is the development of my skill set in qualitative research. As a result of the doctoral research I now serve as Director Scholarship Department of
Medicine, a position created to provide faculty with support to publish medical education research. In this position while working on my dissertation I have helped increase the medical education publication for the Department of Medicine from none to eleven full-text publications over a two-year period. The Ph.D. process has provided exposure and training in medical education research and I feel perfectly poised to help other faculty understand and develop epistemology and methodology for their research and guide them specifically in critical theory, discourse analysis and other qualitative methods. In recognition of the development of my academic writing skill set through the PhD process, the Department of Medicine invited me to spearhead a book addressing contemporary topics in medical education. The book edited by two peers and myself is now with the University of Florida Press. I am also collaborating with faculty involved in graduate medical education and the Physician Assistant School at the university and have received two multi-institution medical education research grants. More recently I was selected to serve on the national Research in Medical Education (RIME) Committee.
Acknowledgements:
My Ph.D has been a long and challenging journey, which involved moving across continents and settling into new roles and jobs. I have truly benefited from Maastricht University’s flexible policy regarding duration for the completion of PhD. I had to take time off in between to settle down and without this provision it may not have been possible to complete it. I would like to thank the following individuals for their support:

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CURRICULUM VITAE
Zareen Zaidi is an Associate Professor in the Division of Internal Medicine, Department of Medicine at the University of Florida, Gainesville, Florida, US. She graduated in medicine from The Aga Khan University, Pakistan in 1995 following which she completed her post-graduate residency in Internal Medicine at New York Medical College, Westchester Medical College in General Internal Medicine.

Dr. Zaidi has always had a passion for medical education. In 2010 she completed her Fellowship in Medical Education at the Foundation for the Advancement of International Medical Education and Research, Philadelphia Institute, US.

She went on to enroll for a PhD with Maastricht University’s School of Health Education. During the process of obtaining the PhD she has held leadership positions in medical education at the University of Florida including Director Longitudinal Portfolios and Director Scholarship for the Department of Medicine. She has been awarded the Medical Education Travelling Fellowship by The Association for the Study of Medical Education (ASME). Her research work (part of the PhD dissertation) has been recognized as a Research in Medical Education (RIME) Research and Review Paper in Academic Medicine. She has also been invited to serve on the national RIME committee in 2017. She has been recognized for excellence in teaching at the College of Medicine through ‘Exemplary Teacher Awards’ in 2014, 2015, 2016 and 2017. Recently Dr. Zaidi successfully led a faculty project at the College of Medicine, resulting in the completion of a book focusing on medical education topics, which is now in press.

Outside of medicine, Dr. Zaidi enjoys running and loves art, music and theater. She lives in Gainesville, Florida with her husband Sohail and two sons Kumail and Haider.