

## Global Health Education programs

### **An abbreviated summary**

ATSU Board of Trustees, at its spring 2014 meeting, identified global engagement as one of three strategic initiatives for academic year 2014-15. President Phelps established a committee, eventually including Don Altman, DDS, DHSc, MPH, MBA, MA, '12, dean, College of Graduate Health Studies; Gary Cloud, PhD, vice president – strategic partnerships; Norman Gevitz, PhD, senior vice president–academic affairs (chair); Lori Haxton, MA, vice president – student affairs; and Ted Wendel, PhD, senior vice president – strategic initiatives, to develop a “white paper” which would (1) identify in general opportunities, risks, and best practices of global engagement for a health sciences university; (2) survey faculty and students at ATSU to determine their prior and current international activities and readiness to engage in such activities if further opportunities were made available, (3) gather information on current policies and procedures on university, college/school, and programmatic levels governing international engagement, (4) document what international activities are occurring involving ATSU personnel and students and under whose auspices; and (5) make recommendations to the president as to policies, procedures, and governance regarding international engagement going forward. Greatly contributing to this process were Matt Heeren, JD; Melissa Clark, MS, OTR/L, CES, CHT; Donna Allen, PhD; John George, PhD; Melanie Davis, DHEd; and Jane Hawthorne.

The committee, to date, has gathered and is still processing a significant amount of data. This includes extensive survey information from ATSU faculty and students, articles, and other references on many facets of international engagement; policies and procedures respecting international engagement from some of the University’s colleges, schools, and programs; and a list of responses—some incomplete—as to recent and current international activities.

### **Recent and current international education activities**

A request for information on all recent and current international educational activities engaged in by programs, faculty, and students was sent to each ATSU dean who in turn distributed the request to department and programmatic heads for their response. The completed survey yielded 57 separately identified international activities. ASDOH reported 30; ASHS listed 15; and SOMA and KCOM identified six each. MOSDOH and CGHS reported none, though CGHS is seeking to arrange agreements with partnering international schools for their students to undertake and complete online CGHS programs.

The range of global engagement activities is considerable and includes global outreach trips, development of certificates, planning for interprofessional continuing education events, participating at international conferences, development of international research projects, volunteering for medical missions, development of international clinical rotations, international recruitment for faculty and students in existing ATSU residential and online programs, consultation with international agencies, and development of partnerships with other schools.

In the past few years, administrators and faculty have visited at least 26 different countries with regard to international education activities including Brazil, Canada, Chile, China, Dominican

Republic, Ethiopia, Guatemala, Haiti, India, Israel, Jamaica, Japan, Jordan, Mexico, Nicaragua, Romania, Saudi Arabia, Spain, Switzerland, Tanzania, Thailand, Turkey, Uganda, United Arab Emirates, United Kingdom, and Vietnam.

**The committee will be looking further at several of these guiding activities, policies, and procedures, as well as precautions in place to minimize risk for students, faculty, administrators, and the public.**

### **Survey of ATSU students & faculty**

In April 2015, all faculty and students were sent surveys on international engagement. The response rate was high. A total of 1,357 students responded (just under 40 percent of all students) and 195 faculty members responded (a 36 percent response rate). The student survey consisted of 11 closed-ended questions and one open-ended question; the faculty survey consisted of nine closed-ended questions and one open-ended question. Of faculty respondents, 90 percent reported “previous international experiences,” 23 percent of these respondents reported their experiences were educational in nature. Of student respondents, 82 percent reported previous international experience with 17 percent reporting their experience was educational.

Faculty members were asked, “Does global health education fit in your curriculum?” Fifty-five percent of respondents answered “yes.” The next question asked, “If you had the opportunity today as teacher/supervisor, how likely is it you would participate in global activities?” Sixty-five percent answered either “very likely” or “likely.”

Students were asked if having “an international educational experience while in my ATSU degree program would be beneficial?” Seventy-four percent of students answered either “strongly agree” or “agree.” To the statement “I would participate in an ATSU-sponsored international educational experience if available,” 69 percent affirmed they would.

Both faculty and student open-ended responses were candid about perceived benefits, risks, and reality of limited resources supporting international experiences. Many comments echo “best practices” literature discussed in the full report.

### **Global engagement: Benefits, risks, & best practices**

Global opportunities for health science students are increasing, and literature suggests students who engage in international service learning (ISL) experiences will be better prepared to provide treatment for underserved populations in local, national, and international communities and become advocates and leaders in the global health field.

Opportunities will arise for ATSU to connect with international agencies and form partnerships with universities worldwide. International service programs provide potential opportunities for interprofessional education (IPE) within ATSU and among other universities throughout the United States. Offering ISL experiences may provide ATSU with a competitive edge and a marketing tool to attract potential students interested in global health careers.

ATSU must also consider barriers to sustain successful online global education programs. In reviewing literature on disadvantages of offering online global opportunities, technology, including hardware applications and Internet accessibility, is key in determining how far and wide to reach global audiences. Also, a diverse learning community in a course is different than targeting a course toward a culture with different needs, languages, and customs. What may serve some of the audience may not be considered a best practice within the context of culture and socioeconomic factors when offering education online.

Furthermore, if ATSU chooses to expand its course offerings, it must commit to training a team of individuals from each facet of the University to ensure offerings are perceived as important to the end user. This commitment will only be successful with appropriate time, marketing, faculty training, course designers, admission counselors, and instructional technology supports in place at the University.

**The University should also consider best practices in developing, organizing, and implementing global health professions education opportunities. According to literature, even small programs require extensive planning and logistical support in addition to keeping faculty members and students safe and complying with federal reporting requirements. When considering developing and monitoring global opportunities across ATSU, the committee believes it is essential there be central oversight, common policies and procedures, appropriate risk management, and compliance with Department of Education and accreditors.**