

# Internationalization of Medical and Dental Education – Motivations and Formats of Current Practices

<sup>1</sup> Columbia University College of Dental Medicine, <sup>2</sup> Vagelos College of Physicians and Surgeons, Columbia University, New York, NY

College of Dental Medicine Zacharie Rahhal<sup>1</sup>, Abrar Shamim<sup>1</sup>, Carol Kunzel<sup>1</sup>, Anette Wu<sup>2</sup>



### INTRODUCTION

Internationalization efforts of medical and dental education play a crucial role in preparing healthcare professionals for work that transcends national borders. The importance of healthcare professionals to engage with and appreciate perspectives of health and wellness in other cultures should not be overlooked. Countries worldwide can benefit from international collaboration, workforce exchanges, and globally-minded healthcare providers. Diversification of the workforce is just one of many goals stemming from these collaborations.

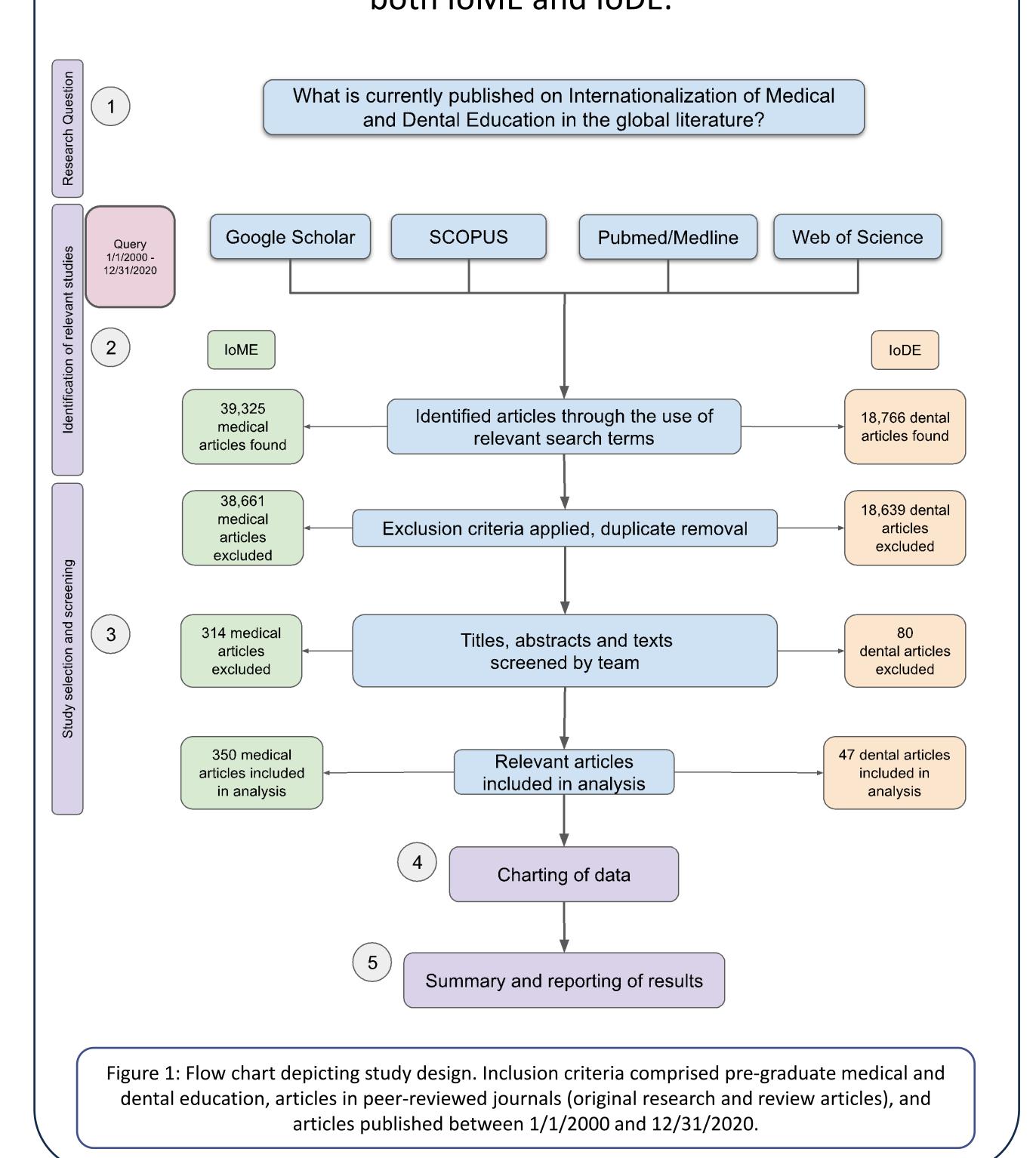
Internationalization of Medical Education (IoME) and Dental Education (IoDE) can support students to develop a global mindset and cultural competency as they go on to practice medicine and dentistry in their communities.

## **OBJECTIVES**

The goal of this study is to determine current practices and formats in IoME and IoDE to better understand motivations driving internationalization activities in both medicine and dentistry.

#### METHODS & MATERIAL

Two separate scoping reviews of the literature were performed to identify articles regarding existing efforts in both IoME and IoDE.



#### RESULTS

Format Type	IoDE	IoME
Student Outbound Mobility	16 (34%)	94 (27%)
Student Inbound Mobility or International Students	4 (9%)	34 (10%)
Internationalization at Home: Curriculum	27 (57%)	46 (13%)
Internationalization at Home: Virtual	3 (6%)	-
Internationalization at Home: Peer Interactions	2 (4%)	-
Internationalization at Home: Language	9 (19%)	17 (5%)
Global Health curriculum in medical training (best practices)	-	49 (14%)
Global standard medical curricula	-	37 (11%)
Faculty involvement	-	25 (7%)
Exposure to local communities	-	22 (6%)

Table 1: Publication Demographics of IoDE and IoME				
Country by Income	IoDE	IoME		
HIC – High- income countries	43 (91%)	286 (82%)		
MIC – Middle- income countries	4 (9%)	50 (14%)		
LIC – Low- income countries	0 (0%)	2 (1%)		
Unspecified	0 (0%)	12 (3%)		

Table 1: Publication Demographics based on Country of Origin for IoDE and IoME. High-Income countries tended to correlate with the Global North while Low-income countries generally were of the Global South.

Table 3: Perceived Motivations of IoDE and IoME				
Model Type	IoDE	IoME		
Market model	25 (53%)	88 (25%)		
Social transformation model	22 (47%)	174 (50%)		
Liberal model	_	197 (56%)		

Table 3: Perceived motivations for IoDE and IoME. The positioning of students and institutions in the competitive landscape of the global higher education market is a key theme of a few articles (market model). Other articles referenced discussions on internationalization centered on the theme of either promoting international understanding (liberal model) or achieving goals relating to humanitarian aid/social justice (social transformation model).

#### DISCUSSION & CONCLUSION

There is a need for a common definition for both IoME and IoDE. It appears that formats and methods for internationalization purposes are not extensively studied or characterized in the health professions. Particularly, IoDE appears to be underreported and less-developed in the global literature. More research on IoDE is needed to provide guidelines and formalize standards for international educational goals to better align formats and motivations for international efforts in dental education. In light of the overwhelming majority of IoME and IoDE articles published from HICs and the Global North, there is a clear need for a more balanced flow of literature originating from the Global South and low/middle income countries. Formation of "at home" internationalization curricula is a format of providing access to international perspectives as an alternative to student mobility; this may be more sustainable and better address ethical concerns of one-sided mobility of students from high-income to low/middle income countries. This will support the next generation of healthcare providers in becoming more globally-minded to ultimately improve the health of all people.