

# Exploring the hidden curriculum of global health

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Universities are experiencing a hurried expansion of global health programs<sup>1</sup> to accommodate interested trainees.<sup>2</sup> A growing body of literature has addressed the practical and ethical considerations for singular global health experiences<sup>3-5</sup> and other articles have begun to tackle competencies for building global health curricula.<sup>6</sup> However, standardized approaches to teaching global health are frequently absent, leaving learners to build their knowledge through a variety of avenues: formal coursework, informal reading, conferences, research, mentorship, and electives.

The hidden curriculum, described as “processes, pressures and constraints which fall outside...the formal curriculum, and which are often unarticulated or unexplored,”<sup>7</sup> has been identified as a powerful force in medical education, affecting impressions, decisions, career paths, and morale of trainees. Because global health education is evolving rapidly, is it possible it contains its own uncharted hidden curriculum influencing learners in unknown ways?<sup>8</sup>

By investigating the contents of the hidden curriculum, trainees have the opportunity to reframe and reconsider how it affects them, whether positively or negatively. But identifying and articulating hidden curricula or shared hidden perceptions is not

an easy task. This paper is written primarily about global health education for North American medical trainees, but the questions raised also affect students of public health, nursing, and other health professionals.

We offer the following four themes under which the hidden curriculum could be further explored.

## *Is global health more than international health?*

Does the assumption that global health work is predominantly international persist in global health literature, university programs, and conferences? Experts have offered progressive definitions for the term “global health,”<sup>9</sup> encompassing issues affecting health domestically and internationally. However, it seems that local global health issues, such as indigent or homeless health, receive comparatively less attention in the literature. And despite the very well-articulated literature on the ethical considerations of singular global health experiences<sup>3</sup> learners may still feel encouraged to accumulate experiences in foreign destinations to gain credibility for future Global Health focused careers. If subtly compelled to seek the majority of their global health experiences away from home, or if the focus is often foreign rather than local, how might this element of hidden curriculum affect the future work of these learners?

Important work towards health for all can be done independent of geographic location. The most important tool to develop is a global frame of mind.<sup>10</sup> While there may be good reasons for some health care practitioners and educators to live and work away from their origin of training, most of the thousands of North American trainees interested in global health will not ultimately work for extended periods of time on another continent. Some trainees may be better suited to address the health effects of marginalization in domestic communities. Others

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who remain passionate about health in international settings may also choose to work at home, but contribute to international issues through advocacy and public policy efforts – both essential contributions toward a healthier global society. Others still may choose to work on an issue that is truly global in nature, such as climate change. Reserving its most severe consequences for the world’s most marginalized regardless of geography,<sup>11</sup> it allows local action on a global issue and holds higher potential for change than action in an unfamiliar and distant locale.

***Do global health practitioners have “the answers” for health problems in “low-resource settings”?***

Global health education often proposes solutions and changes for communities struggling to achieve better health. While sometimes explicit in the global health curriculum, ethnocentric models of prescriptions for change are often pervasive and implicit, forming a part of the hidden curriculum.

Although global health practitioners from affluent settings may offer important skills or resources, there is a risk to communities that find themselves at the receiving end of global health initiatives. Enthusiastic global health practitioners may develop an irrepressible urge to change the systems and cultures they encounter. Pushing for change as an outsider, though rooted in good intentions, often misses a critical understanding of historical and cultural norms, as well as the inherent strengths and powerful belief systems of communities. In *The Wayfinders*, anthropologist Wade Davis writes “these peoples are not failed attempts at being modern, quaint and colourful, destined to fade away by natural law... these are dynamic living peoples being driven out of existence by identifiable forces.”<sup>12</sup> Visiting global health practitioners run the risk of being such identifiable forces. One must consider whether global health education implies the right and the ability to suggest change in a community that is not one’s own. Alternately, is it important to consider whether we require further competencies in knowing how, when and with whom to identify and apply potential solutions. In short, considerable humility is needed.<sup>13</sup>

Even the frequently used terminology of “low-resource setting” puts the focus on external definitions of a location according to financial or material circumstances. This can undermine many non-monetary community-based resources that may be the foundation upon which broader solutions to health can be built. As described by Majid Rahnema in *The Development Dictionary*, “everyone under the sun could be labeled as poor, in one way or another.”<sup>14</sup> This terminology may lead to the underappreciation of non-monetary resources for health and too much emphasis on monetary solutions.

***Is global health work composed of intermittent, discrete activities, or is it a mindset?***

Some practitioners spend extended periods of time living and working abroad in global health focused careers. Others pursue global health work in a format that is intermittent, occurring in interrupted episodes throughout one’s career. The latter practitioners, through virtue of being physically present in North American academic institutions, may serve as role models, creating another unexamined element of the hidden curriculum.

While intermittent global health activities may be a valuable contribution from some, there is a risk that for others, global health work may be driven by a desire to for adventure, a break from the typical routine of day-to-day work at home.<sup>15</sup> Learners are often exposed to academics that have crafted a career predominantly in their home setting, punctuated by scattered, stimulating, and enviable transcontinental travel. The impact of how the hidden curriculum models global health as discrete activities or even as a form of medical tourism and affects the decisions of trainees deserves exploration.

One could propose instead that contributions to enhance global health exist in many moments throughout each day, and go as far as including how we choose to listen to and treat people, and our surroundings. A successful global health education would lead to a critical global consciousness with the potential to guide thoughtful contributions whether at home or away. This may manifest as patient-centered care with marginalized local communities or focused attention to our home countries’

foreign aid, human rights, or trade policy. Many elements of our health-related work could be viewed with this lens, allowing us to be contributors in any setting.

### ***Does global health work make us experts or heroes?***

Is there a narrative brewing that global health practitioners are modern heroes? Learners, practitioners, and the public alike may be drawn to an idealized story of going abroad to “help,” returning more enlightened to a welcome by friends and family with congratulations for making a difference in the world.<sup>16</sup> The reality is not that simple and heroism is often misunderstood. But is such an understanding imparted in the hidden curriculum? Does the image of the global health hero prevail?

Leaders we deeply admire often share tales of adventure, challenges overcome, lives saved, lessons learned, and do so in ways that acknowledge their role within a broader team. In response, we laud them with praise and veneration. And though many deserve such accolades, does extreme praise unintentionally reinforce the comic-book concept of the hero? Does it lead learners to strive to attain such heroism for its own sake? Does it take away from the potential silent heroes making important change in their own communities? In the words of Arthur Ashe, “True heroism is remarkably sober, very undramatic. It is not the urge to surpass all others at whatever cost, but the urge to serve others at whatever cost.”\* Would it be more effective to learn how to serve others without the need to seek recognition or praise? Perhaps this would allow a new breed of heroes to become visible from among those who are now unseen.

### ***Breaking through***

The hidden curriculum can create inadvertent perceptions about global health. Distinguished philosopher Martha Nussbaum cautions about settings in which learners are “easily swayed by the fame or cultural prestige” of teachers and instead stresses the importance of a learning environment in which

probing, inquiry, and argument are encouraged and developed.<sup>17</sup>

This paper is presented with just that kind of inquisitive learning in mind. It is intended as a stimulus for further discussion rather than a systematic review of the literature. We acknowledge that the questions presented are limited by our own biases and restricted vision.

At the very least, we hope this paper will raise the volume on the discourse around hidden forces in global health education, enabling and empowering learners to spot hidden curricula and address them. Ideally, these future global health practitioners will probe the veiled influences that create their worldview. Challenging global health as more than international health, scrutinizing the expertise of global health practitioners engaged in discrete activities, as well as examining the field’s hero myth are all a part of that exploration. As these hidden elements continue to be explicitly identified, learners will become better prepared to look for enduring ways to create healthy and resilient communities everywhere.<sup>18</sup> Ideally, global health education will teach global health as a worldview, a part of daily collaborative action, and it will mold future practitioners into life-long reflective learners.

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\* <http://www.arthurashe.org/in-his-words.html>

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