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ORIGINAL RESEARCH

Where We Fall Down: Tensions in Teaching Social Medicine and Global Health

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Abstract

BACKGROUND As global health interest has risen, so too has the relevance of education on the social determinants of health and health equity. Social medicine offers a particularly salient framework for educating on the social determinants of health, health disparities, and health equity. SocMed and EqualHealth, 2 unique but related organizations, offer annual global health courses in Uganda, Haiti, and the United States, which train students to understand and respond to the social determinants of health through praxis, self-reflection and self-awareness, and building collaborative partnerships across difference.

OBJECTIVES The aim of this paper is to describe an innovative pedagogical approach to teaching social medicine *and* global health. We draw on the notion of praxis, which illuminates the value of iterative reflection and action, to critically examine our points of weakness as educators in order to derive lessons with broad applicability for those engaged in global health work.

METHODS The data for this paper were collected through an autoethnography of teaching 10 global health social medicine courses in Uganda and Haiti since 2010. It draws on revealing descriptions from participant observation, student feedback collected in anonymous course evaluations, and ongoing relationships with alumni.

FINDINGS Critical analysis reveals 3 significant and complicated tensions raised by our courses. The first point of weakness pertains to issues of course ownership by North American outsiders. The second tension emerges from explicit acknowledgment of social and economic inequities among our students and faculty. Finally, there are ongoing challenges of sustaining positive momentum toward social change after transformative course experiences.

CONCLUSIONS Although successful in generating transformative learning experiences, these courses expose significant fracture points worth interrogating as educators, activists, and global health practitioners. Ultimately, we have identified a need for building equitable partnerships and intentional community, embracing discomfort, and moving beyond reflection to praxis in global health education.

KEY WORDS health professional education, social medicine, praxis, Uganda, Haiti

INTRODUCTION

As interest in global health and health equity has increased dramatically,[1,2] health professions' educators have attempted to identify global health competencies and to develop training models focused on the social determinants of health.[3-6] In pursuit of these competencies, attention has also been directed

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Annals of Global Health, VOL. ■, NO. ■, 2017
■ 2017: 1-9

toward ethical considerations in training and educational experiences in global health.[7-11] Those concerned with the ethics of global health education argue for training programs that minimize the risk for harm to patients and communities and support the development of the 4 values of humility, introspection, solidarity, and social justice.[9]

As North American global health educators striving to build ethical, authentic partnerships that incorporate the values of humility, introspection, solidarity, and social justice with our educator colleagues in the Global South, we are drawn to the call for "global solidarity" as a fundamental framework for global health endeavors.[12] In this sense, "global solidarity" means reciprocal relationships built on mutual respect while acknowledging the inequitable distribution of power and resources across the globe. As teachers of social medicine courses offered in Uganda and Haiti, we believe striving for solidarity promotes honest appreciation of one another, acknowledges the interconnectedness of the world, and invites discomfort with the historically unequal power dynamics of global health. In our estimation, solidarity is fundamental to efforts to put health equity and social justice at the center of medical curricula.[13,14]

Yet, striving for solidarity in global health education, although indispensable, is most certainly not straightforward. In this paper, we describe our pedagogical approach to social medicine, followed by a presentation of 3 significant and complicated tensions we experience as global health educators. Literature on global health education often showcases the successes of various models and pedagogies and describes how global health can achieve the educational goals of American institutions and trainees.[11,15,16] Although proud of the courses we have implemented, there are significant fracture points worth interrogating. Building our curriculum on the notion of praxis,[17] which at the core stresses the value of reflecting on social problems and failings, it is pertinent and appropriate to institute a practice of reflecting on our points of weakness as educators in an authentic and nonlinear pursuit of meaningful social change. Just as we promote the development of humility and self-awareness among our learners, we strive to hold ourselves equally accountable to such standards.

Social Medicine in Global Health. Social medicine education is part of a tradition with European and Latin American roots that calls for health care professionals to undergo training in the "social origins of illness and the need for social change to improve health conditions."[18] Rudolf Virchow, a key historical figure in social medicine, posited that "medicine is a social science."[19] Virchow was convinced that social inequality was a root cause of ill health and that medicine therefore had to be a social science to best address it.[20] With a focus on identifying and affecting the root social determinants of health and working "upstream"[21] to address them, social medicine demands a continuous orientation toward social justice and requires an understanding of and efforts toward social change, specifically through social movements and health activism.[13,22] In parallel with the growing interest in global health, social medicine has experienced a resurgent interest, although this has not been consistently appreciated.[23-29]

METHODS

Our analyses are based on an autoethnography of 6 years of social medicine courses delivered by 2 unique but related organizations: SocMed and EqualHealth. The data are composed of participant observation descriptions, student feedback collected in anonymous course evaluations, and fieldnotes from ongoing relationships with alumni of our courses. There are a total of 245 students who have participated in our courses (166 from the Uganda SocMed course offered in 2010, 2011, 2012, 2013, 2015, and 2016 and 79 from the Haiti EqualHealth course taught in 2013, 2014, 2015, and 2016). Anonymous student feedback was collected at the conclusion of every course through paper and more recently electronic surveys. In addition, anonymous qualitative student feedback was gathered each week concurrent with course delivery, which contributed to the participant observation data. One hundred percent of the students in both the Uganda and Haiti courses provided feedback.

SocMed is a social justice, nonprofit organization working to expand the conversation on and engagement with the social determinants of health through education and movement building. Founded in 2011 by a small group of U.S. and Ugandan colleagues, the organization developed out of a social medicine course first offered for medical students in Gulu, Uganda, in January 2010 aiming to broaden student conceptualizations of disease beyond solely biology.

EqualHealth is a nonprofit organization founded in 2010 by health professionals motivated by a desire to partner with Haitian health professionals