



# The world as the new local clinic: A critical analysis of three discourses of global medical competency

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## ABSTRACT

The effects of globalization on health are the focus of administrators, educators, policy makers and researchers as they work to consider how best to train and regulate health professionals to practice in a globalized world. This study explores what happens to constructs such as medical competence when the context of medical practice is discursively expanded to include the whole world. An archive of texts was assembled (1970–2011) totaling 1100 items and analyzed using a governmentality approach. Texts were included that articulated rationales for pursuing global education activities, and/or that implicitly or explicitly took a position on medical competencies in relation to practicing medicine in international or culturally diverse contexts, or in dealing with health issues as global concerns. The analysis revealed three distinct visions, representative of a primarily western mentality, for preparing physicians to practice in a globalized world: the *universal global physician*, the *culturally versed global physician* and the *global physician advocate*. Each has its own epistemological relationship to globalization and is supported by an evidence base. All three discourses are active and productive, sometimes within the same context. However, the discourse of the *universal global physician* is currently the most established. The challenge to policy makers and educators in evolving regulatory frameworks and curricula that are current and relevant necessitates a better understanding of the socio-political effects of globalization on medical education, and the ethical, political, cultural and scientific issues underlying efforts to prepare students to practice competently in a globalized world.

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## Introduction

If one word comes to define the 21st century, it is likely to be globalization. Pernicious market capitalism or a welcome economic, social, and political force? [G]lobalization is bringing previously buried problems in world affairs to the attention of a concerned western public... Doctors react strongly to these issues... But how well equipped are today's doctors to take part in the debate about globalization and international health? (Editorial 2001, 1471).

The above excerpt, published in the Lancet over a decade ago, premises globalization as having a direct impact on health. Metaphorically speaking, the world has become the new local clinic. The

authors argue that the West can no longer afford to be merely concerned observers of the health problems plaguing the world.

Globalization is a paradoxical term that has multiple meanings, all of which center around the idea that life is not bound to local experience. The concept is used ideologically through narratives that contain a set of beliefs about how the world is and how it should be developing (Wilding, 1997; Yeates, 1999). While many of these narratives are formally promoted through economic and political agreements between nation-states, a number of non-governmental actors, including charity organizations, professional associations, trade associations and unions, are also assuming transnational forms of organization, mobilizing their activities around global issues, and premising their activities on various understandings of globalization and its effects (Yach and Bettcher 1998; Yeates, 1999).

Over a decade after the Lancet editorial was published, globalization is still a heavily debated phenomenon. While no explicit consensus has been reached as to the best or most appropriate response to international health issues, Hodges and colleagues argued that in medical education an implicit path has been charted

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which is “underpinned by assumptions that medical competence has universal elements and that medical education can therefore develop ‘global standards’ for accreditation, curricula and examinations” (2009, 910). Similarly, Stevens and Simmonds Goulbourne noted that “the world looks on for a recipe or easy formula for the globalization of medical education” despite “the essential differences underpinning what educators and students perceive to be effective medical education” (2012, e684).

This paper expounds on these observations. We present findings from a study that explored what happens to the construct of medical competence when the context of medical practice is discursively expanded to include the whole world. We document how physician competencies associated with being ‘global’ and the activities associated with training health professionals to function as ‘global physicians’ are differentially rationalized and linked to various sociopolitical issues of current interest to policy makers and medical educators. Specifically, we make visible how globalization increasingly operates as an epistemological starting point for the way educators and policy makers conceptualize physician competency. This is evidenced in three distinct discourses elaborating different visions for preparing doctors to practice in a globalized world: the *universal global physician*, the *culturally versed global physician* and the *global physician advocate* (see Table 1). We argue that efforts to develop policy responses to international health issues are fundamentally trying to reconcile different and often contradictory responses to globalization (captured in the three discourses we describe) each of which holds unique implications for the way medical education is organized, regulated, delivered and pursued, particularly with regard to notions of social responsibility.

## Methodology

In this study we conceive of both globalization and medical competence as discourses in the Foucauldian sense (Foucault, 2003, 2006). To frame this research we drew upon previous work that contextualizes the emergence of these two discourses including Foucault’s own work that elaborates the relationship of globalization to a neoliberal mentality (Foucault, 1991; Hodges, 2006; Larner and Walters, 2004; Lemke, 2001). We focused on describing how the discourse of globalization and the discourse of competence relate to each other and how they are used in medical contexts to “systematically form the objects of which they speak” (Foucault, 2006, 54). Delimiting the analysis to a medical education context provides a powerful instance for studying the effects of globalization. As medical educators working in academic settings, we observed that globalization and competence were apparent in various activities and objects including curricular materials, annual reports, assessment and evaluation instruments and practices, strategic planning, meeting agendas, and everyday conversations. As social scientists we recognized that these terms constituted institutionalized rationales that were operating powerfully in the production and circulation of interrelated sets of texts that found articulation in diverse kinds of activity and at a broad scale. We

became interested in developing a better understanding of how globalization modified our experiences with medical competency and the broader mechanisms and social processes that make possible the idea the medical competency can have a global dimension.

Foucault’s notion of governmentality was particularly relevant for developing an analytical approach for this study. The traits, behaviors and attitudes that individuals and health education organizations assume when they are ‘acting’ or ‘being’ global represent a starting point for deconstructing how a mentality of rule, or a logic governing the conduct of health professionals is shaped by broader socio-political relationships (Larner and Walters, 2004, 508). We thus set out to describe the organized practices (mentalities, rationalities, techniques) associated with being global as these related to medical competency in prominent texts. We then related these back to what identity traits educators were cultivating when operationalizing the various discursive narratives we identified, by examining competency frameworks (taxonomies of essential skills physicians needed to graduate with in order to be effective practitioners).

We specifically explored competency frameworks for three reasons. Firstly, they organize conduct in medical education settings. They provide a snapshot of ‘truths’ used to manage, regulate and change the conduct of physicians at a given point in time. Secondly, competency frameworks are produced largely by educators and are premised on educational evidence. Finally, when adopted competency frameworks become conduits for the reproduction of dominant discourses. By delimiting the analysis on competency frameworks that were specifically generated to prepare physicians to practice in a globalized world we postulated we would develop insights into ways in which medical education as both an episteme and a practice is implicated in a broader neoliberal logic of constructing self-governing enterprising citizens (Cotoi, 2011).

The analysis and the building of the archive occurred concurrently as one cannot build an archive without engaging in analytical work. To explore how globalization discourses relate to discourses of physician competence, we began assembling primary and secondary texts that included reports, academic scholarship, institutional websites and popular press articles dealing with both globalization and medical competence (See Table 2). We searched the Web of Knowledge, Scholars Portal, Google, Google Scholar, and PubMed, using the following search terms in different combinations: *global*, *globalization*, *health*, *medicine*, *standards*, *competencies*, and *education*. We included texts that articulated rationales for pursuing global or international health or health education activities, and/or that included a definition or statement of globalization to speak about health or health education activities, and/or that implicitly or explicitly took a position on medical competencies in relation to practicing medicine in international or culturally diverse contexts, or in dealing with health issues as global concerns. The archive we assembled consisted of 1100 items (1970–2011) and primarily focused on texts published in the last 25 years.

**Table 1**  
Discourses of the global physician.

Universal global physician	Culturally versed global physician	Global physician advocate
The global physician is someone who can be trained anywhere in the world using a set of universally applicable standards of competency.	The global physician is someone who has acquired culturally specific knowledge and training through exposure and experience. This knowledge can be applied in culturally specific contexts (locally or internationally).	The global physician is a socially minded individual trained to understand the economic, cultural and political determinants of health. Global physicians promote global health and use their positions of authority to advocate for marginalized populations.

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