

CONNECTIONS

Can the medical educator speak? The next frontier of globalisation research in medical education

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1 | INTRODUCTION

In her landmark essay *Can the Subaltern Speak?*, Gayatri Chakravorty Spivak uses the example of Indian Sati practice of widow suicide to examine historical and socio-political factors that obstruct the possibility of being heard for those who are insinuated as inferior.¹ Although Spivak's main goal was to consider ways in which 'subalterns'—her term for Indigenous peoples dispossessed in colonial societies—were able to achieve agency, her work also shines a light on the ways in which western scholars sustain hegemonic structures in their work. In the decades since this essay was published, it has been one of several landmark works that have prompted dialogue about the empowerment of marginalised and silenced voices from the Global South. Within the medical education community, this has in turn led to recognition of the need for equity and opportunity in education practice, scholarship and policymaking. Four recent articles published in *Medical Education* contribute to this important shift and are explored together in this article.

Although globalisation is a key notion that pervades all four of these articles, they demonstrate some of the many ways of approaching this concept in our field. In particular, they each fundamentally seek to highlight marginalisation of individuals and groups in different ways. Examining them collectively, therefore, allows us to consider the ways in which medical education scholars are attempting to construct a 'flatter' and more egalitarian world in the way that globalisation enthusiasts had imagined. In this article, we consider some of the

pervasive challenges that one faces when engaging in this work and suggest possible future directions.

2 | ARTICLE SUMMARIES

2.1 | The voices of medical education scholarship: describing the published landscape

Recognising that researchers who author journal articles play an important role in knowledge production in medical education, Maggio et al. describe the voices of those who have contributed to two decades of the medical education literature.² They paint a picture of a growing and evolving landscape with more female voices being heard but highlight a substantial geographical imbalance, with only a tiny fraction of articles coming from Global South authors.

2.2 | Maintaining health professional education during war: a scoping review

Meanwhile, Dobiesz et al. outline the scope of barriers and targeted interventions to maintaining health professions education during war, synthesising findings from 56 studies published between 1914 and 2018 that considered 17 unique wars involving 17 countries.³ They highlight that the evolution of both medical education and warfare, along with varying social and political contexts, led to temporal

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changes in priorities, with increased focus on oversight and personnel during the modern era and greater emphasis on wellness, curriculum and resources during the postmodern era.

2.3 | The contribution of undergraduate medical education dress codes to systemic discrimination: a critical policy analysis

Using critical policy analysis, Ruzycki et al. examine how Canadian undergraduate medical school dress code policies may contribute to discrimination and a hostile culture for marginalised groups.⁴ They unearth a discourse of 'professionalism' based on patient preferences that prioritise Eurocentric patriarchal norms for appearance, potentially penalising racially and culturally diverse students.

2.4 | International medical graduates' experiences before and after migration: a meta-ethnography of qualitative studies

In order to understand the personal and professional experiences that affect international medical graduates' (IMGs) professional practice, Al-Haddad et al. use meta-ethnography to bring together 46 studies that include the experiences of 1142 IMGs practising in all six continents in a range of settings.⁵ They highlight a variety of difficulties that IMGs face and urge policymakers to 'level the playing field' and create 'IMG-friendly policies'.

3 | CONNECTIONS

It is clear that these articles align with Spivak's overarching notions of challenging representation and voice. In doing so, they contribute to a shift in focus and perspective that is opening up in medical education. Collectively, they show that despite the sometimes insular directions that many nations seem to be taking in political and societal domains, it remains enormously valuable for scholars to continue to 'zoom out' to see the complexity and interconnectedness of our field in the modern world. Importantly, they also each seek to draw attention to injustices and oppression that individuals and groups within our community face. We seek to make three connections between these articles, although these extend to countless other articles published in the field in recent times. The first is about what constitutes legitimate knowledge, the second is about research approaches that are deemed legitimate, and the third is about who is granted legitimacy to speak. These connections link directly to Spivak's work, who was interested in the social conditions that led to individuals and groups being systematically silenced and de-legitimised.

The first connection between these articles relates to the knowledge structures that underpin, and ultimately limit, them. Although Maggio et al. provide a robust and systematic method to highlight the lack of geographical diversity in authorship, we note with interest that the MEJ-24 list of journals used in their study is almost exclusively

composed of journals from the Global North, with the noticeable single exception of the *African Journal of Health Professions Education*.⁶ Their rationale for this list is based on co-citation, which indeed highlights its most significant limitation. When the status quo needs to be challenged rather than reinforced, using co-citation may reinforce and reproduce those very effects that the work these authors are hoping to trouble. We must instead demand methods that will allow us to deconstruct existing knowledge and power structures. How, for example, might we produce an approach that will promote, rather than deter, scholars to take a broader view when examining global questions in medical education? Might there be important insights and perspectives in the *Bangladesh Journal of Medical Education* or *Nigerian Journal of Medical and Dental Education* or countless other platforms around the world that report on important local and contextual scholarship? Given the labyrinth of open-access publishing arrangements, an economic perspective of opportunities for Global South authors is also necessary. Likewise, three of the four articles included above are review articles, all of which were limited in their search strategies to include only articles published in English. As Dobiesz et al. show, the major wars that they are examining in the last century took place in Asia and Africa, although the present conflict in Ukraine demonstrates the truly global and complex impacts of modern warfare.⁷ The inclusion of articles only in English not only limits the validity of their review, it also sends an implicit message about the voices that matter and count. In the context of understanding resistance to colonialism, Edward Said depicted the supremacy of the English language as 'a tremendous international display of British power virtually unchecked over the entire world' (p. 127).⁸ However, positive aspects of the use of an apparently 'global tongue' like English to foster collaborations have also been noted.⁹ There are also clear practical challenges associated with identifying and translating articles in multiple languages. Examining the nuances and subtleties of English on medical education scholarship, then, is an important area to confront. Importantly, these debates extend to the broader scientific community and are now being debated widely.¹⁰

The second connection we raise looks at the legitimacy of exploring research topics in the global domain. In order to do this, we must consider who globalisation scholarship is for and what it is trying to achieve. Ruzycki et al. admirably shine a light on the enforcement of white patriarchal social norms, and likewise, Al-Haddad et al. show the many trials and tribulations that IMGs face. An important strength of both of these studies is that they focus on experiences of marginalisation at an individual level and not just at the organisational or system level. Notably, though, the former is exclusively based in Canada, and the latter contains 57 studies in the review, of which only one was from Asia and none were from Africa. The dominant voices in these studies, then, were those from the Global North. To take nothing away from this important work that challenges communities in the Global North to become fairer and more inclusive, it is easy to ignore the absence of studies that look in the opposite direction. In other words, we might reflect on the dearth of studies examining dress code policies in the Global South, where a plethora of different forms of oppression (or indeed, emancipation) might exist, or the lack of work to examine the impacts of physician migration on the communities in the Global South, who may be left with significant workforce shortages caused by medical 'brain drain'.

Although endless important research questions remain unanswered globally, considering who benefits from particular research approaches and topics may help us to identify the most pressing gaps.

The final connection we examine concerns voice and representation. Here, we return to Spivak's work and ask who speaks in these studies and in what contexts do they speak? Although there are important variations within countries, regions and continents, it is clear that current power structures mean that scholars in Global North countries are much more likely to be able to speak than those in Global South contexts. Despite the articles being linked to globalisation and advocating for peoples with less power, we note that 18 of the 20 authors across the four studies are from the Global North, three studies have author teams exclusively from Global North countries, and their publication platforms are based in the in Global North. Of course, some of these authors may hold multiple intersecting identities and individuals should not be dichotomised. The complex positions and diaspora experiences of health care workers and educators remain an under-investigated topic. Nevertheless, authors currently based in the Global North are likely to have the tools and resources to design, implement and present their scholarship in ways that may not be possible for those who are based in the Global South. This in turn highlights critical tensions about who can and should speak in particular spaces, and how, why and when they should. On one hand, they may feel an obligation to use their privileged positions to tackle important global questions as advocates, but on the other hand, they may rightly fear that even well-meaning interventions and arguments may constitute domination, misrepresentation, and even exploitation. These are questions that we continue to wrestle with and we recognise they can cause much introspection and angst.

A decade ago, it may not have been possible to pursue the kind of research represented in these studies, no less have the work published. Although it is exciting to see that the field is opening itself up to these important examinations of power and privilege, the three connections we make between these articles all relate to legitimacy—of knowledge, of research topics, and of voice. Spivak's call impels us to advance our critical attention and to dialogue with varied audiences and amplify previously suppressed inflections. We commend the authors of the studies we connect in this article and also encourage the many thoughtful scholars in our field to think bigger, braver and bolder as they scrutinise medical education through global lenses.

AUTHOR CONTRIBUTIONS

All authors conceptualised the article and developed the outline and content of the article. Mohammed Ahmed Rashid completed the first draft. Thirusha Naidu, Dawit Wondimagegn, and Cynthia Whitehead revised it for important intellectual content. All authors approved the final version.

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ETHICS STATEMENT

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REFERENCES

1. Spivak G. Can the subaltern speak? In: Nelson C, Grossberg L, eds. *Marxism and the interpretation of culture*. University of Illinois Press; 1988:271-313.
2. Maggio LA, Costello JA, Ninkov AB, Frank JR, Artino AR Jr. The voices of medical education scholarship: describing the published landscape. *Med Educ*. 2023;57(3):280-289. doi:[10.1111/medu.14959](https://doi.org/10.1111/medu.14959)
3. Dobiesz VA, Schwid M, Dias RD, et al. Maintaining health professional education during war: a scoping review. *Med Educ*. 2022;56(8):793-804. doi:[10.1111/medu.14808](https://doi.org/10.1111/medu.14808)
4. Ruzycski SM, Daodu O, Hernandez S, Lithgow KC. The contribution of undergraduate medical education dress codes to systemic discrimination: a critical policy analysis. *Med Educ*. 2022;56(9):949-957. doi:[10.1111/medu.14854](https://doi.org/10.1111/medu.14854)
5. Al-Haddad M, Jamieson S, Germei E. International medical graduates' experiences before and after migration: a meta-ethnography of qualitative studies. *Med Educ*. 2022;56(5):504-515. doi:[10.1111/medu.14708](https://doi.org/10.1111/medu.14708)
6. Maggio LA, Ninkov A, Frank JR, Costello JA, Artino AR Jr. Delineating the field of medical education: bibliometric research approach (es). *Med Educ*. 2022;56(4):387-394. doi:[10.1111/medu.14677](https://doi.org/10.1111/medu.14677)
7. Jain N, Panag DS, Srivastava M, et al. Fate and future of the medical students in Ukraine: a silently bubbling educational crisis. *Med Educ*. 2022;56(8):779-782. doi:[10.1111/medu.14818](https://doi.org/10.1111/medu.14818)
8. Said EW. *Culture and imperialism*. Vintage; 1993.
9. Montgomery SL. *Does science need a global language?: English and the future of research*. University of Chicago Press; 2013. doi:[10.7208/chicago/9780226010045.001.0001](https://doi.org/10.7208/chicago/9780226010045.001.0001)
10. Ramírez-Castañeda V. Disadvantages in preparing and publishing scientific papers caused by the dominance of the English language in science: the case of Colombian researchers in biological sciences. *PLoS ONE*. 2020;15(9):e0238372. doi:[10.1371/journal.pone.0238372](https://doi.org/10.1371/journal.pone.0238372)

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