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SEEDS OF EMPATHY, ROOTED IN CRITICAL REFLECTION: NURTURING

CULTURAL HUMILITY IN GLOBAL HEALTH TRAINEES

A Dissertation in

Adult Education

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ABSTRACT

The purpose of this study is to investigate the perceptions of global health educators and their students on the use of critical reflective journaling as a pedagogical tool to promote cultural humility in learners. Rooted in critical qualitative research methodology, this study is framed by transformative learning theory, conceptual understandings of cultural humility, and the current literature on critical reflection and journaling, to analyze interviews with five global health educators and six health professions learners. The perspective of the researcher as an educator in this field is integrated throughout, capturing the role of self-reflexivity in adult education. Data collection consists of semi-structured interviews with faculty and students and analysis of course syllabi and assignments demonstrating how educators nurture cultural humility in students through critical reflection during and beyond global health trips. Faculty findings reveal three themes: cultivating cultural humility and recognizing curricular limits, nurturing critical reflection while attending to emotions, and engaging in self-discovery and transforming teaching practice. Findings related to students identify three themes: embracing discomfort and developing resilience, shaping perspectives through faculty guidance, and transformative potential of experiential learning. Both faculty and students, through their shared experiences and reflections, contribute to a richer learning environment for each other. Faculty gain valuable insights from student perspectives, allowing them to refine their teaching methods and adapt to diverse learning needs. Students, in turn, benefit from faculty guidance and expertise, which helps them process their experiences and develop cultural humility. Transformative global health education thrives on this reciprocal exchange of knowledge and insights between students and educators. The study concludes with implications for theory and practice and offers suggestions for future research.

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CHAPTER 1

INTRODUCTION

"Pedagogy is not about training, it is about critically educating people to be self-reflective, capable of critically addressing their relationship with others and with the larger world. Pedagogy in this sense provides not only important critical and intellectual competencies; it also enables people to intervene critically in the world" (Giroux, 2011, para. 38).

The purpose of this chapter is to provide an overview of this critical qualitative research study that explored the perceptions of global health educators and their students on the use of critical reflective journaling as a pedagogical tool to promote cultural humility in learners in a global health context. This chapter begins with the background to the problem, including the study purpose and primary research questions. Following this review is a description of the conceptual and theoretical frameworks guiding this research. Next, I discuss the research methodology used in this study, followed by the significance, definition of terms, assumptions, and limitations of the study.

Critical Reflections on Adult Learning and Global Health Education: Generating Ideas through Introspective Experience

Higher education as a career setting has its inherent rewards and challenges. As a member of the Global Health faculty in the university, I have been fortunate to advise, teach, and collaborate with international students from across the world. These graduate students represent a captivating range of experiences and perspectives. Some students emigrate to the United States with their families, and others reside here independently. My own experiences studying and living abroad, primarily in Europe, instilled a sense of ease and familiarity with established

norms there. However, witnessing the academic and intercultural transitions of international students in the U.S., which I observe as an adult educator, has opened my eyes to the challenges they face. For example, a group of students from Southeast Asia initially found the collaborative classroom environment unfamiliar, even perceiving it as disrespectful to the instructor.

Another dilemma in mentoring international students lies in my growing awareness of their perplexity navigating racial and ethnic issues. For instance, some students from African countries have commented that they do not at all identify with the culturally norms of Black Americans, yet they are stereotyped by others solely by the color of their skin. An Indian student has shared personal stories about being profiled in the American marketplace. These narratives have been distressingly eye-opening, giving me access to an authentic appreciation for the possibilities embedded in global health experiences.

While international students often immerse themselves in U.S. culture for two or more years through study abroad opportunities, our study abroad programs offer a shorter timeframe for students to experience their host countries. As educators, we bear the responsibility to cultivate an environment and equip students with tools that enable personal transformation, fostering a potential for social change. This is particularly evident in our global health curriculum, which attracts students from diverse cultural backgrounds. Their unique experiences enrich classroom learning and contribute indispensably to their comprehension of the inextricable connection of all living things. Students who are pushed to the edge of their comfort zones can develop a heightened capacity for an enlightened self-awareness and are moved to reflect on the impact of their life-changing experiences (Litzelman et al., 2017). To this end, transformative learning and cultural humility are intrinsically linked. In our radically changing educational environment, teaching practice that develops a critical consciousness and a nurturing

of learners' native selfhood promises a culturally sensitive approach to delivering a global health education grounded in empathy and compassion.

Since this dissertation champions critical reflection as a key learning tool, primarily through journaling but also incorporating diverse pedagogical methods like dialogue, I find it crucial to explore how my own perspective has evolved. In this journey of self-discovery, my experiences as a global health educator and a doctoral student in Lifelong Learning and Adult Education have played a pivotal role in shaping my evolving perspectives on education, which I explore further in the section that follows.

An Emerging Philosophy: Engaging Pedagogy through Humility

The ambiguity in the word 'philosophy' can deter adult educators from recognizing that they, indeed, are devoted to one (or more) of their own deeply held convictions. This elusiveness may lie in the intuitive rather than intellectual quality of a true philosophy. Tisdell and Taylor (2001) simplify the notion of an adult education philosophy, asserting that all educators personify an adult education philosophy, one that is "imbedded both in what *one believes* about teaching and learning, and *what one actually does* in their practice" (p. 6). The most reasonable philosophy is an aggregate or hybrid of many ideas. The problem is not in nurturing one's own set of philosophies but rather in identifying this guiding belief system first. A discovery of one's personal adult education philosophy can be an awakening of deeply-rooted beliefs, attitudes, and values. The difficulty inherent in this philosophical quest is the realization that the development of a personal philosophy is a lifelong process and is somewhat bound by context. This reality of adult education philosophy is complicated by the overlapping descriptions of theory, philosophy, practice, and action. Elias and Merriam (2005) define the synthesis and distinction of these concepts, arguing, "theory without practice leads to empty

idealism, and action without philosophical reflection leads to a mindless activism" (p. 4). Once this link is established, an adult education philosophy, and its translation to practice and commitment to society, resounds with heartfelt truth.

Initially informed by my experiences in global health education, my personal philosophy of adult education has undergone a transformation through my progressive understanding of our society's unique historical moment. The intersecting roles of educator and student have opened my mind to the possibilities of nontraditional and alternative modalities of learning and health care during the tenuous ordeal of the pandemic. Within this context, I adopted a critical humanistic approach (Tisdell & Taylor, 2000) with a proclivity toward radical philosophical ideals (Elias & Merriam, 2005). Indeed, one could argue that the individualist concerns of humanism could be seen to exist in conflict with critical theory's emphasis on systemic influences like race and class. However, a critical humanist approach advocates that both the individual with their capacity for agency and the social systems that inform their experience in the world are not totally separate from one another (Kozlarek, 2021). Therefore, a critical humanist view would consider the connections between the individual and the social system as determinants in how they navigate the world. This is at the heart of my evolving philosophy of adult education in a global health context: a critical humanist lens that views the individual and their social system as intertwined, shaping their journey through the world.

Recognizing the unique challenges and opportunities of global health education, I advocate for active student involvement in the design of learning objectives and delivery of education. This investment empowers students to take ownership of their learning. Teaching methods that are modifiable to accommodate diverse settings and learning preferences, and those that generate a reciprocal exchange between student and instructor, have always held great

appeal and credibility for me. I firmly believe that educators in collaboration with students, have the potential to influence dramatic social change that is built on reciprocity in the face of and in challenging power relations. In refutation of the view that internationalization has made education a commodity (Bamberger et al., 2019), I have become decisively convinced that international education is a useful tool for diplomacy, though how it is carried out makes a difference in effectiveness. It is indisputable that students and universities have often been more effective than politicians at creating diplomatic collaborations. This kind of mutual engagement among institutions, educators, and learners can result in powerfully important global dialogue, as people learn to navigate the terrain of international differences, particularly in the spirit of cultural humility.

A Humble Path of Learning and Teaching

I am inspired by the groundbreaking work of preeminent scholars Myles Horton and Paulo Friere (1990) in their approaches to adult education, community activism, and social justice. Though the term "cultural humility" (an ongoing process of self-exploration and self-critique influenced by a willingness to learn from others) was not yet coined, their ideas reflected a deep respect for and willingness to learn from diverse perspectives, suggesting an early understanding of its core principles. Despite enduring hardship, these men championed humility throughout their lives. They challenged the status quo in social, political, and educational arenas, ensuring everyone's unique story earned the respect and understanding it deserved. In their dialogue, Horton and Friere (1990) recount their starkly different personal histories while agreeing, "knowledge is changed to the extent that reality also moves and changes" (p. 101). This statement and their discussion of the changeability of knowledge is rooted in the principle of cultural humility as a process of lifelong learning. Their teachings and advocacy inspired

widespread change beyond their own rural communities (Horton & Freire, 1990). Horton reflects on his own path to literacy and how he dealt with the teachers who he felt were resistant authoritarian forces opposing his freedom to learn and express himself creatively. He had an interest in pushing the limits of his own learning, whereas his teachers showed little curiosity or passion for expanding their own knowledge (Horton & Freire, 1990). This formative experience as a youth in the oppressive educational system shaped Horton's philosophy of non-formal adult education, empowering countless underrepresented community members to teach and motivate others to resist such oppressive systemic injustices. For both Horton and Brazilian emancipatory educator, Freire, literacy was liberation. Yet their courageous struggle for justice was counterbalanced by their humility to keep learning and changing (Slate, 2022). Friere's fierce sense of outrage led him to rise up against his own imprisonment and exile, inspiring other educators to resist conformity and disempowerment (Giroux, 2010). The stories of these men who represent radical educational philosophies grounded in a spirit of cultural humility, motivate me to explore how formal educational infrastructure can be reinvented to compel students toward a self-examination of their own privileges, prejudices, and disadvantages, ultimately guiding them toward embodying cultural humility.

My own personal self-reflection in writing this dissertation has solidified my conviction about the merit of adopting an antiauthoritarian approach to teaching. I identify with an anti-oppressive, feminist pedagogy in the classroom that "is rooted in social justice, community-building, and spiritual principles of love, compassion, and healing" (Musial, 2011, p. 213). Musial (2011) practices an engaged pedagogy building on Freire's liberatory education, and bell hooks' notion of engaged pedagogy, emphasizing both the self-actualization of learners, and knowledge of how social systems work. My role as an educator is to challenge the status quo

and seize each opportunity to support an equitable learning environment, lifting the barriers so that students can think openly and introspectively.

Freirean epistemological convictions provide us with a critical consciousness or "rigorous reading of the world," and explain a way to better understand "interests and the questions of power [and] how to get power and what it means not to have power" (James, 2012, p. 802). I have wrestled with the challenges of practicing humility in education where power relations always exist. In his message about charismatic leadership, Freire keeps me mindful of the truth that educators must translate the aspirations and dreams of students, rather than create dreams for them (Horton & Freire, 1990). The social fabric of society depends on an education system that evolves and can be shaped by its context on "a path to unearth hidden power mechanisms of social domination, illuminate hierarchies and their reasons of existence, denounce patterns of accumulation of resources, and demystify forms of ideological justification" (Navarro, 2006, p. 19). Navarro's (2006) interest lay in rural social movements and the political democratization of rural areas, and they advocate for a democratic learning environment much like the one John Dewey theorized, where collaboration and active engagement can promote an intellectual scope and visionary thinking in learners. Captivating global health students with novel approaches derived from their own reflections of the growth and conflict they observe in themselves while abroad, will yield untold improvement in the changing sociocultural climate and evolving higher education system. Health professions educators who teach reflective thinking provide the foundation for students to "learn from their mistakes, successes, anxieties, and worries that otherwise would remain disjointed and worthless" (Artioli et al., 2021, p. 1). Such learning is especially imperative to future health professionals who should be emboldened by their

instructors to think critically and develop in them the ability to reflect on their practice

(Schuessler et al., 2012).

Seeds and Ongoing Discussion of Cultural Humility

Horton and Freire (1990) did not use the term cultural humility per se, but their thinking

actually offers the seeds of a cultural humility perspective. The concept of cultural humility was

developed by Melanie Tervalon and Jann Murray-Garcia in 1998 to address inequities in the

healthcare field. Cultural humility is now a concept that has been recognized by many fields,

including education, public health, and medicine, to encourage students to be "thoughtful

citizens of the world who practice values such as compassion and respect, regardless of whether

they are abroad or at home" (Habashy & Cruz, 2021). In fact, Habashy and Cruz (2021) assert

this adoption of "purposeful reflection as a catalyst for personal development" occurred in the

early 2000s when transformative learning theory and experiential learning theory, as well as

critical pedagogy perspectives, were accepted into the field of global learning. Velott and Sprow

Forté (2019) also discuss the concept of cultural humility in relation to mindfulness and health

equity and adult education, and in blending these notions, highlight that embodying a cultural

humility practice is just that – a practice where one never exactly arrives. Unlike cultural

competency models that imply an achievable endpoint, cultural humility recognizes itself as a

lifelong journey of continuous learning and self-reflection. Embracing this ongoing evolution,

this dissertation adopts a cultural humility perspective as its foundational framework.

Background to the Problem

A wide body of literature relating to the current interest in global health education

provides background to this study. As a field of research and practice, global health has grown

in prominence over the last few decades, stimulating the interest of many academic programs

and faculty. Therefore, this discussion is organized around key concepts in global health education, curricular issues in global health education; identifying specifically who global health students are, and the field's potential influence on achieving health equity and reducing health disparities worldwide (Liu et al., 2015). Still, there remains a gap in the research examining how global health education has been integrated into health professional degree programs. As global health education grew in popularity, its curricular development became somewhat fragmented. Over the last decade, its design is "gradually transitioning to increased collaboration, emergence of best practices and shared models" (Liu et al., 2015, p. 6). This collaborative approach is, however, asymmetrical when comparing educational opportunities for global health students in high-income countries (HICs) to the challenges at hand among low- and middle-income countries (LMICs) (Liu et al., 2015; Montenegro et al., 2020). Universities are key sites of knowledge production and diffusion, where teaching and learning can be a "mechanism to visibilize [sic] and undo the geopolitical power imbalances reproduced in mainstream, western global health" (Montenegro et al., 2020, p.127). A reflexive approach can aid both students and scholars in humbly and ethically engaging in global health research and professional practice.

Global Health Education NOW: Neoliberalism & Internationalization

Courses in global health, which provide unconventional experiences at home and abroad, are increasingly being offered by health and health-related professions academic programs, especially those in HICs (Frye, 2012). Neoliberalism has been an energizing force within higher education in this growing trend. Some adult education scholars offer a postcolonial analysis of the complex entanglement of neoliberalism in higher education, advocating for a preservation of progressive humanitarian ideals within the current paradigm of higher education (Bamberger et al., 2019, Chang, 2015, Gyamera & Burke, 2017). Of notable concern is the migration from

humanitarian-focused priorities of cultural exchange and peace-making to those of national competitiveness, and commercial and economic self-interests which normalize inequalities (Bamberger et al., 2019). Internationalization in higher education has become an engine for advancing these neoliberal forces, but this framing of internationalization is markedly incongruous with the educational paradigm of many countries, specifically those in LMICs and those with unique history, institutions, and culture (Bamberger et al., 2019).

In objective terms, internationalization is a phenomenon which relates to this increasingly competitive academic environment shifting attention from domestic priorities to those with an international dimension. This shift toward an international enterprise pertains to the institutional goal of global market advantage, yet underlying such internationalization is the educational process that prepares students for a globalized world (Hanson, 2010). The pivot of universities toward the integration of international priorities transfers to all aspects of higher education including teaching, student recruitment, research, and service to communities. Qiang's internationalization framework highlights noteworthy approaches toward the rationale and implementation of internationalization models in higher education. Qiang (2003) categorizes these four approaches according to areas of emphasis, such as the *competency approach* which emphasizes intercultural skill development among faculty and staff. The *activity approach,* which includes curriculum development, student/faculty exchange, technical assistance, and international students, is the most prevalent internationalization strategy of academic institutions. Despite its popularity, particularly in the 1970s and 1980s, this widely adopted approach to internationalization led to a series of fragmented international education efforts (Qiang, 2003).

While seemingly inclusive, the realities of the current paradigm of internationalization are argued by education scholars to be increasingly hegemonic privileging North American and

Eurocentric perspectives (Bamberger et al., 2019, Chang, 2015). Even so, internationalization models that demonstrate transformative potential are more positively associated with strategic curricular modifications that demonstrate interdisciplinarity, engaged learning, and reflexivity (Hanson, 2010). Such attention to the global health curriculum cultivates in learners a cultural sensitivity in their professional practice, while promoting the kind of transformative learning that influences the personal commitments of students to social change (Hanson, 2010).

Global Health Curricular Design Beyond the Bachelor's Degree

Many undergraduate health professions programs introduce students to global health coursework and offer international field experiences. This study, however, focuses specifically on students who have already completed their bachelor's degrees and are now pursuing global health further, either in medical school or public health graduate programs. While there may be some overlap in global health content between undergraduate and postgraduate programs, this research delves deeper into the curriculum designed specifically for students beyond the bachelor's level.

In general, the global health curriculum is designed according to the needs raised by employers and outlined by professional associations. A post-secondary education in global health spans academic disciplines within and beyond the health professions. Global health students frequently interact with their peers in health professions education programs such as medicine, nursing, allied health, law, and other related degree programs. Some view global health as an added dimension to their respective professions and others see it as extension of public health, practiced less from a national grassroots level and focused more on worldwide issues (Frenk et al. 2020). The design of the global health curriculum varies, but generally involves competencies that challenge students to formulate an innovative evidence-based

solution that is culturally responsive and feasible with finite resources. The interdisciplinarity of the global health profession requires academic programs to build curricula that allow students to familiarize with one another's roles and learn how other students approach problems, allowing them to broaden their perspectives. The development of these skills in an interprofessional setting is essential to addressing the intricacies of the health care workforce. An education in global health also promotes an exchange in the flow of ideas among faculty and students and strengthens learner skills in productive communication, teamwork, and critical thinking. Furthermore, offering students growth opportunities in the area of cultural humility, with emphasis on critical reflection, has the potential to expand the consciousness and connectedness of our workforce (McCunney et al., 2019).

Striving for a growthful learning environment that mimics a real-world setting, global health pedagogies combine theoretical knowledge with experiential approaches to ignite an open-mindedness and ingenuity in learners, enabling them to engage critically and hopefully negotiate conflict. Educators who teach global health courses in higher education settings develop in their students a holistic view of health, producing "solutions that mark scientific advancement and mitigate the risk of complex global health challenges that affect population health" (Chapman & Veras-Estévez, 2020, p. 840). Building a well-rounded skillset in learners that includes the central facets of global health practice (health promotion and disease prevention) along with professional competencies will sustain and enhance the ability of the global health workforce to achieve unified and well-established national and international health objectives (Chapman & Veras-Estévez, 2020). Chief among these professional competencies is the refinement of command in critical reasoning, cultural awareness, and ethical conduct, as well as the development of strong verbal and written communication skills (Frenk et al., 2020).

However, recent criticism of curricular strategies suggests that, as seen in many fields, an over-packed curriculum allows little space to integrate holistic aspects of global health study (Frenk et al., 2020; Jacobsen & Waggett, 2022). Medical education often focuses heavily on cross-cultural clinical experiences, which some argue reinforces colonial power dynamics instead of addressing inequities. Public health programs, on the other hand, may emphasize practical skills like intervention design over other crucial areas, such as preparing participants for their global experiences before they even depart (Jacobsen & Waggett, 2022). Academic tools such as reflective writing may conceivably be viewed as purely encouraging expression rather than critical thinking. However, when grounded in course material, teaching reflection, in fact, helps improve self-regulated learning and be able to better apply their discipline knowledge to real-world problems (Ezezika & Johnston, 2022).

Global Health Competencies and Ongoing Learning

Global health is a dynamic field related most prominently to the health professions and comprised of developing competency-based educational systems which offer diverse academic programs featuring an expanding vocabulary describing the field and its curricula (Schleiff et al., 2020). Every year across the world, 2420 medical schools, 467 schools or departments of public health, and a vast number of postsecondary nursing programs train approximately 1 million new doctors, nurses, midwives, and public health professionals (Frenk et al., 2020). Graduates of these programs are to be equipped with a comprehensive understanding of the history, values, and functions of global health (Jacobsen & Waggett, 2022). The competencies addressed in accredited public health educational programs are differentiated according to undergraduate and graduate levels. Graduate-level programs in the U.S. are delineated by their attention to competency-based education and their emphasis on practice-based learning. Such advanced

academic programs foster environments of practical learning to cohere with students'

professional goals. Undergraduate minors and tracks in global health are similarly structured

around a competency-based model. An undergraduate international field placement, which tends

to be structured and supervised, is an attractive culminating feature of such programs once

students have explored the basics of global health issues. At the undergraduate level and

beyond, global health education is highly interdisciplinary, requiring faculty to teach with a

critical consciousness of classroom diversity (Liu et al., 2015).

The vast scope within the field of public health at the graduate level lends itself to

numerous areas of concentration, such as epidemiology, biostatistics, health policy, and global

health. Public health graduate students who specialize in the global health track tend to exhibit

interest in international fieldwork. Examples of field placements offered to public health

students include epidemiological research, community health education, or projects related to the

development of new health policies (Fyfe, 2012). For the majority of public health graduate

students, an internship abroad represents a pivotal moment in their academic career as it builds

independence and confidence and motivates them to pursue future opportunities for enrichment

and cross-cultural learning.

The Council on Education for Public Health (CEPH) is the internationally recognized

accrediting organization for schools and programs of public health formed by the Association of

Schools and Programs of Public Health (ASPPH). Students in the global health concentration of

accredited public health graduate degree programs are expected to attain foundational knowledge

from the core public health areas including, biostatistics, epidemiology, health policy and

management, and the social and behavioral sciences. Emerging and multisector competencies

address leadership, communication, and systems thinking in public health and health care

(CEPH, 2018). CEPH-accredited institutions that offer the global health concentration refer to CEPH's guiding tenets which prepare students to specialize in global health for a trajectory to secure positions across local, national, regional, and transnational settings (CEPH, 2018). The ASPPH recommend six competencies for global public health education, supplying its own set of success enabling skills: 1) Analyze the roles, relationships, and resources of the entities influencing global health; 2) Apply ethical approaches in global health research and practice; 3) Apply monitoring and evaluation techniques to global health programs, policies, and outcomes; 4) Propose sustainable and evidence-based multisectoral interventions, considering the social determinants of health specific to the local area; 5) Design sustainable workforce development strategies for resource-limited settings; 6) Display critical self-reflection, cultural humility, and ongoing learning in global health (ASPPH, 2018). The following competency contains notable relevance for this paper: "Display critical self-reflection, cultural humility, and ongoing learning in global health" (ASPPH, 2018).

A primary aim of global health pedagogy acknowledges our global society's interdependence and, therefore, demands experiential learning curricula that crosses disciplines and borders and leverages critical reflection to foster transformative learning (Berić-Stojšić et al., 2020). More apparent than ever is the "radically uneven distribution of the health, social, and economic risks" as well as the need for an equity-focused global health agenda (Jensen et al., 2021, p. 1). Based on their analyses of the curricula of academic global health programs in North America and other regions, Jacobsen and Waggett (2022) propose a comprehensive framework that revolves around health equity or "parity." Their "5 P's" model of global health education – parity, people, planet, priorities, and practices – addresses the rapidly changing global health landscape and the growing recognition of the power hierarchies and

nonrepresentative leadership that adversely affect global health practice and education (Jacobsen & Waggett, 2022).

Alumni of graduate global public health programs seek employment with government agencies, nongovernmental organizations, research and academic institutions, international and bilateral agencies, faith-based and secular charitable foundations, and the private sector such as those in banking and finance. Many graduates work domestically for U.S.-based organizations concerned with global issues. The primary goal of graduate-level academic programs is to prepare students for careers in a variety of settings across education, research, and practice. A common understanding of global health is that the field is inherently designed to improve conditions for disadvantaged populations in low-income settings. While it is true that students are trained to respond to the burden of disease and structural challenges of less resourced communities, "global health is about understanding and responding to shared transnational human health and environmental quality concerns that affect interconnected people and populations in countries across the income spectrum" (Jacobsen et al., 2019, p. 1190). Thus, MPH graduates trained in global health must navigate the ethical and cultural dimensions required for effective public health practice around the world and close to home (Jacobsen et al., 2019). Further development is needed to understand pedagogical approaches that respond to the needs of various groups of learners (Schleiff et al., 2020).

Student Demand for Global Health Experiences

With the exponential increase in international opportunities in higher education, the student demand for experiential learning opportunities in global health education has been on the rise over the last few decades. This unprecedented growth provides a unique opportunity to learn from current and emerging practices and to "reexamine core foundations, frameworks, strategies,

and goals anchoring educational and training efforts" (Berić-Stojšić et al., 2020, p. 6). Highlighting the adult education tools, frameworks, and theories used by global health faculty to teach a diverse population of students, Arya and Evert (2017) raise attention to the widespread recognition of the specialized knowledge and skill required in this field, which can be acquired through an international field placement. An essential milestone in both the undergraduate and graduate curricula, the international field placement allows students to learn outside the borders of the classroom and translate abstract public health concepts into reality (Hu et al., 2016). Crossing international and sociocultural borders involving health-focused activities in health delivery or public health contexts provides immersive learner engagement (McCunney et al., 2019).

Typically, global health has not been a stand-alone discipline, but rather is embedded in public health graduate programs. As an academic concentration, global health has grown steadily in credibility. Here, it is important to identify the demarcation of global public health as distinct from clinical care or population health. In their landmark paper outlining the key tenets of global public health, Koplan et al. (2009) underscore the distinction between clinical medicine and global public health, contending that multidisciplinary, systems-thinking approaches to educating global health learners require a union of "scientifically validated approaches, technologies, and systems to bear on the world's most pressing health needs" (p. 537). Koplan et al. (2009) are correct in making this key distinction, as in the United States, the two disciplines historically have run parallel to one another. As such, this historical division has come to the forefront by pandemic-era aspirations for a cooperative strategy to improve health for all.

Student observations and interactions outside the classroom have a profound impact on their learning experience. Working collaboratively with local experts on pre-defined projects,

students gain a deeper understanding of the global health system and the nature of working on intercultural teams. The short-term engagement commonly results in deliverables that are in alignment with the objectives of Ministries of Health, nongovernmental organizations, private health systems, and primary care clinics (CFHI, 2022). Student performance is typically measured by the on-site preceptor and the course instructor through evaluations, journal entries, final reflections, and debriefs. Student satisfaction can be assessed through course assignments that are customized to collect meaningful feedback about the structure and delivery of education.

Who Are Post Bachelors Global Health Students?

As noted above there are many ways that students in higher education are exposed to issues relating to global health. This research focuses on the experiences of students pursuing public health or medicine with emphasis on global health beyond a bachelor's degree. Although faculty teaching global health to undergraduates are acknowledged, the focus here is primarily on public health graduate students and medical students.

Graduate Students in Public Health

Standardization of the practicum by CEPH provides academic programs in public health a set of criteria and competencies to meet. The practicum is a supervised, applied field experience designed to facilitate the student's translation of theoretical knowledge to real-world settings. The international practicum engages students in a mentored, in-country project, building their professionalism and connections within and outside organizations and communities. This experience gives students a realistic understanding of the inherent challenges of the global health workforce. Integrating cross-cultural experiences in the graduate curriculum is challenging, especially when complicated by issues such as differential levels of access to on-the-ground support or preparedness for emergencies. To this end, many schools and programs in

public health have resourcefully turned to third-party education providers such as Child Family Health International (CFHI), a nonprofit provider of ethical global health education programs which focuses on reciprocal partnerships with diverse organizations and communities, providing an authentic perspective on the global health system (CFHI, 2022). By partnering with reputable international organizations that specialize in student field placement and coordination, students are offered well-rounded, practical learning experiences that are structured, supervised, and evaluated.

Medical Students/Clinicians in Global Health

Parallel to the growth in demand among public health students, medical students have likewise shown a heightened interest in global health fieldwork abroad. Toward this end, the global health curriculum in medical education offers students the option to gain a first-hand understanding of health challenges and disparities across the world. A hallmark of such programs is the development of cultural competence and enhanced cultural humility, as realized through comparative international experience as well as classroom learning. The international clinical elective in medical education is among the most common forms of global health fieldwork (Fyfe, 2012). Since 2012, the Association of American Medical Colleges (AAMC) has reported annually a stable average of 30 percent of medical student participation in the global health elective, 60 to 80 percent of first year student plans to participate, and 66 percent of graduating physicians planning to engage in global health activities (Reece et al., 2020).

Reciprocity in International Engagement

Common for leaders of medical school global health programs is the task of identifying partners in developing countries who reciprocate to the interest of their trainees. The number of medical trainees in HICs seeking 'in-country' training experiences in (LMICs) is growing

rapidly (Kerry et al., 2011). While these partnerships are a requisite component of global health education, recent attention in the health professions education literature cautions global health educators of the risks and potential harms of clinical STEGHs and decoloniality from the prevailing Eurocentric epistemology and practice of global health work (Abimbola et al., 2021; Atkins et al., 2021; Erondu et al., 2020; McCunney et al., 2019; Sznajder et al., 2019). The pandemic powerfully demonstrates our global interdependence, the need for solidarity, and a dedication to anti-racism and anti-oppression especially within clinical education (Atkins et al., 2021). To prevent any colonizing tendencies, educators must foster a dialogue that acknowledges possible defects in the hegemony to ensure creative, responsible, and globally conscious health care professionals. Institutions are responsible for modeling best practices for their students, structuring STEGHs to teach the importance of bidirectionality, equity, and ethics in partnerships (Arya & Evert, 2017).

Over a decade ago, the Working Group on Ethics Guidelines for Global Health Training (WEIGHT) developed a set of guidelines aiming to minimize the potential pitfalls of global health training programs for trainees, sending/receiving institutions, and sponsors of STEGHs (Crump & Sugarman, 2010). These ethical guidelines have been ubiquitously documented in the literature as best practices to prevent the substantial burdens trainees have historically imposed on patients, communities, and other visiting students. Since the release of the WEIGHT guidelines, the development of cultural humility and critical reflection in learners has been touted as essential subconstructs of ethical behavior (McCunney et al., 2019). However, despite this recognition, recent reviews suggest that humility-based principles have yet to be widely adopted in the health professions curriculum (Solchanyk et al., 2021). Still, some institutions and organizations have openly acknowledged the effectiveness of such principles and skills. For

example, CFHI has prioritized the integration of a self-reflection and cultural humility framework by engaging students in preparatory coursework facilitated by global partners (McCunney et al., 2019).

Traditions of Cultural Humility in Global Health

Scholar and educator Abraham Flexner's book-length report published in 1910 was the catalyst for unprecedented reforms in the American medical education system, eliminating proprietary schools and resulting in the establishment of the biomedical model as the gold standard of medical training (Duffy, 2011). However, the landmark Flexner Report's legacy must be examined with a critical understanding of the damaging effects of its racial bias on the Black medical community and the lasting structural racism that pervades medical education today (Laws, 2021). Linking to medical education reform post-Flexner era, Martin (2012) encourages medical educators to examine how their trainees can benefit from an education derived from the lost humane philosophical tradition of medical education. Over 100 years later, the enduring and widely controversial Flexner Report offers a timeless reminder of service, altruism, and the personal responsibility of physicians to engage in a lifelong learning process of self-critique (Ludmerer, 2011). To this end, Frenk et al. (2020) contend, "what is clearly needed is a thorough and authoritative re-examination of health professional education, matching the ambitious work of a century ago" (p. 1923).

Even the most masterful clinical educators must accept that international training can "perpetuate attitudes of cultural and professional superiority, accentuate and essentialize cultural differences, and hence support neocolonialism, particularly given the inadequate attention to relationships of power and critical social science perspectives" (Hanson, 2010, p. 74). This absence of self-reflexivity can be counteracted by a skillful integration of critical reflection and

cultural humility in student predeparture preparation. This practice of preparing trainees to safely, ethically, and effectively participate in global health work (CFHI, 2022) is discussed in Chapter 2 of this paper.

The achievement of health equity is conspicuously growing in urgency for underserved and vulnerable global populations that are facing depleted public health resources and barriers to health care. As our global society confronts the tenacious discrimination of underrepresented people who bear a disproportionate burden of disease, the workforce is challenged to adopt the tools and pedagogy grounded in practical strategies that are well tempered by humility among its practitioners. This enlightened workforce will be temperamentally prepared to address the long-standing health disparities that have been highlighted by the pandemic in communities across the world.

From a structural standpoint, the global health workforce, trained and skilled in the principles of humility and reflection, will be well positioned to rectify the inequities requiring interventions that target the deep-rooted sources of barriers to improving health for all people. Thus, there is a desperate need to build, strengthen, and deploy competent global health professionals, adept at addressing and preventing the escalation of this global crisis, and ideally achieving established national and international health objectives (Chapman & Veras-Estévez, 2020). Such improvements to the global health landscape can only be realized by reworking an educational design that more accurately reflects the evolutionary role of a global health professional, one that is less disease-centered and more sharply-focused on the complex sociocultural influences of health (Schleiff et al., 2020). This need to extend the curriculum beyond technical knowledge and traditional notions of global health, calls for educators to "include a skill base that matches the challenges of working in an interdisciplinary, cross-

cultural, multi-sectoral environment to improve health outcomes worldwide" (Schleiff et al., 2020, p. 2). Looming large is a clear opportunity in our rapidly changing higher education system to leverage the existing standardized interprofessional global health competencies (CUGH, 2018) as a framework that will strengthen the critical reflection of learners.

Global Health Workforce Needs

The United States' commitment to global health is unmistakable. To this end, the nation's investment in education, research, and practice are important contributors to global health improvements worldwide (Bashir, 2011). The U.S. is the largest funder ($11 billion in FY 2019 up from $5.4 billion in FY 2016) and architect of bilateral programs and multilateral activities, having identified best practices and solutions for HIV, malaria, maternal and child health, and countless other health challenges in more than 70 countries (KFF, 2019). Despite these strides in our national global health sector, health systems around the world are struggling to survive and are becoming more complex and costly, placing additional demands on health workers (Frenk et al., 2020). The education system is a major contributor to these pressures on the emerging workforce and the failure "to overcome dysfunctional and inequitable health systems because of curricula rigidities, professional silos, static pedagogy (i.e., the science of teaching), insufficient adaptation to local contexts, and commercialism in the professions" (Frenk et al., 2020, p. 1926). Novel pedagogical formats that transcend classroom boundaries, situating learners in diverse contexts, and those that accentuate a nurturing of critical inquiry as a central function of learning, have the capacity to "strengthen the bonds of empathy and solidarity that an interdependent but highly inequitable world so greatly needs" (Frenk et al., 2020, p. 1950). This alignment that balances the needs of the workforce with innovative curriculum design will lead to improved leadership, collaboration, and ideally, an enlightened social

transformation (Frenk et al., 2020; van Diggele et al., 2020). This dissertation attempts to examine the innovative strategies that some global health educators have used that make use of reflective writing, critical dialogue, and student reflections on their own learning in this context.

A recent workforce assessment by the Global Health 50/50 Initiative, sponsored by world-leading publisher of scientific research, Elsevier, brought together a collective of experts from the global health sphere to examine organizational policies and practices through a gender equality lens (Global Health 50/50, 2021). Their report disappointingly revealed that little has changed in organizations that are active in global health since the data was first released in 2018. In fact, the pandemic has worsened gender equality in the U.S. as millions of women took leaves of absence or left the labor market altogether due to a lack of childcare support (US Census Bureau, 2021). In the global health labor force, data show that men continue to hold 70 percent of leadership positions and nationals of HICs held 84 percent, despite the appointment of nearly 100 new leaders (Global Health 50/50, 2021). Over the past three years, there has been, however, a slight increase in parity among senior management and governing bodies. Still, women are paid less, with a gender gap of $106,000 annually among CEOs at the 34 U.S.-based non-governmental organizations (NGOs) (Global Health 50/50, 2021). These troubling statistics reveal a lack of progress for women despite a female-dominated workforce in global public health. Given these realities, younger generations of public health graduates expect an inclusive and highly innovative workplace, not only in terms of its preparedness for crisis, but in a fashion that offers workers increased flexibility and respect for their full spectrum of life experience.

As will be discussed further in Chapter 2, there are many ways to encourage people to reflect on these inequities, not just related to gender, but also to other social factors such as race, ethnicity, and national origin, that can encourage lifelong learners to critically reflect on these

issues and their life experience. Faculty in global health programs are situated to encourage

critical reflection by adopting critical strategies through dialogue and by engaging prompts for

students to write about such inequities. These strategies perhaps probe student awareness these

issues, facilitating their adoption of a cultural humility perspective.

Problem Statement

This critical qualitative research study strives to amplify the current body of empirical

research and respond to the creditable demand for fuller inquiry for student reflective journaling

in global health education. Throughout the COVID-19 pandemic, global health students have

labored under heavy hearts in the disappointment of cancelled travel plans, resigned to their

homes to complete the requirements of their academic programs. The potential window of time

to travel in a graduate or professional degree program is limited, depriving many trainees of the

opportunity to pursue their goals of cultural immersion. As educators prepare the next wave of

students to safely meet the demands of the substantially expanding global health workforce, they

must be mindful of the imperative to integrate critical reflection into the design of STEGHs.

As will be discussed in Chapter 2, despite the widespread confirmation of the benefits of

critical reflection among medical and nurse educators, there is a dearth of literature on this

competency in the field of public health, especially amid a pandemic. Conspicuously omitted as

well is evidence of perceptions of health professions educators on the use of journaling to

promote critical reflection, almost exclusively focusing on the student perspective. While most

studies have emphasized the quality and utility of journaling on student learning, there is a gap in

understanding of the ways in which reflective journaling can be maximized to foster cultural

humility in learners. Despite consensus in the adult education community of the countless

benefits of journaling for educators and students, a lack of consistency pervades research on best practices and assessment of levels of reflection in learners (Dyment & O'Connell, 2011).

The value of student journaling is evidenced by the overwhelmingly positive themes throughout the literature as discussed in greater depth in Chapter 2. However, from a critical reflection standpoint, more attention must be devoted to the design of journal writing assignments that require guidelines, models, and an establishment of trust between the instructor and student. Journal writing is an activity that requires time and dedication. Therefore, educators themselves must be motivated and well trained to use it as an assignment, but also as a method of obtaining meaningful and descriptive feedback about student field experience. Margolis et al. (2017) calls for further research to inform curriculum designers and educators of teaching methods and learning opportunities that can facilitate transformational experiences that lead to growth in cultural humility among learners in the health professions. These future leaders in a most crucial discipline will inevitably be equipped to work with professionals across the health field to positively impact health, education, politics, and social welfare.

Study Purpose and Research Questions

The purpose of this study is twofold: 1) primarily to explore the perceptions of health professions educators who teach global health on the use of reflective journaling as a pedagogical tool to promote critical reflection and cultural humility in learners and 2) how students perceive journaling has impacted their learning overall and around cultural issues in particular. The specific research questions guiding this study include:

1) How do the faculty participants in this critical qualitative study perceive their role in fostering an environment of critical reflection among learners?

2) How do guided constructive pedagogies that use journal writing and classroom dialogue as a tool for critical reflection provide insight to faculty about student global health experiences?

3) How does critical reflection contribute to our understanding of cultural humility through the learning and experiences of global health educators and their students?

Conceptual and Theoretical Frameworks

Theory grounds practice, particularly in higher education where learners thrive in collaborative settings in which they define the learning that is important to them. Social theory is rooted in the traditions of multiple disciplines such as clinical medicine, moral philosophy, the social and behavioral sciences, sociology, political science, the humanities, and law. While this will be discussed further in Chapter 2, more contemporary schools of thought such as gender studies and cultural and media studies have adapted social theory to the nuanced feminist theory and critical race theory to establish an important discourse on power relations and cultural hegemony. The very essence of social theory is in the mundane aspects of social life that individuals and groups encounter every day (Lemert, 2018). Rather than emphasize the "how," which tends to be the natural inclination of educators, researchers, and practitioners, social theory examines why phenomena occur.

A multitude of ideologies have been influenced by both modern society and intellectual thought. Contemporary adult education theorists regard learning and education as a mutual process whereby the learner has his or her own personal history, values, and knowledge and conveys expressively this experience back to the instructor (Torres, 2013). Educators as well must resist their own biases that may potentially malign their intended message. A research framework that uses a constructivist lens recognizes that learning builds upon a pre-existing

worldview. Such framework lends itself to inquiry through the lens of transformative learning, recognizing the opportunities for students in health professions education to expand their ways of knowing through international engagements. Naturally, this study acknowledges the role of cultural humility as a conceptual understanding that connects to the notion of developing critical reflection around cultural issues in higher education or global health education setting.

It is vitally important for a critical qualitative research study of this nature to adopt a theoretical framework that is equivalent to the perspectives of its participants. Transformative learning theory and the role of cultural humility in practice are relevant theoretical and conceptual frameworks for inquiry about the role of self-critique and lifelong learning in preparing for the unique demands of the global health workforce in this highly complex post-pandemic world.

Cultural Humility

Culture represents "the values, norms, and traditions that affect how individuals of a particular group perceive, think, interact, behave, and make judgments about their world"(Chamberlain, 2005). As noted above, the concept of cultural humility was developed by Melanie Tervalon and Jann Murray-Garcia in 1998 to address inequities in the healthcare field. It has been recognized by many fields since to encourage students, as Habashy and Cruz (2021) contend to be "thoughtful citizens of the world who practice values such as compassion and respect, regardless of whether they are abroad or at home" (p. 18). As noted above, Velott and Sprow Forte (2019) also discuss the concept of cultural humility in relation to mindfulness and health equity and adult education, and in blending these notions highlight that embodying a cultural humility practice is just that – a practice where one never exactly arrives. The point is,

the process is ongoing. This study explores this very process of lifelong learning and its potential to be nurtured in an adult education setting.

Postcolonial Theory and Decolonization

In qualitative research, postcolonial studies analyze colonial relations. Certain terms related to postcolonial theory are used distinctly to describe a political doctrine (colonialism), the rhetoric of Western modernity (coloniality), and a "civil and epistemic disobedience, which could be enacted at different levels and in different spheres" (decoloniality) (Tomicic & Berardi, 2017; Mignolo, 2017, p. 41). Colonial legacies in the field of global health cannot be ignored, especially given the pandemic-era spotlight on health inequities of populations worldwide. Many students and faculty have little awareness of medicine's role in colonialism and the subjugation of people across the world (Eichbaum et al., 2021). Emphasizing the social dynamics of power imbalances, Tomicic and Berardi (2017) operationalize the meaning of postcolonial theory through a sociopsychological lens as a crucial factor in determining reparatory attitudes and policies that revolve around members of formerly colonized groups. The important work of decolonial efforts in global health is discussed in greater depth in Chapter 2.

Transformative Learning Theory

Transformative learning theory is used to frame this study for its emphasis on critical reflection. Mezirow's transformative learning theory derived from his study of the perspective transformation of women upon reentry to higher education in the 1970s. The theory aligns logically with this critical qualitative study in its focus on meaning-making, specifically how the faculty and student participants perceive critical reflection's potential for facilitating deeper shifts in thinking and behavior.

The natural interplay between transformative learning theory and other adult learning theories such as experiential learning makes transformative learning fundamental to the field of adult education. Chapter 2 of this dissertation highlights the critiques and revisions that explain this adult learning theory as a gradual process that is cyclical in nature, stemming from the accumulation of experiences over time.

Overview of Research Design

While the research methodology will be discussed in more detail in Chapter 3, this section provides a general overview of the design of the study. Through an inductive process, the qualitative researcher as the primary instrument for data collection and analysis, aims to discover "how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences" (Merriam & Tisdell, 2016, p. 15). Leveraging in-depth interviews and insightful analysis, I explored how global health educators and their students perceive journaling as a learning tool within their classrooms and in the field. Tilley (2019) describes qualitative research as a deeply situated activity, exploring the experiences of individuals and communities, and involving an interpretive, naturalistic approach to the world. This interpretivist realm of inquiry concedes that "knowledge is value-laden, partial and always contestable and that multiple truths circulate in research contexts" (p. 160). Within this conditional scope, I explore the research questions in this study with an understanding of how possible assumptions and limitations may affect the outcomes.

The primary means of data collection in qualitative research are interviews, observations, and analysis of documents. Participants in a qualitative study are usually chosen according to purposeful criteria. Using this purposefully sampling method, faculty members who teach global health experiential courses within one university based in the Northeastern United States were

invited to voluntarily participate in 90-minute semi-structured interviews with me. Five faculty members ultimately chose to participate in the study, and each nominated several students to voluntarily participate in a 60-minute focus group session. Hence individual interviews with faculty and focus group interviews with students that were transcribed were primary sources of data. Given that documents are an important source of data, I received permission from all faculty participants to include course syllabi, handbooks, and assignments in the data collection. As will be discussed further in Chapter 3, these sources of data were analyzed largely through the constant comparative method of data analysis and gathered into themes.

Within qualitative research exist myriad approaches to reach the goal of inductively examining a phenomenon. A basic interpretive design informed by a critical lens was chosen as the best fit for this critical qualitative study. Critical educational research methodologies offer a useful framework to make power dynamics visible, such as the hegemonic social structures in society that result in the marginalization and oppression of those without power (Merriam & Tisdell, 2016). This form of research is especially pertinent to global health education, which demands attention to the "diverse experiences of vulnerability, precarity and disadvantage," in particular those whose daily lives are consumed by suffering or harm from "undignified, disrespectful and damaging treatment or care" (Aranda, 2020, p. 1). The creditability of this research solidifies my determination to further the study of pedagogical strategies within global health education. The design of this research was highly influenced by the feedback of the members of my dissertation committee, whose expertise and mentorship, as well as their own professional wisdom, guided research process.

Significance of the Study

The current climate of social justice issues in the United States (race, gender, sexual identity and expression, socio-economic status, religion) demonstrates the urgent need to train students to understand and apply theory across disciplines. Adult educators in the U.S. and around the world are exploring creative ways to facilitate intercultural dialogue and to understand the nuances of learning in domestic and international settings (Yelich Biniecki & Kang, 2015).

With the proliferation of cultural competency (distinct from cultural humility) training in medical institutions over the last decade, many organizations have gravitated toward the practice of cultural sensitivity, aiming to overcome implicit biases, and encouraging the workforce to recognize and celebrate cultural differences. As such, building a culturally sensitive, anti-racist workforce will galvanize organizational policies that challenge our existing systemic inequities, addressing not only race and culture, but its intersection with other social issues. At a minimum, self-conceived programming should begin foundationally in the adult education system, specifically to inculcate in trainees a reciprocal learning and respect for local health experts (Lasker et al., 2018). The development of these skills in an interprofessional setting is essential in addressing the intricacies of the global health workforce, and for strengthening learner skills in productive communication, teamwork, and critical thinking.

Practice-based learning is an indispensable component of any academic program in global health. A common goal of such programs is to develop creative, responsible, and globally conscious professionals by fostering a dialogue on diverse approaches to health problems. Moreover, a widely accepted goal of global health education is to provide students with an experiential learning opportunity that enhances their culturally sensitivity (Bender & Walker,

2012). Learning through first-hand experience is fundamental to the curriculum, and it is this transfer of knowledge to the real world that attracts many students to the field of global health.

<div align="center">**Assumptions of the Study**</div>

All studies are based on a certain set of assumptions as well as limitations and strengths. This study is no exception. The following assumptions which pertain to the participants, methodology, and researcher guide the direction of this study.

1. This study relates to global health students who travel for short-term engagement. Recent literature on the revolutionary changes in higher education amid our post-pandemic society has examined the unique characteristics of creating authentic practice-based learning experiences in an online environment. In response to the impact of the pandemic on international travel, organizations have launched virtual practica and internships to simulate how health systems across the world deliver healthcare. Through such programs, students engage with educators, practitioners, community members, and other learners. These "pandemic pedagogies" describe the distinctive approaches to delivering distance education which have taken on a renewed salience and have emerged as a global norm (Williamson, Eynon, & Potter, 2020).

2. Some educators embed critical reflection in the global health curriculum to a greater degree than others.

3. Teaching global health from a critically reflective perspective can facilitate transformative experiences and promote culturally humble engagements abroad.

4. Assessment of self-reflection competencies demonstrates a change in learner knowledge/skills/comfort (Schleiff et al., 2020).

5. Critical reflective journaling can facilitate awareness of the relationship between theory and practice and encourage students to analyze critically the link between coursework and their own professional attitudes, beliefs, and values (O'connell & Dyment, 2013; Lindroth, 2014).

6. Negative perceptions of journaling among faculty and students include a disconnect from "the learner's true learning needs or usual methods of learning and practice. Students may perceive such activities as busy work" (Mann et al., 2007, p. 609).

7. It is important for instructors to model explicitly reflection in their own practice, creating a learning environment in which collaborative, as well as individualized, experience is valued. Such collaborative reflection is a precondition to highly-functional interprofessional teams, where the ability to consider different cognitive approaches and principles underlying the work of other professionals is essential (Clark 2006).

Limitations of the Study

These assumptions and biases of the researcher inherently limit the research design and influence the study results. The following are limitations previously identified in this research:

1. There are few educators within the university who met the selection criteria. Therefore, the faculty sample is intrinsically limited in scope given its small size and homogeneity of perspectives.

2. This study is dependent upon student participation in this research. Consequently, this self-selection may present bias in the sample as those students who have agreed to participate may have done so due to positive or negative experiences associated with their global health experience.

3. Some students may not possess an array of previous related experiences from which to

draw in their reflections as can skilled practitioners in global health (Walker, 2006).

Strengths of the Study

Despite these limitations, the study reveals considerable strengths in its qualitative

research design and its process to ensure dependability of the findings. Qualitative research is

valuable for understanding the subtleties of how people make sense of their experiences

(Merriam & Tisdell, 2016). These nuances of subjective meaning-making are revealed by

collecting various forms of data, which are clearly elucidated in Chapter 3. Given the emphasis

of this study on reflexivity in adult education practice, it is important that I consciously and

consistently keep in mind the impact of my own biases and how my role as a global health

faculty member might influence the study. While my researcher status as an "insider" introduces

such biases and assumptions, my comfort level with the subject matter allows for empathic

engagement with the study participants and a deeper understanding of their shared stories. In

terms of critical research, it is reasonably argued that the only constant is change. Recognizing

these fluctuations in the context of the research, this study aims to foster a more critical form of

reflection and reflective practice in both teaching and learning (Das & Anand, 2012). The

everyday practices of qualitative researchers require ongoing deliberation about "who research is

for, and why, and how it takes place, or whose voices are made visible, ignored, or heard"

(Aranda, 2020). This dissertation concurs with the philosophies of critical qualitative research in

its well-conceived intention to rectify the gaps that have allowed inequities in the distribution of

health care to all populations.

Chapter Summary

This chapter began by offering some reflections on my emerging philosophy of adult learning and numerous definitions of global health with one all-encompassing description of the field that has remained constant even through the pandemic, which I have lived through as a global health educator, and while doing my doctoral work in adult education. My interest in this research stems from the confluence of adult education, global health education, and my own critical reflection on my experiences in these fields.

Koplan's decade-old, comprehensive depiction of global health reminds us of both the achievements of our predecessors and work to the promises of future improvements to prioritize health equity through inclusive study, innovative research, and compassionate practice (Koplan et al., 2009). My own critical writing and my experience at the intersection of these fields of global health and lifelong learning/adult education, and the critical reflections of global health educators and their students is an attempt to build on the suggestion for innovative research by Koplan et al.

The pandemic has exposed our global interdependence and the need for better understanding the unique political, social, economic, healthcare infrastructure, and cultural factors that shape a country's responses to public health crises. This collective experience has transformed how the world lives, works, and communicates, and global health education is no exception (Atkins et al., 2021). The next generation of global health professionals will be guided by global health practices that are informed by local knowledge and partnership, whereby institutions of higher education are at the core of reimagining the profession toward a reciprocal and humane philosophy.

The pressing needs of the global health workforce make the demand for intercultural exchange in public health education ever more compelling. With this imperative in mind, Sawleshwarkar and Negin (2017) caution of the hegemonic influence of academic agendas and contend that student exchange is "merely a toddling brainchild of education leaders and policymakers which wobbles around the cliffs of regional wars and conflicts, famines, natural disasters, pandemic diseases, and other threats" (Introduction, para. 1). Developing an equitable and reciprocal student exchange is generally difficult given the shared commitment required in institutional partnerships and the financial burden on students traveling from low-resourced countries. There are few available grants and scholarships that can support students with financial need, and the result is a cohort that lacks its diversity potential. Although they caution of neoliberalist agendas in higher education, Bamberger et al. (2019) prudently assert that institutions of higher education have preserved its progressive values allowing internationalization to maintain its humanitarian approach, promoting mutual understanding, intercultural awareness, global citizenship, and other humanistic characteristics. According to the Lancet Commission's Education of Health Professionals for the Twenty-First Century, global health education has the potential to be an example of transformative education but must respond to the rapid pace of change in health and the parallel revolution in education (Frenk et al., 2020).

Students in global health frequently interact with learners in health professional programs such as medicine, nursing, allied health, nutrition and other related degree programs. Ideally, this interprofessional group of learners represents a range of academic knowledge and life experience as well as a full spectrum of racial, ethnic, and socio-economic backgrounds, thus contributing to a meaningful cross-cultural experience. Together, these budding

professionals will enhance the health of communities through applied learning, preserving their experience as they move toward careers that positively impact society.

Definition of Terms

Global health is defined as "an area of study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide" (Koplan et al., 2009).

1. **Neoliberalism** is used to describe the 20th-century resurgence of 19th-century ideas associated with free-market capitalism and is generally associated with policies of economic liberalization, including privatization, deregulation, globalization, free trade, austerity and reductions in government spending in order to increase the role of the private sector in the economy and society (Haymes et al., 2015; Goldstein, 2011).

2. In higher education, **Internationalization** is a dynamic process of integrating an international/intercultural dimension into the teaching, research, and service functions of the institution.

3. **Health equity is** the principle that everyone should have an equal opportunity to be as healthy as possible, no matter where that person happens to have been born (Jacobsen & Waggett, 2022).

4. The term "**short-term experience in global health**" (STEGH) as used here covers a range of clinical care and educational activities lasting a few days to several months. "Global health" in this label refers to any health-related activity located anywhere in the world (Melby et al., 2016).

5. In the context of higher education, **experiential learning** allows students to translate theoretical classroom-based knowledge into practical, real-world understandings.

6. In a research context, **reflexivity** requires a critical introspection of one's positionality, assumptions, and biases and how these may potentially influence the research (Glass, 2015). Describing an individual, reflexivity is a way of being in the world that examines patterns in our experience and noticing how we change and grow (Burner, 2007).

7. Preparing students for the inevitable collaborations they encounter on professional teams, particularly those in the health care workforce**, interprofessional education (IPE)** promotes an exchange in the flow of ideas and strengthens student skills in productive communication, teamwork, and critical thinking.

CHAPTER 2

LITERATURE REVIEW

The purpose of this study is to investigate the perceptions of global health educators on the use of reflective journaling as a pedagogical tool to promote cultural humility in learners. I begin this chapter with an overview of the converging definitions of global health, followed by a review of global health pedagogy in the context of international field experience. Following, I describe the role of critical reflection in health professions education, highlighting empirical evidence documenting its acceptance in the adult and health professions education communities. Next, I demonstrate the importance of the self-reflexive qualities required for educators to teach critical reflection. I then introduce the concept of journaling to promote critical reflection, providing a historical background of journal writing in higher education, the teaching of journal writing, and the identification of support and models for teaching practice to remove barriers for adult learners. The chapter closes with a review of the theoretical frameworks of transformative learning theory and postcolonial theory and a discussion of the conceptual framework of cultural humility.

Defining Global Health

Before examining the literature, the definition of global health must be explicitly defined in order to clarify its distinction from related fields. Over the decades, numerous definitions of global health have emerged. In a synthesis of scientific evidence, Gibbons (2005) defines global health by characteristics of health disparities as population differences in environmental exposures, health care access/utilization/quality, health status, or health outcomes. In a like vein, Bambra et al. (2009) defines health as following a "social gradient" in which health improves in proportion to rise in socioeconomic status.

Globally, there has been widespread support to prioritize a definition of global health focusing on social determinants through an evaluation of non-medical factors that influence health outcomes, and addressing systemic inequities and health disparities (Donkin, 2017, Valentine et al., 2016, World Health Organization, 2019). Specifically, Valentine et al. (2016) recommend the public health workforce use a surveillance approach to monitor social determinants of health in populations. This interdisciplinary strategy of targeting upstream socioeconomic and environmental determining factors of health equity has been more broadly adopted since the COVID-19 virus began affecting global populations (Valentine et al., 2016). In light of these pandemic-era considerations, it is clear that the most plausible and widely accepted definition of global health remains, "an area for study, research, and practice that places a priority on improving health, and achieving equity in health for all people worldwide" (Koplan et al., 2009). Still, arriving at a comprehensive definition of the global health industry in its full complexity is an evolving process in the research community that is being driven by explicit efforts to promote anti-racist action in the process of decolonization (Chaudhuri et al., 2021). By working out the various ambiguities inherent in defining global health, we must realize the urgency of defeating the menacing reproduction of white supremacist, racist, sexist, capitalist, and colonial ideologies (Abimbola & Pai, 2020, Büyüm et al., 2020, Chaudhuri et al., 2021).

Pedagogical Strategies for Global Health Experiences

Knowles' andragogy was premised on crucial assumptions of the distinct characteristics of adult learners. He popularized the concept of self-direction, the idea that learners are internally motivated and draw on prior experience When the stimulus of reflection is introduced, self-directed learning takes on a new life through an increased metacognitive awareness (Dunlap, 2006; Smith, 2002). There are numerous strategies to prepare students for global health

experiences, including predeparture training, communication with hosts and mentors (on the ground and at home), and the use of ongoing journaling (Arya & Evert, 2017). Through a lens of cultural humility, both faculty and students have the opportunity to reinterpret elements of challenge in the field, and these practices that should continue after the experience (Arya & Evert, 2017).

Predeparture Training

Structurally, educational programs in global health are variable in design given the cross-disciplinarity of the curricula. Medical education programs offer students who demonstrate expressed interest the option to pursue a clinical global health elective, allowing them to experience the specific ways medicine is practiced in diverse settings. Studies have shown that medical student engagement in global health electives increases the likelihood of working with underserved populations in a clinical or research capacity in the United States and abroad (Slifko et al., 2021). Here, it is important to note that intentional, comprehensive instructional design increases the probability of producing "the kind of learning, development, and transformation" that is envisioned (Coryell et al., 2010, p. 81) and minimizes the potential negative impacts on host communities (Shah et al., 2019). For example, some global health experiential courses offer language instruction as part of their predeparture resources to help students acculturate to the local setting and to promote respectful interactions with their hosts (McCunney et al., 2019). Other programs focus on sustainability and capacity building around local priorities to reduce any disruption to local health and social services by the student volunteers (Shah et al., 2019). Still, there remains a significant discrepancy among medical education programs, in particular, that offer short-term global health engagements (STEGHs). One study examined the pre-departure training provided to students in global health electives among all 17 accredited medical

schools in Canada, with training ranging from 30 minutes to 30 hours, with most covering individual safety and participant learning objectives compared to training that offers a broader scope emphasizing social responsibility and community impact (Shah et al., 2019).

Learning and working in unfamiliar settings requires considerable logistical and safety preparation. Planning for a short-term global health engagement also necessitates an awareness of cultural differences among groups. Students must be prepared to expand their cultural consciousness and practice interactive strategies to work in an increasingly globalized world. Comprehensive predeparture training coupled with ongoing self-reflexive practice encourages students to become more aware of how their actions affect the lives of others (Elfenbein, 2020).

Adequate preparation through predeparture training promotes the tools and strategies that ground students in their work and are tempered by humility. Before travel, students are expected to complete such training, which ranges from didactic coursework to online modules as well as reflective, experiential components that includes issues of logistics, safety, ethics, comparative health care systems, and cultural sensitivity (Bessett and Camden, 2017). Such well-conceived training offers students growth opportunities in the areas of cultural competence and humility, as well as engagement in the practice of critical reflection. Predeparture tools such as the Global Ambassadors for Patient Safety (GAPS) workshop, center their learning competencies around the development of cultural humility, comprehension of local cultural and healthcare realities, understanding of ethical issues in working with low-resource populations, and demonstration of respect for local expertise (McCunney et al., 2019).

Bessett and Camden (2017) conducted a scoping review of the scientific literature examining the pre-departure practices of students involved in global health international experiences. They included a total of 50 articles in their review, 37 of which were related to

undergraduate medical education or medical residency. Allied health professional programs

accounted for the remaining articles, with only one study focused on the predeparture preparation

of public health students. More recently, Kalbarczyk et al. (2019) analyzed the predeparture

resources for global health electives in a systematic review of 55 articles, 33 focused on medical

students and 8 on public health trainees. These findings demonstrate the need for more rigorous

research to establish evidence-based guidelines for students engaged in global health activities

within public health educational programs.

A Framework for Cultural Sensitivity

Foundational to the multi-dimensional public health curriculum must be a framework for

cultural sensitivity. With an astute understanding of *surface structure* (people, places, language,

music food, product brands, locations, clothing) and *deep structure* (cultural, social, historical,

environmental, psychological), students are equipped to design interventions that are culturally

appropriate (Resnicow et al., 1999). When students are immersed in unfamiliar settings, these

considerations become priorities. As an educator in a public health graduate program, I have

grown to understand the intrinsic obscurity of intuitive learning and continue to grapple with the

practical issues facing students amid their real-life experiences.

The global health placement can be a sobering experience for many students. For some,

it is disorienting to be removed from their own cultural familiarity, presenting numerous

existential challenges (Sedgwick & Atthill, 2019). Sedgwick and Atthill (2019) embedded their

phenomenological study findings of nursing student engagement in the practice of cultural

humility during service-learning trips. These nursing students learned in a culturally sensitive

framework that utilized Mezirow's transformative learning theory and Foronda's attributes of

cultural humility (Sedgwick and Atthill, 2019). Eventually, the students in this study sample

acquired and exhibited the ability to self-reflect, gaining new perspectives and developing a

mutual respect through supportive interactions (Sedgwick & Atthill, 2019). Thus, a sound

conceptual framework for cultural sensitivity cultivates the advancement of students from their

initial disorientation to their reconciliation of these challenges through heightened self-

awareness, a progression that acknowledges their prior cultural egocentricity (Sedgwick &

Atthill, 2019). In fact, medical students who participate in international rotations report greater

cultural sensitivity in addition to stronger ability to conduct their clinical responsibilities (Drain

et al., 2007). Elfenbein (2020) integrated a cultural humility framework to an international

service-learning program for social work students to reduce paternalistic implications in the

engagement. Employing Andreotti's HEADS UP checklist of common problematic patterns of

thinking as an educational tool for service learners, Elfenbein (2020) suggests that identification

of these barriers "can help students confront and address the attitudes that unintentionally

prevent mutual learning in international settings and get in the way of developing deeper insights

into the social conditions that service is intending to improve (p. 146).

Critical Reflection in Health Professions Education

Adult education has been increasingly augmented by globalization, advancements in

science and technology, as well as extensive research on experiential learning. Such

advancements have the power to create mis-educative experiences, or those that restrict the

growth of future experience. A classic example of a mis-educative experience is one that is

repetitive, leading to carelessness or one that is individually enjoyable yet disconnected (Beard,

2018). By contrast, experiential learning is designed to broaden minds and perspectives.

The global health field experience, although often short-term, plays a significant role in

shaping the ideological views and competencies of learners toward improving health and

achieving health equity for all people across the world (Koplan et al., 2009), the essence of global health education's objective. Students enrolled in graduate-level global health programs customize their learning experience through fieldwork where they often spend several weeks observing and interacting with a community unfamiliar to them. As they become immersed in a new culture, learners develop a direct understanding of global health disparities and gain opportunity to discover promising health care solutions through such applied coursework and learning abroad.

Reflecting on Experience

The terminology that is used to define the act of reflection varies according to the context, theory, or subject being described. The term *reflection* is generally considered to be a process of self-exploration or an examination of an issue or event in relation to personal experiences (Lundgren & Poell, 2016). When ranking reflection according to its various hierarchical levels, critical reflection is considered the highest form one can aspire to (Lundgren & Poell, 2016). Building on the increasing demand for practice-based experiences in response to complex global health challenges, the ability to engage in critical reflection, highlighted by Mezirow (1991) as "premise reflection," becomes even more crucial. The literature underlines the rise of student enrollment in global health educational programs, highlighting the demand for practice-based experiences which prepare learners for the complexities they face in the workforce, particularly the growing challenges made obvious through the pandemic. Attention to the development of critical self-reflection during these experiences has the potential to promote learning for students and teachers alike. Recognizing this potential, instructors in a global public health international field study assigned a periodic journaling assignment that was to be completed by students on site, as well as a 1000-word reflection paper at the culmination of the experience, supporting

their learning of the principles of public health in action (Hu et al., 2016). These educators employed a practical approach to fostering critical self-reflection, supporting student learning of public health principles in action.

The global health profession also intersects with the field of social work in its engagement with members of marginalized populations. To promote critical reflection using a cultural humility approach, Rosen et al. (2017) assigned 47 MSW students a narrative reflection essay combined with an in-class food demonstration exercise. Food was used as a symbol to inspire critical reflective dialogue among the students. Thematic analyses of the student essays elicited positive experiences regarding the influence of personal histories, development of professional identity, and importance of cultural humility (Rosen et al., 2017). The assignment encouraged students to question and discover deepest meanings in stories, revealing experiences with poverty, cultural/ethnic/religious backgrounds, and illness or disability (Rosen et al., 2017).

International placements are powerful sites of critical reflection for learners. A two-week social work international exchange program situated in India and the UK employed a critically reflective framework to foster deeper transformative learning among students (Das & Anand, 2012). Traditional hierarchies of power between teacher and student were openly addressed, establishing a relationship based on emotional safety and recognition of the needs of both parties (Das & Anand, 2012). Furthermore, the participatory nature of program design in which students took ownership of their learning enabled a shift in the role of faculty members from expert to collaborator (Das and Anand, 2012). Such partnership and mutual appreciation offer a model for educators to foster transformative learning experiences during study abroad.

Critically Reflective Practitioner

The perception of educators as solely knowledge dispensers, not lifelong learners themselves, is a common misconception. Rather, truly effective teaching embodies a continuous learning journey, with critical self-reflection as the driving force for both the educator's personal growth and their students' success. Brookfield (2004) suggests that reviewing practice through several distinct but interrelated lenses allows educators to uncover the hegemonic assumptions that are perceived as beneficial, yet unhelpful, in the long term. Furthermore, to earn the label "critical," reflection must go beyond the surface. It demands an unflinching gaze at the power dynamics, both subtle and potent, that shape our choices and actions (Brookfield, 2016). Faculty commitment to a critical examination of their core pedagogical values and beliefs is the essence of reflective practice. As evidenced by the literature on student reflective journaling in the broader health professions education (Chirema, 2007; Horton et al., 2020; Mann et al., 2009; Raterink, 2015; Ruiz-López et al., 2015), reflective teaching practice has been proven to contribute significantly to the assimilation of knowledge and is perceived by educators as a source of learning, encouraging reflection, self-knowledge, and the expression of feelings (Ruiz-López et al., 2015). Anticipatory reflection in teaching practice is an integrative phenomenon that has been described by nurse and physician educators as an intentional activity that draws on all experience to date and incorporates into the teaching plan (Mann et al., 2009).

Stephen Brookfield, a leader in the scholarship and practice of adult education whose work is fundamental to the discourse on critical thinking, power relations, and critical reflection, provides historical justification for theory in adult education, contending that theorizing allows us to explain reality through conceptual order and illuminate our observations and experiences. His concepts of critical theory, reflective practice, and other influential domains have been

pedagogically vital to both the learning and teaching of adults. Precisely because his concepts promote critical reflection, they have been pedagogically vital in adult education. Critical reflection, as he emphasizes, requires investigating our own assumptions that frame our judgments and actions as educators. Educators who practice reflexivity are more effective in developing critically reflective learners. Brookfield (2004) asserts, "unexamined common sense is a notoriously unreliable guide to action" (p. 4). In other words, while classroom observation is vital, effective teachers avoid getting stuck in a reactive loop. By drawing on a diverse toolbox of methods to meet the needs of each moment and situation, these critically reflective educators anticipate, adjust, and pivot seamlessly. When adult educators become critical reflective practitioners, "they move beyond a knowledge base of discrete skills in which they integrate and modify skills to fit specific contexts as well as to a point where the skills are internalized enabling them to invent new strategies" (Aryal, 2022). This rationale is a set of critically examined core assumptions about the educator's own actions.

While Stephen Brookfield has undoubtedly made significant contributions to reflective practice, his work represents just one branch of this vast and evolving body of knowledge. Current research has drawn on frameworks from other scholars like John Dewey, Graham Gibbs, and Donald Schön, enriching our understanding of this crucial practice. Schön's (1991) reflection in action/reflection on action model expanded Dewey's work to study the impact of reflection on professional practice (Horton et al., 2020). Essentially, Schön explains this two-pronged perspective of reflection (Figure 1) as 1) reflecting in the moment (in action) and 2) reflecting after an event (on action), such as when a student returns home from a global health trip (Schön, 1987). Because reflection happens on a spectrum, it becomes deeper and more critical over time, moving beyond the surface and engaging with complexity. Arguably the most

important stage of reflection happens when reflecting *on* action, what Schön describes as pulling together everything you have thought of before to learn and improve your practice (Koshy et al., 2017). For example, during a global health experience in the field, students may experience emotional distress after witnessing extreme poverty. Journaling and peer discussion are tools to help them process their emotions *in* action, but reflection *on* action occurs as students develop resilience and understand cycles of poverty which stem from structural problems in the global health system. This increased awareness of self and others gives learners a deeper sense of direction and empowers them to challenge patterns in their own thoughts, behaviors, and reactions to situations.

Figure 1. Schön's Reflective Model (Schön, 1991)
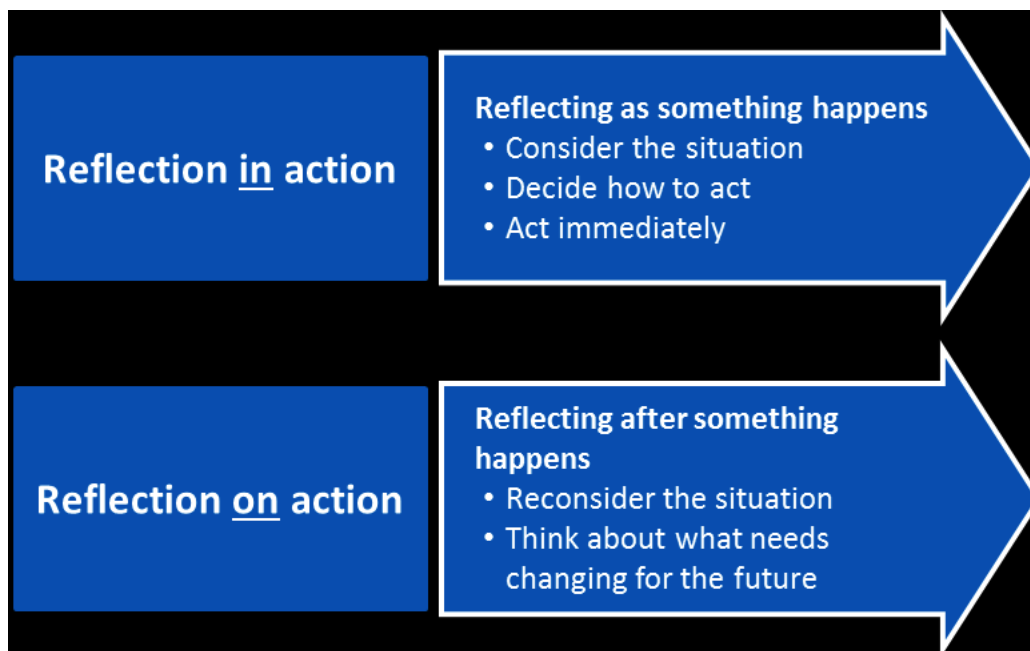
In their systematic review of reflection and reflective practice in health professions education, Mann et al. (2009) found that across all of the diverse settings and methods, the most influential elements in enabling the development of reflection and reflective practice appear to be a supportive environment, both intellectually and emotionally. They offer additional criteria,

including "an authentic context; accommodation for individual differences in learning style; mentoring; group discussion; support; and, free expression of opinions" (Mann et al., 2019, p. 608). Curricular interventions that seek to integrate reflection are based largely on theoretical evidence. Despite reflection's popularity and dispersion across many fields as a topic of educational importance, "there is surprisingly little to guide educators in their work to understand and develop reflective ability in their learners (Mann et al., 2019, p. 596).

Teaching Critical Reflection

Knowledge creation through optimal and steady reflection on experience never ceases in a committed practicing professional at any level (Fook, 2007). The role of reflection in learning is not always obvious to learners and may be a tacit process for skilled practitioners (Clark, 2006). This hidden nature of reflection makes it essential for instructors to model explicitly reflection in their own practice (Clark, 2006). Critical reflection is not a tool or innovation, it is an extension of critical thinking that can be taught. Many experiential courses in global health include a prerequisite predeparture curricular module that encompasses methods for critical reflection. Teaching critical reflection at an early stage in their training allows students to process their knowledge and to comprehend how they can apply it in a practical setting.

Faculty whose aim is to implement a learner-centered approach help students construct and use content in meaningful ways (Stabile, 2015). This constructivist approach to teaching builds upon the existing knowledge and past experiences of students. Represented in the global health student body is a wide diversity of cultural and ethnic backgrounds and a variety of professions. Accordingly, educators must examine issues of race, class, and gender and examine the world through diverse cultural lenses (Pewewardy, 2005). By creating safe spaces for students to "focus on their thoughts and feelings regarding potentially high stress and/or

emotional experiences, faculty are providing a two-fold opportunity for learning and growth" (Horton et al., 2020, p. 197). For example, medical educators are implementing wellness interventions to reduce the harmful effects of stress among students and residents, including self-reflection, journaling, and metacognition (Ziegelstein, 2018). Similarly, Maginnis and Anderson (2017) found that critical reflection embedded in a cultural competence module in a bachelor of nursing international clinical placement is essential in supporting student adjustment to culture shock and maximization of their learning opportunities. As such, educators provide this link between theory and practice by engaging students in reflection on how their existing belief systems may be challenged in another cultural setting (Maginnis and Anderson, 2017).

With the responsibility of developing competency in their learners, global health faculty are inevitably confronted with ethical considerations about the communities where they place their students and are accountable for their safety abroad. For students, critically reflecting on intensely personal experiences in the field can be a challenging assignment. Glass (2015) recommends instructors utilize collective reflexivity to scaffold reflexive activities. This method of critical reflection that is intentionally spread across several points in the field course curriculum, allows gaps between reflexive assignments "for students to explore and interpret research sites in the spirit of critical openness" (Glass, 2015, p. 559).

Journaling to Promote Critical Reflection

Human beings have an innate desire to record the details of their lives. While the written word in the form of a journal has been documented for millennia, it is impossible to know when precisely journal writing as a therapeutic device or tool for reflection emerged (O'connell & Dyment, 2013). The concept of inscribing one's sentiments, thoughts, and reactions is likely as old as handwriting itself. Throughout history, journals have provided society with a living

document of historical facts and experiences that chronicle mysterious and exciting past events. Understanding this ubiquity of journaling is important to conceptualize its application in higher education.

Reflective Journaling in Higher Education

Writing reflectively to learn, or the process of reflective writing, is a formative act where metacognition continues as the learner writes (Glowacki-Dudka et al., 2012). The learning journal is a powerful academic exercise that tracks student knowledge acquisition and allows course instructors to better know their students through an informal style of writing. There are many types of journals (autobiographical, research, collaborative, professional), but the reflective journal offers distinct benefits in the classroom (O'connell & Dyment, 2013). A reflective journal is integrative, capturing the facets of other types of journals, and extending beyond their narrower focus by enabling students to holistically depict their learning experience and empowering them to process new ways of knowing in a safe space (O'connell & Dyment, 2013). Such journaling can facilitate awareness of the relationship between theory and practice and encourage students to critically analyze the link between coursework and their own professional attitudes, beliefs, and values (O'connell & Dyment, 2013, Lindroth, 2014).

Constructivist Approaches to Student Journaling

In health professions education, the use of reflective journaling has come to the fore as a valuable training tool, one that brings forth "conceptional, emotional, relational, ethical, personal and institutional elements," promoting learning for both students and teachers alike (Ruiz-López et al., 2015, p. e30). As with other instructional methods, this technique, which can deepen reflection in students, must be mindfully implemented to adapt to the pandemic-era learning environment. Much of the empirical research on reflective journaling in higher

education emanates from the fields of nursing and social work (Das & Anand, 2012; Elverson & Klawiter, 2019; Furman et al., 2008; Nelms Edwards et al., 2019; Sanchez et al., 2019; Schuessler et al., 2012), and few studies have been published in this arena since the emergence of COVID-19. While the majority of studies stem from outside the context of global health fieldwork, their findings offer meaningful insights for global health education. Specifically, several impactful studies examine the purpose of critical reflection around cultural issues or international engagements (Cahn & Smoller, 2019; Chang, 2004; Elfenbein, 2020; Elverson & Klawiter, 2019; Rosen et al., 2017; Solchanyk et al., 2021).

Horton et al. (2020) present an innovative teaching strategy to foster student resilience and enhance interprofessional collaboration among nursing and social work students. Using a reflective practice framework, the authors examine a study abroad interprofessional immersion experience, integrating reflective journaling as both an evaluative instrument for students and faculty and as a mechanism for promoting self-realization and enhanced mental wellbeing (Horton et al., 2020). These strategies highlight the progressive academic landscape that prepares health professionals to work collaboratively in high-stress environments. Emphasized are the innovative teaching methods necessary to bridge the gap between higher education and healthcare, valuing reflection as an essential part of health professions education (Horton et al., 2020).

The predominance of studies in the nursing education (Chirema, 2007; Elverson & Klawiter, 2019; Epp, 2008; Horton et al., 2020; Kessler & Lund, 2004; Raterink, 2016; Ruiz-López, 2016; Schuessler et al. 2012; Sobel, 2020) on the use of reflective journaling demonstrates an enthusiastic adoption of this device and philosophical appreciation for critical reflection to enhance both student learning and teaching practice. In a review of the literature on

the value of reflective journaling in nursing education, Epp (2008) identifies a breadth of research on integration of reflective journaling in the nursing curriculum yet reports limited research on the nurse educator's supportive use and perceptions of student journaling in the reflective process (Epp, 2008).

Critical reflection is found to be essential to improving the educational process for nursing students and reflective journaling is a mechanism that helps develop such skills. Raterink (2016) describes the use of reflective journaling in graduate nursing education, as well as a scoring process to evaluate the reflection and provide feedback. The study findings proved journaling to be a helpful strategy for reflection of a clinical situation and a rubric scoring tool provided faculty with a consistent method for feedback (Raterink, 2016). The merit of journaling as an in-class exercise for Bachelor of Education students is evidenced by the students' improved ability to conceptualize expository methods of teaching, thoroughly understand a situation, identify goals, consider alternatives, and think before acting (Watson, 2011).

Peer Support and Faculty Development

The research literature suggests that mentorship and formal training in critical reflection is essential in uncovering deep-seated assumptions both about the instructor and the learner. Such support is vital to overcoming educator perceptions of feedback on student journals as a time-consuming task (Ahmed, 2019). Anticipating these perceived barriers, Brookfield (1998) recommends implementing the Critical Incident Questionnaire (CIQ) in the classroom to see practice through the lens of the learner. The CIQ asks questions about student engagement (or disengagement) in class sessions, behaviors observed, and what might be puzzling or surprising in the classroom. Students are expected to keep copies of their written responses and revisit later, reflecting on "habitual preferences, dispositions, and points of avoidance in their learning"

(Brookfield, 1998, p. 201). The CIQ offers many benefits including that it alerts educators of problems, grounds their actions, develops learner reflectivity, exemplifies a democratic process, demonstrates responsiveness, builds trust, justifies diverse teaching methods, and, importantly for this discussion, models critical reflection (Brookfield, 1998). Effective critical reflection is developed in a climate that is egalitarian and participatory, and yet, is learned by observing those in positions of power model the process in their own lives (Aryal, 2022; Fook, 2007; Brookfield, 1998).

Among the literature on student reflective journaling in higher education exists numerous studies proposing practical guidelines for applying this effective pedagogical tool (Ahmed, 2019, Pieper et al., 2021, Ruiz-López et al., 2015). For example, an online platform was used to capture the genuine teaching situations of student teachers, showing more significant entries from the high-information feedback group than the non-feedback group (Pieper et al., 2021). Ahmed (2019) asserts that a non-punitive, understandable, and well-organized journaling environment stimulates student interest in the assignment. Based on their success with a reflective journaling assignment in an online distance nursing education course, Kessler and Lund (2004) developed a set of guidelines for educators to seamlessly integrate this teaching method in similar settings. Referring to Schön's model of reflection, their recommendations include, setting journal parameters, ensuring emotional safety, teaching effective writing techniques, and encouraging students to examine the context versus content of their thoughts, feelings, and actions (Kessler & Lund, 2004).

While few studies provide explicit guidelines and best practices for teaching critical reflective journaling, there is a growing community of practice offering peer support to educators who seek guidance in this pursuit. Reflective journaling is recognized empirically as an effective

learning assessment instrument, notably in its potential to help educators understand the experiences of their students and to modify incrementally their own teaching methods accordingly.

The Challenges of Reflective Writing

Regardless of the discipline, skills in written expression are essential to most professionals. The extent to which students are trained in writing and other forms of communication varies among academic majors, with less attention focused in the scientific disciplines on refining this skillset. Beyond the standard elements of writing and composition, written expression that involves self-reflection requires the student to critically analyze an experience, thinking deeply and evaluating their thoughts, attitudes, and motivations. Like any pedagogical exercise, reflective writing requires careful planning and implementation to be successful (Dyment & O'Connell, 2011). Furthermore, because the reflective journal provides a window into the hearts and minds of learners, "when properly facilitated, [journaling] can reap wonderful educational rewards" (Dyment & O'Connell, 2011, p. 22). However, the journal assignment can be disappointing for both educator and student when the instructor witnesses only descriptive accounts of events and the learner feels little engagement in higher order thinking (Dyment & O'Connell, 2011).

Holistic Models of Critical Reflection

Many of the existing models that promote critical reflection in the classroom and during field experience assign journaling in conjunction with debriefing, case studies, and other forms of reflection. This holistic approach to critical reflection is exemplified in the work of bell hooks, who recommends combining journaling with other techniques such as case study analysis and questioning. These efforts to foster critical reflection will be undermined, hooks warns, if

educators are "simply replacing a dominant ideology with a feminist or a critical one" (Merriam and Bierema, 2014, p. 229). She shares the belief with Brookfield (2004) that by reviewing practice through the four lenses of reflection (self, students, peers, scholarship), educators are more aware of "those submerged and unacknowledged power dynamics that infuse all practice settings" (p. 197). These critical lenses (Figure 2) also transform educators into practitioners, conscious of their own hegemonic assumptions and apt to enter a deep level of reflection (Aryal, 2022; Brookfield, 2004; Brookfield, 2016).

Figure 2. The Four Lenses of Critically Reflective Practice (Brookfield, 2004)

- Our own autobiography as teachers and learners

- Through the eyes of our students

SELF

STUDENTS

PEERS

SCHOLARS HIP

- The experiences of our colleagues

- Theoretical Literature
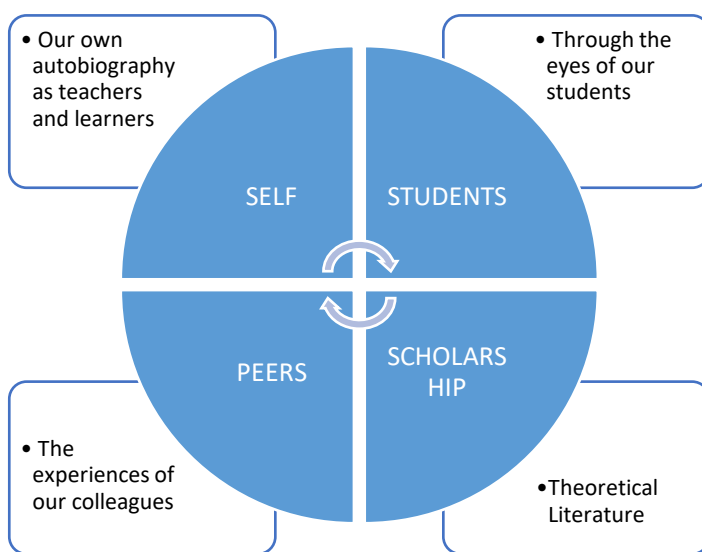
Constructive Pedagogies for Global Health Educators

As adult learning theory evolves and new schools of thought emerge and adapt to the inexorable forces of globalization and technology, educators have an opportunity to exploit current educational infrastructure to strengthen their own teaching efficacy, consequently improving student academic success. Global health educators who teach experiential courses using this constructivist approach can facilitate learning and promote reflection through the student's cross-cultural experience. Such an approach encourages the student to acquire an implicit understanding of the surrounding social context, culture, and history.

Journaling, as a general practice, offers wide application across disciplines in helping students adjust to new information, cope with trauma, and make sense of their surroundings and emotional reactions. Purposeful writing, with carefully tailored prompts, bridges the gap between conceptual knowledge and the practice of global health. Journals provide a vehicle and outlet for students to interpret their own 'data,' potentially disclosing moments that are deeply private and painful (Dyment & O'Connell, 2011, Phelps, 2005). The current body of empirical research suggests that practice with this technique is crucial for global health educators who are likely to be challenged by unique moral and ethical dilemmas inherent in the discipline. These challenges can be better anticipated and resolved by the critically reflective practitioner.

Phelps (2005) invites other scholars to explore the potential for reflective journaling in a variety of educational contexts. As I investigate methods for improving standards of practice in global health education, this growing body of literature provides a solid footing in the facility of reflective journaling among nursing students who have traveled abroad (Elverson & Klawiter, 2019, Schuessler et al., 2012, Sobel, 2020). Health professions curricula which integrate critical reflection (particularly in the form of journaling) in fieldwork, foster deeper student learning and better outcomes for the host community during short-term international engagements.

Overcoming Student Reluctance about Journal Writing

Though the act of journal writing is a creditable exercise, many students in the health professions often appear to be initially resistant to this kind of informal expression, seeming alienated by a perceived arrogance or disrespect in the instructor's critique. The personal writing that is an essential condition of reflective journaling may diverge from their own cultural norms about open expression. Reflective journal writing might call for a level of emotion that is uncomfortable, whereas other art forms may evoke an emotional connection. Glass (2015) lists

the top challenges for educators to encourage critical reflection, including creating an equitable assessment strategy to account for varying levels of student abilities to be reflexive; addressing the general discomfort with personal writing; and embedding reflexive instruction into course curricula.

Foreseeably, if the design of the activity factored in more latitude in the prompt (e.g. draw a sketch or write a poem), students could potentially feel more relaxed about articulating their experience. Adapting Tyler's (2015) model, an instructor could learn about the collective experiences of a group of students who traveled to another country by engaging them in a collaborative activity, such as creating a photo collage of the local community. Arts-based research in the context of participatory action is an exciting area of research, offering limitless possibilities across disciplines and practice settings.

The Usefulness of Theory in Contemporary Adult Education

The historical development of theory within the discipline of adult education includes both a cumulative building of theoretical knowledge and ongoing, contested epistemologies regarding the needs of the adult learner and educator. The early emergence of formal adult education theory included the work of Dewey and Lindeman and eventually Knowles' andragogy and others whose influence has changed the shape of our understanding of education, learning, and lifelong learning.

Progressivism and Dewey

A progressive perspective underscores an experience-based, applied-learning process, in which students address real-world problems. In global health education, the benefits of experiential learning are profound. A well-structured international field study exposes students to the local interests of global communities, enhancing their understanding of the principles of

global health in action (Hu et al., 2016). Progressivism is grounded in the acceptance of learning outside formal, institutional settings. The heart of this philosophy is the idea that learning follows the life continuum.

Relative to other adult education philosophies, experiential education has been closely associated with progressivism. A fair examination of the role of experiential education in the global health curriculum would be remiss if the contributions of John Dewey (1859-1952) were not considered. Dewey was a pragmatist whose career was multidisciplinary, spanning subjects of logic, psychology, philosophy, democracy, and education. He is best known as an educational philosopher whose early 20th century thought on experiential education served as the foundation for a complex evolution of theories on contemporary adult experiential learning. Moving away from traditional, authoritative, lecture-based pedagogy, Dewey's work on transformative experiences inspired advancements in modern-day education and its countless sub-fields of experiential learning. Given the distractions of modernity, a focus on learning through experience, capturing the present moment, and reflecting on it was a novel concept in education at the time. Today, educational institutions have capitalized on the value of experience in education, mindfulness, and critical reflection. Dewey's work has influenced many contemporary social theorists, such as Durkheim, Habermas, and Brookfield.

Dewey's fundamental contributions to the field of adult education can be characterized by his critique of education itself as well as the role of education in the democratically constituted society. Specifically, his *Democracy and Education* (1916), which was written in the middle of World War I, describes this vital role of education is bridging societies, and solidifying democracy, which he views as more than a form of government. He views democracy as primarily a mode of associated living and of conjoint communicated experience (Lemert, 2018).

Indeed, when he wrote this book, he was inspired by some of the alleged benefits of war, primarily that conflict of peoples enforces interaction between them, encouraging a learning from one another and broadening perspectives to a more global, multicultural worldview.

Progressivists believe firmly in educational equity, or the right to education for all. Educational programs that espouse progressive values avoid the detriments of social stratification, breaking down such barriers so that members of society are educated to personal initiative and adaptability (Lemert, 2018). Advancements in experiential education have the potential to influence the cultivation of practical learning experiences for adult students. An educator who embodies a progressive philosophy expands constructivist ideas about learning through meaningful and interesting experiences that involve individual, social, and environmental interactions (Beard, 2018). This expansion of constructivism gives rise to the transformative learning process discovered through immersive and reflective practice.

A gray philosophical margin exists between progressivism and humanism, particularly in terms of teaching methods. Experience-based education as originated from Dewey and experiential learning (later theorized by David Kolb) are categorically distinct methods in the spectrum of adult education philosophies (Tisdell & Taylor, 2000). In global health education, a case could be made for a closer connection to experiential learning as embedded in the humanist philosophy. Undoubtedly, though, Dewey's influences on democratic education and educational equity are vital to the profession of a global health educator.

Theory is vitally important for responding to issues of equity and justice. Critical theory radically challenges and is shaped by emerging questions of inclusion, diversity, and discrimination. Academic institutions today are gradually prioritizing diversity and inclusion in their curricula, hiring practices, and student recruitment in an effort to achieve cultural

transformation. Brookfield (2004) warns of hegemonic ideologies that become our everyday

lived decisions and judgements and when these ideas "pervade the whole of existence" (p. 94).

As such, promoting an anti-racist society will pave the way for institutional policies that

challenge our existing systemic inequities, addressing not only race and culture, but the

intersection with gender, class, and other social issues. Theorizing allows us to explain reality

through conceptual order and illuminate our observations and experiences. Brookfield (2004)

reasons that critical theory allows educators and learners to understand power relations in the

classroom and to challenge the conventional, translating this theoretical understanding to

overcome society's natural tendency for hegemony.

 While learners are challenged to make meaning of theory and apply to practice, educators

must feel motivated to teach theory despite learners' grappling with its complexities (Gouthro,

2018). Social theory is the art of asking the right questions, and "to be a social thinker, if not a

professional theorist, is to live with uncertainty – in respect to which the most certain social thing

in the modern world is that sooner or later everything changes" (Lemert, 2018, p. xvii). This

ability is refined over time and allows human beings to develop their own individual social

theories and to connect to the collective conscience.

Neoliberalism's Bearing on Theory

 Market-driven dimensions of higher education have increasingly come to the forefront of

educational policy. Bamberger et al. (2019) posit that internationalization in higher education

has become an engine for advancing neoliberal priorities, reducing education to economic and

commercial motives. This argument is not exclusive to internationalization given that the higher

education institution's embodiment of neoliberalist values normalizes inequalities across the

entire system. Teaching social theory moves learners beyond the technical and rational discourse

that is profitable in education. Furthermore, it compels us to examine not only society and the behavior of others, but also promotes introspection.

Gouthro (2018) raises the important notion of sustaining a discourse in theory to inform practice, clarifying the role of critical theory in shaping social justice outcomes and developing an active citizenry. Exploring this topic through a critical feminist lens, she argues that it is necessary to initiate this dialogue on the value of theory given the neoliberal underpinnings in higher education (Gouthro, 2018). Further, she contends that increasingly educators and students spend less time engaging with theory, which provides an important grounding for academics in their scholarly activities. Practice is informed by informal theories (those that affect our everyday lives) versus the formal theories that have gained credibility in their academic disciplines (Gouthro, 2018).

Transformative Learning Theory

Theory allows educators to better understand and apply the processes of teaching and learning in the social, political, and cultural contexts in which we are engaged (Gouthro, 2018). It grounds practice, particularly in higher education where students thrive in collaborative settings in which they define the learning that is important to them.

Major Premises of Transformative Learning Theory

The theory of transformative learning has sustained its intrigue over the decades since its inception, resulting in numerous conferences, peer-reviewed papers, and a journal devoted entirely to transformative education. Although there were several early influencers, the official origins of the development of transformative learning theory began with Jack Mezirow in the late 1970s. Social theorists Kuhn, Friere, and Habermas each played a role in influencing

transformative learning theory, although it was an iterative process that evolved over decades. Habermas' early work on the domains of learning (technical, practical, and emancipatory) inspired transformative learning to take shape in its modern form (Kitchenham, 2008). Based on these domains, Mezirow developed a theory of adult learning and adult education, then called "perspective transformation."

Emerging years later on the basis of his findings, Mezirow developed a linear model of transformative learning including ten core phases: 1) disorienting dilemma, 2) self-examination with feelings of guilt or shame, 3) critical assessment of epistemic, sociocultural, or psychic assumptions, 4) recognition that one's discontent and the process of transformation are shared, 5) exploration of options for new roles, relationships, and actions, 6) planning a course of action, 7) acquiring knowledge and skills for implementing one's plans, 8) provisional trying of new roles, 9) building competence and self-confidence in new roles and relationships, 10) a reintegration into one's life on the basis of conditions dictated by one's new perspective (Mezirow, 2000).

Beyond its purely theoretical notions, Nerstrom (2014) elucidates the complexity of transformative learning based on its distinct and potentially competing frameworks – outcome, process, or pedagogy. As a process, transformative learning aligns closely with Mezirow's original ten-phase model, whereas transformative learning as an outcome relates to a new lens to examine oneself or others. Pedagogically, transformative learning is its own paradigm of adult education (Nerstrom, 2014) that "acknowledges the complexity of the world we live in and questions what we believe we know about it" (Van Schalkwyk et al., 2019, p. 547). Similarly, Frenk et al. (2020) differentiate among what they refer to as "three successive levels" of transformative learning. The most basic level is considered *informative learning* related to the acquisition of knowledge and skills; *formative learning* socializes students around values

preparing them to be professionals; *transformative learning* is the highest form, developing leadership attributes and producing "enlightened change agents" (Frenk et al., 2020).

In an exhaustive review of Mezirow's theory from inception to its contemporary dimensions, Kitchenham (2008) shares a definition of transformative learning theory as "a deep, structural shift in basic premises of thought, feelings, and actions" (p. 104). In its infancy, transformative learning theory was characterized by effecting change in an adult's frame of reference (associations, concepts, values, feelings, conditioned responses), and the theory's ten core phases, which travel through an individual's personal trajectory (Mezirow, 1997). The early descriptions of transformative learning theory have been considered limited in scope given the highly complex nature of learning. Although the foundations of transformative learning theory have gradually pivoted to recent critical dimensions that are more inclusive of the variety of human experience, these phases are still relevant in contemporary translations of transformative learning theory and have paved way for a more in-depth explanation of its distinct elements (Kitchenham, 2008).

Transformative learning theory derived from Mezirow's study of the perspective transformation of women upon reentry to higher education in the 1970s. Emerging years later on the basis of his findings, Mezirow developed a linear model of transformative learning including its ten core phases. The various iterations of transformative learning theory over the years have modernized this theory to the current socio-cultural context. Some of the criticism relates to its exclusive focus on the individual. Counter arguments claim it is necessary to have a theory to explain individual adult learning behaviors and suggest that individual interpretations of the theory relate to underlying interpersonal understandings of how adults make meaning. It is

impossible to separate relationships and social interactions with the rest of life's personal experiences.

Critiques and Revisions

Mezirow's early versions of transformative learning theory offered a narrow interpretation of transformation. Mezirow (1978) draws a distinction between dilemmas that are commonplace and those that have a dramatic result such as loss of a spouse, change in career, graduation, and other life-altering moments. The central theme that carries an individual through each phase is experience. Transformative learning theory is also about challenging one's own and other's assumptions, becoming aware of oppressive structures, and making changes (Calleja, 2014). Subsequent revisions to transformative learning theory explain this adult learning theory as a gradual process that is more cyclical in nature, stemming from the accumulation of experiences over time. The boundaries of the disorienting dilemma, for example, were criticized as too restrictive and narrowly defined, resulting in a broader scope that is more inclusive of the range of experiences in a lifetime which deviate from a prescribed trajectory.

In 1985, in response to criticism that considered the phased approach rigid, Mezirow revised his model to categorize three types of learning – instrumental, dialogic, and self-reflective (Kitchenham, 2008). By 1995, Mezirow agrees with the debate that the transformation process is not always sequential, clarifying that deviations occur outside the logical order he proposed (Taylor, 1997). Taylor supports this shift, highlighting research findings such as Lytle's (1989) study of perspective transformation among registered nurses who return to baccalaureate education, which found only 30 percent of participants meeting all ten criteria of the phased model, as well as later studies that criticize specific stages of the model as "recursive, evolving, and spiraling in nature" (Taylor, 1997). In response to further calls for a broadening of

the theory to represent other non-rational ways of knowing, the 1995 revision of transformative learning theory highlights reflection as a vital element, taking into account three distinct types of reflection: content (learning with present meaning schemes), process (learning new meaning schemes), and premise (learning through meaning transformation) (Kitchenham, 2008). Of these three stages of reflection, Mezirow clarifies that only *premise reflection* leads to perspective transformation (Merriam & Bierema, 2014). This process of reflection ultimately leads to action which has the potential to trigger transformation, whether profound or straightforward.

In his revisions, Mezirow defines the relationship of perspective transformation to social action, an outcome of an individual's personal transformation which unites like-minded people to form groups that create social change (Merriam & Bierema, 2014). Kitchenham (2008) continues to identify further revisions, covering three decades of Mezirow's body of work. Such revisions have sustained the intrigue of the theory, resulting in numerous conferences, peer-reviewed papers, and a journal devoted entirely to transformative education.

Transformative Learning Theory and Social Justice

Today, transformative learning theory plays a vital role in the mainstream discourse in adult education given its diverse application in educational theory, research, and practice (Taylor, 2007). Qualitative research which addresses the 'how' and the 'why' cultivates in participants a meaning-making that is subjectively informative. Taylor (2007) describes action research as having a natural affinity with transformative learning, on the individual level having the potential to influence transformation at the institutional level, paving way for change and even social justice. Taylor (2008) refers to this perspective as the 'social-emancipatory perspective' with the goal of challenging and transforming oppressive structures in society. This translation of individual transformation to social change is inspired by the work of Friere who

views the individual and social levels of transformation as inseparable (Merriam & Bierema, 2014). Yet, the literature reveals that it is difficult to measure this kind of transformative learning as a social change process rather than its more common focus on personal development (Calleja, 2014).

A strand of transformative education independent from the contemporary Mezirow model with critical reflection as its central theme, the Freieran approach to adult education, suggests that adult education exists outside formal institutions, thriving in non-formal environments and social movements (Cunningham, 1992). While such activism predominantly exists outside of the schooling system, attention to the global mindedness of future health professionals "fosters the development of not only culturally sensitive practitioners but also personal commitments to social change for health justice and equity" (Litzelman et al., 2017).

Fostering Transformative Learning in Global Health Education

It is the foremost role of global health educators to create a supportive environment for experiential learning, forming the basis of future experience and learning (Beard, 2018). Formerly found primarily in informal adult learning settings, schools and universities have come to embrace this learning construct by integrating competencies of "responsible citizenship, confidence, resilience, compassion, service, cultural diversity, civic literacy, and global awareness" in their curricula (Beard, 2018, p. 32). Thus, teaching methods that facilitate these social, personal, and cultural competencies are channeling their energies in the right direction.

In the classroom, the extent to which transformative learning can be assessed is continually debated. According to Friere, the challenge of measuring transformative learning in the adult education environment lies in the "teachers themselves [who] have a difficult time getting past the 'instilled certainty' that teaching is a unidirectional activity in which teachers

'bank' knowledge without involving students in a critical and dialogic relationship with this knowledge (Calleja, 2014, p. 121-22). Friere introduced an unprecedented respect for educating adults outside the institution, and his teachings are equally empowering in formal educational settings. His groundbreaking achievements liberating Brazilians through literacy education is symbolic of the work we have yet to do to "reinvent the world" both outside and within the classroom walls (Horton and Freire, 1990, p. 91). Undoubtedly, Friere's influence on Mezirow's theory and later iterations of transformative learning theory underlines the importance of the development of a critical consciousness in learners as a prerequisite to facilitating individual and social transformation (Mezirow, 1978). Since Friere's advocacy of critical pedagogy, and the early development of transformative learning theory, the theoretical and practical debate of this adult learning theory has been explored widely in the adult education literature with the discourse prominently led by former Mezirow protégé, Edward Taylor.

The Link Between Transformative Learning Theory and Critical Reflection

The most systematically approached critical review of 39 empirical studies of Mezirow's theory revealed support for transformative learning theory but also to reconceptualize many of its founding principles (Taylor, 1997). Collectively, the studies demonstrated that Mezirow's model was not inclusive of the complexities of human behavior and emotions, and that the overemphasis of critical reflection and lack of focus on sociocultural context was not accurately explaining learning in adulthood (Taylor, 1997). By contrast, Taylor's (2000) critical review of 23 empirical studies based in the classroom support Mezirow's original framework, validating the role of rational discourse and critical reflection in fostering transformative learning theory among learners. The themes uncovered by Taylor related to fostering transformative learning in the higher education classroom encourage adult educators to accept the complexities, dilemmas,

and challenges of fostering transformative learning in students (Taylor, 1997). In an update published nearly a decade later, Taylor (2007) addresses the breadth of peer-reviewed literature since his last review, focusing on 40 studies that bring to light the nuances of fostering transformative learning and the opportunities in the research community to integrate different approaches to studying its application.

The themes uncovered in a critical review of 23 empirical studies related to fostering transformative learning in higher education encourage adult educators to accept the complexities, dilemmas, and challenges of fostering transformative learning in students (Taylor, 1997; Taylor, 2000). Beyond its theoretical contributions, transformative learning theory's framework for practical application is underlined in a qualitative study of a two-day conference designed to challenge participants' assumptions and prior understandings of evidence-based medicine and decision making. The study's primary intent was to support transformative learning and the unique individual meaning-making process (Sokol and Shaughnessy, 2018). Discovering the strategies that facilitate such learning provides educators with a basis for understanding the connection between transformative learning theory and practice.

Saxena (2019) asserts that transformative learning on the individual level can positively influence transformation in the educational institution, ultimately paving the way for social justice. In understanding this potential for change, Saxena explores what he considers the central element of transformative learning – the concept of frame of reference, which describes an individual's intrinsic assumptions and predispositions (Saxena, 2019, p. 534). Given one's frame of reference, Saxena (2019) observes the dilemma of fostering personal transformation as a responsibility on the one hand and an imposition on the other. He describes the premise (the right to question one's beliefs), the promise (responsibility or an imposition), and the challenge

(empowering or destructive) of transformative learning (Saxena, 2019). Health professions educators who acknowledge the power of experiential learning experiences in unfamiliar settings have the potential to drive transformative change in their students and beyond. Kear (2012) investigated transformative learning experiences during nursing education and proposed a model of interconnectivity with threads that feature experiential learning on the perimeter and transformative learning theory at its core.

The dramatic shift of consciousness that defines transformative learning "involves our understanding of ourselves and our self-locations; our relationships with other humans and with the natural world; our understanding of relations of power in interlocking structures of class, race and gender; our body awareness our visions of alternative approaches to living; and our sense of possibilities for social justice and peace and personal joy" (O'Sullivan, 2003, p. 327).

Transformative Learning in Global Health Education

Global health is growing in urgency as a critical field of study given the increasing complexities of health care and globalization. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care (Sawleshwarkar, 2017, p. 2).

Students enrolled in graduate-level global health programs customize their learning experience through fieldwork where they often spend several weeks observing and interacting with a community unfamiliar to them. Bender and Walker (2012) highlight the transformative learning that manifests in the global health experience, "that becoming more culturally sensitive requires an often uncomfortable and troubling reexamination of deeply rooted beliefs" (p. e1029). They found, compared to simulation-based activities at home, the global health

placement in morally challenging placement settings, such as Aboriginal communities, triggered more rewarding yet discomforting experiences (Bender and Walker, 2012).

To understand how learners adapt to the rapidly changing globalized workplace, Magnier-Watanabe et al. (2017) conducted an experiential learning study of geographically dispersed teamwork and cross-cultural collaboration. Using text-mining methodology, the study team observed a 9-week program arranged between two institutions in France and Japan, comprised of students representing 11 different countries with a wide range of academic and work experience. The goal of the program was to prepare students to enter the workforce with the skills to collaboratively solve complex problems outside the physical classroom within a multicultural group of professionals. Magnier-Watanabe et al. (2017) offer innovative solutions to virtual cross-cultural exchange but would be well-advised to strengthen their inquiry by assessing how this unique program may contribute to the cultural humility discourse.

An area of the research literature in adult education that is currently under-explored is this connection between transformative learning and cultural awareness for understanding the learning and experiences of global health educators and their students. While numerous studies in health professions education have demonstrated critical reflection as a major facet of promoting transformative learning, there is little attention to the role of cultural humility within the transformative learning framework. Critiquing transformative learning theory is central to understanding its popularity and widely contested fundamental elements. Future studies that build upon this theoretical framework must consider the theory's embedded ethical challenges and must advance efforts to promote inclusivity in its application.

Postcolonial Theory and Decolonization

To fully appreciate postcolonial theory is to acknowledge the recent advancements in the decolonial discourse, which argues that global health needs to "address the complex interdependence between histories of imperialism with health, economic development, governance and human rights" (Büyüm et al., 2020, p. 1). This paradigm shift involving individuals and institutions has been gradual, but it is first important to understand the foundations of postcolonial theory before re-historicizing health (Büyüm et al., 2020).

Postcolonial theory broadly stretches across the social sciences, literary, medical, and other fields. Colonialism is often referred to as the destructive exploitation of indigenous peoples, including a history of violence and control over the political, economic, and cultural aspects of life (Young, 2016). Young, (2016) defines postcolonial theory as a "political analysis of the cultural history of colonialism, and investigat[ing] its contemporary effects in western and tricontinental cultures, making connections between the past and the politics of the present" (p. 6). Postcolonial theory brings to light the imperialist and colonialist ideologies that value some lives, particularly those in HICs, over others (Büyüm et al., 2020). While postcolonial theory is the critical academic study of our colonial and imperial legacies, decolonization is a movement that has only recently started to gain traction in the field of global health (Young, 2016; Eichbaum et al., 2021). Indeed, more scholarship is needed in global health practice and education to "disentangle" these complex legacies and their influence on the enduring structural injustice and discrimination of people (Eichbaum et al., 2021).

Situated in popular theater and in the spirit of self-reflexivity, Butterwick and Selman (2012) offer a decolonizing pedagogy through embodied knowledge asserting, "decolonization and social transformation…are necessarily self-reflexive processes, requiring the deconstruction

of not only the colonizer and external oppressive structures, but also one's own internalization of and participation in the same" (p. 63). Osler (2015) recommends combining postcolonial theory with Black feminist perspectives to teach for human rights, building a framework for social justice. Avoiding uncomfortable dialogue around the subsequent experiences of people and societies, deprives the learner from the authenticity of the subject matter and makes us complacent about human rights, equity, and justice (Osler, 2015).

To demonstrate how critical theory is interested in the ways in which social systems of oppression protect dominant groups, Merriam and Bierema (2014) recommend facilitators and instructors assign students a mind map exercise. In this example, learners are encouraged to sketch the relationships in their lives, illustrating the intersection of intellectual, positional, and political power and these connections across systems and people (Merriam & Bierema, 2014). These innovative pedagogical strategies may be useful to build other learner skillsets, particularly those related to cultural awareness and sensitivity. Examining decolonial feminist pedagogies in the internationalized setting of higher education, Fukushima and Vei (2022) turn to the notion of "world-travelling," as an essential framework for navigating complex power dynamics of racialized and gender relations. From a postcolonial perspective, world-travelling invokes colonial images of travel for "amusement and exploitation" (p. 3). By contrast, a decolonial lens sees a reconfiguration of oneself and one's sense of the familiar, a mode of travel that brings forth "discomfort, potential loss, and vulnerability" (Fukushima & Vei, 2022, p. 3).

Rethinking Cultural Competence

The central idea of competency is about more than just gaining factual knowledge. True competency implies a self-assessment of our ongoing attitudes toward both others and ourselves. Cultural competence, therefore, is a "set of congruent behaviors, attitudes, and policies which

come together in a system, agency, or amongst professionals to work effectively in cross-cultural situations" (Cross et al., 1989, p. 13). Cross et al. (1989) elucidate their definition, offering a six-point spectrum that ranges from cultural destructiveness to cultural proficiency, albeit the very concept of proficiency provides the grounds for debate.

Health care organizations have institutionalized changes to the system through innovative strategies, including recruitment and retention of minority staff, culturally competent health promotion programs, and deployment of community health workers (Brach & Fraserirector, 2000). Fleckman et al. (2015) make a call for action to public health professionals whose work is defined by population-based health, preventative programming, and epidemiological and behavioral research. They contend that these professionals "need a commitment toward intercultural competence and skills that demonstrate flexibility, openness, and self-reflection so that cultural learning is possible" (Fleckman et al., 2015, p. 1). With respect to internationalization in higher education, intercultural competence is an essential element in preparing the global readiness of students interested in working with international populations (Deardorff & Arasaratnam-Smith, 2017).

The traditional conceptualization of cultural competence in health professions education has been widely debated in the health care literature. Tervalon and Murray Garcia (1998) opened the critical debate about cultural competence versus cultural humility in the multicultural education curriculum for physician training. The gradual shift in health care and the related fields of public health (Allwright et al., 2019, Lekas et al., 2020) and adult education (Sanchez et al., 2019, Greene-Moton & Minkler, 2019) toward the promotion of self-reflexivity and lifelong learning, addresses the limitations of cultural competence frameworks. According to Allwright and colleagues (2019), the cultural competence curricula used in health care have perpetuated

long-standing discrimination of marginalized groups such as the LGBTQ community. Tervalon

and Murray-Garcia (1998) challenge cultural competence in medical training as "an easily

demonstrable mastery of a finite body of knowledge, an endpoint evidenced largely by

comparative quantitative assessments" (p. 118). The process they define that overcomes this

arrogance in understanding another culture occurs through continual "engagement in self-

reflection and self-critique as lifelong learners and reflective practitioners" (p. 118). While

competence has an all-knowing implication, the major imperatives of cultural humility are in

accordance with the philosophies underpinning the field of adult education. These are:

committing to lifelong learning and critical self-reflection; redressing power imbalances; and

methodically immersing trainees in what Tervalon and Murray-Garcia (1998) identify as

"mutually beneficial, nonpaternalistic, and respectful working relationships with community

members and organizations" (p. 121). This is the thrust of the synergy needed to ground the

discretionary practices of health professionals in ethical choices.

Practicing Cultural Humility

Cultural humility training allows learners to gain self-knowledge through continual self-

critique. Velott and Sprow-Forté (2019) call attention to the need for health care providers to

surrender their power to foster mutually beneficial relationships with patients and respectful

health care environments that lead to better health outcomes. The power relations between

provider and patient are more clearly defined in the literature than the nature of power and

privilege seen among U.S. students in intercultural settings.

In Anne Fadiman's gripping anthropological book, *The Spirit Catches You and You Fall

Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures*, the author

autoethnographically compassionately reflects on the dysfunctional relationship between

biomedicine and spirituality. The author's own transformation is evidenced by transformative learning theory's "here and now," which constitutes the situation within which she is submerged, from which she emerges, and in which she intervenes (Merriam & Bierema, 2014, pp. 90-91). Fadiman's message of cultural humility was groundbreaking in 1997 when the book was published and is still relevant today.

In an extensive review of 16 empirical studies of cultural competency and cultural humility in health professional programs including global health education, Foronda et al. (2017) identified a gap in knowledge related to best practices in simulation education in a culturally diverse context. Based on the dearth of empirical evidence of effective strategies to integrate cultural diversity in the simulation curriculum, Foronda and colleagues (2017) recommend an infusion of cases that reflect cultural differences as well as cultural humility training for facilitators and students. Such training is fundamental to fostering the transformative learning potential in global health students. The question, however, arises whether educators have the right to create conditions that place learners in emotionally vulnerable positions (Serap Kurbanoğlu et al., 2014, Taylor, 2000). Mezirow argues it is only unethical to engage students in transformative learning if educators are not willing to support learners as they process the experience (Cranton, 2016).

Internships allow students to practice adaptability and develop a critical self-awareness, and this skillset is heightened during international field study. Offering growth opportunities in the areas of cultural competence and humility, with emphasis on critical reflection, has the potential to expand the consciousness and connectedness of our future workforce. Therefore, students must be prepared for global health engagements through carefully tailored predeparture

and on-site programming in which cultural humility is a primary, if not the most important, learning component (Lasker et al., 2018).

It has been firmly established that learning through first-hand experience is fundamental to the curriculum, and it is this transfer of knowledge to the real world that attracts many students to the professional degree program. Nonetheless, the growing popularity of international global health training should not blind us to the perils of arrogant superiority and cultural ignorance. Critical self-exploration can be an antidote to such ignorance or absence of empathy, helping to foster cultural humility (Ventres, 2019).

Analyzing the disturbing presence of 'White savior' complex, Straubharr (2015) suggests that a Frierean perspective enlightens us to the significant humbling transformation that must be "undergone by socially privileged individuals who decide to join in progressive work towards radical social action alongside marginalized groups or peoples" (p. 381). Global health trainees may have little exposure to this kind of radical intervention, despite their ongoing engagement with marginalized communities. Those who experience intersections of privilege relative to their own identity must counter and mitigate the myopic perspective of privilege (Straubharr, 2015).In a culture where priority is placed on power differentials, humility may be considered a less desirable trait (Habashy & Cruz, 2021). However, the intentional nurturing of one's own capacity for cultural humility has the potential to not only strengthen relationships and partnerships but to foster a curiosity in individuals that strengthens the connectedness of our multicultural world (Habashy & Cruz, 2021).

Examining Oneself

The exploration of oneself is a leading benefit of educational programs which embody cultural humility practices. However, lacking in the modern discourse on critical reflection

through writing is an investigation of what is meant by the Self. In a selection (*Infinite Layers/Third World?)* from one of her best-known publications, *Woman, Native, Other: Writing Postcoloniality and Feminism (*1989), Min-ha critiques the definition of the Self as one that is unified. She analyzes the various standard pronouns (he/she, we, they, etc) and argues that this categorization is too limiting as the lines "leak," suggesting gender fluidity. For a Vietnamese female scholar in the mid-80s, this is a progressive argument that is further complexified by the breaking down of the I/i pronoun, describing the big "I" as too fixed, the totality of which is to be "filtered out as superfluous, fake, corrupt, and which is to be called, pure, true, real, genuine, original authentic" (Lemert, 2018, p. 406). Minh-ha's views on feminism, privilege, and the male dominant society parallel the "othering" that Margery Wolf, feminist anthropologist who criticized the postmodernist interpretation of ethnography, highlights as the chief responsibility that is necessary in qualitative research design to protect the group under study. Minh-ha dissects the label "woman," commenting on the "subtle power of linguistic exclusion" (p. 408). Such labels are rarely inclusive of the female gender from less resourced countries.

Behmer (2019) suggests the superficial Self can be relieved of its unconstructive afflictions to allow the "self [to be] realized and along with it a sense of freedom and consequently an interconnectedness with life, the earth, and universe" (p. 69). Likewise, the community is ripe for liberation from superficiality, particularly at a time of immeasurable suffering. Velott and Sprow-Forté (2019) recommend a focus on cultural humility in a sociocultural context. To challenge issues of equity in the community, they advise a humble attention to cultural issues and the integration of a mindfulness practice that raises consciousness and emphasizes a direct attention to such issues (Velott and Sprow-Forté, 2019). This

development of the Self that emphasizes cultural humility and mindfulness inspires new understandings of the role of critical reflection in experiential education.

Chapter Summary

In the last decade, racial and ethnic diversity in the U.S. population has increased dramatically. As such, the expedient to build diverse relationships is paramount. Cross-cultural competence among leaders in global health has become urgent, because without it, the opportunity to build relationships rooted not in self-interest but in altruistic reciprocity becomes impeded. Exposure and proximity to diverse populations breaks down resistance to reform and leads to the kind of open-mindedness that allows people to recognize and celebrate each other's differences. The ability to question and interrogate our own assumptions acts as a corrective that comes not from a formal program or scripted intervention. Rather, it is composed according to our capacity to rethink and reformulate opinions.

The current context of social inequality is one that spurs educators to train students to be critically reflective as they learn to contribute to the sustenance of a just society. Adult education philosophy informs the practice of medical education, for example, through a critically "self-reflexive understanding of the principles and values implicit in the very process of educating persons to become doctors" (Martin, 2012, p. 34). Critical reflection can be taught and learned as an essential competency in the study of global health education, in which real-world experience unites classroom learning with a practical framework aimed at addressing health disparities worldwide (McKinnon et al., 2017). Such immersive application of theory and skill promotes intellectual growth and personal development in learners. It is this understanding of the translation of theory to practice that is crucial at a time of such immense global upheaval and change. As we progress toward a more solid understanding of the complexity of the pandemic,

students will naturally feel more comfortable seeking hands-on, culturally immersive experience. How they reflect upon these experiences greatly depends on their instructors who themselves must look inwards at their ability to be reflexive and to challenge the core assumptions that frame their work.

The greatest body of literature on student reflective journaling, particularly studies which emphasize the educator experience, esteems critical qualitative research as empowering in its engagement of participants to solve a practical problem (Merriam & Tisdell, 2016). Studying the use of student reflective journaling in a global health educational program, participants (educators) might detect a lack of cultural humility in their students' attitudes, and thereby, modify accordingly the writing prompts or integrate alternative techniques through the arts or humanities, encouraging students to reflect critically on their preconceptions about the differences among people. Critical reflection exercises dismantle ritualistic learning in higher education that is "fragmented, incomplete, repetitive, and deliberately performative" (Fukushima & Vei, 2022, p. 8). Skill-building that targets a heightened self-reflexivity empowers students to confront the limitations of their particular environs through an inquisitiveness about the world, one that is nurtured through a loving and playful spirit (Fukushima & Vei, 2022). The qualitative research methodology described in Chapter 3 is a natural method of inquiry for this study which explores this self-actualization in teachers and students. More specifically, the aim of this research is the discovery of the innate connection between global health student reflective journaling and the student data that guides instructors toward facilitating transformative learning experiences.

CHAPTER 3

METHODOLOGY

The purpose of this study is to investigate the perceptions of global health educators on the use of reflective journaling as a pedagogical tool to promote cultural humility in learners. This critical qualitative research study exploring the motivations and experiences of global health faculty in creating an environment of critical reflection aims to expand extant research, unveiling how the journal as a pedagogical tool represents a meaningful way to relate to students and to grow as an educator. Based on the purpose of this study, this research was guided by the following questions:

1) How do the faculty participants in this critical qualitative study perceive their role in fostering an environment of critical reflection among learners?

2) How do guided constructive pedagogies that use journal writing and classroom dialogue as tools for critical reflection provide insight to faculty about student global health experiences?

3) How does critical reflection contribute to our understanding of cultural humility through the learning and experiences of global health educators and their students?

Qualitative Research Paradigm

Qualitative research methodologies are often used in the field of adult education to understand key aspects of adult teaching and learning and how adults construct knowledge and make meaning of their experiences. The diversity and complexity of different types of qualitative research within the qualitative research paradigm are based on a number of common assumptions that are fundamental to the overall paradigm of qualitative research.

Qualitative research is defined by its uniquely inductive approach to discover meaning from the research data in order to develop thematic understandings that address research questions. In contrast to quantitative studies which are characterized by breadth of knowledge, qualitative research expands our depth of understanding through words and meaning (Merriam & Tisdell, 2016). The diversity and complexity of the qualitative research paradigm exposes a number of assumptions that are fundamental to its design. Qualitative researchers are concerned with the process of how a situation or event occurs, for example, in a natural setting, with the researcher as the primary instrument collecting data that are richly descriptive (Creswell & Creswell, 2018). Researchers explore meanings and experiences as they collect data to build broad, interconnecting themes and generate theories either at the beginning stages or as the final outcome (as in grounded theory) of a study (Creswell & Creswell, 2018). Through an inductive process, the data are analyzed and organized into themes.

The qualitative researcher informed by critical perspectives that attend to power relations must establish the role of her own positionality in the research study and her own core set of assumptions and biases. Dependability of the findings is achieved by analyzing multiple forms of data through different angles. I describe this multifaceted process in the sections that follow. Within the qualitative research paradigm exist myriad approaches to reach the goal of inductively examining a phenomenon. A common thread through all types of qualitative research is the responsibility of the researcher to conduct a study ethically, and with appropriate dependability strategies. Of course, researchers are only human and, therefore, enter the research environment with a set of preconceptions that must be recognized early in the process, as a part of one's subjectivity, which is not necessarily bad, but must be accounted for. These characteristics of qualitative research are exemplified in critical qualitative research. Merriam

and Tisdell (2016) assert critical research is a worldview that can be used for interpreting data in a basic qualitative study, critiquing power dynamics and desiring to bring about change and a more just society. Thus, they define critical qualitative research as raising questions about "how power relations advance[s] the interests of one group while oppressing those of other groups, and about the nature of trust and the construction of knowledge" (Merriam and Tisdell, 2016, p. 61). In educational research, such critical lens shapes our understanding of the context in which learning happens, which includes societal systems as well as the institutions, structural and historical conditions that frame practice (Merriam and Tisdell, 2016).

Adult education researchers often utilize qualitative methodologies to explore the nuances of adult teaching and learning. These methodologies shed light on how adults construct knowledge, make meaning of their experiences, and engage in the learning process. Such research design facilitates the development of a framework that encourages collaboration between researcher and participants.

Background of the Researcher

In post-positivist traditions of research practice, demonstrating reflexivity as a researcher involves the critical examination and critique of one's "complicity in producing and reproducing knowledge," and "analytical scrutiny of the self as researcher" (Glass, 2015, p. 554). Through the lens of the narrative paradigm, Bishop and Sheperd (2011) explain how research encounters and interpretations are shaped by social location and personal assumptions, and how "these insights alongside brief expositions of personal biography for public scrutiny demonstrates moral integrity, a commitment to honest, transparent, ethical research practice" (p. 1284). As an active instructor in global health graduate education, I recognize that the research exposes my own presumptions about the possible shortfalls in higher education. It is important that I become self-

aware and conscious of how my biases might influence the study. My intention was to be guided by an ethical framework that protects human subjects and aims to contribute fruitfully to meaningful discourse in the adult education research and global health communities.

Qualitative research makes use of interviews, observations, and analysis of documents as part of the data collection (Creswell & Creswell, 2018).   This study is no exception, and the data collection methods will be discussed in detail below. How one conducts the interviews, depends in part on the theoretical orientation of the researcher, and the relationship with the participants being interviewed (Tisdell & Merriam, 2016). After establishing my stance as a female junior educator seeking ultimately to uncover how teaching methods impact student experiences in short term global health engagements, it felt only natural to deliver an honest account of my understandings and beliefs during the interviews with faculty. Some of the participants know me professionally as we have worked together over the past several years. Their seniority was a factor in the design of the interview questions given my fewer years teaching experience and less professional exposure to the field of global health. However, having established a friendly rapport with my colleagues, the interviews were more conversational than formally structured. As an early career researcher, I confess my ethical obligation to ensure my own reflexivity and explicitly admit that I am unable to fully capture my own role in data production given the inherent limitations of self-reflexivity (Bishop and Shepherd, 2011).

Postmodernist critics have encouraged an emphasis on reflexivity in recent years, regarding qualitative research methodology as both a process and product. When the anthropology discourse began taking reflexivity seriously after much confusion (with self-reflection) and debate, this essential property of basic interpretive research emerged as something to confront rather than manage (Watson, 1987). Watson (1987) clarifies, reflexivity is

confronted by researchers whose accounts have consequences within the research setting, and the "embeddedness of accounts is manifested" in the mutual elaboration and modification of account and setting in a "back and forth process" (p. 30). Wolf (1992) embodies this description of reflexivity in her discussion of co-authorship in which the geopolitical climate could "make last year's adventure in cross-cultural understanding this year's treason" (p. 121). In this way, qualitative researchers have the dual responsibility to their audience and informants and are challenged to discover better ways to report the experiences of their research sample (Wolf, 1992).

Reflexivity encompasses a continual evaluation of our personal and methodological responses during the research process (Finlay, 1998). By looking inwards, the researcher can better assess the co-constructed and situated nature of the research findings (Bishop and Shepherd, 2011). Enhancing self-reflexivity in qualitative research has the benefit of bringing "honesty to the fore, asking us not to feign objectivity or reach post hoc conclusions, but to acknowledge that multiple factors, including our personal narratives, shape the data we produce and our interpretations of this data" (Bishop and Shepherd, 2011, p. 1285). The qualitative researcher as a differentially calibrated instrument in the research process, therefore, must embody greater reflexivity to increase the transparency, legitimacy, and validity of our findings (Pezalla et al., 2012).

Research Ethics and IRB Compliance

This research study was conducted in compliance with the protocol outlined by the Human Subjects Protection Office in Penn State University. The IRB determined that this study met the criteria for exempt research according to University policies and the provisions of applicable federal regulations (TBD). This research upholds the University's standards for

assuming responsibility for safeguarding the rights and welfare of all human participants of the study. Prior to beginning this study, IRB approval was obtained and informed consent forms were obtained from all participants. Zoom video conferencing was used to record the interviews in conjunction with an online transcription service, and each began with a similar opening statement (Appendix A). This statement was included in the consent form in which written approval by participants was obtained. After the data analysis was completed, pseudonyms were used in this dissertation to respect the privacy of participants. All data were secured in password-protected files using institutional software that is only accessible to the researcher through a process of two-factor authentication to verify user identity.

Participant Selection

Global health education is a growing academic and professional area of study. The wide-reaching impact of the pandemic has stimulated intrigue among students from a range of disciplines to take courses in global health (Atkins et al., 2021). The focus of this study is the discipline of global health within bachelor's-level and graduate health professions education and clinical education programs.

Qualitative research studies make use of a purposeful sample, a process of selecting participants based on a range of characteristics. The method of "typical" purposeful sampling was useful for this study because it highlights the "average person, situation, or instance of the phenomenon of interest" (Merriam & Tisdell, 2016). Since the purpose of the study was to investigate the perceptions of global health educators on the use of reflective journaling as a pedagogical tool to promote cultural humility in learners, it was appropriate to select faculty members whose teaching methods include the journal assignment in an experiential setting. Likewise, including students from those courses added direct insights that could not have been

captured by interviewing only faculty. Therefore, the following criteria was used in this study to identify a sample of faculty and students from degree programs offering courses with an international focus within one university. The five selected faculty participants a) hold full-time appointments in their academic departments; b) teach educational material related to global health; c) include reflective journaling in their instruction; and c) integrate applied learning opportunities outside the classroom in other settings.

In addition to faculty perspectives, I was interested in gleaning data from the experiences of students in global health experiential courses. Faculty participants in this study nominated their own students who matched the research criteria and have recently completed international experiences in the global health program. These students similarly participated in semi-structured one-on-one interviews, allowing them to share stories and express their opinions. The student sample is consistent with characteristics of adult learners in that they have broad life and professional experiences, yet the students have little exposure to reflective writing in their work and education (Langley & Brown, 2010). The six selected student participants were: a) adult learners over the age of eighteen; b) full- or part-time graduate, medical, or undergraduate students; c) completed (within the last academic year) a global health course involving international or domestic global health experiences (i.e. practicums, fieldwork, clinical rotations, internship); and d) used journaling or prompted reflective writing in their global health course during a domestic or international trip. The study participants who met this inclusion criteria were recruited by email through my professional network and established connections in the university.

Qualitative researchers are not provided numerical direction or methodological rules regarding sample size. Moreover, a small sample size often achieves the qualitative study's

purpose and is assessed to be large enough when it answers the study's research questions and produces quality and reliable data (Rusu Mocănașu, 2020). It is common for qualitative studies to attempt to reach the point of saturation, or redundancy, meaning that no new insights are anticipated (Merriam & Tisdell, 2016). For this study, the sample size of eleven participants (five faculty and six students) had more to do with accessibility and convenience than saturation, yet the sample still yielded sufficient data. The next section describes the data collection and analysis methods used in this study unveiling its major themes and findings.

Data Collection and Analysis Methods

Qualitative research involves the collection and analysis of non-numerical data, and an appropriate methodology is determined based on a variety of factors. Examples of non-numerical data include video, texts, and audio files involving the research participants which provides the researcher with an understanding of the concepts, opinions, and experiences under observation. These data are collected through various data collection methods including interviews, observations, and analysis of documents. This study primarily made use of interview data and document analysis. Interviews with participants provide the opportunity for rich data collection. The one-on-one interview consists of spending time with the research target and asking questions to understand better their thoughts and motivations.

Interviewing and its Use in this Study

Rich sources of data inform qualitative research findings, particularly the use of semi-structured interviews, which assume that respondents define the world uniquely, necessitating a more flexibly worded list of questions that guide the interview (Merriam & Tisdell, 2016). Along with data collected from interviews, documentary evidence provides a supporting path for analysis. Focus groups are yet another data collection method, consisting of interactive

discussions with those who have credible knowledge about a given topic (Merriam & Tisdell, 2016). In a qualitative study of College of Education students in an Emirati university, data collection instruments were comprised of a participant consent form, 7-item questionnaire, and reflection guiding questions intended to provoke student feelings about the process of reflection itself and the quality of written reflections when guidance was offered (Moussa-Inaty, 2015).

In this basic interpretive study, a constructivist lens shaped the exploratory interview questions of "how" and "why" to understand the perceptions of these educators about their own knowledge construction. Constructivism shapes a basic interpretive study through its underlying principle of meaning-making as an active construct of human beings and focuses on how people interact meaningfully with their worlds and make sense of their experiences (Merriam and Tisdell, 2016). Therefore, the interview questions for this interpretive study were designed to elicit detailed accounts from participants about such experiences and perceptions of phenomena.

Rich sources of data included semi-structured hour-long interviews with global health faculty whose students were enrolled in study abroad and international internship courses. The following questions based on the first research question encouraged faculty participants to share their thoughts, feelings, and personal stories about how they perceive their role in fostering cultural humility by creating an environment of critical reflection for their students (Appendix A):

1. Can you tell me about your prior experience (personal or professional) that may have informed your teaching practice?
2. Can you describe the types of immersive experiences your students participate in as part of the global health course you teach?

3. How do you integrate student reflection or self-reflexive practices in these learning experiences?

4. Can you provide a specific example of how these student reflections about their immersive experiences insightful to you as their instructor?

5. Can you tell me about the journal assignment you use and what kinds of parameters you set for the responses? How detailed and descriptive are the prompts– do they act as springboards to good responses?

6. Do any of the student journal entries stand out in your mind? Can you give an example of one submission that demonstrates a higher level of critical reflection or showed you how a student overcame a bias or challenge they had about a specific culture or setting?

A second set of interviews was conducted with a sample of students from these courses to answer the second research question, understanding how students perceive guided constructive pedagogies that use critical reflection help them in their practicum. The questions guiding these interviews included:

1. Tell me about how your course instructor prepared you for your trip (predeparture course, online training modules, etc..).

2. Describe the writing component in your predeparture training/preparation for the trip. Tell me about the format and focus of the content.

3. During your time abroad, were you required to keep a journal or log of your activities? What was the frequency for submissions (daily, weekly?)

4. Were writing prompts included or did you have creative freedom in your journal?

5. Please comment in general about the style of your instructor's feedback on the journals. If the instructor provided feedback, how was this helpful to you?

6. In your journal entries, did you mainly focus on the environment around you or on your own self-discovery? Can you give an example?

7. How was it (or was it not) helpful to have this writing component in your global health experiential course?

The third research question – how both faculty and students perceive the impact of critical reflection on cultural humility through the learning and experiences of global health educators and their students – informed the next series of interview questions and was pertinent to both faculty and student participants.

Faculty:

1. What kind of personal comments, judgements, feelings, and emotions do you especially value in the responses?

2. In your experience, what are some of the reasons a student has difficulty during the global health experience (i.e. trouble adapting to new environment, cultural dynamics, exposure to distressing situations such as extreme poverty)?

3. Have you modified your instruction or approach to student reflection based on insights from the reflective journals?

4. Aside from journaling, can you share any other techniques you have used in your course that have been effective at promoting reflection, and would you say that these other techniques are more or less effective than journaling? What makes them so in your opinion?

Students:

1. Specifically thinking about your area of study, what did you learn studying abroad that you think you wouldn't have learned if you had stayed on campus or participated online?

2. While at your global health site, did you do or think anything that surprised you?

3. How did writing your thoughts facilitate problem solving or promote critical thinking skills?

4. Describe the tools, people, and skills that made you feel supported during your global health experience.

Informed consent was obtained by e-mail prior to the interviews. Zoom video conferencing was used to record the interviews in conjunction with an online transcription service, and each began with a similar opening statement (Appendix A). Pseudonyms are used in this paper to respect the privacy of participants. A semi-structured interview format assumes that respondents define the world uniquely, necessitating a more flexibly worded list of questions that guide the interview (Merriam & Tisdell, 2016). After initial interviews revealed that specific questions or issues elicited only brief or close-ended responses, adjustments were made to the interview guide (Appendix A) to encourage a more descriptive dialogue during the subsequent interview.

Documentary Data and its Use in this Study

In addition to the interview data, a precursory document and corresponding syllabus designed to guide students through the undergraduate fieldwork summer course, as well as a course handbooks and syllabi for the graduate and medical school courses, were collected as secondary sources of data. Documentary data such as these course materials were not developed for research purposes and were inherently limited in their potential to yield knowledge and insight in comparison to data gleaned from interviews or observations (Merriam & Tisdell, 2016). To gain a clearer picture of student experiences, future studies would be wise to prioritize the inclusion of student journal entries. These personal reflections offer a valuable window into

the true quality of student experiences. Rather than measure student satisfaction or perception of effectiveness of reflective exercises in an organizational psychology master's level course, Bruno and Dell'Aversana (2017) collected 23 student journals, gleaning data from over 200 entries to understand how professional practice simulation facilitates reflective learning. Other empirical studies combine documentary data with other instruments such as surveys, pretests/posttests, interviews, and focus groups. Such mixed methods revealed to Pieper et al. (2021) the value of feedback in reflective journals to foster the reflection skills of student teachers. The pretest and posttest in conjunction with journal data were useful methods in assessing both prior and acquired conceptual knowledge about reflection as well as learners' skills in analyzing other students' reflections (Pieper et al., 2021).

For this research study, I initially planned to analyze student journal entries, but revised the methodology when the abundance and clarity of insights gleaned from participant interviews ultimately obviated the need for direct journal analysis. However, several documents provided by faculty participants were used in the data collection for this research. These include conceptual models on reflection, experiential learning theory, and global health pedagogy, as well as a global health pre-departure guidebook, course lecture slide presentation, and syllabi for five separate courses.

Data Analysis

Qualitative researchers must develop the ability to think inductively, or draw conclusions based on the specific raw data about the major themes and concepts in the study (Merriam & Tisdell, 2016). A research framework that uses a constructivist lens recognizes that learning builds upon a pre-existing worldview. To that end, data analysis in qualitative research involves segmenting and dissecting the data, putting it back together, and labeling its categories with a

term through the process of open coding (Creswell, 2018). Transcribed interviews are coded to identify themes and sub-themes. Notations are then made in the margin of each transcript and themes derived from patterns are found within the content. The data can be organized into a 'data display' for a concise visual view of the findings. Fundamental to the analysis of qualitative data is its synchronization with the collection process, in that the first analysis of data begins to some degree with the first interview, and the researcher might write what is called "analytic memos" at the end of the transcripts (i.e. ideas that stand out overall about the interviews, and provocative further questions. This simultaneous, ongoing process of collection and analysis, often called iterative analysis, is a key characteristic distinguishing qualitative from quantitative research (Merriam & Tisdell, 2016). Qualitative research is indeed a non-linear process in which the data collected and analyzed shape the final product through a focused and illuminating process in which themes, patterns, and meanings are derived and revised (Merriam & Tisdell, 2016).

In my analysis of the data collected through interviews and various types of documents, I used the theoretical framework of transformative learning theory and conceptual framework of cultural humility to explore the perceptions of health professions educators who teach global health on the use of reflective journaling as a pedagogical tool to promote critical reflection and cultural humility in learners and also to understand how students perceive journaling has impacted their learning overall and around cultural issues in particular. In the early stages of analysis, I began capturing initial thematic threads derived from interview transcripts and notes taken in the margin of the transcripts. Note taking was a particularly effective tool in this process as I revisited the interview recordings to capture not only the interviewees verbal narratives, but also their expressions, hesitations, and emotional undercurrents.

Coding is a critical step in analyzing data in which a short-hand designation is assigned to various aspects of the data in order to conveniently extract specific pieces of the data (Merriam & Tisdell, 2016). The open coding scheme used by Alfrey and Twine (2017) allowed consistent patterns of belonging among white and Asian LGBTQ women who identified as gender-fluid and/or gender nonconforming to emerge inductively, with different patterns revealed for black and heterosexual women in the study sample (p. 34). The process of coding can be used alongside a supporting theory such as Pieper et al.'s (2021) approach which rated the quality of written journals according to Gibb's reflective cycle. In this study, transformative learning theory added depth and insight to the process of coding, enhancing my analysis and interpretation of the data. This theoretical framework was most helpful in identifying shifting perspectives as the participants discussed different concepts.

In this study, interview and focus group data have been transcribed and the qualitative data analysis software *NVivo* was used for coding and identifying themes to enhance the dependability of the research and improve the quality of findings. Other important considerations about how data are influenced have less to do with the process, but rather, with the researcher's positionality or biases. Using the two data analysis methods of hand-coding and the capabilities of *NVivo* side by side yielded distinct benefits. While manual coding encouraged a more intimate relationship with the data, reliance on technology provided an efficient way to unearth the core themes within the data. Using transcripts that were exported through *Zoom* transcription functionality, I manually highlighted sections of text that connected to the study purpose and research questions while cross referencing these extracted data with text that I categorized in the software. For example, several faculty participants discussed "noticing" as an essential observational step in the development of cultural humility in their students. While each

participant had their own language to describe this phenomenon, summarizing common threads under "noticing" enabled me to identify patterns in the data which eventually led to themes. Unifying themes were equally uncovered in the analysis of student data. Despite the diversity of backgrounds and experiences among this group, their shared insights of the unparalleled value of experiential learning resonated powerfully during the coding process. Together, these methods of data analysis unveiled several key categories of findings, or themes, described in Chapter Four. The themes described in this paper are a result of the careful examination of the data illuminated through the lens of transformative learning.

When analyzing the faculty data, I was primarily searching for clues about how faculty define critical reflection and cultural humility and to discover the various strategies they use to encourage these practices in their teaching. Similarly, among the students, I wanted to assess their grasp on these concepts and to learn how impactful reflective journaling was throughout their global health experience. I was also interested in the personal growth trajectory of both sets of participants in teaching and learning in a global health context. Beyond the focus of the research questions, I anticipated that my analysis would uncover certain power dynamics that are inherent in both global health and adult education settings.

Dependability Strategies

Where the researcher is the instrument, sources of data are subject to reactivity and circumstances inevitably change over time, questioning the dependability of an interpretation. The researcher as the instrument simply means explaining one's stance or position. In qualitative research, assumptions about reality are different from quantitative research and require a distinct process for establishing trustworthiness and rigor (Merriam & Tisdell, 2016).

To address the ethical concerns unique to qualitative research, strategies to strengthen the dependability of findings can be accomplished through methodological and data triangulation. In methodological triangulation, the use of disparate research methods, such as interviews, observation, and documents or artifacts, are compared to study the same unit. Triangulation of the data itself is done through purposeful sampling, a process of selecting participants based on a range of characteristics. While this study explores the perceptions of only five purposefully selected faculty, it provides insight about the motivations and experiences of educators in creating an environment of critical reflection. The richly descriptive data captured from these interviews, coupled with supporting course materials, allowed multiple forms of data to inform this study, thereby ensuring the quality of the data and dependability of the research.

In addition to triangulation, Merriam and Tisdell (2016) describe a method used to establish reliability of data known as an audit trail. A detailed record of how data were collected and how categories were derived, as well as the process for making decisions throughout the research, are the key characteristics of an audit trail (Merriam & Tisdell, 2016, p. 252). Establishing a strong audit trail has enhanced the credibility and trustworthiness of this critical qualitative study by providing evidence of rigor and transparency (Merriam and Tisdell, 2016). Examples of record-keeping used in this study include a research proposal, data collection materials (interview guides and human subjects research protocols), the data itself (interview transcripts, video/audio recordings, documentary data), and data analysis (coding, theme categorization). Rather than follow a sequential process for data collection and analysis, I gathered and analyzed data continuously to allow early data collection to inform decisions about possible adjustments to the research questions.

When examining the parameters of validity and reliability, the language of qualitative research tends to be different than that of quantitative research. In qualitative research, where the focus is on understanding experiences and meanings, the concepts of validity and reliability take on different meanings compared to quantitative research. While quantitative research allows for statistical generalizations and hypothesis testing, qualitative research excels in delving deep into experiences and understandings that quantitative methods alone might miss (Creswell, 2009). Similarly, confirmability in qualitative research is accomplished through confirming interpretations that are grounded in data. The essence of confirmability in qualitative research, therefore, is the achievement of credible and trustworthy research findings that are rooted in participant experiences and data (Merriam and Tisdell, 2016).

Chapter Summary

Qualitative research methodologies are often used in the field of adult education to understand aspects of adult teaching and learning and how adults construct knowledge and make meaning of their experiences. Future inquiry on the role of student reflective journals in the refinement of instructional methods would allow for the development of journal writing guidelines to promote greater depth in reflections and expression of feelings and emotions. Such guidelines would embolden students to reflectively analyze their doubts or potential dilemmas regarding challenging situations (Ruiz-López et al., 2015).

It is vitally important for a critical qualitative study to adopt a theoretical framework that is equivalent to the perspectives of its participants. Transformative learning and postcolonial theories are relevant frameworks for inquiry about the role of self-critique and lifelong learning in preparing for the unique demands of the global health workforce in this highly complex post-pandemic world.

This study has potential for future research to include a larger and more diverse sample and to create a research environment that is participatory and takes informed action for positive change. Adapting this project to a full-scale action research study has promise given the lack of empirical research and the creditable demand for fuller inquiry on the use of journaling to foster transformative learning and cultural humility in students.

CHAPTER 4

RESEARCH FINDINGS

These student reflections are really important for designing educational

curriculum. I mean, I think they're valuable by themselves just for the students

own reflection…to write things down and to do that practice. But, for course

design, I think it helps us with our pre-planning too, so if there are things that

really stood out as concerns or challenges that the student had faced, we can

address those in the planning in case that happens to someone in the future and

come up with solutions. – Kate (global health educator)

I am a people's person, that's what I've understood. And that's why I keep going

back to why I'm doing what I'm doing. That's the driving force for me. I don't

believe I'm a revolutionary…I'm not going to make any changes that are going to

bring about a revolution, but I feel like the smallest things you do impact you and

people around you in a lot of ways. I believe in these small changes that I can do

to better my life and someone else's life. – Tara (DrPH student)

The purpose of this study was to explore the perceptions of global health educators and

their students on the use of reflective journaling as a pedagogical tool to promote cultural

humility in learners. The chapter begins with two powerful voices: a global health educator,

brimming with expertise on integrating reflection into curricula, and a graduate student, sharing

her poignant reflections on navigating cross-cultural interactions. These opening contributions

set the stage for a deep exploration of this study's research questions. Specifically, this critical

qualitative research study exploring the motivations and experiences of global health faculty in

creating an environment of critical reflection aims to expand extant research, unveiling how the

journal as a pedagogical tool represents a meaningful way to relate to students and to grow as educators. Guided by transformative learning theory, which emphasizes critical reflection on assumptions, I analyzed interviews with five educators in the health professions and related disciplines along with interview data collected from six graduate and medical students from one university in order to pursue the following research questions:

4) How do the faculty participants in this critical qualitative study perceive their role in fostering an environment of critical reflection among learners?

5) How do guided constructive pedagogies that use journal writing and classroom dialogue as a tool for critical reflection provide insight to faculty about student global health experiences?

6) How does critical reflection contribute to our understanding of cultural humility through the learning and experiences of global health educators and their students?

Building on Mezirow's (1991) foundation and evolving insights in transformative learning, this study investigates how participants recognize and challenge the cultural and experiential assumptions that shape their worldviews. After introducing the participants, and providing a detailed discussion of the findings, this chapter ends with a summary of the key findings, and is followed by Chapter 5, which connects the major themes to the study's theoretical frameworks and discusses implications for shaping theory, informing practice, and future research directions.

Introduction to the Participants

Given the focus on educators using reflective journaling to advance cultural humility in learners, selecting faculty with relevant experience in actively utilizing this tool within experiential settings was crucial. Chosen to understand the disparities and commonalities in

perspectives among educators on student reflection through journaling were one faculty member from the minor in global health at the undergraduate level, one who teaches global health within a graduate-level MPH program, one clinical educator in a graduate medical education program, one faculty member in an International Agriculture program, and one from Humanitarian Engineering and Social Entrepreneurship. Two were Euro-American women, two Euro-American male, and one Euro-American/Arab male, all of whom individually have over 20 years of professional experience in academic and clinical settings as well as in government and industry. This sample is intrinsically limited in scope given its small size and homogeneity of perspectives. However, while this study explores the perceptions of only five purposefully selected faculty, it provides insight about the motivations and experiences of educators in creating an environment of critical reflection.

Six students participated in the study. Three of the participants were students in an MPH program (all female, two Euro-American, one Latinx), and one student (Asian, female) was in the MD/MPH program. Another public health graduate student (Asian, female) in the Doctor of Public Health (DrPH) program participated as did one third-year medical student (Euro-American, male). All participants were full-time students and some were employed, either as research assistants, or in university-affiliated positions. One of the student participants has a faculty appointment in a discipline outside of the health professions.

While the demographic characteristics of the participants provide useful context, these categories do not encompass the full spectrum of their individual experiences and perspectives. Each participant brings a unique and personal lens to the research, shaped by a multitude of factors. This chapter amplifies the diverse voices that bring richness to this study and shapes our understanding of the role of critical reflection in global health education. Detailed introductions

paint a vivid picture of each participant's unique background, allowing their stories to resonate

more deeply. Pseudonyms were used to maintain privacy (see Table 1).

Table 1

Participant Demographics

Participants	Demographics	Educator/Student Role
Faculty		
Tim	Euro-American male, family physician, 50s	Teaches medical students global health elective
Diana	Euro-American female, social worker, 50s	Teaches undergraduate students in Biobehavioral Health and Global Health
Kate	Euro-American female, epidemiologist, 40s	Teaches global public health, mentors graduate students
Nathan	Euro-American/Arab Male, 40s,	Teaches International Agriculture
James	Euro-American Male, 50s	Teaches Humanitarian Engineering and Social Entrepreneurship
Students		
Mu-Ting	Asian female, 20s	MD/MPH student, came to U.S. for one-year study from Taiwan
Simon	Euro-American male, 20s	3rd Year Medical Student
Jennifer	Euro-American female, 30s	MPH in Global Health Student
Isabella	Latinx female, 20s	MPH in Global Health Student, family is originally from Peru where she studied abroad
Lindsay	Euro-American female, 20s	MPH in Global Health Student
Tara	Asian, 20s	2nd Year Doctor of Public Health Student, international student from India

Faculty Participants

"I want to help them become reflexive. When they don't need to have the prompts in front of them, they recognize that they're reflecting," remarks Tim, a seasoned medical educator, capturing the essence of the influence of global health educators on reflection. Taking it a step further, James, an educator of undergraduate students, comments,

> Cultural humility is a journey where you never ever get to a destination. It's like empathy. I can never truly empathize with you, but I can only get a little bit closer every day. I try to…we try to have that conversation. It's like when I realized all of a sudden, I was putting my stamp on these people or my expectations, or I was taking over the room. We do it more as just asking questions and not telling them answers."

Quotes such as these, woven throughout my own reflections on the interviews, exemplify the diverse experiences that shaped the findings detailed in this chapter.

Tim

Tim is an M.D. and Professor of Family and Community Medicine, Public Health Sciences, and Humanities. He is the founding director of the longstanding Global Health Scholars Program for medical students and serves the medical school in other roles that focus on health equity and improving circumstances for underserved and vulnerable populations. Motivated by his own journey as a first-generation college graduate, Tim dedicates his efforts to supporting first-generation students and navigating the pathways to higher education and health professions for others.

Tim's story embodies the transformative power of global health education, with over a decade of dedication to community partnerships and surge in student interest in his program.

Tim's leadership extends beyond curriculum development. He acts as a guiding force for faculty, helping them cultivate their own international partnerships and pursue research interests at these international sites. His belief in the importance of longitudinal relationships is at the core of the program's success. Building strong bonds with community partners and fostering collaboration among student teams allows for deeper reflection and richer learning during the immersive month-long experiences. Through these immersive experiences and meaningful partnerships, his global health program is not only shaping the future of healthcare but also training a generation of empathetic and dedicated medical professionals.

Kate

Kate is a tenure-track Assistant Professor of Public Health Sciences and is also Associate Director of International Initiatives. She has been a faculty member in the university for eight years and feels fortunate to be involved in global health since the beginning of her employment. An early professional goal for Kate was to build a global health program for public health students to be able to engage learners in global health. After earning her MPH in Global Health and PhD in Epidemiology, Kate led and collaborated on research projects in Bangladesh, China, Georgia, Ghana, Peru, Senegal, Sudan, the United States, and Zambia. Her research has examined social, biomedical, and mental health outcomes and has informed wider clinical and public health initiatives. As a researcher, she is primarily interested in the nexus of gender, the environment and health.

Kate has always been passionate about global health work and how it can be transformative. Because of her direct experiences studying and working in the field, she feels committed to passing on the opportunity to her students. As an adult educator, she has been devoted to providing a high-quality educational program that equips learners with the knowledge

and tools needed to move into positions that improve global health through understanding global health inequities, identifying key challenges in global health, and applying management and research tools to propose evidence-based solutions. She was integral in establishing an MPH track in global health along with a graduate certificate offered to both degree- and non-degree seeking students. She led the transition of this curriculum to an online format, allowing for the enrollment of a larger and more diverse student body.

Kate's eyes light up when talking about the graduate program's international partnerships. These collaborations with health professions programs worldwide challenge the typical one-way learning often seen in global health by emphasizing reciprocity. Seeing the impact of these reciprocal relationships with communities and universities fuels Kate's desire to expand the program's reach and witness its continued growth.

Diana

Highly skilled in bridging the gap between global health, social work, adult education, and comparative and international education, Diana's expertise has promised valuable insights and practical applications for this study. As a long-time clinician in the field of social work and university educator and administrator in international and domestic health and social service settings, Diana is strongly committed to teaching and mentoring the next generation of health and global health practitioners.

Diana has a strong foundation in the field of adult education, having earned her Ph.D. with dual degrees in Adult Education and Comparative International Education after earning her Master of Social Work degree. As Director of the Global Health Minor and Associate Teaching Professor of Biobehavioral Health, Diana teaches three courses spanning issues in global health, preparation for field work, the field work program itself. She prepares her undergraduate

students to travel internationally through this semester long course and then invests her own time

supervising and teaching the students in a five-week six-credit program where students are

exposed to the top issues affecting the health of various populations across the world in countries

such as Ecuador and Tanzania. Through this experience, Diana challenges her students to

translate their theoretical knowledge of global health issues and interventions into practice and

learn experientially by engaging in existing community-based projects that address locally

identified needs. As an educator of emerging adults, Diana wants her students to recognize fully

the global interconnectedness of current population health problems and think critically about

how particular global health challenges might best be solved. Thus, the fieldwork experience that

she has spent years building leverages knowledge obtained in the classroom in a practical setting,

while developing student cultural awareness and sensitivity at the same time. Diana is

passionate about seeking educational funding opportunities that offer her students access to both

international and domestic experiences. For example, last year she taught a segment in her

course on global health governance and followed up that module with a visit to the United

Nations. She also prioritizes language instruction as a key learning component of the student

curriculum prior to and during global health trips. Diana described funding and geographic

barriers as the most challenging aspects of her role as a global health educator.

Nathan

Nathan has worked in the fields of international development and international education

for over 15 years. He is an Assistant Teaching Professor and Coordinator of the International

Agriculture Minor for undergraduate students. Nathan earned his Ph.D. in Agricultural &

Extension Education and International Agriculture & Development and a Master of Education in

Comparative and International Education. His current research projects include examining the

perspectives of community members in LMICs that host visiting service learning from HICs, the development of cultural humility through global learning, and exploring the nexus of Water-Energy-Food in Colombia. He coordinates a minor in international agriculture and teaches classes on examining food security around the globe. Nathan coordinates the undergraduate minor in international agriculture and teaches courses on global food security. This discipline, overlapping with the health sciences, focuses on the ecological, environmental, social, political, economic factors that influence food security around the world.

In his teaching, Nathan uses a variety of modalities, embracing Dewey's model of experiential education recognizing that people learn and understand in different ways. He provides ample opportunities for his students to apply their knowledge in real-world settings. For example, he took one of his classes to Washington, DC to meet with different representatives from governmental and non-governmental organizations and has even taken his students to a local farm or grocery market to explore the continuum of food security. Recently, he and a colleague have laid the empirical groundwork in navigating cultural humility in global education, exploring topics such as critical self-awareness, intercultural sensitivity, and personal and institutional accountability.

James

James is a Research Professor, engineer, and entrepreneur with a passion for creating companies that serve the needs of developing communities, focusing on products and businesses in Kenya. He earned both his Master of Science and Ph.D. in Mechanical Engineering. At first glance, James's seven years on the faculty, dedicated to research and teaching in humanitarian engineering and social entrepreneurship, might seem far removed from the realm of public health. But his work thrives at the intersection of these disciplines, empowering social

entrepreneurs to bridge the gap between public and private sectors. Through effective collaborations with government agencies, the focus areas of James's discipline – poverty, homelessness, and food insecurity – become potent tools to address critical public health needs. Approximately half of his students are aspiring engineers, and about three quarters of his student population, while not all engineering students, are in degree programs with a technical element to them. All of his students are undergraduates anywhere between sophomore year and senior year across all majors.

   James's role as an educator at the university level is unique in the continuity he provides to his students across a three-semester course sequence. His class in social entrepreneurship teaches appropriate design for low resource communities and teaches students to develop business models and technology to meet a large global need of a million or more people, working hands on with existing ventures or stakeholders. In fact, his students will meet with stakeholders two or three times a week and then at the end of that academic year, they travel to Kenya and spend a month with these stakeholders. These same students return for a fall semester class after they've had that global experience in what he called a reflection course where they cover three components: 1) reflection - examine what they have done through the lens of grassroots diplomacy; 2) sustainability - help the ventures during transitional periods as new students are taking them over; and 3) writing - publish a paper on the research and the work that they have completed over the last year in the program. At the core of his teaching is a foundation on relationship-building and collaboration and the recognition of power dynamics within and outside of the classroom.

Student Participants

Isabella

Isabella is a student in the accelerated MPH program which allows undergraduate students to complete a condensed curriculum in one year versus the standard two-year full-time program. At the time of our interview, she had completed her bachelor's requirements and was halfway through the graduate program. As an undergraduate, she was a General Science major with a minor in Global Health. A Peruvian-American, Isabella is proud of her family's Peruvian roots and yearned for direct knowledge about life and culture in Peru. She had always been interested in traveling abroad and having her entire family except for herself and her mother in South America made it an easy decision to select Peru for her global health experience in the graduate program.

Prior to her graduate studies, she participated in virtual immersions in Bolivia and Ecuador through the minor in global health. While she appreciated the in-depth exploration of maternal child health issues in these communities and the connections made, she expressed disappointment that these experiences fell at a time of pandemic preventing her from traveling. She did, however, have an early formative experience abroad to Lima, Peru as a rising Sophomore in college. This laid the groundwork for her later journey to Iquitos, Peru which offered a fertile field to put her transdisciplinary training into practice, transforming theoretical solutions into tangible action.

Lindsay

Fresh off earning her dual Bachelor of Science degrees in biochemistry and molecular biology, Lindsay has set her sights on medical school. Seeking a strong foundation in public health and a chance to contribute further to her field hockey team, she opted for a seamless

transition to graduate studies. Cultural immersion and new encounters fueled her desire for a global health experience abroad. At first, she had reservations about traveling internationally on her own, but witnessing the Latin American culture firsthand was important to help her feel connected to her own Puerto Rican heritage.

Simon

Simon spent most of his formative years on the West Coast of the U.S., attending both High School and College there, before moving for Medical School. He has always had a curious mindset and that can be seen in interests both within and outside Medical School. A current third year medical student with a passion to know something about everything, he has settled on Radiology for his residency. Outside of academics, he has a profound love for travel and chess. He is also an avid photographer which helped him journal his time in Vietnam through the eyes of a camera lens.

Tara

Tara is an international student from India who has spent years working as a public health practitioner. She earned bachelor's in economics and mathematics from Delhi University in India as well a Masters in Sustainable Development Practice from The Energy Resource Institute also in India. Currently, Tara is a DrPH candidate and a graduate research assistant in the academic department where her graduate program resides. Her area of interest focuses on maternal and child health outcomes, sexual and reproductive health, and COVID-19 related research. She has five years of experience in the field of women's health issues and intersection of gender and health and has been involved in operational research on maternal health, family planning as well as maternal mental health in remote areas of India. She is a passionate advocate

for menstrual equity and has also worked on cross-cutting themes related to menstrual health and hygiene in India, Nepal, and Ghana.

Tara participated in an advanced field experience for her DrPH program situated in Melbourne, Australia. While the experience was virtual, Tara was immersed in supporting the work of her mentor whose focus aligned with hers in the areas of menstrual health, sexual and reproductive health including rights, and gender dimensions of water, sanitation, and hygiene services.

Jennifer

Among the students I interviewed, Jennifer stands out as one of the more experienced professionally and would be considered a nontraditional or returning student. As a graduate student in the online MPH program in Global Health, Jennifer finds she is able to balance her course load with her academic career in the university and her role as a mother of young children. Professionally, Jennifer's research investigates the power of emotions as a hidden key to unlocking audience engagement with health, science, and environmental messages. She contends that messages must resonate emotionally to trigger attitude shifts and behavior change in response to these critical topics. Her work specifically explores how online health information journeys evoke a spectrum of emotions within internet users. Through her work's unique lens, she illuminated the fascinating intersections between global health and seemingly disparate fields like journalism and media studies. Our conversation explored these unexpected connections.

She disclosed that her initial interests in advancing her education did not intentionally involve global health. More broadly, Jennifer became interested in health and healthcare through her own research collaborations in the medical school. When the new online MPH track in global health launched, she decided that a global perspective would complement her prior

experience as a journalism educator taking students abroad. At that time, she took students to South Korea, London, Chile, and Japan. This program signifies a merging of her current pursuits in public health and her past life. "It was like a perfect storm that convinced me to do this," she reflects. Although she lamented that the deadlines and homework can be demanding on top of parenting and her full-time job, she finds the content captivating and worthwhile.

Mu-Ting

Mu-Ting is currently a graduate student pursuing a degree in public health with an emphasis on community and behavioral health. She works as a research assistant in Public Health Sciences, analyzing electronic health records focusing on coronary artery disease. Her other concentrations include global health, COVID-19, and sexual transmitted disease.. Taiwan is Mu-Ting's home country where she is completing her Doctor of Pharmacy degree at a Taiwanese University. She courageously enrolled in the inaugural international joint MD/MPH degree program based in the U.S. along with a small cohort of students from her university. She spent one year earning her MPH in the U.S., and during this short time, ambitiously participated in two global health experiences, one virtual and the other based on site in Ghana. Combining pharmacy, public health, and global health allows her to see things in different lights and examine other health systems.

Qualitative Findings

While the major themes of this study intersect through the voices of both faculty and students, their experiences diverge in their detailed stories. The path to learning may often be shared between the two groups, but their individual journeys are distinctly captivating. A total of six qualitative themes emerged from the data, summarized in the data display in Table 2, based on the richly descriptive interview responses and insights. Three distinct themes are unique to

the faculty sample while they intersect with the three major themes identified in the student

sample. The faculty themes include: cultivating cultural humility and recognizing curricular

limits; nurturing critical reflection and attending to emotions; and engaging in self-discovery and

transforming teaching practice. Student themes demonstrate embracing discomfort and

developing resilience; shaping perspectives through faculty-guidance; and the transformative

potential of experiential learning.

Table 2. Data Display of Findings

Participant	Major Theme	Subtheme	Sub-subtheme
Faculty	1.0. Cultivating Cultural Humility And Recognizing Curricular Limits	1.1 Scaffolding Reflexive Activities	1.1.1. Cultural humility early on
			1.1.2. Empowering Reflection in Course Design
		1.2. Adapting Teaching Practice for Diverse Learning and Experiences	
	2.0. Nurturing Critical Reflection and Attending to Emotions	2.1. Navigating Cultural Comfort Zones	
		2.2 Validating Student Emotions	
	3.0. Engaging in Self-Discovery and Transforming Teaching Practice	3.1. Learning Experientially	3.1.1. Self-reflexive Teaching Practices
		3.2. Turning Obstacles into Opportunities	3.2.1. Innovative Alternatives to Journaling
			3.2.2. Holistic Pedagogical Framework
Students	1.0. Embracing Discomfort and Developing Resilience	1.1. Personal Growth	1.1.1. From Discomfort to Dialogue
			1.1.2. More than Diaries
		1.2. Social and Cultural Learning	1.2.1. Unlearning Biases, Embracing Heritage
			1.2.2. From Culture Shock to Empathetic Understanding
	2.0. Shaping Perspectives through Faculty Guidance	2.1. Safe Spaces for Individual and Collective Reflection	2.1.1. From Theory to Practice
			2.1.2. Why Structured Assignments Matter
		2.2. Building a Sense of Community through Reflection	2.2.1. Feeling Supported and Connected
	3.0. Transformative Potential of Experiential Learning	3.1. Setting Expectations for Experiential Learning	
		3.2. Being Physically Immersed	

Faculty Findings

Theme 1: Cultivating Cultural Humility and Recognizing Curricular Limits

The influence of global health educators on cultural humility is complex and multifaceted. Global health educators play a crucial and dynamic role in shaping cultural humility in their students. As Nathan highlights in both his interview and in his own research which he describes as examining student work and reflections potentially shedding light on differing avenues of global learning, which has traditionally prioritized international travel as the core means of learning. He clarifies that educators can cultivate cultural humility by providing diverse learning experiences, modeling reflective practices, and facilitating critical discussions about power dynamics and unconscious biases (Habashy & Cruz, 2021). However, there are also limits to what faculty or any other person can do to cultivate cultural humility given that faculty have their own unconscious limited perspectives, implicit assumptions, and Eurocentric curriculum frameworks. Most of these faculty recognize this limitation and bring it up with their students. Acknowledging these potential contradictory dualities is crucial for fostering a dynamic learning environment where students not only develop cultural awareness but also learn to question their own biases and advocate for equitable global health practices.

What emerged from my conversation with the faculty was the discovery that global health educators are indeed cognizant of their own limitations and inherent biases and therefore attempt to enter the classroom with an open mind and willingness to collaborate with their students on the journey toward humility. By doing so, these educators are modeling genuine humility themselves and commitment to lifelong growth. Their attempt at trying to do so is manifested in two primary ways: a) in the scaffolding reflexive activities they provide, and b) in their adapting teaching practice for diverse learning and experiences.

Scaffolding Reflexive Activities

The impact of well-deliberated mentorship from faculty to student is undeniable, and their role in facilitating safe spaces for learning and growth is vital. However, faculty do not solely hold the key to fostering humility, but they do equip students to navigate complex ethical dilemmas through their guidance. When adult educators scaffold reflexive activities, it means they provide temporary support and structure to help students engage in meaningful self-reflection and develop stronger metacognitive skills. This subtheme highlights the findings of faculty use of such activities to promote critical reflection whereby students can explore their own identities and cultural perspectives.

Each of the five educators offered examples of scaffolding (pre-departure training, journal prompts, class discussions, feedback) in their classroom and during field experience. Kate shares that she encourages her students to develop a mindset of independence, elaborating that she provides the resources, but that students need the ability to critically appraise those resources. James shares the opinion with Kate that allowing students to proceed independently facilitates their personal and professional growth. Before he takes his students abroad each summer to Kenya, he prepares them through a culminating project in which students design an experimental plan so that when they arrive, they know exactly what they will be doing the following morning. He contends, "they know who they're going to meet and they're off on their own. They're not with me, they're off on their own." These faculty skillfully design their courses to cultivate cultural humility both early as a prerequisite to their travel and throughout the course by providing students with ample opportunities for critical reflection prior to, during, and after their trips.

Cultivating cultural humility early on. Planting the seeds of critical reflection about cultural humility early on sets students up for success in global health field courses. By learning to process their knowledge and explore its practical applications before they depart, they are better prepared to thrive in real-world scenarios. Kate, Diana, and Nathan commented on a naivety or privileged bias seen generally among American students studying global health and the need for pre-departure training developed in partnership with receiving institutions that incorporates critical reflection. Kate reflects,

> There was a group of students a few years back who traveled abroad, and they didn't have a great experience…at that time, we didn't have all of these self-reflection and discussion posts in place, so I think we weren't able to catch it until almost the end of the internship.

While some of the difficulties faced by this group were related to insufficient guidance and placement challenges, Kate highlighted that the primary barrier was their lack of exposure to and practice of cultural humility principles. This essential concept, she emphasized, played a significant role in their overall experience.

Diana has a high regard for experiential learning opportunities. Yet, she voiced frustrations in summarizing her role in fostering humility in students. She explained that it is extremely difficult to disabuse students of the notion that the U.S. is the gold standard in health. In this specific area, she has modified her teaching based on these misguided notions of her students. This point is exemplified in our interview discussion around the health literacy of her students:

> …students are [health policy] illiterate to a large degree…when we're thinking about patients' understanding…that's a big gap that I have changed my teaching on or course

content on. I will say that…there's much more content on students not overstepping their

bounds of practice or what's ethically acceptable in other countries.

An example of how Diana has refined her methods in response to this concern is found in the

following description of the journaling assignment in her field course syllabus:

> You are expected to look up topics or themes as they come up in the field. For example,
> if writing about observations of young men who won't get tested for HIV, you should
> look up this behavior in the USA as well to balance your understanding. Similarly,
> regarding not accessing care because of economic concerns: if you see this in your host
> country and want to write on it, also consider how the theme presents in the USA (if
> appropriate to your discussion) and so on.

> She also notes that some faculty who have flown with her students have found

themselves baffled… "they're like, how can a student be so naive or how can they have these

attitudes? They still have this sort of privileged U.S. attitude." Echoing Diana's emphasis on

maturity in field experiences, Nathan shares his insights from teaching a semester-long course in

Costa Rica. There, he witnessed students from diverse academic backgrounds arriving with pre-

conceived approaches to cultural immersion. He elucidates the mixed reactions of students to

their unfamiliar environment:

> You have the culture stress and the honeymoon stress…different things. But I do think
> there are these pieces where the pendulum can go a couple of different ways.   Either it is
> this romanticization of like, wow, everything is so wonderful here and amazing and
> incredible. And isn't it great that folks are living off the grid because they don't have
> electricity or water? It's like, yeah, that's good, but what about people who can't afford

medicine for their kids? Or they react the other way…everything is dumb and broken and what's wrong here? That's more what we are dealing with.

Diana's and Nathan's sentiments illustrate the importance of cultural humility as a prerequisite for or at least prior to the student international field experience. By strategically placing reflective activities throughout the field course, space is created for students to process their experiences individually and collectively, ultimately allowing them to engage with a critical openness.

Empowering reflection in course design. Cultivating cultural humility begins within the course itself, and empowering reflective practices through thoughtful curricular design emerges as a crucial strategy for faculty navigating global health education. Diana's global health fieldwork course comprehensively covers critical reflection in both her preparation for fieldwork and immersive global health fieldwork course. In the syllabus for her undergraduate preparation course for global health minor students, she highlights that students participate in interactive lectures, readings, case studies, discussions, field trips, written assignments and group presentations, "helping students gain an awareness of the socio-cultural, economic and political context of various kinds of healthcare settings, and to be sensitive to the constraints under which health professionals work in different parts of the world" (See Figure 3 below on the next page).

Two of the key learning objectives in Diana's summer immersive course address competencies related to critical thinking and reflection. These involve "developing critical reflexivity about the broad opportunities and challenges of engaging in global health work and develop a capacity to creatively solve both personal and professional problems in flexible and situationally contingent ways" (See Figure 3, next page). Forty percent of the grade in this

course is delegated to the reflective field journal assignment (two entries per week for three out of five weeks). Sample journal entries are provided for students as models and students are directed to integrate academic sources. The journal assignment keenly details the goals of the assignment as follows:

> To promote the development of critical reflection skills, throughout the fieldwork period students will reflect on their daily experiences and observations, in a form of journaling or reflective writings. In these entries, students should record, comment on and critically examine various events that occur both within and outside the context of their field projects. Students are expected to make a minimum of two journal entries per week and to move beyond simple descriptive writing to interpretive and analytical writing.

Far from passive exercises, these assignments foster both a dynamic internal dialogue for the student as well as a collaborative exchange between student and instructor. All five faculty members emphasize providing detailed written feedback on students' writing and reflections, while some even offer preliminary frameworks on themes like critical reflection and experiential learning.

Figure 3. Undergraduate Minor in Global Health Fieldwork Preparation Syllabus

Course Overview:
The purpose of this course is to support students admitted to the GLBHL minor to plan and prepare for their global health fieldwork experience. This course includes an examination of both practical and academic issues related to successful completion of an overseas fieldwork placement. Focus is given to encouraging students to become reflective global health practitioners who are able to adapt to and independently work through personally and professionally complex situations. Engagement through interactive lectures, readings, case studies, discussions, field trips, written assignments and group presentations will help students gain an awareness of the socio-cultural, economic and political context of various kinds of healthcare settings, and to be sensitive to the constraints under which health professionals work in different parts of the world. To broaden their understanding of the realities of engaging in the field of global health, students will also have opportunities to meet with individuals who have worked or volunteered in low and middle-income settings.

Course Goals and Objectives:
Following successful completion of this course, students will:
1. Have tended to various practical concerns regarding their upcoming overseas travel (with the guidance of the GLBHL minor director);
2. Understand the policies and procedures set by the University as well the Global Health Fieldwork Program, which they will be required to adhere to while in the field;
3. Have a greater appreciation of the context of their field site including knowledge of the burden of disease, global actors involved at the site, an understanding of the health care system among other topics;
4. Be able to identify potential personal and professional challenges that they may encounter during their placement, as well as strategies to address these challenges; and
5. Have developed realistic individual learning goals, as well as a personal ethic, for supporting their engagement in a transformative global health fieldwork experience.

Tim's comprehensive pre-departure course covers modules that orient students to their global health site, and as in Kate's preparatory training, prepares students for logistical, health, and safety considerations. More extensively, Tim's semester-long course reviews concepts that students will inevitably confront at their site, such as vulnerability, poverty, equity and disparities, ethics, and culture. He also requires students to keep both a learning journal and a "noticing journal." This concept of "noticing" has been conspicuously absent from the health professions education and global health literature. Tim describes how reflective journaling helps students to develop their observational skills and to become more aware of their own biases and assumptions. His medical students learn to notice the differences between their own culture and the cultures they are visiting, as well as the similarities. They also learn to notice their own emotions and reactions to different situations. The theme of noticing is now a prominent feature in two of his assignments. The *Noticing Yourself* exercise, is where he provides specific prompts in the categories of What, So What, and Now What (Figure 4). In the global health scavenger hunt (Figure 5), Tim highlights the value of group dialogue as a form of reflection in which the student group will travel to the same site and participate in identical activities, yet each comes away with very different impressions and observations. He comments, "I might just challenge them and push them to that final point of critical reflective thinking, and the group becomes a way to reflect on their experiences, not just individually using this format, but as a group."

Figure 4. Journal prompts on "noticing" used in global health elective for medical students

Nathan agrees that classroom discussions can inspire reflection. However, he had a strong reaction to my mention of online discussions. He replies, "I'll have them do posts on a discussion board before the readings, and I have a bit of a love hate relationship with discussion boards." He then clarifies that he senses the students are just going through the motions until he urges them to think more critically about how their thinking has changed based on the readings or what has emerged and what questions they have now. In other words, Nathan is curious not just about the information they acquired but wants to understand how their learning has shifted their perspectives and how it has affected them on an emotional and personal level.

Kate's reaction to discussing the online discussion forums is more neutral as manifested in her comment below:

We have discussion posts where they need to do with reflection. Students are expected to

complete these discussion posts while abroad or wherever they're taking their internship.

And there are prompts…so talking about social determinants of health or how they had

any cultural challenges while they've been away. So, all the prompts do encourage self-

reflection. Then there are there are the weekly logs, which can be a really good way to

provide feedback to instructors on how things are going.

As demand for cross-cultural experiences in global health increases among students,

educators wrestle with challenging decisions about how to set examples for their students with

each situation uniquely shaped by the setting, community, and comfort of the student. In his

global health elective course, Tim has created a unique strategy to engage medical students in a

global health scavenger hunt (See Figure 5, next page). Instead of passive lectures, the

scavenger hunt format encourages active engagement with complex global health concepts and

settings. Tim models an exemplary level of critical reflection in his course, both in how guides

the students through reflective prompts and through his dedicated mentorship of them.

Nathan provided examples of empowering student reflection, leading to a discussion of

the use of powerful prompts, such as those in which he asks students to bridge the gap between

learning and personal application. He humbly acknowledged his ongoing professional goal to

refine how he motivates and guides students on the continuum of reflection, admitting that it is

impossible to reach every student at the same desired level.

He confesses:

To a degree, I think there are some people for whom they are reflecting all the time,

right? Like they're just contemplating and reflecting…and there are some people for

whom tooth extraction would be easier than trying to reflect on things.

Figure 5. Global health scavenger hunt for medical students during international field course

Global Health Scavenger Hunt!

Any journaling/writing items in the Scavenger Hunt are in addition to the weekly journal entries.

The Scavenger Hunt revisits topics discussed throughout the first year curriculum. The items on this list will be important to the 2nd year curriculum of the Scholars' Program. Some of these items will be shared by you with your peers.

The purpose of the Scavenger Hunt is to find (locate, notice, focus on, pay attention to) items/things while in country that cause you to reflect on the main categories that comprise the Contributors to Health Care Disparities: ourselves, our health systems, the values of culture, and society.

Pace yourself while on the trip.

Work on these requirements about every other day or so. Leaving it to the end will be unprofitable (educationally, a waste).

Adapting Teaching Practice for Diverse Learning & Experiences

Cultivating cultural humility in global health students demands adaptability and an understanding of how diverse learning styles and field experiences necessitate adjustment in teaching practices to facilitate reflective learning. "I've just always been very passionate about global health work and how it can be transformative. Because I experienced it, I wanted to give that opportunity to my students." Kate's words encapsulate the spirit of many educators in global health, driven by a desire to share transformative experiences.

This study has drawn on the work of Stephen Brookfield's (2004) model of critically reflective practice, which helped to understand how the international field experiences of

students captured through their writing motivates faculty to modify not only their beliefs, but on a more practical level, the integration of those beliefs into more effective teaching methods. For example, Kate shares her thoughts about the negative experiences reported by students, deducing that "it depends on the student, and it depends where they are. It depends on what they've experienced as students." Showing her regard for their experiences demonstrates the likelihood of constructivist viewpoints among educators who teach experiential learning courses.

Constructivism is regarded by adult education theorists as a collection of views sharing the common assumption that learning is a process of constructing meaning from experience. The cyclical process of student reflection, faculty feedback, and faculty self-reflection creates a shared learning environment where both parties contribute to knowledge construction. This subtheme captures the shared focus of all educators on tailoring reflexive activities to individual learning styles, evolving circumstances, and the unique dynamics of global health immersion.

I asked Kate if she encourages students to reflect on both positive and negative experiences in their journaling. She describes student journal entries as either largely positive or neutral, and defended these as still providing meaningful insights. She appears to be motivated by the connections established with partner sites across the world: "…this reciprocity in global health education I think is long overdue, but it's still new in global health and I think it's something that I'm really proud of that we were able to accomplish." Our conversation reveals a humility that she models in her own reflective teaching practice and the collaborative environment she creates for learners.

Nathan describes the kinds of judgments, feelings, or emotions he especially values from the student writings or assignments:

I think times where they do recognize, because of this, my perspective has changed in

this way. I remember this experience and, oh, my worldview has shifted a little bit because of this. We had this partnership with a university in Bogota, Colombia, and a student realizing, hey, this person is actually a college student and likes listening to music and is looking forward to going to a concert…whereas before, I thought you were, whatever bizarre, horrible stereotypes or perception might be in place. All of a sudden, because of this interaction, because of this opportunity, my thinking has changed and how I look at the world has changed maybe just a small way. For me, these are the things I love.

James reacts less positively to my interview prompt related to the judgments, feelings, or emotions he values within the written assignments submitted by his students. He explains that when he had assigned written journals and nightly reflections twice a week with his undergraduate students at the global health site in Kenya, "it failed miserably," he commented, providing the rationale that "their brains and their emotions are drained by the end of the day." Then he adds, "the reflections were really crappy while we were there," he added. James had adopted a fall semester preparation for fieldwork course from another instructor and emphatically transformed it into a reflections class. The primary assignment – a podcast. Among the interviews, this was one of the more novel methods mentioned.

Podcast is a very generous term. We call them podcasts because originally when I came up with the idea four years ago, I had somebody who lived here in the community, whose job was to help people make podcasts, especially ones who had something to say. It was his idea that we would collect all of these student stories, and then he would edit them. I would then be a master of ceremonies to these stories and give the context to it. We would play bits and pieces of the student reflections on a particular topic, and it would

make for this great podcast, but we never got to that point…he left town. I left it as, I

think this is a phenomenal idea, but I really don't have more time in my schedule. So, we

call them podcasts, but really, it's two students having a conversation where we record

the audio, and I am the only listener to this podcast.

James's description of his podcast assignment illustrates the iterative nature of reflective

assignments based on evolving circumstances and unexpected changes. His initial plan for a

community-led production needed to accommodate his own time and resources. Such

adaptability and resourcefulness are essential traits for educators who are motivated to integrate

critical reflection to get students thinking about cultural humility. Our conversation ends on a

humble note, in which James examines his teaching practice, maintaining that he is not using any

specific tools or models to facilitate cultural humility in his students. He clarifies his approach:

What I try to do when it comes to cultural humility…almost everything that I've read has

the answer in it, or what that one author thinks is the answer. I haven't seen a lot of

things that I really like to put in front of the students, because then it positions it as, you

were wrong, or you were right while you were there, as opposed to cultural humility is a

where you never ever get to a destination. It's like empathy. I can never truly empathize

with you, but I can only get a little bit closer every day. So, I try to…we try to have that

conversation.

Unlike James's experience assigning journaling at the international site, Kate's weekly

log assignment has been insightful to the happenings of her students while on the ground.

However, she emphasizes the value of the summary report that her MPH students complete for

their practicum. She maintains that this final reflection allows them to distill and synthesize their

experience into meaningful reflections. Here, the students talk about "what went well, what

didn't go well, what they do differently next time, and how it shaped their plan for their career." This final product, she adds "ties everything together in terms of their experience, self-reflection, and their outputs from the environment."

Over her years of teaching global health, Diana has also realized that final reflections, particularly those that offer students distance from the experience, are both impactful on student learning and insightful to her as an instructor. She explains that reflection is mutable with time, and she has adapted her instruction to scaffold reflexive activities across several points in the field course curriculum, allowing gaps between these assignments. Diana has found that the personal transformation in her students appears to occur long after the experience ends, describing their return home when "some issue happens when they're here locally that may trigger a memory." She thrives on witnessing the ebb and flow of student reasoning:

> They're figuring things out and you can watch their thinking. I have a whole bunch of them who say…'I went back home and what I saw in the field differed from or was the same as what I'm reading.' So now I have to go back to them and ask about why this was different.

Diana's guiding presence nurtures the next steps in her students' understanding. She offers examples of students who impressed her "where you could just see that thinking, and you could even see a difference in their level of analysis…it was just deeper than those first ones. So, they were more curious…it ignited their curiosity to kind of figure this out further." Based on her comment, I wanted to understand if the students' writing improves when they make stronger connections to their experiences and feelings. She validated that in most cases, their written expression is stronger as they articulate their learning with greater clarity. She laughs,

saying "I mean, you could teach a writing course with all of this," but I sensed that she was seriously pondering this idea.

Similarly, Tim has incorporated strategies into his instruction that are outside the norm for medical educators. While teaching critical reflection, he observed a dichotomy of learning styles, leading him to redefine his teaching practice. For instance, he has integrated experiential learning concepts into his global health elective, and through the lens of this theoretical framework, he has found that "there are some students who are just natural and love to write and reflect…they just love it. And there are others who have no interest in it." He categorizes these two groups as "activists" and "reflectors." Activists, he suggests, have very little patience for reflection:

> I can almost always spot the activists in the group. I'll give them, let's say, a minute to do reflection, and the activists will be done before everybody else and they'll be sitting there…it's invariable. Then, the reflectors, if you don't set a time limit, they will just keep going and going and going. So, the reflection activity feeds the reflectors and the itch that they feel that they've got to scratch. They love the reflection. The activists hate it, and so they [their written reflections] tend to be a little more shallow. But frankly, when you go on global health experiences, that's where the activists tend to shine.
>
> They're just the 'do it' folks, right? They're in their heyday.

Tim emphasizes the transformative potential of the global health field course, as it compels both learner groups to confront their limitations and engage in critical self-reflection. The activists struggle with reflection, while the reflectors, who revel in their thoughts, feel utter discomfort in experiential learning contexts. He has learned that effective teaching hinges on understanding and nurturing these distinct learning styles.

In summarizing Theme 1, guiding students on a path to cultural humility requires faculty to scaffold reflexive activities, which encompasses cultivating cultural humility early on and empowering student reflection in course design. This guidance also impels faculty to adapt their teaching practice for a diverse range of student learning styles and experiences. This theme explored the diverse approaches of faculty who teach experiential courses, illuminating how student experiences reflected in writing and assignments inspire their pedagogical development.

Kate exemplifies constructivist thinking, finding value in both positive and neutral student narratives while building meaningful partnerships with international sites. Nathan cherishes moments where student perspectives shift as immersion progresses, appreciating the transformative potential of intercultural exposure. James's experience showcases the adaptability of faculty, demonstrating how resourcefulness and improvisation can shape reflexive activities like his novel "podcast" assignment. Diana finds value in offering students space and time to process their disorienting dilemmas. Tim differentiates student learning styles and adapts his teaching methods to meet their needs. Despite different methods, all five faculty members exhibit a shared motivation to facilitate cultural humility through critical reflection, highlighting their commitment to student growth and self-discovery within the dynamic context of global health immersions.

Theme 2: Nurturing Critical Reflection While Attending to Emotions

Faculty play a crucial role in helping students navigate intense emotions during global health trips, guiding them to translate their feelings into critical reflection and opportunities for deeper learning and self-awareness. Critical reflection is not a tool or innovation; it is an approach that can be taught and nurtured.

Strong emotions experienced during global health immersive experiences (cultural shock, empathy, frustration) can act as catalysts for critical reflection. Students are prompted to question their assumptions, biases, and understanding of the world when confronted with unfamiliar and often disturbing emotions.

Navigating cultural comfort zones

Culture shock is a feeling of disorientation many students experience during global health immersions. The ups and downs of a cultural transition and difficulties adapting are predictable even during short-term stays abroad and can generate intense emotions. Understanding culture shock calls for a nuanced recognition of the transition students faced when they leave their routine comforts and attempt to adapt to unfamiliar settings. Kate recalls how culture shock has been revealed through student journal writing:

> We've had students who are really just scared initially, and everything was fine after that. It was more, like you mentioned, that it was obvious culture shock, and then they got better over time. And probably through self-reflection. Then there was another time when someone had experienced seeing something that was to them really shocking or traumatic, and I think that journaling helped them.

Through this exchange about journaling to overcome culture shock, or situations that may be shocking unrelated to culture, I learned that Kate eventually designed her own hypothetical what-if scenario prompts, such as *what if you see this, then how do you respond?* and *what if someone says this to you?* She is clearly driven by a yearning to stimulate students in this way to protect them from making mistakes in future cross-cultural exchanges. The journaling assignment requires students to reflect closely on their own experience of culture shock, for example, and this reflection strengthens student confidence in the field. In discussing culture

shock, Kate describes high negativity from students in journal entries written during the first week abroad. She perceives that the dysfunctional parts of the field site become less primary, and the tone of their writing gradually becomes more optimistic. Similarly, the discomforts felt by students dissipate once they adjust to new information. Although culture shock is accepted as a normal, embodied, and personal phenomenon, labeling a student's experience as such diminishes the individual and real traumatic distress they may face in the field. When global health educators create safer spaces for exploring emotions, they prepare students to navigate successfully their own cultural comfort zones.

Validating Student Emotions

Global health education immerses students in diverse and often challenging environments, triggering a spectrum of intense emotions. This subtheme highlights how acknowledging and validating these emotions is indispensable in nurturing critical reflection and supporting student well-being within global health education.

Faculty participants share the diverse strategies they employ to validate student emotional responses, fostering a safer space for meaningful critical reflection. The qualitative findings from this study's faculty interview data align well with secondary sources of information, such as James's model of critical reflection, which he constructed to emphasize the interconnectedness of various factors that contribute to cultural humility. These factors of motivation, emotions, knowledge, skills, and values are laid out in a complex web of learning. This model is consistent with the other interviews of faculty participants, which suggest that educators who teach in a global context believe that cultural humility is a complex and multifaceted concept that requires ongoing learning and development. James posits that emotions play a significant role in the process of developing cultural humility. For

example, students may experience feelings of discomfort, uncertainty, or even anger as they challenge their own biases and assumptions. However, these emotions can also effectively be a catalyst for learning and growth. This point was made clear in our conversation, being that his cultural humility model serves as a teaching guide. This is precisely where we can see the interconnectedness of emotions with various other factors that contribute to cultural humility.

According to Tim, being in touch with student emotions can be an important window into their underlying beliefs and assumptions and can reveal personal qualities to the students about themselves that may be unfavorable or may cloud their judgement. Referring to the emotional bias reflection exercise (Figure 6) he uses with his medical students, Tim shares an example from a student journal:

> The things I love to see are when they pull in some prior learning, like where they say, 'I went in to see this patient who was incarcerated, or who was coming from prison, and I found myself being anxious, nervous, disgusted, and then I remembered I've been to prisons before when I was an undergraduate,' and they leverage their prior learning, and then they commit to doing better next time to catching themselves to something very concrete.

Figure 6. Journal Prompt for Global Health Medical Student Elective

EMOTIONS

Emotional reactions give attention to our assumptions and can be powerful teachers if we take time to reflect on them. **Identify** an encounter/experience that generated an emotion for you.

This prompt on emotions is one of many instructional devices centered on critical

reflection featured in the student workbook. However, it is the central focus of my conversation

with Tim, and he continues to offer examples questions he asks the students as validation of their

emotional responses.

> The *so what*…what does your emotional reaction indicate to you about your beliefs,
>
> assumptions and values? What does this tell you about yourself? How might your
>
> emotion affect your decision making? That's kind of where I'm going with a whole issue
>
> of identifying the emotions. And then, *now what…*what will you do now in the future
>
> when you encounter similar emotions or circumstances?

Tim's emphasis on emotions and their role in shaping complex learning processes is validation

of the emotional bandwidth of global health trainees and has the potential to increase their self-

confidence as emerging professionals.

Theme 3: Engaging in Self-Discovery and Transforming Teaching Practice

By engaging in critical self-examination and embracing self-discovery, faculty

participants in this study demonstrate how transforming their own teaching practices becomes

pivotal in fostering cultural humility in their students. My discussions with the faculty revealed

their ardent conviction to continuously learn alongside their students. Faculty and students alike

embraced a shared vulnerability, stepping into unfamiliar field settings amid new people and

landscapes. These reciprocal journeys are fueled by curiosity where both faculty and their

students learn and grow.

A clear thread running throughout the interview data was this mutual self-discovery and

evolving teaching practice that resulted from student reflections and experiences, and notably,

the way these educators use this knowledge to improve their teaching and to foster cultural

humility in their students. Despite these gains, however, are the unforeseen and persistent

challenges posed by external factors such as lack of time, resources, and funding. Even with

these potential obstacles, the faculty see the inestimable value in providing experiential learning

opportunities and they make these happen through resourcefulness and dedication to their

educational programs. The faculty passionately express how learning experientially has played a

powerful role in shaping their own careers. Describing the numerous countries she has lived and

worked in, Kate comments, "I experienced that [living abroad] and I just wanted to give that

opportunity to other students."

Learning Experientially

It is only natural that educators who guide student learning through critical reflection also

continuously learn and grow through their own lived experiences. Faculty participants

highlighted the vast significance of their own learning and lived experience in shaping their

teaching practices**.** They personally relate to the students' internal struggle bred by the limited

nature of short-term immersions. Most of the participants had recalled that they had traveled

abroad when they were students and had encountered culture shock at that time. Such reaction is

persistent, as faculty participants still encounter these shocks when they travel. Nathan's story

about shifting expectations exemplifies this point:

> I'm sure I have seen pieces of that in my own life…of being in places and just kind of
>
> being frustrated. Like 'no, I was supposed to get my visa' and 'why am I waiting in this
>
> government line?' and 'why is it taking this long for this thing to happen?' These sorts of
>
> things where I feel like this is not how this is supposed to work. It's human nature. The
>
> more time I spend here [in the U.S.], the more stuck in my ways I get sometimes. I would

think I'd have grown and matured by now, but it's like, no, I'm just more familiar with…just getting stuff.

Though transformative learning provided the primary lens for the interviews, other relevant theories and concepts served as complementary filters, subtly enriching the study's perspective. Kolb's experiential learning cycle is commonly used in adult education to visualize the stages of learning – concrete learning; reflective observation; abstract conceptualization; and active experimentation – from direct engagement in life experiences, contrasted with classroom learning (Kolb, 2014). As a clinician and adult educator, Tim explicitly identifies a personal connection to experiential learning theory:

> I just I find it maps to my own experiences really well. If I can take time to just sit and observe…first notice and observe without judgment, then take it all in and wonder, that serves me well as a human being and as a learner. But it serves my patients well too, where I don't jump to conclusions and I'm not rushing off to get to the plan. I need to withhold judgment, just let more information come in.

This example of Tim's patient-centered approach can be applied not just to formal educational settings but to everyday life. Tim's story also reflects the way his professional practice embodies the principles of cultural humility. Kate's early exposure to cross-cultural experiential learning has similarly impacted her perspective. She explains,

> My experience itself living abroad was really kind of a catalyst to going into an MPH program that had a specific track or concentration in global health. Then I did my two practicum experiences in China, again, because I really fell in love with China, and another one in Indonesia. And those were amazing because when you go to the ground, to really work with people in public health, you can learn how they think about public

health problems that may be different than what you were taught or how you think they

approach addressing those problems.

Kate's story underscores the transformative power of immersing oneself in diverse

cultures, connecting directly with communities and confronting different perspectives. Her early

experiences as a student continue to inform her teaching, reminding her of the importance of

personal connection and critical reflection in global health education. In turn, she empowers her

students to embark on their own journeys of self-discovery, contributing to a continuous cycle of

learning and growth.

Self-reflexive teaching practices. The classroom can be an environment of self-

discovery, not just for students, but for educators as well. Self-reflexive teaching practice

demands introspection, adaptability, and a constant willingness to confront the limitations of

one's own comfort zone.

Nathan has spent much of his adult life traveling and living in other countries. Since

settling into his career in higher education, he has grown accustomed to the comforts of Western

society. Now when he travels, he encounters a series of frustrations and test of his patience,

which he actively works to overcome. This self-awareness illustrates Nathan's commitment to

self-reflexivity and lifelong learning. Relating to his teaching practice, Nathan is surprised when

I ask him to describe his teaching philosophy. He responds that while his principles seem readily

apparent in written form, translating them into the dynamic environment of the classroom

presents a unique challenge. He elucidates that he views himself as a facilitator and strives to

promote active learning and collaboration. He shared the following:

> I'm not trying to be the sage on the stage. And here let me just download a bunch of
>
> information for you then to vomit onto an exam. How do I get you to think critically and

disagree with things that we're talking about in class? By all means, please come to your

own perspectives or understandings of topics and be able to apply that. For me that's

much more valuable than just pretension of knowledge or information.

In Tim's collaborative classroom, he admits to being surprised by the lessons his students

teach him. For example, he remembers one of the students picked up a detail in a photo that

seemed so inconsequential compared to what was in front of her. He clarifies, "I mean, it was

almost like she looked at the background instead of the foreground and picked up something

really interesting as a result of that. That surprised me."

The participants exhibited a desire for self-improvement as educators. Nathan comments,

I think the reflexivity piece, that's an area where I really could stand to do better and

pushing students in that reflexivity. I think I am starting to get into that, but I have been

reflexive in recognizing that's an area that I could stand to do better in terms of pushing

them a little bit to think…okay, what is your role in this world around you now?

While Kate does not overtly discuss reflexive practice as in Nathan's comment, she hints

at an internal processing of student disappointments at the global health site, suggesting a

commitment to ongoing reflection on her own role in the learning process:

I may be able to provide resources for them if they need any, or just some encouragement

or ideas of how they could maybe address any challenges that they faced, be it you know,

at the organizational level, or a common thing is students feel pretty lonely. So, just to

get them through some of those things. I think it's all part of the learning experience.

Turning Obstacles into Opportunities

Faculty participants not only encounter challenges and unexpected situations, but also

leverage these experiences to refine their teaching practices and foster student resilience. A

surprising paradox emerged from the interviews with faculty. Collectively, they express an

ardent desire to cultivate cultural humility in students, yet some of the challenges they encounter

are insurmountable. Facing disruptions head-on and responding to obstacles with creativity and

flexibility, their agile teaching strategies have paved the way for innovative student learning

experiences. For example, the barriers of limited financial support that hinder the full

implementation of Diana's international program are exemplified in her frustration:

> …a bus to DC is $1,000…and now you're saying, pony up $70. It's a challenge. I've
>
> been lucky so far to find funding that has really helped, but those sources are running out
>
> because they've already given me money.

Diana's resourcefulness as an educator has led her to identify alternative solutions,

turning obstacles into opportunities to provide enrichment for her students. She recently had a

Chinese medicine practitioner guest speak in her class over Zoom and has shifted her focus to

certain domestic global health experiences, such as those related to local indigenous health. She

took her students on a field trip to a Native American powwow critical reflection and the cultural

humility discourse at the heart of these activities. "Experientially," Diana emphasizes, "I think it

helps not just to get this plot of five weeks abroad, but really to push them to see some things in

the field." Echoing Diana's experience, James, Nathan, and Tim have developed innovative

strategies to adjust to a scarcity of time and resource constraints. They make the case for

translating global health principles to a local context. Their focus is not just on convenience, but

on equipping students to seamlessly apply their knowledge into the communities where they will

likely serve as health professionals.

Innovative alternatives to journaling. While journaling offers a valuable tool for

reflection, global health education demands deeper engagement with diverse experiences beyond

what the written journal can offer. James's adaptive teaching has led him to develop an

innovative reflection format through two-way student dialogue. In his curriculum, he combines

critical reflection with approaches to grassroots diplomacy and sustainability in global

partnerships. All of this occurs subsequent to the student travel, and functions as an overall

reflection to it. He gives credit to the community stakeholders in Kenya who work cooperatively

with the students – he referred to these approaches as "pre-initiation" – in addition to the

methods he uses in his post-travel reflection class. He describes his rationale for emphasizing

reflection after the international trip rather than the more typical integration in pre-departure

training:

> There will be elements beforehand where we talk about what they're going to get into, but
>
> I've been really unsuccessful deep diving into what they'll get into. With a lot of them
>
> having no international experience or no low resource community experience, nothing
>
> really sinks in and I have found that it sinks in better after they've had this experience.

James's class runs once a week for three hours. The first ninety minutes they discuss

some element that is emerging with respect to grassroots diplomacy. They talk about challenging

the norms, negotiating entry, self-determination, what consensus building means, and

disagreement, all concepts they may have encountered while abroad. At the midpoint of each

given class, James pairs them up and he presents them with a series of roughly six questions.

The pairs rotate weekly and work together to record a podcast. He uses this podcast as a

platform for students to provide feedback on the program, helping him to make improvements

for future students. Mostly, the prompts they answer dive deeply into their own personal

reflection on their experience in the community in Western Kenya where he and his students do

much of their work.

Although the reflection component of his teaching is reserved for the semester after the trip abroad, James invests considerable time and energy in training the students prior to travel. He incorporates the following prompts in his cultural preparation, while inviting guest speakers and introducing various games to the students as motivation (Figure 7).

Figure 7. Hierarchy of Reflective Thinking for Pre-departure Training
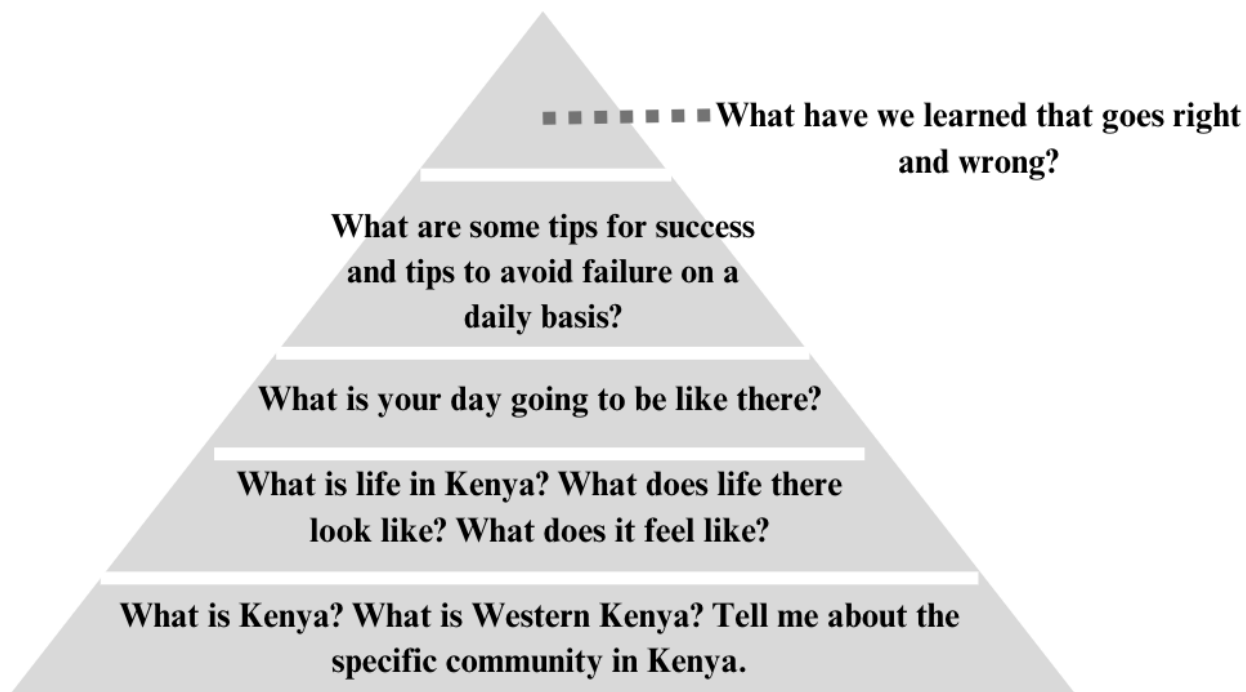
Other pre-departure topics include safety and how best to make your daily life easy while abroad in the specific community. James's enthusiasm becomes palpable as he describes a unique element of his program in which past students mentor the current cohort who are about to embark on this journey. "They act as counselors," he remarks, "to ease the way."

Tim uses multifaceted techniques and creative strategies to address his own challenges as an educator, as exemplified through the innovative assignments in the student workbook, such as the journal prompts for medical student fieldwork (Figure 4 earlier in this chapter) and the Global Health Scavenger Hunt (Figure 5 earlier in this chapter). These challenges, he describes,

relate to respecting faculty time while still supporting students who require extra encouragement. In an ideal world, he contends, "you have someone who's checking in with them, let's say weekly, reviewing the reflections and helping them to go deeper. But we don't have the resources."

Tim overcomes this struggle with insufficient resources by emphasizing classroom dialogue. This is an example where written journals may not be as effective as the richness of reflection found within group discussions. His prompts on emotional responses help students wrestle with critical thinking. Here, small group dialogue serves as a substitute for the written component. The students then summarize their collective ideas, bringing them back to the large group and sharing some of the key themes they identified. Because he teaches medical students, Tim values opportunities for teamwork and communication. Therefore, he feels it is vital that the students returning from their global health site reflect back on their experience, summarize, and articulate their learning to their colleagues. They also conduct a comparative analysis on pressing issues such as mental health, for example, to understand how the host country views people with mental illness, for example, and how that issue falls on the spectrum of health care around the world. To close the loop, the students examine where the U.S. falls within that care continuum and how cultural stigmas here compare to those in other countries.

Turning adversity into opportunity, these educators have transcended journaling to foster critical reflection through new pathways, embracing other avenues of expression and innovative methods of engagement.

Holistic pedagogical framework. Because adult learners come into the educational setting with diverse experiences and needs, a holistic approach to teaching acknowledges these complexities and may better support their social, emotional, and intellectual growth. Rather than

implement the journal assignment in isolation, these educators expertly and thoughtfully construct a framework that effectively incorporates reflection into their experience-based learning curriculum. Through experimentation and evolving understandings of diverse learning styles, faculty recognize that reflective writing is not a one-size-fits-all approach and should not be used in isolation for experiential courses. This realization informs their pedagogical frameworks, which they implement holistically to bolster the global health experience for all students.

Each participant provided examples of tools used both in the classroom and the field to encourage critical reflection and promote cultural humility in their students. Kate has utilized case studies in the classroom to help students navigate complex hypothetical global health problems. She also values faculty-guided group discussions to expose students to diverse viewpoints. With a firm grasp of reflection and experiential learning theories, Diana empowers students to engage on deeper levels by introducing these frameworks before they travel. She and Nathan offer examples of translating global health principles into local contexts as discussed in the theme on scaffolding reflexive activities. Solidifying this idea, Nathan shares,

> I am trying to use a variety of modalities. Whether it's discussion, readings, field trips, that kind of connects with Dewey's model, right, like using a variety of methods and recognizing that people learn and understand in different ways.

This subtheme highlights a shift from a singular focus on reflective writing to innovative teaching strategies and holistic pedagogical framework designed to engage diverse learning preferences and maximize the transformative potential of global health experiences. Faculty move beyond simply assigning journals, recognizing that multiple tools and approaches are necessary to facilitate critical reflection and nurture cultural humility in students. Overall,

Theme 3 reveals the intricate connections between faculty self-discovery, critical reflection, and the development of innovative and holistic pedagogical approaches that cultivate a cultural consciousness in future global health professionals.

Student Findings

Interviewing both faculty and students was crucial for understanding the full scope of the impact of critical reflection because they offer complementary perspectives. Student stories offer witness to the profound shifts in perspective and personal growth fostered by the introspective practice of reflection. Their narratives paint vivid pictures about how journaling served as a dependable tool to comfort them through fluctuating emotions, challenges, and surprises. The student participants also provide insight on the vital role of faculty guidance in experiential learning settings. Rather than attempt to interpret and find meaning within the journal page itself, the interviews allowed students to elaborate on their writing and pivotal dialogue in the classroom and in the field. Listening to students' own accounts proved the transformative potential of reflective journaling combined with other techniques intended to promote critical reflection in a global health educational setting.

The most common themes that emerged from the student interviews were 1) embracing discomfort and developing resilience, 2) the role of faculty-guided learning, and 3) transformative potential of experiential learning. These themes are described in the following sections.

Theme 1: Embracing Discomfort and Developing Resilience

This theme delineates the intricate relationship between the students' engagement in critical reflection through disorienting dilemmas and their development of resilient coping mechanisms in response to challenging cultural and professional encounters.

Personal Growth

Participating in short-term immersions does not guarantee personal growth in learners. In fact, such experiences, particularly in a global health context, may even reinforce harmful preconceptions and prejudices. As the sole public health student among a group of learners in landscape architecture, Isabella had the unique challenge of defining her purpose at the field site in Peru while she overcame and navigated the initial discomfort of studying abroad. She did this through journaling, which she completed as a requirement of her class but, more importantly, out of her own desire to engage in an internal dialogue of self-exploration.

> I definitely wrote mostly my reflections in my journal. I actually did keep the journal all the way from the beginning of the semester. Every meeting we had, I would take notes and then we would write about it…and then once we were in Peru, at night especially, I would journal before bed just a little bit of reflection…a short one…like this is how I felt …almost like a diary.

From discomfort to dialogue. Global health students inevitably encounter challenges and complexities that evoke discomfort. By engaging in both group and internal dialogue, students process challenging emotions, foster resilience, and ultimately develop the ability to embrace discomfort as a catalyst for personal growth. Isabella found that group dialogue on various emerging topics that were relevant to their daily lives in Peru aided in her growth during the trip. For example, she recalls a discussion on positionality which prompted her to later reflect in her journal. At that moment in the interview, she hesitates, "I think my journal is kind of all over the place but is mostly my internal thoughts on paper."

Isabella describes how she would organize her thoughts not only for her own benefit, but to help her communicate to others efficiently.

A lot of times I have a hard time speaking about what I'm thinking and sharing

that they asked me, so what are your thoughts because you've been super quiet.

I'm like, oh my goodness, what are my thoughts? I have so many that I could

write them down, and I did write them down. Then I shared those written

thoughts with them, and it was much more organized. Journaling really organized

my thoughts.

This example from our conversation demonstrates the vulnerability students feel when away

from home among new people and situations. On the other hand, her story positively illustrates

student resilience and resourcefulness. By using journaling to overcome her feelings of

awkwardness when being questioned, Isabella shares that the journal allowed her to sort and

categorize the ideas she recorded which she intended to implement to help the community.

More than diaries. Journaling is often perceived as keeping a written diary or daily log

of events, but for these students, their journals became dynamic tool for reflection, problem-

solving, and a deeper understanding of community needs. A novel idea for a public health

student, Isabella created a concept map in her journal to connect the functions and outcomes of

the system to help make connections. She clarifies that while she is not a landscape architecture

student like the rest of her group, she brainstormed reasonable solutions that could potentially

help with certain determinants of health that the community viewed as major issues. She even

drew concept maps in her journal to visualize these problems, connect the dots, and filter her

ideas.

Lindsay used a different approach to capturing her reflections in the moment. Her public

health graduate class focused on different themes that surface in the field whereby online group

discussions were the mechanism used to capture their reflections. The prompts, designed by her

instructor, were useful in guiding the student dialogue. However, she was faced with an unreliable internet connection while in Argentina but overcame this hurdle by keeping notes on her phone which was always attached to her. She comments, "…even in the hospital I would write down my thoughts. As much as I felt awkward pulling out my phone, they would say, oh, no, you can be on your phone here."

Similar to Isabella's journaling technique, Lindsay's strategy involved a complex arrangement of keeping daily logs of activities, which was seamless to achieve in the moment given the accessibility of the notetaking application on her phone, and tracking her thoughts and emotions about situations, such as her experience in the burn victim unit of the hospital. She emotionally details this experience:

> That one really hurt because I was just like, this is a reality. I normally can be very straight faced… no emotion, but the doctor just turns and basically says that, oh, the patient lost his wife and child in a house fire, and he tried to go back in and save them. I looked up at the other students I was with and thought, did I just understand that right in Spanish? I was sitting there trying not to tear up."

Both Isabella and Lindsay, through their unique journaling approaches, move beyond the superficial documentation of events. Their stories serve as a testament to the power of journaling as a tool for critical reflection, connecting theory to practice, and building empathy in learners.

Social and Cultural Learning

Effective global health practice hinges upon developing social and cultural learning skills, as outlined in various competency frameworks for the field discussed in Chapter 1. Moreover, global health immersive experiences offer students a lesson in humanity. They come to understand the communities around them and are impelled to examine their own values,

biases, and capacity for empathy. Witnessing firsthand different societies and cultures provides an unparalleled learning experience, as students reevaluate their preconceptions and reshape their identities.

Through critical reflection, particularly in the form of journaling, students grapple with culture shock, confront personal biases, and navigate the complexities of power dynamics and ethical dilemmas. Within the pages of their journals, they dissect assumptions, explore feelings of discomfort, and ultimately build bridges of understanding across cultural divides. This subtheme validates the transformative power of journaling as students interact with the social and cultural dimensions of global health learning.

Unlearning biases, embracing heritage. As global health students are exposed to different cultures, they are challenged to simultaneously confront their own biases and embrace the richness of their heritage. Growing up in India in a multicultural household has exposed Tara to diverse perspectives and traditions, shaping her understanding of cultural norms and communication styles. She spoke about her involvement in operational research on maternal health and family planning as well as maternal mental health in remote areas of India:

> I definitely think one of the highlights of my reflection was thinking about
> transformational leadership and how I believe, within global health, transformational
> leadership plays a very important role, because we feel we're at the juncture where we
> need to flip the narrative especially within sexual and reproductive health where
> stigmatization and taboos exist.

Tara's statement about global prevalence of stigmatization and taboos reveals a heightened sensitivity in her to the pervasive inequities that have persisted in all parts of the world. For Tara, these realities are highly visible in the LMICs where she has built her expertise. She

fervently explains how influential her global health learning has been in the DrPH program, reflecting on the notion of the life course perspective, "looking at, say, if a child is anemic, or if a child has a lot of infections…after hitting puberty, how does that impact maternal outcomes at a later stage for her?"

Like Tara, Isabella went into her global health experience with a curiosity and an openness to learn from the members of the community who she describes as "experts on the local culture and its challenges." She humbly admits:

> I didn't ever share with any of them [the community in Peru] that I was half-Peruvian. I
>
> don't really look like it. I'm only half Peruvian, half American. I felt like it was my own
>
> little thing that I can just hold onto for myself. It was like personal growth for myself."

Isabella's hidden identity during her trip was not a matter of being shy or uncomfortable sharing her story. While her decision not to share her own heritage could be interpreted in different ways, it suggests a budding awareness of cultural sensitivity and a willingness to prioritize learning from the community through humility and self-reflection. Throughout our conversation, her self-awareness and understanding of privilege is easily perceptible. Both Isabella and Tara acknowledge their own biases and are actively working to navigate them.

Understanding one's own biases is a significant aspect of social and cultural learning that Simon can relate to. He shares an anecdote from his time in Vietnam:

> I personally have always felt I've been able to read the room well, and so I was able to
>
> very quickly kind of adapt to social norms that are small but different. For example, one
>
> of the first things I remember was we took a picture with people who were hosting us,
>
> and I immediately went to put my arms around my friend who was a peer of mine, as
>
> well as around the gentleman who was a native to Vietnam. I put my arms around him

and put my arm around my friends and we took the picture. When we look back at the

picture, none of the Vietnamese individuals had their arms around anyone. They were

just kind of standing still with their arms to themselves.

While the interview with Simon offered no glimpse into a potential journal entry about his

experience in Vietnam, he clearly processed this formative sociocultural interaction through his

own quiet contemplation. Simon expresses that he is a warm person, and it took cultural

humility for him to understand that warmth does not necessarily fit within local customs.

From culture shock to empathetic understanding. Stepping outside one's comfort

zone, as experienced through culture shock, can lead to transformative growth and the

development of empathic understanding, as evidenced by these students' accounts. This is

evident in the accounts of these students, and Simon's observations of the Vietnamese culture

and his personal reactions to his environment further illustrate this point.

Simon provides descriptive detail of the remote areas of Vietnam that he visited and his

perception that health is not always a priority in these settings when a family needs to put food

on the table. He visited a clinic in a rural village where there were no physicians present and

only one single nurse was seeing patients. Other workers were "just assistants who were not

clinically trained but there just out of the goodness of their heart," he adds. Simon elaborates,

"you have this single nurse making all the medical decisions…so they themselves were acting

like the doctor prescribing medications and treating patients." At this moment, Simon becomes

uneasy and pauses in his storytelling. He continues by saying that the nurse has the right to lead

the clinic as she is likely very experienced. He wants me to understand that he is not unfairly

judging her or the conditions of the clinic. Empathetically, he stresses the lack of resources he

witnessed when stepping outside the major cities. Unlike the other five participants, this was

Simon's first time visiting a low resource country. He describes the initial culture shock he felt during his four-week trip, not necessarily while in the rural clinic, but during his visit to a major city hospital:

> It was incredible because we were rotating through different departments, and they had surgery wards and operating rooms and some of the most high-tech equipment. It was really remarkable. Then on the other hand, within the exact same hospital, the emergency department had maybe three beds because they couldn't afford enough beds, but they had 10 spots for beds around the wall. They're also not paying attention to some of the simple hygienic stuff, which is probably a part of their doing, but also a part of the system in which they're just over overwhelmed. There isn't enough time to worry about changing sheets. But people sitting on the floor…yeah, that was that was the biggest shock for me.

As an aspiring physician, this experience exposed Simon to the reality of health care outside the United States. When I asked him which tools, people, or skills made him feel supported during his month abroad, I could almost anticipate his response as the previous interviewees all echoed the same: "the people." Simon's narrative closes with a heartfelt tribute to the Vietnamese people for the unwavering generosity and kindness they showed him.

Mu-Ting's journey to Ghana also ignited an appreciation in her by the friendliness of the community. She describes her own Taiwanese people as "shy," speculating that this may be a common trait in Asian culture. "But for Ghanaian," she explains, "they talk everywhere. They just want to share their passion. I think they also influenced me a lot." Isabella similarly pondered her lessons learned in Peru and how to connect on a human level:

They were teaching me things that I would never think of and I was kind

of….hopefully…I think they did tell me it was helping them out with things they

wouldn't think of as well. We got to go into their community and see how they live and

what they personally view is more important and what we should focus on. So, it doesn't

matter what us outsiders going in think about what needs to be, I guess, fixed. It doesn't

mean that that's their priority.

Isabella's public health internship took an unconventional route. Typically, public health

students will travel in the summer with other health professions students. Isabella traveled

alongside her mentor and a group of landscape architecture students during the spring semester,

which is more typical of graduate students. She recalls how journaling helped her connect with

the theoretical and practical knowledge of her discipline and the Timefits of being able to revisit

her records later.

I was really grateful that I wrote things down as they were happening because then I

wouldn't have remembered every little detail, but I could go through my journal and I'd

be like, oh, this is what I did. I had a little bit of time to reflect…it wasn't just about what

happened. It was also connecting it to my public health and global health experience. So,

I was able to use my journal for that as well.

Through these captivating stories, a common theme of embracing discomfort and

developing resilience emerges. The parallels among these student narratives reveal how global

health experiences can spark transformative personal development in students as they move

beyond the initial jolt of culture shock and empathetically embrace distinct approaches to health

care and the unique richness of culture in their host communities.

Theme 2: Shaping Perspectives through Faculty Guidance

This theme emphasizes the crucial role of faculty in the reflective learning process as a core element of transformative global health education. The discussion and highlights from interviews with student participants that follow attest to the prominent role of faculty in the transformative learning experiences of their students.

Safe Spaces for Individual and Collective Reflection

Global health immersive experiences offer students more than academic knowledge or professional skills. More critically, it is within these cross-cultural encounters where students witness first-hand the social determinants of health that the power of safe spaces is realized for individual and collective reflection. These spaces might occur in the physical classroom, an online discussion forum, or in the privacy of their own field notes, and are facilitated by faculty through insightful dialogue, carefully crafted prompts, and an established mutual trust. Here, students are empowered by faculty to expand their thinking beyond the simple processing of their experiences and are well positioned to articulate new perspectives, challenge personal biases, and embrace vulnerability.

None of the participants were entirely surprised by the setting where they traveled or spent their virtual immersion. It was those discreet aspects of their daily lives where they began to feel disorienting dilemmas. The student participants were mostly aware of places they would visit, particularly in rural regions, that may lack reliable access to electricity or running water, for example. Their need for safe spaces to reflect resulted from internal feelings that emerged about privilege, power, and equity.

From theory to practice. Student participants express an eagerness to translate theoretical knowledge into tangible action, applying their classroom learning in the field. Given her role in academic journalism in the university, Jennifer has a strong foundation for bridging

academic concepts and real-world problems. She feels that, of all the predeparture lessons, the module on cultural humility has been the most helpful to her, not only for her virtual immersion, but in building her knowledge base. She reviews the topics covered:

> I'll be honest, I hadn't even heard a lot about cultural humility. I had heard about cultural competence. But I really liked it, and once you read about it, then you're like, oh, this makes a lot more sense. I had some background…I had worked with people from other countries. I was very aware of, especially like, Westerners and White people, just coming in and trying to be experts. As an academic myself, it was cool to learn about that thread of research and keep in mind the idea of power imbalances and trying to lessen those…not just learn some factoids about another culture.

Isabella found opportunities to reflect during group dialogue guided by faculty. On the first morning of their trip, the group was instructed to read an article about positionality, which in global health practice, focuses on a critical understanding of power relations. Isabella's group would do their own individual reflections and come together to share their positionality statements revealing their own stances and backgrounds. By examining her positionality, Isabella acquired a deeper awareness of how her background and assumptions might influence her interactions within the community. Both participants emphasize the value of applying their theoretical knowledge to the complexities of everyday life.

Why structured assignments matter. Student participants value the space created by prompts and discussions. For these students, faculty-led guided reflection helped them to avoid information overload and differentiated their meaningful insights from daily minutiae. Jennifer contends that the instructor-designed prompts for her journal logs and class discussions provided the structure and confines she needed to make sense of her meticulously detailed note-keeping.

She laughed about her instructor's reaction to her journal submission: "you don't need to tell me everything you learned in class." This detail is a problem in reflective writing as students tend to have trouble filtering their thoughts from their daily activities.

Simon's journaling experience was less structured than Jennifer's. With a tone of disappointment, he shares that "there wasn't much self-reflection through writing. I think it was more self-reflection through discussion that we had through visual pieces and short documentaries that we watched, sometimes as a class or sometimes prior to and then we showed up, and we discussed them. A published author himself, he seemed critical of the fact that his global health site did not intentionally foster this kind of reflection.

I asked Simon if he felt that engaging in written reflection about his own personal dilemmas or feelings would have helped with his own problem solving. He explains that a recurring theme for him was the guilt he feels about his own perceived privileges and he shares that he wishes he could have spent more time processing these feelings:

> I didn't choose it but was born into a country with a health care system that if I need it, I have access to everything. You live it for three weeks or a month and you come back and feel not that it was like a dream because, it was real, but it's so easy to become detached again. And kind of just self-absorbed in our own little world. It was the feeling that, okay I lived it for a month, I know…not *know*, but have some idea of how hard it is. I have the extreme privilege to be able to step away from it. If they're sick, they have a lot more to worry about than I do.

Jennifer's story similarly brings forth her opinions on the structural challenges and discrimination in Bolivia. Journaling for her was exhausting as she spent her entire day translating Spanish. Everything she submitted for her internship she wrote in a non-native

language: "and so I talked about just how draining it was and sometimes really hard, but I was glad I was doing it. That's probably what I got the most out of my internship, was being able to practice my language skills and think about different cultures." Jennifer emphasizes that the emotional reflections in her logs were sparked by topics such as Bolivia's constitutional right to health care and its strong indigenous identity. Through faculty and preceptor feedback and guidance, she was provided the tools to be inspired by the nation's cultural and political spirit long after her internship.

Simon's grappling with guilt, Lindsay's alignment with cultural humility principles, and Isabella's search for positionality illustrate the fact that these spaces provide fertile ground for personal transformation, ethical considerations, and a deeper understanding of one's place as a global citizen.

Building a Sense of Community Through Reflection

Adult health professions educators must instill in their students the underlying principle that participation in short-term global health experiences is a privilege, not a right. As Tara, reflecting on her own experience, states: "We have this thing in South Asian culture where you can just go sit and have a cup of tea, or Chai, as we call it, with a community of people and that's the spirit that I have…probably that's the only reason that I want to do what I do...for the community." This sentiment underscores the importance of community building within global health education. Beyond textbook knowledge and lectures, global health education thrives on the shared human journey, fostering not just individual learning but also a sense of collective purpose and responsibility. This subtheme explores the transformative power of reflection, realized by students and facilitated by faculty who guide them toward connection and learning, not just individually, but as a resilient community. Whether physical or virtual, student

participants in this study discover that aspirations for a cooperative strategy to improve health for all can only be realized through the transformative connections and insights made along the way, reminiscent of the spirit of community and shared tea mentioned by Tara.

Feeling supported and connected. Beyond the invaluable guidance of educators and mentors, participants appreciated the network of fellow classmates and peers who shared similar experiences and challenges. Lindsay felt the class discussion logs allowed her to connect with other students in the MPH program who were completing their global health practicums physically or virtually. She recalls,

> There was a discussion that was something about like, what have you learned and what are your takeaways from your experience or at that time? I was already home at that time. I was thinking about my takeaways and then just reading what other people had to say, and I was like, I'm not the only one that experienced that, or wow, I didn't think I would experience this by just spending time in a different country.

Lindsay felt reassured to have confirmation by her peers sharing the same kinds of fears and excitement about their experiences with these different communities in all corners of the world.

The three public health students – Mu-Ting, Jennifer, and Lindsay – agreed that they felt supported by their faculty during their practicums. Furthermore, the writing prompts that were graded by their instructor and online class discussion made them feel connected to their peers while abroad and motivated them to write down their weekly reflections. These students were also guided by preceptors or on-site supervisors who were not their formal academic instructors, but led extensive pre-departure training through the third-party organization that sent them abroad. Each student felt this pre-departure preparation as a contribution to their overall learning

and provided them with essential tools when leaving the country. For example, Mu-Ting describes the meditation techniques taught to participants:

> We used this five-part method for bringing you back to the present moment. So, when you feel maybe anxious about something, you just take a deep breath and then notice…look for five things that you can see right now around you and then you like say out loud, a description…and the 4-3-2-1 are what you can hear, smell, touch and the one is what you can feel. So, as we are kind of like looking for or notice things that around us, we really feel like being in the present moment. And that actually helped me a lot and with all the pressure or like all the anxiety, and so, this is something included in the training that I still use right now.

Jennifer, who is more experienced, than the other interviewees, found the Spanish language instruction to be most useful. She comments that she sometimes felt her group of mostly medical students were "parachuting in to get their credits," adding that they often did not turn their cameras on during the training or immersion. For Jennifer, having a stronger group connection would have improved her learning. She did, however, point to one of the program instructors who spent her 30-year career working as a physician in Bolivia and shared with Jennifer's group her experience seeing numerous political transitions and their impact on health. Jennifer recalls, "she went beyond the surface-level material, and I felt like I did learn a lot from her."

Lindsay is half-Puerto Rican and is proficient in Spanish, but like Jennifer, appreciated the integration of the daily tutoring to reinforce the immersive nature of the program. Several of the faculty participants in this study also emphasized the value of language introduction, to help

the students connect to the community and as a sign of respect to the hosts. Lindsay remarks about her transition arriving to her homestay in Argentina:

> When I first got there, obviously it was like brushing up on my Spanish and finding out my host family does not speak English at all. So having communicate that way…I'm like, okay, so I gotta really bring my Spanish back.

Isabella expressed the importance of the continuity demonstrated by the faculty member who taught her course. She explained how her faculty member was with the students the entire time, preparing them for the trip and throughout the experience in Peru. Rather than supervision or chaperoning, she explained that she felt supported and as a collaborator in the community among the faculty, students, leaders, and community members.

Simon explains that he felt supported by the course faculty and on-site preceptor. However, he critiques the frequency of their interaction, and would have appreciated prompts that were deliberate and targeted to his field site.

> We journaled a couple of times a week, so not a lot. They probably should have asked us to do a bit more. But there are pros and cons to that, of course. With less self-reflection, the pro is it becomes less of a task or less of something that you're thinking each day and more of something that you can just enjoying the presence and being around the people and learning from them all.

As he weighs the value of journaling, Simon seems to realize that perhaps the guidance was indeed measured and appropriate. Furthermore, other strategies employed in his pre-departure training may have contributed to his keen ability to recall details of his experience, such as the intense empathy he felt when witnessing patients on the floor or the awkwardness he felt when the group photo was taken.

Effective faculty-led reflective learning during global health experiences goes beyond traditional journaling and extends to a variety of tools and approaches. By cultivating safe spaces for individual and collective reflection, students are empowered by faculty to process their experiences, develop cultural sensitivity, and foster a sense of community and shared learning. This holistic approach to reflection coupled with the facilitation of peer-to-peer and professional connections holds the power to cultivate a deep and lasting transformation in how students learn and grow.

Theme 3: Transformative Potential of Experiential Learning

Hands-on learning propels students into personal transformation as they grapple with the uncertainties and challenges of reality. Isabella's insightful reflection captures this essence: "I definitely took the time to process things as the trip went on, but especially afterwards when I was thinking, oh my gosh, we did so much in such a short time period. You just don't even realize exactly what's happening at the time." This theme demonstrates the contrasting experiences of student participants like Isabella, revealing how guided and self-directed experiential learning influences this transformative process. While immersed in the moment, the intensity of new information and experiences might overshadow deeper reflection. However, as Isabella highlights, the true impact often unfolds later, allowing students to fully grasp the magnitude of their personal growth and the lessons learned through active engagement in unfamiliar settings.

Setting Expectations for Experiential Learning

From the stories of how participants' (Isabella, Simon, Lindsay, Mu-Ting) overseas experiences challenged their preconceived notions and broadened their worldviews, it is evident that educational trips abroad offer unique immersive learning opportunities. However, global

health education also encompasses diverse options such as virtual study abroad programs (Jennifer), collaboration on international research projects (Tara), and other simulated challenges and case-based learning. Whether students are partnering with communities from a distance, or observing health care in action, these experiences shape student reflection, revealing how they understand and engage with the world.

Tara describes the mutual trust that was natural between her and her mentor as expectations were set for her virtual research project which served as an advanced field experience for her DrPH program. She adds that, during the cross-cultural project, access to data about women's health issues in Australia was eye-opening in itself. Reflecting on her initial skepticism and shift in perspective, Tara captured this perfectly:

> I think an important thing I underestimated at the outset was the fact that I thought that there wouldn't be too much that I'd get to know culturally sitting from here in the United States. But looking at data, I realized that data can actually speak volumes about a particular domain. I had this pivot where, at first, I was very inflexible with the idea that oh, no, unless you are there on the ground, you don't know what happens. But you can actually use data to still get a very good assessment of what's happening on ground and that itself can be a self-sufficient mechanism to kind of create a lot of strategies.

At several points in our discussion, Tara uses the word "transformational" to describe her experiences and ideals about leadership in global health. Her realization that the data itself was a powerful storyteller about the status of women's health in Australia helped her to redefine her outlook and expectations for learning experientially.

Tara and Jennifer, two participants in virtual internships, painted contrasting portraits of their experiences. While Tara ultimately thrived in a cross-cultural research project, Jennifer

who was promised an immersive experience, felt disconnected due to the virtual nature of the program:

> I think virtual is hard. For better or worse, it's a Western paradigm of you have these set times and do these things and it felt more like a class often than like an internship because we didn't necessarily…. I don't feel like I gave them as much as they gave me.

On the other hand, as a graduate student in the online MPH program in Global Health, she confesses that she felt more actively engaged in this virtual immersive experience than she would in any one of her asynchronous classes which are structured to be more self-paced.

Being Physically Immersed

The words of participants who traveled for their courses resonate powerfully regarding the transformative power of being physically present in a global health setting. They contend that the intricacies of health care in unfamiliar settings and the richness of culture would be lost in attempting to replicate the immersion virtually. Without hesitation, Simon explains what he learned studying abroad that he could not have learned in the classroom or by participating in a virtual global health experience:

> You are told that these people are suffering, and you know they are because you are knowledgeable when you read the news, but I think until you see it firsthand, although you can try to kind of connect with them and try to understand their difficulty, I don't think you can kind of feel it until you're there. So, when these charities talk about you know, food, hunger or chronic populations of individuals living with HIV without access to any anti-retroviral medication, it's just a different level of understanding, I guess empathy, to what we're fighting for outside of the borders United States.

Isabella agrees with Simon about the benefits of physical access to a community. She explains,

I think you just don't get experience like that unless you live it yourself where you're kind

of immersed in the culture, and that's something that I think almost everyone could

probably agree with. You can go through like an online course, which is what I've been

doing up until that point [when she traveled abroad]. I had gained a lot of knowledge,

and I had done a lot of reading about other people who have done these lived

experiences, but I hadn't had one myself.

She adds that being present in the physical location of her internship forced her to think about the

other people she was around as well as the team of students who were all coming from different

backgrounds. Isabella cannot imagine how the on-site experience could be compared to being

people she was surrounded by, talking with them, eating their food, and seeing their homes. She

even delivered a presentation for the community members and received feedback from them on

her intervention. It was in that moment when she explains, "…that was just getting to kind of

apply what I've learned, write my reflections, and actually make connections, because while it's

all happening, it's just so overwhelming."

Ultimately, a well-designed experiential course in global health opens doors for trainees,

propelling them from academic theory to lived experience and practice. Each path, virtual or on

the ground, possesses the power to transform, leaving its mark on our next generation of global

health professionals.

Chapter Summary

Qualitative findings from this study's interview data along with secondary sources of data

emphasize the importance of nurturing cultural humility in global health students. Cultural

humility is a concept and practice that the faculty participants in this study conceded is important

but challenging to nurture in students participating in short-term global health experiences. On

the one hand, the faculty expressed that students show capacity for cultural humility as evidenced by their journal passages, behavior at the international site, and dialogue in the classroom. On the other hand, some of the interviews revealed faculty perceptions that many of their students continue to lack a basic understanding of global health policy or an understanding of what U.S. health care policies are predicated on. Therefore, faculty must address these vital competences in conjunction with fostering an environment of reflection. Nonetheless, the thoughtfully crafted journal prompts inspire a powerful exercise that can lead global health students on a path of deeper introspection and cultural understandings.

Diana's global health fieldwork course syllabus states that "cultural humility is essential for global health professionals to be able to work effectively with people from diverse backgrounds." The interview data suggest that faculty members are committed to helping students develop cultural humility by creating an environment for critical reflection and by providing opportunities for students to learn about different cultures and to develop skills for working with people from diverse backgrounds. These findings also promote the crucial role of reflective journaling in developing cultural humility and critical thinking skills. In every respect, the faculty participants in this study were rigorously committed to fostering an environment of critical reflection for their students. They designed well-conceived assignments that focus on reflective journaling, such as reflective essays, class discussions, podcasts, scavenger hunts, and group dialogue in the field.

Rather than rely on large numbers, qualitative inquiry takes an in-depth approach to understand the perspectives and experiences of a purposefully chosen sample (Merriam & Tisdell, 2016). The faculty and student participants of this study shed light on educators' roles in cultivating environments of critical reflection. The insightful interviews with university faculty

revealed that they believe resoundingly the power of reflective journaling, classroom dialogue, and other approaches to critical reflection in facilitating student awareness of their own biases and assumptions, in guiding them to develop a deeper understanding of different cultures, and in becoming more culturally sensitive practitioners. The faculty's focus on critical reflection and emotional awareness becomes a catalyst for the students' constructive transformation, forging a connection between these seemingly disparate themes presented in their midst. Ultimately, the immersion becomes a shared journey of growth, one in which both faculty and students learn and evolve through their engagement with culture, emotions, and critical reflection. The implications of these findings and possible future direction for this research will be discussed in the next and final chapter.

CHAPTER 5

IMPLICATIONS FOR THEORY, RESEARCH, AND PRACTICE

The purpose of this study was to explore the perceptions of global health educators and their students on the use of reflective journaling as a pedagogical tool to promote cultural humility in learners. This critical qualitative research study exploring the motivations and experiences of global health faculty in creating an environment of critical reflection aims to expand extant research, unveiling how the journal as a pedagogical tool represents a meaningful way to relate to students and to grow as educators. This study made use of interview data and document analysis. One-on-one semi-structured interviews with five faculty members in the health professions and related disciplines and six graduate and medical students provided the opportunity for rich data collection. I analyzed these data primarily through the lens of transformative learning theory, but also in light of postcolonial and cultural humility theoretical and conceptual frameworks in order to pursue the following research questions:

1) How do the faculty participants in this critical qualitative study perceive their role in fostering an environment of critical reflection among learners?

2) How do guided constructive pedagogies that use journal writing and classroom dialogue as a tool for critical reflection provide insight to faculty about student global health experiences?

3) How does critical reflection contribute to our understanding of cultural humility through the learning and experiences of global health educators and their students?

Rather than rely on large numbers, qualitative inquiry takes an in-depth approach to understand the perspectives and experiences of a purposefully chosen sample. Furthermore, semi-structured interviews enable the researcher to probe more deeply into specific moments of

transformation (Merriam & Tisdell, 2016). A total of six major themes emerged during the coding process, each meticulously extracted from the intricate details of the qualitative data, and including three for the faculty participants and three for the student participants.

The preceding chapters have explored the intricate landscape of global health education and have confirmed the vital role of critical reflection in fostering cultural humility as conveyed by both faculty and student participants. This final chapter will serve as a bridge, connecting findings from the qualitative data to the study's research questions in the first section in light of the study's theoretical frameworks. The second section will highlight how students' experiences align or differ from faculty expectations and strategies for fostering transformative learning. The third section will go beyond the insights gleaned from faculty and students about the role of reflection in cultural humility, shifting to explore the broader implications of these findings on the fields of adult education and adult health professions education, as well as the expansive field of global health. The section that follows will discuss the significance and limitations of this study, followed by a section offering practical recommendations for future research. Finally, this chapter will close with a glimpse into the personal growth and lessons I have learned conducting this research and in my time in the Adult Education program. Now, standing at this pivotal juncture, we can explore how the pedagogical methods employed by faculty and the unique experiences of individual students collectively contribute to the development of more impactful and effective programs**.**

Findings in Relation to Research Questions

While six distinct themes emerged through this research, their boundaries began to blur, and connections emerged throughout the data analysis process. This section will revisit these themes, bringing them together to address the central questions that guided this research.

Research Question 1: How do the faculty participants in this critical qualitative study perceive their role in fostering an environment of critical reflection among learners?

This study found that faculty perceive a complex and multifaceted relationship between their own actions and fostering critical reflection among learners in the context of cultural humility. Across diverse settings and considering a wide range of teaching methods, supportive environments, both intellectually and emotionally, appear to be the most influential elements in enabling the development of critical reflection and reflective practice (Mann et al., 2009).

It is well established in the literature that critical reflection is distinguished from mere self-evaluation by its focus on underlying influences and critically reflecting on assumptions (e.g., Brookfield, 2017; Taylor et al., 2019). This distinction aligns with the findings of this study that teaching critical reflection necessitates the tools that allow students to examine not just the immediate results of their actions, but also the deeper context and motivations that shaped them. Recognizing the importance of this process, faculty participants see their role as facilitators and collaborators in the classroom and through student fieldwork experiences. A collaborative approach to teaching adults further fosters a supportive environment, which, as previously identified, is crucial for nurturing critical reflection. For example, Nathan views himself as facilitating critical reflection and problem-solving, nudging students to debate or disagree with issues that arise in class. His encouragement of students in analyzing their own perspectives and assumptions is a key aspect of critical reflection and is a precursor to transformative learning (Mezirow, 1991).

Describing his collaborative classroom where he promotes active learning, Nathan shares how he addresses his students: "Please come to your own perspectives or understandings of topics and be able to apply that. For me that's much more valuable than just pretension of

knowledge or information." Nathan's statement demonstrates an eagerness of faculty to learn from the perspectives of their students. In this regard, faculty perceive their role in fostering an environment of critical reflection among learners as a process of self-discovery and an opportunity to transform their own teaching practice.

Self-Examination as a Pillar of Transformative Teaching

All faculty participants provided examples of self-reflexive teaching practices they have adopted throughout their years of experience as educators. Kate subtly conveys her thoughtful reflection of student disappointments during their global health experiences, indicating a commitment to self-examination within her professional role as an educator. Reflexive teaching practice is essential for faculty who strive to overcome unavoidable obstacles and construct new and innovative learning opportunities within their reach. Brookfield (2017) argues that self-reflection is foundational to effective teaching, enabling educators to critically examine their own assumptions, biases, and pedagogical approaches. Such introspection in teaching practice is crucial in a field as dynamic and challenging as global health. This approach to adult education in the health professions is evident in Nathan's observation about his role in fostering an environment of critical reflection for his students:

> The reflexivity piece, that's an area where I really could stand to do better and pushing students in that reflexivity…that's something I've been sort of recognizing, maybe I have been reflexive…that I could stand to do better in terms of pushing them a little bit.

James similarly reflected on his own limitations while teaching students in cultural contexts that are unfamiliar to them. He recognizes that his students are "somewhat self-reflective about their role there [in the community in Kenya]." However, in describing the failed daily journaling assignment, he understood that a new approach was needed to help them with

the cultural transition. It was at this moment when he leveraged an existing pre-departure framework and modified it for the distinctive needs of his student body. By openly acknowledging and grappling with their own limitations and the inherent obstacles encountered in global learning, faculty members pave the way for continuous improvement and innovation.

As have been argued by Das and Anand (2012), Glass (2015), Hu et al. (2016), and Rosen et al. (2017), integrating critical reflection in the short-term international field course curricula has many benefits – emotional self-awareness, ease of cultural transition, stronger connection to professional identity, transformative learning, nurturing cultural humility, and active citizenry – to name several. Yet, there remain significant empirical gaps in understanding how faculty perceive their role in cultivating an environment that enables this process in learners. Before introducing critical reflection in their curricula, Glass (2015) asserts that faculty must assess if they can meet two important conditions that support successful implementation: 1) precursor modules, offering students ample opportunity to gain comfort with self-critique while situated in familiar settings and 2) flexible assessment methods acknowledging limited field-based writing time and potentially less depth in reflections. Glass's recommendations align with the structured pre-departure training the participants in this study have designed as well as their adaptive teaching approaches, which tailor the delivery of global health education according to varied student learning styles and the unpredictable circumstances of the global health site. Ongoing self-reflexivity is indeed effective in equipping faculty to foster critical reflection and guide students on a path of transformative learning. Such reflexive teaching practice enables educators to continuously adapt their approach and respond effectively to diverse student needs (Taylor et al., 2019).

Faculty as Potential Transformative Educators: A Model for Promoting Lifelong Learning

Each of the faculty participants engage in a process of self-discovery, which has led them to develop a holistic framework for global learning. While journaling serves as a core element of this framework for most participants, James quickly learned at the field site in Kenya that a written form expression was not working for his engineering students. Adapting to the needs of his students, he implemented a peer-to-peer recorded dialogue assignment, offering an alternative pathway for students to engage with and process their learning experiences. Nathan, Kate, and Tim also stress the importance of dialogue-based reflections engaging students in both small and large group discussions in the classroom and online, while Diana focuses on evidence-based methods to teach reflective writing in her preparation for fieldwork course.

These faculty members' adaptive teaching practices, which accommodate student learning styles, align with Mezirow's (1991) call for personalized learning experiences. Integrating reflective journaling into the fabric of global health education, alongside flexible and open approaches to critical reflection, can nurture professionals who embrace lifelong learning and self-awareness in cross-cultural interactions. Elverson and Klawiter (2019) found that guided reflection journal prompts were instrumental in enhancing nursing students' critical thinking and facilitated organized, meaningful processing of their international service-learning experience. Notably, their research discovered that combining journaling with group discussions and final reflection summaries strengthened overall depth of reflection.

The five faculty members who participated in this study engage in a continuous process of self-reflection, a core principle of Mezirow's (2006) transformative learning theory. By modeling this essential skill for their students and critically examining their own assumptions, which includes objective and subjective reframing, faculty open themselves to new perspectives

(Kitchenham, 2008). This self-reflexive stance enables them to adapt their teaching methods and create supportive learning environments, fostering transformative learning experiences for their students. Furthermore, their own experiential learning, alongside their students', leads to greater empathy and diverse cultural understandings. This, in turn, manifests in their teaching practices, such as facilitating dialogue across diverse viewpoints, encouraging respectful questioning of assumptions, and providing opportunities for self-reflection on personal biases. These practices nurture students' cultural humility by creating a safer space for exploration, fostering empathy through open communication, and prompting critical examination of individual privileges and limitations. Ultimately, such approaches prepare students to become culturally sensitive global health professionals, equipped to work in diverse contexts with respect and understanding.

Research Question 2: How do guided constructive pedagogies that use journal writing and classroom dialogue as a tool for critical reflection provide insight to faculty about student global health experiences?

Guided by a shared commitment to cultivating critical reflection in their students, the faculty participants in this study actively employ diverse pedagogical approaches that encourage introspection and dialogue. Their thoughtfully designed assignments, encompassing not just journaling but various methods like class discussions, podcasting, and collaborative fieldwork activities, serve as springboards for students to interpret their global health experiences. This section explores how these guided constructive pedagogies, with a particular focus on journaling and classroom dialogue, offer valuable insights to faculty about student learning and development. To illustrate relevance of these findings to the second research question, I discuss the following major themes through the lens of transformative learning theory: 1) faculty nurture critical reflection in students while attending to their emotions, and 2) student perspectives are

shaped through faculty guidance in the practice of critical reflection. By examining these themes, we gain deeper understanding into the impact of guided constructive pedagogies on both student learning and faculty insights in the context of global health education.

According to Sanchez et al. (2019), experiencing emotions like anger, confusion, anxiety, surprise, or defensiveness can be positive signs of student learning. These indicate students are approaching their "learning edge" (p. 84), a zone of discomfort that pushes them to grow, become more aware, and develop fresh perspectives on complex and sensitive subjects. Sanchez et al.'s (2019) study demonstrates how guided constructive pedagogies, such as those detailed by the faculty and student participants in this study, serve as powerful tools for fostering transformative learning. Disorienting encounters and internal struggles reported by students, like Simon in the rural hospital in Vietnam and Lindsay in the burn victim hospital unit in Argentina, reflect their entry into this challenging yet transformative learning zone. Their experiences of culture shock and reflecting on these uncomfortable emotions align with Mezirow's (1991) notion of "disorienting dilemmas" that trigger critical reflection. As these students navigate cultural differences, grapple with privilege, and confront feelings of guilt, they engage in critical reflection prompted by faculty-guided activities.

Emotions as Catalysts for Critical Reflection

Culture shock, with its intense emotions and disruptions to routine comforts, is a common but highly individual phenomenon. Kate's insights into student journal entries demonstrate the evolution of the students' experiences and depth of reflection, highlighting the initial negativity that gradually gives way to optimism as students adjust. Recognizing and validating these emotions, as Kate and Tim both prioritize, is vital for fostering meaningful reflection and supporting student well-being. James' model of cultural humility, which he developed to teach

his students about the interconnectedness of various factors that contribute to cultural humility, offers a valuable framework for examining this process. Understanding how students navigate cultural comfort zones, including the emotional challenges they face, provides faculty with deeper insights into their global health experiences. Students often feel overwhelmed by different healthcare models, cultural norms, and limited resources, hindering their ability to meaningfully contribute to open-minded collaboration (Elverson & Klawiter, 2019; Maginnis & Anderson, 2017). Students worry about being perceived as outsiders and perpetuating paternalism, further emphasizing the importance of in-depth cultural humility training to bridge these gaps and maximize their learning experiences (Maginnis & Anderson, 2017).

By validating their emotions, faculty guide students toward developing their professional identities and becoming more culturally sensitive in doing so. Recognizing the emotional impact of a global health immersive experience sets reasonable faculty expectations for student achievement. Taylor (2000) describes the relationship of affective learning and the fostering of critical reflection in transformative learning in the classroom, delineating evocative and provocative characteristics. His critical review of Mezirow's theory demonstrates that deeply exploring emotions (evocatively) leads to increased self-awareness and shifts in meaning-making structures. Conversely, emotions often function as triggers for critical reflection (provocatively) and ignoring them hinders learning. The faculty participants in this study facilitate both types of emotional learning in their instruction.

Knowledge creation, through ongoing reflection on experience, is a dynamic that never stops in a committed practicing professional at any level (Fook, 2007). In medical education, guided reflection offers students a mirror revealing their own professional transformation while promoting a reflective openness to other images, potentially contributing to emotional resilience

and well-being (Sharpless et al., 2015). For medical students, grappling with imposter feelings,

critical reflection on formative experiences, guided by instructors, strengthens self-awareness

and meaning making for both. Moving beyond their role as triggers for learning, Larsen (2017)

argues that emotional responses actually represent unique avenues for understanding,

independent of, yet intertwined with, critical reflection and epistemic development. By paying

close attention to our emotional responses, we gain invaluable data for interpretation and

reflection, positioning ourselves to provide critical accounts of our experiences (Larsen, 2017).

Helping students to critically reflect on their experiences respectfully honors that

emotions are not mere reactions but infinitely valuable sources of information in the meaning-

making process. This, as psychologist Daniel Goleman (2004) aptly points out with his

influential concept of emotional intelligence, is crucial for navigating the complexities of global

learning. Emotional intelligence has deservedly gained significant traction in the medical

literature where related competencies have been increasingly visible in health professions

curricula to strengthen understanding of oneself and others, improve student skills when

addressing psychosocial needs, and recognize the emotional reality of practice (McNulty &

Politis, 2023). Faculty responsiveness to the powerful role emotions play in complex learning

has crucial implications for students navigating unfamiliar cultural landscapes (Larsen, 2017).

Safer Spaces for Transformative Learning

Insights from the nursing and social work literature underline the utility of strategies, like

Kate's hypothetical 'what if' scenarios in her course discussions and Tim's emotional reflection

prompts embedded in both his predeparture and fieldwork course. All five faculty participants in

this study provided numerous examples of how they create safer spaces, design impactful

learning activities, and ultimately nurture cultural humility in their students. Unlike some

students, whom Tim describes as struggling with open-ended journal and discussion prompts (the 'activists'), Lindsay discovered these thought-provoking scenarios, like those Kate uses in her class, to be highly effective.

Faculty commitment to fostering safe and supportive learning environments is evident in Isabella's experience. Through guided exercises, her faculty preceptor empowered her to move beyond simply processing experiences by exploring her positionality, discussing topics such as power dynamics and personal background and values. By providing a window into Isabella's self-reflection, the journal entries present an opportunity for the faculty preceptor to gain valuable insights into her student's perspective and personal values. These insights, if utilized, could lead to more targeted guidance, and ultimately shape a more transformative learning experience for Isabella.

The open dialogue created by Isabella's preceptor echoes the proactive approaches of the faculty participants in this study to create safe spaces for their students. In alignment with Cranton's (2023) construct of safer spaces for transformative learning, these are areas where psychological safety, trust and respect, shared responsibility, supportive feedback, and openness to diverse perspectives are paramount. Jennifer's experience with structured journaling demonstrates how guided writing prompts helped her filter meaningful insights from daily minutiae, allowing her to connect her academic knowledge to the complexities of the Bolivian healthcare system. Conversely, Simon's desire for more assigned written reflection reveals the potential for structured journaling to aid in processing complex emotions and ethical dilemmas and in navigating information overload. By creating safer spaces and employing insightful prompts, global health educators like Jennifer's instructor and Isabella's preceptor become facilitators of transformation.

The experiences of student participants, as captured in their journals, offer valuable insights into the research question about how faculty gain insights from student global health experiences. Faculty participants unanimously expressed the usefulness of student journals in addressing knowledge gaps regarding students' grasp on theoretical concepts and readiness to deal with real-world problems. Moreover, by reading between the lines, faculty gained invaluable glimpses into potential issues within field site dynamics, allowing them to adjust future placements for a more impactful learning experience. They recommend offering a combination of open-ended writing prompts and discussion starters, such as Tim's: "How are you managing the differences you are encountering? How does being the "Other" impact your willingness to be involved at times?", alongside more structured examples, such as Diana's reflective field journal assignment:

> You are expected to look up topics or themes as they come up in the field. For example, if writing about observations of young men who won't get tested for HIV, you should look up this behavior in the USA as well to balance your understanding. Similarly, regarding not accessing care because of economic concerns: if you see this in your host country and want to write on it, also consider how the theme presents in the USA (if appropriate to your discussion) and so on.

While Diana champions the value of structured journaling for her undergraduates, Kate's insightful words highlight the potential challenges of overly structured prompts for her MPH students:

> It feels like sometimes the ones where you assign a question can be a little contrived because it may not have been what they've experienced that week and so they have to kind of somehow answer that, and it's not really where they're at. But then if you don't

give them direction it's hard for them to structure their thoughts, so I am still learning this method.

As facilitators of transformative learning, crafting effective journaling assignments demands a delicate balance between encouraging free exploration and providing focused reflection prompts to reveal student experiences (Dyment & O'Connell, 2011; Sobel, 2020). Kate's perspective emphasizes the delicate balance between open-ended prompts and structured guidance. This balanced blend of structure and individual exploration in reflection assignments, cultivated by Kate and other faculty, finds strong support from students like Lindsay and Mu-Ting, whose international practicums highlight the effectiveness of this approach.

While flexible formats work for some students, many require more direction to effectively structure their reflections as they have difficulty describing the experience beyond objective terms. As Sobel (2020) highlights through a reflective journaling framework used for nursing students during study abroad, "faculty members may need to repeatedly ask students to step away from the experience and look at it as a bystander might" (p. 31). Diana recognizes the power of final reflections, especially those that encourage students to step back and analyze their experience, as this distance contributes significantly to student learning and offers unique perspectives that benefit her as an instructor. This connects to Tim's observation of different learning styles among his medical students. Differentiating between "activists" and "reflectors" in journal writing, Tim emphasizes the value of tailoring prompts and formats for these different groups of learners. Both Diana and Nathan, noticing their undergraduate students' misconceptions about healthcare systems, are determined to cultivate cultural humility early on in their preparation for fieldwork. They achieve this goal by introducing their students to diverse

populations on local field trips, arranging language instruction to prepare them for fieldwork, and by providing them with foundational instruction on critical reflection.

Both faculty and student participants agree that critical reflection offers broad application across disciplines in helping students adjust to new information, cope with trauma, and make sense of their surroundings and emotional reactions. Reflection in the form of purposeful writing, with carefully tailored prompts, bridges the gap between conceptual knowledge and the practice of global health. The findings of this study are pertinent to global health educators who teach a diverse student body and are challenged by unique moral and ethical dilemmas. Furthermore, the significance of these findings in the field of global health are supported by existing evidence in clinical degree programs such as nursing and social work education which have shown, largely from the student perspective, how reflective journaling can help reduce the stress of an unexpected clinical situation and encourages immediate coping strategies for those affected (Das & Anand, 2012; Elverson & Klawiter, 2019; Furman et al., 2008; Nelms Edwards et al., 2019; Sanchez et al., 2019; Schuessler et al., 2012).

Research Question 3: How does critical reflection contribute to our understanding of cultural humility through the learning and experiences of global health educators and their students?

This research explored the role of critical reflection in fostering cultural humility among global health educators and students. By analyzing their stories, two major themes emerged: 1) transformative potential of experiential learning and, 2) embracing discomfort and developing resilience. These themes, viewed through the lens of transformative learning theory, offer valuable insights into how critical reflection shapes cultural humility.

Experiential Learning as a Catalyst for Transformation

Transformative learning theory conceives that significant learning often occurs through challenging experiences that disrupt existing assumptions and worldviews (Mezirow, 1991). The narratives of Isabella and Simon exemplify this process. Isabella, initially hesitant about journaling, found it instrumental in processing the overwhelming influx of information and emotions during her trip to Peru. This reflection allowed her to connect theory to practice, ultimately fostering a deeper understanding of the community's needs and her own cultural identity. Similarly, Simon's initial culture shock in Vietnam led him to critically examine his own cultural norms and appreciate the complexities of healthcare delivery in resource-limited settings. However, the potential for transformation extends beyond physical immersion. Tara's virtual research project demonstrates how even data-driven engagement can trigger critical reflection. Her initial skepticism towards virtual learning transformed into a realization of its power to foster cultural understanding, challenging the traditional view that physical presence is essential. Tara's altered perception based on experience aligns with Mezirow's (1991) notion of learning as a process of reframing "habits of mind" and interpretations. However, this understanding has been critiqued over decades to recognize the non-linear and more naturally cyclical process of transformative learning (Alam, 2022; Kitchenham, 2008).

Discomfort as a Steppingstone to Resilience and Humility

Transformative learning often involves navigating discomfort, a key theme highlighted by student narratives. Journaling emerged as a crucial tool for processing these challenges. Isabella and Lindsay used it in various ways to grapple with cultural differences, personal biases, and complex emotions like sadness, confusion, and helplessness. These disorienting dilemmas were experiences that contradicted their existing beliefs, prompted critical reflection, and

potentially led them to transformative change. Furthermore, their stories illustrate how embracing discomfort fosters resilience and cultural humility. Simon's initial awkwardness in navigating Vietnamese social norms when posing for a photo led him to develop an appreciation for distinct customs and his ability to adapt to them. Likewise, Isabella's decision to withhold her Peruvian heritage allowed her to focus on learning from the community without imposing her own preconceived notions. These experiences resonate with transformative learning theory's perspective transformation, where learners critically examine their assumptions and develop a more nuanced understanding of themselves and the world around them (Mezirow, 1991).

Learning Beyond the Global Health Experience

The findings presented here, viewed in light of transformative learning theory, suggest that both physical and virtual experiential learning opportunities can foster critical reflection and contribute to the development of cultural humility among global health educators and students. Pre-departure training equipped these students with these tools to navigate their disorientations effectively. The students are now able to leverage the coping mechanisms learned in those trainings as well as during the trip to handle everyday challenges with greater composure. For example, Mu-Ting's experience with mindfulness strategies learned in her pre-departure training served as a coping mechanism for her to manage anxiety and stay present in challenging situations. Mu-Ting articulated a tangible example in which she integrates mindfulness into her daily life through the five-step grounding technique, demonstrating how these tools transcend the immediate learning experience and contribute to lasting personal growth. Additionally, some of the participants plan to continue learning the foreign language that was introduced to them during their immersion, which will offer them valuable intercultural communication skills as they progress through their education and careers. Embracing discomfort and engaging in

meaningful reflection on these experiences, facilitated by tools like journaling, are crucial elements of transformative learning in global health education.

This study found that faculty who teach global health courses are committed to helping students develop cultural humility by creating an environment for critical reflection and by providing opportunities for students to learn about different cultures and to develop skills for working with people from diverse backgrounds. Diana's global health fieldwork course syllabus states that "cultural humility is essential for global health professionals to be able to work effectively with people from diverse backgrounds." Passive instruction alone cannot cultivate the kind of critical reflection needed to foster true cultural humility. Rather, meaningful reflection on experiences over time contributes to the ongoing journey of cultural humility (Schuessler & Wilder, 2012).

Although the development of cultural humility is a lifelong process, Schuessler and Wilder (2012) found that teaching nursing students how to meaningfully engage with reflective journaling over the course of four semesters resulted in attentiveness to cultural issues and applying self-awareness and reflection in the care of patients to help them understand and address health care disparities. Sanchez et al. (2019) analyze the synergy among reflective writing, experiential learning, and metacognition in social work education, finding that this combination challenges established views, hidden biases, and power structures that may contribute to the discrimination and oppression of others. Their results demonstrate the cognitive and emotional tug-of-war of students pursuing cultural humility, highlighting their efforts in self-reflection, questioning, and perspective shifting as documented through writing (Sanchez et al., 2019). These findings in the literature align with the experiences shared by both faculty and

students in this research study who emphasize the multifaceted ways in which critical reflection amplifies the transformative potential of experiential learning.

Connecting Faculty and Student Perspectives on Transformative Learning

The quest for transformative learning in global health education unfolds through a complex interplay between faculty and student experiences. While both groups share a common goal of growth and self-discovery, a closer look reveals unique threads running through their narratives. By examining these parallels and divergences, we can identify valuable lessons and practical strategies for cultivating enriching and transformative educational experiences in global health education. This section will not only illuminate where faculty efforts connect to student needs but also highlight areas where pedagogical approaches can be adapted to design a more inclusive and impactful learning experience. These faculty members personally connect with the struggles their students face. This deepens their pedagogical empathy and drives them to develop innovative approaches that go beyond mere knowledge transmission, fostering meaningful learning and cultural humility in their students. A shared pilgrimage binds students and educators, challenging minds and opening hearts to the depths of transformative learning.

Alignment and Shared Growth

Faculty members, like Kate and Nathan, emphasize the power of experiential learning in fostering cultural humility. Their own formative experiences abroad have inspired them to create similar opportunities for students. This aligns with student narratives like Simon's, which emphasizes the irreplaceable impact of witnessing firsthand the challenges faced by underserved communities. Both faculty and students acknowledge the discomfort inherent in these experiences yet view it as a necessary steppingstone to resilience and empathy.

Diana, Tim, and James actively incorporate reflection into their teaching, using journaling, discussion groups, and innovative formats like James's post-travel podcasts. Such strategies have guided the student participants in this study, like Isabella, who found her journal a comforting tool for processing emotions, and Lindsay, valuing faculty-guided discussions for processing difficult experiences. This alignment demonstrates the effectiveness of these pedagogical methods in facilitating transformative learning.

Divergences and Potential Discrepancies

While faculty intentions often align with student needs, some discrepancies emerged in this research. For example, Jennifer, who participated in a virtual internship, highlights the limitations of replicating the richness of cultural immersion online. This suggests a need for diversifying experiential learning options to cater to different learning preferences. Jennifer's virtual practicum, though convenient, presented an experience distinct from on-the-ground options. Nathan and Diana's local field trips are in-person excursions that may offer a supplement to students like Jennifer, who seek further engagement but have limited ability to travel outside the country. Additionally, while faculty encourage journaling in a structured format, some students, like Mu-Ting, find this structure to be restrictive compared to other forms of expression, such as her development of an online blog documenting her time in Ghana. This suggests the importance of offering flexible reflection tools, allowing students to choose methods that maximize their individual learning preferences.

Moving Forward in Tandem

The parallels between faculty and student perspectives underscore the value of experiential learning, self-reflection, and faculty guidance in fostering transformative experiences. Yet, acknowledging the divergences highlights the need for flexibility and

inclusivity in pedagogical approaches. As health professions education continues to evolve from prioritizing didactic learning to problem solving based on real-world experiences in authentic settings, faculty are empowered to design engaging pedagogical strategies that activate student reflection (Cahn & Smoller, 2019). To cultivate truly transformative learning environments, educators must empower students with a spectrum of reflection tools, preparing them to embrace our interconnected world with both effectiveness and empathy.

As global health trainees prepare for their immersive journeys, the classroom becomes a space for collaborative exploration. Faculty, drawing on their own transformative experiences, guide students through exercises that challenge assumptions and encourage open-mindedness. Students' enlightened perspectives and questions, in turn, prompt deeper introspection among educators, revealing potential blind spots and sparking pedagogical innovation. This mutual exchange plants the seeds of cultural humility, preparing everyone involved to approach learning with genuine curiosity.

In the field, the bond between students and faculty strengthens. The lived experience of global health work, with its complexities and unexpected hurdles, creates a dynamic environment for shared reflection. Students, processing the emotional and ethical challenges they encounter, find support and guidance from their mentors. Faculty, witnessing student reactions firsthand, gain a deeper understanding of the learning process, allowing them to tailor their support in real-time. This cycle of observation, reflection, and adaptation facilitates both personal and professional growth. Together, students and faculty navigate the challenges of the global health environment, ultimately cultivating a shared commitment to cultural humility and the advancement of global health equity.

Shifting the Paradigm of Cultural Competency Toward Humility

For decades, cultural competency has reigned as the guiding principle for navigating cross-cultural interactions in healthcare. Yet, recent scholarship has exposed its limitations, highlighting its tendency to impose a static and hierarchical model of knowledge acquisition upon learners (Habashy & Cruz, 2021; Lekas et al., 2020; Rosen et al., 2017; Solchanyk et al., 2021). Lekas, Pahl, and Lewis (2020) call for a critical evaluation of "cultural competence" training in public health and medicine, arguing that current approaches have limited effectiveness in confronting health inequities. They urge practitioners to rethink the meaning of the term and redesign curricula based on the pragmatic outcomes of these trainings and evidence of limited effectiveness. As Habshy & Cruz (2021) suggest, "embracing cultural humility as a pedagogy asks educators to shift that thinking from competence to practice, outcome to process and projects to people" (p. 26). While cultures valuing relationships may readily embrace this concept, it might pose a challenge for institutions built on more task-oriented models (Habashy & Cruz, 2021). In its place, a paradigm shift towards cultural humility, the dynamic and lifelong process detailed throughout this study in the participants' stories and emphasizes continuous learning, self-reflection, and ongoing engagement with diverse communities. This theoretical reframing has profound implications for curriculum development, urging us to move beyond the transmission of knowledge and prioritize the cultivation of critical thinking, self-awareness, and a commitment to partnership with local stakeholders.

Implications for Transformative Global Health Education

This study's findings, analyzed through the lens of the established theoretical frameworks, offer several implications for both the conceptual underpinnings and practical implementation of transformative global health education.

Connecting Theory to Practice through Adult Learner Engagement

Adults often seek education for professional advancement or personal growth (Elias & Merriam, 2005). Based on Knowles' principles of andragogy, modules on critical reflection and cultural humility that are problem-centered and address their immediate needs are particularly appropriate for graduate and health professional students, compared to undergraduates who are traditionally classified as emerging adults (Smith, 2002). One of Knowles' principles focuses on the important role of life experience as integral to an adult's identity (Merriam & Bierema, 2014). Recognizing this truth, a comprehensive approach to reimagining global health education cannot simply develop skills but must integrate them into the very fabric of the global health curriculum. This begins with dedicated modules focusing on critical reflection and embedding principles of cultural humility.

Drawing inspiration from Abimbola et al. (2021), Atkins et al. (2021), and Berić-Stojšić et al. (2020), curricular modules become foundational, equipping students with self-reflection tools, critical analysis frameworks, and strategies for cross-cultural engagement. Such components of the curricula are then brought to life through evidence-based tools, such as reflective journaling exercises, prompting students to confront their assumptions, deeply rooted biases, and experiences throughout their global health immersion. Reflective journaling emerged in this study as a powerful tool for connecting theory to practice and to the participants' personal experiences. This connection is crucial for adult learners who seek not just theoretical knowledge, but also the ability to apply it effectively in real-world, complex, global health settings.

Adult learners may encounter a gap between theoretical frameworks learned in the classroom and the messy realities of the field (Schön, 1991). Taylor (2007) raises questions

about the universal applicability of transformative learning theory and its potential limitations, emphasizing the importance of context and power dynamics in shaping adult learning experiences. While transformative learning has proven valuable across disciplines in formal settings, Taylor calls for adult educators to implement strategies such as critical reflection in informal environments, like public spaces or the natural world, where instructors have less control and external influences abound. Beyond facilitating discussions and communication, he recommends that "instrumental learning (specific steps, direction) is needed as well to ensure that students have the necessary skills to act on their new understanding" (Taylor, 2007, p. 187). Over the last two decades since Taylor published this critique, scholars across disciplines have responded to this call, investigating critical reflection in informal settings and the integration of practical skill development (Ahmed, 2019; Alam, 2022; Anderson, 2012; Berezan et al., 2022; Coulson & Harvey, 2013; Das & Anand, 2012; Dunlap, 2006; Ezezika & Johnston, 2022; Furman et al., 2008; Rosen et al., 2017; Sanchez et al., 2019; Shah et al., 2019; Ventres, 2019; Ziegelstein, 2018). However, this study acknowledges that despite these valuable contributions, a gap remains. Further practice development is needed in the health professions, particularly in public health and medical education, to fully address the diverse competencies required for transformative learning experiences in informal contexts (i.e. during the global health immersion).

Reflective journaling may be one tool to bridge this gap by prompting students to analyze how theoretical concepts play out in their specific experiences. For example, reflecting on encounters with cultural misunderstandings in the field helps learners translate concepts like cultural humility into concrete actions (Epp, 2008). The act of journaling itself encourages introspection, allowing students to uncover unconscious biases that may impact their interactions

and interventions (Berezan et al., 2022). Reflecting on challenging situations equips them to make informed decisions based on these principles and strategies learned in the classroom. This self-reflection is crucial for the continuous learning and professional development of adult learners.

Community as a Transformative Space

The community itself can be a site for transformative learning. Communities provide students with authentic learning environments where they can develop empathy and understanding and gain tangible skills applicable to their lives (Merriam & Bierema, 2014). In global health, true transformation hinges on partnering with local communities, actively incorporating their voices and perspectives into the curriculum and learning activities, a model that is still evolving in the field of global health in which decolonization has become the focus (Abimbola & Pai, 2020; Büyüm et al., 2020; Chaudhuri et al., 2021; Eichbaum et al., 2021; Erondu et al., 2020; Hartman et al., 2020; Lasker et al., 2018; Melby et al., 2016; Mignolo, 2017). This co-creation of knowledge fosters genuine understanding and empowers local communities to take ownership of their health and well-being. The participants in this study identified a number of ways that respectful collaboration with community members led to positive outcomes for both the learner and the host. Their experiences reinforce the urgent need to move beyond imparting technical skills in global health education. By integrating elements that focus on humanistic approaches to learning, we can cultivate future global health practitioners who are not only technically skilled but also culturally aware, critically reflective, and ethically attuned to the diverse communities they serve (Ahmed, 2019). An adoption of these more critical, reflective, and inclusive pedagogies within higher education has the potential to revolutionize global health education and positively impact the broader field.

Toward Equity in Global Health Education

Critical reflection, as advocated by Abimbola et al. (2021) and Crump and Sugarman (2010), empowers students and educators to acknowledge and address power dynamics inherent in global health partnerships. This introspective process fosters ethical and responsible engagement, dismantling harmful colonial legacies and laying the groundwork for more just and equitable collaborations (Büyüm et al., 2020). The faculty participants in this study exhibited a strong commitment to building genuine partnerships that prioritize the well-being of the communities they serve.

In essence, embracing these empowered communities and prioritizing ethical partnerships represents a fundamental shift in the practice of global health education where traditionally students from high-income countries have been positioned as the primary knowledge holders and agents of change, often overlooking the valuable expertise and lived experiences of local communities (Melby et al., 2016)**.** This approach, proven to be flawed, as Melby et al. (2016) further emphasize, can actually "harm local community health systems and social capital by sidelining local health professionals or working in a disjointed fashion, which may cultivate negative sentiment toward visitors, further limiting impact" (p. 634). In other words, the traditional model raises ethical concerns about potential harm caused by good-intentioned, yet poorly designed, student placements. Moving forward, ethical partnerships built on mutual respect, cultural humility, and community empowerment are crucial for responsible and meaningful engagement in global health education (Melby et al., 2016). This necessitates focusing on mutually beneficial collaborations, community-driven partnerships, and building local capacity, priorities that have all been emphasized by the faculty participants in this study (Lasker et al., 2018). This shift from "imposing" to empowering and collaborating represents a

fundamental change in global health education, leading to outcomes that are both equitable and sustainable for all involved (Sharpless et al., 2015). A transformative model of ethical community engagement holds the potential to not only enhance learning experiences but also contribute to a more just and equitable global health landscape, where communities are empowered, and true collaboration thrives.

There are indicators that global health education is already being revolutionized through emerging practices that prioritize critical reflection and cultural humility. However, the diversity of approaches can create a fragmented landscape for educators seeking best practices. This lack of centralized information poses significant challenges insofar as these valuable insights and experiences remain siloed and therefore create a duplication of efforts across the field. Opportunities to close this gap should explore the establishment of a consolidated platform for educational modules, case studies, and resources on critical reflection and cultural humility in global health education. Existing professional organizations and networks, such as the Consortium of Universities for Global Health (CUGH), are well-positioned to disseminate such resources and build connections and collaborations among practitioners and scholars in the field. This environment would also be fitting for discussions on standardizing assessment methods and specific evaluation metrics to track the impact of different approaches and identify effective practices (Ahmed, 2019).

Challenging colonial legacies embedded in education abroad programs, Hartman et al. (2020) urge us to build more equitable and representative education through critical discussions of race, systemic injustice, and cultural wealth to revamp existing models and design new ones that foster reflection and contest outdated assumptions. By acting on these opportunities, global health educators can leverage our collective knowledge and experiences to accelerate a

transformation within higher education. This integrated approach honors Knowles' principle, empowering adult learners to leverage their lived experiences while fostering the competencies needed to become responsible and ethical global health practitioners. However, this study's findings and implications more closely relate to the work of Mezirow, who focused on critical theory and its potential for social change, whereas Knowles' approach centered on individual empowerment and the development of self-directed learners.

Significance and Limitations

This study sheds light on the crucial role of critical reflection in fostering cultural humility among global health educators and students. Through qualitative analysis of faculty perceptions and student narratives, the research highlights several key findings with significant implications for transformative global health education. Driven by the complex and intersecting social justice challenges of our time – issues like race, gender, sexual identity, socio-economic disparities, and religious diversity – a new generation of individuals equipped to tackle these complexities and divisive structures is urgently needed.

Technical skills training tends to dominate global health coursework. Research on integrating competencies beyond the technical remains scarce, particularly in the field of public health in which global health is often embedded. We need well-rounded training of future practitioners who will be not only technically skilled but also able to critically reflect on their role in promoting health equity and social justice. This study holds vital significance because it connects proven pedagogical methods with a professional field desperately in need of intervention in its training of future practitioners. This includes equipping them with the tools to critically analyze and dismantle systemic inequities, advocate for justice, and promote a more inclusive and equitable world. To this end, this study presents a roadmap to integrate humanistic

approaches into the curricula, specifically those focused on nurturing empathy, cultural awareness, and ethical engagement.

Building upon previous research, traditional service-learning models are challenged in the narratives of participants who stressed the need for more genuine partnerships with communities, aligning with calls in the literature for increased collaboration and power-sharing in the field. This shift empowers communities, dismantles harmful colonial legacies, and ensures projects serve community needs and priorities (Lasker et al., 2018; Melby et al., 2016). Such community-centeredness is illustrated poignantly in Isabella's final comments of the interview:

> We got to go into their community and see how they live and what they personally view is more important and what we should focus on. So, it doesn't matter what us outsiders going in think about what needs to be, I guess, fixed. It doesn't mean that that's their priority.

With their shared passion for global engagement, the global health faculty members create a vibrant learning environment where Isabella and the other students can thrive. Their commitment to ethical research and practice is manifested in their humane approach to teaching, which models empathetic reflection and unaffected humility, cultivating the next generation of responsible global citizens (Litzelman et al., 2017; Rosen et al., 2017).

While there are many conceptual papers about community-driven partnerships and respect for local expertise, there are few clear-cut recommendations in the literature on how to implement and disseminate these frameworks. While this study does not definitively address this gap, it highlights specific areas for further consideration, such as leveraging professional organizations, accrediting bodies, and established networks to provide faculty with evidence-

based methods for nurturing critical reflection and designing transformative learning experiences.

The fragmented landscape of best practices within global health education poses challenges for educators seeking clear guidance on identifying and implementing the most effective approaches. The findings presented here suggest creating a centralized repository of evidence-based resources (modules, case studies, etc.) focused on critical reflection and cultural humility may offer educators a consistent framework for global health course design and enable them to track its impact through standardized assessment methods. Existing knowledge remains siloed, hindering progress in the field. This study initiates important discourse about knowledge sharing and collaboration that could inspire more streamlined and impactful global health education practices.

Through its qualitative data analysis, this study revealed the profound power of transformative learning. Students demonstrated shifts in their worldview, a heightened awareness of their own biases and assumptions, and a strengthened commitment to health equity. Notably for the majority of student participants, the immersive nature of their global health experiences served as a catalyst for these transformations, challenging preconceived notions and fostering empathy for the communities in which they had direct involvement. While the study's significance lies in its exploration of transformative learning and its emphasis on cultural humility, I must acknowledge its limitations. As with any research endeavor, certain factors inevitably shape the scope and depth of the findings (Merriam & Tisdell, 2016).

Inherent in the design of a qualitative study are small sample sizes which may restrict the generalizability of the study's conclusions. It is important to acknowledge that while small samples are common in qualitative research, the size and composition of my participant group

offer a particular lens on this topic. Future research would benefit from a more diverse sample

recruiting from multiple universities to capture a broader range of pedagogical approaches and

experiences. All but one student participant identified as female, and all of the faculty

participants were of Euro-American descent. The findings presented in this study may not be

generalizable to a wider population due to the limited representation of different demographics

among participants. By focusing on how participants made sense of their experiences, I gained

valuable insights into their perspectives, which may inform future research with other groups

who may face different challenges in fostering cultural humility.

Another limitation of this research is the self-selection among student participants who

might have had specific positive or negative experiences, leading to a possible

overrepresentation of these perspectives in the data. This study may also be limited by recall

bias, as both faculty and students were asked to retrospectively describe experiences that

occurred several months prior, potentially leading to inaccuracies or omissions in their

recollections. This pitfall can be avoided in future studies that incorporate the journal entries

themselves as part of the data collected. Additionally, variances in the students' prior exposure

to settings and people outside of the United States, may influence their reflections. This notion

of "cultural intelligence," refers to one's capability to function effectively and appropriately in

culturally diverse contexts (Sznajder et al., 2022). Furthermore, novice learners may lack a

substantial frame of reference to draw upon compared to seasoned practitioners, potentially

limiting the depth and complexity of their insights.

Developing and deepening cultural humility involves not just cognitive understanding,

but also emotional engagement (Sedgwick & Atthill, 2019). This sentiment is echoed

profoundly in participant stories, revealing a profound truth: fostering cultural humility is not just

an intellectual exercise, but a transformative journey of emotions and empathy on a path of genuine understanding and respect across cultures. While the research process demands precision, relying solely on objective measures paints an incomplete picture. Qualitative research allows us to expand our depth of understanding through words and meaning (Merriam & Tisdell, 2016). The lived experience and delicate interplay of emotions and understanding remains elusive within this framework. Seeking knowledge through diverse pathways, students and educators discover cultural humility hand-in-hand, each engaging their strengths, be it intellectual rigor or heartfelt empathy. Despite this study's limitations, the findings presented here offer valuable insights and set the stage for further research.

Recommendations for Future Research

Drawing from the rich qualitative data collected through interviews and document analysis, this study offers valuable insights into the perceptions and experiences of global health educators and their students regarding reflective journaling and its potential to foster cultural humility. To further explore these ideas and advance the field of global health education, several avenues for future research present themselves. While this study relied primarily on interviews, future research could incorporate additional methodologies like focus groups or observations to capture group dynamics and classroom interactions related to reflective journaling and cultural humility development.

The findings in this research demonstrate the potential of reflective journaling and related methods to enhance critical reflection and cultural humility development in global health education. However, the limitation of short-term field experiences raises questions about capturing lasting impacts. To address this, future research could leverage journaling as a tool to measure and track students' growth over a period of time. This assessment could be

accomplished through pre- and post-test design, examining critical reflection skills and self-efficacy related to cultural humility competencies. Furthermore, by utilizing established and validated instruments, such as reflection or cultural humility scales, further investigation would avoid reinventing the wheel and dedicate more resources to the crucial stages of data collection and analysis. To gain a deeper understanding of the long-term impact of reflective journaling on cultural humility development, longitudinal studies tracking student and faculty experiences would provide added value to this research. For example, Tim's global health elective for medical students sends students abroad in their first and fourth year of medical school. Here, future inquiry could analyze students' reflective journals longitudinally, employing qualitative coding techniques to track the evolution of their critical thinking, emotional engagement, and understanding of cultural experiences over time. Building on this research, the inclusion of focus groups or observations to capture group dynamics and classroom interactions related to reflective journaling and cultural humility development has the potential to produce valuable results. A comparative study exploring the effectiveness of reflective journaling with other pedagogies, such as simulation activities, digital storytelling tools, or artistic expression focused on cultural humility development may also provide important insights into its relative strengths and weaknesses (Furman et al., 2008).

The current study involved participants from a single institution. Given this contextual limitation, future research could explore the use of reflective journaling and its impact on cultural humility development in diverse global health education settings, including different disciplines, institutions, and cultural environments. Researchers may also find value in exploring bidirectional student exchange and the impact of this reciprocity on cultural humility development.

This work serves as a steppingstone, inviting ongoing dialogue and research into the diverse ways critical reflection fosters cultural humility and shapes responsible global citizens. While research on reflective journaling and critical reflection in global health education is expanding, significant gaps remain. Future studies should prioritize diverse populations of students and educators, encompassing a broader range of cultural contexts and global health disciplines. Additionally, research methodologies need to evolve beyond interview and document analysis and consider the appropriateness of other qualitative methods, such as ethnography, to capture the subjective experiences of learners engaged in reflective practices. Though dating back to 2007, Taylor's concerns (2007), still pertinent today, warn researchers of overreliance on self-reported critical reflection. Taylor's well-founded critique recommends innovative approaches to capture richer data on the presence of critical reflection and its relationship to transformative learning. In other words, studies are needed to explore the internal and external factors that influence an individual's ability to engage in meaningful and sustained critical reflection. These factors, including personal characteristics, learning environments, pedagogical approaches, and social contexts (Taylor, 2007), suggest an action research study as the most suitable method for achieving these aims.

Action research studies engage practitioners and participants in co-creating knowledge, challenging traditional power dynamics and enriching the understanding of critical reflection development. In this research setting, practitioners and participants have firsthand knowledge of the challenges and opportunities in their specific contexts. Their involvement ensures interventions are relevant, practical, and address actual needs (Herr & Anderson, 2015). When individuals actively participate in designing and evaluating such interventions, they are more invested in their success and more likely to adopt them into their practice (Pyrch, 2007). This

democratization of knowledge is an opportunity for faculty and students to critically reflect on "underlying assumptions and moral and ethical implications, as well as consequences to practice, and examination of how teaching practices contribute to social equity" (Armstrong & Asselin, 2017). By dismantling traditional research hierarchies and democratizing knowledge creation, action research aligns seamlessly with the central argument of this dissertation, which emphasizes the importance of fostering an environment of critical reflection to facilitate cultural humility and transformative learning.

Conclusion and Final Reflection

Global health educators become role models for cultural humility when they engage students in self-reflection and embrace continuous learning themselves. Their open-mindedness and adaptability inspire students to do the same, encouraging them to question their own cultural perspectives and engage in critical self-reflection. This journey of self-discovery, facilitated by faculty guidance and safe learning environments, fosters the essential skills of cultural awareness and empathy, laying the foundation for students to blossom into culturally humble practitioners in global health.

This study emerged not only from academic interest, but also from my personal struggles as a global health educator seeking to empower students with self-awareness and resilience during their experiences abroad. Creating safer spaces for open discussion of power dynamics, cultural norms, and ethical dilemmas posed by global health immersions proved challenging. This research has humbled me. Witnessing the participants' skillful navigation of complexity, I am committed to fortifying my own agility and resilience, continuously learning, and evolving. The Adult Education program has started me on this transformative journey, equipping me with not only the professional tools but also personal insights that I deeply cherish.

This program has irrevocably shaped me, both personally and professionally. The distance between who I was and who I am now is vast. Narrative writing, particularly reflective journaling, became evident to me as powerful tool for self-discovery and lifelong learning. Sparked by a personal loss early in the program, my curiosity about journaling's impact on learning blossomed. Encouraged by the Adult Education faculty to explore creative expression beyond academic writing, I embraced tools like art, poetry, and digital storytelling. These not only provided a therapeutic outlet but also helped me critically reassess my role and responsibilities as an adult educator.

The value of student journaling is evidenced by the overwhelmingly positive themes throughout the literature and in the findings of this study. Guided by prompts, dialogue, and belonging, safer spaces bloom in the midst of cultural immersion. Here, cultural humility blossoms, cultivating seeds of empathy, rooted in critical reflection and transforming the global health landscape. The insights gained from this study extend beyond surface-level observations, revealing emotional journeys, evolving perspectives, and developing cultural humility, all hallmarks of transformative learning. This deeper understanding will allow me to refine my own teaching methods and better support students in navigating the challenges and rewards of global health immersion. This research has emboldened me to challenge the status quo and seize each opportunity to support an equitable learning environment, transforming global health education to make space for students to think reflectively and introspectively. As we embark on the next stage of this collaborative learning journey, students and educators stand side-by-side, ready to face challenges and embrace profound cultural understanding.

Nascent Wonder
Reflection takes root
Empathy's tendrils climb high
Humility blooms

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Appendix A

Interview Opening Statement

IRB approval has been submitted for this dissertation study. I may decide to use the data from this qualitative research study for further analysis and publication.

This interview will be analyzed as part of the data collected for our research study to explore the perceptions of health professions educators who use journaling as a pedagogical tool to promote critical reflection and cultural humility in learners throughout their global engagements.

I would like to remind you that your participation in this interview process is entirely voluntary. You may refuse to take part in the research at any time without any further clarification. I am requesting that you not provide any identifiable information about other people such as name and/or identifiable details while answering the interview questions.

I anticipate the length of our conversation being between 30-45 minutes. I am planning to record the interview and transcribe using Zoom. Do I have your permission to start the recording?

Appendix B

Interview Questions

Faculty Interview Questions

- Can you briefly tell me about your role in the University?

- Can you tell me about your prior experience (personal or professional) that may have informed your teaching practice?

- Can you provide a specific example of how these student reflections about their immersive experiences insightful to you as their instructor?

- What measures have you taken to when you notice a student is struggling to reflect critically about an experience?

- Can you tell me about the journal assignment you use and what kinds of parameters you set for the responses?
    - How detailed and descriptive are the prompts?
    - Do they act as springboards to good responses?

- Do any of the student journal entries stand out in your mind? Can you give an example of one submission that demonstrates a higher level of critical reflection or showed you how a student overcame a bias or challenge they had about a specific culture or setting?

- What kind of personal comments, judgements, feelings, and emotions do you especially value in the responses?

- What kind of feedback do you provide on your students' journal assignments?

- In your experience, what are some of the reasons a student has difficulty during the global health experience (i.e. trouble adapting to new environment, cultural dynamics, exposure to distressing situations such as extreme poverty)?

- Have you modified your instruction or approach to student reflection based on insights from the reflective journals?

- Aside from journaling, can you share any other techniques you have used in your course that have been effective at promoting reflection, and would you say that these other techniques are more or less effective than journaling? What makes them so?

- Is there anything you would like to add that I have not asked about?

Student Interview Questions

- Begin by telling me a little about you, including your academic program, year in the program, and concentration if you have one.

- What made you want to pursue the global health experience abroad as part of your curriculum?

- Where did you travel for your recent global health trip? Can you share how you responded to being in an unfamiliar culture?

- Specifically thinking about your area of study, what did you learn studying abroad that you think you wouldn't have learned if you had stayed on campus or participated online?

- Tell me about how your course instructor prepared you for your trip (predeparture course, online training modules, etc..).

- Describe the writing component in your predeparture training/preparation for the trip. Tell me about the format and focus of the content.

- During your time abroad, were you required to keep a journal or log of your activities? What was the frequency for submissions (daily, weekly?)

- Were writing prompts included or did you have creative freedom in your journal?

- Please comment in general about the style of your instructor's feedback on the journals. If the instructor provided feedback, how was this helpful to you?

- In your journal entries, did you mainly focus on the environment around you or on your own self-discovery? Can you give an example?

- How was it (or was it not) helpful to have this writing component in your global health experiential course?

- While at your global health site, did you do or think anything that surprised you?

- How did writing your thoughts facilitate problem solving or promote critical thinking skills?

- Describe the tools, people, and skills that made you feel supported during your global health experience.

- Is there anything you would like to add that I have not asked about?

VITA

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American Association for Adult and Continuing Education (AAACE)

Other Active Memberships, Boards, and Committees
Pennsylvania Coalition for Oral Health Board of Directors
National AHEC Organization Peer Mentorship Program
Penn State University Social Sciences Research Institute Faculty Affiliate Program
Penn State University Master of Public Health Program Admissions Committee
Cancer Navigation and Survivorship Network Steering Committee
Penn State Health and College of Medicine Diversity Council
Penn State Health Cancer Navigation and Survivorship Network Steering Committee

Awards and Honors in Adult Education
The Learned Society of Whispering Pines Graduate Student Award in Adult Education (2024)
International Adult and Continuing Education Hall of Fame James P. Pappas Scholarship (2022)

Publications
Lentes JC, Taylor Gehman AJ, Lengerich EJ, Osetek J, Veldheer S, Gumby A, Luquis RR, Beiler, J, Kraschnewski J. Training the Next Generation of Local Public Health Leaders: A Case Study of Community Health Organizers in Pennsylvania. *Journal of Public Health Management and Practice*. Paper Accepted for publication, February 2024

Sznajder, K., Song, Y., **Lentes, J.**, Hwang, W. (2022). Cultural Intelligence is Associated with Self-Efficacy among Trainees in Global Health with Prior Experience in Host Country. *Academia Letters,* https://doi.org/10.20935/al478