A new initiative in synchronous international learning: A health humanities global classroom

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This paper outlines the initial development and delivery of a Global Classroom (GC) experience using COIL (Collaborative Online International Learning) pedagogy for students studying in health and health sciences, that capitalises on the opportunities for interdisciplinary health humanities experiences using the campus museums and galleries of participating partners at The University of Melbourne, National University of Singapore, and The University of Hong Kong. The goal of the curriculum is to enhance students' intercultural capabilities, including effective communication and effective teamwork skills, and to develop an understanding of different cultural and global perspectives on healthcare. The innovations of this project relate to the transplantation of museums-based interdisciplinary pedagogy for students studying in health into a virtual learning environment, using digital surrogate objects and collections. Technology-enhanced learning is integral to the project design, in the creation of shared digital collections in synchronous online learning.

Keywords: learning environments, Global Classrooms, Collaborative Online International Learning, Object-Based Learning, Health Humanities, intercultural capability, mixed methods

Introduction

There is a recognised need for students studying in areas of health and health sciences to develop effective intercultural and interprofessional capabilities, as they are required for strengthening service provision and improving patient outcomes. Art gallery and museum objects embody cultural conceptions of the nature of reality. These objects, especially when curated across international cultural collections, can provide access to enormous diversity in human experience and creativity. Thus, the study of varied art gallery and museum objects allows students to gain insights into cross-cultural understandings of health and healthcare, potentially proving helpful to healthcare professionals working with patients, colleagues, and institutions of and from diverse backgrounds. Students currently studying in health and health sciences are also likely to work in international contexts during their future careers, where intercultural skills are essential to professional collaboration as well as communication with diverse patients (WHO, 2010). Preparing current students for these environments is an important aspect of their education and training. However, not all students are able to participate in international placement opportunities, nor will all students have access to physical encounters with diverse museum objects and pedagogies.

In this short paper, we describe the instigation and development of an innovative new Health Humanities Global Classroom (HHGC) project which addresses global learning and experiential needs in the curriculum. Supported by existing literature related to the use of art museum-based interdisciplinary pedagogy for students studying in areas of medicine and health sciences, this project explores the translation of typically in-person pedagogical experiences into a virtual environment, using digital surrogate museum objects, to

facilitate interaction among students from multiple international university sites (Dalia et al, 2020). The project attempts to address equity issues in accessing international educational opportunities, while capitalizing on the unique perspectives augmented by multiple international art-museum collections and staff expertise. In summary, the project aims to test the development of a new intercultural learning experience for tertiary students studying in health-related areas, utilizing digitized art/museum objects encompassing both Object-Based Learning (OBL) and collaborative, online, international learning (COIL) pedagogies. The Intended Learning Outcomes (ILOs) of the HHGC are enhancing students' intercultural capabilities, including effective communication and teamwork skills in diverse disciplinary backgrounds and cultures, and developing an understanding of different cultural and global perspectives on healthcare. We share key project phases, including the interdisciplinary, collaborative teaching and learning and pedagogical approaches, and engaging in virtual learning contexts and the Scholarship of Teaching & Learning (SoTL) project.

At the nexus: interdisciplinary collaboration for innovative teaching and learning

Our research team was formed from members of the Educational Innovation subgroup Learning Across the Curriculum Through Campus Museums and Galleries, which operates under the aegis of Universitas 21 (Universitas 21, n.d.). The team worked through 2023-24 to expand the research team with the goal of equal representation of museum-based and health-education-based staff, across the chosen pilot sites of the University of Melbourne (UoM), National University of Singapore (NUS) and the University of Hong Kong (HKU). We are all teachers in health-related and/or campus-museum contexts and we bring a diversity of expertise to the project, including health professional faculty staff across clinical education, medicine, pharmacy, optometry and medical anthropology; and museum-based experts in curatorial areas ranging across fine arts, decorative arts, history, social history, Asian and European cultures, and museum-based interdisciplinary pedagogies. We identified a unique opportunity to work collaboratively to develop a new curriculum for students, which sat conceptually at the nexus of three established but distinct 'spheres' of teaching and learning, as illustrated in Figure 1 (below), in which we have collective expertise, experience and/or aspiration to innovate. Thus, this project's uniqueness lies in the development of a shared methodology and suite of resources, that allow teaching practitioners to take existing face-to-face experiential learning that occurs at a single museum site, into a Global Classroom environment. The opportunity provides the unique benefit of bringing multiple cultural collections and art objects virtually together into a shared curated group and bringing students together across international borders to learn synchronously with their international peers.

Figure 1. The teaching and learning nexus for a Health Humanities Global Classroom

Sphere 1: Museum-based learning

Art galleries and museums are well-accepted as valuable sites for interdisciplinary and experiential learning for students studying in health-related areas (Sharp et al., 2016; Slavin et al., 2023; Peabody et al., 2022). Using pedagogical approaches such as OBL, teaching practitioners collaborate across the disciplines of museum education and clinical education create experiences that target a variety of mind-sets and transferrable skills highly applicable to the needs of these student cohorts. Supported group engagements with art- and museum-environments and collections target learning areas such as empathy awareness, tolerance of ambiguity and discomfort, bias awareness, communication skills, interprofessional teamwork, and cultural sensitivity, many of which are directly relevant to the development of intercultural capabilities. While these learning experiences have typically focused on physical visits to galleries or museums, the COVID-19 disruption of the early 2020s prompted an exploration of virtual learning environments. This shift requires adjustment of pedagogy, identifying appropriate technological platforms and tools, and the creation and use of digital replicas of museum objects and curated museum environments to create a learning environment for the teaching of solution-oriented thinking and problem-solving skills that are transferable and interdisciplinary (Siri, 2021; Cioppi et al., 2020; Wardak et al., 2021).

Sphere 2: Health Professions and Interprofessional Education and Cultural Competency

Collaborative care has been shown to improve patient outcomes (Samarasekera et al., 2022). Healthcare students have well identified needs for collaborative and interprofessional skills and intercultural competencies. (WHO, 2010). Teaching and learning strategies to support the experience of interprofessional learning to foster collaborative practice are needed (AMC, 2023). There are likely to be benefits from training a culturally safe workforce of professionals who have undertaken a process of reflection on their own cultural identity, and to recognise the impact of their own attitudes and beliefs on healthcare practice. In Singapore, cultural and linguistic competency and congruence is a major priority for the healthcare sector (Olayiwola et al., 2015 p. 40). In Hong Kong, healthcare professionals have identified the need for healthcare professional education and training in cultural competency to improve the provision of intercultural care (Vandan et al., 2020). In Australia the Australian Medical Council updated its medical school standards in 2023 to include a strong focus on cultural safety in medical education (AMC, 2023). As illustrated above, cultural competence training is indeed needed to strengthen service provision (Lai et al., 2023).

Sphere 3: Collaborative Online International Learning

Internationalisation of curriculum "is regarded as an essential aspect of every university's strategy and practice, a response to globalization" (Leask, B, 2020, p. 1941). Internationalisation of the curriculum is underpinned by key concepts such as diversity and intercultural capability, and the provision of "content that presents multiple competing national, cultural, and/or linguistic perspectives and encourages critical engagement with emerging and nondominant paradigms" (Leask, 2020, p. 1946). Global Classrooms, using COIL pedagogy, supported through synchronous virtual learning technologies, are an increasingly recognised approach to support this agenda. Students from multiple international institutions can learn alongside each other, without the need for international travel, engaging in diverse peer-to-peer learning that has the potential to increase intercultural competence (Hackett et al., 2023).

Developing the Health Humanities Global Classroom

Having identified this nexus opportunity, the research team considered the steps towards developing a robust methodology for what we termed a 'Health Humanities Global Classroom' (HHGC). With the goal of embedding a sustainable HHGC into the curriculum in at least two of the university sites, we develop and test a HHGC in the form of a single seminar experience. Consequently, the first phase of the project through 2024

focuses on developing and testing the efficacy of a single synchronous seminar, with the prospect of becoming part of an extended curriculum experience.

ILOs were shaped to suit the interprofessionality of the potential HHGC seminar participants, with the overarching application to health and clinical-health studies. Four ILOs were defined, as below:

1) Build observational, creative and critical thinking skills to discuss the presented art or object.
2) Employ effective communication with students from different disciplinary backgrounds and cultures.
3) Apply effective teamwork skills with students from different disciplinary backgrounds and cultures.
4) Develop an understanding of different cultural and global perspectives on healthcare.

The research team chose a simple and tested pedagogical approach in the single seminar to achieve the ILOs, aiming to create an environment in which students feel that they can explore new ideas safely and creatively (Deardorff, 2023). OBL approaches, applied to individual exploration, and group discussion, undertaken in a virtual format, supports the ILOs.
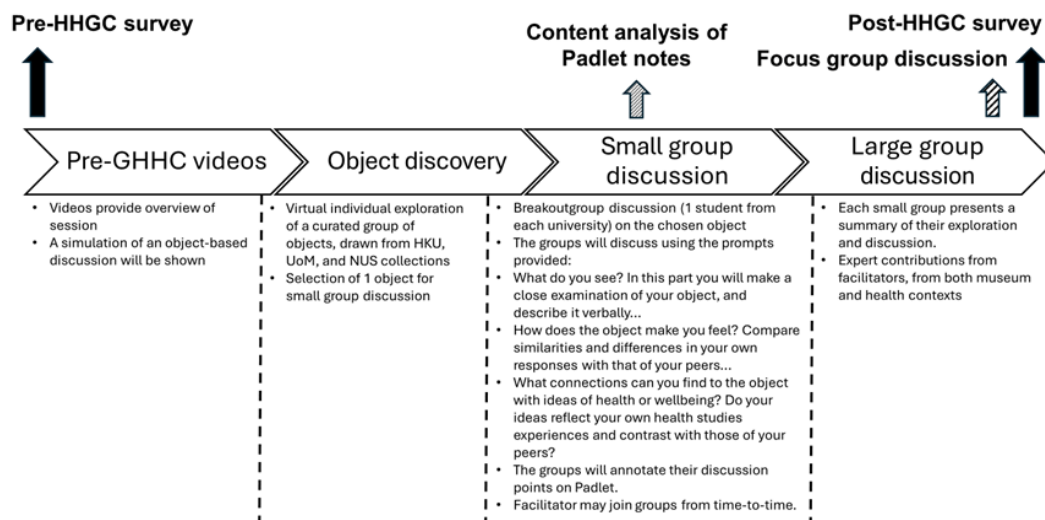

Figure 2. The series of participant activities in the Health Humanities Global Classroom

Figure 2 depicts the series of activities that participants will partake in the HHGC. In the week prior to attending the seminar, all participants will be emailed a link to a small group of short videos. These videos give context to the seminar, including themes, ILOs, and activities, focussing on OBL aspects which are likely to be unfamiliar to participants. Each participant will be allocated to one 2.5 hour-seminar, with a maximum of 11 other students recruited from the different universities. The session will be led by two facilitators comprising one museum and health expert, each, from different universities. During the 'Object Discovery' phase, participants will explore a combination of 2D and 3D digital surrogates of museum objects, shared via a collaborative web platform, with 3D objects linking to a University of Melbourne Pedestal3D platform. A key aspect of the project is the collaborative curation of a suite of objects drawn from the cultural collections at each of the participating universities. Students will experience outstanding artworks and cultural artefacts created by a diversity of artists and makers, representing nuanced connections to locally specific cultural histories and physical environments. In small breakout groups of three students (comprising one student from each university), participants will discuss the chosen object using prompts provided and pen their thoughts on Padlet. They will share their discussion with the large group of 12. The museum experts will guide participants' engagement with cultural contexts, while health experts will support students' lateral thinking and creative connections to the overarching health theme.

Investigating the impact of HHGC – a SoTL project

Given that this is the first time that we will be running the HHGC, we are interested to evaluate its impact on students' learning. A SoTL project has been designed using mixed methods and will be carried out during the HHGC seminars. The data collection points are indicated by the arrows and texts in Figure 2 e. A pre-HHGC survey to understand the participants' demographic, and contextual (social, cultural & historical) details, and their understanding of the seminar and its purpose and expectations, will first be carried out. The notes written on Padlet during the small group discussions will be content analysed. A focus group discussion will be carried out at the end of the HHGC to learn more about participants' experience during the session. A post-HHGC survey will be carried out to elucidate participants' learning gains. A total of 60 participants from all three universities will be recruited from the Faculty of Medicine, Dentistry and Health Sciences at UoM, Enrichment year of the Bachelor of Medicine and Bachelor of Surgery Programme (MBBS) at HKU and undergraduate programs in Pharmacy, Medicine, Nursing, Dentistry and NUS College from NUS. Five repeated seminars, each with 12 participants facilitated by one museum expert and one health expert will be conducted. We anticipate the research ethics review process will conclude across all three institutions by the second half of 2024. The HHGC seminar and SoTL study will commence after ethics approval.

Conclusion

The HHGC represents a significant step forward in the integration of intercultural and interprofessional education for health science students. By leveraging OBL and COIL pedagogy, the project provides an innovative, accessible, and meaningful learning experience that transcends geographic barriers. Subsequent papers will report on considerations around inclusion of specific objects drawn from diverse campus collections, technological aspects of object digitisation and delivery, and data drawn from the participants' experiences of the first iteration of the HHGC seminar. Ultimately, we hope that the HHGC will prove to be a valuable tool to develop crucial competencies amongst healthcare professionals working in today's globalised context. We posit that the nexus of opportunities presented in Figure 1 has great potential to be adapted in other disciplinary contexts.

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