

The Purpose of this Study is to Explore Perspectives on Cultural Globalization in Non-Western Medical Education Literature

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ABSTRACT:

Aim: Global medical education norms, which were mostly developed in West, have been marketed beyond national borders through little respect for cultural diversity. The goal of this chapter is to uncover perspectives on global philosophy in non-Western medical education literature.

Methods: The writers have led the serious analysis of medical education studies from non-Western nations accepted for publication in Theoretical Medicine, Medical Education, also Medical Teacher from October 2020 to September 2021 to investigate the uniqueness of narratives associated with globalization and philosophy in subject of medical education. An initial study yielded key themes on globalization besides philosophy a review of the collection of literature secondary examination revealed inductive sub-topics.

Results : The current comprehensive homogenization, polarization, in addition hybrid as major topics. This research shows the presence of narratives other than Western-led homogenization, as well as the reality of globalization dissertations spanning from homogenization to syncretism to confrontation.

Conclusion: This review highlights the prevalence of several dissertations on globalization and culture in non-Western medical education settings. This will be desirable to prevent the problems of other globalization narratives while changing worldwide medical education procedures to prevent Western cultural colonialism. Teachers and researchers must seek to develop egalitarian, background-sensitive, also locally-driven methods to international medical education that go beyond established paradigms.

Keywords: Global medical education norms, Developed Countries, Medical education.

INTRODUCTION:

Several of the latter graduates seek to discover better employment possibilities overseas while also fulfilling rising availability of medical experts in Western nations. This and many other global factors have produced beliefs regarding medical culture's universality and the potential of adopting worldwide performance of healthcare education [1]. This has been maintained, nevertheless, that even purportedly "global" medical education procedures remain conquered through Western assumptions viewpoints. As a consequence, multinational medical schools also graduate remain detained to even supplementary "Western" than really "global" standards. Simultaneously, research has revealed how local cultural variations may affect medical education in both Western and non-Western settings [2]. Earlier study, for instance, reveals that there have been cross-cultural disparities in opinions of what constituted "excellent teaching" and notions of "medical professionalism." Academics besides teachers have stated fears that those significant cultural differences were already overlooked in courtesy of Western-elegance uniformity diagonally nationwide, language, in addition cultural barriers the practice that has been compared to neocolonialism. Researchers' analyses "the enduring relevance of the colonial encounter for people's lives both in the West and outside the West," using post-colonial theory [3]. and consider how well the notion of neo - colonialism may be extended to interactions among globalization also culture in medical education. What role does global medical education play in promoting "a component of Western cultural control?" Alternatively, "the verification of histories of oppression and the emergence of opposition measures [4]" We hope to reconsider and transcend prevailing narratives and current preconceptions regarding cultural globalization in the current subject of study by searching for underrepresented, non-Western viewpoints in medical education works. Studies from non-Western nations is continually undervalued in the academic health sciences. In a preceding comprehensive study of research trainings published in Academic Healthcare, Clinical Training, and Medical Teacher from May 2020 to April 2021, researchers calculated that only 10.9 percent (418/4734) of research has been performed in non-Western nations, despite the fact that these countries account for the vast range of international medical education. Considering such gap, researchers should pay attention to the details amount of globally scientific literature from non-Western nations [5].

METHODOLOGY:

"Discourses" are characterized in this study as written materials that may be analyzed and evaluated for representation of power relationships at the nexus of globalization, society, and professional examinations. Researchers use discourse analysis approach to evaluate overt and covert depictions of globalization's influence on culture in academic medical education works from non-Western nations. Some authors use phrases like "in an endeavor to achieve global norms" to clearly convey a cultural globalization discourse. Others indirectly express a specific discourse through phrases like "we employed the OSCE as an evaluation instrument," wherein they discuss using the Western-established instrument deprived of slightly ostensible awareness of cultural ramifications or the necessity for adaptation to resident setting. Our evaluation does not intend to provide an exhaustive investigation of altogether 425 non-Western research trainings in Academic Medicine, Medical Education, as well as Medical Education between May 2020 and April 2021. Rather, we perform a critical examination of the many narratives regarding globalization and culture that have been discovered in this body of work. Those three magazines were chosen because of their worldwide reach and readership, as well as their significance in influencing worldwide conversations concerning medical education. Whenever researchers started appraisal effort in 2020, researchers selected highest three journals in the field of medical education based on their effect size in addition ranking at the time. Comments, viewpoints, transitory reports, book chapters, as well as other short works were not included in our study. An initial examination of the 425 papers classified as studies from non-Western nations found three main themes regarding globalization and heritage: homogenization, polarization, and hybridization. An iterative procedure was used to identify appropriate sub-themes within certain wider discourse for correlational study. Each sub-theme has strong examples, which are provided in the Results section. The East–West dichotomy used in this study as a methodological assumption is, obviously, becoming increasingly hazy. Cultural transmission and transition, assisted by globalizing forces such as international business, media, and migration, amongst many other things, have established expanding enclaves of East in West and vice versa. Nevertheless, once viewing globalization in addition culture finished over the post-colonial perspective, "it is appropriate to portray the relationships of exploitation and dominance" in East-West divide. For the sake of this assessment, non-Western nations are defined as those where the majority of the population's ancestors originate from outside of Europe. Despite its flaws, this would eliminate European nations also former colonies with strong European colonizer communities, just like

United Kingdom, France, and New Zealand. At very same time, the current meaning includes sophisticated countries having significant cultural linkages to the East, such as China and Japan.

RESULTS:

The West's homogenizing impact, defined as "convergence toward a shared set of cultural traits and behaviors," figures strongly in larger arguments regarding cultural globalization. Homogenization rhetoric argues that conceptions of neocolonialism and cultural appropriation pervade West–East relations. Our overview of non-Western medical school literature found instances of cultural homogenization dissertation, such as research highlighting the adoption of Western or world level, the predominance of Western medical training, and usage of European scales also indicators, and the hegemony of English language. In so many situations, Western medical education norms became portrayed as an unquestionable perfect in non-Western medical education environments. Chinese writers, for instance, praise the excellent grade of educational research skill acquisition in Western nations. Researchers in Lebanon observe that their medical schools "keep up" having variations in Europe and North America. According to research showed in Caribbean, Italy, and the Maldives, medical graduates are more likely to fulfil American standards than local norms. Researchers in Taiwanese describe how a scathing examination by National Board on Foreign Medical School prompted development of the local clinical school accrediting body and a system redesign in accordance with American norms [table 1]. Likewise, Saudi Arabian academics remark that their university's application for Liaison Group on Medical Education recognition resulted in revisions to assortment procedure. Scientists in Malaysia regard the "quick, wholesale adoption" of the Accreditation Council for Graduate Medical School International regulations as "unprecedented." Polarizability appeared as a prominent theme in non-Western medical education works studied, as evidenced by studies that purposefully avoided Western influence or questioned the Western paradigm's broad application. Those who connect through non-Western civilizations can react to globalization having actions of "cultural resistance" or polarization in reply to apparent else definite dangers of cultural uniformity. In our research, we discovered separating narratives that emphasized differences between cultures, directly lectured local concerns, and promoted nearby-absorbed novelties.

Table 1:

	CG		EG	
	N=	Percentage	N=	Percentage
Sex				
Female	18	57.68	17	55.34
Male	14	44.35	15	45.66
Age				
	4	11.01	9	27.68
	20	65.34	5	13.33
	9	27.68	19	60.00
English level				
Proficient	1	1.01	1	1.01
Advanced	3	7.69	5	5.54
Intermediate	11	11.35	15	16.24
Beginner	19	20.11	13	13.26

Table 2:

	Experimental		Control	
	Posttest	Pretest	Posttest	Pretest
Minimum	0.19	0.22	0.22	0.31
Maximum	0.54	0.58	0.49	0.74
Mean	0.59	0.60	0.42	0.75
Median	0.19	0.21	0.23	0.18
St.deviation	0.04	0.02	0.06	0.04

DISCUSSION:

Researchers examined globalization and cultural narratives in non-Western medical training literature and discovered evidence of homogenization, polarization, and hybridization ideologies [6]. Those narratives are compatible with previous hypotheses regarding globalization's cultural implications. We think that by acknowledging the presence of many ways of talking regarding globalizations and

cultural, they may urge worldwide medical professors in addition researchers to remain extra conscious of discourse they use in theory and practice [7]. The current research does not intend to disparage one globalization rhetoric while praising another. However, researchers understand that every dissertation has their individual group of advantages and disadvantages. Homogenization, for instance, was chastised for their proclivity to overlook or repress needs of the community in addition culture, harkening back to colonial conceptions of delivering civilization to rude or impoverished individuals [8]. However, in today's globalized world, the advantages of homogeneity are impossible to dismiss. Standardized may assure a minimal degree of proficiency amongst migratory healthcare experts in addition the consistent usual of treatment in individuals no matter wherever they reside or travel [9]. In the meantime, cultural polarization discourse may display other solutions to medical education, including aforementioned Japanese program, which helps enable scholars' comprehension of the healthcare system from customer viewpoint and can be seen as a form of resistance to Western dominance through accounting for local cultural shades also addressing local requirements. The current type of cultural opposition, on the other hand, may prevent argument of thoughts, techniques, in addition practices that have proved effective in the West [10].

CONCLUSION:

Our examination of non-Western clinical training research reveals existence of diverse dissertations concerning globalization also culture in subject of medical training. In the future, medical educators, researchers, also policymakers must aim to evade problems of present globalization treatises. Rather, they must strive for egalitarian, setting-delicate, also locally-driven methods to medical education.

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