INTERNATIONAL COLLABORATION ASPIRE AWARD

CRITERIA

The need for an ASPIRE Award for International Collaboration

Over the two years, the need for international collaboration in all sectors has become increasingly vital; we only have to consider the speed at which the new Covid-19 vaccines have been developed and rolled out to appreciate the importance of global collaborations.

In health professions’ education (HPE) too, multiple examples exist of individuals, groups, organisations, and associations collaborating to respond to the crisis and share educational practice. This response includes AMEE, which has provided educational and collaborative support through webinars, specific publications and conference activities.

However, collaboration does not happen only in response to an international crisis: it has a long history in education and healthcare (Ramani et al 2020; McKimm et al 2008). Many examples exist in HPE of international collaborations and the benefits and learning that accrues from these. The literature and practice often conflate the terms ‘partnership’ and ‘collaboration’ and we recognise that what we term ‘collaboration’ for the purpose of the Award may be described as a ‘partnership’ by entities, and vice versa. Some collaborations are actual partnerships, such as schools working with international partners to provide student elective and international training opportunities (Waterval et al 2018), curriculum development (Rashid et al 2020) and faculty development. Such partnerships tend to be more transactional, where one partner provides a service for another, either for a fee or other benefit in kind. Whilst we acknowledge the benefits of such activities and the increasing internationalisation of HPE curricula (Wu et al 2020), for this Award, we are focussing on collaboration where all entities work together towards common goals and benefits.

For the purposes of the ASPIRE award in International Collaboration, we intend to define collaboration as the purposeful action of working with others for mutual benefit that extends beyond the organisations themselves and involves a sharing of responsibilities and power.
Collaborations should be able to demonstrate the additional benefits and value that the collaboration brings, over and above what each entity can achieve alone; some examples are described below.

Collaboration can occur at various levels with wide and varied benefits to multiple stakeholders. Examples include curriculum development in nursing (Didion et al 2013), strengthening research capacity (Noormahomed et al 2018; Hall et al 2016), optimising the reach and impact of interest groups (Walpole et al 2017), linking departments and organisations (Hall et al 2016). It can involve multiple partners or a small number of entities. For example, Walpole et al (2017) report how an international collaboration worked successfully to build an environmentally accountable medical curriculum. Since this publication, this collaboration has been expanded to develop a consensus statement on Education for Sustainable Healthcare (ESH) (Shaw et al., 2021), a special issue in Medical Teacher on ESH in September 2020, established an AMEE Special Interest Group, and carried out several additional activities on planetary health with international groups, including student associations. Another collaboration on Medicine and the Humanities between universities in Canada, China and France was established to develop shared resources, faculty and student exchange and shared learning experiences (see https://med.uottawa.ca/department-innovation/medicine-humanities/international-collaboration).

In East Africa, Yarmoshuk et al (2016) mapped international university partnerships aimed at strengthening medicine, nursing and public health programmes and found 129 university-to-university partnerships from 23 countries. Each university reported between 25 and 36 international university partners. A later study exploring reciprocity between the entities found that, although exchanges were often unequal in terms of financial benefits, the sharing of values, ways of working and cocreating the terms of the partnerships were valued highly by all entities (Yamoshuk et al 2020).

Universities highly value collaborations with international partners and this is reflected in the QS World University Rankings (https://www.topuniversities.com/qs-world-university-rankings), with international collaboration is one of the key criteria; there is huge impetus for universities to encourage and support collaboration. Much international collaboration has involved developing common accreditation standards e.g., for continuous professional development (McMahon et al 2016) and standards and outcomes for undergraduate and postgraduate training programmes, for example in the Caribbean region (van Zanten et al 2009). Such collaborations have greatly improved the quality of HPE in many countries, facilitated the ability of practitioners to live and work around the world, and improved healthcare in underserved regions. As organisations recognise the value of bringing scientists, educators, researchers, and practitioners together for research and development, academic, health science and healthcare partnerships have also proliferated (DeBoer et al 2019; Phillips et al 2004). Whilst many of these are collaborations within a region or country, international collaborations can have huge impact, such as during the Covid-19 pandemic.
with not only the development of treatments and production of vaccines, but also in the improvement of training and education, e.g., in surgery (Riviello et al 2010), cancer care (Meade et al 2011), Obstetrics and gynaecology (Anderson & Johnson 2015) and HIV prevention (Dill et al 2020).

International collaborations often intentionally occur between partners in the Global South and Global North aiming to address global inequities in health and educational capacity (Farmer, 2016). Many international collaborations are therefore operating in a broad context of inequity in which power may be unequally held by constituent individual and institutions (Eichbaum et al., 2021). Development of equitable, ethical collaborations can be challenging precisely because they are occurring in a context of historical and cultural inequality. When opportunity or privilege between partners is uneven (one-sided) collaborations can pose ethical problems and can entrench inequality (Kraeker and Chandler 2013).

Adding to the numerous publications that show the value of international collaboration is the rapidly expanding number of anecdotal stories and descriptions heard at educational meetings and conferences, many of which describe very effective collaborations that have yet to reach the publication stage.

In summary, a large body of evidence exists about the value of international collaboration in health professions’ education which provides an impetus for developing an ASPIRE Award. The award will provide a means for those engaged in international collaboration (many of whom are in low resource settings) to be formally recognised for their sustained work in this area.

Requirements for the ASPIRE Award in International Collaboration

- The collaboration must comprise two or more entities (which may be groups, institutes, centres, departments, organisations etc) from different organisations and countries (a collaboration within a campus of two different units would not count nor would one where the activities were primarily one-way e.g., student electives).
- There must be demonstrated evidence of mutual benefit.
- There must be mutually agreed outcomes, and a clear rationale as to how the collaboration came about and why the collaborative activities were necessary.
- There must be a demonstrable benefit to both sides of the collaboration
- The collaboration must have been sustained beyond three years and may address new areas or extend and expand on existing activities.

Submission requirements

Description of the collaboration
Give a brief description of the collaboration, its purpose and duration, and the characteristics of the collaborating groups and organisations. This will include descriptions of all entities to put them in their own context. A brief description would include the elements of collaboration such as infrastructure (e.g. regular meetings), projects (e.g. types of work undertaken by the collaboration) and outcomes pertinent to the collaboration. (500–700 words)

Papers, promotional materials, publicity responses etc. should be provided as additional material if available. We welcome appendices and other supporting evidence in addition to the narrative descriptions and recognise that some of this may not be in English.

**Please note:** You can see from the requirements and criteria that the award is designed for substantial and/or meaningful longer term international collaborations between entities or groups. It is not designed for more common collaborations such as visits from individual university or clinical faculty to carry out workshops or training, which do not have particular benefit to the visitor (e.g., influencing practices at their institute) and no local plans to remedy the gap. Other examples of ineligible projects would include writing or research collaborations that are not for mutual benefit to both (or more) institutions, or schemes for student electives which are primarily one-way.

As this is a relatively new award, and people might be unsure if their initiative might be eligible for the award, the Panel is more than happy to receive and consider queries.

**Specific criteria**
In addressing each criterion, authors should approach the narrative with description and a summary of the evidence that they are drawing upon. Appendices can be very useful to provide evidence. A total of four appendices are allowed per criterion and, as appropriate, a narrative of 300 words can preface each appendix to direct the reader as to why this is key knowledge.

**Criterion 1**
The collaboration has clear goals that align with those of the representative entities, is based upon previous research or mutual need and designed to improve healthcare educational practice, leadership and/or scholarship and incorporates perspectives and inputs from all members of the collaboration that transparently address issues of power and privilege.

(Word count– 500–700 words)
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<tr>
<td>1.1 There is alignment within and across the entities involved in the collaboration.</td>
<td>Provide the aims and goals of the collaborating entities, explain how these were developed collaboratively and how they were aligned with the various entities’ aims and goals. Indicate how motivations, values and beliefs have been addressed.</td>
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<tr>
<td>1.2 Perspectives from all collaborators are incorporated in the collaboration</td>
<td>Narrative description of the kinds of design elements included in the collaboration to assure mutual perspectives. Identify differences among the collaborators and how barriers are addressed. This can include how transparent conversations about power, privilege and position are part of the collaboration.</td>
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<tr>
<td>1.3 All collaborators and their stakeholders derive mutual benefits from the collaboration such that there is an influence on healthcare educational practice, leadership and/or scholarship.</td>
<td>Narrative description of the benefits (intended or unintended) specifically describing why the collaboration facilitated these benefits. (e.g., compare with outcomes if each entity worked independently). There should be a description of the benefits from all partners, and they can include tangible products and intangible around education, independence, culture.</td>
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**Criterion 2**

The collaboration employs approaches that optimise the success of the collaboration. Cite any leadership/collaboration/change models if utilised

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<td>2.1 Communication mechanisms facilitate collaboration</td>
<td>Describe the types of tools that sustain communication across the collaborators, e.g., minutes, agendas, calls, visits, videoconferencing. If an Memorandum of understanding, contract or other agreement exists this may be included, but is not essential</td>
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2.2 The collaboration has engaged appropriate members to facilitate success

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<td>3.1 Recruitment, promotion and employment statuses support individuals who participate in collaborative group activities</td>
<td>Narrative that describes how committees will consider educational, research, authorship and journals in publications from collaborative activities and groups, as well as those from individuals. Indicate how the institutional perspective supports the leadership involved in collaborations.</td>
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2.3 The collaboration periodically reviews the purpose, goals, and mission to assure that all perspectives are mutually addressed.

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2.4 The collaborators openly explore and document any imbalances of power, including perceived or potential imbalances while ensuring that expectations are met from each partner institution.

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**Criterion 3**

Institutional issues around collaborations are addressed.

(Word count 500–700 words)
### 3.2 Commitment to the collaboration is valued and rewarded – ‘reward’ being a wider definition than simply monetary

Narrative of indications of commitment valued across partners as well as the types of recognition given to the collaboration/collaborators. Mechanisms to generate support from the wider leadership of collaborating entities, for example but not limited to, aligning with institutional strategic priorities.

### Criterion 4

The collaboration has sustained for at least three years and is anticipated to continue with/without funding

(Word count 500–700 words)

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<td>4.1 The collaboration has had impact on the collaborators, their institutions, communities, and healthcare.</td>
<td>Narrative and/or information of the ways in which the collaborations has had impact. Include outputs/outcomes from the collaboration that reflect shared understanding and mutual benefit. Narrative description of the impact on individuals, programs, organizations, and where possible, the wider community (e.g., affiliated hospitals and clinics), with quantitative and qualitative data (e.g., student ratings of teaching and/or student performance assessment; recruitment of faculty members; achievements of students and faculty members; new faculty behaviours, roles, or responsibilities; list of educational publications and presentations; administrative strengthening to support projects). You may place this list of publications and presentations in an appendix if it exceeds the word count.</td>
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4.2 The collaboration engages in on-going and systematic evaluation of outcomes and process.

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<th>Narrative description of the evaluation system, including types and frequency of data collected and synthesized, and an example of how findings are reported.</th>
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<td>Includes a process to gather feedback on process, including decision-making processes, to ensure that views of all collaborators are included (and that any imbalances of power/influence are addressed).</td>
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4.3 The collaboration is resourced to sustain itself and/or allow partners to function independently.

| Narrative description of how funding or “in kind” commitment will continue to sustain once any grant or soft funding expires. Indicate how capacity has been increased with the partners to continue independently for a specifically defined collaboration. Provide explanations if funds will no longer be needed. If any financial information is available to indicate viability or longer-term sustainability, this can be included but is not essential. |

**Criterion 5**
The collaboration has undertaken scholarship to inform others of outcomes and benefits of collaboration, including transferability and potential transformation.

(Word count 500–700 words)

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<td>5.1. The collaboration promotes educational innovation in practices, leadership and/or research.</td>
<td>Narrative description of collaborative products during the past five years with reference to evaluation reports and/or publications describing innovations and associated scholarship (if available).</td>
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<tr>
<td>5.2. The collaborators conduct evaluation and/or research related to their collaboration.</td>
<td>List of scholarly presentations and/or publications related to the collaboration in the past five years. You may place this list in an appendix if it exceeds the word count for Criterion 5.</td>
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5.3. The collaborators advance collaboration nationally and internationally.

List of awards, invitations to speak and consultations (e.g., to assist other institutions with collaboration and/or to be a collaborator) locally, nationally, and internationally in the past five years. You may place this list in an appendix if it exceeds the word count for Criterion 5.

A final reflection—why should this submission achieve an ASPIRE award in International collaboration

(500 words)

This may include reflection on the original reasons for the collaboration, how these may have evolved over time, how decisions were made regarding specific activities to take forward, and the features of the collaboration that specifically facilitated these activities. The reflection could explain how this collaboration helped achieve specific outcomes (e.g., context related or expertise-related features that facilitated outcomes). This would also be an opportunity to reflect on unexpected benefits, unintended outcomes, and aspects that could have been handled better. The reflection should include lessons learned that could benefit others when setting up similar collaborations and conclude with a very short initial summary from the collaborators on why they feel that their work is worthy of the award.

The ASPIRE (International Collaboration) Panel

The panel has been selected from a group of educationalists (including students) who have experience in international collaboration plus a recognition of the geographical diversity required for this award.

References/bibliography


