# ASPIRE TO EXCELLENCE: INTERNATIONAL COLLABORATION IN HEALTH PROFESSIONS EDUCATION: Introduction, Guidelines and Criteria

## Introduction

Over the recent 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 collaboration.

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 focusing on collaboration where all entities work together towards common goals and benefits.

For the purposes of the ASPIRE award in International Collaboration, we 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 as 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 pandemicwith 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).

In summary, a large body of evidence exists about the value of international collaboration in health professions' education which provided an impetus for developing this ASPIRE Award.

### 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 in different 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 and processes (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 a limited number of appendices and other supporting evidence in addition to the narrative descriptions and recognise that some of this may not be in English.

Please note: 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 five appendices in total are recommended as appropriate, a narrative of 300 words can preface each appendix to direct the reader as to why this is key knowledge.

**CRITERION 1 – MUTUALLY AGREED GOALS**
(Word count- 500-700 words)

| Sub Criteria | Example of Evidence |
|---|---|
| 1.1: There is alignment of goals within and across the entities involved in the collaboration. | 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. |
| 1.2: All collaborators and their stakeholders derive mutual benefits from the collaboration such that there is an influence on health professional education practice, leadership and/or scholarship. | 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. |
| 1.3: The collaborators periodically review the purpose, goals, and mission to ensure that all perspectives are mutually addressed. | Please describe how the collaboration is regularly reviewed to ensure that mutual goals are achieved, and that perspectives of all collaborators are valued. |

**CRITERION 2 – SHARED RESPONSIBILITIES AND LEADERSHIP STRUCTURES**
(Word count 500 -700 words)

| Sub Criteria | Example of Evidence |
|---|---|
| 2.1: Perspectives from all collaborators are incorporated in the collaboration and this is reflected in implementation plans, management and leadership structures. | 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. |
| 2.2. The collaborators actively engage in processes to understand each other's cultural contexts and acknowledge the role of cultural influences on decision-making, responsibilities and leadership. | Narrative description of how trust is built among the collaborators by genuine attempts to understand cultural influences. |
| 2.3 The collaborators openly explore and document any imbalances of power, including perceived or potential imbalances while ensuring that expectations are met from each partner institutions. | Description of the issues that were considered and measures put in place to address any issues that may arise. May add a reflection on whether such issues arose during the collaboration and how they were addressed while maintaining meeting expectations and mutual benefits to both sides. One may conclude with lessons learned and recommendations for future collaborations. |

## CRITERION 3 – PROCESSES THAT SUPPORT COLLABORATION

(Word count 500-700 words)

| Sub Criteria | Example of Evidence |
|---|---|
| 3.1: The collaboration uses relevant communication mechanisms to effectively engage all members | 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 |
| 3.2: The collaboration engages members with appropriate expertise to facilitate achievement of outcomes | Narrative describes how team members were selected, how roles and expectations are set, and the organization for regular communications. An option could be to include a table or appendix of members and provide the rationale for their participation. |
| 3.3: Support from collaborating institutions is reflected in recruitment, promotion and employment statuses that support individuals who lead and participate in collaborative activities. | 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.<br>Mechanisms to generate support from the wider leadership of collaborating entities, for example but not limited to, aligning with institutional strategic priorities. |

**CRITERION 4 – DEMONSTRATED LONG TERM IMPACT AND SUSTAINABILITY**

(Word count 500-700 words)

| Sub Criteria | Example of Evidence |
|---|---|
| 4.1: The collaboration has demonstrated long term tangible impact on the collaborators, their institutions, communities, and health professional education. | 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. |
| 4.2: 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 – EVALUATION AND PRACTICE SHARING**
(Word count 500-700 words)

| Sub Criteria | Example of Evidence |
|---|---|
| 5.1: The collaboration engages in ongoing and systematic evaluation of outcomes and process. | This can be supported by describing the evaluation framework that was employed by to assess the impact/outcomes of the collaboration. You may place this in an appendix if it exceeds the word count for Criterion 5. |
| 5.2: The collaborators advance collaboration nationally and internationally through consultations, presentations and /or publication | Lists of scholarly activities and publications related to the collaboration in the past five years can be included. 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. |

## SECTION C: SUMMARY OF JUSTIFICATION FOR RECOGNITION OF EXCELLENCE

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. For any queries please contact the panel chair A/Prof Chinthaka

Balasooriya: c.balasooriya@unsw.edu.au

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