Service Learning as a Framework for Competency-Based Local/Global Health Education

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INTRODUCTION

Service learning is a field that can provide the foundation for emphasizing the relevancy and realities of local/global health. Service learning is now widely accepted as a form of experiential education in which students “engage in activities that address human and community needs together with structured opportunities intentionally designed to promote student learning and development.”

Service-learning courses are not just regular courses with community service for homework; rather, they are courses that unite service and classroom and include a rigorous pedagogy to maximize student development, as well as community priorities. As a result of these carefully drawn distinctions, service learning has survived throughout the years as a formal construct that allows for academic foundations, community engagement, and assessment. With the recent expansion in global health competency sets, including those with interprofessional applications, service learning becomes an increasingly relevant construct for competency-based global health education.1 Service learning is a construct that optimizes the relevance and effect of local global health education and community engagement.

Global service learning (GSL) is a specialty within this field. GSL focuses on service learning in international settings, as well as cross-cultural engagement wherever it occurs. Like global health, GSL is not geographically specific or only applicable internationally. It builds on lessons and practices from domestic service learning, but borrows from both international education and international development literature to develop a distinctive set of values and principles. According to Hartman and Kiely,2 GSL stands apart in 5 key ways:

1. It is committed to student intercultural competence development.
2. It has a focus on structural analysis tied to consideration of power, privilege, and hegemonic assumptions.
3. It takes place within a global marketization of volunteerism.
4. It is typically immersive.
5. It engages the critical global civic and moral imagination.

GSL has several definitions, including “a community-driven service experience that employs structured, critically reflective practice to better understand global citizenship, self, culture, positionality, socio-economic, political and environmental issues, relations of power, and social responsibility in global contexts... It is a learning methodology and a community development philosophy. It cultivates a way of being in that it encourages an ongoing, critically reflective disposition.”3 Although service learning of all types usually includes students receiving academic credit, many contemporary thought leaders do not consider this essential. Further exploration of the topic suggests it is “experiential educational programs in which students are immersed in another community and culture, providing meaningful service in partnership with a host community. Global experiences are not defined by geographic boundaries but are inclusive of experiences in which participants are immersed completely in another community and culture.”3 Whether local or international, immersive experiences provide opportunities for students to nurture global health competencies. Service learning and GSL are constructs to optimize the formality and intention of educational programs in global health.
CONNECTING LOCAL AND GLOBAL

A goal of local/global health education is to educate young people who are rooted in a given locality to have an eye toward global challenges and to see the local opportunities to address and engage in them. In an interconnected world, where decisions about resources in one locale can affect the lives of people in distant communities and where distant events and forces can have a profound effect on local endeavors, it is important to connect global themes with local action. In the sphere of international education, a new term study away is taking hold and broadening the traditional notion of study abroad. An outcome of international study abroad is openness to diversity, suggesting that study away, which immerses students in a diverse community (one distinct from the one most familiar to them), is essential to nurture such student outcomes.

Drawing on the concept of global citizenship, the connection is reinforced between the local applicability of student development that has happened during international experiences and vice versa. Global citizenship includes “recognizing an ethical imperative or willingness to reduce one’s ecological impact and support a sustainable footprint that may have no immediate personal value but ultimately benefits others around the world.” This is the local/global connection that helps to train a generation of global citizens who will one day harmonize across nation-state and cultural bounds to address challenges that face the entire human family. When combined with theoretical foundations and critical thinking activities, the experience of being the “other” in a global setting can challenge assumptions about oneself and others, foster cultural humility, and enhance self-knowledge. Reflection on the experience provides the learner with an opportunity for “assessing the grounds (justification) of one’s beliefs.”

To meet the requirements of service learning as pedagogy, programs must have specific characteristics (Table 1). As service learning becomes increasingly common within graduate and health professions’ education, curriculum, and accreditation, understanding these requirements when working under the auspices of service learning is essential.

Table 1. Required Components of Global Service-Learning Initiatives

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<th>Component</th>
<th>Description</th>
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<td>Community-driven service</td>
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<td>Intercultural learning and exchange</td>
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<td>Consideration of global citizenship</td>
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<td>Continuous and diverse forms of critically reflective practice</td>
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<td>Deliberate and demonstrable learning</td>
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<td>Ongoing attention to power and privilege throughout programming and coursework</td>
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<td>Safe programs</td>
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SYNERGY BETWEEN GSL AND COMPETENCY-BASED GLOBAL HEALTH EDUCATION

Although it is common to have a fieldwork or other experiential component within global health education programs, broadly known as short-term experiences in global health (STEGH), there is lack of uniformity or use of consistent or well-designed pedagogies within the field. Experiential learning theory (ELT) defines learning as “the process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping and transforming experience.” It is proposed that such learning occurs in a cycle of action/reflection and experience/abstraction. Global health educational programs occurring locally and internationally have maximum affect when they are intentional about this cycle and frameworks to encourage it. Service learning creates an intentional structure where the cycle plays out for the learner.

The requirement that service learning include “deliberate and demonstrable learning” aligns with increasing reliance on competency-based education. Competency-based education is a focus of health professions and global health training. Recently, levels of proficiency that apply to trainees in all disciplines relevant to global health have been suggested as follows:

Level 1: Global citizen level,
Level 2: Exploratory level,
Level 3: Basic operational level, and
Level 4: Advanced level.

Service-learning frameworks are particularly relevant to structure the exploratory level of proficiency, which is competence “required of students who are at an exploratory stage considering future professional pursuits in global health or preparing for a global health field experience working with
individuals from diverse cultures and/or socioeconomic groups. However, service-learning resources and approaches enrich STEGH or professional pursuits at any level of global health proficiency. Global health competencies are, in turn, a tool to direct this pedagogical requirement of service learning. Wilson et al reviewed 30 competency sets and derived 11 domains and ≥30 competencies that apply to the various levels of global health professional proficiency that apply regardless of trainee or professionals specific discipline.

Recognition and utilization of appropriate competency aims and learner development in the design of local/global health programming is essential. Appropriate competencies are linked to optimal learner development, ethical integrity, and patient/learner setting. ELT and emerging GSL outcomes research have revealed ways in which global health competencies are nurtured by local programming. Similarly, there is a growing appreciation that local career trajectories are built on international service-learning education. Examples of competencies developed by GSL that can be applied locally or internationally include cultural awareness, enhanced civic engagement, self-efficacy, and a globalized perspective. Benefits of international experiences include changed values, increased consciousness of social justice and global health issues, significantly improved communication skills, confidence, and increased dedication to underserved and multcultural populations domestically.

Competency-based education is not without critiques. Several key challenges of competency-based education include a failure to adequately recognize the localization that proficiency requires, the lack of inclusion of perspectives from communities most affected by health disparities in the creation of competencies, inadequate assessment mechanisms and the failure to appreciate acquired versus participatory competencies. Acquired competencies are those that are generally not context specific, whereas participatory competencies are very dependent on context, culture, power and relationship dynamics, and so on. Service learning and GSL have long grappled with similar challenges. The pedagogy of service learning and tools that have originated in this thought community are salient for optimal local/global health education.

OUTPUTS AND ASSESSMENT IN GSL

GSL has been suggested as one of the most effective ways to facilitate the development of intercultural competence, and “global citizenship.” Intercultural competence is defined as the ability to communicate effectively and appropriately with people of other cultures. The nature of local/global health emphasizes the relevance of this skill domestically as culturally diverse populations experience health disparities and hurdles to optimal wellness and thriving. Global citizenship is a concept common to service-learning circles. Global citizenship connotes that when an individual is interacting with persons who are different in characteristics such as faith, ethnicity, and sex, the interaction is done in a fashion that acknowledges that regardless of how different 2 individuals are, they are members of the same community and equally worthy of respect and acknowledgment simply because of their status as citizens. The goal of global citizenship “is to extend that courtesy of equal recognition throughout the human community.” The concept of global citizenship, although it has connotations of internationalism, is rather more naturally applied locally, where 2 individuals are actually a part of the same local community and geography.

GSL, similar to the blossoming field of global health, fills an important niche in the changing role of the university in global society, as institutions of higher education partner in helping to solve some of the world’s most pressing societal challenges. This increased attention has led to rapid growth within the field of GSL, which is now accompanied by an increasing demand for accountability and demonstration of positive community affect and learning outcomes. Despite this continued momentum across colleges and universities, systematic research and scholarly knowledge within the field continues to evolve.

Ideally, assessment of effective programming assumes a 3-pronged approach—examining outcomes for the institutions involved, communities where service learning takes place, and the individual trainee. Although community and institutional effects often have primary importance within the field of global health, we suggest means for measuring the effectiveness of global health education with regard to student development based on service learning. Although no assessment scale has reached a place of dominance to be considered a singular standard, several scales have been widely used within GSL to assess overall competence and learner progress. Most of these scales are self-report inventories that use pre- and postimmersion experience to measure relevant benchmarks.
To adequately measure and be able to further develop their programs for local/global health education, institutions must evaluate and develop intercultural sensitivity, global civic engagement, and global perspective of students (Table 2). Intercultural sensitivity accounts for the student’s ability to tolerate and interact with other cultures. Global civic engagement measures the desire of students to participate with and contribute to the well-being of people worldwide. Finally, global perspective measures a student’s ability to take into account many diverse perspectives when thinking and making decisions about the world. Each of these 3 domains of student development assesses different aspects of educational and service programming by integrating the cognitive and interactive portions of a student’s worldview. Therefore, students’ motivations, expectancies, intercultural sensitivity, global civic engagement, and global perspective constitute the foundation of formidable programming.

**INTERCULTURAL SENSITIVITY**

Intercultural sensitivity (also referred to as cultural sensitivity or cultural humility) has long been considered an essential component of the ability to work and learn in a setting that is foreign to the learner (whether domestic or international). Individuals must demonstrate the ability to adapt and accept concepts and actions that are different than their own, and when highly advanced, adjust their own actions to demonstrate a relevant ability to relate. Cultural difference is difficult because it challenges individuals to reconsider their own ethnocentric views of the world and to treat each intercultural experience with an open mind and as a unique concept. However, students tolerant of culturally and ethnically diverse peoples more often can understand and engage in intercultural relationships, demonstrating an ability to navigate cultural transitions.

This line of reasoning is captured in the Developmental Model of Intercultural Sensitivity (DMIS), which assesses an individual’s perspective of development. Understanding these stages is crucial to constructing an applicable competency-based educational roadmap. The DMIS is based on Bennett’s definition of subjective culture, defined as, “the learned and shared patterns of beliefs, behaviors, and values of groups of interacting people.” This definition is contrasted with the term objective culture, “behavior that has become routinized into a particular form” (ie, art, food, music, etc.). The DMIS is a research-based model that includes an intercultural development inventory (IDI). The IDI assesses the individual’s intercultural developmental level. The DMIS focuses on 6 development stages to determine the range an individual falls under regarding intercultural sensitivity, ranging on a continuum from the 3 ethnocentric worldviews (denial, defense, minimization) through the 3 “ethnorelative” levels (acceptance, adaptation, integration). Consisting of a 50-item measure of Bennett’s DMIS, the test reports are scored in comparison and range of a large data set that lends the benefit of comparison both pre/post (for individual development markers) as well as comparison to a large data set (allowing for group benchmarking). Now one of the most widely used and time-tested instruments for assessing intercultural development and competence, it often is acquired and administered at low cost, which includes a written report on findings.

**GLOBAL CIVIC ENGAGEMENT**

As a concept, global citizenship emphasizes an individual’s responsibility for issues and concerns of the broader global community—someone who identifies with being part of an emerging world community and whose actions contribute to building this community’s values and practices. Global citizenship is not received at birth, but rather develops over time with involvement in the surrounding world, something offered through educational abroad programs. The enactment and development of this concept often is considered “global civic engagement.” Global civic engagement is defined as “the demonstration of action and/or predisposition toward recognizing local, state, national, and global community issues and responding through actions such as volunteerism, political activism, and community participation.” Within categories of global citizenship, global civic engagement is unique because it involves a choice of action from the participant as demonstrated when applying for, and coming back from, international education or global health programs.
Global civic engagement is critical in constructing a global education as the idea of a nurtured citizen among students must come from engaging in the world all around, transforming this active role into a duty. Students recognize the importance of learning experiences involving other nations, and people different than them domestically, because they help create a comprehensive global framework from which the students can better interpret global issues and concerns. The factors of volunteerism, political activism, and community participation are pertinent because of their influence on decisions to undertake global health, as well as their influence on the lifestyles of those who return from such a program. Ultimately, these opportunities allow students to participate while learning the importance of participation, helping fulfill the purpose of global civic engagement. Most assessment tools have yet to account for global citizenship and global civic engagement. However, a recently developed instrument, the Global Engagement Survey (GES), measures intercultural competence, critical thinking, civic engagement, and social responsibility among students following a global experience. Unlike tools that measure separate characteristics (eg, open-mindedness, flexibility), the GES builds on decades of intercultural development research as well as social responsibility scales recently introduced by theories of democratic education adopted by the American Association of Colleges and Universities.

GLOBAL PERSPECTIVES

Global perspective is a third factor that completes a holistic view of learned development. Global perspective is crucial as it incorporates several different aspects of one’s view regarding global contexts, cultures, and situations. A well-developed global perspective alters how students think rather than solely the knowledge they accumulate, thus study-abroad programs attribute to their comprehensive development. Although the term is still evolving, global perspective can be defined as “the capacity for a person to think with complexity taking into account multiple perspectives, to form a unique sense of self that is value-based and authentic, and to relate to others with respect and openness, especially with those who are not like him or her . . . [with a] sense of people, nation, and world beyond themselves.”

A global perspective integrates both internal and external aspects of one’s current global orientation beyond mere cognitive effects. The 3 major domains of global perspective include the cognitive, intrapersonal, and interpersonal categories. Cognitive knowing refers to how one processes culture and uses these instances to evaluate what is important, whereas cognitive knowledge focuses on what one knows about various cultures and their effects in greater context. Intrapersonal affect includes the relativizing of one’s own culture, acceptance of different beliefs, and general confidence in foreign settings. The interpersonal domains include skills in developing meaningful relationships, interdependence with others, collaboration, and effective leadership. This concept is crucial in global education as global perspective demands awareness and comprehension of the world (like the environment or population growth) as well as global events, international relationships, and a relative placement of one’s own culture and context.

In order to measure changes in global perspective, the Global Perspectives Inventory (GPI), was developed to measure how students think, view their own cultural heritage, and relate to people from other cultures, backgrounds, and values. The GPI uses 6 global perspective-taking scales: cognitive knowing, cognitive knowledge, intrapersonal identity, intrapersonal affect (acceptance of cultural perspectives different from one’s own), interpersonal social responsibility, and interpersonal social interactions. The GPI is designed to focus on connections between global student learning and inter- and intrapersonal development through experiences in the cocurricular, curricular, and community immersion. It is also web-based, easily administered, affordable, has the ability to add questions to the delivery platform (so the test can be administered as part of wrap-up evaluations), and offers a significant database for benchmarking both international and US-based experiences of crossing-cultures.

SERVICE-LEARNING TOOLS AND RESOURCES FOR LOCAL/GLOBAL EDUCATION AND ENGAGEMENT

Standards of Good Practice. The Forum on Education Abroad, an organization that is designated as the Standards Development Organization (SDO) for study abroad by the US Department of Justice and Federal Trade Commission, has created the Standards of Good Practice. These standards are additionally useful for service learning and other domestic local/global education programs. The standards are organized into 9 domains:
1. Mission and goals
2. Student learning and development
3. Academic framework
4. Student selection
5. Preparation and advising
6. Student code of conduct and disciplinary actions
7. Policies and procedures
8. Organizational and program resources, health, safety, and security
9. Risk management and ethics

The standards are backed up by online toolkits, as well as queries for programs and institutions to review their adherence. Local/global health experiential learning program development and administration has responsibilities and accountabilities that mirror those of international education. These Standards of Good Practice are a useful resource to examine the integrity and completeness of local/global health education programs.

**SERVICE-LEARNING EXERCISES**

**Personal Identity Pie.** The personal identity pie activity allows learners to consider their self-concept of identity, as well as how the local/global community that is distinct from their own frame of reference will perceive them. Students are asked to draw a circle on a piece of paper. They are instructed to divide the circle in as many pieces (even or uneven sizes) as they need to answer the question “what are the pieces of my identity?” Once completed, students share their pies with their peers and have a group discussion of each of their identities—the similarities and differences. They are then asked to draw another circle and divide it in as many pieces as they need to in order to answer the question “how will my host/partner community see my identity?” They each create a pie (often very different than the one reflecting their self-concept) of how the community where their service learning takes place will perceive them. Students then discuss these pies as a group.

**Training for a Global State of Mind.** Jane Philpott proposed a salient motivations exercise in her seminal article *Training for a Global State of Mind.* In this exercise, learners are asked to consider their motivations for wanting to “help” or engage in service-oriented activities. They are instructed to classify their motivations into “motivations I suppress,” “motivations I can tolerate,” and “motivations to which I aspire.” They then share motivations by category. Motivations they wish to express often are those that are self-centered, such as “getting to travel,” “receiving awards and recognition,” and “adding to my resume.” Motivations that they tolerate often are less abashedly self-centered, such as “learning a new language,” or “learning about a new culture.” Whereas those to which they aspire tend to be idealistic, such as “making the world a better place,” and “addressing health disparities.” This can lead to an extended discussion about motivations and ensuring that one is in touch with a variety of motivators and/or outcomes of service learning.

**Unpacking the Invisible Knapsack.** Local/global health immersion often begins best by students understanding their own identity as a social and economic actor in a global system. The classic article, *Unpacking the Invisible Knapsack,* helps identify some of the daily effects of privilege in our lives. Originally designed as a way to shed light on race and social advantage, the article defines privilege as “an invisible package of unearned assets that I can count on cashing in each day.” This exercise, which is built on the physical embodiment of a “privilege walk,” through a series of questions can serve as a guideline for creating customized questions for global health programming.

**CRITICAL REFLECTION MODELS**

On the path to becoming active, global citizens, most students must travel a continuum of identity development that allows them to adopt a growing awareness of their social location and ability to create positive change as a result of this location. Critical reflection is a key tool used in service learning to elicit this transformation. Contrasting to noncritical reflection, which may be considered akin to journaling or basic recall of events, critical reflection examines larger systems, agency, and implications for the future behavior or perspectives of the learner. In their discussion of active citizen development, experts note that a successful educational immersion will move students from not being aware of their roles in social issues (member) to a well-intentioned, but not well-educated actor (volunteer). From here, sustained immersion and service can lead to the ability to see systemic social inequalities, asking “why” questions, and exploring causality (conscientious citizen) and then finally, to becoming involved in continued service, advocacy, and activism to address these causes (active citizen). However, all of these stages are not reached by simply experiencing a local/global health immersion. Rather, one must critically reflect in self and context in order to gain understanding and carry out informed action. The following exercises offer short, time-tested methods...
for students to better understand their own identity and the critical they are experiencing.

**DEAL Model.** The DEAL (Describe, Examine, and Articulate Learning) Model for critical reflection has learners describe the experience objectively, examine it per 3 categories (personal growth, civic learning, academic enhancement), and articulate learning. Articulating learning has structured prompts: “I learned that …”; “I learned this when …”; “This learning matters because …”; and “In light of this I will …”.

**Rolfe’s Framework.** Rolfe’s framework, which has become popularly known as “The ‘What?’ ‘So What?’ ‘Now What?’” framework, can provide a simple, but reliable method of intentional reflection during discussions and activities. Rolfe’s approach is based on work by Terry Borton that outlined stages of student development: sensing (what), transforming (so what), and acting (now what). In using this framework, students learn first to “step outside their own experience and question it” and then to “step outside their way of experiencing and question that.” Using this framework can guide students as they step into a new health immersion experience and question their ways of thinking and acting.

**SOAP Format.** For trainees in clinical provider fields familiar with the use of Subjective-Objective-Assessment-Plan (SOAP) notes for patient documentation, Louise Aronson’s adaptation of the SOAP note to facilitate critical reflection is useful. Using this model, learners discuss the subjective (what happened, how it happened, why they believe it happened), then seek objective data (including peer/other perspectives, scholarly work, expert consultation), followed by assessment (drawing parallels, a larger perspective, identifying learning issues), and finally a plan (using SMART goals for how the prior sections will inform future behavior/perspective).

**Fair Trade Learning.** Service learning must be “grounded in a network, or web, of authentic, democratic, reciprocal partnerships and … as a way to incorporate mutuality and reciprocity, resulting in more appropriate, inclusive, and sustainable development.” However, educational partnerships for local/global health education come in many forms and iterations, with varying levels of success. Although program outcomes begin with good intentions and have documented contributions, critics have also acknowledged issues of power, positionality, and neocolonialism. However, until recently, there has been no mechanism to ensure that these programs are designed and conducted ethically.

As a result, practitioners and professionals of international education, volunteer tourism, non-government organizations, and community development collaborated to develop the first iteration of Fair Trade Learning (FTL) principles. FTL is a framework that informs partnerships and practices that facilitate service learning. This framework prioritizes reciprocity in relationships through cooperative, cross-cultural participation in learning, service, and civil society efforts. As global health programs and partnerships require participants and institutions to examine their potential effects on vulnerable communities, the FTL rubric helps to advance just global partnerships. It foregrounds the goals of economic equity, equal partnership, mutual learning, cooperative and positive social change, transparency, and sustainability.

**CONCLUSION**

Service learning and global service learning are vibrant communities of thought and practice that provide important theoretical and practical frameworks for local/global health education. At its heart, local/global health is aimed at addressing health disparities both domestically and internationally. Educational programs that aim to develop the competency of learners to engage in local/global health are well served by drawing on the decades of research and pedagogy established in the service-learning field. Only through conscious and intentional programming can learner outcomes be ethically appropriate, safely imparted, and optimally constructive.

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