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The International Partner as Invited Guest: Beyond Colonial and Import-Export Models of Medical Education

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Abstract

The dominant model of international collaboration in medical education, both currently and in the past two centuries, is one of foreign (i.e., Euro-American) ownership and control. In this Invited Commentary, the authors provide a brief selected history of such international partnerships. They then focus on recent partnership models that have alternate structures. One of these is the collaborative partnership between Addis Ababa University (AAU) and the University of Toronto. This partnership is known as the Toronto Addis Ababa Academic Collaboration (TAAAC). From the inception of this partnership, the TAAAC has aimed to be relational and has firmly placed ownership of the codeveloped curriculum at AAU. Other explicit aims of the TAAAC are to help AAU develop culturally appropriate programming that would be sustainable with local resources and to develop capacity-building, coteaching models. In seeking potential precedents to the TAAAC, the authors have explored archives in Ethiopia, Canada, and the United Kingdom. They found that invited foreign guests have played a role in the development of educational systems in Ethiopia since the 1940s. The authors believe that by paying close attention to the language used to describe the nature of a relationship, medical educators may be able to move toward more collaborative, capacity-building international partnerships.

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Medical education is increasingly seen as an international enterprise, and in recent years, there has been a proliferation of medical schools with "dual identities," that is, a medical school that is located in a non-Euro-American setting that has or includes the name, curriculum, and/or faculty of a Euro-American medical school. Examples of this include the Weill Cornell Medical College – Qatar, Lee Kong Chian School of Medicine-Imperial College London in Singapore, Monash University Malaysia, and the Duke-NUS Medical School in Singapore. With this trend, there appears to be a desire for prestige marketing, with the names of elite British, American, and Australian medical schools seeming to become the academic equivalents of Chanel, Gucci, or Prada.

While this model of luxury-brand educational export is a recent development, there is nothing new about the export of medical education. There has been a centuries-long, multidirectional history of sharing medical education ideas, for example, from Persia in the 500s AD[1] or China in the 1700s.[2] However, in the past two centuries, the flow of goods with regard to the import and export of the current biomedical model has been quite unidirectional, going from Europe and North America to most other parts of the world.

European and North American doctors (most often missionaries) first traveled to many countries as practitioners, setting up hospitals and clinics. By the late 19th century, instead of only exporting Euro-American trained doctors, Euro-Americans started to establish medical schools to provide training for local students (see Chart 1). The pace at which these foreign-established medical schools were established accelerated in the early 20th century, with these efforts still being primarily led by missionary societies. From the beginning, missionary society leaders debated whether the aim of these medical schools

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was to create academic physicians (able to be medical school faculty members, lead the local development of new medical schools, and engage in research) or whether the schools would "merely" train practitioners (with academic roles remaining the purview of Euro-Americans). No matter which model was chosen, these medical schools were owned and run as part of the imperial enterprise, inextricably connecting the Euro-American export of biomedical science to colonial exploitation.[3]

Currently, Euro-American academic institutions are still the dominant exporters of medical education. Although the institutional players have shifted from being largely church-based to mostly academia-based, there are nevertheless obvious parallels between these two import-export models. For example, in both, control over the curriculum and academic structure rests with the "foreign expert."[4–6]

While the dominant model of international partnerships in medical education remains one of foreign ownership and control, there are a growing number of partnerships that have alternate structures. For example, we are part of a collaborative partnership between Addis Ababa University (AAU) and the University of Toronto (UofT) that has, from its inception, aimed to be relational. Other collaborations that focus on long-term relational models have been described in Kenya,[7] Laos,[8] and Liberia.[9] The Medical Education Partnership Initiative, while it was funded via competitive grants rather than being primarily relationship-based, did provide monies directly to the African partners in these U.S.-African collaborations.[10,11] It is beyond the remit of this Invited Commentary to analyze the nature of the partnerships in each of these models in a comparative manner. Instead, we outline some of the key principles of the UofT-AAU's Toronto Addis Ababa Academic Collaboration (TAAAC) partnership.

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In 2003, UofT's Dr. Clare Pain was invited by AAU psychiatry colleagues Drs. Mesfin Araya and Atalay Alem to consider a partnership to help build psychiatry capacity at AAU. She accepted the invitation, which led to the development of the Toronto Addis Ababa Psychiatry Program (TAAPP). From the outset, an explicit aim of this partnership was to develop culturally appropriate programming that would be sustainable with local resources. Thus, the TAAPP model explicitly involved coauthorship of the curriculum, rather than UofT faculty members simply arriving with predetermined Canadian curricula, and firmly placed ownership of the codeveloped curriculum at AAU.[12] Another explicit aim of the program was to develop capacity-building, coteaching models with AAU and UofT faculty teaching together until AAU faculty members could take over the full teaching load in specific areas. Additionally, from the beginning, senior residents from UofT accompanied faculty members on teaching trips, both to provide peer support to AAU residents and to learn how health care is delivered in a context that is very different from their own. This model is now used in over twenty AAU-UofT collaboration programs, including a dentistry, emergency medicine, and Master of Health Sciences Education program.[13] A foundational principle that underpins each of these programs is that the invitation to develop any new collaboration comes from AAU, which means that UofT faculty travel as invited guests to help address AAU-identified needs and assist in local capacity building.

Through preliminary archival research in Ethiopia, Canada, and the United Kingdom, we have discovered some potential historical roots to the TAAAC international partnership. Despite being buffeted by the forces of globalization that affected all African countries, Ethiopia—the only African country that was never colonized—may have, to some

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degree, followed an alternate educational path. In the years of Haile Selassie I, Ethiopia's emperor from 1930 to 1974, we can see elements of an engagement model built on educational partnerships with invited guests, rather than a model based solely on colonial power or foreign imports.

Emperor Haile Selassie I was often referred to as the education emperor. He started Ethiopia's modern educational system (with primary school, high school, and post-secondary education) in the 1950s as Ethiopia, and the rest of Africa, was emerging from the colonial period.[14] Through our archival work, we have identified two interesting invitations to help build Ethiopia's educational system that Haile Selassie extended to foreigners: French-Canadian Jesuit priest Lucien Matte and British suffragette Sylvia Pankhurst.

French-Canadian Jesuit priests, including Lucien Matte, were invited by Haile Selassie in 1945 to assist in the reformation of Ethiopia's educational systems.[15,16] Haile Selassie chose these Jesuits because Canada had no colonial ambitions in Ethiopia,[17] and according to one scholar, the Jesuits "[advocated] a conservative education that pleased the imperial government."[15] Initially, Matte helped to build primary and secondary education in Ethiopia. Then, in the early 1950s, the emperor requested that Matte found the University College of Addis Ababa (now AAU).[18,19] The university was deliberately created as an entirely Ethiopian entity with no oversight from foreign universities. In recognition of Matte's contributions to Ethiopian education, Haile Selassie gave a donation of US $10,000 to Matte's Canadian academic home, the University of Sudbury.[20]

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Sylvia Pankhurst is best known outside of Ethiopia for her leadership (together with her mother and sister) in the fight for women's suffrage in Britain. Women's suffrage was not, however, Pankhurst's only political cause. When Haile Selassie was exiled in Britain during the Italian occupation of Ethiopia, Pankhurst became his friend and ally, campaigning for the world to denounce Italy's occupation of Ethiopia. Pankhurst was later a pivotal force in raising money for the Princess Tsahai Memorial Hospital, Ethiopia's first teaching hospital for AAU medical students. The emperor invited Pankhurst to move to Ethiopia, which she did with her son Richard in 1956. There she continued her fundraising and advocacy efforts for the Princess Tsahai Memorial Hospital until her death in 1960.[21,22]

We provide these examples of Matte and Pankhurst not to overemphasize the role of foreigners in the development of Ethiopian education but to highlight that they each went to Ethiopia as invited guests. Following in their footsteps, Dr. Clare Pain and all UofT faculty members across the TAAAC programs collaborate as the invited guests of AAU colleagues. Drawing on the idea of discourse, we recognize that language helps to construct the nature of the partnership, that is, the way language frames a relationship makes possible certain ways of thinking, doing, and being. Discursively, being an invited guest constructs a very different power relationship from what we see in colonial or import-export models of international partnerships, suggesting that perhaps a greater focus on the language used in international partnerships would be helpful.

Guests have relational obligations to their host, as they are present at the host's behest. Thus, power in the relationship lies with the host. As a guest, it does not do to be rude, and one should be highly attuned to the host's wishes and conform as much as possible to

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the host's standards and culture. Of course, we know that there can be difficult guests, who will not leave or who move in and take over. However, the very notion of the difficult guest reinforces the expectation that there are relational requirements of a good guest. Further, the guest-host relationship is a personal one, and, as with any personal relationship that crosses cultures, humility, reflexivity, and cognitive flexibility are key to ensure a successful, long-lasting partnership.

Clearly, the role that money plays in any relationship leads to important nuances in the relationship. Though beyond the scope of this Invited Commentary, it is well worth considering how the guest-host relationship is affected by money, particularly in relationships between a wealthy guest and a financially challenged host. The nature of funding structures in these relationships will be important to document and analyze as medical educators try to move toward more egalitarian models of international interactions.

We believe that by paying close attention to the language used to describe the nature of a relationship, medical educators may be able to move toward more collaborative, capacity-building international partnerships. We also think capacity building is more likely to occur in partnerships where the locus of control is situated with the local institution, rather than with the "expert" foreign partner. Using the language and model of invited guests in international partnerships may be one way to inch forward. For those of us who travel to provide expertise, we might gain much if we think about whether we are always behaving as good guests, pay sufficient attention to local knowledge and context, and resist temptations to judge according to our own cultural norms. Given the fraught

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nature of colonial and import-export power relations of the past two centuries, it is likely worth a try.

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Chart 1

Selected Examples of Foreign-Established (i.e., Euro-American) Medical

Original/Current name of medical school[a]	Established	Description of foreign influence
Medical College, Bengal/Calcutta Medical College	1835	In 1835, a British government order was passed to abolish the native medical institution and build a new medical college to educate Indian youth in the European tradition and English language. Prior to this, in the 18th century, the British East India Company established the Indian Medical Service and trained "subordinate doctors" to look after Europeans in British India.[23]
Hong Kong College of Medicine/Li Ka Shing Faculty of Medicine, University of Hong Kong	1887	This school was founded by three graduates of medicine from the University of Aberdeen. One of these graduates, Dr. Ho Kai had been born in Hong Kong to a wealthy family with connections to the London Missionary Society. The school's five-year course in Western medicine was administered to Chinese students in English.[24]
Straits and Federated Malay States Government Medical School/Yong Loo Lin School of Medicine, National University of Singapore	1905	The building of this school was funded through local members of the Chinese community. Prior to this, local boys were trained as "assistant" doctors to British doctors and doctors recruited from India, who were also trained in the British tradition.[25,26]
West China Union University Medical School/West China Center of Medical Sciences, Sichuan University	1914	This medical school was founded 4 years after the establishment of this private university, which was founded in 1910 by five Christian missionary groups from the United Kingdom, Canada, and the United States.[27]
Peking Union Medical College/Peking Union Medical College, Tsinghua University	1917	In 1914, the Rockefeller Foundation created the China Medical Board (CMB), which created this school. The school was originally housed on land owned by the Rockefeller Foundation, funded by the CMB, and staffed primarily by American faculty.[28]

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Various schools in Sub-Saharan Africa:	1896–1963	Europeans "installed medical education in their African colonies." Assistants were trained to work under European doctors and to provide care to European and African civil servants, military personnel, and the families of these civil servants and military personnel.[6, p.S11]
Faculté de Médecine, Université d'Antananarivo	1896	
Ecole Africaine de Médecine et de Pharmacie Jules Carde/Faculté de Médecine, Pharmacie et d'Odontologie, Université Cheikh Anta Diop de Dakar	1918	
Faculty of Health Sciences, University of Cape Town	1919	
Wits Medical School, University of Witwatersrand	1919	
Makerere Medical School/School of Medicine, College of Health Sciences, Makerere University	1924	
Kitchner Medical School/Faculty of Medicine, University of Khartoum	1924	
Yaba Medical School	1930–1948	
Faculty of Medicine, University of Pretoria/School of Medicine, University of Pretoria	1943	
Faculty of Medicine, University College, Ibadan/College of Medicine, University of Ibadan	1948	

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Faculty of Medicine, University of Lovanium/Faculty of Medicine, Université de Kinshasa	1954	
Université Officielle du Congo-Belge et du Ruanda-Urundi/Faculté de Médecine, Université de Lubumbashi[b]	1956	
Faculty of Medicine and Health Sciences, Stellenbosch University	1956	
Faculty of Medicine, University College of Rhodesia and Nyasaland/College of Health Sciences, University of Zimbabwe	1963	

[a]Some schools in Sub-Saharan Africa have not changed their names so only one name is listed.
[b]The authors were only able to find the original name of the university in this case.

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