

GLOBALIZATION AND GRADUATE EDUCATION: STRATEGIC CURRICULUM CHANGES NEEDED FOR THE APPLIED PROFESSIONS

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ABSTRACT

The University of Scranton, Panuska College of Professional Studies (PCPS), decided that graduate students in the applied professions need to acquire and demonstrate intercultural and international competencies given the growing effects of globalization and concerns for social justice. Areas of graduate study included nursing, education, occupational therapy, physical therapy, community counseling, rehabilitation counseling, school counseling, health administration and human resources. A team leader/facilitator was selected by the Dean of PCPS to convene an interdisciplinary team of seven faculty to develop a college wide graduate course for all majors. This paper examines the needs/rationale for the course, team processes, curriculum content, course design, teaching methods, teaching processes, applied projects, fieldwork, faculty-student-administrative issues, and implementation strategy.

INTRODUCTION

The University of Scranton (UofS), founded in 1888, is a private, catholic, co-educational, regional university situated in Northeastern Pennsylvania. It is one of twenty-eight Jesuit Colleges and Universities in the United States, and a member of a family of worldwide Jesuit educational efforts. The UofS mission can be stated rather succinctly as "...a community of scholars whose ministry of education is informed by the vision of life contained in both the gospel, and the spiritual exercises of Saint Ignatius Loyola." This mission implies that as an educational institution the staff, administration, faculty and students are dedicated to freedom of inquiry, pursuit of wisdom, integrity and truth, service and justice, personal growth and development.

The University of Scranton Strategic Plan 2000-2005 has ten planning themes tied to the mission, culture and vision. Five themes important to globalization and graduate education include:

A. The Service of Faith and the Promotion of Justice

As a Catholic institution blessed by the collaboration of individuals of all faiths, the University reaffirms its commitment to the twin goals of contemporary Jesuit education: the service of faith and the promotion of justice.

B. The Environment for Learning

As a manifestation of its care for the whole person (*cum personalis*), the University will create an environment that both supports the personal development of its students and fosters in them habits of excellence in living and in learning.

C. Faculty

In the spirit of the *magis*, the University will identify and address the impediments that stand in the way of the professional development of its faculty. It will, moreover, provide the resources necessary for the faculty to continue to improve the quality of the educational experience that they offer to its students, an experience that is enriched by excellence both in traditional pedagogical methods and in emerging instructional techniques and technologies.

D. Diversity and Globalization

In fulfillment of its mission as a Catholic and Jesuit institution, the University of Scranton will create a fully integrated campus environment, one that is marked by ethnic and racial diversity and that actively fosters within its students, faculty and staff an understanding of and respect for issues of gender and for cultures other than their own.

E. The University and the Community

The University of Scranton will continue to use its expertise and resources to meet the critical needs of the region it calls home. The University will also continue to recognize and utilize the strengths and resources of the region to enrich the educational experience that it offers its students. Moreover, as a Jesuit institution, the University embraces its obligation to educate its students in civic responsibility.

The University offers certificate and degree programs on both the undergraduate and graduate levels, as well as professional and pre-professional programs of study.

RATIONALE FOR COURSE

Given the vision, mission and planning themes of the UofS, the Panuska College of Professional Studies (PCPS) and the Graduate School are dedicated to educating “men and women for others” from a wide variety of backgrounds. Both entities are committed to enrolling a culturally and racially diverse study body, attracting faculty members committed to teaching and research, to incarnational vision of human life that informs its ministry, and to “cura personalis” (a loving concern for students).

PCPS has several areas of undergraduate and graduate study including nursing, education, occupational therapy, physical therapy, community counseling, rehabilitation counseling, school counseling, health administration, and human resources. As applied professions, faculty are encouraged to work closely with professional organizations and the community to prepare students for their careers.

The Dean of PCPS has encouraged and supported international efforts for faculty and students, stressing the importance of cultural diversity and global communities. This orientation recognizes the importance of interdisciplinary teams, co-teaching, new course development and educational initiatives to prepare faculty and students for globalization. Additionally, exposing students to “best practices” is critical to the development of knowledge, skills and abilities (KSAs) for the applied professions.

The focus today in higher education is on student outcomes and development of competencies tied to a core body of knowledge. The applied professions require that new professionals be able to enter the profession with usable and applicable KSAs; that graduates “hit the ground running.” Academically, there is a desire to reduce course redundancy, develop courses that adequately prepare professionals, and encourage new course development and curriculum modifications to address a changing vocational world and business community.

Finally, PCPS has always stressed the importance of service learning and civic responsibility. It is through serving others that social justice is realized, that personal and professional development is enhanced, and the dignity of human life preserved.

HEALTHCARE PERSPECTIVE AND BACKGROUND

Healthcare managers, educators, and allied health professionals at all levels across the world are facing the need to make health system reforms, adapt to cost pressures, manage low staff morale, develop skilled workers, manage competing priorities and scarce resources. In some regions, the AIDS epidemic and other infectious diseases are placing increased demands on the workforce and healthcare resources. In other areas, organization reengineering is thrusting senior level responsibilities on mid level managers much earlier than expected. Many lower level managers are required to perform senior level tasks with minimal training because of the new demands placed on upper level management. Therefore it is important to ensure that all levels of

management and the applied professions have the necessary training and expertise to perform effectively in today's global healthcare market.

In a rapidly changing world, as the US becomes more racially, culturally and ethnically diverse, healthcare systems need to respond to patients' perspectives, values, and behaviors about health and well being (Betancourt, Green & Carillo, 2002). To provide quality care for these patients, healthcare professionals must be culturally sensitive and competent. It is important to understand the different value systems, practices, and beliefs of other individuals with various backgrounds in order for the helping professions to provide culturally appropriate care (Bennett, Brigham, Ryan & Twibell, 2000). Failure to recognize, understand and manage these social and cultural differences may have a significant impact in terms of organizational effectiveness and clinical outcomes.

Universities and colleges have a responsibility to provide individuals in the applied professions with the necessary and essential knowledge, skills, abilities (KSAs) to perform competently. This places a demand on academic centers of excellence to understand what is needed in the applied professions, and develop a realistic curriculum with courses that enables students to acquire KSAs and to perform competently upon entering the profession.

Cultural competency is an integral pattern of learned beliefs and behaviors that can be shared among and between groups. It can include thoughts, styles of communicating, ways of interacting, views on roles and relationships, values, practices and customs (Betancourt, Green & Carillo, 2002). However, the biggest issue facing the applied professions is cultural competency. In order to focus on the international healthcare market and the competencies needed to engage in global events, it is essential to understand and appreciate the importance of the international healthcare and diverse markets.

COMPETENCIES AND GLOBALIZATION

As healthcare organizations transform and reform, new responsibilities emerge requiring the applied professions to expand their skills and knowledge as well as reevaluating their notion of effective health. Organizations are finding that to survive and compete in international markets, as well as responding to foreign corporations that capture markets at home, new business skills are needed (Noe, Hollenbeck, Gerhart, & Wright, 2003). To meet these challenges, businesses must develop markets, and use managerial practices to improve global competitiveness and better prepare employees for global assignments. Furthermore, industrial leaders and healthcare professionals must understand the social aspects of healthcare, not only within the United States, but across the globe in the numerous other emerging markets and economies.

Building and cultivating a global business requires an understanding of global health. As of the twentieth century, life expectancies have increased in most countries (Vamus, 2002). This in part is due to better education, advances in medical sciences, medical technology and the overall impact of public health initiatives. However, there is still a substantial difference between rich and poor countries, even between the rich and poor within wealthy countries. The world's health continues to decline despite recent triumphs in biological sciences (Vamus, 2002). A complex example can be found in the epidemic of HIV/AIDS that has decimated Sub-Saharan Africa, with similar effects in Asia as well (Vamus, 2002). In 2000 an estimated 25.3 million persons in Sub-Saharan Africa were infected with HIV, 1.4 million adults and children were infected in Latin America and the Caribbean, 70,000 new cases were reported in 82 of the 89 regions in the Russian Federation, and the epidemic continues to spread in the world's most populous areas such as China and India (Morbidity and Mortality, 2001).

With infectious diseases such as HIV/AIDS, tuberculosis and other underlying public health problems, the global community has come together in an attempt to resolve some of these issues. Ethnic wars, bio-terrorism, poverty, infectious diseases and other societal problems continue to impact global healthcare services. The United States (US) and other industrialized countries have worked with the international community in terms of providing economic aid. Total worldwide aid for health expenditures totals 6 billion dollars a year (Vamus, 2002). Since WWII, the number of civilian deaths has surpassed the military fatalities in most wars and conflicts (Cobey, Flanagan & Foege, 1993). Since the international community has been powerless at stopping wars and civil conflicts, humanitarian aid has been the only possible remedy for helping victims. As a result the global community has witnessed increases in humanitarian aid, and the US continues to be a lead provider of economic aid for emerging democracies and third world countries. For example, the global HIV/AIDS epidemic has led to increases in aid from national governments, international organizations, and foundations. The US increased its financial support for HIV/AIDS prevention and care programs in affected

countries by 457.5 million dollars (Morbidity and Mortality, 2001). Therefore, it is important for leading countries to recognize and understand one another, not only on a political-economic level, but on a social-cultural level as well.

For healthcare managers and the applied professions, it is important to keep up to date with the changing times. Keeping up to date is a challenge for most professional disciplines. Clearly the various healthcare systems not only in the US but across the world need some serious overhauling (Ross, Wenzel & Mitlyng, 2002). Young families today are forgoing health insurance because of costs, the number of uninsured is increasing, managed care plans are not succeeding financially and the public is becoming disenchanted with such plans (Ross, Wenzel & Mitlyng, 2002). Therefore, it becomes extremely important health care professionals at all levels enhance leadership practices, upgrade technical skills, and develop core competencies needed to successfully compete in today's globally diverse economy.

As the healthcare environment has shifted from a level of reasonable predictability to one that is unpredictable and highly volatile, core competencies from applied professionals may be expected to change as well (Ross, Wenzel & Mitlyng, 2002). With an increasingly diverse workforce, managers and providers must maximize the potential to learn from the healthcare environment. Managers and providers of care must transform themselves towards better understanding of what exactly it takes to be competent in the profession. However, in order to become competent business managers, applied professionals and leaders there must be a uniform system for developing a core group of competencies.

EDUCATIONAL COMPETENCY DEFINED

Evidenced-based management/education must focus on current problems in applied settings using skills, theory, and techniques to achieve impact and measurable outcomes. Competency driven models of education requires a well designed, coherent curriculum based on sound theory. Outcome driven approaches to education recognize the importance of theory and practice, stress integration, and utilize monitored application with an experiential focus, a more reality based orientation allows learners to confront and understand issues from a completely different perspective, drawing upon a body of knowledge relevant to the professional discipline.

Competency can be defined in a number of different ways. Normally competency discussions are tied to performance, underlying characteristics of an individual, and the behavior exhibited or displayed. There is a high degree of predictable behavior that can be measured or observed. An assumption is made that competent performance is apparent when individuals possess sufficient skills, knowledge and ability. These competencies may be derived through experience or acquired through more formal educational processes. In reality, competencies correlate highly with domains of performance supported by a body of knowledge. Job duties and responsibilities reflect KSAs and performance is measured in outcomes or results achieved through performance appraisal and evaluation methods.

PLANNING PROCESS

The PCPS Dean, in several faculty meetings, encouraged collaboration and cooperation among and between faculties from various disciplines in the college. The idea of developing a truly interdisciplinary course, co-taught by diverse faculty across departments and programs was advanced. Having a college wide course, not owned by any individual program or department, was thought to be an appropriate initiative. Furthermore, given the fact that several faculty were working on international grants, and given the need to have students who were globally and culturally competent, it was reasoned that development of a 3 credit internationally focused graduate course was an excellent starting point.

The PCPS Dean openly invited any faculty who wanted to work collaboratively on the initiative to express their interest, and that a team approach would be used to cultivate, develop and implement ideas. This college wide, Faculty Based Core Committee (FBCC) approach to new course development required selection of a faculty-facilitator to convene meetings, coalesce ideas, organize correspondence, and codify thinking in working documents. A faculty-facilitator was identified, departmental chair support secured, a preliminary time frame developed, and a generic course identified that fulfilled curriculum and content needs across PCPS.

The faculty-facilitator and the PCPS Dean decided to use a voluntary interdisciplinary faculty team approach composed of individuals with international experience and/or interest, representing several departments and programs. The planning steps included:

1. Select faculty-facilitator
2. Adopt interdisciplinary faculty team model
3. Request faculty volunteers across departments and programs within PCPS
4. Select a graduate course with an international content focus
5. Convene a meeting of a core committee (FBCC)
6. Prepare and disseminate preliminary course ideas
7. Core committee must:
 - 7.1 agree on course content
 - 7.2 course design
 - 7.3 course syllabus and course outline
 - 7.4 teaching methods and processes
 - 7.5 class exercises and experiences
 - 7.6 select a study abroad location
 - 7.7 agree on grading criteria
 - 7.8 determine methods of coordination
 - 7.9 develop course code and title
 - 7.10 select faculty to teach
8. Present a course for review and approval by:
 - 8.1 Departments in PCPS
 - 8.2 PCPS Dean's Conference
 - 8.3 Graduate School Dean's Conference
 - 8.4 University Curriculum Committee
 - 8.5 Provost/Academic Vice President
9. Approval of course designation and title by graduate school
10. Course scheduled for AY, time slot, course listing in majors
11. Offer course once per AY
12. Evaluate course
13. Course modifications made (CQI)
14. Add additional faculty to teach who have expertise and interest
15. Post graduate assessment of students and competencies

As a preliminary step in the planning process, the PCPS Dean asked for each departmental chair to introduce the new course development idea at a departmental meeting, and to ask for a faculty volunteers to serve on the faculty-based core committee. Once identified, the faculty-facilitator met individually with each faculty member to secure ideas, thoughts, concerns, etc. that would need to be addressed at the first meeting of the FBCC.

COURSE STRUCTURE

The Faculty-Based Course Committee (FBCC) was initially composed of 7 faculty and eventually expanded to include 12 faculty to cover course content areas requiring expertise and experience. Development of the international healthcare course required 4 meetings of the committee during a spring semester. Preliminary ideas were developed in writing by the faculty-facilitator and presented as a working document in progress. The initial idea was to develop an elective course that could be adopted by all departments and programs; to develop a course that every major could use as an elective within their respective curriculums.

In preparation for the initial meeting of the PCPS-FBCC, the faculty-facilitator prepared an agenda including ideas/concerns shared during the one-on-one pre-FBCC meetings. An agenda was carefully developed, along with draft course documents, and disseminated one week prior to the initial meeting. This approach gave the FBCC sufficient structure to enable focused discussions. The FBCC was asked to address the following areas:

- course title
- elective course requirements
- course content
- teaching methods
- teaching processes
- course activities and assignments
- core body of knowledge

- KSAs
- global competencies
- student outcomes
- evaluation and assessment
- grading criteria

To obtain approval of a new course, the course syllabus needed to contain the following:

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| • course title | • course objectives |
| • prerequisites | • strategic objectives |
| • course sequence | • major course activities |
| • course description | • course assignments |
| • course rationale | • course evaluation |
| • curriculum design | • grading criteria |
| • required texts | • determination of grade |
| • required readings | • instructional assistance |
| • faculty designated | • requests for reasonable accommodation |
| • student responsibilities | • appendices for all assignments |
| • course schedule | |
| • suggested readings | |

During the initial meeting the FBCC agreed on several key elements:

1. Title: CPS 500 – Global Health and Rehabilitation Issues
2. Use of faculty-student interdisciplinary teams
3. Co-teaching class sessions where appropriate
4. Areas of evaluation and assessment
5. Use of directed study for class exercises and assignments
6. Experiential exercises
7. Relevancy of content to the applied professions
8. Team projects
9. Mid semester study abroad
10. Importance of reflection and application
11. Andragogy vs. pedagogy
12. Use of invited lecturers
13. Overall coordination of course
14. Detailed lesson plans per session
15. Model to develop undergrad course in the future

An interesting side note was the realization by the FBCC that this initiative to develop a college wide course, owned by the college as opposed to a department, was the first such initiative undertaken at the UofS. The FBCC derived positive energy knowing that this would be a “first” and could serve as a model and catalyst for future course development across colleges at the university. Momentum and interest increased as the FBCC realized that an interdisciplinary, co-teaching course could become a reality within PCPS. Empowerment and collaboration served as a platform for fruitful discussions and design of unique methods and processes for the college wide course.

Developing a course schedule to reflect appropriate course content required two lengthy FBCC meetings with extensive individual research by key faculty between meetings. The initial step focused on isolating relevant content areas for 15 sessions during the semester. The experiential faculty-student study abroad session involved 10 days over the semester break. Study abroad utilizes a faculty-student team composed of 5 to 6 students and 1 faculty member with a specific area of applied study for each team. Individual research by each student is required to develop applied projects as a team to be realized during the study abroad fieldwork session.

The course schedule by session and content area developed for the initial course offering appears in Appendix A.

FACULTY-STUDENT-ADMINISTRATIVE ISSUES

Empowering an interdisciplinary faculty team to create a new international elective course focusing on global health and rehabilitation issues is challenging. Agreeing on a course description, developing an appropriate course rationale, and agreeing on principles for curriculum design requires intense cooperation and a willingness to co-teach with faculty whose professional training and education is different. However, this professional diversity and heterogeneity is exactly what students encounter when entering applied professions in education, rehabilitation and healthcare settings. After several FBCC meetings, course information was adopted by the committee for implementation. Appendix B provides information on the course description, course rationale, and curriculum design.

Other issues that require open discussion and resolution include:

1. Course ownership and location
2. Using one course to meet diverse student needs across disciplines
3. Selecting interested faculty who are willing to team teach and use small group exercises
4. Designing appropriate faculty-student study abroad experiences, selecting a country, developing areas of study for each team, and agreeing on use of intersession travel time
5. Reimbursing faculty efforts
6. Sequencing of course content
7. Organizing student-faculty teams for in class exercises and case studies
8. Identifying research topics for interdisciplinary student teams
9. Using the case method approach to augment lectures
10. Scheduling the course to meet student and program needs
11. Resolving who will grade specific projects and assign the course grade
12. Selecting text(s) and assigned readings
13. Organizing international trips (i.e., flight, housing, meals, in-country travel, cultural tours, etc.)
14. Identifying an overall course leader or facilitator
15. Integration and application of theory, KSAs, and competencies
16. Supporting self-directed study across professional disciplines
17. Methods of assessment and evaluation of the course
18. Agreeing on domains of knowledge
19. Utilizing reflection and introspective to facilitate personal growth
20. Adding new faculty who want to teach the course

Another challenging area for academics is to agree on student outcomes. The development of global competencies to be acquired throughout the course requires considerable thought. Determining how to impact knowledge, develop skills and abilities for behavioral performance is critical. After all is said and done, the real question is whether students can perform, that is, apply and integrate KSAs to address complex global issues, problems and challenges. Areas to develop global competencies are:

- Geographic literacy
- Global health and rehabilitation issues and challenges
- Global teams
- Sources of information
- Communication skills
- Cultural adaptation models
- Analytical assessment skills
- Services and systems of health
- Cross-cultural comparisons
- Interdisciplinary perspectives
- Models of collaboration and cooperation
- Policy formulation and implementation
- Holistic and community-based health
- Cultural engagement (country specific)
- Self-directed study

Finally, the FBCC had to include educational methods and processes consistent with the UofS mission, planning themes, and most importantly, ensuring the inculcation of core Jesuit values and teachings of Saint Ignatius Loyola. Helping students experience service to others and social justice in a global society is paramount.

CONCLUSION

More attention is being given to student outcomes, competency development, cultural diversity, cultural competency, and globalization. Developing courses that have an interdisciplinary orientation is essential in the applied professions such as nursing, occupational therapy, physical therapy, rehabilitation, healthcare and human resources management. Faculty empowerment with administrative encouragement and support can breed entrepreneurship and renewed academic spirit. Cross fertilization of ideas among professional disciplines, experiencing complex problems from different points of view, faculty-student learning teams, mandatory study abroad, service learning, directed study, can result from interdisciplinary faculty efforts. Collaboration and cooperation among professionals creates a powerful educational learning environment for graduate students. Co-teaching efforts requires planning and faculty led facilitation. Higher education institutions and faculty can mobilize resources to accommodate new teaching experiences that encourage and prepare competent professionals to function effectively in a global society.

Healthcare executives, educators, and professional organizations have tried to define the necessary body of knowledge and competencies needed for global markets, and how to properly prepare culturally competent managers, counselors, educators for the healthcare industry. With the changing international healthcare market, a compromised group of competencies must be agreed upon. Future managers and leaders in the applied professions must be aware of the multinational shift in healthcare markets; develop knowledge, skills, and abilities to understand different cultures, races, traditions, and languages; and develop training programs to accommodate today's cross-cultural diversity. Organizations must seek competent managers who and professionals are trained to meet future healthcare challenges. In order for this to happen, competencies must be established within academic curriculums and correlate with industry needs. Developing healthcare competency has recently received national attention; however, the lack of agreement on specific domains of knowledge, skill sets and measurable competencies in the profession creates problems for academic training programs, professional organizations, and multinational global companies.

Finally, globally competitive organizations face constant change in a high velocity global economy. Intellectual capital is extremely important for survival. Human resource managers responsible for human resource development will need to understand what international competencies are needed and identify the appropriate learning paradigms to develop knowledge and skills associated with specific competencies. Various types of educational venues are needed to effectively solve performance problems and increase business results. Improving performance must focus on domains of knowledge, skills and core competencies.

REFERENCES

- Bennett, P., Brigham, C. & Twibell, R. (2000). Learning to Care for Clients in there World not Mine. *Journal of Nursing Education*, 39(9), 401.
- Betancourt, J., Green, A. & Carrillo, E. (2002). Cultural Competence in Healthcare: Emerging Frameworks and Practical Approaches. *The Commonwealth Fund* at www.cmwf.org.
- Cobey, J., Flanagan, A. & Williams, F. (1993). Effective Humanitarian Aid. *Journal of the American Medical Association*, 270(5), 632.
- Noe, R., Hollenbeck, J., Gerhart, B. & Wright, P. (2003). *Human Resource Management*. New York: McGraw-Hill Publishing.
- Ross, A., Wenzel, F.J. & Mitlyng, J.W. (2002). *Leadership for the Future*. Chicago: Health Administration Press.
- Vamus, H. (2002). Building a Global Culture of Science. *The Lancet*, 360, S1-S4.

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