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Title: Gender, religion, and sociopolitical issues in cross-cultural online education

Running head: Analysis of cross-cultural online education

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Abstract

Cross-cultural education is thought to develop critical consciousness of how unequal distributions of power and privilege affect people's health. Learners in different sociopolitical settings can join together in developing critical consciousness – awareness of power and privilege dynamics in society – by means of communication technology. The aim of this research was to define strengths and limitations of existing cross-cultural discussions in generating critical consciousness. The setting was the FAIMER international fellowship program for mid-career interdisciplinary health faculty, whose goal is to foster global advancement of health professions education. Fellows take part in participant-led, online, written, task-focused discussions on topics like professionalism, community health, and leadership. We reflexively identified text that brought sociopolitical topics into the online environment during the years 2011 and 2012 and used a discourse analysis toolset to make our content analysis relevant to critical consciousness. While references to participants' cultures and backgrounds were infrequent, narratives of political-, gender-, religion-, and other culture-related topics did emerge. When participants gave accounts of their experiences and exchanged cross-cultural stories, they were more likely to develop ad hoc networks to support one another in facing those issues than explore issues relating to the development of critical consciousness. We suggest that cross-cultural discussions need to be facilitated actively to transform learners' frames of reference, create critical consciousness, and develop cultural competence. Further research is needed into how to provide a safe environment for such learning and provide faculty development for the skills needed to facilitate these exchanges.

Keywords: Cross-cultural communication. Power. Hegemony. Critical consciousness.

"What sets worlds in motion is the interplay of differences, their attractions and repulsions… By suppressing differences and peculiarities…progress weakens."

Octavio Paz (Mexican poet, writer and diplomat; 1914- 1998)

Introduction

Given the globalization of health professions education (Schwarz 2001, Harden 2006, Norcini, Banda 2011), health professions educators need to pay attention to cultural differences and values, and the events that shape them. If people feel it is inappropriate to bring their identity or ideological background into educational environments, students may remain "physically and socially within … a culture that is foreign to, and mostly unknown, to the teacher" (Hofstede 1984), and teachers' cultural assumptions will prevail. The term 'cultural hegemony' describes this power of a dominant class to present one authoritative definition of reality or view of culture in such a way that other classes accept it as a common understanding(Borg, Carmel., Buttigieg, Joseph A.,Mayo, Peter,, 2002, Gramsci 1995). Thus, an implicit consensus emerges that this is the only sensible way of seeing the world. Groups who present alternative views risk being marginalized, and learning may suffer(Arce 1998, Monrouxe 2010, Hawthorne, Minas et al. 2004). Therefore, leaders of cross-cultural health professions education need to avoid inadvertently encouraging learners to leave their cultural background at the classroom doorstep(Beagan 2000). The term cross-culturalism refers to exchanges beyond the boundaries of individual nations or cultural groups(Betancourt 2003) as opposed to multiculturalism, which deals with cultural diversity within a particular nation or social group (Burgess, Burgess 2005).

This research applies the concept of cross-culturalism to faculty learning and developing a leadership community of practice (Burdick 2014).

This research is conceptually orientated towards the *critical theory research paradigm* (Bergman et al., 2012) and the concept of *'critical consciousness.'* Kumagai and Lypson argued that cultural education in medicine must go beyond traditional notions of 'competence'(Kumagai, Lypson 2009) to reflective awareness of differences in power and privilege in society, and a commitment to social justice(Freire 1993). To avoid tacitly imposing cultural assumptions, faculty need to facilitate diverse viewpoints. The ability to do so is most important in online education due to its lack of nonverbal communication and emphasis on written learning (De Jong, Verstegen et al. 2013). Discourse theories also fall within the scope of critical theory. Stemming from the parent disciplines of linguistics, sociology and psychology, this family of theories holds that language and other symbols and behaviors express identity, culture, and power(Hajer 1997). Those symbols and signs reflect the order of society at a micro-level, which in turn reflects social structure and action at a macro-level(Fairclough 1995, Alexander 1987). Discourse theories provide heuristics, which can be used to explore relationships between power, privilege, and identity.

Our research question was: How do participants' sociopolitical backgrounds enter online discussions focused on health professions education and leadership to generate critical consciousness? We selected the Foundation for the Advancement of International Medical Education & Research® (FAIMER®) as the setting because its purpose is to develop "international health professions educators who have the potential to play a key role in

improving health professions education at their home institutions and in their regions, and ultimately help to improve world health" (FAIMER (Foundation for Advancement of International Medical Education & Research)September 24, 2013). This group of individuals, participating in communal activity, and continuously creating a shared identity by engaging in and contributing to the practices of their communities(Norcini J, Burdick W,Morahan P, 2005) forms a community of cross-cultural practice(Burdick, Diserens et al. 2010).

Methods

Educational setting and participants

The FAIMER Institute (Burdick, Diserens et al. 2010 , FAIMER (Foundation for Advancement of International Medical Education & Research)September 24, 2013, Norcini J, Burdick W,Morahan P, 2005) provides a 2-year fellowship, which each year develops a cohort of 16 mid-career health professions faculty from Latin America, Africa, the Middle East, and Asia to act as educational scholars and agents of change within a global community of health professionals. There are 3- and a 2-week residential sessions one year apart in Philadelphia and two 11-month online discussions conducted via a list serve. Both formal and informal meetings during the residential sessions foster cross-cultural understanding by encouraging fellows to share information about their ethnicity, religion, political influences, food, dress, and language. Respect for differences is supported by structured 'Learning Circle' activities (Noble, Macfarlane et al. 2005, Noble, Henderson 2008)and sessions covering a range of topics related to education and leadership.

Internet connectivity is problematic in remote areas, so a list serve is used for online discussions. These discussions had two major elements in 2011-2012, when this study was done. First, Fellows reported progress on educational innovation projects they had implemented at their home institutions with the guidance of faculty project advisers. Second, teams of 5-6 current Fellows selected topics, and then collaboratively designed and implemented six 3-week e-learning modules to deepen their health professions education and leadership expertise. Faculty e-learning advisers, mainly from the U.S., and an alumni faculty adviser facilitated the online discussions, whose participants included 32 first and second year Fellows and any of the 150 program alumni who wished to take part. The list serve also provided an informal resource and social support network for Fellows (e.g., congratulations for professional or personal milestones; condolences on personal or national tragedies; holiday greetings). To help those were not native English speakers, had limited time, or were using mobile devices with limited editing functions, Fellows were encouraged to post short comments and not be overly concerned with English grammar. Fellows were required to post "at least one substantive comment that advances the topic" during the e-learning modules, but were not given any specific guidelines to deliberately post cross-cultural comments.

Methodology

It has been argued that qualitative research is of good quality when epistemology, methodology, and method are internally consistent (Carter and Little 2007). Located within the critical theory paradigm (Guba and Lincoln 2005), this research had a subjectivist epistemology. Discourse theory holds that our words are never neutral; each has a historical, political and social context (Fiske 1994). Researchers use their 'critical reflexivity' to explore the relative

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value of different subject positions. Critical discourse analysis methodology allows them to explore dialectical tensions within participants' written language. We now describe the methods we used to do that.

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Critical reflexivity

ZZ, a FAIMER Institute Fellow from Pakistan, was educated as a physician in Pakistan, trained as an Internist in the United States, returned to academic medicine in Pakistan, and 10 years later immigrated to the United States. PM is a U.S. faculty member of the FAIMER Institute with extensive experience of academic leadership development involving gender and minority participants (Morahan et al., 2010). DV, RN, and TD (from the Netherlands, Canada, and U.K.) are extensively involved with cross-cultural education and one (TD) has published on critical discourse (Dornan, 2014). All authors had extensive experience of online education. ZZ 's cross-cultural experience and understanding of participants' situations inevitably influenced her interpretation of posts to the list serve. In order for this background to serve as a resource to the project, her co-researchers, including PM who is one of the residential FAIMER faculty advisor, joined in an explicit, conscious process of critical reflexivity, reading data, joining periodic Skype calls, commenting on documents, emailing reflexive comments to one another, and helping each other identify their preconceptions and value judgments. PM contributed the perspective a of faculty advisor involved with the list-serve.

Identification of text for analysis

ZZ compiled all posts to the list serve between August 1, 2011 and August 1, 2012 related to the topics of the e-learning modules, social posts, information requests, and spontaneously generated discussions (but not congratulatory posts, as they consisted of single words or short

phrases like “Congratulations”; “Well done”) into a 1286-page document. She used her reflexive understanding of the posts to identify those which referred to sociopolitical issues, including religion and gender. Guided by this initial review, the authors compiled a list of keywords and used them to text-search the document to identify any text missed in the first pass. The words were: Terror(ism); Liberal(ism), Conservat(ism), Religion, Islam, Hinduism, Buddhism, Christian, Eid, Christmas, New Year, Chinese New Year, Diwali, Basant, Easter, Carnivale, Lent, Passover, Female, Women, Democra(cy), Dictator(ship), Multicultural(ism), and Diversity. ZZ ensured that entire posts, including associated back-and-forth dialogue between participants, were included, checking with another author (PM) who had actively participated in the discussions. The posts containing these concepts were compiled into an 11-page transcript.

Methodological framework

The content analysis drew insights and analytical tools from critical discourse methodology~~,~~ ~~which is consistent with the critical paradigm in which this research was conducted~~ to ~~.~~ ~~Discourse theory holds that our words are never neutral: each has a historical, political and social context (Fiske 1994). Qualitative analysis can~~ identify connections between texts and social and cultural structures and processes (Fairclough 1995). Gee specified features of the structure and content of text, which identify how social structures and processes influence social action (Gee, 2014) and said they could be combined with a general thematic analysis not rooted in any particular linguistic methodology(Gee 2004).

Analytical procedures

The researchers used analytical tools developed by Gee(Gee 2014) to explore how language built identities, relationships, and the significance of events. They all read the 11-page

transcript, searching systematically for the 'situated,' or contextual, meaning of words, identifying typical stories that invited readers or listeners to enter into the world of a writer, looking beyond what contributors were saying to identify what their discourse was 'doing,' and exploring how metaphors were used. They worked independently of one another, highlighting material of interest and annotating them with marginal comments. They exchanged and discussed comments to identify and explore areas of agreement and disagreement. ZZ kept notes about the discussions, archived the comments into a single dataset, and maintained an audit trail back to the original data. She then wrote the narrative of results, proceeding from description to interpretation to explanation while constantly comparing these explanations to the original textual materials. The other authors contributed their reflexive reactions to the evolving narrative of results.

Results

Although FAIMER's mission includes fostering cross-cultural education, less than 1% of the text (11 pages) was explicitly sociopolitical. Participants from 16 countries in Africa and the Middle East (Ethiopia, Nigeria, Kenya, Cameroon, Egypt and Saudi Arabia), Latin America (Mexico, Colombia, Chile), Asia (India, Sri Lanka, Pakistan, Bangladesh, China, and Indonesia), and the United States, contributed to the sociopolitical discussions. They contributed posts, typically in response to events in their home countries, which did not necessarily relate to the topics of the formal discussions. In other words, the geo-political contributions appeared spontaneously, without a specific request by faculty facilitators. These conversations soon petered out for several reasons. There was limited back-and-forth dialogue between an initiating participant

and other participants, which limited the depth of the discussions. Posts were greeted not with positive or negative responses, but with silence, and faculty did not ask for more information or build on what had been said. Within the limited discussions that did take place, we identified four strands (parts of conversation within an email thread). Participants discussed experiences related to political events in their countries (**political strand)**; highlighted gender issues (**gender-related strand**); discussed religion in their home countries (r**eligion-related strand**); and offered glimpses into the impact of cultural factors on their lives (**general cultural strand**). The following paragraphs elaborate those four topics, and Table 1 provides examples of specific posts.

Political strand

Political text concerned two main topics: terrorist attacks in India and Pakistan, and the Arab Spring in Egypt. There were two additional posts (from Egypt and Saudi Arabia) about local governments fostering progress and a view from the U.S. on the value of democracy.

Terrorism

As shown in Table 1, a participant from India broke into the on-line discussion by announcing a terrorist bomb attack. A participant replied empathically that such events are part of normal life in Pakistan. Then participants who had experienced bomb blasts or other forms of terrorism due to the Tamil guerrilla war and drug-related violence in South-America joined the discussion. As participants contributed their experiences, geographic borders became irrelevant. Participants wrote of terrorism as anti-social behavior; a life of living with terror; lack of safety; vigilance; not allowing oneself to be terrorized; life going on despite bomb blasts; hopes of terrorism ending, and peace returning. The text in Table 1 shows that participants did not

comment on socioeconomic and political factors contributing to terrorism and relevant to healthcare. Terrorists were characterized as radicalized zealots who do not deserve sympathy or understanding: '*Thankfully, except for the person who was carrying the bomb, no one else was injured.'* The net effect of this conversation was to create solidarity between participants who were potential victims of terrorism and emphasize the "otherness" of terrorists, but it did not relate the terrorism discussion to medical education.

The Arab Spring

In a second part of this strand, vivid metaphors of childbirth and breastfeeding described the local political environment during the Arab Spring (Table 1). The metaphors gave readers a unique window into the life of someone they knew, who was now caught up in an uprising that held the world's attention. A South American picked up on the metaphor, expressed support, and expressed opinions about social change. Later, a participant from the Middle East wrote that "*Boundaries are boundaries -- they are there to define the environment and mobilizing them is not always a choice"* and asked "*is it always feasible especially if it requires moving boundaries and making it safe?"* A U.S. faculty participant reminded participants of a debate about democracy versus dictatorship during another module but back-and-forth dialogue did not result. The conversation explored differences in Fellows' political environments but did not analyze their relevance to medical education.

Gender–related strand

Table 1 contains example text from a conversation about gender issues in treating women patients, which began during an e-learning module on Professionalism. Male and female participants participated in a candid and uninhibited way, describing social norms in their

different countries. A participant from Bangladesh wrote that "*Shaking hands is culturally and religiously governed, male doctors usually don't shake hands with women patients, they exchange salam (Assalamu Alaikum-peace be upon you!). But it is not mandatory. Our present [female] Prime Minister Sheikh Hasina shake hands with all, but previous [female Prime Minister] Begum Khaleda Zia shakes hand only with ladies! So there is difference in same culture!"* Participants from many countries discussed cultural restrictions imposed by male leaders to prevent women from receiving adequate medical care. Participants from India, Pakistan, Saudi Arabia and Egypt shared differences in physical examination of women patients (Table 1): "*Exposure of body parts is not allowed or only minimal exposure is allowed (e.g. in UK we were trained to examine the patient with tops off so that both breasts, chest and axillae could be properly examined. In [my country], patient will only allow the affected breast to be examined and despite request will not allow the contralateral breast to be examined. Men cannot do gynecological examination on women even in an emergency."* Another participant wrote, "*Asking to take off clothes and wear a gown may be considered a norm in one society but a totally unacceptable behavior (or request by a doctor - even with the best of intentions) in another society of culture. We do come across such incidents in our conservative societies and this does conflict with what we were taught (and practiced) in the West."*

In other posts, one participant offered a view about women physicians saying: "*In India specially, the attire is important --- at the hospital such as ours the female residents cannot come in skirts etc. --- not as a rule but as an unwritten norm."* Women's rights were touched on briefly: *"USAID is also funding many projects on gender equality in Pakistan and a lot of work is being done by Pakistani females in this regard. A great example of how they are succeeding in*

their mission is that of one Pakistani Film producer, Sharmeen, who received an Oscar award for her film 'Saving Face' a few days ago. This film is regarding women who were disfigured because someone threw acid on their faces. Sharmeen brought this to the attention of the world through her film and this film also earned her an Oscar award, first time any Pakistani has won this award. Yesterday Pakistani parliament passed a law that will now lead to fine of one million rupees and life sentence or death sentence to any one who would carry out such a brutal act." Other posts touched on women trying to make their mark in a '*masculine*' work environment.

Taken as a whole, the discussions identified and compared social norms in different cultures, exploring a spectrum of stances, from conservatism to liberal feminism. Explicit links were made to medical education but the relevance of the discussion was often left implicit.

Religion-related strand

Some participants wrote of the influence of religion – the Muslim, Hindu, Buddhist or Taoist faiths – on their professional identities. 'God' and 'Allah' were mentioned on several occasions, either in social posts or in the Professionalism e-learning module. The Muslim faith was discussed more frequently than other religions; participants emphasized the significance of moderation and how the Islam religion preaches *"never be radical or extreme."* One participant described Buddhism as preaching "*ethical behavior which is compassion, loving kindness, the giving up from self-centeredness and greed."* Another described the Hindu oath from 15th century BCE in the context of medicine: *"the basic expectation from a physician is 'selfless dedication to preservation of human life', sometimes even at the cost of one's life!"* A participant from China discussed how he related with the ancient Chinese mantra of *"8 Chinese*

characters (医为仁术, 济世为怀), and that it means that, 'Medical work is a kind of skill with benevolence, the persons who undertake this work should bear the idea of serving the people of the community/ world in their mind'. This has been recognized as the standard for the health care workers in ancient China, and is still mentioned today." The pattern noted in the previous strand, of exchanging experiences and norming, was again apparent, but in-depth exploration of the relevance of those cross-cultural issues to medical education was lacking.

General cultural strand

Posts during the Professionalism e-learning module addressed the topic of primary socialization. One participant posted about "*the process of being raised by the origin family, since, we see and understand the world by what they do and convey to us and share concerning their values. All those values they have are, dialectically fruit of the sociocultural and political system."* Another participant used capital letters to emphasize the significance of the Asian culture of respect: *"the deep rooted culturally driven perception of RESPECT and the socially rejected CRITICISM against hierarchy, where feedback could be perceived as disrespect."*

Participants shared the "insider" view of culture in their countries, discussing what an "outsider" would find strange if they did not share the knowledge and assumptions that render communications and actions natural and taken-for-granted by insiders. For example, participants noted that in some of these countries, especially in rural areas, a paternalistic doctor and patient relationship is the norm.

Discussion

Principal findings and meanings

The most striking finding of this research was not what was present in the data, but what was absent. A thorough search of a large corpus of posts to a cross-cultural discussion forum found that less than 1% of the text addressed cross-cultural issues. More detailed analysis showed that, even when cross-cultural topics were introduced, participants' responses to them tended to be rather muted. When more lively discussions took place, superficial comparisons of social norms, and solidarity between participants, were more likely to emerge than an exploration of how contrasting cultural perspectives illuminated the practice of medical education. Links between cross-cultural issues and the FAIMER curriculum were rarely made. That is not to denigrate the importance of telling stories, whose value is increasingly recognized(King 2003) because they lead to better understanding of other peoples' lives, which may foster cultural tolerance.

The silence which greeted some posts may be an example of 'situational silence,' in which institutional expectations constrain participants from responding (Lingard, 2013). It may also signify cultural hegemony, when dominant cultural expectations make it different for people to identify themselves with positions that deviate from expected norms. Under those conditions, the discourse of faculty development may be restricted to uncontroversial subject matter (Lingard, 2013; Dankoski et al., 2014). It is noteworthy that the mostly U.S. FAIMER faculty made very few contributions (fewer than 10) to the cross-cultural discussions. Whether this

faculty 'silence' was related to cultural hegemony or lack of facilitation skills remains to be explored (Dankoski et al., 2014).

Relationship to other publications

Considerable theory and research show that cultural exchanges as part of curriculum are essential for transformative learning because they disrupt fixed beliefs and lead people to revise their positions and reinterpret meaning (Teti and Gervasio, 2012; Kumagai and Wear, 2014; Frenk et al., 2010). Otherwise, cultural hegemony imposes powerful influences on what and how people think about their society(Teti, Gervasio 2012). The role that silence, humor and emotions play in enhancing or inhibiting transformational learning (Lingard, 2013; Dankoski et al., 2014; McNaugton, 2013) has been little studied in cross-cultural health professions education settings. Transformative learning is the cognitive process of effecting changes in our frame of reference – how we define our worldview where emotions are involved(Mezirow 1990). Adults often reject ideas that do not correspond to their particular values, so altering frames of reference is an important educational achievement (Frenk et al., 2010). Frames of reference are composed of two dimensions: points of view and habits of mind. Points of view may change over time as a result of influences such as reflection and feedback(Mezirow 2003). Habits of mind, such as ethnocentrism, are harder to change(Mezirow 2000). Transformative learning takes place by discussing with others the "reasons presented in support of competing interpretations, by critically examining evidence, arguments, and alternative points of view" (Mezirow 2006). This learning involves social participation – the individual as an active participant in the practices of social communities, and in the construction of his/her identity through these communities(Wenger 2000). When circumstances permit, transformative

learners move toward a frame of reference that is a more inclusive, discriminating, self-reflective, and integrative of experience (Mezirow 2006).

Emancipatory learning experiences must empower learners to move to take action to bring about social and political change (Galloway 2012); therefore, in designing transformative learning, simply mixing participants from different cultures or including a topic addressing ideological backgrounds of participants may not be enough(Beagan 2003); (KumasTan, Beagan et al. 2007) to foster critical consciousness. While information and communications technology has enabled globalization of health professions education, several factors impact outcomes. The inhibiting power of cultural hegemony can make participants hesitate to interrupt curriculum-related discussions and contribute cultural observations. Participants' culture or media preference, and their individualist and collectivist cultural traits can also affect communication styles(Schwarz 2001, Al-Harthi 2005). Pragmatic issues also play a role, such as participants' previous experience with using online settings for learning, professional development, or communities of practice (Richmond, 2014; Dawson, 2006).

On a facilitator's part, lack of confidence in facilitating cross-cultural discourse, especially in the online environment, can also adversely impact such discourse (Dankoski et al., 2014). Recent reports note the need for training of both faculty and learners to let go of the concept of objectivity, scrutinize personal biases, acquire skills to "make the invisible visible" (Wear, Kumagai et al. 2012) and unseat the existing hidden curriculum of cultural hegemony. Faculty need to find the balance between task completion and discussion of 'stories,' and acknowledge

and take advantage of the tension between the opposing discourses of standardization and diversity (Heather D.Frost 2013).

Limitations and strengths

One factor that likely affected the cross-cultural discourses in this study was the perceived safety of disclosure. This may be particularly pertinent in the online setting, where current participants did not personally know all Fellows, and where privacy and security cannot be guaranteed. Fellows from two countries, whose governments are widely thought to be authoritarian (but not fellows from other countries), told us they were fearful of putting sensitive topics on the list serve due to government surveillance and IT monitoring, however this was limited to Fellows from two counties. We were also limited to the voices appearing in the online discussion; there may have been additional communication outside the list serve (e.g., personal emails between participants and faculty). Participants may more likely support and repeat mainstream stories of experiences common to many, while they may not share stories of vulnerability. Pragmatic group level usability issues, such as information overload and challenges in accessing the list serve, may also have lowered frequency of posts; such parameters are known to affect discourse structure and sense of community (Jones et al., 2001; Dawson, 2006). Useful future research could include in-depth interviews seeking to understand why some participants felt comfortable sharing information about their lives while others did not, and exploration of the impact of culture and the online technology on this participation. Though instruments have been developed to measure participants' global cultural competence(Johnson, Lenartowicz et al. 2006), sense of community (Center for Creative Leadership, 2014), and classroom community strength (Dawson, 2006) Kumas-Tan's work

shows that current instruments measuring cultural competency ignore the power relations of social inequality(Kumas-Tan, Beagan et al. 2007). This would add another dimension to future research. Additionally, we realize that technology itself is a cultural tool; while not the focus of this study, the results, together with other studies we are conducting, are providing useful information for designing further studies to explore this issue.

While we did not attempt an exhaustive documentation of the cross-cultural discourses over years, the discourse over a one-year period was sufficient to provide initial insights. This report provides a base line for us and others studying the nature of cross-cultural interactions in professional community of practice settings.

Implications for health professional educators

These observations lead to fundamental questions: Should a person's cultural background or current events in his or her home country be brought up in an online e-learning environment for faculty development and fostering a professional community of practice? Is it possible to do this in an online discussion, or should this be left to face-to-face learning activities? What has it to do with health professions education? Is this a distraction for other faculty? Should learning environments maintain cultural hegemony by limiting such discourse? Should faculty actively facilitate or not?

If we conclude that cultural issues should be addressed in online cross-cultural discussions, then we need to look at the depth of these discussions; in our sample, they remained non-analytical and relatively superficial. Future interventional research could include addressing how to foster

discussions about participant social identity (Burford, 2012), the impact of doing so on learner engagement, and the facilitation skills needed to provide a safe environment for such discussions.

While we may be able to keep a group of learners 'on task' by prescribing cultural hegemony, we may miss a critical opportunity to transform the frames of reference of both learners' and educators'(Frenk et al., 2010) and to 'unmask illusions of pure objectivity' (Wear and Kumagai, 2012). Letting go of the need to keep contributions "culture-free" may empower participants to talk (or write). Moreover, knowing each other's stories makes participants in a teaching/learning setting feel they are part of a group, which can stimulate participation and reduce dropout rates (Tinto 1997). Allowing room for spontaneous stories, such as the terrorist bombings in India or the Arab rising in Egypt, can also help a group understand and accept limited participation from those who may be preoccupied with current events in their countries or lack regular access to the internet because of various conditions.

Openness to sharing cultural perspectives may be an important way to foster cultural competence, a Liaison Committee on Medical Education (LCME) mandated goal for all U.S. and Canadian medical schools (Association of American Medical Colleges, Liaison Committee on Medical Education, 2003). Attention to informal discussions in online learning may be an important modality from the instructional design point of view while raising awareness about the hidden curriculum of existing cultural hegemony. Assimilation is not the answer, and with the help of facilitators, learners can form positive cross-cultural and interdependent alliances(O'Donnell, Angela M., Reeve, Johnmarshall., Smith,Jeffrey K., 2007).

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Ethical approval: IRB approval was obtained through the Foundation University, Pakistan, on commencement of the study; Approval to use the FAIMER data was obtained through FAIMER.

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Table 1 Examples of sociopolitical content in the four strands [a]

Political Discourse	***Terrorism and Bomb Blasts in India and Pakistan***	
	Participant from India living under the threat of terrorism	**Response from Pakistan living through terror on a daily basis**
	"Sorry to interrupt. But, there was a series of bomb blasts in my city. Thankfully, except for the person who was carrying the bomb, no one else was injured."	*"It's comforting to find that all of you are safe and no damage was done. Unfortunately bomb blasts are common occurrences in our part of the world and we have lost quite a few good friends and acquaintances to these senseless acts of violence. I can understand your feeling as I have escaped from death in these blasts by a whisker - thrice and my daughter twice (both times going to her school). We have responded, in [our city] by not getting terrorized and we go on about our daily lives as usual, but still, it's a good idea to be very careful."*
	Arab Spring	
	Egyptian woman chronicling her lived experiences through the	**South American participant providing global context of events and**

	Egyptian revolution using the metaphor of childbirth	**encouragement using the metaphor of breast feeding**
	"*When I gave birth to my kids, I went through a normal delivery, and refused to take pain killers... I wanted to experience labor pain, which is unbearable; yet I enjoyed every single moment of it... with all those intermingled feelings of suffering, curiosity, serenity, fear, happiness, just waiting for the moment of listening to the first cry". She metaphorically then linked child birth to the electoral process: "Today, while I was impatiently waiting for announcing Egypt's first civil president, the same feeling was projected on me: Egypt was giving birth... very painful... laborious..."*	*"Well, I think that movement to change the model of government in your country is IMPORTANT FOR ALL OF US (INCLUDING LATINOAMERICA) because that kind of change has effects in all middle east country (at same manner that the movement to fall the dictator), effects in economics fields around the world, effects in the way to reorganize and how to obtain a common view of your country where are different points of view about it (that is a common situation in a lot of countries around the world) ... So the problem is for all Egyptians not only for the president and his government and if the homework is well done this condition could be a wave more bigger than the last and I hope that it be great. All my prayers for you and your country in this new endeavour.*

		And the image about the pain when the women had given birth could be compensated with the image when the newborn goes to her mamas to take breastfeeding (what a lot of happiness!!! between both)…"
Gender-related discourse	***Discussing transitioning from feminism***	
	Participant from the middle-east discussing daily work environment	**Participant from U.S reflecting on western roles of men and women**
	"After I selected the (4) employees, I realized the trouble of having (4) females who are trying to prove themselves in a very masculine culture. Competition was as evident as the sun from first day…and it was hell. Complaints everyday..unhealthy climate, poor relationships, poor communication..the [good of the] unit was the last thing they ever thought of considerably".	*"Western culture has evolved more and more into a self-directed, self-centered, individualistic culture of science, savage capitalism and alpha male/alpha female thinking."*

	Discussing differences in east-west health care practices – CDA tool: Activities conforming to social norms or routinization	
	Participant discussing examining women	
	"Exposure of body parts is not allowed or only minimal exposure is allowed (e.g. in UK we were trained to examine the patient with tops off so that both breasts, chest and axillae could be properly examined. In [my country], patients will only allow the affected breast to be examined and despite request will not allow the contralateral breast to be examined. Men cannot do gynecological examination on women even in an emergency."	*"Asking to take off clothes and wear a gown may be considered a norm in one society but a totally unacceptable behavior (or request by a doctor - even with the best of intentions) in another society of culture. We do come across such incidents in our conservative societies and this does conflict with what we were taught (and practiced) in the West."*
Religion-related discourse	**Participant view on impact of religion in guiding professional outlook**	
	Although the "charter of professionalism" started with Hippocratic oath, it is right that most of the religions have their own versions. As has been mentioned there are Hindu religion guidelines on ethics (selfless dedication to preservation of human life) as well as Chinese (skill with benevolence, the persons who undertake this work should bear the idea of serving the people of	

	the community/ world). Although Quran is taken as the main guidance book for all ethics in Islam, still the first written book on medical ethics was way back in 9th century when Ishaq bin Ali-Rahawi wrote the book "Adaab Al-Tabib" (Conduct of a Physician) (854-931 AD). Al Razi (Rhazes) is also well-known in the world of ethics as far as muslim ethic are concerned. Maimonedes is a well known name in Jewish ethics. Percival's "Medical Ethics" was published in 1794 and AMA code of medical ethics in 1847, and so on. So most of the societies and religions have their contribution to the field of ethics (and for us professionalism as well). It is nice to hear so many different views on how professionalism is perceived in different corners of the world. Although, overall the main principles of do no harm, do good, justice, altruism and patient autonomy are part of all cultures however some subtle differences still remain (some serious)

[a] Excerpts are part of a back-and-forth dialogue.