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Navigating Paradigms of Power in U.S. Global Health Education: A Case Study in Córdoba, Argentina

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Abstract

A public consciousness around the virtue of education abroad programming has been well established. Scholars and the public alike cite and celebrate its academic, professional, and personal benefits and its immense learning outcomes for students. However, there has been less attention paid to how differentials in power are experienced, particularly when U.S. students travel to the Global South. This case study's aim is to examine the experiences of a cohort of students and how they understand power differentials in their global health program to Córdoba, Argentina. The study concludes that a strong learner-teacher dynamic was struck with U.S. students positioned as learners and Argentines as teachers, that students largely embodied an asset-based orientation toward Argentina, and that there was a notable duality in the embodiment of characteristics of the neoliberal consumer and the global citizen. Overall, traditional power paradigms were moderately disrupted, rather than simply reinforced and reproduced.

Abstract in Spanish

Existe una conciencia pública bien establecida sobre el valor de los programas de educación en el extranjero. Tanto académicos como el público en general reconocen y celebran sus beneficios académicos, profesionales y personales, así como los enormes resultados de aprendizaje que ofrecen a los estudiantes. Sin embargo, se ha prestado menos atención a cómo se experimentan las diferencias

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de poder, particularmente cuando estudiantes estadounidenses viajan al Sur Global. El objetivo de este estudio de caso es examinar las experiencias de un grupo de estudiantes y su percepción de las diferencias de poder en el marco de un programa de salud global en Córdoba, Argentina. El estudio concluye que se estableció una sólida dinámica de aprendice-docente enseñanza-aprendizaje en la que los estudiantes estadounidenses asumían el rol de aprendices y los argentinos el de docentes; que los estudiantes adoptaron mayoritariamente una perspectiva que valoraba los activos y fortalezas de Argentina; y que se observó una dualidad notable al encarnar características tanto del consumidor neoliberal como del ciudadano global. En conjunto, los paradigmas de poder tradicionales se vieron moderadamente alterados, en lugar de limitarse a ser reforzados y reproducidos.

Keywords

Argentina; case study; global health education; neocolonial; neoliberal

1. Introduction

In the last several decades, internationalization has been widely adopted by universities across the world and seen as a way to elevate one's institutional profile, attract and retain prospective and current students, and position the university as a relevant player in the 21st century.

While internationalization efforts take many forms, education abroad arguably enjoys the most visibility in the U.S. context. Not only does it have such visibility, but similar to internationalization more broadly, education abroad also enjoys a consensus of its benefits by both scholars and the public alike (Brownwell & Swaner, 2010; Cisneros-Donahue, et al., 2012; Dockrill et al., 2016; Kubota, 2016; Kuh, 2008; Nelson & Leach, 2018; Ruth et al., 2019; Wells, 2006). These benefits are wide ranging and include academic, personal, and professional ones, as well as those related to intercultural learning (Bennett, 2010).

In addition to scholarly consensus, instances in the popular press demonstrate the strong "benefits narrative" of education abroad programming. Such celebratory rhetoric, for example, appeared in The New York Times in February 2024. In an op-ed piece entitled "The Backpack You Need Isn't for Carrying Books," Pulitzer Prize-winning columnist Nicholas Kristof (2024)

argues for the importance of education abroad. He does so while reflecting on what he calls the "pure cluelessness" of the isolationist wing in Congress blocking aid to Ukraine. In his argument, he notes that "Time spent abroad corrodes stereotypes…and shores up our empathy by reminding us of our common humanity. It also makes our country more competitive…" (Kristof, 2024, p. 4).

He goes on to encourage students to "take the leap and land in a new place-abroad or at home-where you're out of your depth and have no idea what's going on. You'll learn about yourself, your horizons will be extended, and you may return able to offer some counsel about Ukraine and the entire world to some parochial members of our Congress" (Kristof, 2024, p. 14). Kristof's words exemplify the dominant narrative of the enterprise of education abroad as bestowing extraordinary benefit to students individually and even to the nation collectively.

It is thus fair to assert that a public consciousness around the virtue of education abroad programming has been well established and cultivated for what it can bring to the lives of U.S. students and society at large. Broadly speaking, international education, including education abroad, is immersed in an environment of celebratory ethos. Be it through the rhetoric of "transformation," "personal growth," "expanded horizons," "a broadened worldview," or the material manifestations of intercultural exchange depicted by bountiful color swaths, a myriad of adorned flags, or displays of cultural dance, food, and traditional dress, the positive message is the same. Much celebratory virtue and benefit are attached to the enterprise of education abroad. Such benefits are well established in the scholarly literature and unquestioned at a societal level.

This research study does not endeavor to refute any of the aforementioned benefits or to critique the benefits themselves. However, this research does seek to position itself within a growing body of scholarship that regards it as important to highlight the "less celebratory elements" (Stein et al., 2016b, p. 2) of both U.S. internationalization and U.S. education abroad.

Within education abroad literature, little explicit attention has been placed on learning specific to power differentials and the global hierarchies, visible and invisible, that U.S. students will encounter when traveling abroad. Unlike

intercultural learning (Bennett, 2010), with its horizontal orientation, valid and worthwhile in its own right, this research seeks to acknowledge and incorporate an additional component, that is, a vertical orientation, i.e. an acknowledgement of dynamics of power present in cross-border, intercultural settings.

While critical scholarship has grown substantially over the last two decades, gaps remain in the literature related to addressing the role of power and privilege in our practice, which this study aims to address. Arguably, there remains minimal instances of such engagement in educational practice as well. This is perhaps not shocking as doing so would undeniably disrupt the dominant ethos of the enterprise. It would challenge the normalized, ever-present positivity and, moreover, the character of international education and education abroad as apolitical and neutral (Buckner & Stein, 2019; Majee & Ress, 2020).

Much to critical scholars' attention is the question of how global economic, political, and cultural power differentials are (or are not) being recognized and accounted for in education abroad programming. Their central preoccupation with this stems from a particular foreseen risk. That risk is that educators are inadvertently perpetuating power disparities through global programming by reinforcing neoliberal and neocolonial attitudes (Chakavarty et al., 2020; Dockrill et al., 2016; Villareal Sosa & Lesniewski, 2020). This occurrence would be in direct contrast to many of the professed values, principles, and aims of what is arguably a forward-thinking and equity-minded field. This aforementioned risk may call the attention of international educators, both practitioners and scholars alike, who aim to contribute to a more equitable, just world through their work. This issue is of particular concern for programming in Global South contexts, as these are places that historically (and still presently) have been economically, politically, and culturally marginalized by such global power structures. That particular dynamic serves as the rationale for examining this type of student learning context in this study.

The research problem is therefore that little is known about how U.S. students are engaging with issues of power differentials, and their accompanying ethical implications, in programs to the Global South. It is the position of this scholarly inquiry that this would be beneficial to know and that it is a worthwhile starting point to better understand how education abroad is functioning as a pedagogical tool. With the above in mind, the purpose of this

research is to seek a better understanding of the experiences of U.S. education abroad students in Global South contexts.

In this case study, that will be through a cohort of 12 students in a global health education program to Córdoba, Argentina. Of note is that the case will involve an educational provider, [ABCD Organization] ([ABCD]), that is socially conscious and does actively and purposefully take into account power and ethics. This study serves to generate new knowledge about the kinds of experiences being had by U.S. students when power dynamics are proactively addressed and considered.

Broadly, investigating this will help in knowing more about the potential for education abroad as a pedagogy of experiential learning. Might it be able to serve as a tool for more equity-minded global education? Might it be a tool for consciousness raising for U.S. students about global inequities and justice? Or do we allow our current practice to remain and leave unquestioned and unresolved its ability to normalize and reinforce current global power hierarchies? In short, the ultimate question that scholars insist must be addressed is, are we as educators complicit in reinforcing current power paradigms or are we part of the solution to disrupting those? This research's purpose is to better understand one cohort of U.S. global health students in Argentina and offer a window of insight into that broader inquiry.

The following two research questions serve as guides for this study: "What are the experiences of U.S. college students who participate in a socially conscious, ethics-informed global health education abroad program to Argentina?" and "How do U.S. college students understand power differentials in Global North-Global South community engagement in a global health education abroad program to Argentina?"

2. Literature Review

2.1. Theoretical Framework

To begin, it is first important to highlight that post-colonial theory serves as the theoretical framework employed for this study. This is a relevant theoretical perspective because it directly centers and addresses the historicization of relations between global peoples within hierarchical structures of power. Because this research centers on Global North-Global South

educational encounters, post-colonial theory is an appropriate guide that can inform the research's objectives and analysis.

As a framework, post-colonial theory helps by "foreground[ing] the history and politics of colonialism in making sense of our present social reality" (Biswas, 2020, p. 221). By its nature, it positions colonial history as a relevant force, if not the relevant force, in the shaping of modernity. More specifically, it serves as a tool for identifying what can otherwise be the invisibility of current global power hierarchies by "...pointing to the continuing residues of colonial history in many of the contemporary institutions and practices of world politics and the brutal effects of continuing global hierarchies on Third World states and peoples" (Biswas, 2020, p. 221).

Specific to the field of education, post-colonial theory is discussed widely by scholars and has emerged as a significant framework. Spivak (1988), Bhabha (1994), and Said (1978) have made significant contributions to the development of post-colonial theory in its application to educational settings. In particular, their work focuses on colonialism's role in shaping knowledge production and pedagogical practices, while simultaneously marginalizing non-Western knowledge systems. Scholarship on decolonizing pedagogies and efforts to make the theory actionable (Andreotti, 2011) have emerged to address the legacy of colonialism present in education systems today.

2.2. Internationalization Critical Perspectives

Study of the internationalization of higher education is an extensive and wide-ranging scholarly conversation. The multifaceted character of internationalization itself, as well as its unique manifestations across the globe, leads to this breadth of scholarly attention. Early literature endeavored to provide definitions and descriptive traits of the phenomenon (Knight, 1994; Knight, 2004; Knight & de Wit, 2018), and ongoing work has sought to identify and stratify the key actors of internationalization worldwide and its historical evolution (de Wit & Merkx, 2012; Jibeen & Khan, 2015; Sharipov, 2020).

While earlier scholarship offered some critiques of the practice, these were relatively soft in nature, typically characterizing such traits as simply the downsides or "unintended consequences" of internationalization (Knight, 2012). More recently, scholars have been more explicit in calling out internationalization's tendency to embody and reinforce neoliberal and

neocolonial characteristics. These are framed as aspects of internationalization that are keen to reproduce historical inequities.

This concern about neoliberal traits is lamented by scholars as international education sees continued and increased commercialization, moving from a focus on cooperation, partnership, and exchange to that of competition, self-interest, and status building on the part of universities (Knight & de Wit, 2018). While the neoliberal, economic assessments reflect a broader shift within higher education as an industry today, neocolonial tendencies offer an additional complexity in their entanglement with past historical legacies of colonialism which have mediated global relations for centuries. With powerful countries leading internationalization efforts, many of whom have strong colonial legacies, some have called internationalization simply a synonym for Westernization or neocolonialism. As such, the regions of Asia, Latin America, Africa, and the Middle East occupy a distinctly different, and less powerful, position within the context of international higher education than their Western, Global North counterparts (de Wit & Merkx, 2012).

2.3. Education Abroad Critical Perspectives

The education abroad critical scholarship similarly reflects these neoliberal and neocolonial concerns in its examination of the practice of U.S. programming abroad. The basis of these concerns derives from the essence of programs being physical experiences of crossing borders and having encounters with cultural Others. Global North-Global South educational encounters represent a unique situation when disparities in material wealth are often witnessed and negotiated by students and host communities alike. It is this exceptional circumstance that creates space for potential harm, according to some scholars (Villareal Sosa & Lesniewski, 2020).

This conceptual concern is increasingly relevant as the field of education abroad has become oriented over the last two decades to diversifying programming to "non-traditional locations," (i.e. destinations outside of the historically popular Western Europe) many of which reside in the Global South (Bellamy & Weinberg, 2006; Fischer, 2021; Johnson, 2021; Mukherjee, 2012; Woolf, 2006). While well-meaning in their intent, such initiatives, if not done carefully, present the risk of imposing more harm than good. The reinforcement of power dynamics that further entrench the unequal world we live in is quite

possible. This has direct implications for the host community, including impacts on their local economy and physical environment, as well as their sense of identity and culture (Villareal Sosa & Lesniewski, 2020).

In addition, for students, educational travel to the Global South is likely to spotlight the power disparities in the world in new ways. This can result in significant discomfort and disorientation in how they see and understand the world. Causing further distress can be the realization that, as citizens of the Global North, they have benefited from the unjust, unequal global system. Confronting this reality of being differently placed within this system of global power can be challenging and distressing to students (Taranath, 2019). This reinforces the need to proceed with caution and care when running programs to such "non-traditional locations." This discourse builds upon foundational literature regarding perspective transformation and transformational learning (Kiely, R. 2004; Kiely, R. 2005) and how it can be uniquely complex and even problematic in such locations.

First, neoliberal concerns are voiced within the broader, aforementioned neoliberal context within which U.S. universities and institutions around the world are operating. In the face of this contemporary era of privatization, minimized state funding, and reliance on free markets, circa the 1980s, education is increasingly framed as a commodity to be marketed, bought, and sold (Litonjua, 2010). Education abroad programming has been no exception.

Within this body of literature, critiques center on the ethos of consumerism, discourses of "discovery" and "adventure" in marketing materials (Doerr, 2012), and the power and privilege, along with neoliberal mentalities, that this current environment reinforces and fosters in U.S. students. Stephenson (2006) dubs this as the "growth and benefit" paradigm over the opposing "global community and peace promotion" paradigm. The former embodies the promotion of personal benefit, including the creation of greater skills and knowledge, one's enhancement of professional abilities, which all leads to a more competitive nation.

Within neoliberal critiques, much attention is placed on the role of messaging and marketing of education abroad programming (Zemach-Bersin, 2009). This is seen as the initial site of the cultivation of neoliberal mentalities

and the positioning of the student as a consumer (Corbett, 2023; Ogden, 2007; Pike & Sillem, 2018). Most notably, the marketing often frames the experience as one that exclusively benefits the consuming student. This framing therefore aids in reproducing power and privilege and conferring a general neoliberal mentality on the student as the recipient of a procured service in the marketplace. This type of program "consumption" results in the acquisition of cultural capital by those who experience it. Such personal gains only further demarcate the economic "haves" and "have-nots" and reinforce an entrenchment of the current world order, not a transformation of it (Dockrill et al., 2016). This pattern only perpetuates the historical role of education abroad being "a site for power and global elite formation" (Mukherjee, 2012, p. 87).

Secondly, neocolonial concerns are predominant and center most squarely on inevitable issues of power encountered when U.S. students travel beyond their borders and on the problematic trends embedded into their programming. These include its ability to reproduce hierarchies of power and colonialism, its propensity to perpetuate views of an exotic cultural "Other" and its tendency to privilege tourism over education (Pipitone, 2018). Ogden (2007) voices this concern in his well-known "colonial veranda" metaphor (i.e. one being comfortably distanced from locals, reminiscent of colonial periods) saying it is educators that, through program design and infrastructure "essentially perpetuates a colonial student gaze…" (p. 40) among students.

These critiques rely heavily on historical context and the ways in which colonial patterns of power have shaped the relationships between peoples and nation-states to the present (Johnson, 2021; Tizón, 2023; Villareal Sosa & Lesniewski, 2020). It is key to understand that neocolonial critiques are by nature embedded in history and call for an acknowledgement of that history's long shadow on the reality of today (Dockrill et al., 2016). Chakravarty et al. (2020) emphasize the need for histories "…because traveling to a place—especially a place in the global south—to learn lessons from its present is incomplete unless its present is situated and contextualized within relevant histories of colonialism" (p. 122). This naturally leads to a need to acknowledge the political nature of travel, specifically the privileges built into voluntary and smooth travel. The privileged nature of this, especially when paired with a U.S. passport, must be recognized and understood. It is that exploration that will lead

to a great appreciation of the power hierarchies embedded into such travel (Chakravarty, et al., 2020).

The implications for a lack of historical contextualization are not benign. Without broader framing, students are bound, by no fault of their own, to adhere to dominant hegemonic narratives to make meaning of power differentials they witness. Furthermore, placing colonialism squarely in the past runs the risk of implying that it functions as a static artifact of study rather than a historical force with ongoing implications for the present (Andreotti, 2007). In the context of Global South locations, this can have grave consequences that lie in contrast to the profession's intended aims. When in such a setting, "Participants' attention is naturally drawn to the most obvious difference, that of inequality in the world today, without necessarily understanding the influence of the past…which potentially denies an understanding of how that inequality came about" (Martin & Griffiths, 2012, p. 909).

It is worthwhile to note that approaches and models to counter these issues do exist and have evolved over time. Critical and decolonizing pedagogies are proposed as tools to combat the problematic tendencies embedded into education abroad travel programs. Critical pedagogies have a rich theoretical foundation within the education literature (Freire 1970, 1998; Giroux & McLaren, 1989; McLaren, 2000) which have inspired practice. Human-rights based approaches (Mapp & Rice, 2019; Villareal Sosa & Lesniewski, 2020), pedagogies of place (Pipitone, 2018), anti-hegemonic stances (Gillespie, 2002), "Critical Study Abroad" (Reilley & Senders, 2009), "globally responsible education abroad," fair-trade policies (Stephenson, 2006), and calls for a critical global citizenship (Andreotti, 2014) are all examples of efforts to counter the aforementioned issues in education abroad.

2.4. Global Health Education Critical Perspectives

The field of global health has a rather dark, complicated history with roots in colonialism. Even with such vernacular evolutions from "tropical medicine" to "international medicine" to the presently used "global health," as well as conscious efforts to move beyond the colonial roots of the field, critics remain, including the editor of The Lancet, Richard Horton, in 2019. There, he calls out these past historical entanglements, saying, "Any western medical institution more than a century old and which claims to stand for peace and

justice has to confront a painful truth — that its success was built on the savage legacy of colonialism" (Horton, p. 996, 2019).

Regarding global health education, one must understand two key trends: 1) the considerable demand and increased participation for this programming among U.S. students in recent years and 2) that students' motivations are largely driven by the competitive environment of U.S. medical education, specifically getting admission to medical schools, seeking residencies, and ultimately landing full-time positions. Dr. Abraar Karan, in a 2019 op-ed, candidly described this dynamic of short-term global health programs as serving to help students from Western institutions, "gain 'experience' at the expense of poor people in faraway places" (National Public Radio, 2019).

Dr. Karan's commentary accompanies other critiques that examine the ethical issues involved when U.S. health students travel abroad. Often these are critiques of "parachute programs" in which students and U.S. medical professionals briefly "parachute" into developing country contexts to perform medical care for members of a less-privileged community abroad. Such short-term programs are viewed as problematic for a myriad of reasons (Naro, 2019), including students practicing beyond their scope of practice, training, and skill levels, few mechanisms of accountability for patient safety, lack of sociocultural knowledge, lack of sustainability and continuity of care, taking away business and investment in local healthcare systems, and the ethics of bringing expired medicines to local communities. Also cited as problematic is the general attitude of "giving" and "helping" embodied by U.S. students, or Global North visitors, in such programs or sojourns.

These ongoing dynamics have led to calls to decolonize the field of global health (Kwete, 2022), calls to decolonize global health education (Eichbaum et al., 2021), and even calls to decolonize the decolonization movement itself (Bua & Sahi, 2022). There remains much debate about how to go about this and how realistic the endeavor may be.

This review of the literature identified problematic aspects of internationalization, education abroad, and global health education. The paper now turns to the methods employed to capture student experiences, particularly their meaning making around power. The qualitative data collected in this case study will meaningfully advance this body of scholarship.

3. Methods

This qualitative research was designed as a case study that focused on the experience of cohorted participants in a global health education program to Argentina in June 2023 through [ABCD Organization] ([ABCD]). How U.S. students interpreted, constructed, and made meaning of their time in a Global South setting, in this case Córdoba, Argentina, was the centerpiece of inquiry. A wide variety of data collection methods were employed and served to create a more well-rounded, clear, and dynamic picture of the object of study. There were three distinct phases of the data collection, pre-departure, on-site, and re-entry, allowing the full arc of the participants' experiences to be captured comprehensively. This approach aligns well with Tellis' (1997) description of case studies as "...designed to bring out the details from the viewpoint of the participants by using multiple sources of data" (p. 1).

3.1. Research Setting: Collaborating Partner & Site of Córdoba, Argentina

This research study was carried out through a partnership with [ABCD Organization] ([ABCD]). [ABCD] is a U.S.-based, non-profit organization that specializes in providing global health education programs around the world. Founded in 1992, [ABCD] currently sends students to 40+ programs across 10 different countries throughout Latin America, Africa, and Asia. This includes Argentina which was the site of this research study.

As a provider of such programming, it falls within the broader field of U.S. education abroad, while distinctly occupying the niche sub-field of global health education with its offering of clinical experiences. [ABCD] describes itself as providing "community-based education alongside local professionals via clinical and public health experiences for students and those interested in learning more about medicine and health-related fields…" (Evert, 2013, p. 1). In other words, students are traveling abroad and participating in shadowing experiences in hospitals, clinics, or other medical facilities in their host community.

Reputationally, [ABCD] describes itself as continuing to be "the gold-standard in forward thinking and innovative frameworks in global health education" (Evert, 2013, p. 1). Notably, it has a special consultative status with the Economic and Social Council (ECOSOC) of the United Nations ([ABCD

Organization], n.d.-a) which underscores its unique orientation towards social concern and economic development and prosperity.

The choice to partner with [ABCD] for this study was intentional and based on its unique mission and organizational principles. Its attention to ethics, local host communities, and global health equity is what sets it apart in the field of education abroad broadly and global health education specifically, and it is therefore what makes it a worthwhile setting for investigative inquiry. Its uniqueness is rooted in its aforementioned identity and willingness to continue "to challenge paradigms in global health and advocating for local communities" (Evert, 2013, p. 2).

It is important to outline the conventional context [ABCD] operates within in terms of how educational programming to the Global South is typically characterized. First, the framing of travel to developing nations as frequently (or almost exclusively) for the purpose of service, particularly in the case of medical mission trips, is pervasive. In that sense, [ABCD] is countercultural in its approach to such Global North-Global South encounters and, in its efforts, to move away from ideas of "traditional service" and helping. It certainly aims to avoid any type of White Savior Complex mentality both in its organizational practice and among its program participants. Additionally, it stands in purposeful contrast to the "parachute program" global health model and trend of designing and partaking in short-term, pop-up clinics in destinations in the Global South. Rather, it works to embed students into existing healthcare systems where continuity of care can be ensured. That counter-culturalism is intentional and central to the organizational identity in how it juxtaposes (and resists) traditional global health paradigms.

The character of this organization is fundamental to the study's design as a case study. Profiling an organization that is uniquely socially-conscious and informed by ethics in its program design and delivery is key to ultimately understanding student experiences. The alternative model [ABCD] offers is key to answering the study's research questions and understanding broader issues of power embedded within international programming.

Related to the specific program showcased in this study, the "Global Health in Argentina'' program is based in Córdoba, Argentina, the nation's second largest and most populous city located in the country's interior. The site's

June 2023 program's arrival date was Saturday June 3rd and final departure date on Friday June 30th. Observations for this study took place throughout those four weeks.

Emphasized throughout the marketing of this "Global Health in Argentina" program is the focus on low-income, uninsured patients and the Argentine government's efforts to provide them healthcare. It is described as such: "As you shadow professionals, you will learn about low-income and immigrant patient populations who do not have access to private insurance, and accompany their important work including patient education, disease prevention, and diagnosis and treatment of acute and chronic illnesses" ([ABCD Organization], n.d.-b, p.1). In that spirit, all [ABCD] participants' placements took place in public healthcare facilities in the capital city of Córdoba.

The day-to-day experience of program participants typically included clinical observations in the mornings and Spanish language classes in the afternoons. Also, sprinkled in were cultural activities around the capital city to historic sites and local attractions. The on-site staff for the June 2023 program included two administrators and three Spanish as a Foreign Language teachers. The administrators designed the itinerary, led orientation, facilitated cultural programming, supported students in their clinical placements, and acted as liaisons between students and their host families throughout the June 2023 program.

3.2. Participants

The primary participants in this study were 12 [ABCD] students who enrolled in the June 2023 "Global Health in Argentina" program. Eleven of these participants came from the United States while one participant hailed from New Zealand. The study's month-long observations in Córdoba included all 12 participants, however due to circumstances related to scheduling and informed consent, only nine individuals partook in the full gamut of data collection points. Of the 12 [ABCD] participants in the program, six participated in the two-week intensive option, while the other six participated in the four-week option, staying in Córdoba for the full month of June.

Institutional Review Board approval was granted in Spring 2023 to carry out all work with human subjects. As such, consent was obtained via the signing of an informed consent form at the beginning of the project and whose contents

were later verbally reiterated for the on-site and re-entry data collection points. Students were assigned numerical pseudonyms to maintain confidentiality and all recordings and field notes were stored in a secure, password-protected file storage platform. On-site, the researcher managed power dynamics with the participants through clear communication about the study's purpose, reiteration of confidentiality as appropriate, and general rapport building with them in day-to-day activities. One, short visit to a clinical setting, alongside [ABCD]'s staff liaison, took place which mitigated risk to any local patient populations.

The [ABCD] June 2023 cohort, made up of 10 females and two males, represented an exceptionally diverse group of participants in terms of age, country/U.S. state of origin, level of education/training, ethnic background, language abilities (Spanish and otherwise), and areas of medical interest. Within the cohort, there were individuals of Korean, Jordanian-Palestinian, Salvadoran, Puerto Rican, Brazilian, and Iranian-Armenian descent. Many of the students had a functional degree of language proficiency from their families' countries of origin, be it Spanish, Arabic, Portuguese, Korean, or Farsi. 10 were graduate students, one was an undergraduate student, and another was graduated and actively applying to medical school in the U.S. Students hailed from their home states of New York, California, Florida, and North Carolina. Related to sampling, the pool of participants was pre-determined by those that had already registered for [ABCD]'s June program. Therefore, all in that month's cohort were invited to participate.

3.3. Data Collection Instruments & Data Analysis

Data collection took place during the pre-departure, on-site, and re-entry stages of the participants' [ABCD] program experience. During the pre-departure stage, observations of two virtual, pre-departure meetings took place in early May 2023. Later that month, a pre-departure survey was distributed to students prior to departure. This was a simple demographic and five-question survey. This survey garnered eight responses (of the 12 total participants) and was used to establish a baseline understanding of students' demographic profiles, as well as their motivations for participating in the program.

Beginning at this stage, a review of documents distributed by [ABCD] was conducted, including an online Pre-Departure Training Course. Of particular

interest to this study were the modules related to global health ethics and community engagement abroad. This review continued throughout the study, but its objective remained the same: to build contextual understanding of the overall student experience and how [ABCD]'s socially conscious, ethics-informed values were imparted upon and experienced by students.

Once on site, the primary form of data collection was through on-site participant observations. This lasted throughout the full four weeks of the program and included the researcher's presence at the program orientation, weekly afternoon Spanish classes, and all cultural activities (e.g. tango lesson, lecture on Argentine culture, guest lecture on Argentina-specific disease burden, etc.). The researcher, upon invitation, also accompanied the students to informal social events, largely group dinners in the city, throughout the month. It was not permitted for the researcher to do observations at the health care facilities in the mornings. (These included in-patient and out-patient settings in the areas of Cardiology, Dermatology, Radiology, Emergency Medicine, and Surgery.) However, the researcher was able to visit one of the hospital placement sites during the first week with [ABCD] staff and two students to get an understanding of the clinical shadowing environments.

Additionally, two focus groups were carried out on-site. One was held with three out of the six participants in the two-week intensive program. This occurred two days prior to their mid-June departure. The second focus group took place with all six participants from the four-week immersion program, also two days prior to their departure. The timing of each was strategic in its allowance for students to reflect on much of their program, while also having the experience still be ongoing and therefore fresh in their minds.

Finally, the third major stage of data collection was re-entry interviews with the nine eligible participants. These took place at different intervals in the two to three-month, post-departure window. For the two-week intensive students, this began in late August 2023. For the four-week immersion students, these began in mid-September and spanned through mid-October 2023. Each interview lasted an average of 35-40 minutes and included nine structured questions and one open-ended question asking for any generalized commentaries or reflections. All nine interviews took place over Zoom and were recorded.

Finally, as it relates to data analysis, recordings of the two on-site focus groups and the nine re-entry interviews served as the primary sources by which participants' voices were heard and captured. Coding was undertaken in the analysis of those, as well as the pre-departure survey, the researcher field notes, as well as the aforementioned [ABCD] documents distributed during the pre-departure phase. This analysis of data took place via a manual, two-cycle coding process in which the raw data (recordings and transcript printouts) was reviewed and analyzed via a multitude of initial codes, then into 28 broader categories, and finally into six major themes. This took place from November 2023 to January 2024 and was documented stage-by-stage in a spreadsheet. In both rounds, Descriptive Coding (Saldaña, 2013), also called "topic coding," was the method selected to conduct the analysis. Throughout the data analysis, the researcher partook in journal memoing to practice reflexivity during this analytical stage. Furthermore, overall trustworthiness in the data was sought via triangulating data from all three stages of collection, checking for comprehension during verbal data collection, as well as additional member checking.

Finally, acknowledging one's social position in relation to the research is vitally important, especially in qualitative research when the researcher is the primary instrument of interpretation and analysis of the study's data (Roberts & Hyatt, 2019). Professionally, I had worked in the field of International Education for 7 years prior to data collection, however not specifically in global health education. While my institution had a relationship with this [ABCD] program provider, I had not worked with them personally. My identity as a White female is relevant for its macro sociopolitical implications, but also because White females make up the demographic majority of both students and professionals working in the field (Diversity Abroad, 2020; Institute of International Education, 2021). Therefore, my own identity alignment with these demographic majorities creates advantages, e.g. insider knowledge and insights, but also blind spots, e.g. unquestioned assumptions and biases, in my interpretation of the data. Additionally, relevant to this work, I am a citizen of a country in the Global North, particularly the United States, which impacts one's orientation when doing field work in a Global South-designated country like Argentina. I had previous experience living in Argentina twice (2013 & 2022) before doing fieldwork there. Having a high degree of cultural familiarity, and also being an advanced Spanish speaker, facilitated my on-site work with

greater ease. Considering these traits, I aimed to be mindful of them, particularly while reviewing and interpreting the data.

4. Findings

This study's findings offer insights into how an alternative model for global health education, one that is socially conscious and ethics informed, impacts student experiences. The core findings are captured in the following six themes.

Firstly, students saw the host community in Córdoba as teachers and as sources of knowledge and skill acquisition. This was most evident in their reporting about their experiences in the hospitals with doctors, residents, and other medical personnel. More broadly, participants also perceived patients, host families, the on-site [ABCD] staff, and everyday Argentines this way. One student commented on working in a Cardiology unit and getting to observe a diagnostic scan:

> And the doctors there were all super willing to explain it and make sure I understood what was going on. And if I didn't understand something, they could try to explain it again in a different way. And they would, during the procedure, explain it and then afterwards explain why they're reading it this way… (Participant 2)

Secondly, students inversely perceived their role to be learners in the hospital settings, as well as to the Argentine culture as a whole. In the pre-departure phase, one student, when asked what she hoped to gain from the experience, said that she wanted to "Learn about the culture and health care system of Argentina" (Participant 8). Another said, "I hope to experience and come to appreciate a new culture and learn different ways of approaching medicine that I may want to bring back to my own practice of medicine in the U.S." (Participant 2).

Once on site, some of the terms used to characterize their experience included, "hands-on shadowing" experience (Participant 5). Others saw the experience as "the international rotation" (Participant 4) that their schools helped facilitate for them. Another participant referred to it as a "medical internship opportunity" (Participant 3).

This self-conceptualization as being in the role of learner was a consistent belief and perception throughout the arc of the experience, from the pre-departure survey to what was observed on site to what students ultimately cited as their program takeaways. Some students conveyed learning not only technical knowledge, but broader bedside disposition, one noting "I would say I've learned a lot in my time in Argentina, like…the practice of even compassion from the doctors in Argentina" (Participant 6).

The study's third major finding centers on the idea that the learning was multifaceted, comprehensive, and existent throughout the entirety of the students' [ABCD] experience. It was three-pronged in that it consisted of learning about Argentina's 1) medical system, 2) culture, and 3) language. One participant's response, explaining how she describes her experience to others, demonstrates this three-sided learning triangle:

> I just tell them that it was really educational in many ways. I learned a lot of Spanish because, you know, I was forced to speak it every day and listen to it. But also, just learning so much about the health care system of Argentina. It's so different. I mean, I know I was in a public hospital, so it's different. But even so, to compare the public health care of Argentina to the one [in the U.S.], it's completely different. So, that's something that I also mention a lot. And just the culture, like how the customs are so different, like how late they eat or, you know, how the culture is just very laid back in general. And I like that. (Participant 4)

This finding demonstrates the fact that the [ABCD] program was a learning experience for students. Not only is there evidence that learning was the centerpiece objectively, but also that students perceived it to be such. This stands in contrast to it being perceived as some type of service/volunteer experience, a religious/mission experience, or even a recreational experience. It is clear, and supported with evidence, that students expected, understood, and reflected on their time in Córdoba as a time of learning.

The fourth significant finding relates to the existence, noticing, and managing of power differentials by the study's participants. In short, the participants noticed and were aware of power differentials, but these differences were not dwelled upon. This noticing largely manifested in comments about the fewer material resources available at the hospitals to treat patients. Other comments related to the acute economic crisis being

experienced in Argentina in 2023, the emotions students experienced when witnessing differences in material wealth, comparisons with the United States, awareness around the U.S. dollar's value, as well as some critical thinking around "social determinants of health" specific to the Argentine context as a Global South country.

To begin, it is worth noting that in the pre-departure survey, students did not express any major motivation of traveling to Argentina through [ABCD] because of it being a low-resource setting. Despite the fact that, once on-site, these differentials were noticed, it had not been an initial animating motivation for their participation in the program. There was no mention of "helping" or "giving" in any sort of charitable way that would demonstrate an anticipation of witnessing poverty, destitution, or the specific conditions of materially poor countries.

Students in the focus groups did comment and exhibit an awareness of the material and resource differentials they witnessed on site, particularly in the hospitals. Many of these related to differences in sterility and cleanliness practices. Examples of student observations include the limited varieties of certain types of materials, like gauze, as compared to what exists in the U.S.; the reusing of certain supplies, like caps on otoscopes for ear exams; the fact that one student said, "I didn't see them wipe one bed down" (Participant 9) between patients; the conditions of the bathrooms that did not have toilet paper nor paper towels; and, finally, the fact, as one student put it, "the hospital itself is covered in bird poop" (Participant 7) which, along with other conditions she observed, made her curious "...to see data on hospital-acquired infections" (Participant 7). All these comments were largely delivered as observations; they did not seem to come off overwhelmingly as value judgements.

In another instance, one participant commented on Córdoba's emergency rooms and how "rundown" they appeared to her. However, despite that, she said:

> But then even with how rundown it looks, it's wild that they get it done, you know? They still, with the basic supplies they have, with the one needle, they have the one type of..., the one type of everything, like, they're still able to treat patients and get them on their way. Maybe it's not the standard of care that we see in the U.S. But, you know, their

> patients are still thriving, surviving, at least from what I saw. (Participant 9)

With this noticing of resource differentials, the students almost always unpromptedly paired these comments with statements of admiration about Argentina's overall medical system (sometimes even at the expense of the U.S. healthcare system). Key examples included the ingenuity in resource usage, the nature of the provider-patient relationship, the humanity of patient care in general, and the fact that healthcare in public hospitals is free in Argentina. One student commented on his admiration for the doctors themselves, saying "...their doctors seem extremely skilled and knowledgeable at the same time" when referencing his surprise at the lack of intensive preparation and sterilization practices for medical procedures (Participant 1).

The fifth thematic finding of this study was the relevance of the Spanish language. The language was first named by students in the pre-departure survey as a strong, motivating source for participation in the program. The reasons for deciding to participate included, "to expand my Spanish vocabulary" (Participant 3), "to work on my Spanish" (Participant 7), "to practice my Spanish" (Participant 8), and "to learn Spanish" (Participant 4).

It is worth noting that this learning relates both to Spanish language acquisition generally, but also more specifically to medical Spanish terminology. Reflecting on her experience on the [ABCD] program, one participant said, "So it really helped with my language skills. Also, medical terminology in Spanish, that it really helped me with that too" (Participant 4). Another student, who was a beginner in Spanish, had a similar experience saying, "I learned a lot of medical Spanish…" (Participant 6). Alternatively, another participant said "I expected to use and learn way more medical Spanish than I actually did…Both in the classroom, especially in the classroom, but also in the hospital. I did use it in a couple of histories I took of the patients, but it was very basic…" (Participant 9).

Spanish also served as a point of reflection about how someone's level of proficiency impacted their clinical rotation experiences. One student noted the challenge of being in the hospital setting saying:

> And also just with the language barrier, as I'm not a native speaker, that was a big challenge for me, which I think, like, that's the reason why I

> came here was to improve my language skills, and I definitely think that they did improve, but it definitely is an uphill battle to learn a new language as an adult and to put yourself in the situation. (Participant 7)

With the U.S. being where they all ultimately were planning on practicing as future healthcare providers, the students demonstrated an acute awareness of the ethnic and linguistic diversity of the country and how their own proficiency in Spanish could play a meaningful and helpful role in working professionally as healthcare providers within that context in their future careers. Thus, a keen awareness of the sociocultural and linguistic environment of the United States was present and had an impact on students' incoming motivations, on-site efforts, and re-entry takeaways from the [ABCD] experience in Argentina.

The sixth and final theme relates to student gains from the experience and takeaways for the future. In short, students articulated and displayed a variety of ways in which the [ABCD] experience in Argentina benefited them. This manifested in their positive commentaries about their experiences in the Córdoba hospitals, their participation in the cultural programming, their stays with host families, and their socializing with the 12-person cohort.

First, one takeaway expressed by students was an interest in future experiences abroad. One participant talked about wanting to pursue a "medical mission trip to Peru" (Participant 9) that someone had come to her school and promoted, while another student expressed, "I would love to go back to somewhere in Latin America" (Participant 7) in relation to talking about her desire to continue improving her Spanish, so she can better serve future patients. Three other students expressed interest in taking advantage of more global health programs their medical schools offer.

Secondly, several students expressed gains in their own personal development, be it intrapersonal or intercultural, as a result of their experience in Argentina. Students expressed satisfaction with their increased confidence to navigate a foreign country on their own and/or to speak Spanish more fluently. Others felt inspired to make lifestyle changes, particularly to live in a more relaxed, laid-back way based on the admiration they felt for the Argentine culture. Others felt humbled having witnessed different cultural norms and seeing how that impacts the way people live.

Finally, many students commented on their gains and takeaways in career terms having participated in multi-week clinical rotations in Argentina. Those gains manifested in two distinct ways: a) career trajectory discernment and b) seeing the experience as a tool for career advancement and professional development.

First, many students described that the experience with [ABCD] helped them solidify their career path and specialty within their professional practice. One participant noted:

> I think this experience made me solidify my decision to want to be a cardiologist. It's made me more convinced that I want to do that. Because I really liked everything that I got to learn, and it would be cool to get to learn it in more detail. (Participant 2)

Another student found himself surprised at his change of interest in specialties, saying, "I didn't like Derm[atology] as much as I thought I would, and I liked Interventional Radiology a lot, which I'd never been exposed to" (Participant 1).

Secondly, some students articulated gains in terms of how the [ABCD] global health program could serve as a tool for career advancement. For instance, students noted using the [ABCD] experience for medical applications, residency placements, and full-time jobs.

One participant mentioned talking about her Argentina experience in her "secondary medical school apps" (Participant 3). Another student cited her general marketability because of her experiences, saying "...the more I've gained these global health skills, the more marketable I am in different aspects of our medical school establishment…" (Participant 5).

In addition to direct career advancement, the experience was also cited as formative in the students' professional development of their own "personal philosophy of practice." What is meant by this is the learning, growth, and consideration of the students' own values and behaviors for the purpose of their professional formation as clinical practitioners. How the students interact with their patients, how they practice empathy towards their patients, and how they can serve their Spanish-speaking patients better through their language abilities were all cited.

Lastly, and again, a knowledge and awareness of the U.S. diverse demographic composition and particularly that of the Spanish-speaking populations was demonstrated by students in relation to these gains. Additionally, the notion of achieving global health equity, an objective cited frequently by [ABCD] and as conveyed as a general objective of the field of global health, emerged within this context. One participant noted that, for her, a global perspective had value because of how helpful it would be when working with future patients:

> Just working with patients from all over the world. We might not necessarily know of their culture and their decisions, I guess, based on the culture in the medical system. We just have to kind of appreciate and try to understand as much as you can. And yeah, just be someone that accepts everyone coming from all around the world. (Participant 6)

5. Discussion & Conclusions

This final section highlights three key points of discussion that draw upon the six thematic findings, extrapolating their meaning and tying them into the existing scholarly literature.

5.1. Learner-Teacher Dynamic

The first point of discussion is the "learner-teacher dynamic" that was struck between the visiting U.S. students and the Argentine host community in Córdoba. This dynamic is inherently related to power as we consider the hierarchical nature of educational relationships in terms of who is the disseminator and the receiver of knowledge.

This study's participants overwhelmingly positioned themselves as recipients of information, skills, and knowledge. They were learners of the Argentine medical system, the Argentine culture, and the Argentine Spanish language. In each arena of learning, Argentines as individuals, or as a collective, served as their teachers from whom the students could, and did, learn. If the students felt they had been in a position to give, it was largely described as a "cultural/professional exchange" rather than a unidirectional imparting of knowledge.

Featured in [ABCD]'s pre-departure modules, the notion of "bidirectionality of knowledge and development between the Global North and

the Global South" ([ABCD Organization], n.d.) is noted as a key pillar of how "global health" evolved as a concept towards the end of the 20th century. Its predecessor "international health" had been much more unidirectional with a focus on foreign aid from high-income countries to low-income countries (Palilonis, 2015). Therefore, this study's data demonstrating exchange and bidirectionality of knowledge, largely stemming from the Global South, where there has been little such historical precedence, aligns well with the current professed vision of global health as a field. It suggests some disruption to the historical giver-receiver relationship.

Calls to decolonize education abroad, as well as global health education, have grown in recent years (Bua & Sahi, 2022; Eichbaum et al., 2021; Gorski, 2008; Johnson, 2021; Kwete, 2022; Razack, 2009; Villareal Sosa & Lesniewski, 2020). In these calls to decolonize education abroad, the idea is to disrupt current practices that privilege hegemonic ways of knowing and being in the world. Examining the learner-teacher dynamic that emerged out of the experiences of this study's participants, it is arguable that a reproduction of macro hierarchies of power did not fully reproduce itself in the micro-level, interpersonal relationships forged during this June 2023 program. That is to say, U.S. visiting students did not assume an authoritative, expert, knowledge-bestowing role upon arrival to Córdoba simply due to their country of origin, the United States. Furthermore, there was not an assumption of members of the host community (namely in the hospital settings) to be lacking or in need of such an outsider's imparting of knowledge or skills.

5.2. Asset-based Thinking & Orientation

Dovetailing with the above, the second point of discussion relates to the study's theme of power. Notable is the "asset-based thinking and orientation" students demonstrated in relation to Argentina's medical system, as well as the culture and society more generally.

This asset-based thinking was revealed in the (unprompted) declarations of admiration the students had for the Argentine medical system. This included how impressed they were with the quality of medical expertise of the Argentine doctors, the resourcefulness/savviness of medical personnel to deliver care even with fewer supplies and less technologically-sophisticated equipment, the bedside manner and warmth the doctors had toward their patients, and the

overall societal view of healthcare as a human right, which is represented by free public healthcare for all in Argentina. It is clear that the students viewed these as strengths, not only from their direct statements, but also through their reflections where they expressed a desire to take these lessons back with them to the U.S.

Notable to this asset-based thinking is of course the macro landscape in which it occurs. Considering this study's post-colonial framework (Villareal Sosa & Lesniewski, 2020), it is established that global power hierarchies have existed historically and continue into the present day. Today's hierarchy, with the global positioning of the United States, as hegemon of the international system, and Argentina, a Global South country with far less economic, political, or cultural power comparatively, serves as the power strata backdrop of this study.

Therefore, it is noteworthy that, in what was expressed openly by study participants, there seems to be a shift in these traditional lines of thinking. This is not to overstate things to say the students have engaged in a full role reversal; however, it is notable that students did not generally demonstrate a deficit-based orientation towards Argentina when global messaging about their country compared to Argentina would have made adhering to dominant, hegemonic narratives intellectually convenient. Therefore, it suggests that traditional paradigms of global "haves" and "have nots" were not necessarily being blindly reinforced or adhered to in this case; rather, a small, but notable, disruption to that paradigm took place at least in the ways students were conceptualizing Argentina's healthcare system and its society/culture overall.

The concept of cultural humility and its willingness to engage elements of power in intercultural contexts is relevant here. Cultural humility is emphasized by [ABCD] in its pre-departure modules, as well as in the literature on community-engaged learning and medical education (Hartman et al., 2018; Lekas et al., 2020, Tervalon & Murray-Garcia, 1998). It is deemed a more suitable goal than cultural competence alone because it incorporates a lifelong commitment "…to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and nonpaternalistic clinical and advocacy partnerships with communities…" (Tervalon & Murray-García, 1998, p. 117). Thus, this concept serves as a potential tool that goes beyond horizontal understandings of cultural differences and acknowledges the vertical components of hierarchies within intercultural contexts. Going forward,

it is worthwhile to consider if the adoption of cultural humility as a terminology and guiding philosophy for intercultural learning abroad could be effective.

5.3. Neoliberal Entrapments & Reimagining

This third point of discussion relates to the study's themes regarding the prevalence of the Spanish language and the student gains. The documented myriads of student takeaways, including language proficiency, can quite convincingly be understood through the prism of neoliberal critiques, which assert that education abroad students act as capitalistic consumers of the world, its peoples, and its cultures for their own gain and recreational consumption.

Through the lens of neoliberal critics, this study's finding of students' significant quantity of gains, and even learning, can be understood as neoliberal skill-building in which students are making gains for their own social capital acquisition. It arguably also confirms neocolonial critiques interpreting students' gains as "extracting" resources and experiences from their host community abroad for their gain back in the "U.S. metropole."

The differentiation between seeing the experience as a "tool for career advancement" versus a space for the development of a "personal philosophy of practice" is notable at this juncture. This nuanced difference is important for its implications for responding to the critiques of neoliberalism, particularly those related to consumptive self-improvement (Corbett, 2023; Ogden, 2007; Pike & Sillem, 2018). The former is fitting to the idea of education abroad programming being a site of elite formation. In other words, students are traveling to these destinations to advance in their careers, to enhance their resumes, to have an additional talking point in residency or job interviews, all to stand out among their peers in these competitive spaces. And, while a handful of these comments were made, more often than not a different tone and tenor was conveyed. Students spoke about the ways they admired the way healthcare was delivered in Argentina, the manner in which doctors cared for patients, the empathy they gained for non-English speakers in the U.S. based on their time in Argentina, and the value they placed on being an advocate for future patients via their language skills.

In this study's interpretation, those comments strike a markedly different tone than seeing the experience as merely a steppingstone to future career advancement. Rather, they more so get at the development of students'

"personal philosophy of practice" as healthcare practitioners. They also align with [ABCD] and global health's focuses on health equity, health disparities, and social determinants of health.

The prevalence of these philosophy formation comments suggests an alignment with a more "global citizenship" mindset versus a uniquely neoliberal, consumerist mindset. Students' reflections oftentimes demonstrated a concern for how they themselves could be better healthcare providers, with special consideration for marginalized groups. This suggests a broader, civically minded, socially conscious global citizen orientation in students' concern for ensuring access and quality care within the U.S. healthcare system.

Students in this case study arguably display aspects of a "citizen over consumer" disposition, which is notable in its own right. Furthermore though, it suggests for educators a means by which to resist the neoliberal tendencies that exist within the field. Adopting an orientation towards pillars of global citizenship formation (Andreotti, 2014; Chakravarty et al., 2020; Zemach-Bersin, 2007, 2009) versus just one of personal gain, could be a tool educators use to leverage the pedagogy of education abroad as one that serves the broader world. While departing fully from a gains-focused neoliberal enterprise, at a deeper, structural level (Dockrill et al., 2016; Mukherjee, 2012, p. 87), is arguably not possible, integrating principles of global citizenship that allow space for considering marginalized communities and how to mold future practitioners and professionals, of any field, into empathetic and socially-conscious individuals serves as a formidable counter to the more "extractive" and "consumer" tendencies within the neoliberal environment of present.

5.4. Implications

With this discussion in mind, the most frequent and recurring preoccupation among critical scholars comes down to one question: In our educational practice, are we actively disrupting current power paradigms or are we simply reaffirming them (Andreotti, 2014; Doerr, 2012; Pipitone, 2018; Stein et al., 2016 & 2016b; Zemach-Bersin, 2007 & 2009)? In other words, as educators, are we part of the solution or are we complicit with reproducing the oft-unquestioned status quo of the global system? These centering questions also beg the question of whether educators are truly aligning with the values and principles of ethics, justice, and equity as are being increasingly professed by

the field's top organizing bodies and leaders (NAFSA, 2019; The Forum on Education Abroad, 2020).

Based on this research's self-reported student data, there is evidence to suggest that some degree of disruption of current power paradigms took place in this case study. This assertion is based on the learner-teacher dynamic that was reported between participants and the Argentine medical personnel, as well as the asset-based thinking that was modeled and expressed in statements of admiration for Argentina's medical system and culture. In these ways, it is arguable that a jostling of the current paradigms of power, as referred to often in neocolonial critiques, took place.

As it relates to the neoliberal discussion point, the assertion might be more difficult to make that any type of complete subversion of the neoliberal ecosystem occurred. This is based on the fact that students experienced many self-enhancing gains from their time on the [ABCD] program to Argentina. In short, they did consume an experience and did arguably extract much benefit from the experience, all the while, it being unknown if/how much the corresponding host community benefited from their presence there. This provokes real questions about if it is even possible or a worthwhile cause to try to detangle from the macro, neoliberal waters in which students are swimming in this 21st century higher education landscape.

Acknowledging all of this, this group's consistent focus on aspects of their experience that were more in line with developing a "philosophy of practice" as healthcare practitioners than merely adding a trinket to their resumes and curriculum vitae was noticeable. Also noteworthy were the students' reflective takeaways about bettering the lives of foreign-born and Spanish-speaking patients in the United States, as well as their demonstration of an awareness of the additional barriers to an already-challenging U.S. healthcare environment for those populations. In these senses, students demonstrate a less self-enhancing, personal gains-minded approach and more one that integrates aspects of collective and civic thinking that aligns more with the ethos of global citizenship (Andreotti, 2014).

These conclusions above would suggest a victory in terms of learning and program outcomes for this cohort of [ABCD] students and for the greater cause of implementing decolonizing global health education practices. In the

case of [ABCD] and global health, socially conscious and historically contextualizing pre-departure and re-entry modules, as well as program infrastructure that allows for observation-only experiences, served as these key educational practices/interventions. Moving beyond this case study, the question becomes: What tools and pedagogies are at educators' disposal to create more socially conscious and power-conscious programming? Additionally, what tools are available to ensure ethical engagement with host communities that consider aspects of power inherent to these Global North-Global South encounters? These are important questions, now with known potential for impact, for practitioner communities to consider.

This study has advanced knowledge in the field, both theoretically and practically, in service to the broader project of decolonizing education abroad. Centrally, it has demonstrated that pathways to disrupt traditional power paradigms exist and are possible. Note that stating that pathways exist is certainly not claiming a full reversal or shattering of paradigms (nor that forging such pathways would be swift and effortless). That would be an overstatement. Arguably, that might be impossible to achieve, particularly the neoliberal consumptive piece. However, it suggests that, via thoughtful interventions and intentional efforts by educators to raise consciousness around issues of power, there is a potential for education abroad to more frequently and consistently be in a position to not just reproduce the current world order via neocolonial and neoliberal-minded traveling U.S. students. Instead, it is possible to cultivate students that are humble learners of the world and who then use that knowledge to adopt mentalities aligned with global citizenship and social change at both the global and local levels.

5.5. Limitations & Future Directions

For the integrity of the research exercise, three important limitations of this study will be named. This first is the limited access the researcher had to the U.S. students shadowing in the Córdoba hospitals. Out of concern for patient privacy, it was not permitted to "observe the observers" in that setting; therefore, this research relies on second-hand accounts from the students in their respective clinical settings. The second limitation was the omission of any questions of students' religious affiliation. Considering the societal trend and tradition of U.S. Americans going abroad to do "mission trips" connected to churches or other religious organizations, it would have been a valuable data

point. The third limitation is that the study relies entirely on student perspectives without the inclusion of host community voices. This makes claims of bidirectionality and the disruption of power dynamics more limited and difficult to substantiate as student perceptions served as the singular data source.

In terms of future directions, this research study could suggest many. The most apparent is to better understand the host community's experience having U.S. students from [ABCD] on site as student observers. It would be worthwhile to know if the host community is expressing an equal amount of learning and gains from these encounters and also if they view the students as an asset or an additional burden to their workload. Secondly, it would be illuminating to carry out similar studies in Latin America but in communities that were rural and/or that were composed of indigenous populations. This study was based in the urban context of Córdoba where a majority (though not all) of the population is of White, European descent. It can be inferred that the more cosmopolitan landscape and feel of a city likely impacted the students' perceptions based on what societal messaging communicates Global South locations to look and feel like.

In conclusion, this study's findings suggest that current power paradigms are not impenetrable. They demonstrate that intentional educational interventions, practices, and orientations taken up by educators can impact student experiences. They can frame student experiences in new ways that do not wholly cement or reinforce culturally imperialistic or neocolonial attitudes. Rather, educational practice can combat some of these neocolonial and neoliberal entanglements and meet the spirit of the decolonial calls present in both the fields of education abroad and global health. This case study's demonstration of these future possibilities is exciting; however, it will be incumbent upon researchers and practitioners alike to be intentional about how to thoughtfully engage with issues of power in their work and carry the torch forward to achieve a more globally equitable world and to truly embody the spirit of medicine's most famous refrain "First, do no harm."

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Ethical approval

This study was approved by the University of Illinois Urbana-Champaign's Institutional Review Board, Protocol Number 23268, in Spring 2023.

Declaration of competing interest

The author has no competing financial or other conflicts of interest to disclose.

Data availability statement

The data from this study involves student participants and is not publicly available due to privacy considerations. Requests for access may be directed to the author, who will consider them on a case-by-case basis subject to ethical and institutional guidelines. *

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