

Exploring Internationalization in Medical Education in Private Schools in Northern Luzon: A Qualitative Multiple Case Study

Lizalyn Marie Barros-Revilla, MD, MAEM and Felina Panas-Espique, PhD

Saint Louis University, Baguio City, Philippines

ABSTRACT

Background. Internationalization in medical education aims to align programs with global standards, foster intercultural competence, and expand academic collaboration. In private medical schools in Northern Luzon, clarifying how internationalization is conceptualized and enacted can enhance the medical curriculum.

Objective. To explore how private medical schools in Northern Luzon conceptualize and implement internationalization, identify associated challenges, and propose curriculum inputs to enhance delivery of the medical curriculum.

Methods. The qualitative study utilized a multiple case study design. The study was approved by the Saint Louis University Research Ethics Committee. Using purposive sampling, 45 participants from private institutions in Northern Luzon Philippines consented to engage in focus group discussions and in-depth interviews from February to April 2025. Data were analyzed through inductive content and thematic techniques.

Results. Participants conceptualized internationalization as (1) alignment with international quality and practice standards; (2) global engagement and exchange encompassing knowledge, skills, culture, institutional networking, and collaboration; (3) inclusivity and multicultural responsiveness; and (4) pursuit of global recognition and accreditation. Implementation occurred via “internationalization at home” (embedding global perspectives in local learning environments), “internationalization abroad” (student/faculty mobility and external exposure), and alignment of philosophical and curricular frameworks. Reported challenges included institutional and curricular constraints, language and cultural barriers, sociocultural and financial limitations, and external/contextual pressures.

Conclusion. Addressing the identified barriers and scaling the documented practices can enhance the delivery of the medical curriculum. The study offers actionable curricular revisions that private institutions may adopt to strengthen internationalization in medical education.

Keywords: education, medical; curriculum; international cooperation; cultural competency

INTRODUCTION

Internationalization is a concept that most countries embrace not only in the field of Social Sciences and Engineering but also in Medicine. Internationalizing Medicine can be one of the challenges that institutions may encounter, especially in third-world countries like the Philippines. The COVID-19 pandemic shook the medical community to the core and eventually influenced the international collaboration and partnership perspective.

Several studies expressed concerns about the emerging attention that internationalizing Medicine has to offer.¹⁻⁶ In this era of increasing awareness of global health, internationalizing Medical Education may have a significant role

Corresponding author:
Lizalyn Marie Barros-Revilla, MD, MAEM
Saint Louis University
Bonifacio St., Brgy. ABCR, 2600 Baguio City, Philippines
Email: imbrevilla@slu.edu.ph
ORCID: <https://orcid.org/0009-0004-0022-7587>

in medical school teaching, thus augmenting future medical networks and developing a global medical community.⁴

Interestingly, Wu and Noel mentioned that internationalizing medical education is a less researched field and is not incorporated in the standard medical curriculum.⁷ On one hand, Knipper et al. expressed that internationalizing medicine is significant in improving the medical curriculum.⁸ Giuliani et al. argued that if curricular relevance is considered, the intercountry variation, the use of a multistakeholder approach, and curricular execution have to be dealt with.⁹ To further explain it, Giuliani et al. stressed that there are many challenges in the global medical curricula.⁹ It can only be brought to fruition by making the curricula relevant to the current diverse healthcare settings. This gives the researcher an idea that indeed, there are challenges in internationalizing medicine.

Internationalization of medical education and Global Health education are interconnected. Internationalization encompasses the development and progress of global citizen physicians, the ability to find and keep a job in different countries, partnerships, and international and cultural understanding.⁴ Edmonds explained that internationalization also includes research on the innate abilities of students, skills, upliftment of foreign programs, networking, and other academic activities emphasizing advancement.¹⁰

In certain studies, Knipper et al. and Wu et al. claimed that "internationalizing" medical education by definition is difficult to describe.^{8,11} Therefore, more research is needed to give a more transparent and better understanding of internationalization. Wu et al. claimed that schools from low- and middle-income countries generally serve the interests of their high-income counterparts, and there are issues about mobility of students from high-income countries to low- and middle-income countries.¹¹ Many authors believe that there should be an element of inclusivity in medical education and that all medical students should have access to countless international experiences and perspectives. This encourages medical schools from all parts of the world to embrace the many benefits and challenges of internationalizing Medicine.

Stutz et al. supported the claim that making competent medical graduates ready to submerge in a global environment requires the integration of intercultural and international aspects in a broader perspective throughout the medical curriculum.¹² Leask also emphasized that universities need to integrate intercultural, international, and global dimensions into the curriculum, and this interplay is related to international students' professional practice.¹

Despite these global efforts, research on internationalization in the Philippine medical context remains limited, especially outside Metro Manila. The Philippines' higher education system is regionally diverse, with Northern Luzon serving as an educational hub that hosts several private medical schools catering to both local and international students. This geographic region represents a microcosm of the country's private higher education landscape (balancing

urban academic centers and rural outreach programs) making it an ideal setting to capture varying institutional perspectives and capacities for internationalization. By focusing on Northern Luzon, the study seeks to provide insights that are contextually grounded yet broadly representative of the Philippine experience.

The significance of this study lies in its potential to illuminate how internationalization is understood, implemented, and challenged within private medical institutions that operate under distinct cultural, socioeconomic, and regional conditions. Findings from this research may guide policy formulation by educational authorities, inform strategic planning for private universities, and serve as a model for regional approaches to global medical education. By situating the investigation in Northern Luzon, the study contributes not only to the body of literature on medical education but also to the national discourse on equitable and contextually relevant internationalization.

Ultimately, this study addresses a critical research gap by examining internationalization at the institutional and curricular levels within private medical schools in Northern Luzon, providing evidence-based inputs to strengthen the delivery of medical curricula across the Philippines.

This research aims to further scrutinize internationalization in medical education in private institutions on the level of the deans, faculty, and officers in charge of internationalization, as well as through the eyes of medical students. Understanding the concept of internationalization and discovering its uniqueness may help enhance the delivery of the medical curriculum. The researcher specifically aims to answer the following research questions:

1. What is the concept of internationalization among implementers of the medical curriculum?
2. How do medical schools integrate Internationalization at Home (IaH) and Internationalization Abroad (IA) in the delivery of their medical curriculum?
3. What are the challenges medical schools encounter in internationalizing the delivery of their medical curriculum?
4. What curricular revisions will be recommended to internationalize the medical curriculum?

This study is a step forward in addressing the issues concerning the internationalization of the medical curriculum. In a rapidly advancing course such as medicine, it is very crucial to have shared and common knowledge that will impact the delivery of health care just like what the pandemic taught us wherein boundaries between and among countries did not exist in managing disease. This study is significant regarding the research setting as it offers opportunities for deans, faculty, officers of internationalization, and students from private institutions in northern Luzon to share their first-hand experiences on internationalization. By exploring internationalization, this study aims to shed light on potential avenues for enhancing the delivery of the medical curriculum

in the Philippine setting. This study presents a plethora of challenges in internationalizing medicine in private medical schools, and addressing these challenges eventually may help enhance the delivery of the medical curriculum.

METHODS

Research Design

This study employed a qualitative approach utilizing a multiple case study design to explore the concept and practice of internationalization in medical education among private schools in Northern Luzon. The multiple case study was selected to allow the in-depth examination of different institutional contexts, capturing similarities and variations across cases to better understand the shared and unique experiences of participants.

The study was guided by the constructivist–interpretivist paradigm, which assumes that reality is socially constructed, and that knowledge emerges through the interaction between the researcher and participants.¹³ This paradigm was deemed appropriate because the study sought to interpret how deans, faculty members, officers in charge of internationalization, and students perceive and make sense of internationalization within their institutional settings. It recognizes the subjective meanings and contextual influences shaping these experiences rather than seeking a single objective truth.

No predefined theory guided the research; instead, the study followed an inductive process wherein themes and patterns were allowed to emerge from participants' narratives. This open and interpretive stance aligned with the goal of understanding internationalization from the perspectives of those directly engaged in medical education, consistent with the constructivist view that meaning develops through human interaction and reflection.

Data were gathered through interviews and focus group discussions (FGDs) with selected deans, officers in charge of internationalization, faculty members, and students from private medical schools in Northern Luzon. The discussions aimed to capture their experiences, challenges, and insights regarding the integration of internationalization in medical education.

Population and Locale of the Study

The population of this study included four deans, two officers in charge of internationalization, twenty faculty members, and twenty-nine students from selected private medical institutions in Northern Luzon to ensure a homogenous population. The private schools included in the study were Saint Louis University School of Medicine, Pines City Colleges College of Medicine, Saint Paul University Tuguegarao, Virgen Milagrosa University, and Lyceum Northwestern University Dr. Francisco Duque Medical Foundation Dagupan.

The selection of Northern Luzon as the study setting was intentional because the region represents a diverse yet

cohesive educational landscape within the Philippines. It includes both urban academic centers, such as Baguio City, and provincial institutions that cater to local and international learners. This diversity provides a valuable context for examining how private medical schools interpret and implement internationalization within different socio-economic and cultural environments. Moreover, Northern Luzon houses several of the country's leading private medical institutions that actively engage in academic partnerships, student exchanges, and international collaborations, making it an ideal site to capture varied institutional experiences. Studying this region offers a lens into the broader national picture while ensuring that regional perspectives outside the capital are recognized and integrated into the discourse on internationalization.

In the qualitative approach, sample size depended on what should be known, the purpose of the research, what is at stake, what will be useful, what will have credibility, and what can be done with the available resources within the available time.^{14,15} This study included the majority of private medical schools in Northern Luzon to ensure the gathering of ample information. Since the majority was included, the data collected was enough for the proposed inferential analysis. In the event of withdrawal from the study, other respondents from the region with the same profile were invited until data saturation.

A purposive sampling technique was used to select medical institutions. Purposive sampling refers to a group of non-probability sampling techniques in which units are selected because they have characteristics needed in the sample. In other words, units were selected “on purpose” in purposive sampling. Also called judgmental sampling, this method relies on the researcher's judgment when identifying and selecting individuals, cases, or events that can provide the best information to achieve the study's objectives.¹⁶ The researcher stopped data collection when the saturation point was met.

Table 1 shows the inclusion-exclusion criteria used to determine the respondents for the survey, the interview participants, and the syllabi for the document analysis.

The faculty participants included in the study were the teachers who are teaching in private medical schools regardless of number of hours of teaching since the researcher's interest was on their knowledge about internationalization in medical education.

Data Gathering Tools

The data collection techniques used here were FGDs and interviews. Data collection was carried out from February 2025 to April 2025.

FGD with students and faculty members was done and recorded using a digital voice recorder, which ensured more accurate data transcription and enabled the researchers to focus on the interviewee.¹⁴ There were two FGDs done with faculty members and six FGDs with students. Guide

Table 1. Inclusion-Exclusion Criteria

Type of Participant	Inclusion Criteria	Exclusion Criteria
Student participants	<ul style="list-style-type: none"> Students who are currently enrolled third-year to fourth-year students in private medical institutions in Northern Luzon, Philippines 	<ul style="list-style-type: none"> First year and second year medical students Students who started their studies but eventually dropped out Students who backed out from the study
Faculty participants	<ul style="list-style-type: none"> Faculty teaching in private medical institutions in Northern Luzon, Philippines 	<ul style="list-style-type: none"> Faculty who started the study but went on leave and cannot be reached
Deans	<ul style="list-style-type: none"> Deans in private medical institutions in Northern Luzon, Philippines 	<ul style="list-style-type: none"> Deans who backed out from the study
Officers in charge of internationalization	<ul style="list-style-type: none"> Officers in charge of internationalization in private medical institutions in Northern Luzon 	<ul style="list-style-type: none"> Officers in charge of internationalization who backed out from the study
Document	<ul style="list-style-type: none"> Medical curriculum of private medical institutions in Northern Luzon, Philippines 	<ul style="list-style-type: none"> Medical curriculum not approved by authorized agencies

questions were used during the FGD to ensure continuity of thought and direction. Together with the recording, brief notes were taken to clarify responses and help pose follow-up questions during the interview session, as well as to verify the correctness of the data transcribed. Some statements occasionally given in Filipino were carefully translated, interpreted and checked to preserve the original meaning of the articulations.

The interview was done based on the availability of the respondents and in the place identified by them. Such practice ensured that a more natural and open atmosphere was created, thus establishing better rapport and understanding between the respondents and the researcher.

The in-depth semi-structured interview was conducted using the English language and primarily focused on the challenges of internationalization experienced by the respondents in their respective institutions. Interview questions were open-ended based on a set of a priori codes supportive of the dimensions of internationalization identified in the literature. Local validation was not needed since the interview questions were crafted and based on a set of a priori codes. To ensure that all the dimensions of the a priori codes were inclusive, an aide memoire was used in the in-depth interview sessions. Some key questions that focus the flow of the interview were the following: a. How does your medical school integrate Internationalization at Home (IaH) and Internationalization Abroad (IA) in the delivery of their medical curriculum? and b. What are the challenges your medical school encountered in internationalizing the delivery of medical curricula? The student respondents were given a set of questions that catered to their level.

Individual interviews were done as a data gathering procedure for purposes of in-depth exploration and probing of the participants' experiences in this multiple case study. An interview guide was used to keep interactions focused on the topic of research while allowing individual perspectives and experiences to emerge.^{14,17} This study included interviews with four deans of private institutions, fourteen faculty members and, two officers in charge of internationalization. An interview was utilized in order to gain insight

and understanding of their experiences.¹⁸ Interviews delved more into the personal narratives of respondents regarding their challenges, as well as suggested strategies for internationalizing medicine.

Data Gathering Procedures

The researcher sent a letter to the private medical schools to seek their consent regarding their inclusion in the study. The researcher presented the proposal and had it approved by the private institution. After obtaining their approval, invitation letters were sent personally to the participants. Participants who expressed their interest were scheduled for an interview based on their availability. Consent to conduct and record the interview was secured from the participants after explaining the purpose of the interview and the importance of their participation. Further, they were assured of the voluntary nature of their participation and their right to withdraw anytime during the interview. Each participant was assigned a number as a pseudonym, such as Participant 1 as P1, Participant 2 as P2, and so on. The researcher encouraged the participants to elaborate on what they were sharing, enriching the qualitative data and also improving the rapport between the interviewer and participants.^{19,20}

Data collection occurred from February to April 2025 following institutional approvals and ethical clearance. The types of data collected included: (1) audio-recorded and verbatim-transcribed interviews and FGDs; (2) institutional documents (e.g., program descriptions, MOUs on partnerships, internationalization policies) used for contextual corroboration; and (3) researcher field notes and reflexive memos documenting observations, probes used, and emergent insights.

The main instruments for data collection were the semi-structured interview guide and the FGD guide, both developed by the researcher based on the study objectives and review of literature on internationalization in medical education. Each guide contained open-ended questions clustered under key domains such as: (a) understanding of internationalization, (b) institutional practices and strategies, (c) perceived challenges, and (d) recommendations for

improvement. The interview guide allowed flexibility for participants to elaborate, while the FGD guide encouraged interactive discussion among participants.

The device used for documentation was a digital audio recorder, with the participants' permission, supplemented by handwritten field notes to capture nonverbal cues and contextual details. Recordings were later transcribed verbatim for analysis.

Throughout the course of the study, the interview and FGD guides underwent minor iterative refinements based on emerging insights from early sessions. For instance, initial questions on "partnerships" were expanded to include specific probes on "faculty exchanges" and "international accreditation." Likewise, prompts related to "student mobility" were reworded to clarify differences between international exposure and full academic exchange. These modifications ensured greater depth and relevance without altering the overall structure or intent of the instruments.

All data collection activities were conducted solely by the researcher. The researcher personally conducted and facilitated every interview and each FGD, and was present throughout all sessions (face-to-face in Baguio City and online for schools outside Baguio), ensuring consistency of questioning, probing, and protocol adherence. Typical interview duration was 45–60 minutes; FGDs ran 60–90 minutes.

Procedures followed an iterative approach: after each batch of interviews/FGDs, preliminary reading of transcripts and memos informed minor refinements to the interview/FGD guide (e.g., re-ordering of questions, adding probes on "internationalization at home/abroad," and clarifying prompts on accreditation and mobility). Where new themes surfaced (e.g., language support, financing models), brief follow-up interviews were conducted with available participants to deepen or verify interpretations.

Methodological triangulation was built into procedures by integrating three sources (interviews, FGDs, and institutional documents) so that participant claims could be examined across individuals, groups, and artifacts. Data collection ceased at thematic saturation, defined as the point at which no substantively new codes emerged during two consecutive sessions within each participant group.

This multiple case study was valuable for exploring new areas of internationalization in medicine. There were, however, limitations of case studies, such as the limited generalizability of findings due to the focus on only private institutions in Northern Luzon. And, of course, the potential for researcher bias in data collection and interpretation.

Data Analysis and Interpretation

An inductive content analysis technique was utilized for the analysis of data collected from FGDs, while thematic analysis was carried out for analyzing data collected via interviews. Qualitative data from interviews were transcribed and analyzed thematically to identify recurring themes and insights related to the challenges. Verbatim transcription of

tape-recorded interviews was done to form the field text. Corrective listening was used to ensure accuracy and prevent transfer errors since thematic analysis was used in this study.

Colaizzi's steps in qualitative data analysis were applied: first, reading and re-reading the interview transcriptions; second, extracting significant statements; third, formulating meanings for the significant statements; fourth, categorizing the formulated meanings into themes; fifth, integrating the findings into an exhaustive description; and sixth, validating the findings by incorporating any changes or clarifications from the participants.²¹

Cool and warm analyses were also observed to facilitate thematic analysis. Cool analysis involved culling significant statements and developing data categories, while warm analysis focused on identifying the essence of the phenomenon. During cool analysis, anchors (specific words) and phenomenal referents (specific instances) were marked to facilitate the identification of themes within the text.^{22,23} For warm analysis, highlighted words or phrases were examined to formulate categories and themes. The initial codes and categories identified in this phase were closely examined to determine similarities and relationships, which supported the emergence of overarching themes.

Data analysis proceeded concurrently with data collection and continued through June 2025, consistent with the constructivist–interpretivist paradigm that values the iterative co-construction of meaning between researcher and participants. The process was cyclical and reflective, involving continuous comparison of new data with existing codes and evolving themes. Codes were generated inductively, organized into categories, and progressively abstracted into themes through constant comparison across cases.

All data analysis was conducted solely by the researcher, who also served as the primary data collector and interpreter. No computer-assisted qualitative data analysis software (CAQDAS) such as NVivo or ATLAS.ti was used; instead, coding and thematic clustering were performed manually using Microsoft Word and Excel to maintain closeness to the data and allow continuous reflection on meaning construction. Manual coding enabled the researcher to interact directly with the text, which was essential under the interpretivist paradigm where understanding develops through immersion in participants' narratives.

Triangulation was applied throughout the analytic process by comparing themes emerging from interviews, FGDs, and document analysis. Cross-case analysis was used to identify convergence and divergence among deans, internationalization officers, faculty members, and students. When discrepancies appeared—such as differing perceptions of student mobility or accreditation—the researcher revisited the raw data, refined the code definitions, and conducted member checking with available participants to confirm accuracy and resonance with their lived experiences.

Inferences and themes were developed through iterative abstraction, guided by the researcher's reflexive notes and

theoretical sensitivity to context. Emerging categories were continuously validated against both empirical evidence and interpretive coherence until a comprehensive thematic framework was achieved. To ensure transparency, an audit trail was maintained, documenting analytic decisions, codebook revisions, and rationale for merging or redefining categories. This process enhanced dependability, confirmability, and transferability of findings.

Ethical Considerations

Qualitative inquiry presents ethical challenges to the researcher as its methods are generally more intrusive, requiring participants to open up and reveal often sensitive and highly confidential information.^{14,17} To enhance the quality of responses in this study, the researcher met with each participant prior to the interview to establish rapport and give preliminary details about the study, such as: (a) the purpose of the research, (b) protocols to guarantee the confidentiality of data obtained from the interviews, (c) use of pseudonyms to ensure the anonymity of participants and their respective schools, and (d) the protocols to be observed with respect to ownership, access, and dissemination of data. On the day of the actual interview, a brief summary of the confidentiality protocols was reiterated, and informed consent was obtained before the interview commenced. Participants had the option to withdraw from the study at any point without any consequences. No monetary compensation was provided. Non-compliance with procedures could also lead to withdrawal. Personal data were deleted after the study. The investigator ensured transparency throughout the process and safeguarded participants from harm or coercion. Permission to record the conversation with assured confidentiality was granted.

In qualitative research, the researcher functions as the primary instrument of data collection and analysis; therefore, reflexivity and awareness of personal characteristics were essential throughout the study. The researcher, being a professional within the field of medical education, acknowledged the potential influence of prior experiences, professional role, and preconceptions on data interpretation. To minimize bias, reflexive journaling was maintained to document assumptions, insights, and decisions made during data collection and analysis. This process helped the researcher remain conscious of how personal background and institutional familiarity could shape the interaction with participants and the emerging themes.

Furthermore, the researcher's familiarity with the academic culture in Northern Luzon facilitated trust-building with participants but was carefully managed to avoid power imbalance or undue influence. Open-ended questioning and participant validation (member checking) were employed to ensure that the findings genuinely reflected participants' perspectives rather than the researcher's expectations. By practicing reflexivity and maintaining transparency about positionality, the researcher sought to strengthen the

credibility, confirmability, and transferability of the study's results.

RESULTS

The results of this qualitative study included four major components: (1) the concept of internationalization among implementers of the medical curriculum, (2) integration of internationalization at home and abroad in the medical curriculum, (3) challenges of internationalization, and (4) recommended revisions in the medical curriculum.

Component 1: Concept of Internationalization Among Implementers of the Medical Curriculum

This study began with an open-ended question regarding the perceived understanding of deans, faculty, officers of internationalization, and students from private institutions in Northern Luzon toward internationalization. Based on their responses, participants expressed varied yet overlapping perspectives. Four major themes emerged: *Alignment with International Standards of Quality and Practice*, *Global Engagement and Institutional Exchange*, *Inclusivity and Multicultural Responsiveness*, and *Global Recognition and Accreditation in the Higher Education Landscape*.

Theme 1: Alignment with International Standards of Quality and Practice

Participants consistently described internationalization as aligning institutional practices with *international standards of quality, curriculum, and medical practice*. They emphasized benchmarking, adoption of international references, and adherence to global competencies to ensure their students could compete in a global healthcare environment.

Participant 1 shared that their institution established a dedicated office to lead such initiatives:

"There is a dedicated office for internationalization in our institution, so I think that is very important... That is very essential for a strategic and coordinated framework." (P1)

He further explained that internationalization was embedded in both curricular and extracurricular activities:

"The inclusion of certain topics in the different courses... is one way of integrating these international and intercultural concepts. Many times, the theme of these activities is global... these are, I would consider, intercultural." (P1)

Participants also cited curriculum benchmarking as central to maintaining international quality.

"We are actually benchmarking our curriculum with other universities outside the Philippines," said Participant 6, adding that they use "international books and references" to promote cultural awareness and open-mindedness. (P6)

Participant 13 reinforced this global vision:

"In the context of medical education, our education curriculum should be globalized... it must include an intercultural and international dimension threaded through the curriculum, teaching methodology, research, and institutional policies." (P13)

Students likewise viewed this global alignment as key to competitiveness. One focus group participant explained:

"The knowledge our professors imparted has been incredibly helpful and continues to serve us well. It's especially valuable in developing global competence, ensuring that we can compete on equal footing with others." (FGD 7)

To address student diversity, faculty also aligned their instructional methods to global standards. Participant 11 noted:

"At the start of my lecture, I always tell them that what I'm teaching is aligned with international standards... because I have students from Thailand, India, Somalia, Nepal, and Nigeria." (P11)

She explained that she incorporated lectures and demonstrations to support comprehension among culturally diverse learners.

Participant 13 also emphasized research integration as part of global competence:

"We encourage students to produce research and assist them in joining research competitions here and abroad." (P13)

These findings demonstrate that private medical schools in Northern Luzon strive to embed internationalization as an institutional identity, encompassing curriculum design, teaching, and research practices.

Theme 2: Global Engagement and Institutional Exchange

Participants also conceptualized internationalization as *global engagement and institutional exchange*. This included inbound and outbound faculty mobility, student exchanges, and collaborations for knowledge and skills transfer.

Participant 16 explained:

"For me, the key idea of internationalization is exchange. This refers to the exchange of knowledge, skills, and perspectives—comparing what we do locally with practices in other countries. It's about learning from one another." (P16)

He described teaching as a visiting lecturer in Mexico under an institutional partnership—highlighting faculty exchange as a form of professional growth.

A student reflected on outbound mobility opportunities:

"We've sent people to Japan, Thailand, Indonesia, Kazakhstan, and Palestine... Once we started face-to-face classes again, we had a few delegates from the school who also went to represent the Philippines." (P3, FGD 5)

Participant 6 added that their institution also hosts international interns and fosters collaborative activities:

"We also accept interns from other countries like Belgium... and we're building networks with medical institutions in Asia." (P6)

Such initiatives are overseen by dedicated internationalization offices. Participant 1 reiterated:

"There is a dedicated office for internationalization... very essential for a strategic and coordinated framework." (P1)

Institutional networking was also emphasized. Participant 19 shared:

"We do memorial lectures with our medical school alumni." (P19)

These events often feature international guest speakers, promoting intercultural learning and professional collaboration.

Theme 3: Inclusivity and Multicultural Responsiveness

Inclusivity emerged as a central principle in internationalization. Participants emphasized embracing diversity and fostering a culturally sensitive environment for both local and international students.

Participant 14 highlighted the institution's open admission policy:

"As long as all the requirements are met, we accept foreign students." (P14)

Participant 13 reinforced that inclusivity must extend beyond student admission:

"Internationalization in medical education should be global, intercultural, and international. This means that the school should integrate this dimension throughout the curriculum, teaching methodology, research, and institutional policies." (P13)

Several faculty members shared how they accommodate diverse religious practices. Participant 15 described:

"Majority of [the international students] are Hindus... they request, 'Can we be allowed not to take the exam today?' during Hindu festivals like Diwali. We also give them time... for worship during festivals." (P15)

Students also reflected on the integration of cultural awareness in healthcare training. One student stated:

“Whatever you learn in the classroom, you bring back to the grassroots.” (P3) Participant 13 added: “The curriculum, the vision of the school, has changed to incorporate universal health coverage.” (P13)

Participant 19 underscored the value of equal opportunity:

“Inclusivity ensures that all students and faculty are given equal access to the benefits of internationalization.” (P19)

Participant 17 linked inclusivity with global scholarship:

“One thing is citing research especially related not just locally but internationally.” (P17)

These findings indicate that institutions are making deliberate efforts to embed inclusivity through multicultural teaching, respect for diversity, and global health integration.

Theme 4: Global Recognition and Accreditation in the Higher Education Landscape

Participants viewed global recognition and accreditation as both a *goal and outcome* of successful internationalization.

Participant 8 shared how cross-border collaborations enhance institutional reputation:

“Creating linkage with other Catholic institutions... the coming of Belgian students... their immersion with Filipino students.” (P8)

Participant 17 related global recognition to academic outcomes:

“They started doing a review... preparing them towards the board exam.” (P17) Such measures, participants noted, ensure quality and competitiveness aligned with international standards.

Component 2: Integration of Internationalization at Home and Abroad in the Medical Curriculum

Incorporating Global Perspectives into the Local Learning Environment

Participant 16 described the essence of this approach:

“It’s like working in a global village, working locally.” (P16)

Participants shared how cultural exchange and research integration strengthen local learning environments.

FGD 5 recounted:

“During our travels to Thailand, Pakistan, and Kazakhstan, we learned a lot and shared those experiences with classmates back home.” (FGD 5)

Participant 16 highlighted the role of research:

“Actually, the research is on internationalization... we are trying to come up with ways on how to improve the curriculum.” (P16)

Participant 13 added:

“We opened our doors to international research fora... Students are encouraged to submit research abroad.” (P13)

These findings show that *internationalization at home* enables students to gain global exposure even without studying abroad, leveraging local resources, collaborations, and peer learning.

Availing Global Knowledge and Pedagogies

Participant 1 emphasized the importance of international lectures and resources:

“When [students] are given opportunities to soar greater heights, they do their efforts... The university and its officials are aware; there’s a conscious effort to improve.” (P1)

Participant 19 added:

“There weren’t foreign lecturers invited recently, but we had a memorial lecture delivered by an alumnus from our School of Medicine.” (P19)

FGD 7 confirmed the growing use of virtual guest lectures:

“Our school is mainly practicing internationalization of the curriculum at home because we have so many qualified doctors from all around the world who come and give guest lectures. It’s mostly virtual lectures.” (FGD 7)

Fostering Physical Mobility and International Exposure

Participant 15 explained their institution’s external collaborations:

“We have many students in Thailand. We have two hospitals there under a memorandum of agreement... This is for foreign students doing their elective rotations.” (P15)

Participant 14 added: “

As a school, we already have linkages with Asian countries like Indonesia and Malaysia, but not yet specifically for medicine.” (P14)

Participant 13 summarized their institution’s vision:

“Their thrust is internationalization with other Catholic universities.” (P13)

Participant 1 reaffirmed:

“The university prefers partnership with a Catholic school for that matter.” (P1)

These findings reveal that both *internationalization at home* and *internationalization abroad* are being implemented, though at varying levels of institutional maturity.

Aligning Philosophical and Curricular Frameworks

Participants emphasized that internationalization must align with local educational philosophies and objectives.

Participant 15 stated:

“We offer a four-year pre-med curriculum... designed to integrate international content with our main academic goals.” (P15)

Such alignment ensures that internationalization strengthens the institution’s existing medical education framework.

DISCUSSION

The following section presents the interpretation and synthesis of the study’s findings. The discussion is structured around the same thematic areas identified in the results. These themes collectively reflect how private medical institutions in Northern Luzon conceptualize and implement internationalization, and how these efforts relate to existing global literature on medical education reform.

Alignment with International Standards of Quality and Practice

The findings indicate that internationalization in private medical schools in Northern Luzon is primarily viewed as aligning institutional operations and curriculum design with international standards of quality and medical practice. This alignment underscores the intention of schools to meet the expectations of global accrediting bodies and to ensure the competitiveness of their graduates in the global healthcare market.

This result mirrors the conclusions of Leask and Stutz et al., who emphasized the importance of integrating global standards and intercultural dimensions into higher education curricula.^{1,12} The participants’ accounts reveal that faculty members consciously adopt international references, evidence-based teaching, and benchmarking strategies—confirming that internationalization is not an abstract concept but an operationalized educational practice.

The study also demonstrates that internationalization contributes to curriculum enhancement and to the professional growth of faculty. Faculty who participated in benchmarking and international conferences reported developing new competencies that improved both pedagogy and institutional reputation. This finding aligns with Edmonds and Knipper et al., who argued that internationalization is essential to

developing global physicians capable of adapting to diverse cultural and healthcare contexts.^{8,10}

Moreover, the results support Wu et al., who posited that global awareness and intercultural competence are integral to modern medical education.⁴ By embedding these dimensions in instruction, Northern Luzon institutions show an evolving readiness to produce graduates with global citizenship values, a key expectation in internationalized medical programs.

Global Engagement and Institutional Exchange

The results also highlight that internationalization manifests through global engagement and exchange programs involving students, faculty, and institutional partners. These initiatives demonstrate a dynamic and outward-looking approach to knowledge-sharing and skill development.

This pattern is consistent with Alshardan and Sabbagh, who found that international exchanges enhance clinical competence and broaden students’ worldview.²⁴ In the present study, both inbound and outbound exchanges fostered collaborative learning and mutual respect between institutions. These forms of engagement further reinforce the idea that knowledge is co-constructed through cross-border experiences, a perspective deeply rooted in the constructivist paradigm underpinning this study.

Faculty members’ participation in joint lectures, international conferences, and mobility programs also supports Bhandal’s argument that self-awareness and reflexivity are key strategies in internationalizing medicine.³ By exposing educators to foreign systems and diverse pedagogical approaches, international collaboration cultivates flexibility and critical reflection on one’s own teaching practices.

However, these efforts are not yet institutionalized across all private medical schools in Northern Luzon. Some participants cited inconsistent implementation and limited administrative support. This reflects what Wu and Noel described as the uneven adoption of internationalization between institutions in low- and middle-income countries compared with their high-income counterparts.⁷

Inclusivity and Multicultural Responsiveness

The study further reveals that inclusivity and multicultural responsiveness are central to participants’ conceptualization of internationalization. Institutions demonstrated openness to admitting foreign students and accommodating diverse cultural, religious, and linguistic needs within academic and clinical settings.

This emphasis on inclusivity echoes the positions of Wu et al. and Giuliani et al., who both recognized that equitable access and cultural competence are defining features of a truly internationalized curriculum.^{4,9} Faculty efforts to honor cultural holidays, adjust schedules, and respect religious practices illustrate an awareness that intercultural understanding must go beyond symbolic gestures.

The findings also affirm the integration of inclusivity into pedagogical and curricular design. As participants noted,

inclusivity allows local and international students to engage with one another, fostering empathy and teamwork, skills essential for global healthcare delivery. This resonates with Stutz et al., who underscored that developing globally competent medical graduates requires integrating international and intercultural aspects throughout the curriculum.¹²

Despite these efforts, barriers remain. Language differences, resource limitations, and uneven institutional capacities hinder the full realization of inclusive learning environments. As Ramirez and Rodriguez-Medina explained, internationalization must also consider the human dimension of academic labor, the personal and emotional costs for educators striving to balance global engagement with local responsibilities.²⁵

Global Recognition and Accreditation in the Higher Education Landscape

Global recognition and accreditation emerged as outcomes closely tied to institutional reputation and sustainability. Participants identified international linkages, student exchange programs, and collaborative research as pathways to visibility and credibility.

This finding aligns with Jibeen and Khan, who viewed internationalization as both a means of improving education quality and an avenue for achieving global legitimacy.²⁶ For Northern Luzon medical schools, seeking international recognition is also a strategy to attract foreign students and partnerships, reinforcing the self-sustaining cycle between quality assurance and global competitiveness.

However, participants noted that global recognition remains a long-term goal rather than an immediate reality. Accreditation processes require resources, expertise, and continuous alignment with international benchmarks, factors that can be challenging for private institutions in developing regions. This observation parallels Wu et al., who reported that schools in low- and middle-income contexts often serve the interests of higher-income partners due to unequal access to resources.¹¹

Integration of Internationalization at Home and Abroad in the Medical Curriculum

Incorporating Global Perspectives into the Local Learning Environment

The study reveals that internationalization at home enables exposure to global perspectives without requiring physical mobility. This approach expands access for students who may not afford overseas study. It reflects Leask's framework of internationalization at home, emphasizing curricular innovation, intercultural learning, and local-global synergy.¹

Participants' experiences show that faculty-led international research, virtual guest lectures, and cross-cultural collaborations effectively simulate global engagement within local settings. This demonstrates that even resource-limited

institutions can achieve global integration through digital and pedagogical innovations.

Availing Global Knowledge and Pedagogies

Findings on access to international lectures and resources suggest that technology-mediated instruction is redefining how medical schools internationalize their teaching. Virtual lectures from international experts expose students to diverse practices and ideologies while strengthening institutional partnerships. This aligns with the observations of Zhuo et al., who found that mixed international learning groups outperform homogeneous ones due to enriched peer learning and motivation.⁵

However, participants noted that the transition to digital-based global learning also presents challenges, including logistical issues, internet access, and sustainability. This supports Storz, who highlighted the administrative and technical barriers encountered by international electives and online collaborations.²⁷

Fostering Physical Mobility and International Exposure

Physical mobility, though limited, remains a key aspiration of Northern Luzon institutions. The exchange of students and faculty with partner schools in Asia fosters experiential learning and cultural immersion. These results parallel Alizadeh and Pourghane, who emphasized that faculty beliefs and institutional culture heavily influence the trajectory of internationalization.²⁸

Nevertheless, mobility initiatives were found to be unevenly distributed among institutions. Some schools possess established partnerships and strong administrative backing, while others rely on ad hoc arrangements. This indicates that internationalization abroad, while valuable, is still emerging as a formalized strategy among private medical schools in the region.

Aligning Philosophical and Curricular Frameworks

The results also underscore that successful internationalization depends on coherence between institutional philosophy and curricular frameworks. Participants' emphasis on maintaining local values while adopting international standards confirms that global integration must remain contextually grounded. This finding supports the argument of Wu et al. that internationalization must balance global adaptability with local identity.⁴

In this sense, the internationalization efforts in Northern Luzon exemplify a "glocal" approach, one that globalizes knowledge while respecting national and institutional missions. Such balance ensures that medical graduates remain globally competent yet locally relevant.

Synthesis

Overall, the study reveals that internationalization in private medical schools in Northern Luzon is a multi-dimensional process encompassing academic, cultural, and

institutional elements. It is characterized by efforts to align with global standards, promote inclusivity, and strengthen external collaborations, all while maintaining alignment with institutional philosophy and national priorities.

The constructivist–interpretivist paradigm underpinning this study shaped how these findings were understood: knowledge and meaning about internationalization were co-created through dialogue with participants rather than discovered as objective facts. This reinforces the value of context-driven qualitative inquiry in understanding educational reforms.

Recommendations

In the pursuit of exploring internationalization, the researcher recommends that the concept of internationalization should be clearly defined so that the institutions will also be clear in their direction and goals. The researcher further recommends that in integrating internationalization at home and internationalization abroad, there should be leveraging of internal resources. This can be done by first identifying the resources of each institution such as human resources, financial or technological resources, tangible assets like facilities and infrastructure as well as intangible assets like skills and relationships. Second is recognizing how these resources will be used to the advantage of both the faculty and students. Third is implementing activities which are feasible and practical such as participating actively in virtual lectures with international speakers and alumni from the school, supporting research forum both online and face to face, collaborating with international students to give presentations and fully participate in discussions, supporting faculty and student exchange, subscribing to international journals and research, involvement in medical missions, networking and partnering with global partners, optional rotation in other international institutions to further enhance skills. Fourth is evaluating such activities and checking their impact on the enhancement of the delivery of the medical curriculum.

Furthermore, addressing other challenges and eventually looking into the recommended revisions to internationalize the medical curriculum may be adopted by medical schools in their journey towards internationalization. It is recommended that medical institutions must regularly review their curriculum and if possible, eliminate unnecessary or less critical subjects to give ample time for students to participate in important virtual lectures. It is essential for medical institutions to integrate universal health care and intercultural competencies early in the curriculum. Internet connectivity must be upgraded and made available for everybody. A strong and committed internationalization office in the school of medicine is highly encouraged.

Internationalization in medical education is no longer optional, it is imperative. As global health challenges grow increasingly complex and interconnected, private medical schools in Northern Luzon must position themselves

to meet international standards while remaining rooted in local relevance. Moreover, these initiatives should not function in isolation. They must be interwoven into the broader institutional vision, backed by leadership support, and sustained by committed stakeholders at every level. The process requires intentionality, resources, and a culture of openness to global best practices.

Ultimately, the goal is not merely to produce medical graduates who can pass licensure exams or secure employment, but to shape professionals who can navigate, contribute to, and lead in diverse healthcare settings across the globe. With a well-planned and institutionally supported internationalization strategy, private medical schools in Northern Luzon can confidently prepare their students to become globally competent, culturally sensitive, and socially responsive physicians.

These recommendations, while ambitious, are practical and scalable. They encourage a shift from fragmented efforts to an integrated, long-term vision of internationalized medical education. The success of this endeavor lies in the willingness of institutions to commit to continuous improvement, collaborative partnerships, and evidence-based reforms.

Through these efforts, internationalization can evolve from being a buzzword to a defining characteristic of medical education in the region, a catalyst for excellence, equity, and innovation in training the next generation of Filipino healthcare leaders.

CONCLUSION

This qualitative multiple case study elucidated how private medical schools in Northern Luzon conceptualize and enact internationalization within the medical curriculum. Drawing on perspectives of deans, faculty, internationalization officers, and students, the study demonstrates that internationalization functions not only as a structural initiative but as an emergent academic culture oriented toward global standards, intercultural competence, and institutional reputation.

While evidence of curricular integration, faculty collaboration, and inclusive pedagogical practices indicates meaningful progress, the persistence of resource constraints, language and cultural barriers, and uneven institutional capacities situates internationalization in a formative yet advancing phase. These dynamics highlight the importance of context-responsive strategies that reconcile global benchmarks with local priorities and constraints.

In sum, internationalization in this regional Philippine context is a transformative, ongoing process that strengthens educational quality and graduate global competence when anchored in inclusivity, reflexivity, and alignment between institutional philosophy and curricular design. The experiences of Northern Luzon's private medical schools offer transferable insights for similarly situated institutions seeking to advance internationalized medical education in resource-variable settings.

Data Availability Statement

Data gathering tools, instruments, forms, and data are available subject to reasonable request.

Statement of Authorship

Both authors certified fulfillment of ICMJE authorship criteria.

Author Disclosure

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