Training the next generation of global health advocates through experiential education: A mixed-methods case study evaluation

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ABSTRACT

OBJECTIVES: This case study evaluates a global health education experience aimed at training the next generation of global health advocates. Demand and interest in global health among Canadian students is well documented, despite the difficulty in integrating meaningful experiences into curricula.

METHODS: Global health advocacy was taught to 19 undergraduate students at McMaster University through an experiential education course, during which they developed a national advocacy campaign on global access to medicines. A quantitative survey and an analysis of social network dynamics were conducted, along with a qualitative analysis of written work and course evaluations. Data were interpreted through a thematic synthesis approach.

RESULTS: Themes were identified related to students' learning outcomes, experience and class dynamics. The experiential education format helped students gain authentic, real-world experience in global health advocacy and leadership. The tangible implications for their course work was a key motivating factor. While experiential education is an effective tool for some learning outcomes, it is not suitable for all. As well, group dynamics and evaluation methods affect the learning environment.

CONCLUSION: Real-world global health issues, public health practice and advocacy approaches can be effectively taught through experiential education, alongside skills like communication and professionalism. Students developed a nuanced understanding of many strategies, challenges and barriers that exist in advocating for public health ideas. These experiences are potentially empowering and confidence-building despite the heavy time commitment they require. Attention should be given to how such experiences are designed, as course dynamics and grading structure significantly influence students' experience.

KEY WORDS: Experiential learning; education; global health; health policy

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Two of the emerging trends in Canadian post-secondary education that affect public health are a growing interest in global health and experiential education. The rising number of such programs and the increased interest among health professional students are well documented.¹⁻³

Koplan et al. defined global health as “an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide...[that] emphasises transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care.”⁴ Unprecedented levels of global interconnectedness have led to increased globalization within health care.^{1,5-7} The breadth and visibility of new challenges have catapulted global health concerns into the minds of students, who represent the next generation of health professionals and leaders.^{1,7-9}

In this context, Canadian students have asked for increased global health education.¹⁰ Despite the demand, there is still disagreement on how to provide this education. For instance, it is debated whether students should receive hands-on experience in a “global health setting” – whether at an international institution or in a low-income country – particularly since overseas placements have well-documented ethical challenges.¹¹⁻¹³

As well, such international experiences principally target students wanting to practise outside of Canada.¹⁴ Thus, other aspects of global health can be explored as fruitful learning opportunities, such as understanding Canada's contribution to global health, or advocating for global health or health equity more broadly.

Furthermore, there is no consensus as to how much international education is necessary to encourage global citizenship. Exposure remains variable across the country. It has consistently been shown that curricula changes at Canadian health professional schools have struggled to keep up with demand from students for inclusion of such material.^{9-12,15} With so much material already in health professional curricula, global

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health topics are not always prioritized.⁵ Educators cannot keep up with demands from students to learn about global challenges and how Canada contributes.^{1,16}

Along with this trend towards increasing global health education, there has been an increased trend within educational pedagogy towards experiential and service learning. Experiential learning, or learning through doing, emphasizes experimentation and reflection.¹⁷ Such approaches have the potential to help students understand lessons more deeply. Experiential education allows for individual learning, with the focus on discovering knowledge first-hand through active experimentation, concrete experience, reflective observation and practice applying abstract conceptualization.¹⁷ By working through these learning steps, students can internalize what they have experienced and extract broader lessons.¹⁸ In experiential education, students can be proactive in their learning and are often motivated to work not just for better grades but also because of their interest in creating change.¹⁹ Evaluations of experiential education have found that lessons learned tend to stay with students well beyond the end of the educational experience.²⁰

This case study describes and evaluates an educational experience that combined students' interest in both experiential education and global health training. Advocacy was seen to be an appropriate learning goal for this approach, given its importance in national competency frameworks such as the Royal College of Physicians and Surgeons of Canada's CanMEDS roles²¹ and the Public Health Agency of Canada's Core Competencies for Public Health.²² Advocacy is especially important in global settings, where governance can be weaker and where needs are not fully addressed by markets. In such settings, advocacy can be a powerful tool for health that is often not discussed in global health training. This experience was offered at the undergraduate level among pre-health professional students because of time constraints in professional school.²³ By focusing specifically on advocacy, the goal was for students to develop transferable skills that they could use in the future.

Despite growing interest in global health, there has been little analysis as to what students are actually learning from the varied global health educational experiences that are offered.³ Little is also known about the effectiveness of teaching knowledge and skills in these settings, particularly those not tied to overseas electives, as there are few impact evaluations of such

educational experiences.¹⁴ Unlike most global health educational experiences, this effort was evaluated using a mixed-methods approach to understand what lessons students learned, how they learned them, and what challenges were faced, given the nature of the learning environment.²⁴ It is hoped that this evaluation allows for and encourages further innovation in global health and experiential education.

METHODS

A 12-week experiential education course in global health advocacy was offered as an elective at McMaster University in Fall 2013, and 19 third- and fourth-year undergraduate students enrolled from the university's Health Sciences and Arts & Science programs. Students enrolled not knowing that the course would use an experiential education format; previously, the course had been offered as a traditional seminar. The class voted with near-unanimity for the experiential format, and students had one month to withdraw from the course (although none did so). Students were given the task of collaboratively designing and implementing a national advocacy campaign on a global health topic, discussed further in Table 1's description of the course and chosen advocacy project, the full course outline ([Supplementary File 1](#)) and full student policy proposal ([Supplementary File 2](#)).

The general approach to evaluating this experience was to maximize both type and frequency of data collection. We incorporated a mixed-methods empirical evaluation approach to identify both objective and subjective data, and we integrated aspects of participatory action research by directly working with study participants and engaging in the project.^{24,25}

Data

Eight data sets were analyzed: five sets of graded work and three sets of ungraded work. Graded work comprised self-reflections and peer feedback, both written at the course mid-point; self-reflections and peer feedback written at the course's end-point; and portfolios of evidence describing students' contributions to the course. Ungraded work comprised formative and summative course evaluations collected by the university at the course's mid- and end-points (which included quantitative scores and written answers to open questions); and an end-of-course survey

Table 1. Description of the course and student advocacy project

Course description for student participants

"This course will be run as an experiment in experiential education. Students in the class will be tasked with collaboratively planning, implementing and evaluating a single national advocacy campaign of their own on a global health topic of their collective choosing. The campaign should be narrowly focused on a specific issue and must target Canadian government decision-makers with a proposal for changing a particular policy, regulation or law. Students will meet politicians, consult civil society leaders, seek counsel from previous advocates and pitch stories to journalists and editors. While only students in the class will formally be members of the "Consulting Group" that is behind the national campaign, they are encouraged to access any and all resources and engage their friends, colleagues, family and networks as much as possible, just as they would if undertaking such advocacy outside of a for-credit university course context. Forming a "pop-up" civil society organization may help with such engagement and the solicitation of others' support. \$3,000 CAD will be provided to students as seed funding."

Description of the student advocacy project

After choosing to focus on global access to medicines, student teams competed to develop policy proposals from which the class would choose a proposal for collective advocacy. The students proposed their own campaign and determined how best to execute their plan. While students were initially interested in modifying the Canadian Access to Medicines Regime (CAMR), they chose to advocate for a Priority Review Voucher System (similar to the one developed in the US) because of the perceived unfavourable policy environment for reforming CAMR ([Supplementary File 2](#)).³⁸ Students focused on four principal areas of advocacy: 1) encouraging civil society interest; 2) engaging policy-makers; 3) garnering media attention; and 4) creating a social media campaign. Students' roles remained flexible throughout the term to allow them to pursue tasks that they felt would be important to the campaign, including exploring the possibility of holding a stakeholder dialogue, meeting with members of Canada's Parliament and making presentations at relevant stakeholder conferences. Students also learned how to work in a large-group setting and how to make use of the whole class effectively. Student contributions were evaluated through their demonstration of personal outputs through submitted learning portfolios, and contributions to the overall team were assessed both through these submissions and through self-reflections and peer feedback.

Table 2. Dichotomized responses to end-of-course survey by students

Question	Yes (4-5)	No (1-3)	Mean
This course allowed me to gain knowledge about...			
Importance of advocacy in global health	100%	0%	4.632
Various tools used by global health advocates	89%	11%	4.526
Key planners in global health decision-making	100%	0%	4.526
Workings of global health institutions	63%	37%	3.789
Role of public-private partnerships in global health	84%	16%	4.263
Interaction between foreign policy and health	63%	37%	3.789
Interdisciplinary nature of global health	84%	16%	4.579
Cultural facets of global health issues	37%	63%	3.211
This course allowed me to develop skills in...			
Debating	74%	26%	4.16
Communicating with decision-makers	95%	5%	4.63
Advocating in the moment	95%	5%	4.58
Critically appraising global health literature	53%	47%	3.74
Navigating global health governance structures	68%	32%	3.79
Assessing needs of different communities	58%	42%	3.68
Acting in a culturally competent manner	53%	47%	3.68
As a result of this course, I am more likely to...			
Contribute to global health in my own unique way	95%	5%	4.42
Pursue further education or training in global health	68%	32%	4.00
Take initiative to learn more about global health	79%	21%	4.37
Read material related to global health	83%	17%	4.21
Follow current events in global health	84%	16%	4.47
Connect with global health decision-makers	63%	37%	4.11
Work with a global health organization	52%	48%	3.89
Work internationally	53%	47%	3.84
Advocate for global health	79%	21%	4.32

Questions were answered on a five-point Likert scale (i.e., 1 = "strongly disagree", 2 = "disagree", 3 = "neither agree nor disagree", 4 = "agree", and 5 = "strongly agree").

conducted by the instructor. Table 2 lists the questions asked in the end-of-course survey.

Since some data were collected anonymously through course surveys, two sets of identifiers were used to track sources of quotations, with "S" identification codes assigned to non-anonymous feedback and "A" identification codes assigned to anonymous responses. This meant that each student would have been assigned one "S" and one "A" code but that the two coding systems could not be matched.

Analysis

Thematic synthesis was used when analyzing students' written work, reflections and course evaluations in order to provide a rich description of their nature and character.²⁶ This approach integrates the use of free coding, iterative categorization of text fragments and reciprocal translational analysis from meta-ethnography with grounded theory's inductive approach and the constant comparison method.^{27,28} This means that themes were allowed to emerge naturally from the data and were not pre-identified by a priori hypotheses.^{29,30} All textual data were analyzed using NVivo 10 qualitative research software (NVivo qualitative data analysis software. QSR International Pty Ltd., 2014). Data were recorded into meaningful pieces of information; after these had been coded, broad categories were created along with more specific emerging themes.³¹ As themes emerged, codes were compared against one another to strengthen accuracy.

Descriptive statistics from the end-of-course survey were calculated. Drawing on ethnographic methods and social

network analysis, within-group social dynamics and interpersonal connections were analyzed to evaluate class power structures and distribution of effort.³²

While constrained by the requirements of a university course, this evaluation also benefited from its ability to mandate 100% response rates from all participants for all data collection efforts. Research ethics board approval was not needed given that this case study was conducted as a program evaluation of an educational offering.

RESULTS

Three themes emerged that give insight into the value and challenges of experiential education for global health advocacy. As reported in Tables 3-5, these themes relate to students' experience with experiential education, what lessons they took from the

Table 3. Thematic coding about learning outcomes

Theme	# Total mentions	# Unique mentions
Student advocates and empowerment		
Being a student can be advantageous	11	7
Being taken seriously	20	13
Young people can influence the world	8	7
Learned about the impact a group of people can make	2	1
Limitations are self-imposed	4	4
The student angle has limitations	5	4
We actually have the ability to affect policy	12	8
We have more expertise than we think	7	5
Proud of class accomplishments	5	5
Take ownership of ideas even if they have weaknesses	2	2
Knowledge and skill acquisition		
Knowledge/skill acquisition	27	21
Importance of networking	21	18
Learned about interplay of stakeholders	6	4
Different campaign structures have different benefits	27	15
Advocacy campaigns are complex	12	9
Advocacy can make a difference	2	2
Advocacy is harder than it looks	9	6
Context and policy windows are important	17	13
Framing of issues is very important	21	16
Importance of adaptability	2	2
Importance of communication and collaboration	5	5
Importance of running a diverse campaign	6	5
Importance of being professional/developed professional skills	20	10
Learned a lot about how to work in a group	4	4
Learned about global health and/or the political sphere of global health	27	14
Behaviour changes for future		
Wants to use developed skills in future	21	12
Wants to continue advocating in future	10	8
Course has not altered future career plans	7	2
Course has shown me I want to pursue global health	2	1
Course has made me consider Canada's global role	1	1
Course has made me reflect on my role in global health	1	1
Wants to get more political experience	1	1
This is /is not for me	8	7
Learning about oneself		
Gained personal confidence	14	7
Helped student identify political beliefs	2	2
Learned about personal strengths and weaknesses	11	8
Learned about self in group contexts	8	7
Learned to deal with rejection and tough questions	2	2
Learned to overcome uncertainty	1	1
Took steps towards personal growth	8	7

Table 4. Thematic coding about course structure and experiential education

Theme	# Total mentions	# Unique mentions
Value of experiential education		
Actually practising the skills is effective	8	8
Real life experience	20	15
What we learned could not be taught in a classroom	19	13
Course helped apply previous knowledge to real life	5	5
Course is actually trying to achieve something	7	7
Students put in effort because they cared about the course	15	11
Course helped me learn about global health and advocacy	7	7
Importance of flexibility in the class for helping students learn	4	3
Experiential education structure encouraged creativity	3	3
Supportive environment in which to take risks	7	6
Course took me outside my comfort zone	28	18
Overall impressions of course		
One of the most rewarding courses in my whole undergrad.	10	9
Exceeded expectations of what class could do	8	8
Knowledge gained will be retained better than that of other courses	3	2
Course has been fun/exciting	9	9
Experiential education is effective for this type of course	7	7
Overall positive course experience	5	4
Critiques of the class structure		
Course very time-consuming	33	21
Demanding workload	16	12
Class needed more direction	12	9
Desire for some didactic learning of core ideas	8	6
Challenge to develop realistic policy	5	3
Narrow focus didn't expose us to lots of global health/advocacy ideas	4	3
Class size too large	4	3
Accountability was difficult	3	2
Make sure students know what they are getting into	3	2
Challenges faced in class		
Campaign faced challenges from lack of knowledge	17	14
Campaign suffered from groupthink	1	1
Class had difficulty shifting from info gathering to advocacy	1	1
Class motivation shifted with results	15	12
Class frustrating at times	6	6
Big, early learning curve	5	5
Student conflicted because did not support the cause class chose to advocate for	2	2
Challenges of grading structure		
Conflict between what is best for campaign and for portfolios	7	7
Graded work hindered collaboration, communication or learning	19	14
Students motivated to take on tasks for marks	9	6
Competition was a good idea	3	3
More structure would have discouraged competition	2	2

experience and how they navigated working in the large group setting. The course appears to have been particularly effective in teaching students to apply the research skills previously developed in the university setting and to navigate the “real world”.

Learning outcomes

One key strength of experiential learning that emerged was the type of learning experienced. Students demonstrated learning at various depths. They acquired skills and knowledge about their advocacy topic while learning about global health broadly. They also learned to apply these lessons, and they reported plans to

Table 5. Thematic coding about group dynamics

Theme	# Total mentions	# Unique mentions
Main group work challenges		
Class members are at different knowledge levels	6	6
Coordination of group members challenging	5	4
Hard to work in a large group	10	8
Miscommunication major group challenge	8	8
Need more intergroup collaboration	2	1
Comments on group dynamics		
Benefits of group work	9	8
Learned a lot from stakeholders	7	5
Initiative fluctuated between students	13	7
Intimidated by peers	3	3
Mostly took on tasks within comfort zone	3	3
Some students more aggressive than others	14	10
Positive group work experience	5	5
Student recognizes what their role should be in the campaign	3	3
Students motivate one another	2	2
We learned to work as a strong team	5	5

use this learning in the future. Students reported acquiring knowledge and/or skills related to all course objectives listed in the course outline (Supplementary File 1).

Students mentioned that their youth did not prevent them from being taken seriously as advocates. Thirteen students were surprised at how seriously they were taken when they acted professionally, as one noted, “simply being young and a student does not mean that I will be ignored or my opinions do not matter” (S10). While four students felt the limitations of portraying themselves as students, there was a consensus in the class that young people are able to gain sufficient expertise and make an impact if they act professionally and dedicate enough effort to their project: as one lamented, “if only people took the time to try” (S7).

Students also discussed the type of knowledge they acquired. In addition to learning human skills related to portraying oneself professionally, students gained general lessons about advocacy. One takeaway message was the importance of networking in order to push one’s project forward and connect with influential stakeholders. Students also discussed the importance of framing issues differently for each target audience, and the fact that policy windows are crucial to a campaign’s success. Students recognized that “having a policy window in which to effect change is key” (S14), but “the downside to the importance of policy windows is that we may not have been able to advocate for the best type of policy” (S7). Furthermore, students learned about different advocacy strategies and elite advocacy techniques and, as a result, noted that “advocacy doesn’t have to be large scale to be effective” (A2).

Many noted lessons learned about global health and/or politics included gaining a better understanding of how policy is developed. Thus, not surprisingly, many students reported that they wanted to use the skills they had acquired in other contexts, and a number of students reported that they intended to continue advocating in the future. (Since the course ended, several students have reported using skills from the course to write newspaper op-eds and meet with politicians on various health issues, including antimicrobial resistance, pharmacare, and refugees.)

Students also reported that they learned many lessons about themselves. Said one student, “I now have much more confidence in taking on my own projects” (S6). Similarly, students learned about their personal strengths, both in relation to advocacy skills and to group work. According to one, “personally, I have learned that some of my greatest strengths include time management and a strong work ethic, while one area of weakness is not being assertive, and letting other group members dominate” (S17).

Experiential education

The experiential education format was found to be an effective teaching method for this course, as it allowed students to draw meaningful lessons from their work that might not be taught in a traditional classroom setting. Almost half specifically noted that what was learned could not be taught didactically, with one student reporting that “I learned much more about global health advocacy than I would have sitting in a class weekly, reading and memorizing slides” (S3). Fifteen students emphasized that they gained real-world experience and found the course to be particularly meaningful and motivating because they were actually trying to achieve something. One student wrote: “I literally see the relevance of what we are doing instead of having to wrestle with learning abstract concepts” (S17). Another noted: “there is simply no substitute for real-world learning and interaction” (S14).

In addition to learning, students thought the experiential setting was supportive of risk-taking, especially with the support of a professor and university resources. Eighteen students reported that they were challenged. Students were “pushed... completely out of [their] comfort zone” (A3). One student commented that “it has put us in the position to do things we have never done before” (S19).

Although experiential education appears to be an effective teaching approach, it comes with costs. Students asserted that the course was a very large time commitment that got in the way of other courses and commitments. It was not that students necessarily had more assignments in this course but, rather, that they were internally motivated to spend more time on each assignment and perform at a higher level, given that their work would be disseminated publicly. Yet students recognized that they learned and accomplished so much, in part, because of the hard work put into the course. Students reported that it was the authenticity of the course that pushed them to put in so much time. As one student wrote: “I was motivated to put a lot of work into the course because I was invested in the project, I wanted to see it succeed” (S7). This was likely a strong factor in the opinion of nine students that the course was one of the most rewarding they had ever taken at university.

Group dynamics

Since their performance depended on working collaboratively, the nature of group work and the challenges faced in the class significantly affected the learning and course experience. Figure 1 maps the students' social network dynamics based on specific instances of joint work on particular tasks. Teamwork challenges were evident in both the large group setting and also within the subgroups formed to complete assignments. Students found

Figure 1. Social network map of students
Students had the opportunity to comment on those with whom they worked or those whose work they deemed notable in mid-term and final evaluations, as well as in their learning portfolios. Each node represents one student in the class. The students most centrally involved in the project are closest to the network's centre, while those least involved are presented on the periphery. Nodes are arranged such that students who worked close together, or in subgroups of the class, are localized in one area (e.g., S2, S4 and S5 often chose to work together). The intensity of the colour in each node is indicative of how many times a student was mentioned by others. The blue colour of connecting lines indicates an outgoing mention (e.g., S9 mentions S13), while red denotes an incoming mention. A line that is red throughout indicates both nodes mentioned each other (e.g., S4 and S5 mentioned each other). The thickness of the line denotes the strength of the connection: if one student mentioned another many times or worked particularly closely with that student, the line is thicker.

working in a large group challenging. Challenges arose because some students had greater initial subject-matter knowledge than others, and students new to global health reported being less comfortable contributing. For example, one student wrote anonymously in a course evaluation, “There were times when some people in the class that had prior knowledge relating to global health, politics, and policy could contribute more to the class” (A14).

Along with different knowledge levels, many students felt as though there were different levels of motivation and commitment to the class. For example, while commenting on a group member, one student (S8) noted “One area [S9] could work on is taking more initiative in the group rather than waiting to be assigned a task.” At the same time, some students were more

aggressive during group meetings in contributing ideas and delegating tasks. According to one, “the drawback of having one large group, however, without specific tasks is the chance that certain students will not be comfortable or able to speak up in the larger group” (S7). As a result, some students felt intimidated by others, and one student reported “beginning to feel undervalued, disrespected and discouraged” (S17). Some students were described in peer feedback as being motivated only by grades, which other students perceived as a negative trait. On the other hand, students complimenting others noted the effective communication and listening skills of others, that they took initiative and demonstrated strong leadership, and that they were highly motivated.

DISCUSSION

This case study provides insight into both global health advocacy education and experiential education. Overall, experiential education seems to be an effective approach in teaching global health advocacy in a way that makes students feel connected to the field and valued by community stakeholders. It gives students a hands-on, meaningful experience, whereby they can experiment, reflect and extract lessons. However, this experience also highlights the challenges faced when offering such educational opportunities. Table 6 notes some key lessons learned for future offerings.

The format of this educational experience as a 12-week university course provided numerous benefits compared with other experiential learning formats, like community-based internships or summer practicums. Since this format allows for dedicated time to be conducted over a long period, students were able to experience the realistic slow pace of policy development without forgoing other opportunities. By using existing university structures, it required minimal additional resources; furthermore, it is likely adaptable to other universities and scalable without requiring dedicated resources for arranging internships or practicums. While the course was only part-time – representing one fifth of a full-time course load – it allowed

students to potentially draw on their other classes and ongoing experiences.

From this evaluation, it is evident that students learned a lot about advocacy by figuring it out on their own. The experience’s authenticity was crucial in motivating students to dedicate time to the project. It helped students feel as though everything they were learning was important and could be useful in their future. This focus on authenticity aligns with Carver’s pedagogical principles of experiential education, as well as with Katula and Threnhauser’s principles of good practice.^{33,34}

It also became clear that experiential education is more suited for some learning goals than others. Students were unable to learn broadly across topics; rather, they necessarily focused on a narrow campaign. Thus, they were not exposed to the full range of advocacy techniques or the academic literature on advocacy. For example, the students chose to run an elite campaign (in contrast to a grassroots campaign), in which they focused on government officials and did not attempt to gain public support. Their view of what effective advocacy looks like has been shaped by one example that may not be representative of future experiences. Furthermore, students learned about only one health issue – global access to medicines – and in this case the advocated policy reform was more about Canadian health policy and less about those of the international political system. This is an issue facing many global health courses, particularly those focusing on the broader global actors beyond the medical context.³ Little traditional course material was learned. Many students wished for some didactic material to complement the experiential learning; a balance of both may be beneficial, whereby more structured and regular sessions would be incorporated alongside the experiential component. No didactic lectures were offered as part of this course.

The evaluation also revealed the significant impact of the grading schema on learning outcomes of experiential education. Here, students were vocally critical of the grading scheme. Although grades may be an effective incentive structure to take on work, there was some competition for those tasks that could easily be recorded in students’ learning portfolios.¹⁹ This competition was perceived by some as detrimental to class dynamics and, at times, to the advocacy campaign. This experience demonstrated “free riding” in a group setting, with some students avoiding difficult work and hoping others would do it instead.^{35,36} This aligns with the findings of Kayes et al., who noted that leadership in groups often centres on those with the most expertise or outgoing personality at the beginning, and as the group develops, power is shared more widely among group members who begin to fulfill specific roles.³⁵ However, in this experience some students were shy and did not develop areas of expertise. A discussion of group dynamics at the outset of team-based experiential education would likely be beneficial. While past research has indicated that the most effective size for group work is four to six, it has been shown that teams of up to 30 or 40 might still be effective.^{35,37} Thoughtful construction of effective team sizes and the structure of the grading schema should be considered carefully when organizing experiential education opportunities.

Table 6. Key lessons learned

Key message	Description
1) Authenticity is a key motivating factor.	The real impact being made by students motivated them to learn.
2) Experiential education can be an effective tool for some learning goals but not others.	Learning was intense in those areas where students worked, but they did not gain a broader understanding of advocacy or of other global health issues.
3) Experiential education is perhaps particularly effective at teaching real-life skills.	Students gained transferable skills in professional development, teamwork, public relations and advocacy.
4) Grading schema significantly influences student behaviour and impacts learning.	Some students chose to undertake tasks that were easier to include in their graded learning portfolios rather than those tasks that were most important for the advocacy campaign.
5) Group dynamics in experiential education can affect learning.	Freedom to self-organize was important, but less vocal students did not always get the same learning experiences as more assertive ones.

CONCLUSION

This case study shows that experiential education can be an effective approach for teaching students about global health advocacy and, potentially, global health more broadly. Students learned lessons that are not easily taught didactically but that are relevant to understanding policy development. While experiential education can be effective, it probably only works in particular contexts, for particular outcomes. This case study identifies certain key lessons for future experiential education opportunities. These include the importance of authentic learning experiences, group dynamics and grading schemas. Further research should be undertaken to determine more precisely how important each of these factors is for learning. As universities continue to design and implement experiential learning opportunities, these should be paired with robust evaluations of their effectiveness. Additional experimentation should be done to better inform how educators can optimize students' learning experiences and fill the desire among students for practical learning about global health.

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RÉSUMÉ

OBJECTIFS : Notre étude de cas porte sur une expérience d'éducation sanitaire mondiale qui vise à former la nouvelle génération de promoteurs de la santé mondiale. La demande et l'intérêt pour la santé mondiale chez les étudiants canadiens est bien attestée malgré la difficulté d'intégrer des expériences approfondies dans les programmes d'études.

MÉTHODE : La promulgation de la santé mondiale a été enseignée à 19 étudiants de premier cycle de l'Université McMaster lors d'un cours expérientiel durant lequel les étudiants ont élaboré une campagne d'action sociale nationale sur l'accès aux médicaments dans le monde. Nous avons mené un sondage quantitatif et une analyse de la dynamique des réseaux sociaux, ainsi qu'une analyse qualitative des travaux écrits et des évaluations du cours. Les données ont été interprétées selon une démarche de synthèse thématique.

RÉSULTATS : Les thèmes que nous avons dégagés étaient liés aux résultats d'apprentissage des étudiants, à leur expérience et à la dynamique de groupe. La formule d'enseignement expérientiel a aidé les étudiants à acquérir une expérience authentique, réelle, de la promulgation de la santé mondiale et du leadership. Les conséquences tangibles sur leur parcours d'apprentissage étaient un grand facteur de motivation. Bien que l'enseignement expérientiel soit un outil efficace pour obtenir certains résultats d'apprentissage, il ne convient pas dans tous les cas. De plus, la dynamique de groupes et les méthodes d'évaluation ont un effet sur le climat d'apprentissage.

CONCLUSION : Les enjeux de santé mondiale, la pratique en santé publique et les démarches d'action sociale du monde réel peuvent être

efficacement enseignés par l'apprentissage expérientiel, en plus de compétences comme la communication et le professionnalisme. Les étudiants ont acquis une compréhension nuancée d'un grand nombre de stratégies, de difficultés et d'obstacles présents lorsqu'on préconise des idées de santé publique. Ces expériences peuvent être valorisantes et donner de l'assurance, bien qu'elles demandent beaucoup de temps. Il faudrait porter attention à la conception de telles expériences, car la dynamique de groupe et le système de classement ont une influence considérable sur l'expérience vécue par les étudiants.

MOTS CLÉS : apprentissage expérientiel; éducation; santé mondiale; politique sanitaire