

## The EUTOPIA Certificate of Internationalisation (EUCI) Reflective Portfolio 2025

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In recorded antiquity and more often associated with the philosopher, Socrates, who is said to have famously declared: “*To know thyself is the beginning of wisdom.*” This profound maxim was thought to have been inscribed at the most sacred religious sanctuary in ancient Greece, namely the Temple of Apollo at Delphi. Its inclusion at this near-mythical site is not coincidental, indeed it speaks to a transcendent and universal truth surrounding introspection or rather reflective practice: the acute analysis of one’s personhood – one’s emotions, motives, strengths, and weaknesses – is the obligation we each undertake and is vital to the development of self throughout the unfolding chapters of our lives.

By way of introduction, I was born in Cape Town, a sizeable and cosmopolitan city bordered on one side by the Atlantic Ocean and on the other enduring mountain ranges, situated at the southernmost edge of continental Africa. In this troubled land, the year 1994 saw the realisation of the aspirations and efforts of millions after more than two centuries of activism and an even longer history of enslavement and displacement. Yet it was abundantly clear that this democracy was fragile and in its infancy. Having been born in the early years of this democracy, newly won, was fragile and in its infancy. Having been born in the early years of this democracy, I sensed – long before I could articulate it – that the place I called home was decidedly different, and that an underlying hurt existed, staining an otherwise carefree childhood. I would later recall and now with some confidence label this feeling as *collective trauma*. It is challenging for those outside of the influence of Sub-Saharan Africa to grasp the feeling of being inextricably bound to and feeling the burden of history on an entire generation, the so-called “born-free South Africans”, yet it is a calling which has echoed throughout my life urging: *heal this land*.

Whereas the aforementioned may seem tangential and displaced in the context of the learning outcomes of the EUTOPIA Certificate of Internationalisation (EUCI), I wish to furnish the reader with this background which has inadvertently informed my past decisions and continues to influence my present trajectory. The outcomes of the programme suggests the production of a narrative which demonstrates the candidate’s commitment to reflective practice and interculturalism in the context of activities pertaining to internationalisation. Having been afforded the opportunity to participate in numerous international programmes and courses, I would like to relate an experience which has left an indelible impression on me, namely, an international elective at Northwestern University (NWU) in Chicago in November of 2025. If permitted, I would like to draw attention to the above paragraph, which delineates my formative experiences and worldview as a young South African. These have undoubtedly propelled my interest in internationalism.

South Africa, as a middle-income and developing nation, enjoys quite a remarkable international reputation, however; this image all too often fails to represent the vast majority of ordinary South Africans each of whom are remarkable and unique, yet have been purposefully silenced. As a final-year medical student in this context, I have always considered it a great privilege to enter into the immediate confidence of so many. More often than not I am moved by the heroism and resilience my patients demonstrate in their day-to-day lives. Therefore it is a decided privilege to be able to serve the needs of

so many albeit it in a resource constrained environment. In my own small way, I believe I offer them a voice, an outlet, and an opportunity for their stories to be heard – something I feel is severely lacking.

Whereas I have always felt my future career path was aptly chosen, I nevertheless feel remorse at being unable to offer my patients more than that which budgetary constraints allow. This frustration has gradually transformed into a form of healthcare advocacy, though at the time I had little awareness that my choices were leading me in this direction. Advocacy, for me, began at my home institution: actively partaking in and holding numerous positions in student governance; participating and assisting in the establishment of non-governmental organisations, such as a student-run organ-donation initiative which has now spread nationally; and later being afforded the opportunity to participate in international conferences regarding the role of youth in an ever increasingly interconnected world. It dawned on me in retrospect these seemingly disparate activities and leadership roles, I had inadvertently been practising healthcare advocacy. This fulfilled a subconscious need to serve my immediate community and the broader South African public – a need rooted in giving back and paying forward a debt of gratitude.

During the period in which these extracurricular activities occupied much of my limited free time, I came across the NWU International Elective Programme. This initiative provides select students with the opportunity to complete a course in a medical department of their choosing during the summer holidays. I applied with little expectation of being selected; however, I was proven wrong and awarded both a scholarship and a place in my preferred department. Coincidentally, this coincided with my undertaking of the EUCL, and I therefore sought to establish this elective experience as the primary material for my portfolio submission.

The elective was based at the NWU Feinberg School of Medicine campus, located in the Streeterville district in the heart of Chicago. Having been placed in the Allergy and Immunology Department for four weeks, I was welcomed into a team of fellows and attending physicians who consulted with both in-patients and out-patients at the tertiary hospital attached to the university. My primary duties included the clinical evaluation of patients, patient education, consultation with senior clinicians, participation in didactic lectures, and the delivery of formal presentations. The working week amounted to 40 hours, accruing a total of 160 hours over the duration of the elective.

Before leaving my home institution, I constructed a set of preliminary expectation both academic and cultural which I intended to compare with my eventual experiences in the United States. These outcomes formed the basis of my reflective approach: (i) enhanced clinical knowledge and skills in allergy and immunology; (ii) exposure to advanced diagnostic technologies; (iii) preparation for future academic research and international collaboration; (iv) adaptation to a diverse clinical environment; and (v) heightened awareness of cultural context. These outcomes provided a structured foundation for navigating what was, in reality, a complex and deeply enriching experience.

Whilst the academic outcomes I had forecast proved largely accurate with respect to (i), (ii), and (iii), I was struck by the impression that although clinicians in the United States were exceptionally well versed in the latest research, they appeared less refined in clinical acumen compared with clinicians in South Africa. The reliance on diagnostic adjuncts seemed to hamper clinical reasoning, while simultaneously providing patients with extensive, expensive tests which did not always contribute meaningfully to their care. As someone accustomed to practising within the confines of a strained healthcare budget, this was disquieting. The notion of unnecessary testing appeared not only wasteful but ethically questionable. The ability of patients to request investigations further demonstrated a commodification of what ought fundamentally to be a universal human right: access to equitable healthcare.

This prompted an uncomfortable introspection: were financial constraints removed, would I too be inclined to over-investigate? The answer is complex. I would instead argue that healthcare should be demonetised and provided solely on the basis of indication whether preventative, palliative, or curative. This conviction was reinforced by the inequities I observed, wherein the availability of certain tests and therapeutics depended on a patient's insurance status rather than clinical need. While private and public healthcare systems in South Africa operate as distinct entities, the provision of clinical care is grounded primarily in indication rather than financial circumstance. The narrative that practitioners in the United States may feel compelled to consider patient economy when providing care was deeply discouraging. Conversely, it strengthened my resolve to advocate for those who whether through poverty or injustice are unable to access essential care.

During my nearly seven weeks in the United States, I gained more than a superficial understanding of the rich cultural tapestry that defines its plural landscape. Chicago is among the most diverse cities in the country, home to an ethnically and religiously varied population and a significant immigrant community, many originating from South America. This diversity is reminiscent of South Africa's multicultural milieu. Throughout my time in the city, I engaged in numerous social and cultural activities with both local and international students, including the celebration of Thanksgiving, a uniquely American tradition to which I had previously been exposed only through popular media. Such experiences facilitated personal growth and enriched my understanding of local norms, values, and customs.

Outcome (iv) proved particularly relevant: adapting to workplace and professional norms in the United States posed an unexpected challenge, especially as the learning curve unfolded in tandem with clinical responsibilities. Workplace etiquette differs markedly from that in South Africa, where hierarchy is strongly upheld and professionalism is expressed with formality. In contrast, addressing both patients and colleagues by their first names, engaging directly with senior physicians rather than adhering to a rigid chain of command, and the forthright manner in which individuals conducted themselves were initially disconcerting. Yet, with time, familiarity, and repeated exposure, I grew not only accustomed to these norms but appreciative of the value they offered particularly in fostering rapport and dismantling unnecessarily rigid hierarchies. This discomfort, in hindsight, was instrumental in my personal and professional development. It underscored the truth that cultural competence extends beyond linguistic fluency; it lies equally in one's willingness to adapt, to embrace new contexts, and to engage meaningfully with difference.

My experience at Northwestern University marked a decisive inflection point in both my personal and professional development. Entering an unfamiliar clinical and cultural environment required that I interrogate not only my assumptions, but also the values and learned behaviours that had shaped my identity as a South African medical student. The contrasts I encountered between systems, expectations, hierarchies, and social norms were at times disconcerting, yet they proved profoundly instructive. They compelled me to question the role of privilege, economics, and societal structure in healthcare delivery, and in doing so, they illuminated the moral dimensions of my chosen profession with renewed clarity.

As I near the end of my sabbatical, I recognise that this period has not been a pause but a profound extension of my professional and personal evolution. The journey that began at Northwestern where unfamiliar systems, cultural expectations, and clinical structures forced me to confront my assumptions has continued to resonate far beyond its immediate setting. It has reshaped how I understand privilege, justice, and responsibility within healthcare, and it has affirmed that discomfort, when embraced with humility, is often the catalyst for the most meaningful growth.

These experiences have strengthened my resolve to advocate for equity within South Africa's complex healthcare landscape, while deepening my appreciation for the ingenuity and resilience cultivated in resource-constrained environments. They have reminded me that compassion is not merely an emotional response, but a disciplined commitment to seeing others fully within their sociocultural realities, their vulnerabilities, and their strength.

Looking ahead, the next chapter of this journey will take me to Mumbai in February 2026 for the conference "*In Conversation with Globalisation.*" This gathering seeks to create a multidisciplinary dialogue on the evolving forces that shape our interconnected world, and I am eager to contribute insights grounded in both South African practice and international engagement. It offers an opportunity to situate our local challenges within global patterns of inequity, mobility, and cultural fluidity, and to reflect critically on the responsibilities we carry as clinicians in a world where borders increasingly blur.

This period of reflection, exposure, and recalibration has renewed my sense of purpose. I return home with deeper self-knowledge, broader perspective, and a clearer commitment: to serve with integrity, to advocate with conviction, and to participate actively in healing the land that shaped me. For in knowing myself more honestly, I am better prepared to know, serve, and uplift others.