COPY BUT NOT PASTE

Chapter 9.

Summary

Chapter 1 introduces the main concept of this thesis: crossborder curriculum partnerships (CCP). The essence of a CCP is to transpose a curriculum from the location where it was developed (the home institution) to another, crossborder location where it will be delivered (the host institution). Crossborder curriculum partnerships can take different legal forms, ranging from a brand-new physical campus to an agreement with an existing institution in the host country. A common feature is that both partners aim to deliver the same learning experience to students at the home and the host institution.

This specific form of internationalisation is widespread in the English-speaking world and is rapidly becoming more popular. In addition, a growing number of institutions in emerging economies, such as India and China, are establishing crossborder curriculum partnerships elsewhere in the world.

The rapid growth of CCP has been fuelled by advances in IT and the accessibility of international air travel, which has made it much easier to establish international collaboration. Another factor behind the rise of CCP is the urgent demand, particularly in Southeast Asia, for top quality education that does not require students to leave their native region.

CCPs are challenging from a pedagogical perspective, because their purpose is to ensure that the curriculum in the host institution is as similar to the curriculum in the home institution as possible, despite differences in legislation, organisational environment, resources, and teaching and learning cultures. The partners seek to strike a balance between standardisation on the one hand – to ensure that the learning experience is close to identical – and adaptation on the other – to respect the aforementioned local factors as much as possible. The second challenge, and one that influences the student learning experience, is to manage the unequal dissemination of knowledge across the curriculum. After all, the curriculum is developed by the home institution but it is taught and organised by the host teachers and programme directors, and that may affect the way in which it is implemented.

The fact that these pedagogical challenges have largely been ignored in the literature and the lack of research on CCP in the medical domain have raised the following three research questions: What are the main challenges when establishing and maintaining a crossborder medical curriculum partnership? How do crossborder medical curriculum partnerships balance standardisation and adaptation? What are the strategies for establishing and maintaining a sustainable crossborder medical curriculum partnership?

Chapter 2 examines the first and third research questions in greater depth and describes the methods and results of a literature review focusing on the challenges and strategies associated with establishing and managing a crossborder curriculum partnership. The terms ‘crossborder education’, ‘transnational education’ and ‘offshore education’ were used to search all publications issued up to 2012 in Web of Science, Google Scholar, ERIC, PubMed and PsycInfo.

The articles that emerged were then subjected to an iterative coding process in order to analyse the pedagogical challenges and any useful strategies leading to a successful crossborder curriculum partnership. The result was summarised in a theoretical framework consisting of 13 factors grouped into four domains: (i) student-related

challenges, (ii) teacher-related challenges, (iii) challenges related to curriculum transposition and (iv) management challenges.

The study's conclusion is that simply copy-pasting the home institution's curriculum into the host institution is a recipe for failure. Overcoming the above-mentioned challenges requires a package of preventive measures within the various domains. A crossborder curriculum partnership also demands a culturally sensitive implementation strategy.

Chapter 3 explores the extent to which the theoretical framework applies to crossborder medical curriculum partnerships. It therefore supplements the findings described in Chapter 2. Six crossborder medical curriculum partnerships were identified in which a home institution's curriculum was implemented at a host institution. Interviews were conducted with the programme directors of each of these institutions (both home and host) using a questionnaire based on the theoretical framework.

The results revealed four context-related differences that must be overcome in a CCP: differences in health care systems, differences in political and legislative systems, differences in the teaching and learning environments, and the interaction between the partners at varying levels. Many of the factors identified in the theoretical framework (Chapter 1) also reappeared. This study makes three main contributions to the literature. To begin with, it shows that additional regulatory measures issued by the host country's government make it difficult for the host institution to offer a medical curriculum with a length and content comparable to those of the home institution's. Second, the programme directors noted that the home curriculum was closely intertwined with the home country's national health care system. This required the host institution to make extra adjustments to the teaching methods and activities. Third, it was especially challenging to influence the host teachers' teaching style, given that clinical teachers in medical curricula tend to be practising physicians, most of whom have only limited time available for teaching.

None of the partnerships studied aimed to have identical curricula in both institutions; instead, they allowed for integration of the host country's national health care system by changing, expanding or adding cases, or by adding an additional longitudinal course.

The three medicine-specific challenges described above made it especially difficult for the partners to deliver an equivalent learning experience. Nevertheless, the programme directors indicated that a crossborder medical curriculum partnership is certainly possible if the right measures are put into place.

Chapter 4 focuses on the role of the teacher at the host institution in a crossborder curriculum partnership, building on the findings discussed in Chapters 2 and 3. The previous two studies revealed a number of potential teacher-related challenges. For example, it became clear that for a partnership to be successful, the teachers at the host institution must have a sense of ownership. Because they are not involved in developing the curriculum material, their sense of ownership may in fact be weaker. Host teachers also have less autonomy because they rely on the support of the home institution and its willingness to cooperate. Finally, the teachers at the host institutions are expected to adapt their teaching style to the student-centred educational philosophy

typical of the home institutions. All these challenges may affect the quality of education at the host institution.

A Q-sort performed as part of the study revealed three viewpoints prevalent among host teachers. The first confirmed that host teachers often find it difficult to work with material provided by home institutions because it is unfamiliar to them. At the same time, host teachers find it gratifying to work with new teaching methods. The second viewpoint emphasises pride and the desire to work more closely with teachers at the home institution. The third viewpoint reflects feelings of concern about the applicability and suitability of the home curriculum in de host context.

These viewpoints attest to the importance and complexity of inter-institutional relationships in these partnerships. The findings further appear to suggest that, besides throwing up challenges, the partnerships also offer opportunities because the host teachers are determined to maintain their connection to and stay in touch with the community of home teachers.

Chapter 5 builds on the observed student-related challenges in crossborder medical curriculum partnerships. It is notable how little research has been conducted into student experiences in this form of internationalisation. After all, students can offer insights into the degree of equivalence between the learning experience on both sides (RQ 2) and how they perceive the challenges inherent in this type of partnership (RQ 1).

The student-related challenges that emerged in the previous studies were integrated into a questionnaire consisting of 31 items covering six domains. The six domains are: transition from secondary school, language, occupational suitability, reasons for selecting host institution, career planning and general level of satisfaction.

The findings of this study indicate that students do not find it problematical to have English as the language of instruction. They also do not see the transition to a student-centred educational concept as difficult. Their views are consistent with those of the programme directors in Chapter 4. Most host students are satisfied with and feel positive about their learning experience. They also identified ways to improve their learning experience.

A noteworthy finding of this study was that the host institution's heterogeneous student population, the result of the unique appeal of crossborder curriculum partnerships, can lead to difficulties in workplace learning. More specifically, some students did not speak the language of the host country, making it impossible for them to communicate directly with patients and/or staff. This was a serious challenge that each of the partnerships resolved in its own way.

Chapter 6 offers a detailed description of the pedagogical and organisational challenges involved in a CCP from the vantage point of the home institution. The chapter uses a case study to identify various practical challenges. Examples include the transfer of the curriculum material, in particular material that teachers had not committed to writing; third-party ownership of e-learning tools embedded in the curriculum; and the challenge of synchronising the two curricula despite frequent major and minor changes and updates.

The study shows that transferring material and providing pedagogical training does not automatically cause host teachers to internalise and apply the philosophy behind

student-centred teaching methods. For example, it is difficult to align a student-centred assessment system that places considerable emphasis on feedback and formative assessment with the requirements of local quality assurance boards or with the expectations of local teachers and students, who tend to set great store by summative marks.

The study also describes the new working processes that the home institution must integrate into its own organisational structure. It introduces two models situated at opposite ends of a continuum. At one end is a centralised model in which a core team of project managers coordinates and initiates most of the communication and information flows. At the other end is a decentralised management model in which many direct lines of communication run between the two institutions. The advantage of the decentralised model is that home institution staff quickly get involved, updates and changes can be communicated directly, and a platform emerges for channelling pedagogical concepts and suggestions of greater and lesser significance back to the home institution. The disadvantages of this management model are that it has implications for the home staff's roles and makes heavier demands on intercultural communication and cooperation skills. The chapter argues that a centralised management model is likely to be more successful when there are major cultural differences between the partners, but nevertheless advocates a gradual move towards a decentralised management model.

Chapter 7 focuses on the third research question posed in this thesis. It offers 12 tips for creating lasting crossborder medical curriculum partnerships. These tips, the product of synthesising the foregoing studies, are clustered into four domains: governance, curriculum, learning environment and relationship management.

In the first domain, we advise developing a master plan in the preparatory phase to steer cooperation in the right direction. The master plan should outline the expectations and responsibilities of both partners in the various contexts. The second tip is to set up a robust internal quality assurance system that monitors the aims of the partnership and allows for changes where necessary. The third tip is to prepare the home institution's staff and organisation for the partnership, in addition to the host institution staff.

In the second domain, the curriculum, the first tip is to tailor the content to the context of the host institution by making small contextual changes, adding context specific cases and integrating host-specific learning pathways. The second tip is to deal systematically with the technical and logistical factors involved in transposing, updating and monitoring the curriculum content. A medical curriculum generally consists of many different teaching formats and incorporates tools that the home institution does not own. The third tip is for partnerships to capitalise on the host institution's unique international learning environment by developing an educational approach that helps students acquire international competencies.

There are several tips on how to enhance the learning environment. One is to manage the inevitable culture shock that some students will experience upon transitioning to the new educational concept. Another is to pay close attention to the transition to English as the language of instruction and to any language barrier between students and patients in the clinical phase. The final tip highlights the importance of a robust

competency training programme for all staff members and outlines what such a programme might entail.

The first tip for managing the partnership relationship is to set up communities of practice as soon as possible allowing teachers to communicate with each another and share pedagogical concepts. We also recommend minimising inevitable misunderstandings during the many instances of intercultural cooperation by promoting cultural intelligence. The third tip stresses the importance of voluminous communication between project coordinators, subject teachers and senior management.

Chapter 8 begins with a summary of the research questions formulated in Chapter 1. Subsequently, the focus is shifted to three ethical issues that play a role in crossborder medical curriculum partnerships but have not been addressed thus far: education as a commodity, the hazards of ethnocentrism and the risks of 'brain drain'. The chapter then considers a future in which crossborder medical curriculum partnerships place greater emphasis on an equivalent bilateral flow of information, with pedagogical advantages for both institutions. Curriculum partnerships of this kind could spearhead a genuinely international university. The chapter concludes with a summary of the main limitations of this dissertation and suggestions for further research taking the ethical issues, limitations and future projections into account.