International Classroom Pilot at International Bachelor's in Medicine Groningen (IBMG)

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Executive summary

This report details a pilot project describing the 'international-classroom' at the Bachelor's degree programme in Medicine, International Bachelor's in Medicine Groningen (IBMG). A similar description has been made for a Master's programme at Spatial Sciences (Environmental and Infrastructure Planning). The aim of this pilot is to provide an example of good practice for a Bachelor's programme and to make some generalizations about such good practice for the university as a whole.

A description of the IBMG programme using existing documentation is combined with data from 14 semi-structured interviews which describe the experience of a variety of stakeholders across the programme. This provides an in-depth understanding of the factors that make a programme 'international'. When describing the programme in terms of internationalisation as a distinctive quality feature, we paid particular attention to the following parameters (NVAO 2011: 22):

- international and Intercultural learning outcomes;
- teaching and learning;
- staff;
- and students.

We also compare our local findings with the generic principles of good practice in the international classroom found in the literature. We conclude by outlining several principles of good practice that are derived from our investigation of the IBMG programme. Furthermore, we provide a generic model that reflects the experiences at both IBMG and EIP, which can be used as a starting point for similar pilots at other faculties.

1. Introduction

The main focus of this pilot is to describe the conditions and needs for the 'international-classroom' for the international variant of the Bachelor's degree programme in Medicine IBMG (International Bachelor's in Medicine Groningen). The aim is also to provide an example of good practice, and to make some generalizations for the university as a whole.

Based on a review of program documents, evaluation data, and a series of 14 interviews, this report provides a review of the learning environment at IBMG on the basis of the following parameters which are derived from the NVAO protocol DQFI (Distinct Quality Feature Internationalisation): learning outcomes; teaching and learning arrangements; staff, including diversity, international experience and competence, intercultural competences and language skills, and training opportunities; and students, including diversity, opportunities for international and intercultural experience and involvement in the curriculum evaluation and design cycle.

The review places the local data in the context of broader understandings of the International Classroom and Internationalisation of the Curriculum (IoC) by evaluating the data in the context of the Principles for Good Practice developed by Leask & Wallace (2011), Leask & Bridge (2013) and adapted for implementation by Carroll (2014). The pilot at IBMG also extends this model to the English Medium Instruction (EMI) environment, with particular reference to Klaassen (2008), Airey (2011) and Lauridsen (2013). Several principles of good practice can be derived from the pilot at IBMG, and these can be combined with findings from the parallel pilot investigation of the Master's degree programme in Environmental and Infrastructure Planning (EIP) at the Faculty of Spatial Sciences to produce a generic model that can be used as a starting point for similar pilots at other faculties.

Both pilots contribute to understanding the added value of the International Classroom and clarify institutional conditions for internationalization in relation to both students and staff. Differences in the focus of the two pilots reflect differing contexts between Bachelor's and Master's programmes, as well as disciplinary cultures and local interpretations. On the one hand, Bachelor's students are generally less experienced as learners in Higher Education, and they may be less prepared for the expectations of the academic environment than students at Master's level. On the other hand, the Bachelor's students at IBMG have three years in which to develop, and this means that they have more time to grow, that they are able to develop at different paces, and that they have more time to develop into a community of learners.

2. Educational principles and learning outcomes

An investigation of key programme documents, notably Bos & van Trigt (2009) and van Herwaarden *et al* (2009) reveals the founding principles of the IBMG programme in relation to the 2009 Framework for undergraduate medical Education in the Netherlands (see 2.1), which is in turn founded in the internationally recognised CanMEDS model (see 2.2). Over the years, the international aspect of the programme has been extended by developments in the Global Health and Professional Development lines (see 2.3 and 2.4). This international aspect builds on the diversity in the student group (see 2.5).

2.1 Founding principles of the IBMG programme

The IBMG programme was established in 2009 on the basis of the same Problem-Based Learning (PBL) educational principles as the Dutch *Geneeskunde* programme, which is described as follows (Bos & van Trigt: 2009):

- educational philosophy
  - patient-centred, active student participation, the teacher as a coach
  - problem-based learning
  - competency-based programme
  - integrated cycle of learning objective(s), means, assessment
  - integration of preclinical and clinical training
  - the body of knowledge to be studied is divided into core knowledge and backup knowledge, which is assessed using closed-book tests and open-book tests, respectively.
- outline
  - small-group learning combined with other learning methods
  - 10-week blocks – each week has a central theme
  - every week starts with a lecture presenting a patient problem and relevant study assignments will be provided
  - longitudinal line Professional Development
  - assessing medical knowledge using progress tests.

At the end of the Bachelor's phase, students following the international Bachelor's degree programme will have mastered the same competences and will have achieved the same level as students following the Dutch Bachelor's degree programme. IBMG is therefore has its foundation in the 2009 Framework for Undergraduate Medical Education in the Netherlands (van Herwaarden *et al* 2009). This framework is in turn structured around CanMEDS (see section 2.2), which is described as 'a commonly accepted model on an international scale' (2009: 25). Chapter 8 of the 2009 Framework describes '*the Bachelor's Degree Programme in Medicine: Profile and Learning Outcomes*' (2009: 51-60), which includes reference to 'contextual factors' (for example, see Table 1 below).

Acquire knowledge and understanding relating to:
8.3.1.3 The significance of contextual factors such as the family, socio-economic variables, ethnicity, culture, and beliefs for the medical process and the methods used for collecting such information. (2009 : 54)

Able to:
Indicate if and how the medical process is influenced by contextual factors, such as gender, age, ethnic diversity and multicultural aspects.
(2009: 58)

Table 1: Descriptions of 'contextual factors' in the 2009 Framework for Undergraduate Medical Education in the Netherlands

It seems logical that although the framework is based on Medicine in the Netherlands, these descriptions of learning in context imply an extension beyond the Netherlands for the international programme, and that CanMEDS in combination with learning outcomes for Global Health, provide internationally recognized reference points for the description of these 'contextual factors' the IBMG curriculum.

From the beginning, two major differences could be distinguished between the IBMG and its Dutch *Geneeskunde* counterpart:

- The language of instruction was English
- Awareness of and the ability to deal with global health issues

Additionally, non-Dutch students who want to continue their medical education by following the Groningen Master's degree programme have to learn Dutch during the Bachelor's phase. A course in Medical Dutch is organized by the UMCG in the third year of the Bachelor's. Also, during the third year, patient lectures and some other lectures are given in Dutch, which also allows non-Dutch students to tune in to the language at an academic level.

2.2 CanMEDS
Globalizing the medical curriculum involves defining a core set of learning goals to prepare students for the challenges of globalization of both health care and the medical community. Various researchers, educationalists and international organizations play a role in defining international standards for basic medical education, for instance the World Federation for Medical Education (WFME 2000, Karle 2008). Other discuss the global essential competences that all physicians must possess (Schwartz & Wojtczac 2002), or the consequences of the Bologna Process for medical education (Christensen 2004), and even a European core curriculum (IFMSA 2007).

The global minimum essential requirements in medical education have been defined in seven domains (Schwartz & Wojtczac 2002): (1) professional values, attitudes, behaviour and ethics; (2) scientific foundation of medicine; (3) clinical skills; (4) communication skills; (5) population health and health systems; (6) management of information; and (7) critical thinking and research. These seven domains are closely connected with the seven physician roles defined in the CanMEDS framework, the most commonly used model to describe key competencies for medical education and practice (Frank 2005). Fundamentally, CanMEDS is an initiative to improve patient care (see Figure 1 below). The framework is based on seven physician roles: (1) medical expert, (2) communicator, (3) collaborator, (4) manager, (5) health advocate, (6) scholar and (7) professional. The CanMEDS roles provide the basis for the Groningen international health curriculum.
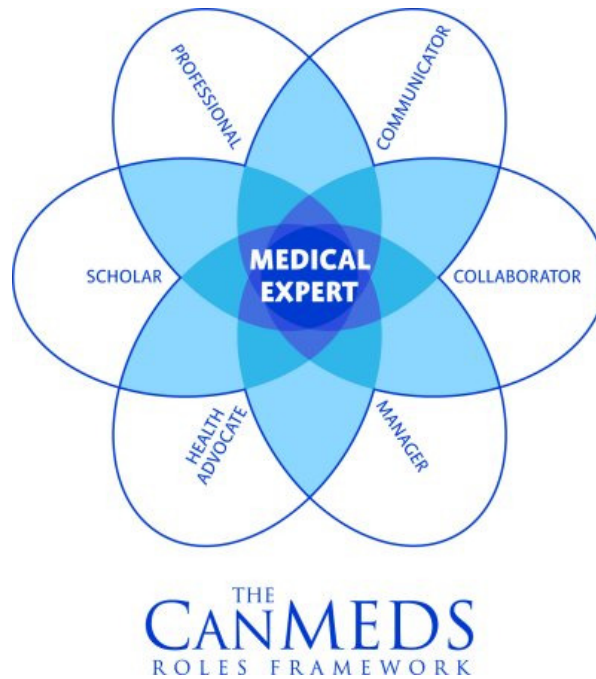
Figure 1: The CanMEDS Roles Framework

However, to make a curriculum truly international, additional themes have to be introduced in which population health and health systems are explicitly embedded. Students are provided with knowledge and understanding of international/global health and learn to challenge concepts of health and ideas of health care provision by studying different health problems and systems globally.

2.3 Global Health

Within IBMG, special attention has been paid to different aspects of health and disease in an international context, with a particular emphasis placed on Global Health. The appointment of a Professor of Global Health and an academic assistant to the professor has resulted in a coherent design which is transparent to students and founded on internationally recognized learning outcomes i.e. those proposed by Johnson *et al* (2012) in the Lancet (see Table 2 below).

Johnson *et al* (2012) explain the value of these outcomes to the undergraduate curriculum in the following terms:

> The global health outcomes … do not represent additional standards but instead highlight the global health issues that are implicit in current ones. They are intended to be integrated across the undergraduate curriculum rather than implemented as a standalone course, and are not always exclusive to global health; indeed, many outcomes will not require additional teaching time or resources but can instead be taught through existing disciplines.
> Johnson *et al* 2012: 2034

Global burden of disease

1 Discuss communicable and non-communicable disease at the global level

2 Discuss the impact of international travel and migration on the diseases seen in the UK

3 Discuss the causes and control of global epidemics

Socioeconomic and environmental determinants of health

4 Demonstrate awareness of the non-clinical determinants of health, including social, political, economic, environmental, and gender disparities

5 Examine how health can be distributed unequally within and between populations in relation to socially defined measures

6 Describe how the environment and health interact at the global level

Health systems

7 Discuss the essential components of a health system, using the WHO model

8 Recognise that health systems are structured and function differently across the globe

9 Recognise that the NHS has an international workforce and explain the impact of this within the UK and overseas

10 Examine the causes and scale of inequalities in health workforce distribution

Global health governance

11 Demonstrate awareness of the complexity of global health governance, including the roles of international organisations, the commercial sector, and civil society

12 Discuss the role of WHO as the international representative body of national governments for health

13 Discuss how health-related research is conducted and governed globally

Human rights and ethics

14 Respect the rights and equal value of all people without discrimination and provide compassionate care for all

15 Examine how international legal frameworks impact on health-care delivery in the UK

16 Discuss and critique the concept of a right to health

17 Describe the particular health needs of vulnerable groups and migrants

18 Discuss the role of doctors as advocates for their patients, including the importance of prioritising health needs over other concerns and adhering to codes of professional conduct

Cultural diversity and health

19 Demonstrate understanding that culture is important and may influence behaviour, while acknowledging the dangers of assuming that those from a particular social group will behave in a certain way

20 Communicate effectively with people from different ethnic, religious, and social backgrounds, where necessary using external help

21 Work effectively with colleagues from different ethnic, religious, and social backgrounds

Table 2: Proposed global health learning outcomes for medical students (reproduced from Johnson et al 2012:2034

During this pilot, special attention has been paid to the experiences of students and staff in relation to the Global Health line, including an interview with its Coordinator (GH).

2.4 Professional Development

Professional Development is a line running throughout the Bachelor's at IBMG. Groups of ten students with a Medical Doctor as a coach, investigate what it means to be a professional in the Medical world. Using CanMEDS as its starting point, the line has developed over the years in the

direction of the Ottawa framework, as explained by the Coordinator (see van den Hende *et al*, forthcoming, 2014):

> "The Ottawa group has defined professionalism as a phenomenon with three domains: a personal domain, an interpersonal domain, and a societal/organizational domain. So basically students need to be able to develop accountability and reflection skills in those three domains."
> Interview with the Coordinator of Professional Development (2013)

These reflection skills are operationalised through assignments in the coach group, which are also designed specifically for the medical context. The following example shows how an assignment may function to develop intercultural awareness, making use of the cultural diversity in the student group by providing students with a broader context for discussion, as described in the learning outcome given in Table 1. This example is taken directly from an evaluation of the Professional Development line through a student focus group in June 2013. In the focus group, the Programme Coordinator firstly described an assignment in the coach group:

> "In year two I watch two documentaries with the students, the one set in Morocco and the one set in Holland, and it's about different cultural attitudes to dealing with terminal illness: how you communicate, what you communicate, who you communicate with as a doctor. And having a multicultural, international student group will give you an opportunity to get far more detailed insight into what the thinking behind it is."
> Interview with the Coordinator of Professional Development (2013)

A student then describes his experience in working with this assignment:

> "I really liked the whole integration of culture along with the really real medical issue. It's the end of life, how are you supposed to treat people, etcetera. But I kind of felt for the first time that I was really in an international group. Especially with the discussion later in the coach group meeting with all the different opinions, you really do realize, it's true I am in a really international group right now."
>
> 2nd year student A: Focus Group IBMG 2013

Another student then uses this example to give a more general illustration of her experience of learning in the international group:

> "Whenever I learn anything about myself or about my friends, it is never when we are agreeing on subjects or when we share the same experience. You always learn about other cultures and other perspectives when you discuss it from different angles."
>
> 2nd year student B: Focus Group IBMG 2013

The Coordinator has been stimulated by these responses by students to extend the scope of these intercultural cases of professional medical practice:

"I now show the students fragments of three documentaries in that session: one from Morocco, one from the US and one from the Netherlands. And then there is a fourth that they can watch on Nestor, from Turkey. This creates even more diversity. Especially the one from the US, which I added this year, gives a whole new scope on the topic as it shows a highly technological view on issues surrounding death and dying."

Email correspondence with the Coordinator of Professional Development, March 2014

This example shows how the Professional Development line in IBMG gives students the opportunity to address the 'contextual factors' described in the 2009 Framework, extending the context beyond the immediate Dutch experience. It also shows how the qualitative reflections on the educational process can be built into the course evaluation cycle so that students are able to make constructive contributions to the ongoing development of the programme.

2.5 Extending the 'international' through student diversity in IBMG

Three main areas in IBMG can be defined as having an international character, or a potentially international character (van den Hende *et al*: forthcoming, 2014). These three areas, Professional Development, Global Health and the Elective/Bachelor thesis represent specific opportunities for 'international' learning alongside the medical knowledge that is acquired through the regular PBL curriculum, which described in section 3 below. In this pilot, we have placed a specific focus on these three areas of the curriculum, with the aim of learning more about the 'international' aspect of learning at IBMG, in the formal (documented) and informal or hidden curriculum (Leask & Bridge 2013). We will provide evidence of students contributing to the international aspect through the diversity of their own backgrounds and experiences. We consider that this use of the resource of 'student diversity' lies at the heart of the international curriculum at IBMG.

3. The teaching-learning environment

The IBMG Bachelor programme runs over three years, with two semesters per year (see Table 3 below). Each semester consists of two thematically organised 10-week periods. The subject-matter for each block is reproduced in a matrix, which is then translated into learning questions for the students. For example Block 3.4 deals with *Illness and Health*, and Week 1 starts with *Development, growth and nutrition*, including discussion of (1) Increase in weight, (2) Decrease in weight and (3) Poor appetite. Learning questions form the basis of regular assessment of knowledge, primarily through multiple choice exams, and of skills and professional conduct through tutor groups and professional development coach groups using the problem-based learning (PBL) model.
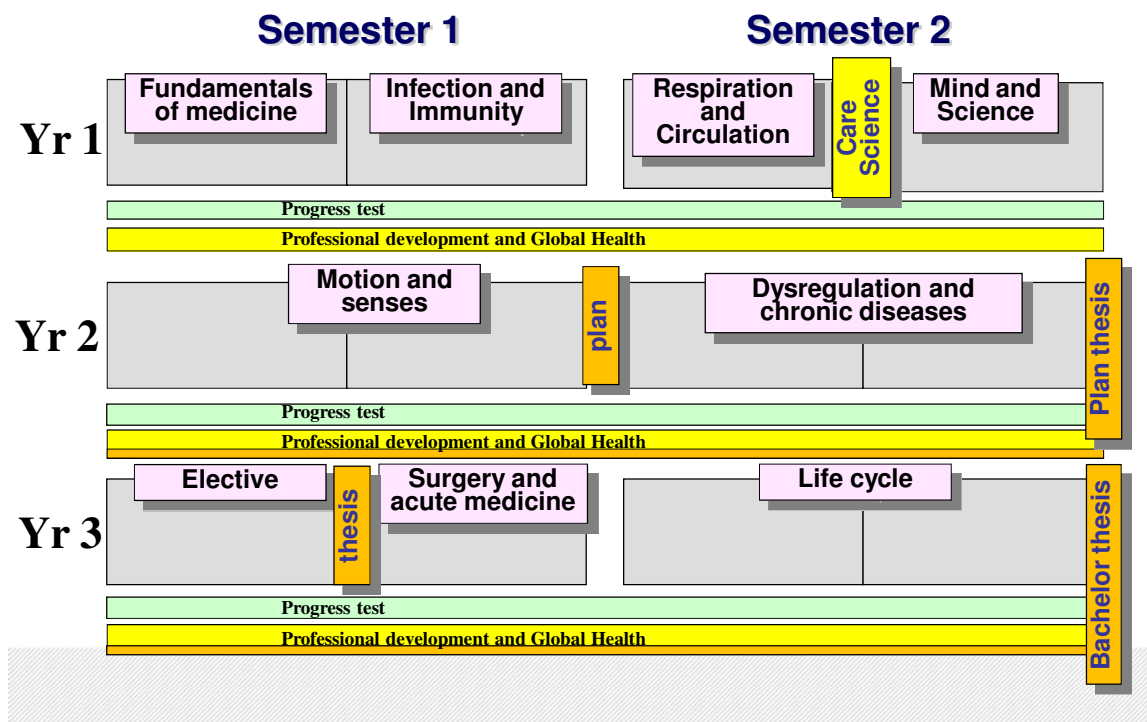
Semester 1   Semester 2

Yr 1

| Fundamentals of medicine | Infection and Immunity | | Respiration and Circulation | Care Science | Mind and Science |

Progress test

Professional development and Global Health

Yr 2

| Motion and senses | plan | Dysregulation and chronic diseases | Plan thesis |

Progress test

Professional development and Global Health

Yr 3

| Elective | thesis | Surgery and acute medicine | Life cycle | Bachelor thesis |

Progress test

Professional development and Global Health

Table 3: The IBMG Bachelor's programme

3.1 Principles of the curriculum

The IBMG curriculum is based on a socio-cultural, constructivist view of learning and on the principles of Problem-Based Learning (see Moust et al. 2005). There are (a) Coach Groups, focusing on issues of Professional Development; (b) Mentor Groups, focusing on scientific and research skills; and (c) Tutor Groups, which carry out study assignments. In this pilot we have investigated the way in which this small-group work can enable the use of diversity. The curriculum is based around five guiding principles, which can be seen as encouraging interaction and cooperation between students.

1. Learning should be contextualized

The relevance of the knowledge, skills and conduct ('competences') learned as part of the curriculum must be constantly evident. Thus, these three elements are always learned within the context of a medical problem. The curriculum is predominantly patient-centred. In the tutor group, students learn new knowledge and skills within the context of the patient case.

2. Learning should be an active process

Students should acquire these competences in an active manner. They must be able to critically evaluate the knowledge they have acquired and to apply it when analysing and solving medical problems. In the tutor group, the students learn actively; the tutor's role is that of a facilitator i.e. the tutor takes a back seat and lets the group run itself; the tutor only intervenes when the group is not moving in the right direction.

3. Learning should be self-directed

The teachers only guide the learning process of the students. It is the students who are primarily responsible for their own learning through active self-study. The teachers stimulate and supervise the active learning processes of their students by providing feedback; they also assess student achievement.

4. Learning should be constructive

Problem-based learning occurs through a process of activating existing knowledge, building on existing knowledge and constructing new knowledge around it. In the tutor group, the students use their existing knowledge to brainstorm about medical cases; the brainstorm helps identify gaps in knowledge which can then be filled by further study.

5. Learning should be collaborative

Much of the learning within the IBMG curriculum takes place in small groups so that students can learn together and from each other.

3.2 Teaching arrangements

Teaching and learning in IBMG takes place within learning weeks. Table 4 illustrates the first block of the first year; subsequent blocks vary in their structure.

Tue	Wed	Thu	Fri	Mon
patient lecture		theme lectures		
theme lectures	practical		practical	
tutor group			tutor group	week closure: response

Table 4: The structure of an IBMG thematic week (Year 1)

The general procedure in problem-based learning is called the *Seven Jump* strategy (Table 5).

1. Clarify unclear phrases and concepts in the description of the problem.
2. Define the problem; which means: Describe exactly which phenomena have to be explained or understood.
3. Brainstorm: Using your prior knowledge and common sense, try to produce as many different explanations as possible.

4. Elaborate on the proposed explanations: try to construct a detailed coherent personal "theory" of the processes underlying the phenomena.

5. Formulate learning issues for self-directed learning.

6. Try to fill gaps in your knowledge through self-study.

7. Share your findings in the group and try to integrate the acquired knowledge in a suitable explanation for the phenomena. Check whether you know enough. Evaluate the process of knowledge acquisition.

Table 5: The Seven Jumps of PBL (Moust et al 2005:668)

Through tutor groups, students therefore extend their knowledge and understanding of specific subjects, as well as further developing professional and social skills.

3.3 Assessment methods at IBMG

Several forms of assessment are used in the assessment programme at IBMG. Written exams are taken 2-3 times per period of 10 weeks in a system of cumulative assessment (see Kerdijk *et al* 2013). Each exam consists of both a closed book part and of an open book part. In the closed book part 'core knowledge is tested', while in the open book part 'back-up knowledge is tested in the context of medical cases'. In this way, the study material is tested in a cumulative way and grades are set at the end of each block.

There are also oral examinations in each study year which test the communication and clinical reasoning skills of the students. Practical skills are evaluated in practical computerized tests for subjects such as Cell Biology, Histology, Statistics and Anatomy.

Science is assessed in written reports and also in oral presentations and poster presentations at student symposia. In the first year, a research training project is performed under the guidance of an experienced scientist as mentor. In the second year, an individual Bachelor's thesis project plan has to be written under supervision. In the third year, there is an elective period of 10 weeks during which the student can choose a suitable activity. A Bachelor's thesis is then written and assessed by an independent exam committee.

Professional Development is assessed with a portfolio. The portfolio consists of multiple evaluation forms that reflect the specific focus of professional behavior within the different blocks. Furthermore, the portfolio consists of reflective assignments related to different learning experiences and tasks that are discussed during coach group meetings. A two week care-internship is organized in year 1 as part of Professional Development and a two-day clinical internship is organized in year 2. Reflection on these experiences is also part of the portfolio.

3.4 Support for teachers at IBMG

IBMG tutors and coaches are given specialized training in guiding students in small groups, in particular through a one-day workshop *Working with Small Groups* provided by the Teacher Support and Quality Assurance unit (DOK) at the Institute for Medical Education (OWI). This course ensures

that participants are well-versed in brainstorming and Socratic questioning techniques, as well as the giving of feedback. The English language variant of the course also involves discussion of intercultural aspects and the influence of teaching through English. Further to this, coaches and tutors are offered individual 'on-the-job' support in the form of observation and feedback by an in-house consultant.

Our methods for supporting lecturers are currently under revision as we develop the new curriculum (G2020) that starts in September 2014 (Henning & Okker 2013). In this new curriculum, we expect different types of interaction between a smaller group of lecturers and a community of around 100 students per cohort, described as 'flipping the classroom'. This will involve teachers in new roles and new types of interaction, which will imply different training and support.

One useful source of information that we use when supporting lecturers is video evidence, which helps to support the provision of feedback. In 2012-2013, we carried out a pilot during which we recorded five lecturers giving the same lecture in both Dutch (*Geneeskunde*) and English (IBMG), with the aim of establishing possible training needs when lecturers move from the first language setting to the English-Medium of Instruction (EMI) setting. This resulted in some initial indications of practice in the form of the feedback it produced for the lecturers (Table 6), summarized below. This provides a foundation for more detailed future research:

Some initial observations from the video evidence (n=5):
- When you ask questions, give them some more thinking time, and time to answer.
- Could repeat/paraphrase what the students ask and say, so that it is clear for the whole audience.
- Give more praise to students' contributions (you did this in Dutch but not English).
- Does it take you longer i.e. perhaps when it becomes more like a conversation? N.B. The second section does take longer in English than in the Dutch lecture.
- After about 30 minutes there is some restlessness/whispering in the room – student attention span is limited – change the activity?
- You might say more about your own background and experience in relation to this kind of medicine at the beginning?
- Could you start by asking students why they are there, what they are hoping to learn, what their expectations are? Etc.
- Is the link to the course materials specific enough? Yes, you made a clear link to the book but I thought references to other literature might help students to position the information in the context of their wider learning/further reading?
- The lecture seemed to stop rather suddenly – perhaps an explicit take home message at the end would have been a helpful reminder of the main purpose of the lecture, or was this quite clear enough already?

Table 6. Indications of practice when lecturing in two languages

The above indications seem to confirm descriptions in the literature of the need for support for lecturers switching from their L1 to EMI. Klaassen (2008), Airey (2011) and Lauridsen (2013) all explain that while language is an important element in the support of lecturers in EMI contexts, quality issues are often more related to pedagogy and to intercultural awareness. This need to pay attention to pedagogy and intercultural skills as well as language support when necessary is visualised in the following model by Klaassen (2008: 35):
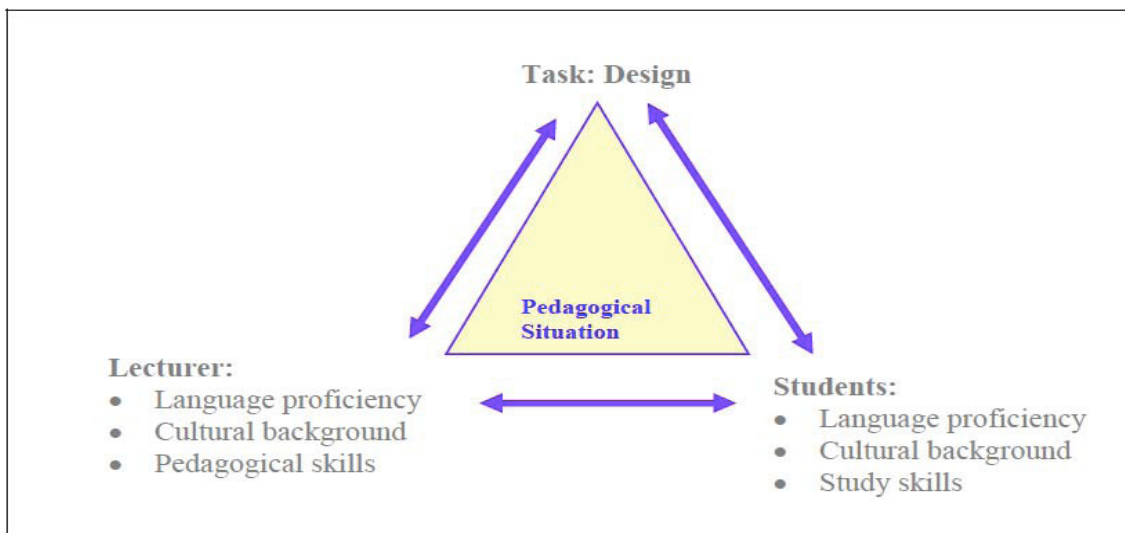
Figure 1. EMI environment

We are currently developing assessment for prospective teachers in relation to all three elements in the above model: language proficiency; intercultural awareness; and pedagogy. For example, when a medical doctor indicates that they would like to coach at IBMG, they are assessed in an interview with the IBMG educational consultant (see the materials in Appendix 3). By asking the medical professional to discuss authentic course materials in English, we are able to evaluate language proficiency and possible needs for pedagogical support in context. The specific reference to student diversity when discussing group rules in question 3 of the assessment procedure (appendix 3) opens the way for a discussion about the impact of cultures on the education process. This design allows us to tailor our support towards the needs of the individual coaches.

4. Evaluative practices at IBMG

One of the strengths of the IBMG programme is the extensive and active involvement of the student body in the evaluation of the programme through the International Bachelor's Representatives (IBR), students who take on this task through the student organisation PANACEA. For this pilot, we have interviewed both a current and a former (graduated) member of the IBR; this means that data related to the role of the IBR is integrated into the discussion of strengths and further needs and improvements in section 5 of this report. The IBR also plays an important role in the assessment process, and this is described in 4.2.

4.1   Evaluation at IBMG

Each block is evaluated by a group of students. Each year has organized an International Bachelor Representatives (IBR) group. As well as the IBR block report, electronic questionnaires are filled in by the students. The tutors (PBL learning), mentors (Science) and coaches (Professional Development) are all evaluated by this group of students. After each block, a meeting is organized between the Block Coordinator, the IBR and an educational consultant from the Institute for Medical Education. A block report is written, combining all the gathered information. This block report is discussed in an action plan meeting between the Bachelor Coordinator, the Block Coordinator and the educational consultant in which the actions to be taken in preparation for the following year are decided. The

action plan of each block is sent to the Faculty Teaching Committee (OCG), which can give advice on the outcomes of the evaluation cycle if necessary.

During the interviews for this pilot, the programme evaluation system at IBMG was specifically highlighted by several respondents as a point of good practice at IBMG. For example, a (non-Dutch) graduate who was a member of the IBR during his second and third years (SV) commented:

> "As a member of the IBR, I really felt that our opinion was listened to. There was initiative from the side of the faculty to hear us and to reflect on what we had to say. We were having meetings with members of the faculty and it's a productive thing." (SV)

There are procedures for both pre-test and post-test quality assurance, and students from the IBR are actively involved in the post-quality assurance. This means that students can discuss the validity of exam questions, and this is taken into account when finalizing the grading scheme for the exam. This increases the engagement of the students.

4.2 Reflection on the introduction of IBMG

In January 2013, the IBMG programme was evaluated during a study day attended by a group of 35 Block Coordinators, students and other stakeholders, including support staff. A SWOT was produced, resulting in some conclusions and recommendations for future development.

Teaching and learning aspects

The IBMG is seen as a fully developed variant of the Dutch Medical Bachelor's (*Geneeskunde*). The diversity of students and the size of the group (80-100 per cohort) have led to a strong feeling of belonging amongst students. The smaller scale of IBMG (compared to its Dutch counterpart) has resulted in greater interactivity in the educational process (lectures).

A lot of attention has been paid to the use of English in the small groups (tutor and coach groups). Evaluations of the English language lectures were generally good, but there is a need to pay structural attention to the quality of the English in lectures.

The study materials in the IBMG, and to some extent the exam questions, are sometimes based too much on the books used in the Dutch medical programme. Because the programmes have the same learning goals, the IBMG does not develop an independent identity in this respect.

International aspects

Approximately 20-30% of students do an elective abroad. Students work autonomously towards individual goals, and the period is gradually becoming more thoroughly documented so that supervisors understand their role and students know where to turn for support.

The Bachelor's thesis is a good final assignment which gives more academic depth to the IBMG programme and reflects international standards for Bachelor's students. The Dutch Medical programme is advised to introduce a similar final assignment.

The Global Health line is now strongly embedded in the Professional Development line through yearly assignments during which all students choose a different country of focus so that between them there is very wide international coverage of medical issues.

5. Results of the interviews at IBMG

This section consists of a summary of the main findings of the interviews carried out with a variety of stakeholders at IBMG, between September and November 2013 (for details see appendix 1). The sub-sections below reflect the main sections of the questionnaire (appendix 2). For 'international /intercultural learning outcomes' and 'teaching and learning arrangements', see 5.1 and 5.2. The experiences of 'staff' and 'students' in the international (IBMG) programme are described in sections 5.3 (assessment), 5.4 (content and context), 5.5 (didactics), 5.6 (language), and 5.7 (employability).

Before presenting the results, we briefly summarise the principles of good practice that Carroll (forthcoming, 2014) has derived from projects funded by the Australian Government Office for Learning and Teaching and the Australian Learning and Teaching Council (for example, Leask & Wallace 2011). These principles for redesigning programmes to incorporate an international dimension have proven especially valuable when considering the data produced during the pilot. These principles were also input to our meeting with Jude Carroll in November 2013 at which we presented some initial findings at both pilot sites and received constructive feedback. Carroll (2014) describes 'The Principles in Brief' in the following terms. Programme design for diverse students needs to:

1: Treat all students as learners (with their own learning backgrounds and preferred learning styles)

2: Make adjustments and adaptations for diversity

3: Provide context-specific information and support

4: Foster interaction and dialogue

5: Be flexible and include evidence-based reflection

6: Prepare students for life in a globalised world

The pilots give us an opportunity to assess the value of these internationally-recognised principles to our local practice. It should also be noted that these principles emerge from English-speaking countries, and therefore they do not specifically address the issue of lecturers teaching in a second language to groups of students for whom English is also a second or third language. This latter point is informed by the literature on EMI (see 3.4 above).

5.1   International/intercultural learning goals, aims and outcomes

The main strength of the IBMG programme in terms of international/intercultural learning lies in the diversity of the student group.

"With the mix of backgrounds in your group, you could really feel that there was a discussion that wasn't in any way threatening to either side, just trying to understand the other side. And that hit the point of what the Professional Development line was going for. I tried to understand another person with different beliefs to mine." (SV)

The data confirms that active steps have been taken in three areas at IBMG to define and make use of international and/or intercultural learning outcomes: these areas are <u>Global Health</u>; <u>Professional Development</u>; <u>the Elective and Bachelor's thesis</u>. For Global Health and Professional Development, this involves making use of internationally recognized research (for example, Cruess & Cruess 2009; Johnson *et al* 2012). For the Elective period, the learning depends on the choices made by the students to go into unfamiliar places and discover new things. This learning may take place in the hospital and its labs in Groningen, which for many of the students means remaining abroad (i.e. if they are non-Dutch). For these students, staying in the Netherlands can be an international experience because, for instance, of the access it gives them to the international academic communities to which their supervisors belong.

For around 25% of the IBMG students, the elective is an opportunity to go to an environment in another country, where they gain new perspectives and develop cross-cultural and people skills.

"A lot of the things I learnt there (in Africa), I wouldn't have been able to learn here (NL). One of the main things was having patience and waiting. People wouldn't be able to teach me these things here. And a lot of the work is motivating other people to work. And this is not what you learn at medical school." (TA)

The strength of the elective period lies in the freedom it gives to students to create their own opportunities for learning, and the connection it makes with the future profession (see also 5.8 on 'employability'). Also, the Professional Development coach meetings and a symposium organized by third year students for second year students provide opportunities for those returning to inform other students of what they have learned and how they achieved that. This also gives students the opportunity to reflect and, for instance, to explain where they went wrong. These aspects relate to Carroll's principles of good practice 5 and 6.

The Bachelor's thesis gives students the possibility to show what they can produce academically, writing in internationally accepted conventions and producing a piece of work that they can add to their CV. The Bachelor thesis represents the completion of the CanMEDS competencies at the Bachelor's level, placing special emphasis on the role of Scholar. The following two key competencies in the role of Scholar are most relevant for the Bachelor thesis project:

The student is able to:
1. Critically evaluate information and its sources, and apply this appropriately to practice decisions
2. Contribute to the creation, dissemination, application, and translation of new medical knowledge and practices

Completion of a Bachelor's thesis is in line with the general objectives of a Bachelor's program contained in the Dublin descriptors for Bachelor's programmes. Students who have finished a Bachelor's programme should be able to:

1. Show that they have knowledge of the most recent developments in their academic field
2. Use their knowledge and insights (including methodological skills) to address practical issues in their field
3. Give a well-balanced assessment of their own work from an academic angle, from the practical side and from the ethical perspective
4. Communicate (both orally and in writing) their ideas and insights to a mixed public
5. Work independently

Regarding staff, individual educators need to make the most of their own international experience, if they have that, or to feed from the diversity in the student group. Given the relative lack of cultural diversity in the group of teachers at IBMG, it seems even more important that intercultural aspects are made explicit both in the curriculum (through learning outcomes) and in training. This would give lecturers greater awareness when it comes to dealing with the following type of situation, for example, which is intrinsically complex despite its apparent practical simplicity i.e. students arriving late for classes :

> "I also saw students who were judgmental. For example there is one big difference with the Time. In Eastern countries it's really different, not so strict, and for some it is hard for them to adapt."(RS)

We envisage training workshops in which teachers work together to define international / intercultural learning outcomes for their blocks and create cases and assignments that facilitate this learning outcome.

Some specific quotes from the data:

"It doesn't have to be strange or weird, it's just different. You grow to look beyond your own borders. That's something really positive that I liked."(RS)

"The moment you cross the border of not thinking only in terms of the Netherlands, you start to get new experiences."(NQ)

"If you come to the Netherlands, something you should take care of is to understand the Dutch culture, that's the most important thing. All the people are going to follow the Master's and you're going to deal with Dutch culture anyway." (OH)

"It's a good thing that they are going abroad during the elective because then they're going outside and they will bring in their experiences and discuss it together during professional development." (GW)

5.2   Teaching and learning arrangements

The PBL system encourages activity and cooperation through interaction in small groups, which is a major advantage when you have diverse groups. A sense of belonging and community grows through the interaction and activity engendered in small group teaching in which roles rotate amongst the students and in which brainstorming and feedback are explicitly described as central to the learning processes. Teachers, in the roles of tutors and coaches, facilitate this learning through Socratic questioning.

Over the years, IBMG has learned to maximize the diversity across groups so that the formation of single-culture sub-groups is largely avoided. Personal contact is valued, both between students and between students and staff. This also seems to have the effect that over time the group grows together and becomes more homogeneous. Also, different students are able to develop at different speeds, which is important because they come from a variety of educational backgrounds and need differing amounts of adjustment. Also important are the choices and freedoms that allow students to develop in directions they value. This diversity and variety of individual learning needs signals the value of a relatively small group of teachers who are committed to the programme and who know the students (and vice versa).

> "The lecturers knew us by face. If I see a lecturer now, he still greets me and he knows who I am."(SR)

There are several teachers who provide substantial input to the programme. For teachers who play a smaller role in the curriculum, it is essential that they understand how their contribution contributes to the wider picture of student learning.

A challenge for the G2020 curriculum is to establish a core group of teachers who are able to prioritise their teaching function alongside medical and research roles. This is tied in with the culture of the broader organization and is related to structures for the reward and recognition of the value of teaching. This career perspective is specifically discussed in the G2020 framework document in relation to the position of Principal Lecturer: "The post of Principal Lecturer not only recognizes a lecturer's teaching quality (and quantity), but also the extra effort put into teaching (and thus recognition over and above that for regular teaching duties and its reward)" (Henning & Okker 2013).

Some specific quotes from the data:

"We started working on the practicals in Global Health to help the students to work with the knowledge they probably already have because it's an international classroom. That for us is a real asset in this Global Health training. We could not achieve the same with a class of one nationality." (GH)

"The PBL tutor group system plays a crucial role right from the beginning. It gives you an important feeling of belonging. You know you're in the same situation with this particular group of people, and that builds up a particular cooperation between you and them. You also learn a lot from each other, especially in the first tutor group." (SV)

> "I find that there are two students sending their work to an international conference, and another student won an international prize for his scientific paper. A lot of students actually publish internationally as co-authors. These students are international. (BT)

5.3   Assessment

The assessment and the evaluation of the exams at IBMG are highly structured, as explained in 3.3. The methodology of cumulative assessment is based on a body of research (see for example Kerdijk *et al* 2013). Students are involved in the evaluation of results, which are subjected to detailed statistical analysis before the grades are finalized.

For other forms of assessment, there is a belief that excellent students should be rewarded with high grades, which represents a move away from the so-called 'Dutch 6 culture'. It is also recognized that a formative, learning process lies behind the grade, and that students need to understand the relationship between the grade and the quality of the work they have produced i.e. there is a reason for them receiving an 8 rather than a 9 or even a 10. As the Elective Coordinator explains:

> "The aim is not just to get the grade but to understand what they are doing, to show that they have learned something." (BT)

As mentioned in 4.2, in the context of parallel Dutch and English programmes, there are some important issues with the relation and translation of the IBMG assessment materials to those in the Dutch curriculum. This may create some in-built advantages for Dutch students in IBMG, as they may have better access to the original Dutch materials on which certain questions are based. Also, lectures are sometimes given in Dutch in the third year, which is a positive stimulus to the development of the Dutch language amongst the non-Dutch students but may place them at a disadvantage which may affect their results.

One suggestion coming out of the pilot is to use more varied testing methods with this diverse group:

> "I would like to challenge these students with short answer questions or maybe essay questions, to let them explain why they chose a certain answer. It's really interesting to see how they came to a certain answer, and you can really see who understood."(TU)

Meanwhile, research is currently being carried out into the performances of the different cultural groups taking the national medical progress tests. This will provide some useful insights into the relation between cultural background and test performance.

5.4   Content/Context

There is an intrinsic advantage in the programme being delivered in a university hospital, which gives students the opportunity to make many observations about their future profession, both during shorter care and clinical internships and the longer elective period. In both formal and informal contexts, students are brought into contact with the medical profession on a regular basis and in a

variety of settings. Students very much value the social, interpersonal and informal elements in and around the curriculum. This makes sense in relation to the strong sense of belonging described in 4.2. Students who are away from their home cultures are often more reliant on social networks within the learning community than the Dutch students who have other networks closer to hand.

There is a feeling that the difficulties faced by non-Dutch students at IBMG are recognized, but that this awareness does not always result in structural solutions. The overall impression is that the experience as a whole seems to override problems with certain constituent parts, and that many of the problems are resolved in the group over time. This seems to be rooted in the affordance for interaction in the PBL curriculum, as well as flexibility in certain parts of the curriculum. For example, SR compared her earlier experience with one cohort with her later experience with another cohort, and found qualitative improvements over time:

> "There were more nationalities and they were more mixed. There was more interaction between the groups and less judging. There were differences and they knew it, but it didn't matter."(SR)

Regarding teaching staff, there was a perception that more time was needed to perform the educational role, although it was unclear whether this need was specific to IBMG or whether this is also the case in the Dutch Bachelor's. These issues also relate to selection/recruitment issues, and there is need for recognition of the wider context of how teaching fits into people's overall jobs. Do teachers have the time alongside their other professional priorities? Students value the quality of teaching and language use, noting that they do not always need the top experts if somebody else has more time.

Some specific quotes from the data:

"If you have good personal contact with someone, you might get somewhere professionally. It's really important to make friends, to get personal contacts with people." (TA)

"I've tried to make it more fitting in the perspective of the student. I try to link to other topics so I can relate back to other materials. I'm just flying in for one class and I have to hope I can make it fit." (CB)

"Because it's a Bachelor, the information given is not really very complex. I think most people   could give these kinds of lectures. It's just basic knowledge in a way. I think it's a lot more important to have people who can teach rather well and who speak OK or good English. That has a higher priority than having someone who is in surgery every week."(NQ)

5.5   Didactics

The didactic approach at IBMG is consistently embedded in a constructivist PBL approach that contributes to interaction amidst the diversity of the student group.

> "In tutor groups people really bring something from their own country, and you have these interesting cultural discussions about how you would approach a certain patient and why you would do it like this." (TU)

From this strong foundation, several elements have grown that contribute to autonomous learning through the freedom of choice that has grown through the creation of the 'international' aspect i.e. both in Global Health and during the elective period. It is also noticeable that both these lines take a long-term perspective in the development of the learners, with stages spread over several years or blocks, facilitating individual needs and the different paces at which students may develop.

One of the main findings in the pilot is the need to be explicit about the workings of the international classroom. Both staff and students are informed about the reasons for using the PBL system, the value of giving feedback in a specific way, etc. It is important that teachers are equipped to explain these issues, dealing with the variety of assumptions that are an inevitable consequence of diversity. There is recognition of the need for staff to receive adequate training, empowering them in their work, and also an understanding that the training need is not automatically language-related, although this is a factor. Block Coordinator TU expresses this in the following way:

> "Most important is that lecturers feel that they are in control of their own trajectory. I don't think you should force them into things they have maybe outgrown. They are in a better position than anyone else to tell you what they need." (TU)

As also described by Airey (2011), the reality is that teachers do not always have the time to prepare as fully as they would like. It is important that support is designed to take this constraint into account, so that activities are time-effective for teachers, preferably focusing on what is already being done rather than creating additional tasks.

Finally, it would be beneficial to include the international/intercultural element in the selection/recruitment of staff so that there is greater diversity in the teaching group. This would also encourage a greater use of English amongst staff.

Some specific quotes from the data:

"There's a mentality that Dutch people have that's different to other countries. The teachers stand nearer to the Ss, so there's more of a dialogue, and people sometimes struggle with that. In my perspective this would be a good thing, but other Ss are not very used to it. If a teacher asks for feedback, that looks to their perspective like a sign of weakness. In their perspective it shouldn't be an open discussion because the teacher should know." (NQ)

"Students often don't know why we do what we do. If they had a better understanding of why we do what we do maybe they would understand better how we could improve things, or to accept that things are going the way they are." (GW)

"Training costs time and that is always limited, but the people doing the teaching should be at the proper level. I think we should be able to make time for this." (CB)

5.6   Language

Although all students have had to achieve a certain minimum entrance level, there are quite apparent differences in the English levels in the student group. This again reflects the diversity of the backgrounds in the group. There is a feeling that adjustment and development occur during the programme, and the data does not signal the English of students as a major point of concern.

The main area in which students signal the need for additional support is in academic writing, where some students are better equipped than others because of their previous education e.g. International Baccalaureate. A second year Dutch international student explained:

> "They expect you to be able to do academic writing, but you have never done it before. There's also a lot of diversity in what has been done before. I wouldn't be able to do it in Dutch either, although the language would be a lot better."(NQ)

Special learning opportunities such as academic writing workshops are being developed to address the academic skills that some students lack.

As well as using English, non-Dutch students need to work on their Dutch in order to be ready for the Master's. On the one hand, this creates an interesting mix of Dutch and English, especially in the third year. On the other hand, the time spent on Dutch cannot be spent on developing stronger academic writing skills in English (and vice versa). This issue may be reflected in membership of the student representative committees (IBR). Those students with weaker English do not have so much time to spend on extra-curricular activities, so even if their level of English does not affect their study progress, it may affect their socialization in the informal or hidden curriculum. This points to a need for greater awareness regarding the role of English as Medium of Instruction not only on the classroom itself but also on the surrounding environment and activities.

Regarding Dutch, IBMG students are quite aware of how important it is to learn Dutch from an early stage, which must also be a benefit in terms of them becoming settled in Dutch society. Many students are taking the opportunity to learn Dutch at an earlier stage of their studies.

> "I did some courses in Dutch last year and now I am doing Medical Dutch and I have no problem whatsoever understanding the teacher. Sometimes I speak to my supervisor in Dutch. For sure I make a lot of mistakes, but I can make myself understood." (OH)

> "Many of them, even in the second year, I'm really astonished with how well they speak Dutch." (SC)

The curriculum supports students by providing a course in Dutch for Medicine, and the switch to Dutch is anticipated in the third year with all patient lectures and some regular lectures being given in Dutch.

Students do not report great problems with the language of their lecturers, with one or two exceptions. However, there is recognition of the extra dimension of teaching in a second language, and teachers do experience a need for training, and in particular they value individual feedback. Such

support is ideally carefully targeted, and because many teachers teach in both Dutch and English, pedagogical support is relevant for teaching in both languages.

It is also important to be aware of the more subtle ways in which language might function as a gatekeeper to student participation in learning and socialization processes, as explained by SV:

> "Sometimes people would be coming up to a lecturer after a lecture to ask questions or to see if there were research opportunities, and some lecturers you can see that it is an effort or something extra to have to speak English, although that didn't happen on a regular basis. Sometimes you would experience students speaking to the lecturer after the lecture in Dutch, and then a particular Dutch mannerism of talking kicks in." (SV)

Finally, while current teachers receive positive evaluations, despite their own doubts in some cases, it would be useful in preparation for the G2020 curriculum to screen potential new teachers in order to develop a pool of teachers for the future.

Some specific quotes from the data:

"Essentially it would have been really good if someone had been at the lectures and without any 'aggressive' tactic had said 'well you might really benefit', and especially many of the teachers do both English and Dutch and its really valuable to look at both. That would be really a bonus." (SC)

"Having enough language skills to be able to learn the academic skills is critical." (GH)

"My main worry is that their level of English is better than mine, even though the evaluations are fine. Sometimes I get nervous when I feel they are judging me maybe."(TU)

5.7   Employability

We have already touched on the employability issue several times in the section above in relation to the teachers, their career priorities, and the conditions of their employment in the programme. It is also important to remember that an international programme involves staff across the spectrum of the organization, such as NL, a course administrator or 'producer', who explains how he sees the international programme as "an opportunity for staff development throughout the organization, and therefore a good motivator for those staff who are interested in learning new things".

> "It's sometimes very logical to us how we organize things like insurance, banking, housing - but it is strange to the international students. You find out that what you think is normal is not normal to everyone." (NL)

For students, the elective period provides an ideal opportunity to try out ideas for future careers:

> "For the elective I did something that I was very interested in, and after doing it I can clearly see that I don't think it's my cup of tea. I went there and experienced it. I thought it is very interesting but I don't think I'd like to do this as a profession. So I started thinking about what I do want to do as a doctor later. How I saw the elective period, it's a chance to take

something you're interested in and go see if it would suit you. It's a kind of early heads up to give you more time to think." (SV)

"Now I feel like I'm part of a team and we also talk with some faculties in the US. We are going to try to go ahead with a project. And this could lead to an MD PhD in the longterm, but I thought let's start with the elective period. And now I am trying to write up an article for publication with another student with the support of the supervisor." (OH)

The elective period therefore plays a very important role in helping students to gain a new perspective on themselves in relation to their future profession or career as doctors or medical scientists. A list of examples of students who have presented or published internationally is included in appendix 4 to show that Bachelor's students at IBMG are taking the opportunity to develop experience in publishing and presenting in international academic circles. It is too early to know how many of the IBMG students will work abroad, but the Global Health Coordinator estimates it will be significantly higher than amongst the general population of medical students.

"Johnson *et al* 2012state that on average 3% of the medical graduates in the UK work in public health, and of the ones with an international or global health training this is 10%. I think our group will show the same pattern, but it is years too early to know." (GH)

Some specific quotes from the data:

"I thought I might want later to work with an international aid organisation or something like that. But before I traveled to Africa, I'd never traveled outside Europe. It's a bit weird to want to do something when you don't really have a clue what it means. Also, when I start working in the Netherlands or another European country, you can always get people from Africa, so I think for intercultural communication it's quite nice to be able to say to your patients that you have an image of what their country looks like, or what their life has been like." (TA)

"I was quite convinced before that I wanted to go into some form of surgery. I wanted to use my motor skills to intervene in the patient and make him better this way. So surgery was always a thing that I was looking forward to, or to learn or to practice maybe. And there it was just seeing how it actually is done, not from a series or from YouTube videos. You see it in real, not in the anatomy dissection room, it's real patients, real life. It's really impressive to see that." (DG)

"I was contemplating whether I wanted to do something with Medicine in developing countries, doing a specialization in Tropical Medicine, or doing MSF or something, or if I wanted to go in another direction. So I decided to go with S to Malawi to see if it was something I wanted to do in the future. I realized quite early on that it wasn't for me." (TN)

5. Conclusions

In this section, we firstly summarise the findings in the data from IBMG, highlighting the examples of good practice. Secondly, we compare the IBMG findings with those at the Msc. EIP program in order to describe the commonalities that represent a shared vision on good practice in internationalization across the two sites. Thirdly, on the basis of this comparison, we produce a set of recommendation for good practice in the international curriculum, which are broadly in line with the Good Principles framework proposed by Carroll (2014).

5.1 Findings at IBMG

The pilot shows that the IBMG program has the following strengths as a site for international classroom education:

1. **Diversity**

    The diversity of the student group creates intrinsic opportunities for intercultural exchanges, and a sharing of a variety of beliefs and perspectives in an atmosphere of mutual respect. This enhances intercultural awareness. Students are given, and create, opportunities to learn from their peers, for instance in the Elective symposium organised by third year students for second year students.

2. **Context**

    There is a clear professional context, built on Medical cases and delivered by teachers who are medical professionals. Many of the teachers have international experience, which is used as a point of reference in extending the context beyond Dutch borders. Furthermore, the context is activated in the Problem-Based learning environment, which facilitates interaction in small groups (PBL).

3. **Community**

    There is a strong sense of belonging and community in IBMG. This grows through the interaction and activity engendered in small groups (for example, PBL tutor groups and professional development), in which a safe environment is essential for brainstorming and feedback.

4. **Vision**

    Specific areas in the curriculum have developed clear visions on international education, based on internationally recognised standards and learning outcomes. Examples are Global Health, Professional Development and the Bachelor's thesis. The content in these areas is based on international frameworks and benchmarks, in particular CanMEDS and Global Health (Johnson *et al* 2012). This also means that international graduate attributes exist, although there is a need to make these attributes and learning outcomes more explicit for stakeholders.

5. **Flexibility and choice**

   Students are given the freedom to choose areas for personal development and professional growth, in particular during the elective period, which many students use to evaluate their professional ambitions or to develop specific areas of scientific medical interest. This places the learner at the centre of the curriculum design and gives students the time and space to develop in different ways in relation to medicine and their professional ambitions.

6. **Evaluation**

   Students are actively involved in the evaluation processes for blocks and the exams. Students appreciate the fact that their input is taken seriously and acted upon in a quality cycle that involves the creation of action plans for the revision of the programme.

7. **Catalyst**

   An additional point is that IBMG can function as a catalyst in the development of other programmes. It is a melting pot with a variety of perspectives and expectations, which leads to the development of new ideas. One example of this is the move towards a stronger academic perspective, represented by the Bachelor's thesis, which will be extended to the Dutch programme. It is also likely that the integration of a more diverse group of students into the Master's phase will also lead to developments in that programme

The findings also point to some areas in IBMG in which the international classroom can be developed further. These elements represent useful points of reference during the redevelopment of the curriculum as a learning community for the G2020 programme, which starts in September 2014:

1. The international and intercultural learning outcomes or graduate attributes, which are highlighted in some areas of the curriculum, are not yet addressed evenly throughout the curriculum. Students experience a lot of intercultural exchange as a result of the diversity of the group and in specific assignments, but a more explicit description of international/intercultural learning outcomes would provide a stronger basis for integration across the programme. In G2020 international/intercultural learning outcomes and competences can be made more explicit.

2. As the programme is run in a Dutch environment (a Dutch medical Faculty embedded in the environment of a Dutch hospital), it is to be expected that Dutch norms and values will pertain. It is important to be aware of the potential advantage that this can give to Dutch students, for example in the area of assessment. This is also related to the transfer and translation of the IBMG programme from the Dutch programme, which has produced a culture of comparison amongst staff and students, and which may be reduced in G2020 when there are four learning communities of equal size, two of which will be English Medium Instruction.

3. There is a need for further structuring of the support for teachers, including attention for language (English), pedagogical skills and intercultural awareness. Lecturers note that they would especially benefit from a formative process involving observation and feedback, which

is already offered in a consistent way to teachers in small groups (tutors and coaches). In G2020, this is being addressed with reference to framework of approaches to faculty development (Steinert 2010).

4.   IBMG would benefit from greater diversity amongst staff, which can be addressed through revised selection and recruitment policies. This is also related to wider issues concerning the terms and conditions for teaching, as well as the balance of priorities between teaching on the one hand and medical practice and research on the other hand. In G2020 the value of the teaching role is recognised in the description of the Principal Lecturer.

5.2   Comparisons between Msc. EIP and IBMG

At the Msc. EIP program, a very similar set of strengths emerged:

1. Strong focus on context (see 5.1 IBMG, point 2)

2. Recognition of the importance of interaction for community building (see 5.1 IBMG, point 3)

3. Gathering of evidence for evaluation (see 5.1 IBMG, point 6)

4. Approach looks outside the Netherlands for comparisons (see 5.1 IBMG, point 2)

5. Developed in response to global needs (in IBMG, this is reflected in the focus on Global Health, and is part of the context: see 5.1 IBMG, point 2)

6. Focus on graduate attributes (including skills) (see 5.1 IBMG, point 4)

7. Focus on (freedom of) choice (see 5.1 IBMG, point 5)

Four further conclusions emerged for the Msc. EIP program, which relate to diversity, interaction and the emphasis on culture and context (see 5.1 IBMG, point 1).

From the above comparison, we can see that there is considerable commonality in the experience at the two sites, and that it is therefore possible to describe a shared vision regarding current good practice. In the next section, we combine the above points from both pilots into one set of recommendations for our international and intercultural learning environments. These recommendations are broadly in line with those of Carroll (2014).

5.3   The Principles for Good Practice in relation to IBMG and EIP

On the basis of the findings of the pilots at IBMG and EIP, we make the following recommendations to colleagues who are implementing international classroom practices.

 1.   Be aware of the impact of your existing **educational culture(s)**

Current practices will inevitably be embedded in local academic culture, and this will have an impact on the international classroom, for instance when establishing international standards for grading. In this way, efforts to internationalize the curriculum can also act as a catalyst to change to local practices.

2. Use **diversity** as a resource

Acknowledge that diversity helps to generate a richer variety of solutions. The diversity in students and teaching staff can be used as a resource to generate a variety of perspectives, for example extending the scope of cases and examples when discussing theory, knowledge and practice, and allowing for an explicit focus on intercultural learning outcomes.

3. Be **context-**specific

Use examples which show differences, preferably covering not only the Dutch or European experience, and allowing students to provide their own backgrounds as examples. Also, seek 'double valorisation', from both professional practices and the academic domain.

4. Define and contextualize your **vision on international** education

Learning outcomes and graduate attributes should be embedded internationally-recognised standards or frameworks (for example, those for Global Health as defined by Johnson et al. 2012). This gives the international curriculum an identity which is distinct from the local educational culture and provides a common frame of reference for all stakeholders.

5. Facilitate broad and informal **interaction**

Interaction enables the exchange of perspectives and ensures that everybody has a voice. Also, it engenders a sense of belonging and community. This can be achieved through a variety of formal and informal settings, giving space for student input and initiatives, and should therefore not only be regulated at program level.

6. Allow for **flexibility** and **adaptation** time

Build flexibility into the curriculum so that students are able to establish their own agency within the programme. Be aware that diversity in the student group implies students learning in different ways (learning styles) and at different paces. Focus on monitoring transition: measuring the specific progress of students pre-, during and at the end of the programme. Facilitate choice and flexibility in the programme by allowing teachers to use discretion, while also supporting them by providing intercultural awareness and other appropriate training.

7. Provide appropriate **language support**

Language support for teachers should be directed towards qualitative measures (observation and feedback). Support should reflect individual needs and be based on evidence (e.g. video), and where possible linked to other professional development activities, notably the BKO/UTQ. Support for students should focus on their contextualised needs, which implies a focus on the aspects of academic and professional communication (writing and/or speaking) that are most relevant to their discipline.

8. Involve students actively in **evaluation** procedures

Encourage and facilitate the thorough and active involvement of students in the evaluation of programmes, using an iterative quality cycle which produces qualitative as well as

quantitative evidence. As well as ensuring quality this produces a sense of inclusion, and it enhances the spirit of community (ownership) in the programme.

The above recommendations incorporate aspects of a more detailed possible <u>Generic Model</u> for the International Classroom at University of Groningen which is provided in Appendix 5. It may be possible in the longer-term to revise and extend this working generic model through our second set of pilots.

Acknowledgements

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Appendices

Appendix 1: Interviews at IBMG

Nr	Abbreviation	Description of role in programme
1	NL	Administrative producer, support staff
2	GW	Quality Assurance, support staff
3	SC	Experienced lecturer, teaching staff
4	CB	Occasional lecturer, teaching staff
5	RS	Graduated student (now in Master's)
6	GH	Management staff, Coordinator Global Health
7	TU	Block Coordinator, teaching staff
8	SV	Graduated student, former IBR representative (now in Master's)
9	OH	Third Year student (after elective in NL)
10	TA	Third Year student (after elective abroad)
11	NQ	Second Year student, current IBR representative
12	BT	Management staff, Coordinator Bachelor's Thesis
13	TN	Third Year student (after elective abroad)
14	DG	Third Year student (after elective abroad)

Appendix 2: Interview questions

1.   Are any international/intercultural learning goals, aims and outcomes defined and articulated?

2.   Teaching and learning arrangements
2a   Do the teaching and learning arrangements support students to work effectively in cross-cultural groups and teams?
2b   Do the teaching and learning arrangements encourage intercultural interaction?
2c   Do the teaching and learning arrangements assist all students to develop international and intercultural skills and knowledge?
2d   To what extent are regulations in line with the overall goal of "international and intercultural learning"?

3.   Assessment
3a   Do assessment tasks require students to consider issues from a variety of cultural perspectives?
3b   Do assessment tasks require students to recognize intercultural issues relevant to their discipline and/or professional practice?
3c   Are assessment tasks culturally sensitive?
3d   To what extent are regulations in line with the overall goal of "international and intercultural learning"?

4.   Content/Context
4a   Is the content of this program internationalised?
4b   Are students required to apply knowledge and skills in a variety of national and cultural contexts?
4c   Are teaching staff in this programme prepared/trained to understand the international context of the discipline and related professions?
4d   (How) is the informal curriculum of influence to the "international and intercultural learning"?

5.   Didactics
5a   Are teaching staff prepared/trained to employ teaching strategies that engage students from diverse cultural backgrounds?
5b   Are teaching staff prepared/trained to employ teaching strategies that engage students from diverse linguistic backgrounds?
5c   Are students prepared/trained to participate with peers from diverse cultural backgrounds?
5d   Are students prepared/trained to participate with peers from diverse linguistic backgrounds?

6.   Language (students)
6a   Are the language needs of students ascertained and assessed?
6b   Are the academic reading/writing skills of students ascertained and assessed?
6c   Are the language needs of students supported/provided for?

6d   Are the academic reading/writing skills of students supported/provided for?

7.   Language (academic and other staff)

7a   Are the language needs of staff ascertained and assessed?

7b   Are the language needs of staff supported/provided for?

7c   Are staff supported in the use of a second language?
(e.g. help with translation or revision of teaching materials, documentation and communication)

8.   Employability

8a   How do you envision your future employability (for students and staff)?

8b   What impact does being part of an international environment have on your career/international employability? Are there any specific elements in this programme that will contribute to your international study/working environment?

Appendix 3: Assessment of new coaches 2013-2014

This assessment will take between 30 and 45 minutes. It will be audio recorded for future reference and to enable feedback.

1.   Warm-up discussion. What attracts you to the coaching role? What are your expectations?

        Do you foresee any difficulties?

2.   Prompt: "The main aim of the first coach group session is to establish a safe and supportive learning environment: to get to know one another in terms of personal characteristics, to discuss important issues regarding language and (educational) cultures and to establish group rules governing the classroom etiquette / norms. Also, this session is intended as first practice in communication skills."

        PD Manual

        At the start of the first coaching session, you will introduce yourself to the group.

        How will you present yourself to the group? Which aspects of your own personal and professional background will you choose to stress?

3.   Prompt: "Students will come from various educational backgrounds and may have to accommodate to what is expected of them in the coach group. It is important to let students know what is expected of them in terms of participation, preparation, tasks, agreements, giving and handling feedback etc. Group rules can differ from group to group, but the coach is responsible for the final set of rules that the group adopts."

        PD Manual

        What kind of rules do you think will be appropriate? Which aspects of behavior would you like to emphasize in the opening session, do you think? How will you go about this?

4.   Prompt (second meeting): "Students have thought about what makes a good doctor in their opinion. They have put these thoughts into writing. They also had to choose a symbol that represents their ideas about a good doctor. Each student will talk about this symbol and its meaning. In your comments on the presentations you as coach could try to make the connection between the chosen symbols and professionalism / professional behavior."

        PD Manual

        What symbol would you choose to represent a good doctor? What values does it portray? What other symbols do you expect students to bring with them?

5.   How do you feel that you did in terms of language use?

6.   Are there any other issues that you would like to raise with me? Are there areas in which you would like specific support?

Agreed action points (follow-up)?

Appendix 4: Examples of student research activities

1. EP: Abstract and oral presentation EAACI 2012 Geneva, now submitted for publication
2. AD: Abstract and poster discussion EAACI 2012 Geneva
3. NK: Abstract and poster discussion EAACI 2013 Milan
4. VS: Abstract and poster discussion PAAM 2013 Athens, preparing for publication

    VS:"I participated in the conference "3rd Pediatric Allergy and Asthma Meeting (PAAM) 2013" showing my results obtained from my Bachelor Thesis in an abstract presentation. My study was about:

    "Diagnostic specificity of symptoms seen in Double Blind Placebo Control Food Challenges (DBPCFCs). Do subjective symptoms lead to false positive test results and overdiagnosis?"

5. EK: preparing thesis for publication

6. MG: publication in team, together with Prabowo SA, Gröschel MI, Schmidt ED, Skrahina A, Mihaescu T, Hastürk S, Mitrofanov R, Pimkina E, Visontai I, de Jong B, Stanford JL, Cardona PJ, Kaufmann SH, van der Werf TS

    "Targeting multidrug-resistant tuberculosis (MDR-TB) by therapeutic vaccines."

    Source

    Department of Pulmonary Diseases and Tuberculosis, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands.

7. YS: publication in team, together with M. Yusof Said1, Willem J. van Son2, Hubert G.M. Niesters1, Annelies Riezebos-Brilman1 1Department of Medical Microbiology, Division of Clinical Virology, 2 Department of Internal Medicine, Division of Nephrology The University of Groningen, University Medical Center Groningen, The Netherlands

    "The occurrence of Hepatitis E virus genotype 3 in renal transplant recipients and the co-occurrence of chronic liver disease"

8. CW and C vd A: submitted our abstract and presented our BT results 1.5 half years ago at the Symposium on Maternal Health; ' Safe Motherhood revisited' in Amsterdam.

9. KW submitted an abstract to the society of pediatrics research in Vancouver

10. DD congress perinatal care in northern parts of the Netherlands

11. CvW is recommended by her supervisor for an MD-PhD

Appendix 5: A possible <u>Generic Model</u> for the International Classroom at University of Groningen.

	At program level	*In-class*
Learning outcomes	• Acknowledge that diversity helps to generate a richer variety of solutions and raises quality and satisfaction • Learning outcomes should focus on the use of examples and context • Seek 'double valorization', from both professional practices and the domain of science • Develop/describe intercultural skills explicitly	• Expose students to real-life problems • Focus on international case studies and examples • Make explicit the use of student and staff diversity as a resource in improving teaching outcomes, and in interaction • Discuss 'theory' in the context of specific applications, products, cases or practices
Teaching environment	• Establish extensive, English-language information provision on local arrangements for teaching and regulations and Dutch education (hand outs, contact points, reception committees, mentoring programs), addressing active learning, equality, examination, grading, and facilities • Allow for adjustment time for non-Dutch international students • Define key characteristics of diversity for program, particularly experience, national, cultural and educational background • Select students based on their diversity and past experiences • Recruit staff based on their diversity and past experiences and language background	• Facilitate interaction and community building including informal and voluntary activities, 'out of class activities' like trips and excursions, and meeting places for students and staff • For assignments and group work, mix students based on their diversity (but not only their nationality) • Adjust learning material to include international examples, paying attention to contextual setting, and comparative data • Ask students to bring their own background as an example • Ask students to apply newly learned concepts to their own cases • Ask students to describe the cultural contexts of examples, cases, decisions
Assessment and evaluation	• Assume international teaching standards (grading, examination, enrollment, participation) • Focus on monitoring transition: measure specific, personal, individual progress of students pre-, during, and end program • Give students an active role in the evaluation of the programme	• Allow for sufficient feedback and time for adjusting assignment work and sufficient retakes for exams (some leniency is required for students used to a different university culture) • Facilitate freedom of choice, and an 'own' topic for assignments and thesis work
Language	• Develop a structural approach to language support for teaching staff, ensuring individual feedback • Evaluate language in its context, meaning that support may need to address pedagogy, communication skills, and intercultural skills	• Observe and evaluate the use of language in classrooms, and provide contextually appropriate support where necessary