

References

1. *ALIGN Achieving and checking the alignment between academic programmes and qualifications frameworks* <http://align.brusov.am/>
2. Kennedy, D. (2007). *Writing and Using Learning Outcomes. A Practical Guide. Quality Promotion Unit: UCC*, pp. 18-19.
3. *National Centre for Public Accreditation* <http://ncpa.ru/>

THE INTERNATIONAL STUDENTS' LEARNING CHALLENGE AND ITS COUNTERMEASURES

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Abstract

Objective: *With the increasing number of international students coming to our campus for their professional training, it is necessary to learn about the challenges they are facing in learning and adjusting to our strength enhancing and the quality of higher education improving, more and more international students are coming to China to receive their higher education (Gan and Zhou 2015). Over the recent years, most of medical colleges and universities in China have launched a special program MBBS (Bachelor of Medicine & Bachelor of Surgery Program) to recruit overseas students. Chinese teachers delivered lectures in English. After the graduation, these students return to their home countries or go to other countries to take Medical Licensing Examination and start their clinical medical work. The quality of teaching is very important for these students, as it ensures whether they pass the Medical Licensing Examination and take up a relevant occupation or not.*

Kunming Medical University launched the MBBS program in 2011. Up to now, there are 463 international students at the campus, most of whom are South-Asians (94.6%) (India, Nepal, Bangladesh), and the rest come from South-East Asia (3.9%), like Thailand and Burma, and other countries (1.5%) (as of May, 2016). These students have various cultural and educational backgrounds, and their learning needs, expectations and ideologies are diverse, too. In order to to guarantee the quality of MBBS program, it is necessary to understand the challenges these students are facing in learning and adopt appropriate teaching methods to facilitate their learning. For that reason, we conducted an interview to learn about their difficulties.

Methods

Interview questions

Referring to other scholar's studies (Malau-Aduli 2011; Gagliardi et al. 2009), We designed a set of interview questions focusing on four topics – cultural adaptation, language issues, academic adjustment, and personal strengths and weaknesses in autonomous learning.

Sample

The interviewees were 20 international students in Kunming Medical University (5 Indians, 3 Bangladeshis, 3 Nepalese, 3 Thais, 3 Burmese, 1 South African, 1 Kenyan, and 1 Tanzanian). Ten of them were freshmen, 5 sophomores, and 5 juniors. The seniors and the fifth-year students didn't take part in because they were off the campus in their internship at hospitals.

Ethical issue

The study received the ethical approval from the Higher Education Research Institute of Kunming Medical University in July 2014. All the students who agreed to participate in the study were asked to sign a consent form.

Interview

Before the interviews were conducted, we got in touch with those interviewees, informed them of the purpose and the requirements of the interview, and made an appointment with them about the time and place of the interview. During the interviews, we asked for their permission of recording first. When the interview began, we used the same questions to interview every candidate and recorded the whole process at the same time. Each interview lasted for about 20 minutes. Afterwards, we transcribed the recordings and sorted them out.

Results

Demographic data

Among the 20 participants, males (60%) are more than females (40%). All are under the age of 20. The South-Asian students account for 55%, including 25% of Indians, being the biggest group. The South-East Asians are 30% of them. 70% of the interviewees studied here with the financial support from their families, 15% of them obtained the government support, and the rest 15% were self-funded. Most of them (70%) have basic Chinese proficiency while 25% of the interviewees have acquired advanced Chinese proficiency (see Table 1).

The results of the interview

The interviewees admitted that they got much greater help from “the senior international medical students”(70%) and the “international student office and academic staff”(45%) when they were adapting to a new environment, but the greater barriers in the adoption were “different life style” (45%), “lack of understanding of Chinese culture”(30%) and “exotic foods”(30%). Language issue was their greatest challenge. Nearly 80% of them had “language problems” and 50% of them lacked “communication skills”. Language even put strains on their academic adjustment. Half of them thought the greatest pressure came from the “Chinese language”. Other external stressors were “busy schedule of classes” (40%) and “teachers’ language and teaching style” (35%). The majority of them regarded themselves as high motivators (60%) but easily distracted in class (60%), and they believed that they were “good at accessing the Internet for learning resources (50%) (see Table 2).

Discussion

Cultural adaption

Our interview shows that there were some factors hindering the cultural adaptation of the international students. The most challenging was the “different life style” (45%), then followed the “lack of understanding of Chinese culture”(30%) and “exotic foods”(30%). Our international student office and academic staff have done a great job, which was satisfactory for nearly half of the interviewees (45%). They should keep on their efforts. However, these international students got a little help from their Chinese peers. Only 15% of them made Chinese friends. Chinese students are the greatest population on campus and young people make friends easily if they have suitable chances. Mitchell reported how ‘cultures of learning’ influenced students’ approaches and indicated the importance of cultural influences as a factor amongst international and home learner groups (Mitchell et al. 2009). In order to reduce the barriers to acculturation for the international students studying in China, therefore, the international student office should arrange more extra-curriculum activities hand in hand with other schools or departments. Via involving in the same extra-curriculum activities, the international students will have more chances to make friends and mingle with Chinese peers. These Chinese students will help them pick up more of Chinese culture and life style from the daily life and their communication skills with Chinese could be improved quickly by such contacts. The university authority could even establish a Chinese-foreign student association. On the other hand, Chinese teachers and administrators in charge of the international students’ education should learn about their cultures, customs, religions, and taboos etc. Niemantsverdriet indicated that socio-cultural differences between students and supervisors could hamper productive learning (Niemantsverdriet et al. 2006). Such understanding will simplify these teachers and administrators’ efforts and make them more effective to help these international students get used to the

new environment as soon as possible, which will alleviate learning obstacles caused by cultural differences. From the efforts of both sides, some cultural misunderstandings can be avoided and the period of culture shock for the international students might be shortened a bit.

Language issue and academic adjustment

Language was and remains the biggest challenge for the international students. Nearly 80% of the interviewees admitted that they had "Language problem" and 50% of them lacked "Communication skills". It even caused their great pressure in academic adjustment (50%). To some extent, this challenge affected their acculturation and timely progress throughout their medical education, leading to delays in progress and other kinds of assimilation and cultural integration difficulties in classrooms and clinical practices. In order to ensure our education quality, the language training should be offered as a compulsory course all through the programme. Cultural elements should be integrated into the language training course.

Although students felt helpful support in medical subject learning (80%), they complained about "busy schedule of classes" (40%) and "teachers' language and teaching style" (35%). Only 20% of them regarded Chinese teachers as great helpers. Even if English is the language of instruction in their classroom, some teachers' are not proficient enough in the English language. In order to solve the problem and to guarantee the teaching quality, it is advisable to hand over the teaching platform to as many "oversea returnee" teachers as possible. In the meanwhile, the university authorities should provide advanced academic English course for those potential young teachers, who need oral presentation skills in English to deliver their courses.

As to teaching methodology, the traditional teacher-centered lectures dominated the classroom. However, a problem-based learning method (McLean and Arrigoni 2015; Holen et al. 2015), case-based learning method (Srinivasan et al. 2007; Gade and Chari 2013), and team-based learning method (Zeng et al. 2017) are worth learning from. We can give students assignments and ask them to do some research after the class. During the class, the students are required to contribute their research results and discuss the suggested solutions together. In this way, teachers needn't present everything in the class, and the teaching schedule in class doesn't seem so busy. At the same time, these students can be better involved in class activities and the traditional teaching style is shifting towards the western one.

Students' personal strengths and weaknesses on autonomous learning

The interviewees reported a high lever of learning motivation (60%) and being good at accessing the Internet for learning resources (50%). But they were easily distracted in class (60%) and couldn't manage their time properly (30%). Again, these features put forward the necessity to cut down the lecture time and involve those students in classroom activities. We should provide those students with sufficiently easy access to the Internet and encourage them to do online learning. In order to help them with time management, it is better to split the assignments into several parts and check their work frequently with short intervals. The last but not the least, the evaluation of international students should be diversified. For example, brief students' recitations in the classroom should be encouraged. Assignments and online work should count more in their term achievements.

Conclusion

Globalization of medical education requires cultural reflection that will ensure its success in different environments and among different groups (Stevens and Simmonds Goulbourne 2012). Our interview reveals that language is the biggest challenge faced by these international students. It affects the effective communication and the cultural adaption. Furthermore, it hinders academic adjustment. We should provide language training courses both for the international students and teachers. Besides, in terms of teaching methods it was suggested to make a shift from teacher-centered to student-centered methods such as PBL and CBL. International students should be more involved in extracurricular activities in order to increase their chances to mingle with the Chinese peers. All these suggestions will undermine the language and cultural barriers in their learning so as to enhance the teaching effect. We expect these measures will help our education on the way to globalization.

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Appendices:

Table 1
Demographic Characteristics of the Participants (Total numbers=20)

Category	First-year students		Second-year students		Third-year students	
	No	(%)	No	(%)	No	(%)
Gender						
Male	(6)	55	(3)	53.9	(3)	59.5
Female	(4)	45	(2)	46.1	(2)	40.5
Age						
≤20	(9)	45	(9)	45	(2)	10
Finacial Assistance						
Family	(8)	40	(3)	15	(3)	15
Self	(0)	0	(1)	5	(2)	10
Government	(2)	10	(1)	5	(0)	0
Nationality						
India	(3)	15	(1)	5	(1)	5
Bangladesh	(1)	5	(1)	5	(1)	5
Nepal	(2)	10	(1)	5	(0)	0
Thailand	(2)	10	(1)	5	(0)	0
Burma	(3)	15	(0)	0	(0)	0
South Africa	(1)	5	(0)	0	(0)	0
Kenya	(1)	5	(0)	0	(0)	0
Tanzania	(1)	5	(0)	0	(0)	0
HSK level						
Entry/Basic	(7)	35	(4)	20	(3)	15
Advanced	(2)	10	(1)	5	(2)	10
No HSK	(1)	5	(0)	0	(0)	0

Hanyu Shuiping Kaoshi (HSK) ; Entry/Basic=HSK level 1-3; Advanced= HSK level 4-6; No HSK= no HSK certificate.

Table 2 Themes of Interview (n=20)

<p>Topic 1: Cultural adaption (Number of responses)%</p> <p><i>Factors that aided adaptation:</i></p> <ul style="list-style-type: none"> ✧ Senior international medical students (14) 70%; ✧ Support from international students office and academic staff (9) 45%; ✧ Other international students in the class (3) 15%; ✧ Making Chinese friends (3) 15%. <p><i>Factors that hindered adaptation:</i></p> <ul style="list-style-type: none"> ✧ Different life style (9) 45%; ✧ Lack of understanding of Chinese culture (6) 30%; ✧ Exotic foods (6) 30%; ✧ Weather (2) 10%; ✧ Different learning styles (2) 10%.
<p>Topic 2: Language issues (Number of responses)%</p> <ul style="list-style-type: none"> ✧ Language problem (16) 80%; ✧ Communication skills (10) 50%;

<p>◇ Different dialects people speak (4) 20%.</p>
<p>Topic 3: Academic adjustment (Number of responses)% <u>Most stressful areas:</u> ◇ Chinese language (10) 50%; ◇ Teachers' language and teaching style (7) 35%; ◇ Busy schedule of classes (8) 40% <u>Most helpful areas:</u> ◇ Medical subjects (16) 80%; ◇ Laboratory classes (5) 25%; ◇ Chinese teachers' s help (4) 20%</p>
<p>Topic 4: Personal strengths and weaknesses on autonomous learning. (Number of responses)% <u>Major strengths:</u> ◇ Learning motivation (12) 60%; ◇ Good at accessing the Internet for learning resources (10) 50%; ◇ Learning strategies (6) 30%; ◇ Learning contents (5) 25%. <u>Major weaknesses:</u> ◇ Distracted in class (12) 60%; ◇ Lack of communication skills with Chinese teachers and administrators (7) 35%; ◇ Lack of proper time management (6) 30%.</p>

References

1. Gade, S., & Chari, S. (2013). Case-based learning in endocrine physiology: an approach toward self-directed learning and the development of soft skills in medical students. *Advances in Physiology Education*, vol. 37(4): p.356.
2. Gagliardi, A.R., Wright, F.C., Victor, J.C., Brouwers, M.C. & Silver, I.L. (2009). Self-directed learning needs, patterns, and outcomes among general surgeons. *The Journal of Continuing Education in the Health Professions*, vol. 29(4): p.269.
3. Gan, C. & Zhou, W. (2015). A discussion about education situation and management work of international students in Chinese college (in Chinese). *Education Teaching Forum*, vol.(5): p.66.
4. Holen, A., Manandhar, K., Pant, D.S., Karmacharya, B.M., Olson, L.M., Koju, R., & Mansur, D.I. (2015). Medical students' preferences for problem-based learning in relation to culture and personality: a multicultural study. *International Journal of Medical Education*, vol. 6: p.84.
5. Malau-Aduli, B.S. (2011). Exploring the experiences and coping strategies of international medical students. *BMC Medical Education*, vol.11: p. 40.
6. Mclean, M. & Arrigoni, C. (2015). How we capitalised on casual PBL facilitators' expertise and experience to add value to our medical programme. *Medical Teacher*, vol.12:p.1.
7. Mitchell, B.S., Xu, Q., Patten, D. & Gouldsborough, I. (2009). A cross-cultural comparison of anatomy learning: learning styles and strategies. *Anatomical Sciences Education*, vol. 2(2): p.49.
8. Niemantsverdriet, S., van der Vleuten, C.P., Majoor, G.D. & Scherpbier, A.J. (2006). The learning processes of international students through the eyes of foreign supervisors. *Medical Teacher*, vol. 28(4): e.104.
9. Srinivasan, M., Wilkes, M., Stevenson, F., Nguyen, T., & Slavin, S. (2007). Comparing problem-based learning with case-based learning: effects of a major curricular shift at two institutions. *Academic Medicine*, vol.82(1): p.74.
10. Stevens, F.C.J. & Simmonds Goulbourne, J.D. (2012). Globalization and the modernization of medical education. *Medical Teacher*, vol. 34:e.684.
11. Zeng, R., Xiang, L.R., Zeng, J., & Zuo, C. (2017). Applying team-based learning of diagnostics for undergraduate students: assessing teaching effectiveness by a randomized controlled trial study. *Advances in Medical Education and Practice*, vol.8: p.211.