

# Internationalisation of the Curriculum in Action

## Case Study - Nursing

This case study was developed as part of an ALTC National Teaching Fellowship, *Internationalisation of the Curriculum in Action* in 2010-2011. One of the outputs of the fellowship was a process model of internationalisation of the curriculum. The model identifies five-stages of internationalisation of the curriculum:

- Review and Reflect
- Imagine
- Revise and Plan
- Act
- Evaluate

More details of the process model and supporting resources are available from [www.ioc.net.au](http://www.ioc.net.au) or from the Fellow, Associate Professor Betty Leask [betty.leask@unisa.edu.au](mailto:betty.leask@unisa.edu.au).

As you read through this case study think about the following questions:

1. What are the enabling factors within the institutional context?
2. What does the case study tell you about the process of IoC?
3. What does it tell you about the product, an internationalised curriculum?
4. What questions does it raise for you?

### Institutional context

The university's approach to internationalisation is embedded in its policies and mission. University policy documents describe a comprehensive approach to internationalisation of the curriculum.

Recognition and reward for staff actions in internationalisation is specifically addressed in documentation, primary responsibility for which is born by the Deputy Vice Chancellor International. The DVCI emphasises the University's commitment to internationalising the curriculum for all students. The University demonstrates this commitment in various ways, including by promoting and supporting opportunities for students to acquire international experience and develop inclusive perspectives.

University documentation describes a multi-level approach to internationalisation, encompassing elements such as joint degrees involving collaboration with international partner institutions; recognising and rewarding student endeavours in internationalisation; finding ways to facilitate quality interaction between international and domestic students in both academic and non-academic settings; as well as committing to an ongoing process of internationalising the curriculum to produce graduates with the skills, knowledge and experience necessary for living and working in a globalizing society.

The university offers students the opportunity to study a foreign language concurrently with their degree program and a Diploma in Global Issues, which can be taken concurrently with any degree program.

## The process of IoC

### Reviewing and Reflecting

The Nursing team involved in the initial stage of the IoC process consisted of the three program leaders. The undergraduate program is highly practical and students go into a clinical placement in their first semester. The majority of the clinical teaching is done on placement, so teaching staff are quite dispersed. There is a strong focus on the health-care consumers, the clients. In many ways the clients are the starting point, and the analysis of client needs provide the impetus for deciding on what the students need, and from there what the teaching staff need to do with the students. The Nursing teaching team is very much focussed on approaching global aspects of the curriculum through the local in the first instance, and very aware that health-care consumers are highly culturally diverse, and increasingly so.

The main drivers for internationalisation of the Nursing and midwifery curriculum include the need to prepare graduates for work in multi-cultural workplace settings in Australia, but also possibly abroad. Whereas the undergraduate programs prepare graduates to be practitioners in such settings, the postgraduate programs prepare graduates for leadership roles in multiple settings. Another important driver is the broad cultural diversity reflected in both the staff and student cohorts. By the same token, team members indicated that there was no shared understanding of what was meant by internationalisation of the curriculum in the context of the program or the university. Some members voiced concerns that internationalisation should not occur at the expense of important local, 'ethnocentric' content. Some even commented that the 'typical white Aussie' no longer seemed to be present in the curriculum.

It was noted that international and intercultural aspects already have an important place in the Nursing curriculum. The curriculum uses Problem Based Learning methodology. All cases contain an intercultural element, and an awareness of a range of intercultural issues that will be faced in professional practice is considered an important aim of the curriculum. This is often in the form of changing the names and cultural backgrounds of patients and discussion, facilitated by clinical lecturers, on what this might mean for the nursing practitioner.

All students are encouraged to participate in international or intercultural experiences as part of their study, up to and including the option of working with indigenous communities in Australia and in Cambodia. Team members commented on the 'transformational' nature of these international and intercultural experiences for those staff and students who were involved.

It was concluded that from many perspectives the Nursing and midwifery programs could already be considered to be significantly internationalised. The program leaders wondered, however, if this could be made more explicit and overt to both staff and students, as could the rationales for internationalisation – including the demands of professional practice. They also wondered if the curriculum might also benefit from a more strategic overall approach to internationalisation of the curriculum. They saw internationalisation is an ongoing process and believed that room for improvement always exists but they were concerned that the approach taken be evidence-based.

They decided to approach the internationalisation process as a piece of action research and were keen to write articles for publication based on their experiences. They chose as their research question the main question from the Fellowship: 'How can we internationalise the curriculum in this discipline in this particular institutional context and ensure that as a result we improve the learning outcomes for all students.'

The Questionnaire on Internationalisation of the Curriculum (QIC) online was put into Qualtrics and administered online. In this way the team leaders sought to establish what different understandings of internationalisation of the curriculum were held by the teaching staff. One of the particular challenges faced was that the significant proportion of the staff who are sessional and clinical practitioners, see themselves primarily as clinicians, rather than as teaching academics, and do not necessarily identify strongly with the Nursing school or the University. Because of this the decision was taken to embed the internationalisation process in already established, periodic meetings in the school, rather than trying to engage staff separately. The response rate to the QIC was around 60%.

An initial overview of the questionnaires showed that a great deal was already happening in the realm of internationalisation across the program. Nevertheless, a focus group was set up to ensure this impression was justified, and to uncover the gaps that might exist. The group established that the PBL cases selected were representative of the multicultural community the students would be working in. However, it was also found that many of the teaching staff felt poorly prepared to work with students on the 'international and intercultural' aspects of the problems presented to them. Some said they avoided them all together. This surprised the program leaders and highlighted the need to do more professional development with staff in this area, if they wanted to truly internationalise the Nursing curriculum.

Overall, the Nursing team drew the conclusion that while much was being done across the program in internationalisation of the curriculum, this needed to be more overt. Creating a more explicit narrative of internationalisation in the program would enable teaching staff to build on and interconnect the many separate pockets of practice and thus deliver a more coherent and connected international curriculum for all students.

### **Imagining**

The team began to imagine what their program might look like if they better utilised the multicultural backgrounds of existing staff. They began to discuss ways of using this diversity of experience in a more productive way.

They started to imagine how they might use the learning of those staff and students who went on clinical placement to Cambodia each year. While only a small number of students take part in these placements, they began to imagine ways to use this very rich learning of a few students and staff as a resource to enrich the learning of all students. A growing study abroad program was identified as another activity with similar potential.

Discussions continue around the meaning of internationalisation of the curriculum in the particular context of the Nursing program. The initial response was that it needed to be about skills, i.e. intercultural competence. In analysing the meaning of intercultural competence, however, the Nursing team has been confronted by the question of whether is it just about skills, the 'doing'

domain, or whether there is indeed basis in conceptual aspects, the 'knowing' aspects of the curriculum, such as the concept of professional identity.

This deeper discussion about the meaning of intercultural competence is at the time of writing the stage where the Nursing team is focussing its energies.

The next stage will involve investigating the curriculum in action, the actual student experience of learning, to assess the effect of the various internationalisation components which teaching staff believe they are 'putting in' to the curriculum.

The process to this point took around 12 months and is ongoing.