

Transnational Higher Education: Developing a Transnational Student Success 'Signature' for Pre-Clinical Medical Students – An Action Research Project

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Abstract—This paper describes an Action Research project which was undertaken to inform professional practice in order to develop a newly created Centre for Student Success in the specific context of transnational medical and nursing education in the Middle East. The objectives were to enhance the academic performance, persistence, integration and personal and professional development of a multinational study body, in particular in relation to pre-clinical medical students, and to establish a comfortable, friendly and student-driven environment within an Irish medical university recently established in Bahrain. The outcomes of the project resulted in the development of a specific student success 'signature' for this particular transnational higher education context.

Keywords—Global-Local, pre-clinical medical students, student success, transnational higher education, Middle East.

I. INTRODUCTION

AS a core component of internationalization strategies of higher education institutes from around the world [1]-[3], transnational education (TNE) offers programmes to 'learners who are located in a country different from the one where the awarding institution is based' [4]. Research into the phenomenon of transnational education (TNE), however, is still in its nascence [5] - in particular in the Middle East region, which is a major consumer of TNE [6].

RCSI Bahrain is a branch campus [7] of the 230 year old Royal College of Surgeons in Ireland (RCSI). It opened its doors 10 years' ago and students from approximately 40 different nationalities are currently enrolled in the School of Medicine, which offers a curriculum identical to that delivered in Dublin. RCSI can be considered as one of the first transnational universities of medical education, and a component of the phenomena of transnational education flowing towards lesser developed centres of education worldwide [8], and which is channeled into the Middle East in particular [6].

Expatriating a new part of itself into a corner of the world and within a context which could be perceived as the antithesis of itself, in particular in terms of traditional cultural and organisational values, the university has had to innovate in the range of services, programmes and other offerings which

engages and supports the academic success of medical and nursing students as they "encounter the world in the classroom" [9, p24] 'at home' in the context of an Arab Islamic culture, but within a European institution of transnational medical education, thus engaging with a global learning environment locally [10]-[12], and which implies imagining themselves in new ways informed by global discourse [13].

As preparing and supporting student learning during their first year of university is considered to be a critical indicator of student success [14], the university is required to provide a wide range of services, facilities, programmes and other offerings which will engage and support the studies of a very diverse and multicultural student body. This raised the question of whether the current academic support and development needs of our medical students were adequately understood and appropriately met in this specific transnational learning environment of new 'intellectual contact zones' [15].

An examination of this issue was undertaken by the Student Development & Wellbeing Department through an action research approach of collaborative enquiry. By listening to students' voices [16], we were provided with privileged 'insider views' [17, p. 163] on our current practice. The ensuing dialogical reflection [18], which was both creative and critical, resulted in an eye-opening analysis of the values and assumptions that informed our current practice, and offered opportunities for improved professional practice as well as enhanced services and benefits for students. It was intended that these new communicative spaces [19] would become braided into a specific transnational student success 'signature' for our pre-clinical medical students and inform the services and resources provided through the Centre for Student Success.

II. BACKGROUND

Retention of medical students in their early years of study is problematic for many medical universities [20], [21] and global institutions operating in a transnational context are no exception. Not only do local students enter a transnational learning environment in their own backyard - which may present a very different cultural lifeworld from that which they are used to and embody - but overseas students who arrive to study in a transnational institute of higher education are

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required to navigate both the cultural space of the host country and that of the institution in order to make sense of their learning context. Furthermore, factors such as levels of English language ability, knowledge gaps in basic sciences, weak competencies in independent learning and study skills, and difficulties in managing the transition from secondary to tertiary level education also impact students' academic progress and experience in the early years [22].

As a response to this, the university focused on rebranding its existing student support programmes into offerings and activities which would facilitate the academic progress and success of all students, not only those identified as poorly performing.

The Question

Although the university's Student Council had initially been consulted and assisted in the physical design of the Centre for Student Success, even choosing the colour of paint on the walls, no research had been undertaken as to whether *what* was being provided and *how*, was actually appropriate to the learning and development needs of our students.

The phenomena of transnational education has been investigated through various lenses and from different angles [6], [8], [23]-[28], but very little research has been identified which focuses on development of context-specific student support in a transnational learning environment [29], despite calls for new educational initiatives which focus on improving retention of students with diverse backgrounds in medical school [30]. In responding to this call, through our own understanding of the transnational educational context in Bahrain, it was intended that a unique transnational student success 'signature' would be developed which would shape our future practice, the department's effectiveness, and benefit the academic progress of our students.

The question to address, therefore, was how could the newly established Centre for Student Success further improve its services and offerings for pre-clinical transnational medical students in order to increase their engagement and integration, and – ultimately – success?

Creating a 'Signature'

The idea of a 'signature' which shapes the character of a specific professional practice was first applied by Shulman [31] to pedagogy and then developed further to include the strategies, processes, competencies, ethics and values of various other disciplines such as, inter alia, public administration [32], psychology [33], doctoral education [34], the humanities [35], and most recently, social work [36]. A 'signature' is defined as a specific identity which is reinforced through professional programme delivery and shapes the embodiment, interactions and power relationships of those within its sphere, as well as the culture of its practice.

Culture in all its multifarious forms plays a key role in developing a specific student success signature, as culture also informs the help-seeking behaviours of students which need to be understood in context [37]. For example, students in the Middle East tend to expect to develop closer contacts and

interactions with staff [38] than students in the west might do. We should therefore consider the affective response of students towards their transnational learning environment as a powerful driver when reflecting on how to improve learning outcomes and student satisfaction [39], [40]. Baird [39] points out that particular skills and strategies are needed to support transnational study in a local setting, so that local students can 'survive' at a western model university [22], and international students can thrive in a foreign location.

Connecting with students as soon as possible at the beginning of their academic career is critical [41], as engagement patterns are formed early on which will impact levels of persistence as well as future professional ethos [42]. Tinto's [43] model of student integration has influenced these views and highlights the necessity of 'front-loading' the student experience to ensure early engagement. Twenge [44] proposes this experience should be both structured and interactive in order to meet the learning needs and expectations of today's students who she profiles as belonging to 'Generation Me' – although overgeneralization in this regard should perhaps be cautioned.

III. METHODOLOGY

Action Research has been described as a meshing of 'action, reflection, theory and practice' [45, p. 4] aimed at transformative change through an iterative action-reflection cycle of 'observe-reflect-act-evaluate-modify-move in new directions' [46, p. 9]. Using grounded theory, new 'local theory' [45] could therefore be developed specific to this context, and which would inform our future practice.

Through a collaborative enquiry approach, involving the student voice in the project would not only provide rich qualitative data through narrative as they drew on their diverse experiences and ways of knowing, but as participants in the research process students would be empowered as co-researchers [47], and therefore co-owners of new knowledge generated. Through their critically reflective feedback, students would also be able to make sense of their transnational learning environment, interpret this world [48] and direct the enhancement of their own learning experience [16].

IV. DATA SOURCES

Three primary sources for data gathering were used in the project: a questionnaire that student participants could return anonymously, a focus group meeting with student participants, and a discussion meeting held with two of the Centre tutors who acted as 'critical friends' [46].

The Participants

Student participants were purposefully selected based on common characteristics [49]. They were all students experiencing a transnational medical education in their first three years of study and represented a sample microcosm of the student body. Six students participated, which is deemed to be an effective number for a focus group [50]. There were three male students and three females, representing the first

three years of study over the Medical Commencement Programme, Foundation Year, and Year 1 medicine. All had successfully completed their previous academic year. Nationalities represented were Indian, Bahraini, USA, Pakistani and Irish. All had been schooled in countries different from their nationality, except for the student from the USA who had attended college in California, USA, and had never previously visited a Middle Eastern country.

V. METHODS

An email invitation was initially sent out to ten purposefully selected students, of which six accepted. The six participants were then sent a questionnaire. The questions were designed to elicit various types of response such as suggestions and ideas, descriptions of experiences, narrative and reflections. The language of the questionnaire was intended to address the student participants directly, to encourage feedback and to involve them as co-researchers. Qualitative feedback from the free-text responses was then thematically analysed in order to formulate questions for in-depth discussion at the focus group meeting. The one hour focus group meeting was audio recorded and transcribed for thematic analysis.

VI. FRAMEWORK OF ANALYSIS

Five key themes emerged from the thematic analysis of data:

- Attracting students to engage with the facilities and services of the Centre,
- Insights into students' ways of knowing and learning needs,
- Self-management,
- The importance of culture and the transition to medical university in Bahrain,
- Suggestions to enhance the transnational learning environment.

Data within these themes were further analysed using the framework of critical and creative reflective inquiry (CCRI). CCRI is a useful framework for action research, drawing on Mezirow's [51] levels of reflection and influenced by Habermas' [52] critical philosophy as well as Bourdieu's [53] theory of practice. This framework of analysis was adopted as it takes the researcher through three logical phases [54] which provided a platform for analysis as well as action: descriptive, reflective and a critical emancipatory phase. Data was mapped over this framework according to the themes, and analysed through the three phases.

VII. VALIDITY AND LEGITIMIZATION

Responses from the questionnaire were validated through the focus group discussion with the student participants themselves as co-researchers. By drawing out key themes from the questionnaire and repeating understanding of the feedback in the focus group meeting, the students themselves could agree and validate my understanding of how they constructed meaning and navigated the transnational context in order to confirm my interpretations.

A discussion group was held with the Centre tutors which generated further insight into the research question, and from which a roadmap of transformational change for the Centre evolved. This process also facilitated a refinement of draft strategies for the Centre's new student success signature, with the tutors becoming willing collaborators in the action plan.

The validity of the research was strongly supported in context. Legitimization will further evolve as the department rolls out and continuously improves our new student success signature. Evidence of effectiveness can therefore be continuously monitored and evaluated through the iterative action-reflection cycle.

VIII. FINDINGS

Findings indicated that younger students perceive the Centre as a friendly base and space where they can interact with other students, use resources, consult with a learning tutor, as well as for group or individual study. This reflects the importance, following the literature, of providing offerings in the Centre which target student engagement in the early years. In particular, many students are searching for answers on 'how to', at this stage in their academic career. This supports the ideas of involving experienced older students as role models to guide and work with younger students and share their knowledge, and who can also give valuable tips on 'how to survive med school', for example, for different years. Our current peer assisted learning programmes (PAL) could therefore be adapted accordingly.

Participant feedback also challenged our existing assumptions. For example, a professor leading an elective module had assumed that students already knew how to research, when in fact many students ended up lost as they had never had an introduction to research or academic writing. This encouraged us to reflect on our assumptions such as when we encourage students to try new study strategies such as group study, how do we know that our multinational multicultural student body in the early years of their study, who join the university from a variety of prior learning backgrounds, really know what this is and how to do it? Students suggested that before they embark on academic adventures such as research they need to 'get the hang of it'. Students encouraged us to organise such sessions around 'hard topics' that they thought would spark interest, and more importantly, attendance.

Students told us that 'we hate emails' and alternative advertising methods for the Centre's learning sessions and workshops were suggested, such as attractive electronic noticeboards, or using an App, confirming the profile of 'Generation Me' [44] students, who enjoy social interaction and visual stimulation when learning.

The students who participated were very aware of their motivators to study medicine, and were seriously thinking about their future as young healthcare professionals. They suggested that an introduction to surgical skills be taught early, information about licensing board exams preparation be given in the first year, as well as career advice about different specialties in medicine. The focus group discussion revealed

that year 1 students are already actively seeking this knowledge. This has implications for career guidance being made available to younger students at an earlier stage in their academic career path.

The students requested that self-management and life skills such as building self-esteem, public speaking, dealing with people, time management, teamwork and professionalism become an important focus of the Centre's offerings. They also expressed sympathy with issues faced by other students: one student was concerned as 'I saw students not doing well because they panicked and I didn't know how to help them...'.

Cultural issues generated much discussion. Students perceived themselves to be at a disadvantage if they did not speak Arabic, especially when they knew they may need to take clinical histories from Arabic speaking patients in local hospitals in their clinical years of study, and even though the curriculum is delivered only in English. The students from overseas also wanted to learn about Bahraini society and 'understand' the Middle East. After all, they would be spending five to six years in this particular environment and undertake clinical rotations in local health centres and hospitals.

For many students, coming to the Middle East from other areas of the world was reported as a challenging transition, even though this is a western model medical university. It was previously assumed good practice for new students to mix with other students of different backgrounds when they first start university, in particular for international students to become integrated and acculturated into the host culture. The focus group discussions revealed that this was not always the case. Language played a large role in this, as non-Arabic speakers could not understand what Arabic speaking students (the majority) were saying around them, which made them feel uncomfortable and out of place. It was therefore important for international students to gain confidence by finding familiar and similar 'other new students like me' before they were able to start to explore difference. All the students, however, mentioned that as the semester progressed they integrated over time and adapted to their new transnational environment.

Attendance at student social events was reported to play an important role in integration, and students suggested a welcome event that would highlight local culture in the first week of the semester or as part of the Orientation programme. Such findings support Tinto's model [43] of positive reinforcement and front-loading in order to set successful patterns of engagement.

There were many innovative ideas expressed to improve the current learning environment and address learning needs: the importance of sharing experiences, finding out about different student cultures and backgrounds, suggestions on how to integrate into a new learning environment, techniques that could be shared for better study strategies in medical school, and helping students help themselves. Simple details were mentioned as important but which had previously been overlooked, like easily accessible maps of campus, knowing who people are, what resources are available, where to go for

what, and understanding what a transition from high school/college to a transnational medical university entails.

IX. WHAT WE ACHIEVED THROUGH ENGAGING IN ACTION RESEARCH

Mezirow [51] points out that we perceive ourselves through a structure of psycho-cultural assumptions. Taking a collaborative action research approach, existing structures could therefore be deconstructed, and previous assumptions of what mechanisms were believed necessary to support the success of our pre-clinical medical students could be challenged. We learnt that it should not be assumed that 'we' know what 'they' need, and the student voice must be heard and listened to in both academic and non-academic spheres of university life [16]. In this way, a new student success signature was constructed by the department [55], and organizational capacity for student achievement increased.

Through engaging in action research, a new transnational student success signature for our pre-medical students was developed based on the following seven tenets:

- The importance of facilitating a connection between students of similar backgrounds at the beginning of their university experience so they can venture forth in confidence to explore difference in a transnational learning environment.
- The Orientation experience is critical for student engagement and the building of an inclusive learning environment in the host country.
- Cultural awareness and language are key considerations for successful engagement.
- Students should be shown future professional opportunities in medicine to motivate and prepare them early on in their academic career for personal and professional development.
- Peer teaching and support is essential; older students should be involved as role models or tutors for younger students and encouraged to share positive experiences.
- Development of self-management skills in the transnational learning environment and the need for students to be supported to successfully adjust and adapt to the transition.
- Identifying new and different channels of communications, such as social media, through which students can be addressed and 'hooked' to attend learning support sessions and extra-curricular programmes offered by the Centre which underpin their success.

X. CONCLUSION

As local spaces become increasingly globalized [56], the development of context specific student success signatures which facilitate academic progress and appropriate student support mechanisms will become more complex and increasingly important for student success. This research is the beginning of an ongoing and evolving dialogue involving the student voice to improve our practice in Bahrain. Other institutions could similarly benefit from undertaking

collaborative action research to develop their own student success signatures for different disciplines and which would underpin student academic progress.

Through a collaborative action research approach, we set out to improve professional practice by understanding the tools and mechanisms that would successfully facilitate the success of pre-clinical medical students in the transnational learning environment of the Kingdom of Bahrain. This project has resulted in improved services and increased provision of targeted extra-curricular learning sessions for students, as well as the development of a unique 'drop-in' learning aspect of the Centre, where academic tutors are available to meet and engage with students, within a welcoming student-driven space and an inclusive learning environment.

From the new knowledge generated through this process, a transnational success signature has been developed for our pre-clinical medical students which connects 'professional development to strategies of systemic improvement' [55] and which will be beneficial to our own professional practice, departmental practice, as well as student engagement, progress and retention in the early years of transnational medical school in Bahrain.

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