A Transformational Approach Towards Internationalisation of Medical Curriculums in Bahrain: The RIPAE model

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Abstract: Internationalisation in the field of education has promulgated as a fundamental notion for many educational organisations worldwide. This is reflected in the vast literatures that emphasise the significance of curriculum internationalisation and its impact on learning and society. The main focal points of this paper are based on the investigation of substantive forms, processes and approaches that help endeavour medical curriculum internationalisation. A series of literatures were analysed and the concepts presented are according to an array of reflections on practice. The study critically analysed two schools within one medical university campus, the school of nursing and the school of medicine, to ensure accuracy in curriculum comprehension and development. Furthermore, a medical terminology course was adapted and integrated in order to achieve internationalisation of curriculum formally and operationally. A number of models were investigated in order to adapt a suitable process model to achieve the target goal of this study.

Keywords: higher education; curriculum; internationalisation, Bahrain; Dublin; Asia; university; medical terminology; learning management; education, medical school, nursing school.

Introduction

The internationalisation of curriculum in higher education has long been under the focus of outlandish number of research. Welikala (2011) has described ‘internationalization’ as the most ‘ubiquitous’ term in the world of higher education in the 21st century. There are various definitions, meanings, processes and practices to internationalisation of curriculum in higher education. In this research study, the definitions, significance, obstacles and the practices and methods of preparing for internationalisation of higher education curriculum will be explored in depth. The study will also explore ways of developing and planning for internationalisation of different disciplinary and the institutional context at Royal College of Surgeons in Ireland-Medical University of Bahrain. This small-scale study will explore possible internationalisation processes and methods of implementation in higher education curriculum at RCSI different campuses in different contexts including Bahrain, Dubai, Dublin, Penang, and Perdana.

One of the strongest drivers for the researcher to study this topic is the significant context of RCSI-Bahrain. Students join RCSI-Bahrain from different countries from all around
the world including Gulf Cooperation Council (GCC) countries, the UK, the USA, Canada, Brazil, India, Pakistan, Iran, China, Iraq, Egypt, Algeria, Tunisia, Lebanon, Jordan, Syria, and Philippines. For this study only three contexts will be used to represent different cultural backgrounds, Dublin (European), Bahrain (Middle Eastern) and Malaysia (Fareast–Asian). The researchers of this study are enthusiastic to explore various means for implementing ‘internationalisation of curriculum in higher education’. The previous experience of the researchers in different contexts like the UK, India, GCC countries, Africa and Japan is another source of motivation to explore the topic in depth.

Methodology
The study uses literature review and demographic data analysis in order to achieve the required purpose. Various internationalisation models where analysed and a novice model by Leask (2013) was adapted to endeavour the goal of the study. Literature review on curriculum internationalisation was explored and “Best practice” guidelines where applied as guidelines for this study’s approach. All fifteen areas identified by Whalley et al (1997) where analysed then adapted in the initial process planning phase of curriculum transformation. Finally, curriculum analysis and reflection was used in order to help implement internationalistion of a medical programme.

Literature review
Definitions
An extensive amount of scholars have been addressing the topic of curriculum. Many educators have defined the concept ‘curriculum’ in different way due to the lack of agreement on a meaning for this terminology (Jackson (1992, cited in Sowell 2005). So, what is curriculum? Sowell (2005) has defined curriculum in a very broad way as ‘what is taught to learners’. However, this simple definition includes all types of communicated, intended and unintended information, skills, and attitudes in any location that teaching takes place. Similarly Lawton (1983, cited in Welikala, 2011) has two interpretations to curriculum, a broad and a narrow one. The first focuses on the precise content taught to students while the other definition includes ‘the whole educational experience’ as in ‘what is taught, how and why and in what socio-cultural and ideological context’.

It is crucial to shed the light on curriculum ideologies, visions or philosophies in order to understand the curriculum concept thoroughly and to plan how the curriculum should look like. Schiro (2013) has identified four main ideologies to curriculum: the Scholar Academic Ideology, the Social Efficiency Ideology, the Learner Centred Ideology, and the Social Reconstruction Ideology. Each of these ideologies serves different educational purposes. The first ideology aims at helping students learn the accumulated knowledge of their culture. Whereas, the purpose of the second ideology is to ‘efficiently meet the needs of the society by training youth to function as future mature contributing members of society’. The educational goal of the third ideology, the Learner
Amal AL-Qallaf, et al. A Transformational Approach Towards Internationalisation of Medical Curriculums in Bahrain: The RIPAE model

Centred Ideology, is to develop the individuals’ growth in a harmonious way with their own ‘unique intellectual, social, emotional, and physical attributes’. The Social Reconstruction ideology’s educational purpose is to ‘facilitate the construction of a new and more just society that offers maximum satisfaction to all its members’. Plenty of other theorists and developers in the field of curriculum have used similar classification schemes as Schiro mentioned in his book including Eisner (1974), McNeil (1977), Schubert (1996), Zeichner (1993), Joseph et al. (2000) and Kliebard (2004). However different terminologies were used for the same meaning.

The interesting outcome we got from the above introduction describes the curriculum as a blend of different fundamentals of disciplinary that is embedded in the teaching and learning process. What is the scenario in higher education curriculum? Isn’t it a diversity of all elements discussed above? In a wide range of universities in different countries worldwide, the concept of curriculum might have a broader perspective that emphasizes the concept of internationalised curriculum (Welikala, 2011). Here we start the journey to deeply explore the pedagogy of internationalisation, its concept and definition, importance and best practices, barriers and challenges to its process of implementations.

Scholars and educational organisations have interpreted the concept of ‘internationalization of curriculum’ differently. OECD (1994) clearly states it as a ‘curricula with an international orientation in content, aimed at preparing students for performing professionally and socially in an international context, and designed for domestic students as well as foreign students’. Galligan (2008) has further explained this concept with more details and emphasis on the integration of global perspective when developing the process of learning:

‘An internationalised curriculum is designed for both domestic and international students. However, at the program level, global sources of knowledge are considered integral, rather than knowledge sources from any single cultural base, and students are encouraged to develop the skills to engage globally. Aspects of the curricula design involved in the internationalising process include overall pedagogy, assessment, graduate qualities, values, culture and intercultural understanding’ p.3.

Webb (2005, cited in Jones & Killick 2013) has more focus on the importance of intercultural element of curriculum internationalisation who sees it as ‘a range of values, including openness, tolerance and culturally inclusive behaviour, which are necessary to ensure the cultural differences are heard and explored’ p.167. Whereas Knight (2004) engrosses more dimensions to the ‘internationalisation of curriculum’ definition including international, global, and intercultural. Knight has argued that it is a process that requires creating bridges of knowledge and understanding.
among diversity of nations, cultures or countries. Internationalisation of curriculum ‘traverses the global and local’ (Knight, 2004).

**Rationale**

Don’t we all have the right to learn equally regardless of our cultural backgrounds and geographical boundaries? Beelen (2007, cited in Jones & Killick 2013) focuses on the importance of embracing international or intercultural approaches to local contexts as where ‘knowledge that not all students have the means or the inclination to study abroad’. Western content and teaching styles for example have been considered as ‘universally relevant and welcome’ curriculum (Caruana, 2004 cited in Green & Whitsed 2012). This is doubtable when the importance of considering the educational context in different countries, however, the need for internationalisation of curriculum still exists. Green & Whitsed (2012) argue that a curriculum with an ontological focus, which helps students in facing and engaging in the future as well as developing critical thinkers, is required.

The internationalisation of curriculum in higher education sector has noticeably been expanded as a core activity for many uncontrollable reasons. The rationales of internationalising the curriculum are manifold and have been under intensive discussion by many scholars and educators in this filed (Dunne, 2011). Welikala (2011) rationalises the need for the 21st century universities to internationalize their curriculum as a tool for facing an abundant future challenges. Despite the difference within the universities socio-political contexts, the challenges they are facing are shared among them. These challenges include, world economic crisis, environmental and geographical issues, world mass migration, students super-diversity and the knowledge and pedagogy paradigms students and academic staff bring in, overload of information and emerging of new technology, globalisation and internationalisation, managerialism and entrepreneurialism, societies expectations of universities to graduate students with specific characteristics that can lead, student and staff need to be equipped with certain skills and knowledge to be ready for work and labour forces, the continuously changing of people’s cultural identities, and the necessity to have staff and students prepared to negotiate changes. Interesting how challenges can be considered as the rationales of internationalisation of higher education curriculum.

The enthusiasm to internationalize the curriculum in higher education can be as a result of key changes in socio-economic factors (Whalley et al, 1997). These socio-economic changes include global political economy emergence, global interdependency lead to some issues like political, environmental, and social, global security and international relations’ issues by the end of cold war, and the large demographic change in industrialized societies due to immigrations. These changes have similar tone and pattern to those of
Economic challenges that have been discussed earlier. Altbach & Knight (2007) follow the same footprints in reasoning the need for the curriculum change in higher education into internationalization. They also see that the key motives to internationalization of curriculum projects include increasing profits and economic growth, enhancing knowledge capacity and research, increasing cultural understanding and removing bias and stereotypes, enhancing the curricula, and internationalise the institutions. Moreover, OECD (2012) rationale for internationalisation of curriculum is focusing on student mobility, international research collaboration and considering education as an export industry. Marmolejo (2012) has identified five important reasons for a higher education institution engagement in internationalising efforts which include improving students’ preparedness, internationalising curriculum, enhancing institutions international profile, research and knowledge strengthening and production, and student and staff expanding. Equal opportunities for all students and social inclusion are sound rationales when planning internationalisation of higher education curriculum (Bartell, 2003; Crosling et al, 2008; LeBlanc, 2007).

Different explanation of internationalisation of curriculum in higher education have been embedded in the diversity of its approaches. There are four approaches for internationalisation, these are Action orientation, Proficiency, the Standards, and Process (Shuriye, 2011). In each approach, the author has addressed and clarified its rationales. For example the Action approach encourages and supports activities including internationalisation of curriculum and exchange of scholars and students, collaboration in research, and internal linkages. These activities of internationalisation process are thought to be useful in providing certain characteristics that might help in developing programmes. The second approach Proficiency key concept is preparing students of ‘international personality’. Shuriye (2011) argues that students should be knowledgeable and skilled enough to discover the world for itself. This approach also emphasizes the importance of developing multiple skills, capacity, attitudes, knowledge initiatives, graduates’ values, academic process, and faculty administration. Therefore, this approach aims at developing a syllabus of international proficiency outcomes. While the third approach the Standards focuses on culture. Introducing values in different areas like programmes, curriculum, and campus life are crucially important. An example could be involving customs, tradition and culture in certain education system. This approach encourages systems that have strong belief in worldview and universal culture. The fourth and last approach is the Process, in which the integration of research and teaching various methods in institutional activities is the main focus. The appropriateness and suitability of these curriculum activities are highly encouraged to be incorporated.
Qiang (2003) has provided a conceptual rationales framework for internationalisation in higher education that incorporates all proceeding views. According to his framework the rationales are four: political, academic, cultural/ social and economic. Not only that but he elaborates on these rationales. For example, the rationales behind the political level are national security and ideological influence. Whereas, the academic’s rationales cover achieving national standards for teaching and research, and enriching the quality of higher education. Resisting the ‘Homogenizing effects of globalisation’ is the key concept for the ‘cultural/social’ rationale. In addition, it highly emphasizes the importance of respecting and understanding the diversity of cultures as well as the languages of the nations, with special preservation of national culture. In relation to the ‘economic’ rationale, increasing the institutions’ and sectors’ incomes and profits, and developing human resources are the main factors for different nations to be competitive internationally. Samier (2013) has pointed at different rationales, which she described as ‘unspoken rationales’. These rationales shed the light on gaining more revenue, increasing the competitiveness of countries in the global ‘market’, easing international students into modernisation/ Westernisation, reducing litigation risk, and increasing Western hegemony. The top three rationales of internationalisation of Curriculum that has been addressed in the International Association of Universities (IAU) (2010) are as follows: improving students preparedness for globalised and international world, internationalizing curriculum and improving quality, and lastly enhancing profile and reputation.

The ultimate goal of internationalisation of higher education curriculum must be our final products, which are the embedded graduate qualities. When implementing internationalisation of curriculum, all teaching and learning resources, policies should be designed and aligned with quality assurance required goals and outcomes. Galligan (2008) has addressed some qualities that graduate must have like reaching an acceptable level of understanding the local and national contexts in first place then moving on to a higher level of appreciation to different international contexts. Also the author sees that graduates should be ready to work with various individuals, groups, from various cultures as part of valuing diversity. Likewise, Jones & Killick (2013) have identified eleven student attributes some of which have been addressed above. These qualities include being able to explain the impact on local and global contexts, having the ability to critically review and compare between the practices in their home and other countries, the ability to present an analysis for audience form first languages people and different cultures, being able as a member of a team to contribute effectively in projects on a multicultural and international levels, having the skills and abilities to conduct a research with other
participants from different cultural backgrounds, create and produce international data sources for hypothetical problems, managing to critique of ones subject from alternative perspectives, have the ability to find adequate and ethical solutions to problems that are complicated, being able to critically present logical and considerate argument in favour of a specific scio-cultural aspects, having the ability to identify and spot bias, stereotypical thinking and prejudicial opinion in scholarship, and finally being able to share creative and advance solutions for problems considering global context. Many universities in Australia and the United Kingdom have used graduate attributes as one of their drivers for leading the process for internationalization of curriculum (Leask, 2013).

**Forms of Internationalisation**

Ghasempoor et al (2011) have identified two types of internationalisation models, which are based on their observation to a number of higher education institutions. The first type is ‘the virtual form’ which doesn’t require crossing borders, but highly requires a good command of language usage as it will either hinder or have effective impact on the domestic research and learning process. The other type is ‘cross-border mobility’ where students or academic staff are required to travel to different context with different personal, social and economic living conditions.

OECD (2012) believes that internationalisation of curriculum has different forms such as ‘internationalisation at home’ where student at their country can learn combined intercultural and international dimensions through a specially designed curriculum, teaching, research and extracurricular activities and consequently develop certain skills at international and intercultural levels. The OECD has also listed other emerging and fast-growing forms of internationalisation of curriculum including ‘transnational education through off-shore campuses’, joint programmes, and distance learning. Samier (2013) has added with two more variants for internationalising the curriculum in higher education where on the first scenario Western universities receiving foreign/ international students or the other scenario universities in a single country receiving foreign educators and curricula like the Arabian Gulf region and other Asian countries. Bremer & Van Der Wende (1995, cited in Williams, 2008) add that ‘Studying abroad programmes, foreign language courses, interdisciplinary or area programmes, or the provision of programmes or courses with an international, intercultural, or comparative focus’ are another internationalization activities that we can use to refer to internationalisation of curriculum. The IAU 3rd global survey report (2010) has listed the top five internationalization of curriculum activities that received the highest percentages of people’s attention in higher education are outgoing mobility, students exchange, research, staff mobility, and strengthening international and intercultural content of curriculum. From all above forms of
internationalization of curriculum we can summarise it by Leask’s (2001) suggestions which defines it as ‘a powerful and practical way of bridging the gap between rhetoric and practice to including and valuing the contribution of international students’ (p.100).

**Internationalisation of curriculum process**

Academic staff and higher education institution face many challenges and obstacles starting from planning the internationalization all the way throughout the whole process until the delivery end. Leask (2013) claims that the process of internationalization is known for its complexity and it is associated with challenges and frustrations for those academic staff that are engaged in this activity. Taylor (2004) has agreed that:

‘a strategy for internationalization is much more far reaching and inclusive than is implied simply by the recruitment of international students. At the heart of the development process lies a fundamental re-examination of teaching provision to reflect the challenge of internationalization’ (p. 157).

USQ (cited in Galligan, 2008) have argued that there are barriers to internationalisation of curriculum that need to be overcome before the process of change starts. These possible barriers include: foreign language and intercultural inexperience, crowded curriculum, ‘difficulty of crossing the discipline silos’, and lack of time. In

the IAU 3rd global survey report (2010), top three obstacles are insufficient financial resources, limited faculty interest, and limited expertise of staff/ lack of foreign language proficiency.

It is important to recognise these hurdles and barriers in order to be prepared for any of them before the journey of internationalization of curriculum starts and to minimise pitfalls of the implementations which might have a negative effects on meeting international students’ special needs and on providing them with the suitable learning environment. Therefore, being engaged as educators, academic staff and organisations or even as students, we need to learn how the process of internationalisation of curriculum works in order to explicitly make meanings of the new learning process. This has been emphasised by Leask (2011 cited in Breit et al. 2013) where she has argued that student imaginary should be an integral part of each step throughout the process.

We will learn about how to prepare for internationalization of curriculum and we will explore different models and frameworks of the implementation process. The first model has been used as part of participatory action research project and has shown effective results. The process of internationalization of curriculum has been represented as a diagram in (Figure 1) that is found in Leask (2013) who is a renowned expert in the field.
This process is divided into five core stages: Review and Reflect, Imagine, Revise and Plan, Act, and Evaluate. For each stage, there is a ‘focus question’, which has been the key guiding factor for that particular stage and at certain stages there are other ‘sub-questions’. For the first stage ‘Review and Reflect’ the focus question was ‘To what extent is our curriculum internationalised?’ Thinking beyond what academic staff were teaching is a requirement at this stage. After this identification of their practice they should think of what are their rationales and objectives. They also need to explore literature and expose themselves to others’ experiences in internationalisation of curriculum on both courses/unit levels or on institutional levels. ‘Imagine’ is the second stage where the focus question was ‘what other ways of thinking and doing are possible?’ Academic staff should think of new possibilities of the way to do things differently to internationalize their curriculum by integrating all what they know and what they believe in this process.

Norman (2000, cited in Leask, 2013) claims that this process assists transformative learning to open up opportunities through ‘cultivating the imagination’. ‘What will you do differently in your programme?’ is the focus question for the third stage ‘Revise and Plan’ where academic staff should revisit the objectives and rationales of their curriculum. They also have to consider all obstacles or ‘blockers’ as Leask described them and think of strategies to overcome them by trying all available ‘enablers’ from either people or resources. Leask (2013) claims that once ‘blockers and enablers’ are known for the academic staff then strategies can be easily developed to address them in the next stage. The fourth stage is called ‘Act’ where the implementation of the plans is resumed and where evaluation of the impact of the internationalisation of curriculum is made. The
focus question here is ‘how will we know if we have achieved our internationalisation of curriculum goals?’ Then based on this analysis professional development can take place and student activities can be prepared. The last stage in the process is ‘Evaluation’ where evidence is gathered. Academic staff will ask themselves at this stage ‘To what extent have we achieved our internationalisation goals?’ and to learn more about ‘how effective have change been?’

Whalley et al (1997) have addressed a user-friendly document entitled ‘Best Practice Guidelines’ for internationalizing the curriculum. It is important here to define the meaning of ‘Best practice guideline’. The way the authors have described it is ‘collections of goal statements and quality indicators’. They have organized them in a way to assist in programme planning, institutional and programme self-evaluation, broad participation and consultation, program/course strength identification, barriers and issues clarification, and raising awareness of program goals.

Whalley et al (1997) have identified fifteen areas in the process of internationalizing the curriculum that require attention from either people interested in ‘planning’ for the internationalization of curriculum or for ‘evaluating’ already existing internationalized programme. These fifteen areas have been sorted in two main categories: ‘curricular’ and ‘program’. The ‘curricular’ category works on addressing those areas that are linked to the curriculum itself and it refers to individual courses as part of a programme of studies such as math or languages. This category is further divided into two areas: formal which include (course objectives, content, and instructional resources) while operational areas include (teaching/learning strategies, assessment strategies, extension and extra-curricular activities). The second category provides a framework through which courses are offered in the ‘programme’ and it includes different areas such as (philosophy & mission statements, administrative support, support services, professional development practices, awareness activities, community linkages, international linkages, and programme review practices). For each of the above areas in the two-category framework, there will be clear goal statements with a general achievement target, and a list of best practices indicators to follow in order to facilitate the process of internationalization of curriculum.

Reflection and analysis

Based on the exploration and evaluation of the literature on internationalization of curriculum in higher education, the practice in the RCSI-Bahrain will be discussed. A comparative analysis between the School of Medicine (SoM) and the School of Nursing (SoN) practices in curricular and programme areas will be explored and reflected upon using Whalley et al. (1997) framework. Some suggestions for improvement will be provided at the end of this paper. For the purpose of this study
some curriculum documents from both schools will be looked at in depth as well as comments from my personal observation, as an academic staff member of the practice, will be shared. It is crucial to describe the setting and the educational system at RCSI-Bahrain before we start the analysis. The medical University of Bahrain is a branch that is fully owned and run by the RCSI in Dublin. However, the case is different in the two schools in terms of the programme, curriculum and some practices that can be looked at in certain areas. The first scenario will explore in-depth the context in the School of Medicine in the Kingdom of Bahrain. The taught medical courses in Bahrain are imported from Dublin. All courses are shared through the Moodle Learning management system, the Virtual Learning Environment (VLE). Including the learning outcomes, PowerPoint lectures, assessment with some reference to some local and comparative information such as public health issues, health system design and disease profile. All modules and assessments in both sites are run in consideration to Dublin’s academic calendar. The assessment content is all of similar items with the same model answers, format, marking schemes, and cross marking and moderation. Even the same external examiners are shared and the exam board meeting is conjoined where all marks are reviewed and then approved by both campuses staff and external examiners.

Collaboration among academic staff is at its highest level between both sites in the SoM where there are regular liaison, connections and communication from senior management and academic staff in working groups about different medical education areas like curriculum outcomes, assessment, research, evaluation, and clinical examinations like the OSCE. They regularly monitor the quality of practices in RCSI- Bahrain through videoconferences or site visits. Moreover, some modules are taught by senior medical academic staff from Dublin through Moodle/VLE. RCSI can be described as a multicultural higher education organization where both faculty members and students in both campuses come from different cultural backgrounds from different parts of the world. RCSI-Bahrain students’ mobility is annually granted to different students when they pass the selection and competition process. Only then they can be transferred across sites for one whole academic year starting from the fourth year of their medical education. Students at RCSI-Bahrain are also having the opportunity to participate and benefit from summer research activities, grants or exchange programmes that serves the community. Based on students’ research interest and contribution to the community in Bahrain or abroad, they will be fully funded to travel to different parts of the world to make a difference in the lives of disadvantaged rural areas such as Lesotho in Africa to spread or promote healthcare.

The second unique scenario will look at the School of Nursing & Midwifery, which is an
Amal AL-Qallaf, et al. A Transformational Approach Towards Internationalisation of Medical Curriculums in Bahrain: The RIPAE model

An undergraduate programme that is only run in Bahrain. The main college in Ireland has no control over the BSc Nursing curriculum and that is reflected in the SoN&M’s mission and philosophy. Interestingly, the curriculum has been designed and prepared by a group of local specialists who followed international standards in undergraduate nursing education and that has been supported and approved by RCSI academic team in Ireland. Students are taught through lectures, tutorial, and have access to clinical placement from the first year of their programme. Academic staff prepare their own lectures’ content with different contexts, nationally enhances and internationally enriched. Unlike the School of Medicine where academic staff are restricted to use the lectures that come from Ireland. Curriculum is tailored in School of Nursing and Midwifery in a way that best suit the needs of the national students.

**Philosophy and mission statement**

First of all, the evaluation will begin at the programme level to explore the practice at RCSI-Bahrain and how it caters for around thirty-seven different nationality students. Below is a sample of the demography of medical student’s intake at RCSI-Bahrain over the last 2 years. The charts clearly reveal an increase in student national diversity and this increases the significance of curriculum internationalisation to better suit students needs.

![Figure 2 Foundation Year Intake (2015-2016)](image-url)
RCS-Bahrain Noble Purpose is ‘Building the heritage of the Royal College of Surgeons in Ireland, which was founded in 1784, we will enhance health in Bahrain, the other GCC countries and beyond through endeavour, innovation and collaboration in education, research and service’, which is a duplicate of RCSI-Dublin Noble Purpose: ‘Building on our heritage in surgery, we will enhance human health through endeavour, innovation and collaboration in education, research and service’. Henderson (2012) assures; ‘higher education institutions should be ‘widening beyond the secular and western academic boundaries in order to achieve effective implementation of internationalization of curriculum’. However, the mission statement in the strategic plan 2012-2017 for RCSI-Bahrain has focused on the curriculum and programme activities that should be acknowledged internationally with graduates’ attributes aims at promoting health that benefits world citizens as described below:

‘The primary mission of the RCSI Medical University of Bahrain is to inspire, educate and train competent and caring graduates who are well prepared to enter specialty training programmes and assume leadership roles in their profession. We undertake these activities to internationally recognised standards of excellence in teaching and research for the benefit of the health of the nations’. (p. 2)

In this mission there is a hint for the internationalization of curriculum, however it does not include a clear and a direct rationale. A successful internationalized programme should
have a clearly articulated statement of mission or philosophy that they should be committed to (Whalley, 1997). The mission of the SoN&M reflects an independence and more inclusiveness of the School of Nursing practice ‘To prepare professional & competent graduate nurses who possess the knowledge, skills and professionalism, and are able to provide safe nursing care services to individuals, families and communities in a variety of health care settings encompassing primary, secondary, and tertiary services at the national, regional and international level’.

**Administrative Support Services**

Some suitable practice was found under this area of administrative and support services at RCSI-Bahrain, which have shown good indication for future improvement in the implementation of internationalization of curriculum. Although this has not been described in any written document as internationalization, still the practice is a good indicator and evidence. Throughout the curriculum, the administrative work at RCSI-Bahrain has clearly revealed an acceptable level of integration of international perspective. Good examples of support services are found in both programmes (SoM & SoN&M) where English language proficiency required level has been clearly specified in students admission criteria to ensure their success in the different programmes. Also international students are prepared at certain stage of the programme to acquire certain basic Arabic language skills that prepare them to communicate easily with patients when they start their clinical placement or training. Issues such as English or academic language usage are dealt with in the student support center. This center not only support local or international students with learning difficulties, but also any issues that would affect psychologically on them like stress, cultural gaps, time management, plagiarism, etc. Students are referred for counseling to the specialist in this drop-in center to receive academic, study skills or personal support. The center needs to develop more material in different languages to promote internationalization of curriculum in order to close the existing gap by identifying weaknesses of international and national students at their early years in this diverse context.

**Professional development practices**

While stating the goal of professional development in the internationalization of curriculum, Whalley et al. (1997) have emphasized on the importance of continued professional growth. They have described it as a dynamic process with overseas opportunities for study and work. This practice is taking place at RCSI-Bahrain, however this opportunity is not equally provided for both schools neither for all staff. More openings are offered or allowed to the SoM western academic staff or to academic staff at the main campus in Dublin to undertake off-shore teaching. Yet, a lot of networking and collaboration is happening between academic staff and students across all campuses (Dublin, Bahrain, Perdana, and Penang) in research area, which encourages the implementation of Internationalization of curriculum. According to Whalley et al’s best practice guideline, this area of ‘professional development practice’ needs improvement based on the indicators recommended. For instance this area should first of all be integrated in all strategic plan documents and policies on promoting the professional development for staff in the area of internationalization of curriculum. Also, the program should provide implementers with all financial resource or funding required for their development including capacity building training. This includes encouraging staff to excel in unique areas such as learning different languages and upgrade their knowledge of other cultures. Staff can also join any successful educational establishment in the area of internationalization of
Amal AL-Qallaf, et al. A Transformational Approach Towards Internationalisation of Medical Curriculums in Bahrain: The RIPAE model

curriculum for the purpose of engaging in internship or job shadowing. Some programmes also provide international exchange opportunities for faculty members.

**Awareness activities**

The goal statement of this area is to broaden the scope awareness rising of the value and opportunity of internationalization of curriculum among students, employers, any social or financial communities involved in the process. Because the internationalization of curriculum is not officially implemented in RCSI-Bahrain there is a big need to foster and maintain positive attitudes towards this aspect. There are many techniques that can encourage awareness activities to be initiated at RCSI-Bahrain due to the availability of all resources. For example promoting awareness within the institution first through presentations to different groups on all RCSI campuses to college boards, then community groups. In-house publication is another handy source that can be utilized in RCSI-Bahrain through the communication office’s daily emails or the monthly-published ‘Connected’ newsletter, college’s social networks like Instagram, Twitter, and Facebook where outstanding practices or achievement can be highlighted to motivate other to be involved in the internationalization of curriculum. Networking opportunities and forums with experienced people can facilitate the internationalization of curriculum process. RCSI campuses run an annual educational forum for Junior Cycle academic staff only on annual basis. This opportunity should be open to all faculty members in all areas of specialty in different department with different quality themes every year in a different context instead. Henderson (2012) emphasizes on the importance of fostering intercultural dialogue and perspective. She has also mentioned in her interview that Martin Haigh, a colleague and founder of internationalization of curriculum in Oxford Brookes University, those concepts of internationalization of curriculum need to be nurtured among people in higher education. Also there should be literacy that help students and academic staff to learn to live together and they should have emotional intelligence that are linked to understanding and knowledge in order to effectively interact across different cultural boundaries. More learning should be fostered like living in harmony with others and learn to live ethically embracing social justice, equity, and fairness.

**Community linkages**

The ultimate internationalization of curriculum goal of the community linkage area, which can assure the success of any educational programme is recognizing the interest of ‘First Nations and ethnic communities’. This is another gap that requires a great deal of attention from educators in all higher education institutions in the country. It is quite obvious that the whole concept of internationalization is complex and very complicated to be implemented effectively. Therefore, if RCSI-Bahrain wants to plan for internationalization of curriculum, they ought to follow the indicators of good practice mentioned in Whalley et al. (1997). These indicators suggest establishing a forum with presentations from different parties like international people, ethnic communities, and agencies that serve immigrants. The second set of indicators focused on maintaining high standards and spirit of conduct and collaboration, and to maintain linkages with professional associations interested to provide resources and support to the internationalizing of curriculum. The third set involve maintain active inventory of the economic, cultural, and educational resources. Having these indicators in place means we are paving the grounds for curriculum internationalisation.
International linkages

From the framework designed by Whalley et al. (1997), we can summarize the indicators that can support the development of internationalised curriculum by establishing partnerships with overseas educational institutions for the purpose of creating international linkages. At RCSI-Bahrain there a lot of good practices that encourage this area of internationalising the curriculum that is implemented in both schools. These practices include academic staff involvement in international dialogue with professionals in the medical field from all around the world through their engagement in healthcare and medical societies, research societies, and organizations. Students on the other hand are highly involved in laboratory research serving medical purposes that is collaboratively conducted with other academic staff or students or even some societies worldwide. However, these practices can be further developed by utilizing the strategies suggested in the framework we are following for this research, which includes mobilizing international linkages such as more faculty exchange. This is not the case with students as they have more opportunities for participating in international field visits, cooperative learning, studying aboard and being involved in international development projects.

Program review practices

This is an important step to any implementation of a change or reform in any educational project. The process of IoT recommended by Leask (2013) has this as the last step for internationalisation of curriculum. The goal statement in Whalley et al. (1997) has referred to this as a key area to involve all related people from students, native, ethnic groups and many others in the feedback and evaluation process. This evaluation includes all areas and activities of curriculum like course content, assessment that should be conducted regularly and in an open and democratic process to generate the best outcomes that can help in more future development of internationalisation of curriculum.

Planning for internationalisation of Medical Terminology Course

In this paper the researchers’ interest in the concept of curriculum internationalisation helped in the planning phase for using the curricular category framework created by Whalley et al. (1997). This will cover all identified formal aspect (Global skills objectives, Course content and Instructional resources) and operational aspect (Teaching/ Learning strategies, Assessment strategies, Extension activities, and Extra-curricular activities). In this personal initiative and interest I am aiming at integrating most of the philosophies and ideologies embedded in the outcomes of curriculum discussed at the beginning of this research study. My main interest while planning this will be focused on student-centered ideology with the umbrella of considering social and cultural differences of teaching and learning environment. This will be called ‘connecting classrooms’ and it will be implemented to cater for students whose English level is below IELTS 6 that are taking a year before the six or five year medical programme. This is a whole year programme called Medical Commencement Programme (MCP), which prepare students from different cultural backgrounds in English, sciences and study skills. The medical terminology course that we are planning for internationalize it is one of the modules that is taught on two semesters in the MCP programme. This is taught in all RCSI campuses, therefore it is a good opportunity to try and internationalise it across different contexts and cultures.

Global Skills Objectives

This English course covers a wide variety of medical vocabulary that aims at introducing
students to a range of internationally recognized medical topics including human systems, diseases and symptoms, investigations, treatment, physical examinations, and prevention. It also introduces general medical vocabulary related to the parts and functions of the body. It also introduces students to medical and para-medical personal, education, training, research and presentations that are characterized by exposure to different international medical education systems. This course prepares the students to use these basic vocabularies into more situational, conversational and different scenarios in different medical settings and contexts. It also introduces general medical vocabulary including medical investigations, epidemiology, medical ethics, history taking, physical and mental examination, explanation (diagnosis, management), giving bad news considering different social, religious and cultural contexts. This course prepares the students with a wide range of effective communication skills across cultures, as future medical professionals. Below is the course content of the Medical Terminology Course divided into three main sections: knowledge, skills and competencies. The content below is covered over one academic year and divided into two semesters.

### Table 1 Medical Terminology Course Content

<table>
<thead>
<tr>
<th>Semester 1</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge</strong></td>
<td>In terms of theoretical knowledge, the students are expected to demonstrate generalised knowledge of basic terminologies in a thematic order including medical topics like health and illnesses, Parts of the body &amp; their functions, body systems, diseases &amp; related signs &amp; symptoms, medical education and training, medical &amp; paramedical personnel and places, physical examination. Students will also be expected to demonstrate their understanding of practical applications of words structure knowledge and this will be reflected in their ability to relate different types of medical terms derived from Greek and Latin (roots, prefixes, and suffixes), medical and ordinary English equivalents, word collocations/ combinations and medical abbreviations.</td>
</tr>
<tr>
<td><strong>Skills</strong></td>
<td>Generic skills that are expected to be attained by the students on completion of this course include using factual medical information and vocabulary to communicate effectively in English and to draw conclusions and explore/ suggest solutions in relations to diseases and body system issues.</td>
</tr>
<tr>
<td><strong>Competencies</strong></td>
<td>Students will also demonstrate what they have learnt by presenting medical topics related to the themes taught. They will be able to read Authentic Medical Texts and Case Studies, as well as GP’s Diaries, Patient Records, Wound Assessment and Pathology Reports. Students will also use learnt medical vocabulary and language structures related, to effectively interact through written and oral communication.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Semester 2</th>
<th>Content</th>
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</thead>
<tbody>
<tr>
<td><strong>Knowledge</strong></td>
<td>In terms of theoretical knowledge, the students are expected to demonstrate generalised knowledge of basic terminologies in a thematic order including medical topics like nervous system and mental illness, diseases &amp; related signs &amp; symptoms, oncolgy, pregnancy &amp; childbirth, the respiratory system, the skin, the urinary system, laboratory tests, endoscopy, X-ray, CT, MRI, Ultrasound, ECG, Medical &amp; Surgical treatment, Therapies, taking a (drug, family, social &amp; personal) history, physical examination.</td>
</tr>
<tr>
<td><strong>Skills</strong></td>
<td>Students will be expected to demonstrate their understanding of practical applications of certain medical skills of a consultation with patients. Generic skills that are expected to be attained by the students on completion of this course include using factual medical information and vocabulary to communicate effectively in English and to draw conclusions and explore/ suggest solutions, giving advice, asking questions, discussing health issues and options for describing medical equipments and how to use them and for what purposes, describing lab results.</td>
</tr>
<tr>
<td><strong>Competencies</strong></td>
<td>Throughout the course, the students will be required to complete Self directed learning activities on weekly bases where they are expected to apply the theoretical knowledge within a medical context. Students will be required to distinguish between the patient and doctor language and between common/ ordinary and medical professional terminology and phrases.</td>
</tr>
</tbody>
</table>

Whalley et al. (1997) suggested that ‘A successfully internationalized curriculum provides students with the skills and knowledge to perform competently (professionally and socially) in an international environment. Students’ intercultural competence develops out of both awareness of...
other cultures and perspectives and awareness of their own culture and its perspectives’. The best practice in this area is that students will be encouraged to relate to different cultures and contexts in their field of study. When for example addressing the medical practitioners, doctors and nurses, allied health professionals, hospitals, primary healthcare, and medical education units, students are involved in investigating historical backgrounds of different practices and historical background in different healthcare systems and to compare it with their own countries. The source of information can be contacting and communicating with other students within the classroom or have a personal access to hospitals that are attached with the university campuses.

**Course content**

Whalley et al. (1997) stresses the it is important for course content to expose students to diverse perspectives on different knowledge that promote knowledge of the diversity across cultures. In this module different quality indicators can be planned for in different content to foster internationalization. Good practices can be observed in the following content of medical terminology units. For example when addressing medical terminology that is rooted from Greek or Latin words, students can learn about the histories of those context and by learning related language skills and grammar like prefixes and suffixes. Another rich area of content that student can excel in is when learning issues related to medical ethics, social justice, human rights for access to good health services and related social and economic issues in different international context. They can compare and contrast these medical practices in the three different campuses where different context (Western, Middle Eastern and Eastern) is a rich area for consideration. Students can also be addressed to contents that talks about epidemics, diseases and infections in different environmental settings and learn about the main their main causes and how these can be resolved. Case studies is another area of content that is commonly used in medical education and it is a rich area for learning debates and discussion in classrooms and across all different contexts where students can share real cases and explore different ways and approaches to deal with them from different perspectives. Here students can be encouraged to reflect in a critical way on their own cultural identity and social construction that can bring enjoyable learning experiences and opportunities.

**Instructional resources**

Whalley et al. (1997) has provided a key piece of information in this area, which is the importance of seeking resources aiming at maximizing the development of a global perspective in students eliminating stereotyping and biases. The best practice can be planned for in this medical terminology course is to make sure that the recourses foster diversity of perspectives from different gender, race, ethnicity, religious beliefs and faiths. For example students can be put in different scenarios of different health critical issues such as euthanasia or abortion and let students explore it from different perspectives. Students can also be encouraged to observe different practices of health professionals in their natural settings and then critically discuss some related issues of certain behaviors. Students can be assigned some medical issues or tasks like plastic surgeries where they have to search for multiple sources of information that promote different perspective like newspapers, social networks, patients, surgeons and then share these in the classroom setting. Student can learn medical terminology through creative, non-traditional materials such as reading poems about the skin that address all necessary terms to be learnt and then can be referred to the lab where they can learn about the skin structure and function. That can be
followed by World Wide Web search of different skin diseases in different parts of the world and their main causes and the way to treat them. What an enjoyable learning environment for medical students!

**Teaching/ Learning strategies**

A wide range of teaching and learning strategies should be utilized that support different learning styles including experiential learning that engage all students together (Whalley et al. 1997). In addition to all different teaching and learning strategies discussed above, students can be encouraged and involved in their learning process. For instance it is worth a trip to the stimulation laboratory for the purpose of putting students in workshop setting where a selected number of students can present about medical equipment like the stethoscope and sphygmomanometer. Students can lead a whole session that introduces cardiovascular diseases based on prior search. Medical students are bright enough that they can be provided with an opportunity to search for a certain medical procedures independently. Students can also be encouraged to participate in community engagement activities like the diabetes mobile unit available at the college to explore in depth some blood related diseases and to increase the community awareness and search for ways to cure and help in solving this issue in the middle east region or to even participate in research with other students or staff members in the other two campuses. Writing reflective journals and sharing them with other students via Moodle could be another good practice.

**Assessment strategies**

Developing relevant assessment strategies that gauge the skills and knowledge in association with a global perspective is one of the key goals in Whalley et al’s guidelines where they distinguished between application and theoretical knowledge in different context. Most of the indicators for this goal statement show the importance of engaging students in authentic intercultural encounters to measure how much skills they have learnt from classroom learning or experiences. Also it is at a later stage of the course when learning all about the doctor-patient communication skills including history taking, physical and mental examination, explanation of diagnosis, discussing treatment, and giving bad news, students’ understanding can be assessed through a challenging way which is watching different videos from different settings with patients from different cultural background and critically analysis the medical professionals’ practices.

**Extension activities**

Whalley et al. (1997) has also focused on encouraging students to take part in some learning activities outside the classroom either with local or international partners. A good practice that one can think of is encouraging students to participate in campus-based activities like creating societies of different cultural backgrounds or countries to address the topic of nutrition and health issues. For this event students can share traditional dishes and address some related issues or benefits of following certain nutrition style or diet. Students can also be provided with the opportunity to discover different medical investigation like laboratory tests, endoscopy, X-ray and CT scan, MRI and ultrasound, and ECG through participating in local voluntary work. Communication and cooperation with other students in other local medical universities or with the other campuses can also be done through electronic communication links by connecting classrooms.

**Extra-curricular activities**

A wide variety of extra-curricular social activities including academic, social, and cultural
should be encouraged due to its effect on reinforcing the internationalisation of curriculum (Whalley et al. 1997). The best practice for the medical schools is by planning to celebrate international health awareness events like ‘Think Pink’ for breast cancer and this can involve some activities of fund raising. Also arranging for a planned lunchtime seminars can be good source for students either by participating or just attending. Forum ‘digest’ at our college can be utilized to bring together staff and students to share any thoughts, experiences, studies, work or overseas studies. Another appealing event can be encouraging students and academic staff from different cultural background to participate in sport events and activities to promote healthy lifestyles.

Conclusion

The medical discipline seems to be a rich soil for planting internationalised curriculum because of the availability and accessibility of resources from all around the world where different perspectives can be compared and shared across cultures beyond secular academic boundaries. This research presents evidence that there are good practices in higher education in the area of internationalising curriculum; however these practices need to be structured and developed in a better way based on educational international standards. There are some areas that need urgent attention and revision such as international exchange and equal opportunity for all staff without bias. Adopting the same curriculum in different campuses that takes into consideration the local context and culture with imposing it offshore campuses.

The existing trend of developing internationalised curriculum could be the first stage in the right direction to reach the level of internationalised programme. At this level many barriers and challenges need to be dealt with urgently to pave the way towards good practices in internationalised programmes. Regardless the unofficial adaptation of internationalising curriculum in RCSI, existing practices which are aligned with this contemporary trend seems to be one of the success factors which attract student from different countries and different cultures. This also should generate strong impetus of keeping steady work towards generalising the idea of internationalising curriculum to all programmes and modules in the university. What is above provides good signs of well educational future opportunities for Bahraini and other students from all countries to get quality of education that meet international standards and enables them to work successfully as health professionals in any country regardless of its language, region, culture, ethnic, political, or economic systems.

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