



This document presents the result of work on the Intellectual Output # 3 in the Erasmus+ Strategic Partnerships in Higher Education project entitled “CLIL in Medical Education: Reaching for Tools to Teach Effectively in English in a Multicultural and Multilingual Learning Space (CLILMED)”.

Definition of Competencies of Academics Teaching in an Intercultural Classroom

Intellectual Output Rationale

Understanding what competencies an academic teacher needs in an intercultural classroom greatly influences the teacher’s ability to develop, create and conduct a teaching module. Knowing what is needed also allows a university to match lecturers with audiences. Even though some attempts have been made to define a set of needed skills, the project required a review and rethinking of a Definition of Competencies of an Academic Teacher in an Intercultural Classroom because of the context: internationalising universities teaching medical and healthcare sciences. This context constitutes an innovation, because such a set of competencies has not been discussed in the context of Internationalisation at Home of medical universities, schools and faculties in Central and Eastern Europe.

Intellectual Output Aim

To systematically develop a comprehensive definition of what competencies an academic teacher ought to develop to successfully teach in an intercultural classroom based on definitions already used in the literature. Specifically, to define the knowledge, skills/ understanding, attitudes/values compatible with intercultural competence for medical university teachers. This framework will cover the range of core competences in intercultural education for medical university teachers, including defining these, as feasible, to serve as a tool to facilitate the integration of intercultural competence development into all educational programmes at all levels, as well as guidelines for the development of these competences among educators.

The team gathered a set of definitions, linking intercultural competence to internationalisation and SDG4.7. The diversity present in our classrooms and in our hospitals means there is a clear need for future medical and healthcare professionals to develop intercultural competence. Today universities need to respond to the demand for an education that is both directly engaged with and relevant to, the sustainability challenges that our societies are collectively facing. This requires us to revisit the concept and meaning of Internationalisation of Higher Education (IHE), calling in practice for a more explicit link to Agenda 2030, namely to SDG 4.7. This means education that is equitable and inclusive, as set

out in SDG4, and that develops a wider understanding of cultural diversity and frames sustainability through global engagement.

More specifically, target SDG4.7 states that we must “ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture’s contribution to sustainable development”¹. The potential synergies between SDG4 and IHE would thus seem to be aligned with the De Wit et al. 2015 definition of IHE: “(...) an intentional process of integrating an international, intercultural or global dimension into the purpose, functions and delivery of post-secondary education, to enhance the quality of education and research for all students and staff, and to make a meaningful contribution to society.”²

From this definition the next question follows: what intercultural competences do university teachers in the medical and healthcare disciplines need in order to fulfil these agendas? Competences required to move “between” cultures demand adopting a definition of culture for the purpose of this project. There are hundreds of such definitions but here we define it as “a learned set of shared interpretations about values, beliefs, norms and social behaviours that affect behaviour”³. This definition underlines that culture is not inherited; rather, it is taught through explanations, learned mostly through the observation of others, and changed by individual interpretation. In this context, intercultural competence “is the ability to develop targeted knowledge, skills and attitudes that lead to visible behaviour and communication that are both effective and appropriate in intercultural interactions.”⁴ Internationalised Learning Outcomes (ILOs) discussed so far in the project become a template for the assessment of the ensuing results of CLILMED. The project focusses on such communication thus developing intercultural competence is key.

The constituent elements of intercultural competence according to Deardorff⁵ are:

1. **Knowledge** comprises cultural self-awareness (meaning the way your culture has influenced your identity and worldview, as well as your biases), culture-specific knowledge, sociolinguistic awareness, and, most importantly, understanding other worldviews, as well as having a grasp of the global issues and trends related to healthcare;
2. **Skills** such as observation, listening, evaluating, analysing, and interpreting are key in developing effective intercultural communication, as well as critical reflection, flexibility and adaptability;

¹ <https://sustainabledevelopment.un.org/sdg4>

² De Wit, H.; F. Hunter; L. Howard; E. Egron-Polak. 2015. Internationalisation of Higher Education. Study requested by the European Parliament’s Committee on Culture and Education.

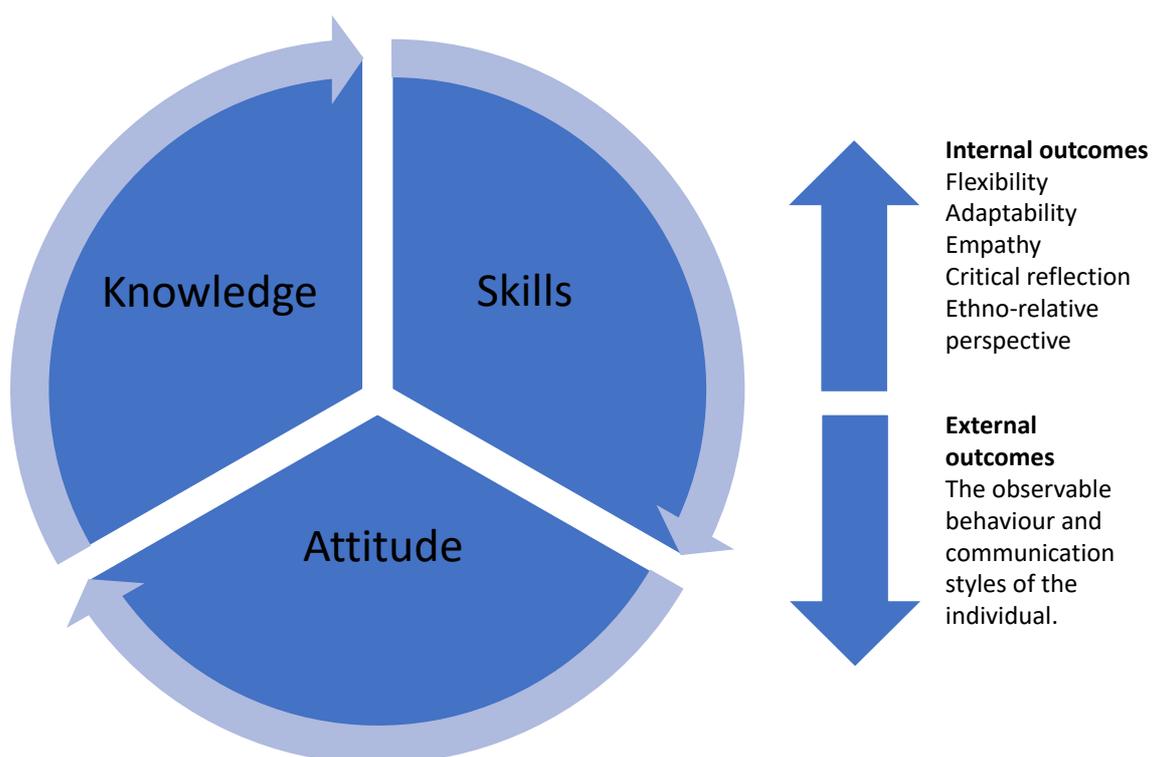
³ Koester, J. & M. Lustig (2006) Intercultural Competence: Interpersonal Communication Across Cultures, Pearson

⁴ Hofstede, G. (2001) Culture’s Consequences: International Differences in Work-Related Values, London: Sage

⁵ Deardorff, D. K. (2006). The Identification and Assessment of Intercultural Competence as a Student Outcome of Internationalization at Institutions of Higher Education in the United States, *Journal of Studies in International Education* 10:241-266

3. **Attitudes** include respect, openness, curiosity empathy and resilience. Openness, curiosity, empathy and resilience imply a willingness to risk and to move beyond one's comfort zone. In communicating respect to others, it is important to demonstrate that others are valued. These attitudes are the foundation upon which you will further develop the skills and knowledge needed for intercultural competence;
4. **Internal outcomes** comprise of the above knowledge, skills and attitudes that lead to flexibility, adaptability, empathy, critical reflection and an ethno-relative perspective. **External outcomes** refer to the observable behaviour and communication styles of the individual. They are the visible evidence that the individual is, or is learning to be, inter-culturally competent.

Importantly, research shows that intercultural competence cannot be acquired in a short space of time or in one module. It is not a naturally occurring phenomenon but a lifelong process which needs to be addressed explicitly and intentionally in learning and teaching and staff development. Critical reflection becomes a powerful tool on the journey towards achieving it.



Each individual component of the above intercultural competence needs to be defined and linked to overarching competences⁶.

⁶ Taken from EQUiP: https://equiip.eu/wp-content/uploads/2019/06/EQUiP_EDProfile_v07June2019_10H55.pdf

Intercultural Competence Profile for teachers in medical universities:	
1. Promote inclusive behaviours	Promote inclusive behaviours leading to transformative intercultural and global learning, enhanced by and appropriate for the diversity of the whole academic community. This includes ensuring reciprocity by mutually generating and exchanging knowledge, ideas and resources within and across cultures and intellectual traditions.
2. Develop and facilitate learner-centred pedagogies	Develop and facilitate learner-centred programmes that recognize and value students' diverse educational, linguistic and cultural resources and that accommodate the distinct learning needs of students, as well as enhance the friendship potential in the international classroom.
3. Promote intercultural engagement and effective intercultural relations	Promote intercultural engagement and effective intercultural relations in learning environments that support the transformation of intercultural experiences toward intercultural learning and development through collaborative dialogue. This effort should be underpinned by empathy, equity and sensitivity to diversity, as well as by an understanding of cultural, linguistic, professional and personal ways of interacting, communicating and working with others.
4. Enable and embed a global learning experience	Enable a global learning experience, informed by international interactions and/or knowledge perspectives, outward, inward and virtual mobility, cultural immersion and language acquisition. Embed these aspects in intended and reflective pedagogical approaches.
5. Integrate social responsibility in teaching and learning	Integrate social responsibility in the curriculum through addressing global issues and inequalities related to the medical and healthcare disciplines or professions considering their impact on cultures and the wider society.
6. Integrate learning from different international and disciplinary contexts	Apply learning from different international and disciplinary contexts to your institution, professional responsibilities and disciplinary areas, based on an in-depth and/or comparative understanding of the relevance and the impact of these contexts.
7. Integrate the various means of creating, critiquing and exchanging knowledge	Evaluate and integrate, where relevant, the various means of creating, critiquing and exchanging knowledge within and across local and global communities, including availability, accessibility, acceptability, and quality.
8. Engage in critical reflection and continuous professional development	Engage in critical reflection through evaluation of teaching practices and self-reflection, and in continuous professional development through collegial sparring and scholarship relating to teaching and learning in the international classroom.



Knowledge	Skills	Attitudes
Cultural self-awareness Culture specific knowledge and its implication for healing Sociolinguistic awareness Understanding other worldviews Grasp of global issues and trends	Observing Listening Evaluating Analysing Interpreting Critical reflection Flexibility Adaptability	Respect Openness Curiosity Empathy Resilience Sensitivity to cultural diversity Drive toward improvement



Core Knowledge, Skills and Attitudes
Knowledge
<p>Cultural self-awareness: To understand one's own and others' values, beliefs, perceptions and biases and how these are shaped by one's upbringing and sociocultural environments.</p> <p>Culture specific knowledge: To have knowledge about other cultures and employ this knowledge in an appropriate manner with respect for the uniqueness of each individual human being.</p> <p>Sociolinguistic awareness: To examine the specific features of own communication style, allow for a remedial approach if necessary and explore the communication style of the other.</p> <p>Understanding other worldviews: To listen to the vision and expertise of others and also accept the relativity of one's own vision and ideas.</p> <p>Grasp of global issues and trends: To have knowledge of global health, and more specifically: (a) the social determinants of health, (b) the organisation of health systems, (c) the human right to health, (d) equity in access to quality health, and (e) cultural implications on diagnosis, treatment and prognosis.</p>
Skills
<p>Observing, listening and evaluating: Using patience and perseverance to identify and minimize ethnocentrism, seek out cultural clues and meaning. Ability to respond to others in a way that is descriptive, non-evaluative, and non-judgemental.</p> <p>Analysing and interpreting: Seeking out connections, causality and relationships using comparative techniques of analysis.</p>

Attitudes

Respect: Value individual, cultural and linguistic diversities.

Openness: Withhold judgement and be receptive to different ideas and ways of communicating and working across languages, cultures and learning contexts.

Curiosity: Seek out opportunities to learn from other cultures, cultural difference and unfamiliar or uncertain occurrences.

Resilience: Deal with the difficulties and negative feelings that may arise in intercultural encounters in a constructive way.



Internal Outcomes

Flexibility: Tolerance for ambiguity when responding to new, uncertain, and unpredictable intercultural encounters.

Adaptability: Change behaviour quickly to the demands of the changing environment.

Empathy: Be aware of and sensitive to others' feelings and emotions and how these are expressed across cultures.

Critical reflection: Viewing and interpreting the world from other cultures' point of view and identifying one's own.

Ethno-relative perspective: Accept the relativity of one's own ways of seeing, thinking, and doing.



External Outcomes

The qualities listed above are reflected in external outcomes which refer to the observable behaviour and communication styles of the individual. They are the visible evidence that the individual is, or is learning to be, interculturally competent.

