

Contemporary Teaching Methodologies in an Intercultural Classroom



AUDIENCE



Medical educators

TYPE OF MATERIAL



A summary of teaching methodologies at the tertiary level

PROJECT



“CLIL in Medical Education: Reaching for Tools to Teach Effectively in English in a Multicultural and Multilingual Learning Space (CLILMED)”: Erasmus+ Strategic Partnerships in Higher Education, number: 2019-1-PL01-KA203-065700

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» HOW THIS E-BOOK HELPS

This e-book provides a concise summary of teaching methodologies available today to educators at the tertiary level, teaching in an intercultural classroom. It has been designed during the CLILMED project specifically for medical educators (academic teachers, programme managers, education developers and others). It is to assist them in developing the theoretical foundations and conceptual frameworks to work effectively in multicultural and multilingual teaching and learning spaces.

This e-book serves to:

- **understand the multicultural and multilingual learning spaces,**
- **identify the needs of medical educators in this space,**
- **develop tools for their professional development,**
- **set guidelines for teaching methodologies for the glocal classroom.**

» INTERNATIONALISATION & ENGLISH-MEDIUM EDUCATION

In light of the internationalisation of education and the emergence of English-Medium Education (EME) (Dafouz & Smit, 2020), rethinking pedagogy for the twenty-first century is as crucial as identifying the new competencies that today's learners need to develop.

Rethinking pedagogy for the twenty-first century is as crucial as identifying the new competencies that today's learners need to develop.

While formal education must be transformed (Scott, 2015) to enable the new forms of learning that are needed to tackle complex global challenges (United Nations, 2015), research on EME offers compelling arguments for transforming pedagogy to better support acquisition of twenty-first century skills (Coyle, 2013; Dafouz & Smit, 2016; Valcke & Wilkinson, 2017).

However, the question of how best to teach these skills is largely overlooked. Experts recognize that the 'transmission' or lecture model is highly ineffective for teaching the necessary knowledge, skills, and values needed for the international classroom. Yet widespread use of this model continues in spite of general agreement that learners: "[...] need to be able to work with people who aren't like [them]. [They] must communicate well, both in writing and in person. And [they] ought to be able to solve problems in new and creative ways" (Vaccariello & Haar Siegel, 2018, p.1). This means that graduates need to develop critical thinking, the ability to communicate effectively in any language, innovate, and solve problems through negotiation and collaboration. In short, they need to be able to function effectively in multilingual and multicultural environments.

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A change in the medium of instruction brings the quality of content acquisition to the fore and specifically the quality of what is delivered and how. The curriculum therefore becomes pivotal in determining the quality of teaching and learning and implies that curricular development teams rethink and reshape how the curriculum is delivered. The curriculum is central to Leask's definition of Internationalisation of the Curriculum (IoC): "[...] the incorporation of international, intercultural and global dimensions into the content of the curriculum as well as the learning outcomes, assessment tasks, teaching methods and support services of a study programme" (Leask, 2015, p.9).

Internationalisation of the Curriculum (IoC) is "the incorporation of international, intercultural and global dimensions into the content of the curriculum as well as the learning outcomes, assessment tasks, teaching methods and support services of a study programme"

Betty Leask, 2015

IoC becomes a useful tool since it connects research-based evidence with practice by applying innovative curricular design to internationalise teaching and learning. The development of internationalisation and EME have arguably contributed to a shift in the perceived role of university teachers in developing in their students the global and international skills.

The twenty-first century pedagogy requires teachers to rethink what they teach and why, and to rethink who they are as teachers.

Adopting twenty-first century pedagogy demands that teachers rethink their reasoning about the content of their courses and the choices they make when constructing that content. It requires them to "re-situate themselves professionally, not as a traditional teacher, but as a highly skilled advanced learner" (Saavedra & Opfer, 2012, p.6).

Meaningful Continuous Professional Development (CPD) should encourage teachers to "shift their paradigm" – to break with and replace their past ways of thinking and knowing with a totally new understanding of their role and its purpose" (Bull & Gilbert, 2012, p.6). Indeed, the increase in EME in Higher Education Institutions (HEIs) and internationalisation has necessarily led to concerns about the type of professional development education developers may also require in terms of providing training for the international classroom.

» CONCEPTUAL FRAMEWORKS FOR DESIGNING CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD)

A number of useful frameworks support the conception and design of Continuous Professional Development (CPD) by shaping and designing its content, Intended Learning Outcomes (ILOs), Teaching and Learning Activities (TLAs), feedback and assessment.

Quality education purposefully includes global citizenship, appreciation of cultural diversity and culture's contribution to sustainable development, as defined by the United Nations through Sustainable Development Goals (SDGs).

On a global level, quality education has been defined by the United Nations through the universally adopted Sustainable Development Goals (SDGs), to be one that purposefully includes global citizenship, appreciation of cultural diversity and culture's contribution to sustainable development (UNESCO, 2017, p.7).

On a national level, countries approach quality education differently.

For example, Swedish courses for the continuous professional development of university staff must also align with the recommendations made by the Association of Swedish Higher Education (SUHF, 2016), as well as the Swedish Ministry of Education's "Internationalisation of Swedish Higher Education and Research – A Strategic Agenda" (Bladh et al. 2018). The SUHF's recommendations map out the compulsory requirements for CPD which comprises a total of at least ten weeks' full-time studies and are linked to being awarded tenure and academic promotions.

In Sweden, in order to fulfil the criteria for such teaching qualifications participants must “demonstrate the knowledge, skills and approaches required for professional teaching in HE [Higher Education], in the participant’s subject area, and for taking part in the development of HE” (SUHF, 2016). Participants must be able to understand and use the scholarship of teaching and learning, work collaboratively, use digital solutions to teaching and learning, work with students in an inclusive manner, as well as foster and model fundamental values of higher education, such as democracy, internationalisation, gender equality, equal opportunities and sustainability.

Sweden is the only country among the CLILMED project countries (also including Poland, Hungary and Ireland), which recommends that teacher education is aligned with the above-mentioned intended learning outcomes related to the multicultural and multilingual teaching and learning spaces. In the remaining project countries such medical educators’ CPD is not systemically required.



» UNIVERSAL DESIGN FOR LEARNING (UDL)

During the CLILMED seminar, a multimodal approach was chosen to ensure the best possible conditions for participant engagement and interaction through the Universal Design for Learning (UDL) principles (Meyer et al., 2013).



UDL principles are based on research in neuroscience which has identified three elements that impact successful teaching and learning:

- **multiple modes of representation that provide learners with various ways of developing and negotiating meaning;**
- **multiple modes of expression that provide learners with various ways of demonstrating what they have learned;**
- **multiple modes of engagement that provide learners with various ways of activating their pre-existing knowledge, providing appropriate levels of challenge and thereby increasing motivation.**

These elements are also in tune with a communicative approach to language learning, where learners are involved in real communication, using natural strategies for language acquisition which allows them to learn to use the language.

By harnessing the different dimensions of the above-mentioned educational elements, the innovative framework of academic teacher's CPD will be firmly grounded in proven, tested and supported educational research and practices.

» CONSTRUCTIVE ALIGNMENT

The scholarship of teaching and learning shows a long-standing tradition for the use of constructive alignment in curriculum design and reform and draws upon Biggs's work on constructive alignment (Biggs 2003; Biggs & Tang, 2011). Motivation for integrating internationalisation in the curriculum (IoC) increases when it is constructively aligned and thus docked into already established ways of working at the university. The constructive alignment helps to avoid for IoC to be negatively associated with the extra workload of adding something new to fit into an already full curriculum.

The CLILMED project saw an opportunity to adapt the seemingly fragmented goals of the SDGs, SUHF and the Swedish Ministry of Education to align with the context, research evidence and established tools for constructive alignment.

The key to embedding any of the international competences within the discipline would be to ensure that these dimensions were purposefully defined in modules and course learning outcomes. The constructive alignment process would then ensure that content, delivery and assessment would stem from these ILOs.

What is also clear from much of the literature on global citizenship (and related) learning, is the need for learning outcomes themselves to reflect more holistic learner development than can typically be the case. In Sweden, significant emphasis is given to constructing learning outcomes that reflect cognitive taxonomies of learning, notably drawn from Bloom's work (Anderson et al., 2001).

In the development of students as responsible global citizens, however, at least some consideration also needs to be given to students' affective and behavioural abilities. Here, UNESCO tells us to shift from teaching to learning which requires: "an action-oriented, transformative pedagogy, which supports self-directed learning, participation and collaboration, problem orientation, inter-transdisciplinarity and the linking of formal and informal learning" (UNESCO, 2017, p.7).

The CLILMED project also recognised the need to ensure that learning outcomes, if they are to effectively drive the curriculum and its assessment, must be constructed in such a way as to present learners and teachers with outcomes that are SMART (Specific, Measurable, Achievable, Realistic and Time-appropriate).



» INTENDED LEARNING OUTCOMES (ILOS)

Mestenhauser (1998) posits that if universities are to internationalise the curriculum, they will need to rethink both the content of the curriculum and the paradigms on which it rests (p. 21). Mestenhauser argues that IoC had been focused too much on ad hoc activities aimed at the privileged few, completely foregoing the fact that all students will work in a globalised world.

This section will explore the intended learning outcomes identified by the CLILMED project if curriculum is reformed and re-imagined (Leask, 2015). As it has been previously demonstrated by the ICOMs project on international competences (2014), the intended learning outcomes expected of an international curriculum combine four domains :

- » **Language competence;**
- » **Intercultural competence;**
- » **Global engagement;**
- » **International disciplinary learning.**

In this way, the CLILMED project makes direct use of the research findings of the changes implemented at Karolinska Institutet through an externally funded pedagogical innovation project – changes that were designed to transform and internationalise the curriculum of five of Karolinska Institutet’s study programmes.

» Language Competence

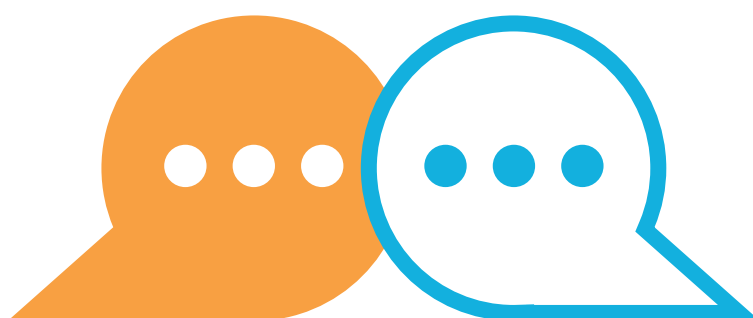
Language competence is the first domain identified by CLILMED for international competences, and comprises listening, reading, writing, speaking (presenting and interacting).

It is important to note that this domain refers to the use of English in an internationalised context and makes a departure from EFL (English as a foreign language) contexts to embrace the use of ELF (English as a lingua franca). The user of English as an international language may therefore be either native or non-native; is typically bilingual or multilingual; and is likely to be skilled in communicative and comprehension strategies.

A reappraisal of our understanding of language competence is therefore necessary. In this respect, Jenkins (2014) suggests that a fully competent speaker of English as an international language is a speaker with a wide vocabulary, accurate grammar, easily understood accent, and who may or may not originally be a native speaker. Linguistic feedback was therefore provided only when it impeded comprehension.

CLILMED identified that some part of the CPD of medical educators should be dedicated to teaching through English in an international context and the CPD participants should also be made aware of the implications this has for teaching and learning.

In order for university teachers to develop a teaching persona that is inclusive of the heterogeneous language proficiency present in their classrooms, it seems that debunking myths and preconceptions about language acquisition and language learning is crucial. In CPD dedicated to language competence, participants should be encouraged to make a mind-set change by rethinking the role English plays in their disciplines today and adopt inclusive language practices where the use of a lingua franca is understood, and different varieties of English are embraced.



» Intercultural Competence

Intercultural competence is the second domain identified by the CLILMED project for international competences and is defined as including the following (ICOMs Project, 2014):

- 1 Cultural self-knowledge;
- 2 Cultural flexibility;
- 3 Cultural resilience;
- 4 Cultural responsiveness;
- 5 Cultural knowledge;
- 6 Cultural connectivity competence;
- 7 Cultural communicative competence;
- 8 Cultural conflict management; and
- 9 Multi-perspective approach.

These same multiple dimensions are summed up in Gregersen-Hermans's definition of interculturally competent graduates as being multi-faceted (2017).

➤ In the CPD dedicated to intercultural competence, participants should reflect that intercultural competence should be conceived as a psychological construct that can be inferred through a set of parameters (cognitions, attitudes, and behaviours). Intercultural competence should thus be presented as:

- Developmental and reflecting the extent to which diversity is included into the construction of daily reality;
- Contextual, combining cultural general and culture specific elements;
- Context-bound and coming alive in the interaction between culturally-diverse individuals and groups;
- Mediated through verbal and non-verbal behaviour (Gregersen-Hermans, 2017).

Mostly, CPD should acknowledge that developing all of these understandings, both for educators and students, is a constant, life-long process and that learners can always improve and therefore they are “not a direct result of solely one experience, such as study abroad” (Deardorff, 2012, p. 63).

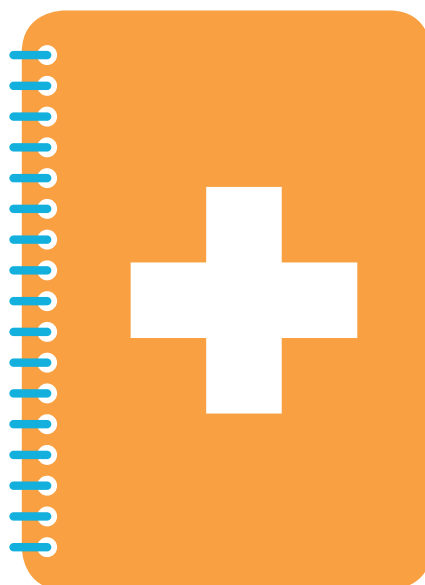
CPD should portray classrooms as culturally rich and inclusive environments, where students’ needs come first. The main tools presented to CPD participants to achieve this goal should include intentional facilitation and guided reflection (through such tools as learner portfolios, for instance), where the educators engage in behavioural practices through social support and peer learning (Gregersen-Hermans, 2019).



For instance, medical educators should be given guidance in the different values associated with teaching and learning:

- **Are teachers seen as lecturers or as facilitators?**
- **Are students expected to challenge the teacher or to be silent and ponder?.**

Educators should thus be given space to reflect on what this means for their classroom practices and how they can harness the opportunities of a multicultural group to enhance learning and manage conflict for all.



» Global Engagement



Global engagement is the third domain identified by the CLILMED project and requires learners to:

- **Form their own opinion regarding societal or international topics;**
- **Express their own opinion on societal or international topics;**
- **Show societal involvement.**

Global engagement can therefore be understood as students' ability to use fact-based evidence in order to shape informed personal, social and political opinions within a given discipline, and to engage with these opinions and act upon them accordingly and responsibly.

This understanding overlaps to some extent with the concept of global citizenship, a concept much discussed in literature on international education (Carroll, 2015, pp. 92-93; Leask, 2015, pp. 58-62) and is listed in target 7 of Sustainable Development Goal 4 (UNESCO n.d.).

Since CLILMED wishes to provide tools for training medical educators, global health was linked to the domain of global engagement. CLILMED understands global health as providing the knowledge foundations that students could use in order to form, express, and show opinions on international and societal topics related to medicine and healthcare (Koplan et al., 2009).

Therefore, CPD should also include global health for global engagement. CPD participants should be encouraged to see how global health can contribute to students developing the ability to use fact-based evidence to shape data-informed personal, social and political opinions about the way students practise their discipline and to engage with these opinions and act upon them accordingly and responsibly.

» International Disciplinary Learning

CLILMED identified the fourth domain to be international disciplinary learning and provides a broad, multidimensional understanding of the healthcare and medical disciplines, which encompasses the different practices and underlying assumptions and attitudes, that medical educators (and their students) bring to the classroom:

- **Being able to situate their discipline within an international context;**
- **Recognising the fact that disciplines are culturally determined;**
- **Having a developed knowledge of the professional activities of their discipline in other countries;**
- **Being aware of relevant international organisations within their field.**

○ **CLILMED recommends this particular domain be integrated throughout the length of the training, where participants should constantly be brought to reflect on how the other three above mentioned domains impact the teaching of the discipline.**

» **For instance, discussions could focus on:**

- » **The heterogeneous make-up of classrooms/clinics/patients with growing numbers of students/patients of different abilities, genders, sexual orientations, cultures, and social-economic status.**
- » **How the broader university environment still perpetuates heteronormativity, whiteness, Euro-centric perspectives, able-body centric classrooms and class privilege (Nkoane, 2012).**
- » **Discussions around challenging these notions and on how medical educators could bring about change to their medical, healthcare or classroom practices.**

» FROM INTERNATIONAL TO GLOCAL

By considering the changing demographics of hospitals, clinics and university campuses, CLILMED proposes moving from an internationalised model of teaching and learning to one that is “glocalized” in order to help students better appreciate the connections between local and global issues in health.

The term “glocal” and “glocalization” originates from the 1980s as a combination of “globalisation” and “localisation”, and refers to the merging of local and global perspectives, where the growing importance of continental or global issues combines with the increasing importance of local and regional differences.

Glocal teaching and learning focuses on blending and connecting local and global contexts with concepts that apply across different levels of scale, in fields such as global and public health.

Learning becomes effective when put into local context because students are better able to relate to the content and material through familiar examples. The focus becomes discovering the connections between the local issues and the global concepts studied during class.



» CONNECTING THE GLOBAL TO THE LOCAL IN MEDICINE AND HEALTHCARE

Glocal, as applied to medicine and healthcare, means having a global perspective or understanding of transnational health issues, determinants, and solutions, and applying that perspective to address health care problems at the local level. It means learning from others and adapting lessons learned in other contexts to local contexts. It goes beyond national political borders and means that we are all citizens of a global planet. It means thinking globally and teaching locally.



The CLILMED project has identified the following elements to include in CPD as suggestions for medical educators:

- » **Community engagement:** Glocal programmes should be more than a teaching tool, but rather they should meet a need in the community. Identifying community needs requires engaging the local community in the process, a central tenet of global engagement, global citizenship and global health.
- » **Global frameworks, local solutions and transferable skills:** Students should be taught universally recognized health frameworks such as the social determinants of health, international human rights, law, ethics (clinical, research, professional), cultural competence, program development, and program evaluation with a practical focus on how to adapt these frameworks to the needs of a particular community.
- » **Focus on social justice and healthcare disparities:** Given that the availability of adequate healthcare is almost always affected by socioeconomic factors, glocal teaching must maintain a focus on health disparities and social justice issues.

- **Experiential and clinical learning:** Global teaching should offer students the opportunity to step out of the classroom and develop their ability to work with individuals, groups, and organisations that are new to them. Opportunities for this should be provided locally, internationally or, ideally, in both settings (either in real life or digitally).
- **Interprofessional approach:** Improving health requires a broad array of multidisciplinary and multifaceted methods, where students are shown to value an interprofessional approach at the curricular level by incorporating educators and students from different disciplines and professions in a single study programme.
- **Reflective component:** Teaching and learning should provide structured reflective opportunities for students, since reflection is critical to guide the learning process and facilitates personal growth.



» KEY ELEMENTS FOR SUCCESS

The CLILMED project has identified six key elements for the success of CPD for medical educators. They are based on the EQUiP (2019) recommendations for educational developers to create teacher training courses which:

- **promote inclusive behaviours for transformative learning;**
- **develop and facilitate learner-centred programmes that value student diversity;**
- **promote intercultural engagement and effective intercultural relations that support transformative learning and collaborative dialogue;**
- **enable and embed a global learning experience by international interactions and/or knowledge perspectives;**
- **embed social responsibility in the curriculum through addressing global issues and inequalities related to the academic discipline;**
- **apply learning from different international and disciplinary contexts based on an informed understanding of such contexts.**





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