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Establishing and sustaining a transnational clinical teacher faculty development initiative

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Abstract

Transnational collaborations in faculty development aim to tackle challenges in resource and financial constraints, as well as to increase the quality of programs by collaborating expertise and best evidence from different centres and countries. Many challenges exist to establishing such collaborations, as well as to long-term sustainability once the collaboration ceases. Using the experiences of researchers from medical schools in Indonesia and Australia, this paper provides insights into establishing and sustaining a transnational collaboration to create a faculty development initiative (FDI) to improve clinical teacher practice. Viewed through the lens of the experiences of those involved, the authors describe their learnings from pathways of reciprocal learning, and a synergistic approach to designing and implementing a culturally resonant FDI. The importance of activities such as needs assessment and curriculum blueprinting as ways of establishing collaborative processes and the bilateral exchange of educational expertise, rather than as a mechanism of curriculum control, is highlighted. The relevance of activities that actively foster cultural intelligence is explored as is the importance of local curriculum champions and their role as active contributors to the collaborative process.

Keywords: *Faculty Development, Transnational, Collaboration, Clinical Teacher*

Practice Highlights

- Successful transnational collaborative FDI requires genuine collaboration and partnership.
- Curriculum blueprinting with the awareness of cultural nuances is important for a collaborative FDI.
- Long-term sustainability needs to be considered and planned in light of the resource challenges.

I. INTRODUCTION

The opportunities to develop and foster collaborative partnerships across the globe in the field of higher education are growing. There are many forms of transnational collaboration in education; however, the majority of university collaborations are symbolised by 'providers and buyers', with buying countries being developing nations and provider countries based in developed ones (Nhan & Nguyen, 2018). This contrasts with non-economically driven forms of transnational collaboration which generally include partnerships looking to expand areas of research, knowledge or working on international curriculum (Carciun & Orosz, 2018), Regardless of the form, research into collaborative international partnerships reveal common challenges including issues of joint decision making, the different learning cultures and hierarchical structures, and sustainability of program outcomes (Allen, 2014; Caniglia et al., 2017; Kim, Lee, Park, & Shin, 2017; Sullivan, Forrester, & Al-Makhamreh, 2010; Yoon et al., 2016). This has implications for any new or emerging form of international collaboration and its continuing success.

One expanding area of non-economically driven transnational collaborations in higher education has been faculty development. These partnerships have been flourishing in many different disciplines and similar challenges concerning the establishment and long term sustainability have been identified. This paper contributes to the study of transnational collaborations in higher education by focusing specifically on faculty development in the field of medical education. It firstly reviews the challenges associated with international

collaborations involved in faculty development. The authors then critically reflect on an example of an international collaboration between researchers from medical schools in Indonesia and Australia through the lens of the experiences of those involved.

Faculty development initiatives (FDIs) in medical schools are an inseparable part of the internationalisation of medical education (Harden, 2006). In this era of globalisation, medical faculty should be prepared to teach in a cross-cultural environment (Deardorff, 2009). International collaboration in FDIs aim to tackle challenges in resource and financial constraints as well as to increase the quality of programs by drawing on expertise and best evidence from different centres and countries (Burdick, Amaral, Campos, & Norcini, 2011; Burdick et al., 2010; Harden, 2006; Kim et al., 2015; Yoon et al., 2016). Despite the push to develop international collaborations in FDIs many countries, particularly those in developing nations, find this especially challenging (Kim et al., 2017; Sherman & Chappell, 2018) and there are several reasons for this. The first relates to the dominant model of foreign ownership and control. Whitehead et al. in their recent commentary on this issue highlighted the trend for educational collaborations to flow in one direction – Europe and North American to other parts of the world – with control of the curriculum and academic structures resting with the 'foreign expert' (Whitehead, Wondimagegn, Baheretibeb, & Brian, 2018). The second challenge centres around the limitations on the opportunities for faculty development because of heavy teaching loads, a lack of a well-trained faculty who can provide professional training, limited infrastructure and competing demands for research and clinical services (Alkan, 2000). The World Health Organization has recognised this critical problem for faculty development and its long term impact on creating a healthcare workforce fit for purpose in the 21st century (Buchan & Campbell, 2013). As clinical education changes health provider practice, it can have wide-ranging effects on the health of a population, especially in underdeveloped countries (Boulet, Bede, McKinley, & Norcini, 2007). Thus, FDIs must reflect the contexts and requirements of developing countries if they are to surmount these challenges.

Southeast Asia has its specific challenges that need to be recognised. Although in some countries it is heavily modelled on Western education systems, the medical education culture has innumerable adaptations and innovations with identified socio-economic, cultural and institutional barriers (Amin, 2004; Majumder, 2004). Cultural and community needs differ vastly and with one of the smallest number of medical schools per million population (Boulet et al., 2007), the lack of human and institutional capacity to satisfactorily address the healthcare needs of populations in this region is stark (Kanchanachitra et al., 2011). Although there are international FDIs provided by developed countries for academic institutions in Southeast Asia there is limited evidence as to their effectiveness and benefits to teaching practice gained by participants (Phuong, Duong, & McLean, 2015; Steinert et al., 2006). Other commonly cited challenges for FDI development include: a divide between the education contexts and expectations of Asian and Western countries (T. P. Lam & Y. Y. B. Lam, 2009); a lack of English ability which adversely impacts on establishing an effective international collaboration as well as in delivery of the FDI content to participants (Ferry et al., 2006); and where countries in Southeast Asia have tried to develop and implement their own FDIs (World Health Organization, 2013) insufficient resources and shortage of qualified educators result in significant limitations in achieving self-sufficiency.

II. CONTEXT

The Faculty of Medicine Universitas Indonesia (FMUI) and the Cipto Mangunkusumo Hospital, are committed to supporting the role of clinical teachers. An introductory FDI—Clinical Teacher Course (CTC)—has been available since 2008 to clinical teachers wanting to develop their teaching practice. The CTC is designed to support clinicians in the practical delivery of teaching and primarily focuses on the principles and techniques of teaching and supervising in clinical settings, the development of clinical reasoning skills, teaching procedural skills, and assessment practices in clinical settings. Training materials have been developed by the Department of Medical Education FMUI and the trainers are teaching staff from the Universitas Indonesia Academic Health System community. The CTC meets the provision of a minimum of 40 hours of training as regulated by the Directorate General of Higher Education, Ministry of Research and Higher Education and Universitas Indonesia.

In 2015, a formal collaboration (Partnerships in Clinical Education) between FMUI and the University of Melbourne (UoM) Medical School's Excellence in Clinical Teaching (EXCITE) program was established. EXCITE is a series of linked award courses for clinical teachers from all health-related disciplines, that supports them in the practical delivery of teaching into the clinical workplace and provides a deeper understanding of the theories underpinning clinical education. A key aim of the FMUI–UoM collaboration was to develop an innovative and culturally relevant teaching program for clinical teachers from FMUI, that leveraged pedagogical strengths of the CTC and EXCITE programs and their

teaching staff. The impetus for this collaboration was the long-standing professional relationships between academics from UoM and FMUI and was borne from FMUI recognising the need to develop, not just the practical delivery of teaching to their medical students, but opportunities for their clinical teachers to be exposed to cutting-edge clinical education practice. Importantly, any educational initiative needed to consider Indonesian academic and cultural traditions and be developed specifically for Indonesian clinical teachers, rather than simply transplanting or imposing an external (i.e. Western) teaching program ill-suited to the Indonesian context (Bleakley, Brice, & Bligh, 2008; Hodges, Maniate, Martimianakis, Alsuwaidan, & Segouin, 2009; Waterval, Frambach, Driessen, & Scherpbier, 2014).

III. AIMS AND OBJECTIVES

Much of the research into transnational collaborations have focused on the issue pertaining to quality assurance, regulation and accreditation of educational programs; translocation of curriculum and intercultural understanding; institutional and management strategic decision making; and student choice and academic mobility (Kosmützky & Putty, 2015). However, few studies have evaluated the critical factors for the success or failure of sustainable partnerships (Waterval, Driessen, Scherpbier, & Frambach, 2018; Waterval et al., 2014) particularly from the perspective of those who have negotiated the challenges of establishing such a transnational partnership. In this light, the focus of this paper is to provide the reader with insights on how to facilitate transnational collaboration viewed through the lens of the experiences of those involved. Its aim is not to provide a step-by-step process for the development of an FDI but critically reflect on the process by which the collaboration was established, and management of both the partnership and differences in context between medical schools in Indonesia and Australia. When read in conjunction with the companion paper published in the previous issue (Findyartini, Bilszta, Lysk, & Soemantri, 2019), we hope that the reader will gain an appreciation of better ways to foster transnational collaborations to drive educational reform.

IV. INSIGHTS

A. Insight 1 – Actively Foster Genuine Collaboration

Collaboration is a process of working together, which involves not only cooperation and communication, but also trust, respect and understanding, in order to establish an interdependent relationship that will augment the contributions of each party involved (Pike et al., 1993). As outlined, a key focus of the FMUI−UoM collaboration was to consider Indonesian academic and cultural traditions to develop an FDI specifically for Indonesian clinical teachers, rather than simply transplanting or imposing an external (i.e. Western) teaching model.

Research into successful international education partnerships has identified several key elements to ensure success with the most important of these being communication, mutual respect, humility and trust (Tupe, Kern, Salvant, & Talero, 2015). The relevance of a trusting relationship to collaborative performance has been repeatedly emphasised (Bachmann, 2001; Das & Teng, 2001; Fryxell, Dooley, & Vryza, 2002) and Bovill, Jordan, and Watters (2014) have highlighted that partners need to share a sense of mutual responsibility and benefit from a project, contribute expertise, effort and resource equally and for this contribution is to be recognised by the other partner (Bovill et al., 2015).

To ensure that externally the FMUI−UoM partnership was perceived as a genuine collaborative process, one of the very first initiatives undertaken was a needs assessment activity involving a broad mix of clinical teachers from FMUI. This activity was facilitated by staff from the FMUI Department of Medical Education with staff from UoM as active observers. This activity resulted in a mutual sharing of ideas and perspectives thereby allowing clinical teachers from FMUI to 1) share information on the current status of clinical teacher training at FMUI; 2) identify internal and external factors that influence the introduction and efficacy of FDIs at FMUI; 3) reach a consensus on practical visions of future health professions education at FUMI and; 4) discuss methods of delivering FDIs and the pros and cons of each format.

Whilst the focus of the needs assessment was to inform the development of the FDI, the learning for the research team was the importance of active engagement with clinical teaching leaders and a greater understanding for the UoM team of the cultural and academic context in which FMUI clinical teachers deliver their teaching activities. This led to a recognition of the cultural importance of negotiation and discussion when proposing change and of spending time in person and in location with those impacted by change (Tupe et al., 2015; Zhang & Huxham, 2009). Of significance, this activity emphasised the bilateral exchange of educational expertise and experiences rather than a unilateral flow of ideas, materials, and experts from one context (UoM) to another (FMUI) as well as the process of developing the collaborative partnership rather than concentrating merely on the educational product (Keay, May, & O'Mahony, 2014).

Importantly, a small but significant part of actively maintaining a collaborative mindset and approach was

regular contact between the researchers, through both formal (e.g. email and exchanging documentation) and informal (e.g. social media) means. These methods of collaboration, whether scheduled or unscheduled, contributed to building and maintaining rapport which then enhanced mutual respect and co-construction of strategies and approaches to achieving the collaborative project goals.

B. Insight 2 – Utilise Curriculum Blueprinting as a Means Rather Than an End

There are three well-documented barriers to curriculum delivery in international partnerships—that a shared curriculum will inevitably result in a 'variability in expectations, decision-making, and academic performance' (Coleman, 2003, p. 359); content knowledge and delivery, and teaching skills, will differ between academic contexts (Heffernan & Poole, 2005; Shams & Huisman, 2012); and the inherent weakness of relying only on documents when engaging in curriculum mapping processes as these maps only describe what is intended to take place in the learning environment, not necessarily what does take place (Hays, 2016) and why.

To overcome these barriers a three-step process was undertaken using the paradigm of the designed-delivered-experienced curriculum (Prideaux, 2003): 1) a formalised curriculum blueprinting exercise comparing the CTC and EXCITE program at the Graduate Certificate level (i.e. the designed curriculum); 2) the curriculum map was then supplemented with experiences of the research team who had delivered into their respective FDIs (i.e. the delivered curriculum); and 3) acknowledging the experiences of participants of both FDIs (i.e. the experienced curriculum). This blueprinting activity highlighted areas of pedagogical similarities (e.g. the characteristics of providing effective feedback to students; using OSCEs to assess student performance in the clinical setting) and differences (e.g. engaging peers in a process of peer feedback of teaching) and provided a trigger for frank discussion and reflection, with both groups of researchers freely and honestly questioning the pedagogical decisions made for their individual FDIs. It was through this iterative process of challenge and reflexivity, rather than the blueprinting activity itself, that meant that decisions on the pedagogical framework and selection of teaching and learning activities and education resources was a collaborative and shared process.

Visualising the curriculum and making visible the structure of both programs made decisions related to modifying pedagogical approaches self-evident and consequently, the goals and objectives of the FDI become more important in guiding planning and development, rather than control of the content, and recognition that content can be represented and interpreted from multiple perspectives. Through this process, the curriculum blueprint represented the collaborative thought process used to establish the FDI. The presence of the document encouraged dynamic discussions among the researchers in attempting to create an evidence-based, best practice FDI while still considering the characteristics of those who would be participating.

C. Insight 3 – Awareness of Cultural Nuances is Vital

Successful international collaborations necessarily involve multiple interwoven dimensions of leadership, organisation, collaboration, and personal growth, the relevance of which is inseparable from society and social frameworks (Eldridge & Cranston, 2009). In the context of this project, not only did societal cultural differences have to be considered but also the different academic and clinical medicine and teaching cultures of Australia and Indonesia. When undertaking transnational teaching projects in other countries, it is important that the assumptions made about one's own and others' cultures are both questioned (Maher, Sicchia, & Stein, 2003). But this itself provides an opportunity to compare and contrast both cultures, thereby fostering greater understanding, and appreciation of, the nuances of both.

Although the researchers had well established professional and personal relationships and extensive knowledge of both countries and cultures, there was still a need—especially on the side of the UoM team—to observe the Indonesian academic culture in vivo and the interaction and relationships between faculty members from different clinical disciplines. This then needed to be overlayed with an understanding of the social structures which govern Indonesian life and the influences of factors such as age, gender and religious background on how individuals and communities of practice interact. As others have highlighted (Yudhi, Nanere, & Nsubuga-Kyobe, 2006) difficulties in negotiation between Indonesia and Australia can be avoided by having a better cultural understanding of each other.

The aforementioned needs analysis activity was an important lens through which the UoM researchers could observe how clinical teachers as individuals within FMUI interact, as well as how FMUI as an educational organisation functions. This was developed further when the FMUI researchers had the opportunity to audit the EXCITE Graduate Certificate in Clinical Teaching program. This allowed the FMUI researchers to observe the Australian context within the same paradigms as the UoM researchers had the Indonesian context. An outcome of this was the opportunity to compare, contrast

and challenge perceptions about teaching and learning in both settings and how this is influenced by social and cultural norms. Extensive discussion within, and between, both teams of researchers were vitally important to explicitly examine, and challenge, established assumptions (Bleakley et al., 2008) around teaching in the clinical environment and the pedagogical structure of an FDI. Early and Ang's (2003) model of cultural intelligence − cognition ('do I know what is going on?), motivation ('am I motivated to act?' which the research teams re-visualised as 'what needs to be changed?') and behaviour ('can I act appropriately and effectively?' which again was re-visualised as 'can I make change appropriately and effectively?')— provided a framework for these discussions and led to a better understanding of the working context of both partners. As observed by others, the need for genuine respect for complex contexts, practices, and paradigms of thinking, as an integral part of developing cultural competence among the researches, cannot be overemphasised (Mertens, 2009).

D. Insight 4 – Actively Engage and Empower Colleagues to Champion the Work of the Transnational Collaboration

Developing collaborative partnerships based on sustainable equitable relationships in which sociocultural and power differences are acknowledged, demanded participation and a shared vision at every stage of the project (Heron & Reason, 2001). From the outset, both FMUI and UoM had an agreed goal to provide a pathway for FMUI clinical teachers to further develop their teaching practice including articulation into a higher degree program at UoM and/or advanced study in clinical teaching and clinical leadership delivered locally.

Success required, not just a program built on a sold and justifiable pedagogy but 'buy-in' from senior clinical teaching leaders who not only share a passion for teaching themselves, but also recognise the need to support the development of junior teachers by exposing them to innovative and best practice methods of teaching training; and long term sustainability through training a pool of FMUI education leaders who could not only deliver the FDI as designed but also make changes in response to feedback from both participants and local needs. Importantly, the collaborative partnership needed to acknowledge the hierarchical nature of academic culture in Indonesia. This type of academic culture has been recognised as a potential impediment to the selection of participants for FDIs as this can restrict the pool of participants because of screening by senior academics and administrators (Kim et al., 2017).

The 1st Advanced Clinical Teacher Training and Training on Trainers Workshop was an important step in ensuring senior clinical teaching/education leaders were involved in the process of developing the FDI, thereby becoming de facto members of the research team, and took ownership of the program structure and curriculum objectives. Importantly, these 'champions' were able to describe to their teaching colleagues that rather than a transplanted, imposed and/or culturally misaligned program, the newly developed FDI grew out of a shared desire to create a program developed specifically for Indonesian clinical teachers. At all times the researchers were aware of the risk of education imperialism (Bleakley et al., 2008) and the perception that the UoM approach was the only way to deliver an FDI. The ideas of Bruning, Schraw, and Ronning (1999) and Hodges et al. (2009) resonated with our thinking: that learning is highly dependent on individual and social context and activity (Bruning et al., 1999) and therefore by whose criteria should 'standards…and other culturally specific constructions associated with the practice of medicine' (Hodges et al., 2009, p. 916) be applied. It is only through having conversations that acknowledge and address these issues—with clinical teaching/education leaders as both participants of the FDI, as well future program leaders—are the seeds of long-term viability planted. These 'champions' become co-creators and owners of the program through active contribution, rather than simply passive recipients of learning.

The companion paper published in this issue explores in detail the experiences of participants from the Training on Trainers Workshop (Findyartini et al., 2019).

E. Insight 5 – Identify Resource Challenges to Implementation and Sustainability

Identifying challenges that impact on, and developing strategies to effectively utilise financial, institutional, and human resources, are vital to developing transnational collaborations that are sustainable (Wiek et al., 2013) and successfully capitalise on intercultural, linguistic, and national differences (Pashby & de Oliveira Andreotti, 2016). Caniglia et al. (2017) in their review of factors that influence sustainability in high education collaborations have identified resource allocation as an important consideration for the implementation of a transitional collaboration.

We would agree, but also argue that resource allocation is important for ensuring sustainability. One of the crucial aspects to the success of this project was the funding from the Australian−Indonesia Institute which allowed the research team to meet regularly face-to-face and attend activities in both countries. However, this grant was limited to costs associated with travel and

accommodation and consequently much in-kind support was required from both institutions; for example, none of the costs associated with delivery of the Training the Trainer workshop was covered by the Australia-Indonesia Institute grant and expenses such as room hire, catering and photocopying were provided in-kind by FMUI senior management. Another factor which soon became evident was that much of the success of the collaboration depended on the researchers allocating time from other academic activities which could not be backfilled by other staff. This meant much of the time spent working on this project was after-hours or on the weekend. Further, the involvement of administrative staff from both institutions was limited for similar reasons which meant most of the organisational workload also fell back on the researchers.

Although there is an acknowledgment that goodwill from senior management and a commitment to the partnership are important factors ensuring the success of transnational collaborations, very few studies have formally looked at this and to our knowledge, only one (Caniglia et al., 2017) has attempted to systematically evaluate challenges (such as those described above) and strategies related to financial, institutional, and human resources in relation to implementation and sustainability. Given our experiences of having to find the capacity to undertake tasks peripheral to, but important for the success of, the partnership described in this paper, we see an opportunity for further work in this area.

V. CONCLUSION

The approaches that were undertaken in this project actively sought to develop a non-economically driven partnership between universities from Indonesia and Australia. This focus on expanding knowledge and best-practice teaching training, rather than 'selling of a product', resulted in pathways of reciprocal learning, the development of new ways of thinking about clinical teacher training and a synergistic approach to designing and implementing a culturally resonant FDI. As a transnational collaboration, the context and requirements of the Indonesian partner were central to the quality of the FDI, and its sustainability. Shared experiences among the researchers and flexibility to implement the best evidence, with adaptation to local needs and values —often referred to as glocalisation—was a key to success. This, in conjunction with a constructivist approach to curriculum mapping, and negotiation over the pedagogical content of the curriculum, mitigated several challenges identified with establishing successful transnational educational collaborations.

Notes on Contributors

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Ethical Approval

Ethical approval is not required for a program evaluation type of study as employed in this paper.

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Declaration of Interest

The authors declare that they have no conflict of interest.

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