

## The international classroom – a resource

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### Introduction

There are just under 10% international students enrolled at University of Copenhagen (UCPH)(Københavns Universitet, 2015), and UCPH has an ongoing focus on attract international students. This focus is expressed in the 2016 Strategy for UCPH (Københavns Universitet, 2016), where the need to strengthen the international environment and the students language and intercultural skills, as well as increase recruitment and retention of the strongest international students is stressed. A consequence of this strategy will be a larger proportion of international students on the different educational programs, and in the classrooms. This more heterogeneous student group poses some challenges in relation to language, culture and expectations to teaching methods, teachers and students(Ulriksen, 2014), but may also provide the possibility to take advantage of the diversity to strengthen the teaching.

For the pharmacy educations this internationalisation has also resulted in a larger diversity in the academic background of the students at master level. Where especially the international students, does not necessarily have a bachelor in pharmacy when embarking on the MSc in Pharmaceutical Science.

In at course such as ‘Pharmaceutical policy – an international perspective’, it is easy to see this heterogenic student group as a resource. We as teachers can present the students for different problems and policies which are of international relevance such as access to medication, drug innovation, medication utilisation and education, and medical regulatory perspectives,

as well as different stakeholder perspectives (e.g. pharmaceutical industry, patients, pharmacists). However the students can give some very valuable perspectives to the class by introducing history, situations and challenges specific for the countries and cultures they come from.

## Objective

The objective of this project is to illustrate and make clear to the students that the national and cultural diversity in the classroom of 'Pharmaceutical policy – an international perspective' can be strength, if the students are willing to share their experiences from their home country and cultural background in the class. These experiences can contribute to the exploration and understanding of the different position and implication of international policies in the pharmaceutical and health area in a global setting. The secondary objective is to show that we expect the students to actively contribute in the classroom, with exactly their experiences, by asking questions, and by discussing material both with students but also with lectures.

## Background

The School of Pharmaceutical Sciences offers four full time master's programmes, MSc in Pharmacy and MSc in Pharmaceutical Sciences and the two international programs MSc in Pharmaceutical Sciences and MSc in Medicinal Chemistry. The course 'Pharmaceutical policy – an international perspective' is an elective course at master level for students at the MSc in Pharmacy and two MSc in Pharmaceutical Sciences programs. The course is in English, and the students typically take the course at their third semester.

The purpose of offering the course was to accommodate a need for courses to international students on pharmaceutical policy in English and at the same time to provide the Danish pharmacy students with a course in pharmaceutical policy with an international perspective as a complement to the mandatory Danish course in pharmaceutical policy 'lægemiddelpolitik, økonomi og etik', which focus on Danish pharmaceutical policy.

The learning objectives of the course 'Pharmaceutical policy – an international perspective' are to give the students the competences to:

1. Participate in professional multidisciplinary groups and be able to contribute with a policy perspective on pharmaceuticals in a health policy context
2. Independently transfer a policy perspective to specific international, international and/or national pharmaceutical issues and/or challenges
3. Reflect and discuss the effects of policymaking on drug use on the international, national, international levels

The course include many elements to strengthen the international perspective on pharmaceutical policy which are agreement with the activities suggested to internationalise the curriculum, such as case studies from different countries, international text book, guest lectures with international experience and field trips(Carroll and Ryan, 2006).

### **My project – Multi-cultural group work – The country assignment**

In the literature it has been point out that it is important to be clear about the objective of Internationalisation of the curriculum, both on program level, but also at course level. A series of question (see Table 25.1) to consider when internationalising the curriculum is suggested as to tool for planning and documentation (Carroll and Ryan, 2006).

Outcome	What international perspectives (knowledge, skills and attitudes) should graduates in this course, at this level, in this professional area develop?
Assessment	What assessment task(s) could students complete to demonstrate achievement of these perspectives?
Content	What international content and/or contact will students need in order to develop these perspectives?
Learning environment	What learning activities and tasks will assists learners to develop these perspectives and prepare for the assessment?
Resources	What resources (including people, online tools) are available to achieve the above?

Fig. 25.1: Aspects to consider when internationalising your curriculum. From: Leask B. Internationalisation of the curriculum: teaching and learning. In: Carroll J, Ryan J, editors. Teaching International Students: Improving Learning for All. Table 13.2.

This project will focus on the internationalisation on course level, more precisely developing a teaching activity to promote a reflective and open class culture, where students know that their independent knowledge and perspective can contribute to the overall teaching objective of the course. The five questions presented above (table 25.1) will serve as a frame for this project, and overview of the application of this frame is shown in table 25.2. The starting point is the outcome of the teaching activity already stated in the objective of the paper, it is also determined that the diverse national/cultural class room (student from around the world) is the recourse to be used.

Outcome	See the relevance of individual national/cultural experiences in the context of the course material Importance of contribution to class discussions
Assessment	Group presentation to the class Discussion culture during the course
Content	Describe, reflect and discuss on differences between countries
Learning environment	International group work
Resources	Students from different countries around the world

Fig. 25.2: Overview of aspects consider in planning the teaching activity for this project.

The next two aspects from the frame considered were learning environment and content. Group work can give student who are uncomfortable in speaking in the class a better basis for participation, it also gives the opportunity for more students to be actively participants of the discussions (Ulriksen, 2014). In relation to internationalisation, multi-cultural groups can be of benefit, however it can be of even higher value, if the tasks that have to be done also support cooperation, by requiring of the involvement of different national and cultural perspectives (De Vita, 2006). To achieve this, the content of the assignment should be for the students to explain the pharmaceutical distribution system and health system in their country, as well health challenges in their country to their group. Here after the group are to compare the countries, and discuss the challenges and what they find important for at well-functioning health system.

Following assignment question was formulated for the students to discuss:

1. Comparison between the two countries – similarities and differences?

2. What are the challenges for the two countries respectively?
3. What would you prioritize if you were responsible (like prime minister or minister of health, the UN)?

A group presentation to the class was considered fit for the purpose of assessment of the group assignment, it could give the student the experience we consider their contribution relevant to course and be an opportunity for the students to engage in discussions with the whole class, with an explanations and arguments already teste in a smaller setting.

The assignment will be given in the start of the course; since part of the purpose of the assignment is to influence the students interest and understanding of active participating in discussions with own experiences throughout course. The groups are constructed by the teacher, since students naturally prefer to group up with students they know or like themselves(De Vita, 2006). Groups are to be constructed to maximise the national diversity in each group, based on our knowledge of health systems and the human development index<sup>1</sup>. So the each group have students representing high development countries and moderate development countries, and to the extent possible also low development countries.

In the semester where this project was conducted only 11 students signed up for the course, 6 of them Danish. The international students all came from high development countries except one from china. This made us modify the content of the assignment, to expand the international perspective beyond that of developed countries. Instead of discussion the countries represented by the students in the group, each group was given two countries to discuss. Eight countries were selected representing highly development, moderate development and low development on the human development index. Four groups were constructed, with at least one international student in each group. The countries were divided between the groups by lottery.

The instruction to the assignment was changed to include examples on which information they should find for each country, and some direction on where to find these information's, (see final assignment instruction in appendix A). The assignment was given on the second course day, and the

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<sup>1</sup> The Human Development Index (HDI) was developed by the United Nations as a metric to assess the social and economic development levels of countries. HCI is a summary measure of average achievement in key dimensions of human development: a long and healthy life, being knowledgeable and have a decent standard of living.

students had one and half week to work on the assignment before presenting to the class.

## **Evaluation**

The evaluation of the students experience and outcome of the assignment was done through a focus group type of situations, at the end of the course, together with an interview of a co-teacher (the course responsible), and own observations. The student group was asked about how they experienced the group work, what they felt was the outcome of the assignment in isolation of the course and in in relation to the whole course.

## **Content**

The students were able to see the relevance to the assignment in relation to the whole course, providing them with some tools to reflect on pharmaceutical policies from the perspectives of different countries, learning how to “attack” a country as one student expressed. It was also seen as a way to be introduced to the terms used in the field of pharmaceutical and health policy.

Both the co-teacher and I saw examples of students using the specific knowledge gained about the countries presented in the assignment in later discussions, and also examples where the students provided insight from their own country into the later class discussion. An example of this was on a discussion on the trans-pacific partnership agreement (TPP) where a student from Singapore and one from New Zealand gave examples of their own countries specific interests in relation to the TPP, were Singapore had a special interest in protection of IPP rights because of the countries many smaller innovation bio-tech companies in contrast to New Zealand which does not have a pharmaceutical industry.

The co-teacher felt that the assignment contributed to the students feeling of being a part in creating knowledge, and being taken serious.

The students found the presentation day to be a bit confusing, the four subsequent group presentations provided too much information for the students to get an overview and stay focused.

## **Group work**

Some groups found that the mixed groups provided them with views different from what they were used to. Two groups had group members from one of the assignment countries or a neighbouring country. These groups found this to be an advantage that some of the group's members had specific knowledge, they would not have been able to find or consider looking for. However not all groups function after the intentions, one group split up the tasks in the assignment.

The co-teacher pointed out that, even if some groups only worked together in preparing their presentation, the assignment gave the students an opportunity to get to know each other early in the course.

## **General feedback to the course**

The students were generally happy with the course, and especially field trips and guest lectures were appraised, and more field trips were suggested to improve the course. They felt the course changed their mind-set, giving them a bit more nuanced perspective on their field and problems relating pharmaceutical regulation and policies. As an example on student mentioned guidelines on pharmaceutical shelf-life, and the impact of these in low development countries, with few resources, and a weak distribution system.

Some of the international students found the teaching form very different for what they were used to, with a less informal way of speaking to each other and the teacher, and with more emphasis on class discussion. Something they, at the end of the course appreciated and felt more comfortable with participating in.

## **Discussion**

It is difficult to say if the objective of giving the students this group work assignment in the beginning of the course was reached. The students did not give explicit statements that this assignment made them aware that the knowledge they had about their own country and culture could help give perspective to the material taught in the course, nor that it made them more conscious or likely to participate in class discussion. Both teachers and students felt that class discussions came more easily as the course passed,

which cannot be ascribed to on particular exercise, by rather a development of in the class culture, as well as student and teachers being more comfortable with each other. The class only had few students (11) which might help to establish a safe environment for discussions.

Because of the low number of participants and only few international students, the original plan for the assignment was modified. This was done by defining countries that the groups should discuss, rather than taking basis in the countries of the group participants. This decision might clouded the objective of the group assignment, forgetting that the objective was not to necessarily discuss countries with very different conditions for their pharmaceutical and health systems and interest on an international level, but to let the students use their own experiences and perspectives.

The intent of adding this group assignment to the course activities was to help the students to see that the knowledge and experiences they have could help the whole class in reflections and nuancing the discussion on pharmaceutical policy. However for some of the groups the deliberate multi-national groups did not come quite to its right, since they split up the tasks of the assignment rather than working discussion together. To strengthen the focus on the group exploration, reflections and discussions of the countries, the assignment will be modified for the next course. The assignment instruction will be amended to ensure that the focus is on the reflection and discussions, the students will also be asked to consider the situation of the two case countries in relation to their own country/countries, in this way we can still explore countries that are very despite have students from quite similar countries.

Many students found the presentation day a bit confusing, with an overload of information. To prevent this, the plan for next year will be to spread out the presentations a bit, so that the groups will present on different days based on the otherwise planned content on these days. As an example, groups with low development countries could present on the day where we have a guest lecture from Pharmacists without borders.

In the specific course the teaching outcome was to give the student an international perspective to pharmaceutical policy, and the reason for offering this course was partly to accommodate a need from international students. However even though a course does not specifically focus on providing with an international perspective on a subject, the concept of internationalisation of the curriculum could be relevant. With objective such as preparing health care professionals for the diversity they will meet as professionals, understanding the professional culture in other countries, and



be able to navigate globally. Also if there are no international students, the class room will most likely to some extent be multi-cultural, with a cultural diversity also represented in the Danish society, which can be used as a resource in a course, e.g. the pharmacist or a doctor student should be able to consult patients with an ethical background that. Multi-cultural groups work as a teaching activity to explore cultural differences and the relevance of these could be applicable these types of teaching objectives.

## References

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- Københavns Universitet. (2015). KU's statistikberedskab 2015 – hovedområdeopdelt. Retrieved from [http://tal.ku.dk/boks1/Studienogletal\\_FAK\\_opdelt\\_2015.pdf](http://tal.ku.dk/boks1/Studienogletal_FAK_opdelt_2015.pdf)
- Københavns Universitet. (2016). 2016 - Strategy for the University of Copenhagen [March 2016]. Retrieved from <http://www.e-pages.dk/ku/611/>
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## A Assignment instructions

### *Pharmaceutical policy – an international perspective Group assignment 1: Country assignment*

You have been given two countries. For these countries, find out the following facts, and reflect on the last questions. Facts

- Population (incl. age distribution)
- Health of the population (disease burden), life expectancy,
- How is the country governed (incl. any drug agency, other health authorities)
- Income (GDP and disparities within the country)
- Costs for health care and pharmaceuticals
- Health care culture (e.g. “traditional” treatments)
- Health care system incl. insurance/reimbursement, health care workers
- Any pharmaceutical industry?
- Other things you find important/interesting... Reflections
- Comparison between the two countries – similarities and differences?
- What are the challenges for the two countries respectively?
- What would you prioritize if you were responsible (like prime minister or minister of health, the UN)?

You will present your findings on the lecture September 15th. Note that it should be sent in (on Absalon) no later than 12.00 on September 14th.

Some links you mind find useful:

- <http://www.who.int/gho/countries/en/>
- <http://www.who.int/publications/en/>
- <http://www.gapminder.org/>
- [https://en.wikipedia.org/wiki/Health\\_system](https://en.wikipedia.org/wiki/Health_system)

All contributions to this volume can be found at:

[http://www.ind.ku.dk/publikationer/up\\_projekter/improving-university-science-teaching-and-learning---pedagogical-projects-2017---volume-9-no.-1-2/](http://www.ind.ku.dk/publikationer/up_projekter/improving-university-science-teaching-and-learning---pedagogical-projects-2017---volume-9-no.-1-2/)