

EXPERIENCES OF INTERNATIONAL STUDENTS IN A UK MEDICAL SCHOOL: CULTURAL, PROFESSIONAL AND ACADEMIC TRANSITIONS

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Abstract

This thesis seeks to examine and explore the experiences of international students in a UK Medical School, adding to the limited literature on international students who study on professional courses, like medicine. Such students face unique demands, for example, international medical students must make the usual demanding transition to UK university life while becoming immediately proficient with UK professional medical culture and managing a particularly lengthy and demanding course.

I employ a qualitative case study design to capture the key experiences and issues faced by international students studying on an undergraduate medical programme. Methods include semi-structured interviews and a focus group to explore the perceptions, views and feelings of the students and staff in the case studied.

I develop a conceptual framework using concepts of culture, othering, academic transition and internationalisation to explore my data. I take a non-essentialist concept of culture to analyse individual cultural identities in order to avoid homogenisation of the international medical students involved in my study. I explore issues around belonging, discrimination, and conflicting institutional and student priorities.

I argue that othering is a common and negative experience for some international medical students. Experiencing significant challenges in terms of adapting to life in the UK, academically, professionally and culturally, they also found it difficult to engage in successful intercultural communication and to gain a sense of belonging. I also identify the experience of transition for students as being rich and complex, rather than linear or hierarchical. Moving to a higher education policy perspective, I argue that a transformative approach to internationalisation could promote significant benefit for all students and staff.

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CHAPTER ONE

Introduction

At the core of my thesis is the perspective of the international medical student. My interest in how international students view and experience the higher education environment in the UK has developed from two main perspectives: firstly, my University job role as a lecturer in a medical school with responsibility for advising, overseeing and working with undergraduate international students in the school; secondly, my personal experience via my husband's previous experiences as a postgraduate international medical student, studying in the UK. Therefore, within my working and personal capacity, over time I have developed a good understanding of the perspectives of international medical students in particular. This has led me to believe that there are aspects of the international medical student experience within UK medical education that are unsatisfactory and that by working to understand the international student perspective in this setting, we can seek to usefully address and improve these aspects. This would benefit both current and future international medical students but also home medical students studying in an internationalised environment and the medical educators who teach them. However, the prospect of improving the international medical student experience is the overall primary motivation for my study and research.

1.1 The wider higher education context

The QAA (2012) recognizes that:

'The UK is one of the most popular destinations for international students with one of the highest international student enrolments in higher education in the world. This is thought in part to relate to quality and reputation of higher education provision here'

(QAA, 2012).

My qualitative study on the experiences of undergraduate international medical students in the environment of a UK medical school, reflects the high esteem in which international students hold medical education in the UK specifically. I look to examine whether those expectations are met within the reported experiences of international medical students. My decision to conduct qualitative research with this group of international students also reflects the need to add to the limited literature around experience for international students studying on a professional programme, and in particular, medicine.

To develop an understanding of international students and their needs in the context of my study, it has been important for me to understand the reasons and motivations that international students set out with when coming to study in the UK. The term 'international student' is problematic as it implies a homogeneous group of people, which could not be further from the truth (Trahar, 2007). This immediately creates some discomfort for me in terms of my research, as in my academic role I have developed an understanding that international students can be positioned as homogeneous in the academic literature and in policy discourse, be it international or local. Trahar (2011) further warns of the danger in assuming the needs of all students in any particular artificially derived classification are the same, in that it leads to unintentional exclusionary practices as well as a failure to address specific power, identity and cultural issues (Trahar, 2011). Nevertheless, I decided that using the term international student was necessary for a workable discussion in this thesis, reflecting that:

'The term 'international student' reflects current policy discourse while avoiding connotations of the 'other', which can sometimes be implied by labels such as 'foreign' or 'overseas' students and can include local students receiving an internationalised experience' (Robinson-Pant, 2010: 148).

As well as the benefits for career progression and for their curriculum vitae, international students may seek a different experience and may be motivated by many drivers such as the desire to travel, to meet new people, experience a new culture, develop language skills,

intercultural competency and awareness, which in turn improve their career prospects (Milstein, 2005). These types of reasons are also recognized by Ryan (2005) who reports that international students may seek study in another country for a chance to improve their home career prospects, to gain a university place which may not be available at home, to gain the prestige of a degree from a Western, English-speaking country, to further their immigration prospects and to benefit from the social and cultural opportunities that living in another country offer (Ryan, 2005). These types of reasons for international students to study in the UK are still relevant now. For example, the British Council (2017) cites the world-famous UK higher education system as having a global reputation for quality assured education and offering a unique style of teaching, and choice and flexibility for learning opportunities (British Council, 2017).

1.2 Overview of my study: research questions and aims

As set out above, my study looked to investigate the experiences of international medical students in a UK higher education environment, and this investigation focused in particular on their transition into UK higher education. The study utilised a qualitative, case study design. My aim was to capture the true experience of the international medical students I was studying, particularly their experience of the transition from starting university to adapting to life and study in the UK. Therefore, I decided to employ the following primary research question:

How do international medical students experience transition to life in UK higher education?

I chose to focus on the transition that international medical students make when beginning study on the undergraduate medical course. In my role as lecturer, and particularly, my involvement with year one medical students, I am aware that this is a time of the most intensive change and adjustment. It is the time when international students must grapple with living in the UK, often for the first time. They must also adjust to studying on a university course in the UK, which for medical students includes familiarising themselves not only with the academic but also the professional requirements of the course. In addition,

from the outset of the course, medical students must cope with being on placement in healthcare settings *away* from the University. If it is possible to help international medical students navigate this early part of the course, then a significant step in improving the student experience will have been taken. Therefore, having identified the overarching research question above, I also identified the following sub research questions designed to investigate the specific elements of the transition phase:

What are international medical student's experiences of otherisation and how does this influence their overall experience of life in UK higher education?

This sub research question looks to identify if otherisation is part of international medical student experience, an important question in terms of determining aspects such as whether they are able to establish a sense of belonging and a network of friends to support them during their studies. The concept of otherisation is relevant to international medical students as they may be viewed as the 'other' by home students and staff members.

How do international medical students view their transitional experiences when reflecting on their earlier experiences of education?

This question captures the significance of the early transition phase for international medical students. As discussed above, I am aware from my job role of the significant demands on international students when making the transition onto the medical course and how these early experiences can form the basis of their experience of studying on the course overall and play a role in shaping their expectations.

What experiences and / or challenges do international medical students report in relation to teaching and learning in a UK higher education environment?

I have chosen to address this question in my study as in order to succeed on the course, international medical students have to acquire academic, professional and communicative skills quickly and ably. Their success, therefore, relies partly on the nature of the teaching they receive and how this assists them and their experiences of learning on the course. In an

effort to address this question, and to provide additional insight to my other research questions, I also recruited a small number of staff with a specific interest and role with international students. These staff were able to expand the data, based on the experiences reported to them by international students.

1.3 Structure of the thesis

Chapter two sets out the conceptual framework of the research. As my research looks at the experience of international medical students during their transition to studying on the medical course, I have chosen the theoretical concept of transition into higher education. To further help me examine my data I have also used 'culture' as a key and overarching theoretical concept and finally I have used the concepts of othering and internationalisation to help me interpret and understand my data.

The discussion of methodology in **chapter three** provides a narrative of the research. I have presented and explained the research decisions and processes I undertook as part of my study and reflected upon the changes to my approach which came about as the study progressed. Within this critical examination of my study I have also identified areas of difficulty and weakness in my research approach.

Chapter four introduces my case study and it is where I introduce the reader to the context of the research, the University and Medical School, with regards to entry criteria, characteristics of the international student population at the University and within the school. In this chapter, I have also attempted to provide the reader with a sense of the routine and everyday realities of the Medical School at the University. I therefore offer fragmentary portrayals of the international student perspectives on the language and teaching practices of the school.

Chapter five develops more in depth and personal portrayals from which issues around belonging and othering emerge. Within this chapter, I argue that the lack of a sense of belonging and the experience of being othered, or being the 'other' are part of the fabric of life for international students at the Medical School. **Chapter six focuses on** the reported

experiences of academic transition for the international students I studied within the context of their UK medical education experiences. **Chapter seven** looks at the international student experience from a student and staff perspective and looks at institutional approaches to internationalisation. **Chapter eight** revisits the research questions detailed here, the argument made in the thesis and subsequent conclusions on the current status of the international student experience in a UK higher education setting and implications for future studies. **Chapter nine**, the concluding chapter, reviews the methodological approach of the thesis and presents my conceptual contribution to existing knowledge about international students in the UK.

1.4 Conclusion

In this chapter I have introduced my research and how my personal and professional experience of international medical students has informed this study. I have identified that international medical students are currently not a well-studied population and that they have specific attributes in terms of their experience of transition when commencing a medical course.

I have outlined my research questions and given some explanation about how they relate to the broad aims of my research. I have explained the key theoretical lenses I will employ to interpret my data and I have gone on to explain how my thesis is structured and what the reader can expect as they read the thesis. The next chapter will present the theoretical lenses I employ and how these are utilised in the study.

CHAPTER TWO

Building a conceptual framework

2.1 Introduction

My thesis investigates the experience of being an international student at UK Medical School on the MBBS undergraduate medical degree programme, and more broadly, within a UK higher education setting. This chapter critically explores the conceptual framework I have developed which underpins the research questions presented in the introductory chapter. It also explores how the central theoretical concepts link together within this framework, providing a lens with which to examine my data.

I have identified four theoretical concepts that directly relate to my research questions and form the foundation of my conceptual framework. The first of these concepts, 'culture', is an overarching theme throughout my thesis and relates to the primary research question and each sub research question. Secondly, I have chosen to look at 'othering' which relates to my first sub research question about international student experiences of othering. 'Transition' into the higher education setting underpins my second sub research question about how international students view their transitional experiences when reflecting on earlier experiences of higher education in the UK. Finally, 'internationalisation' as a theoretical concept relates to my sub research question about international students' teaching and learning experiences in UK higher education.

2.2 Culture: a central conceptual basis for the thesis

'Culture is one of the most problematic and ubiquitous concepts in the world'

(Welikala, 2013: 27)

When looking at international students and their experiences in their host institutions, the influence of culture is pervasive, providing a way to explore much of their experience. Culture is a central concept informing my analysis and research questions, therefore, it is essential to define the way in which I think about culture.

Culture is hard to ignore, as it exerts a powerful influence on the way we live our lives and create meanings (Trahar, 2011). Defined and used in many ways, in the literature on international students, 'culture' is often related only to nationality or ethnicity (Welikala, 2013). This understanding of 'culture' is the subject of much debate and some of the problems around this relate to the process of othering, which I cover in section 2.3. In his 1999 essay '*Culture as a Verb*', Street discusses the tendency to define what culture 'is' in essentialist models of thinking (Street, 1999). He argues that there is little value in thinking of culture as a noun and that culture should be defined instead as a verb, or by 'what it does'. This is because the definitions, names and ideas associated with culture are continually changing and evolving and therefore cannot be permanently defined in a particular way (Street, 1999). The understanding that culture is not a fixed concept, but rather, a constantly developing and individualised story, is integral to my argument in this thesis, which is that it is not possible to categorise or evaluate international students based on their so-called 'cultural background'.

The non-essentialist perspective on culture offered by Street (1999) is quite important in the context of my thesis as it has helped me to problematise fixed definitions and categorisations of individuals, behaviours and practices. To gain a greater understanding of opposing theoretical understandings of culture, I begin this chapter by discussing both essentialist and non-essentialist perspectives.

2.2.1 Culture: non-essentialist and essentialist views

Essentialist and non-essentialist theorists discuss the concept of culture very differently. From an essentialist perspective, it is assumed that to communicate with an individual from 'another culture' you need to be aware of the specific features of that particular culture (Hofstede, 2001). Indeed in his well-known text '*Cultural Consequences*', Hofstede (2001)

defines his approach to culture as the 'collective programming of the mind that distinguishes the members of one group or category of people from another' (Hofstede, 2001). Hofstede (2001) also thinks of culture as 'being to a human collectivity what personality is to an individual' suggesting that he does indeed view culture in a neo-essentialist manner.

There is growing criticism of Hofstede's (2001) work in terms of his 'stereotypical' conclusions on the consequences of culture on individual behaviour (Gu, 2009). Holliday et al. (2004) observe that essentialists see cultures as having a specific identity and as being associated with specific places and groups of people. From this perspective, different cultures are seen as being separate and distinct with the people that 'belong' to them also being considered 'different' from one another (see Holliday et al., 2004). Holliday et al. (2004) also argue that an essentialist view of culture tends to involve a prescriptive approach to appreciating cultural identity in which individuals are stereotyped as being 'similar' to other people from the same background, rather than having individual cultural identity.

However, Hofstede (2001) also asserts that culture is not the same as identity, in that identity consists of people's answer to the question '*Where do I belong?*' (Hofstede, 2001). This indicates that Hofstede does not necessarily seek to define entire groups of people with the same cultural references. On the other hand, he does suggest that they share behaviours, which does not represent a significant shift from an essentialist viewpoint.

Conversely, a non-essentialist view of culture does not assume a fixed definition of any one culture in terms of it being linked to a particular place, group of people or set of characteristics. Instead, it acknowledges that society and culture are complex, can change and vary, and are not containable within physical or individual membership boundaries. The non-essentialist view acknowledges that people may be influenced by any number of cultural forms and that when communicating with any individual we have to try to understand the complexity of the person, rather than attempting to stereotype them as belonging to a specific and artificially derived cultural framework (Holliday et al., 2004).

I have adopted a non-essentialist viewpoint when investigating the perspectives of my case

participants. For instance, one of my participants, Hao, a Southeast Asian student not of Chinese descent, found herself categorized as 'a Hong Kong medic' by fellow students, which she rejected as an imposed and inaccurate cultural identity. However, Hao, and students like her, themselves sometimes adopted an essentialist perspective towards their own experience and towards their cultural understanding of others. Holliday (2011) states that although essentialism is commonly thought to be a 'bad' thing, it continues to dominate as an approach to culture in everyday life. I see this as arising from an understanding of cultures as separate and distinct and the desire to 'explain' cultural differences.

Holliday (2011) suggests that to avoid essentialism one must become a 'decentered, critical cosmopolitanism' and the voices of peripheral cultural realities need to be heard to counteract the dominant global perspectives. Critical cosmopolitanism does not prevail in the context of the international student experience I studied. However, it is a paradigm of respect for cultural individuality that I would aspire to as researcher and lecturer.

I have found Holliday's (1999) distinction between *large culture* and *small culture* helpful in defining my stance on culture. Holliday argues that Hofstede's work (2001) relies on a 'large culture paradigm' which results in 'reductionist over generalisation' as well as an increased tendency to otherise 'foreign' educators, students and societies (Holliday, 1999). The large culture concept in the higher education context fits with an essentialist view as it tends to a culturist reduction of foreign students, teachers and their educational context, with all the identified dangers of this (Holliday, 1999). Holliday's (1999) link between a 'large culture paradigm' and othering is useful to my thesis and this relationship is discussed in chapter five.

Recognising that a 'large culture' perspective plays an important part in othering, Holliday (1999) proposes the alternative paradigm of the '*small culture*' which tries to avoid associating an idea of culture with specific nations and ethnicities. Holliday argues that the small culture approach offers an understanding of culture which is multi-layered and complex, more representative of the 'coral gardens of human interaction' (Holliday, 1999). It is this 'small culture' understanding and the way that this relates to intercultural

communication and learning that informs my ideological stance of recognising and valuing individuality in terms of culture and identity.

2.2.2 The link between culture and identity

Having identified culture as a central theoretical construct in my study, I now explore the link between culture and identity, as this relates to my sub research question surrounding 'othering', especially in relation to the international student's sense of belonging in the school and the University environment as a whole.

Cultural identity is complicated and multifaceted and linked to the society the person lives in. Any given society operates on many levels and is constantly shifting and changing. A benefit of non-essentialist descriptions of culture is that they are cautious and qualified, as they are based on no more than can be observed (Holliday et al., 2004). A non-essentialist cultural viewpoint respects what people say about their culture but takes this as evidence of: *'What they want to project, rather than information about where they come from'* (Holliday et al., 2004: 4).

Cultural identity is also likely to be unique to each individual, as we all engage with different cultural groups through families, work colleagues, friends, interests etc. (Holliday et al., 2004). This also relates to Holliday's (1999) concept of 'small culture', but despite this, it can be easy to make unintentional assumptions about a person based on their cultural background if it is different to your own (Trahar, 2011), thereby assuming that a specific group of people share the same culture. The impact of incorrect, all be it unintentional, assumptions about an individual's 'culture' was a theme to emerge in my study and links with othering (discussed in section 2.3). I argue that intercultural awareness is necessary to avoid unknowingly othering individuals on the basis of an aspect of their cultural background such as nationality, religion or race.

2.2.3 Cultural assumptions based on nationality

I look at the relationship between culture and nationality as it too links to othering. International students may experience being 'othered' based on their actual or even assumed nationality yet a seemingly simple classification such as nationality does not necessarily offer significant insight into culture. As Trahar (2011) argues, there can be as many differences within, for example, African, Western or Chinese cultures as there are between them. Although nationality is not the same as 'culture', students in my study repeatedly reported their nationality being used as some sort of reference point for insight into their culture. While Trahar (2011) does not suggest that each person be treated as an absolute individual with no relationship to their nationality, neither should an assessment of an individual be made solely on prior knowledge of their country of origin. Instead, individual traits should be discussed based on their presentation, rather than the labels associated with them. With regards to my research context, in my view it may not be useful for institutions to consider students in higher education from national groups as culturally homogenous. Similarly, the classification of students into supposed homogenous groups of local, home and international students also has limited value and this also applies to classifying international students based on whether or not they hail from a Westernised area of the world.

2.2.4 The geopolitical influences of cultural discrimination: the concept of Westernisation and the chauvinist gaze

Geopolitical influences, such as living in or originating from the West, in particular Europe or the United States, has particular cultural connotations. Similarly, whether or not someone is seen as, or sees themselves as, 'Westernised' brings with it a set of complex assumptions. It is hard to question someone's belief that they or others are Westernised, or not, as it is part of their own cultural reality. The problem with such labeling is when it is done within a cultural hierarchy. For example, people may position themselves on a global continuum from East to West, which may carry subtle senses of inferiority and superiority (Holliday, 2011). This aspect of conceptualising culture helped me to assess the way some international medical students may be perceived as 'not Westernised' and also perhaps othered as being 'not Western', with whatever connotations / assumptions that might entail. In addition, an international student coming to the learning and teaching

environment in UK higher education might be faced with the implicit believe from home students and staff that 'Western' culture or aspects of culture, are superior which could be challenging and uncomfortable. For this reason, I felt it important to include the concept of Westernisation when analysing my data.

The term 'Chauvinism in the Western gaze' (Holliday 2011) has been used in the literature to refer to assumed cultural superiority based on Westernisation, be it nations, organisations or individuals. One form of this chauvinistic gaze is 'orientalism'. The othering in the West of cultures in the 'exotic East' and South (Said, 1978) has a long history and includes the Western assumption that such cultures lack the complexity and sophistication of Western culture and the tendency to place entire societies into neat definitions and categories (Holliday, 2011). In a similar manner, Bhabha (2004) also reflects on the 'neo-imperialist disregard' that Western Anglo-American nationalism expresses towards people and cultures of the third world through its economic and political acts (Bhabha, 2004). Like racism, such cultural chauvinism, can easily be dismissed as merely a result of misunderstanding or interpersonal disagreement and such attitudes can be very ingrained. However, challenging dismissive assumptions about cultural deficiency is imperative in the higher education context and relevant to developing effective intercultural communication between international and home students, as well as staff.

2.2.5 Intercultural communication and developing intercultural competence

Intercultural communication and competence in relation to intercultural relationships helped me to explore the interactions and relationships the international medical students experienced as a part of their transition to UK higher education.

Intercultural communication has been defined as communication between people from different cultures, as distinct from intracultural communication which describes communication between people from the same culture (Gudykunst and Yun Kim, 2003). Conversely, the term *cross-cultural* usually means a phenomena is being compared across cultures and is usually underpinned by essentialist assumptions (Gudykunst and Yun Kim, 2003).

According to Lago and Barty, (2003) when people from different cultures meet, they often make judgements based on their own, unshared cultural framework and criteria, judgments which are not verbalized and often remain implicit. These judgments contribute to a breakdown in communication between culturally different people rather than enhancing understanding (Lago and Barty, 2003). In addition, contact alone is not sufficient for the development of intercultural awareness. In fact, Roberts (1998) argues that more contact can reinforce negative ethnic stereotyping and lead to discrimination. This is why formal education and training programmes are important as they provide space for reflection and analysis (Roberts, 1998).

I am also aware that cultural communication involves the negotiation of cultural codes through communal conversations. Communal, meaning shared, conversations are communicative processes which enable individuals to negotiate how they will conduct themselves together (Gudykunst and Yun Kim, 2003). This type of negotiation process takes time and patience and could therefore be limited in an educational setting like my own, where the demands of a busy fulltime professional course and university life inevitably take precedence.

Conversely and positively speaking, newcomers to any given culture can contribute to a 'cosmopolitanising' effect, as they possess universal cultural skills, which contribute to and enrich cultural practices (Holliday, 2011). However, when faced with resistance to their engagement 'newcomers' may withdraw or become silent, which then can be interpreted through the lens of cultural deficiency. This dynamic and the impact it might have on international students' confidence, well-being and sense of belonging is examined in relation to my first sub research question on othering. Finally, the literature makes a clear distinction between cultural engagement and assimilation. In the former process, newcomers add to the existing culture, which in turn transforms and enhances society, while the latter process involves outsiders, immigrants, or subordinate groups becoming indistinguishable within the dominant host society, eventually conforming to the existing cultural norms of society (Holliday, 2011).

Intercultural competence describes the ability to participate in the social lives of people who live according to different unwritten rules. It could be argued that the ability to do this can make one a 'good member' of a community other than one's own (Hofstede, 2009). Attempts to conceptualise the process of developing intercultural competence have been numerous and consequently there is a well-developed, rich theoretical landscape from which many models have emerged (Spitzberg and Changnon, 2009).

In the higher education context, it is pertinent to examine the theory around intercultural relationships to provide a lens to explore the importance and significance of building and acquiring successful intercultural relationships for international students and the relationship between this and having an enjoyable experience when studying overseas. The suggested reluctance of home and the more Westernised international students to develop intercultural competence might also reflect the fact that doing this may be thought of as extraordinarily complicated if the seemingly endless cultural backgrounds and individual levels of acculturation are considered (Trimble et al, 2009). However, Trimble et al. (2009) suggest intercultural competence can be developed through relevant reading, international training workshops and courses and attending conference presentations. They go on to argue that the development of intercultural competence should be seen as a lifelong endeavour, in which one must experience culture in many different moods and settings to develop and deepen intercultural understanding (Trimble et al., 2009).

Holliday et al. (2004) argue that developing intercultural competence is central to successful intercultural communication. We need to be careful about what we say when we talk to and about people we consider to be 'the other', as words have a powerful impact. They also warn against assuming we understand, as this can lead to patronising behaviour. For example, we may treat someone as a 'special' case based on an assumed insight into his or her cultural background. Behaviours such as altering our speech – perhaps speaking slowly and carefully - has the danger of suggesting we are accommodating a disability. Holliday et al (2004) suggests that we may be thinking that we are making appropriate adjustments or demonstrating cultural awareness, but that this may unintentionally imply that we think the person we are speaking to is inferior and / or demonstrate that we are 'backward' (Holliday et al., 2004). The theory underpinning intercultural communication and competence

provided me with a useful lens when exploring the significance for international students of building and acquiring successful relationships and its impact on their experience of studying overseas.

This concludes my discussion of the 'culture' as the central concept in my conceptual framework. In analysing my data, I adopt a non-essentialist concept of culture and Holliday's (1999) associated paradigm of 'small culture'. This has enabled me to appreciate a diversity of complex human interactions within my study, and thereby illuminate the full intracultural complexity of the individuals involved in my study. I also utilise the idea of individual cultural identity and the concepts of intercultural communication and competence to understand these intercultural encounters.

2.2.6 Professional / disciplinary cultures in medical education affecting international medical student experience and transition

In order to explore specific professional and disciplinary cultures in medical education which affect international medical students, I looked at the available literature on experiences of international medical (and nursing) students in a variety of medical education settings. These included three studies focusing on Australian medical school settings (Treloar et al, 2000; Niemantsverdriet et al, 2006 and Malau-Aduli, 2011), one study that looked at a school of nursing in the US, (Sanner et al, 2002) and a study that centred on a Chinese medical school accepting Indian medical students (Yang, 2018).

International medical students have in many ways a transitional experience which is comparable to other international students on non-professional courses, in terms of aspects such as experience of isolation and discrimination (Treloar et al, 2000). However, few studies have addressed the specific aspects of professional and disciplinary culture in medical education, such as the demanding nature of the course and the requirement for excellent communication skills during assessment tasks, which create an extra transitional burden. For example, the multifaceted elements of knowledge and skill acquisition in medical training and professionalism, which is a critical element of physician education (Burns et al, 2017), creates immediate pressure for international medical students, which

might not be the case for other international student groups studying on other courses. This type of additional and specific transitional burden for international students is also seen in other professional course environments related to medicine where a new disciplinary / professional culture has to be navigated. For example, Sanner et al, (2002) note international nursing students in a US nursing school reported difficulties communicating confidently in an academic group setting with specific professional language. They also reported that participants in their study had difficulty combining the triple burden of schoolwork, clinical nursing work and the need to take a part time job as a source of income with aids or grants unavailable to international students (ibid).

Commencing a medical course is known to be highly demanding for all students including home students, perhaps more so than for other undergraduate courses, since students experience significant transition issues as they acclimatise to dealing with a heavy workload and the overwhelming academic demands of studying undergraduate medicine.

Nonetheless, several authors, such as Malau-Aduli (2011) and Niemantsverdriet et al (2006), identify significant differences between the challenges faced by home and international medical students. For example, in Malau Aduli's (2011) study on international medical students in an Australian medical school, she reports that international medical students have a particular vulnerability to cultural strains and isolation as they attempt to adjust to lifestyle changes and increasing challenges incurred by the demands of medical education. In this regard, they are faced with many constraints in their new and unfamiliar cultural and academic settings including communication difficulties, working/studying in English as a second language, differing expectations of teachers, financial burdens, dealing with isolation, discrimination and other intercultural issues (ibid). In addition, international medical students can face major stress factors right from the start of their medical training with issues such as curriculum overload, family responsibilities, accumulating financial debt and inadequate coping skills (ibid). Of course, many of the constraints Malau-Aduli (2011) identifies for international medical students in her medical school could also apply for the international student population overall.

Apart from the intensity and immediacy of transitional stress for international medical students, Sanner et al (2002) identify another factor affecting international nursing students (who might be viewed as undertaking a transition which is comparable to the transition

made by international medical students). This factor is the seemingly consistent experience of being in transition (ibid). This is due to the varied nature and geographical location of the settings that students on a clinical course experience as they complete placements in different clinical areas, attending different hospitals and clinic settings while in addition, coordinating other course-related commitments. This suggests that medical students are also likely to face continual social and academic transitions, as they also engage in clinical placements as well as related extracurricular activities, such as demonstrating interest and involvement with student medical organisations.

Similarly, the style of medical education delivery and the requirement to maintain the standards of a professional working environment while engaged with medical education can place additional strain on international medical students who may struggle to navigate cultural and language issues within professional communication. For example, Treloar et al (2000) identify specific issues of isolation for international medical students studying on a problem-based learning medical course (also a feature of the course at the Medical School where my case study was located). International medical students in Treloar's Australian university setting experienced isolation because of their different cultural backgrounds during this type of group learning. They reported feeling dominated by other members of the group, leaving them dreading the sessions where they were expected to join in. In fact, the experience of needing to synthesise their thoughts very quickly and present them so not to make a fool of themselves, led them to actually decrease their participation in discussions, case presentations and lectures (Treloar et al, 2000).

When looking at common experiences, the strategy of remaining silent to avoid feeling alienated and uncomfortable in classroom settings by international students with 'heavy accents' has also been seen in other professional courses allied to medicine, for example nursing (Sanner et al, 2002). In this case, the international nursing students' experience related to feeling as if people did not want to bother trying to understand their accent and would therefore: '*block their minds*' (Sanner et al, (2002), pg 201).

This meant that the international nursing students experienced non-acceptance in and out of the classroom (ibid). In addition, these international nursing students perceived being

unaccepted as due to not being American, which led them to conclude they were the victims of racism.

Again, in a comparable example, the international medical students in Treloar et al's study (2000) reported discrimination, which was often perceived to be more directed at those with less verbal fluency or a less Westernised accent. Importantly, the level of racism experienced by international medical students in Treloar et al's study (2000) was felt to be a major determinant of how alienated people felt. The level of racism these medical and nursing students experienced may have been related to the fact that they were exposed early on to 'real life' situations through placement, rather than being sheltered in a university environment. However, in some cases this experience of adversity strengthened the resolve of the students concerned. The determination to survive demonstrated by international medical students in this study, despite extremely difficult circumstances, is perhaps not surprising when it is considered that many of the international medical students on the course had given up everything to live in a totally different environment (ibid). The instability of this change in itself led international medical students in the study to focus significant energy on surviving the first few years away from home (ibid).

International medical students in Malau-Aduli's study (2011) similarly cited their high financial commitment to the programme, meaning they were constantly under pressure to perform so as not to let their families down. Malau-Aduli (2011) also notes that the knowing the end goal of becoming a doctor, with the humanitarian side and the associated prestige, aided participants' persistence and progression through the course despite the difficulty they faced. This was also associated with being resilient and independent (ibid).

Another motivation for international medical students to focus on the end goal of becoming a doctor might be the greater 'belief' in migration to the West geographically and culturally via the subject of medicine, which might be seen as superior to other subjects in some contexts (Yang, 2018). For example, Yang (2018), examines international student mobility in his paper based on a case study of Indian medical students at a Chinese University. Yang (2018) identifies an underlying culture of international student mobility used to reproduce a class advantage for youths, who may be situated in less socially advantageous geographical locations or come from lower social class backgrounds. This is a particularly relevant

phenomenon in medicine where a perception of superior practice and culture may exist in particular geographical locations, particularly in the 'developed West', for example. This could apply to the practice of medicine in the UK where it is similarly held in high regard. There is also the 'value' of medicine for students when they return to their home countries in affording them enhanced status and position within their future employment. However international medical students bring their own cultural expectations when they study in the UK or another country. Yang's (2018) case examines the case of Indian medical students, unable to afford the private tuition for medicine at home, seeking medical education in China. However, Yang (2018) notes that in most cases the destination countries remain in the developed West where the additional objective of residency or citizenship may influence decision making.

This section has examined the specific cultural aspects of medical education and medical practice, which can impact differently on international medical students. The comparative strain for international medical students and the related group of international nursing students has been highlighted, showing similar insights into the transitional burden for these groups of international students as for other international students. In addition, some commentary on the differences between international medical students and international students as a whole has been presented suggesting international medical students deal with the usual strains of being an international student with some specific additional stresses. It has been suggested that the key features causing additional burden for international medical students include high intensity curriculum and the demanding English language use required for assessed communication skills.

Examination of the literature has found no single study looking at experiences of international medical students in the UK. However, limited research has been found concerning international medical students in Australia, India and the US (international nursing students).

In particular, Yang's (2018) study highlights the culture of medicine being a potential aid for social mobility in Asia where medicine is revered and may be seen as a route out of poverty. Other studies (Malau-Aduli, 2011 and Treloar et al, 2000) also point to the demanding nature of studying medicine for international medical students as they must manage an

intersection of 'small cultures' (Holliday, 1999) including their medical school, culture, the university and the medical professional culture itself. These studies serve to highlight the additional significant hurdles and barriers that international medical students may face and need to overcome in order to be successful in their medical education. Indeed, the fact that international medical students face an additional layer of cultural acclimatisation to the medical profession and medical environments presents the main distinction between them and other international students. Identifying the nature of the difference between international medical students and international students contributes to the originality of my work and is a point I will return to in the concluding chapter.

2.3 Othering: a theoretical 'lens' for understanding aspects of the international student experience

This section presents the concept of 'othering', which, like 'culture', informs my research questions.

Othering has been described as a perception or construction of 'them and us' (Trahar, 2011). Behaviour which reflects this perception could be described as an act of othering, whereas a culture of othering behaviour and thinking might be defined as a socially constructed practice. Othering has also been defined as the imagined profile of the 'other' which may be a 'demonized' image of 'them' while at the same time supporting the 'idealised' or more perfect version of the self or 'us' (Holliday, 2011). Othering occurs in all areas of society as a means of promoting a positive sense of identity (Holliday, 2011). The paradox is, Trahar (2011) argues, that we do not think of ourselves as being different from other people until we encounter someone else we position as being different or who positions us as being different.

Holliday et al (2004) also describe othering as the perception of someone else as alien and different to us and therefore excluded from our 'superior', more 'civilized' and 'normal' group. Holliday et al. (2004) state that it is easy to be misled by our own misconceptions and to fall into the trap of othering. It is therefore important to try to understand people and not to presume (Holliday et al., 2004). Othering usually follows the formation of a

stereotype, a process in which an observer may piece together a template through which to try to 'understand' an individual from a culture that is foreign to them. Stereotyping invariably involves prejudice of one kind or another, that in turn leads to othering (Holliday et al., 2004).

The next subsection further explores the theory of othering and its relevance to my thesis.

2.3.1 Othering and culturism

I have used the theoretical concept of othering extensively, as a lens through which to understand the perspectives of staff and students in my study. Holliday (2011) argues that if people become used to having their cultures defined for them through othering, they may struggle to make known the subtle, complex nature of their identity which transcends the artificially derived stereotypical cultural images they are associated with. In other words, they may feel misrepresented and struggle to gain recognition for their cultural potentials and proficiency. Othering can undermine the confidence and pride of the person being 'othered', and as a result may erode their identity.

Othering may lead to and is linked to, discrimination and therefore it is important to consider the forms that discrimination can take. In relation to the importance of peripheral perspectives that challenge the dominant culture, peripheral cultural realities are rooted in the complex detail of daily lives and are not easily expressed when discrimination exists (Holliday, 2011). Discrimination is often mistakenly thought of as simply some kind of unjust or unfavourable treatment (Burnett, 2000). While discrimination can relate to differential treatment, it also describes a process or processes that lead to oppression (Burnett, 2000).

An example of discrimination which is relevant to my sub research question on othering, is racism, which involves positioning particular groups or individuals as superior in relation to others according to their race and / or racial background (Burnett, 2000). The phenomena of racism could be compared with, or linked to, beliefs of superiority based on being Westernised or not. However, while racism occurs in different forms, what is more relevant to my thesis is a 'new' form of racism which tends to differentiate people by their cultural

difference rather than by the more traditional preoccupation with racial and ethnic difference (Burnett, 2000). The term 'culturalism' is used to describe the construction of social groupings are constructed through cultural rather than racial differentiation. The emergence of this term reflects changing attitudes and perceptions in that race is no longer thought to determine culture and that anybody of any race can assimilate into any culture (Burnett, 2000). It also suggests that contemporary forms of discrimination increasingly rely on forms of difference related to cultural background (Burnett, 2004). Street (1999) sees the role of culture as defining boundaries of class, race, ethnicity and gender, which can give rise to notions of difference and discrimination based on difference.

Culturalism is a form of othering, in that it reduces the members of a cultural group to a set of pre-defined characteristics and works in a similar way to racism and sexism. If this is taken too far, the notion of culture can become greater than our notion of the people themselves (Holliday et al., 2004). Taking the 'human aspect' out of the equation is possibly what allows people to adopt a culturist perspective, which can be seen as aligning itself with an essentialist viewpoint.

Building on these perspectives, I have incorporated culturism, as well as discrimination via ethnicity or racism into my analytic framework. This is because in the course of my work as a lecturer prior to the research, I have witnessed international students rejecting the concept of ethnic or race diversity being applied exclusively to them, as they have seen that this diversity exists in home students and other groups at the University. However, in my experience as a lecturer, international students do acknowledge greater cultural diversity, possibly due to the fact that they have not experienced cultural duality. For example, cultural duality might exist when a home student experiences growing up in a family with a cultural identity which differs to the 'mainstream' cultural aspects of life in the UK. Chapter six uses the theoretical lens of othering to examine how student experiences of being stereotyped in relation to cultural background or nationality might relate to the process of othering described in the literature.

2.3.2 Othering, Cultural Discrimination and the Role of the Educator

As discussed above, culture can be used as a means of differentiating and categorizing the 'other'. Given the sensitive nature of the topic of discrimination, it is unsurprising that some teachers prefer not to discuss such controversial material in their classrooms. However it may be important for teachers to be aware of new forms of discriminatory practice such as culturalism and to avoid promoting and maintaining such practices by challenging and thereby de-legitimising notions of difference (Burnett, 2004).

In addition, teacher awareness and understanding of cultural difference allows teachers to re-interpret behaviours previously viewed as negative with a technique sometimes known as 'cultural repair' (Carroll, 2005). For example, international students who seek changes and improvement to their marks may be seen as trying to persuade the teacher to unfairly overrate their work. 'Cultural repair' might involve explaining that they might be responding to a cultural expectation that they perform to their best ability. The concept of 'cultural repair' is a useful one for intercultural competence and at a broader level, when considering policy recommendations related to internationalisation. In my analysis, I will therefore use this idea as a conceptual lens to assess the potential impact of 'cultural repair' on the student experience and its merit as a potential teaching strategy.

In this section, I have defined, discussed and summarized the concept of othering. I have also introduced the concept of culturism, as part of othering. Both concepts are used as theoretical lenses to examine the experiences of students in relation to other people's perceptions and communication with them, to discern if students in my study have experienced being 'othered' or have 'otherised' those around them.

2. 4 International student transition to higher education: experience and pedagogy

This section looks at the concept of transition for international students when arriving and beginning to study at a higher education institution in their host country. The concept of transition directly relates to the second sub research questions about how the international students experience transition. The concept of culture is central to examining the process of transition in that adapting to a new culture forms the foundation of this experience.

According to Schweisfurth and Gu (2009), studying abroad is likely to involve substantial transitional stress and will include culture shock, learning shock and language shock. To overcome these requires both psychological adjustment and sociocultural adaptation. These insights enabled me to explore how international students experienced the first months of starting study in the UK, in terms of the stages of transitional stress Schweisfurth and Gu (2009) identify and the different perspectives students had about their transition to studying in the UK.

2.4.1 International students and levels of cultural transition

My research questions were partly designed to investigate the significance of cultural adaptation in international students' experiences of transition experience, including academic transition. Therefore, the theoretical basis for the notion of cultural transition was an important concept in my research.

Yun Kim (2005) states that adapting to living in a new culture is neither quick nor easy. None of us are born knowing how to function acceptably in our culture; instead, we learn to relate to our social environment and its culture through continuous interaction with it, a process known as 'enculturation' (Yun Kim, 2005). Therefore, in many ways, integration into a new culture involves engaging in an enculturation process all over again, only this the incomers have to deviate from a familiar previously learned cultural script and suspend or possibly even abandon their identification with cultural patterns which have previously defined who and what they are (Yun Kim, 2005). It is therefore not surprising, Gudykunst (2005) argues, that people adapting to a new culture experience anxiety and uncertainty. These feelings can be related to the phenomena of 'culture shock', which, according to Gudykunst, (2005), involves feeling strain, deprivation and a sense of impotency in a new culture.

The concept of culture shock relates to my primary research question, as well as my sub research question on student transition. Ryan's (2005) work provides a model for the 'levels' of shock international students experience. According to Ryan (2005), the first level of shock experienced by international students is culture shock which comes from the encounter

with a new physical environment, food, transport, accommodation, personal relationships, dress and even different smells. Furnham (1997) who also uses the notion of culture shock, adopts an exclusively negative perspective, describing visiting or living in a new culture as:

'An unpleasant surprise or shock, partly because it is unexpected, and partly because it may lead to a negative evaluation of one's own and / or the other culture'

(Furnham A, in McNamara and Harris, 1997:14).

Furnham (1997) also sets out the 'causes' of culture shock and possible consequences of 'poor adaptation', which include: loss, grief and mourning, resulting from being deprived of specific relationships or significant objects; fatalism or a loss of control, when an expectation that outcomes are determined by external forces comes into play; a failure for the experience to match expectations; a reduction in social support and 'value differences' which cause misunderstandings, distress and difficulties.

Despite the development of remote communication via the internet with applications such as Skype and FaceTime, these causes of transitional stress remain relevant. For example, Lee and Rice (2007) argue for international students in a new social context that is geographically or socially distant from their own, there is a loss of social support which is detrimental, a sense that they are separated from access to their familiar sources of social capital (Lee and Rice, 2007). Even if they are from an advantaged or elite background in their home country, Lee and Rice (2007) go on to argue, once they arrive in the new social context, they lose their social advantage, as they can no longer draw upon their friends, acquaintances and family to access support or advantage. The loss of a meaningful social network as a theoretical concept relating to culture shock is a perspective I used in examining the student experience of arriving to their host country.

The second level of shock identified by Schweisfurth and Gu (2009) is language shock. Even native English speakers can experience language shock when encountering local accents, or unfamiliar language varieties spoken in everyday conversation. The speed of dialogue can prove difficult when different Englishes are used such as American English (Ryan, 2005). In my study, the international student participants had high levels of English language

competency yet, experienced various forms of language difficulty that seemed to me to fit the notion of language shock.

The reported experiences of students in my study also relate quite well to Furnham's (1997) description of cultures of communication. In this description, Furnham (1997), reports that students coming from different cultural backgrounds will often use different styles of communication in English, even when they have attained very high language competence. In addition, there are cultures of communication that can be overlooked including intonation, pauses, eye contact, body language, rhetorical patterns and ways of presenting information, (Furnham, 1997). Lee and Rice (2007) identify a very strong correlation between language, culture and identity. What we say, how we say it and who we appear to be are issues that are very difficult to isolate from each other, as language is a means of expressing and also constructing one's identity and so it is a highly significant element in our interactions and relationships with others (Lee and Rice, 2007).

The third level of shock for international students identified by Ryan (2005) is academic shock or 'learning shock' where differences in approaches to teaching and learning become apparent to the student and can give rise to a new set of anxieties and challenges. Learning shock can occur when, for example, students encounter the more learner- centered educational experience of the UK compared to the teacher- centered tradition seen in other cultural environments (Gu and Schweisfurth, 2006). The international students in this research, studying at the Medical School, are allocated to problem-based learning groups which are student led and 'facilitated' by a tutor (rather than taught). Given that students in my study had been exposed to these innovative styles of teaching they may not have encountered before, I found the concept of academic or learning shock to be of value in analysing my data.

Ryan (2005) describes different 'levels' of shock to reflect her perception that shock occurs in a linear, hierarchical manner and that different types of shock do not significantly coincide. In contrast, Gu (2009) sees the experience of transition as more of a continuum and Gu suggests that 'learning shock' can be compared to culture and language shock, in that it also invokes the 'unpleasant feelings and difficult experiences' of being exposed to a

new learning environment. These feelings can be intense and be a significant psychological and emotional strain on learners. Gu (2009) sees learning shock and language shock as mutually reinforcing, since unfamiliarity with different learning and teaching traditions will accentuate the loss of confidence brought about by having to employ unfamiliar language.

A possible example of the difference between UK higher education learning culture and the learning culture in other learning environments is the requirement for UK learners to be explicitly critical. Difficulties can arise as in more traditional or hierarchical cultural environments, open criticism or questioning of an authority figure such as a lecturer may not be appropriate (Robinson-Pant, 2009). The requirement for critical thinking to be formally verbalised is particularly favoured in cultures where there is an emphasis on individual perspectives rather than consensus (Trahar, 2007). Conversely, in cultures where traditional knowledge is highly respected, there may be less capacity to openly criticise and question (Trahar, 2007). Students from cultural backgrounds where the expectation is that they will learn from and accept the evaluations given by their tutors and / or students who are unfamiliar with the UK academic required rhetoric of being critical, may experience their work being negatively evaluated in the UK (Turner, 2011). In other words, perceived poor performance might be simply due to the student being unfamiliar with a different academic literacy practice or value, rather than them being a weak student overall (Turner, 2011).

Another example might be the adoption of an ethical approach within academic research (Robinson-Pant, 2009). UK higher education research ethical requirements require practices such as completion of consent forms. By contrast, some international students might argue that it would not be appropriate to introduce such practices in their particular cultural context as they are perceived as efforts to avoid litigation, when researcher and participant relationships should be based on trust (Robinson-Pant, 2009).

One of the questions of this study, relating to the sub research question on student transition, is to what extent and in what ways do undergraduate international medical students experience learning shock. It may be that they experience reduced learning shock because they have had experience of a Western style of academic culture (having attended an American international school for example). Alternatively, the fact that they have

achieved high grades to access medical school in the first place and their ability to manage workload and academic challenges might protect them from academic shock. On the other hand, an international medical student might not be aware of the problem they are having in adapting to the academic culture until assessment results which alert them (and the school). In addition, the term 'shock' suggests a sudden crisis, which may not be the manner in which international students experience transitional stress. However, I had to bear in mind that international students may not report difficulties with course content or with their relationships with academic staff simply because they have more pressing things to worry about. Indeed, Lee and Rice (2007) report that one of the most significant concerns for students before and after they arrived in the UK was whether they would be able to mix with home students. This issue was among the biggest concerns, second only to concerns about accommodation (Lee and Rice, 2007). This does suggest that concerns about the academic aspects of transition may be secondary.

Gu and Schweisfurth (2006) also find that concerns about academic aspects of transition are relatively minor. Their study of Chinese students in UK higher education found that the three main categories of student difficulty were: loneliness and homesickness; coping with 'being an outsider'; and adjusting to local cuisine, which they often found unsatisfactory with no real Chinese food substitutes (Gu and Schweisfurth, 2006). Hence being an international student in UK higher education involves anxieties about managing a fundamentally different way of living, no longer being able to rely on what could be taken for granted at home and having to gain competency in a different way of communicating with others (Gu and Schweisfurth, 2006).

In addition, international students bring with them the great sense of expectation that family and friends have for their success. They must cope without their usual support systems and must deal with the pressure of managing visas and their eligibility to remain in the UK, accompanied by a substantial financial burden which they must bear without the benefit of the student loan system offered to home UK students (Carroll and Ryan, 2005).

The prospect of failure brings with it potential compromise of their visa status, personal and family finances, as well as the possibility of returning home having not accomplished what

they set out to do, with a likely sense of shame and disappointment (Ryan, 2005). It is therefore unsurprising that these problems, particularly in combination, can become overwhelming, leading to considerable stress and even mental health illnesses (Carroll and Ryan, 2005).

Nonetheless, previous researchers such as Barker (1997, in McNamara and Harris), have reported that despite their experience of stress during academic transition, international students have a 'pressing need', maybe above all else, to return home with the inner satisfaction and outward measure of successful academic achievement (Barker, 1997). They are usually very motivated to succeed and make the most of their opportunities, including the acquisition of English language skills and fear of failure is their main concern (Barker, 1997). This is often because a great of money has changed hands, often provided by parents or the extended family in the home country, which also exacerbates the fear of 'losing face' (Barker, 1997). Indeed, this situation may have worsened in recent times with the introduction of higher student and international student fees and the increasing costs of arranging visas and documents to permit study in the UK.

2.4.2 A summary of the conceptualisation of transition

In the higher education environment, it is acknowledged that any student attending university for the first time will experience a significant transition. However, for international students there can be several types of transition, such as their own maturation process and also intercultural transition, in that they have to interact in a different education system within a different culture and society (Schweisfurth and Gu, 2009). This model, which comprises different types rather than levels of transition, represents the typically chaotic or 'messy' experience of transition and forms a conceptual lens for examining transition in my thesis.

These types of transitional stress helped me to discern the main difficulties for students during the transition phase. This alerted me to the possibility that their difficulties might not necessarily be about adapting to the learning and teaching environment but about the psychological and physical struggles to lead life according to an entirely different model.

Having examined the concepts around transition, the next section examines a less personal perspective of international experience. I focus on internationalisation and the institutional view of international students, and how I use this to examine the experience of international students.

2.5 International students and internationalisation: theoretical concepts to explore institutional, staff and student perspectives on policy and practice

This section looks at theoretical concepts in relation to internationalisation which will help me to identify and compare the institutional, staff and student perspectives on international students and internationalisation in my study and develop policy analysis. The first aspect to examine is the how the process of internationalisation operates in academic institutions. Some internationalisation definitions from the theoretical base are offered and then some models of internationalisation in education are explored, including some discussion of the perceived positive and negative aspects of internationalisation. This is important in the context of my study as educational policy in higher education institutes have been shaped by internationalisation and educational policy continues to change and develop according to the international agenda. This policy directly impacts on the experience of international students in UK higher education and also on the way in which academics and home students relate to and work with international students. Therefore, in the second subsection of this section the relevance of internationalisation and globalisation on students, teachers and learning will be explored.

2.5.1 Exploring meanings of internationalisation

'Internationalisation at the national, sector, and institutional levels is defined as the process of integrating an international, intercultural, or global dimension into the purpose, functions or delivery of postsecondary education'

(Knight, J, 2015: 2)

Internationalisation refers to the 'growth of relations between nations and between national cultures' (Trahar, 2011). Internationalisation can also be defined as the process of

including an international, intercultural or global dimension into an aspect of national life (Turner and Robson, 2008). Internationalisation is a part of daily life in the typical UK higher education setting, including within the setting of my study. Describing a university as an international institution is widely acknowledged not to be a new idea (Trahar, 2007). Welikala (2013) also notes that travelling overseas for higher education is not a new phenomenon however the trend for internationalisation in modern university settings currently relates to changing civic, social and global issues at both local and global levels (Welikala, 2013). However, the reality and practice of internationalisation is also dependent on the form it takes.

Internationalisation has been described as symbolic or transformative (Turner and Robson, 2008) and this distinction is important to understand an institutional stance in relation to internationalisation. Within a symbolic definition of institutional internationalisation, universities can be seen as being mainly concerned with the income generation potential of international student recruitment. Indeed, the income generation from international student fees is now integral to the financial well-being of UK higher education institutions (Turner, 2011). Consequently, institutions sometimes display a prescriptive approach to institutional change based on doing a minimal amount to secure a stake in the international student market. Conversely a 'transformative' approach to internationalisation in universities involves knowledge sharing, co-operation and integrating an international / intercultural dimension into the teaching, research and service functions of academic institutions (Schweisfurth and Gu, 2009).

These theoretical concepts on internationalisation are useful for the purposes of my study as a specific institutional approach to internationalisation may directly affect the experience of its international students and therefore needs to be examined and discussed. Therefore, I will use the symbolic / transformative internationalisation theoretical concepts to analyse the University's policy with regard to international students.

2.5.2 Higher education and internationalisation

Schweisfurth and Gu (2009) state that in recent times rapid internationalisation of higher

education occurred in the 1990's in particular. In addition, student and academic mobility have made a substantial contribution to economic and intellectual resources of higher education institutions (Milstein, 2005). Moving forward, there is an increasing interest in the role of education in mediating global citizenship (Harrison and Peacock, 2010). Indeed internationalisation is one of the major preoccupations in 21st century higher education (Welikala, 2013). Internationalisation also seeks to describe national higher education as being defined by supranational concerns. However, there are different approaches to internationalisation in higher education. Maringe and Foskett (2013), identify three models of internationalisation emerging in the higher education sector (Maringe and Foskett, 2013). These are commercially-driven models, found mainly in the rich countries of the west, cultural-integration models found mainly in Confucian nations such as China and Asia and universities in Arab world and finally, curriculum driven models found mainly in poorer nations of the south (Maringe and Foskett, 2013). However, as I have established, theoretical models of internationalisation can be described as symbolic or transformative. My own experience working in the field and the reported experience of academics in this study, is that a transformative approach to internationalisation in higher education remains a high ideal. Therefore it seems that while the 'official talk' in institutions is of respecting difference and celebrating diversity, the idea underlying 'diversity' is still largely one of 'traditional notions of homogeneous cultural groups' (Roberts, 1998). However, I aspire to a transformative approach of internationalism in higher education due to the wide-ranging benefit this can bring about, as the discussion above describes.

2.5.3 The potential negative impact of internationalisation

In chapter one I looked at the benefits of internationalism. I also need to understand the potentially negative aspects of internationalisation for the purposes of my study.

Maringe and Foskett (2013), highlight the potential detrimental impact of internationalisation. This includes 'brain drain', where talent mobility becomes skewed in favour of universities in more developed world, leaving poor nations continuously deprived of the most important resource for their own development (Maringe and Foskett, 2013). This could be of particularly importance when it comes to the discipline of medicine where

depriving developing nations high achieving students who has the capability to study and practice medicine could have considerable impact. In addition, this type of impact supports and gives rise to dominance of Western hegemony with some considering internationalisation as synonymous to a notion of Westernisation where Western ideas, culture, language, practices are exported to other nations and presented as 'superior forms of humanity and existence' (Maringe and Foskett, 2013).

For these reasons, from the point of view of benefiting student learning experience, internationalisation may not perhaps be viewed as a matter of building collaborative links with institutions in other countries and bringing large numbers of international students to the home institution. Instead it may be better, or the interest may be centered around, looking at the process of internationalisation as a matter of internationalising the outlook of staff and students, both international and at home, and also internationalising the attitudes of people in the wider community of the university (Montgomery, 2010). Looking at how successfully the environment has been internationalised is certainly of relevance to my sub research question on internationalisation. This is because the perception of the nature of internationalisation can be determined by the stakeholders who are involved in the process, and the goals, rationale, resources and individual institution will determine the way that internationalisation is pursued (Montgomery, 2010).

Maringe and Foskett (2013) also identify the potential commodification of higher education where education is seen as having lost its 'inner goodness', where instead it adopts a more profit-orientated perspective (Maringe and Foskett, 2013). Due to this profit motive, educational services are becoming commercialised and development of curriculum areas depends partly on the research money which can be generated aligned to that subject (Maringe and Foskett, 2013). Furthermore, learning contracts and litigation based on alleged breach of these learning contracts in HE are further evidence of commercialisation, where cases of termination of staff contracts based on negative student feedback are increasing in western universities (Maringe and Foskett, 2013).

Finally, and perhaps predictably, Maringe and Foskett (2013) suggest an erosion of quality

of education in universities appears to be increasingly likely with causes such as decreasing staff numbers with increasing student numbers, financial cuts in universities resulting in diminished resources, increased dependence on the e-lecture for teaching and stagnating university budgets with limited resources available to students (Maringe and Foskett, 2013). In less developed nations quality is eroded by talent migration to richer nations, with talented students being attracted by richer Western universities (Maringe and Foskett, 2013).

2.5.6 Internationalisation in higher education and international student experience

My thesis looks at international student experience and therefore while understanding that internationalisation and related policy forms an important theoretical background, understanding the practical impact of such policy on international student experience is important with regard to my research questions in particular. Therefore, I will use the theoretical concept of internationalisation as a lens to examine student experience in the light of internationalisation, rather than to discern internationalisation in my institution in isolation.

I have looked at definitions and models of internationalisation, including symbolic and transformative approaches and I have examined negative aspects of internationalisation as well as its relationship to education and international student experience. This will enable me to discern the significance of the current internationalisation approach in my institution to international student experience and the development of improved international student experience.

2.6 Conclusion

In this chapter, I have identified four theoretical concepts which form a conceptual framework relating to my primary and sub research questions. I have argued that the theoretical concepts of 'culture', 'othering', 'transition' and 'internationalisation' have interwoven relationships to each other. For example, culture links to othering, as othering is a behaviour which occurs where 'cultural difference' or even cultural superiority is

perceived as leading to the active construction of the idea that another party, such as an individual, group or even nation, are the 'other'. Furthermore, as discussed in 2.2.1, the process of othering links to an essentialist model of culture, as opposed to a non-essentialist model of culture (Hofstede, 2001).

Transition as a concept links to culture and potentially othering, as students undertaking a transition to a medical undergraduate course may perceive culture as the most important aspect of their transition. This might be in terms of intercultural communication and successfully assimilating to medical culture as well as to UK culture and the culture of the UK higher education setting. However, during this transition students may note occasions when they perceive being othered or feeling like the 'other', particularly during the process of their cultural adaptation.

Finally, the concept of internationalisation enables the nature of the transition that international medical students undertake to be illustrated and explored. The model of internationalisation deployed by institutions offering medical training - whether instrumental (symbolic) or transformative (Turner and Robson, 2008, discussed in section 2.5.1) - is a key influence on the experience of transition for students. For example, universities engaging in largely symbolic internationalisation approaches may place an emphasis on the commercial aspects of international student recruitment and this can mould and shape the experience of transition for these students. I have noted a link between symbolic internationalisation and othering and culture, in that a symbolic model of internationalisation may not address intercultural learning which could help to counter othering processes. In addition, my selection of internationalisation as a concept allows me to connect with relevant policy initiatives at the case study university and more widely. In particular, a transformative approach to internationalisation links to my stance on the benefit of a non-essentialist approach to culture and othering, where intercultural learning can be promoted.

The four identified topics of 'culture', 'othering', 'transition' and 'internationalisation' provide a number of lenses through which I will analyse my data. For example, in my understanding of 'culture' I position myself within a non-essentialist viewpoint to allow me

to explore the individual characteristics and experiences of the students I am studying. This links with the primary research question which looks at international student experience, and sub research questions, such as my sub research question looking at the phenomena of othering in this setting. Similarly, the theoretical concept of 'othering' and how this relates to aspects like culturism will provide me with tools for analysing the specific types of discrimination that international students may encounter. Again, examination of the theoretical debates on transition have helped me to identify important aspects of transition in relation to my study, particularly aspects of culture, learning and language shock which might particularly apply to international medical students, for example aspects of medical professional culture. These will all inform the lens with which I analyse data relating to my sub research question on international student transition. Finally, I have identified that both a transformative and symbolic internationalisation approach may be helpful for answering my final sub research question on internationalisation. This allows me to consider the intercultural aspects of education and student experience in an internationalised higher education environment. The lenses I have selected are complementary and allow for a multidimensional interpretation of my data: for example, selecting transition as a lens allows me to appreciate diverse experiences of international student transitional stress. Similarly, my lens of culture will allow me to interpret many subtle layers of complexity in relation to the international medical student cultures that I encounter.

The next chapter will present the methodological approach employed in my study.

CHAPTER THREE

Methodology

3.1 Introduction

This chapter describes the learning and decision-making process I experienced as a novice qualitative researcher while undertaking my doctoral study. I will demonstrate how the landscape of my research changed according to my changing understanding of my study and its methodological foundations. I will explain and justify the decisions I made when operationalising my research questions.

However, firstly I will begin by looking at overall methodological concepts with which I attempted to appropriately frame my study. I will then look at the research methods I employed to obtain my data, the rationale for my choices, the associated ethical issues and the purported advantages and disadvantages of my methodological approach. Finally, I provide details of the approach I used in analysing and interpreting my data.

Throughout I have tried to demonstrate the process I engaged in while undertaking the study was a reflective one and how this led to continual modification of my methodological approach. Appendices have been included which give examples of relevant methodological processes such as gaining informed participant consent. The appendices are referred to where relevant in the text.

3.2 My positionality and how this may influence my research

Recent literature on insider / outsider research positions has tended to discuss positionality as a continuum. For example, Arthur et al (2016) acknowledge that the more we travel,

experience and research, the more we are aware of the various strands and layers that mesh in and out of what is commonly understood as 'culture'. Therefore, this paints positionality as a multifaceted and multi-layered concept, without easily defined boundaries. This type of perspective is also acknowledged by McNess et al (2016) who identify a multitude of factors or identities, such as ethnicity, language, gender, age, academic status, personal and professional experience shaping and influencing insider / outsider perspectives on the research process. Similarly, in considering positionality in terms of insiderness and outsidersness, several authors including O'Mulligan (2016) have argued against fixed dichotomous entities and have instead stated that a researcher's identity can shift dependent on the situation, the status of the researcher as an insider or outsider responding to the social, political and cultural values of a given context or moment. This discussion has given rise to a new category of insider / outsider positionality, which might be described as being an 'inbetweenener' (O'Mulligan, 2016).

In terms of my research, it is important to consider my positionality within the case I have studied composed of the international medical students at the Medical School. As I have previously stated I am a lecturer in the school, currently primarily involved with delivering teaching to year 1's and I also have a role of student support for early years medical students *and* for international medical students. This sets up an interesting position for me in the context of my research as it represents some variation between my professional role and my personal position. For example, on the one hand, I occupy the position of a lecturer, a junior faculty staff position that nevertheless might pose some concern to any international student reticent about sharing their true thoughts on the experience of being an international student at the school. On the other hand, my role in student support sets me apart as an academic member of staff with a pastoral / supportive rather than disciplinary / performance assessing remit. In addition, as the staff member concerned with international student experience, I feel I have a sympathetic approach to international students and perhaps some initial knowledge of their perspectives.

Beyond my academic role, something I have briefly discussed at the outset of the thesis is my second-hand knowledge of what it is like to be an international student in the school (albeit as a postgraduate) through my husband's experience. While this is not necessarily

explicitly known by the students involved in my study, it certainly adds a new dimension on my position within the research and might suggest I have another possibility to 'understand' and empathise with their experiences for example. In addition, my own identity as a postgraduate student in the university informs my understanding of the student's perspective, and the students are aware of this via their participation in my study.

Finally, I also comment in the thesis about my personal 'culture', in that I am almost certainly perceived as a British, white, middle class female. This could be considered unhelpful in the way that it creates distance from my position and the position of the international students. Alternatively, my interest and positive approach to international students in the context of my shifting lecturer / researcher roles might enable me to be seen as more receptive to the views of international students.

All these aspects of my positionality suggest that I occupy an 'inbetween' position in relation to being an insider or outsider researcher. Indeed, taking the concept of a continuum of positionality this is not problematic. For me, the factors shaping my insider / outsider perspectives are multifaceted and not straightforward and I have a changing positionality depending on which aspect of my identity I engage with. For example, in some ways, I seem to adopt an outsider perspective if you examine my profile as a white, female, middle-class academic. However, this classification does not fully explain my position as I have features of an insider derived from my personal and professional experience, which at first might not be obvious. In addition, I may choose unconsciously to perform certain identities according to circumstances - for example I might lean towards my identity as a researcher, rather than a lecturer, when discussing my doctoral research project with students.

3.3 Methodological beginnings and background

I began the project reflecting on and having the intention to draw on auto ethnography as a basis for my research. I initially felt this was relevant because I postulated that my experience of observing my husband's time as an international postgraduate student in UK medical education was my starting point and would therefore usefully illustrate the

foundation of my personal understanding of the research topic. I thought this auto ethnographic component would focus my mind on the issues, themes and questions that might arise during the research process. By introducing an auto ethnographic component, I also anticipated some triangulation of data with my research potentially confirming the understanding I started with as well as presenting new considerations and insight.

However, as I became more involved with the study of my case / participant group, I felt less inclined to formally include an auto ethnographic component in my research. The reasons for this were that although I felt my own experience with and knowledge about international students were relevant, and hopefully likely to make me a more empathetic researcher, I wanted the emphasis of my research to remain directly on the group I was studying and not become too influenced by my previous experience. In addition, including auto ethnography could have given rise to the criticism of my being introspective. I might have felt uncomfortable about including descriptions and experiences of a more personal nature and this might have been ethically problematic too. In addition, I felt that it might have been difficult to bring together the proposed auto ethnographic component and the core data set in a coherent way. As a stand-alone part of the study, it could have seemed as less relevant and maybe even as an unhelpful distraction. On the other hand, excluding the autobiographical dimension could be seen as misleading the reader by failing to acknowledge what I brought to the research in terms of my background.

Ultimately it is acknowledged that there is no particular moment when data gathering begins. As Stake (2005) suggests, it can begin even before there is a commitment to do the study, there is back grounding, acquaintance with other cases and first impressions. It is also known that a considerable proportion of data is impressionistic and picked up informally during the time when the researcher first becomes involved with the case. Researchers therefore have the privilege to pay attention to what they consider worthy of attention and the obligation to make meaningful conclusions (Stake, 2005). This makes all research 'auto ethnographic' to some extent.

3.4 Developing the research questions

As I continued to consider the nature of my project, the participants involved and the information I was interested in gathering with them, two aspects became clear to me. One was that early I moved away from my initial policy- focused line of questioning. I became far more concerned about and interested in the experience of international students and the impact of this on their wellbeing, academic and social success and their comfort or discomfort in an UK higher education environment. This also led me to abandon my initial approach, action research, proposed in my **Gatekeeper Letter (Appendix 1)**. I recognized that an action research approach with staff would not suit my investigation of the student experience and was therefore no longer relevant to my project. This shift in research interest and focus is perhaps better illustrated by comparing the ‘research topics’ outlined in the **Gatekeeper Letter (Appendix 1)** devised sometime prior to commencing the research with the research questions which were later redefined for the project once it was underway.

The final research questions, below, demonstrate a much greater concern for the student experience than the policy driven research topics at the outset. Punch (2009) discerns that developing research questions involves working deductively from general to specific questions, focusing on the question ‘what am I trying to find out’? It is therefore not coincidental that the process of devising my research questions was the mechanism by which I began to be more focused on the international student experience, as this was *what I really wanted to find out about*. In addition, it is by considering the research questions for my study that I was able to identify that the transition to study in higher education for international medical students was of particular interest to me.

My primary research question:

How do international medical students experience transition to life in UK higher education?

Sub research questions:

What are international medical students’ experiences of otherisation and how does this influence their overall experience of life in UK higher education?

How do international medical students view their transitional experiences when reflecting on their earlier experiences of education?

What experiences and / or challenges do international medical students report in relation to teaching and learning in a UK higher education environment?

I certainly felt that the research questions I devised formed a framework which enabled me to gain a better focus during the project. For example, the framework provided by my research questions informed the data I collected and allowed me to better organize my data analysis. In addition, it was important for me to redraft my research questions until I satisfactorily captured the enquiry process of my project, which was that I wanted to understand the real nature of the experience of international medical students entering the Medical School. The process of redrafting the research questions was one I engaged in until the end of my research when I was satisfied that my research questions were as concise and accurate as they could be and that they were fully addressed by the data.

A further change in the identification of my methodology approach occurred after having envisaged adopting a 'life history' approach (also muted in **Gatekeeper Letter: Appendix 1**). From initially thinking life history might be a suitable approach to capture the experiences of the students involved in my study, I realised I did not necessarily want to document students' experiences over a period of time. In fact, I knew that some of my key participants would be new first years and that their experiences relevant to the study would be very recent or even current, but nevertheless extremely pertinent. This meant that a life history approach was generally unsuitable.

Having discerned the methodological approaches I would not include, it was not until the active process of completing the project research got underway that I was able to formally identify my actual methodological approach and epistemological position. I would largely attribute this to my inexperience as a researcher and subsequent uncertainty about identifying a definite approach. It was also a reflection of the fact that I did not want to mistakenly adhere to a specific methodological approach early on, which might have artificially limited the scope of my research. I preferred to remain open-minded and flexible

and therefore latterly establish my conformity to a methodological approach, one that I felt would truly be suitable for the project. I eventually decided that the most appropriate terminology for describing my study of my participant group was 'case study', this was partly due the scale of the research, examining a small research group.

3.5 The philosophical considerations of my choice of methodological approach

In this section, I will set out the philosophical considerations for my methodological approach to the study. Firstly, I examine ontological considerations. Bryman (2016) sets out that there are two main ontological positions known as objectivism and constructivism. He describes objectivism as an ontological position, which implies that social phenomena confront us as external facts that are beyond our reach or influence (ibid). By contrast, constructivism has been described as challenging the suggestion that categories such as organisation and culture are pre-given and therefore confront social actors as external realities that they have no role in influencing (Bryman, 2016). This description of constructivism links to my stance and topic area, as the nature of my study is to challenge assumptions made about international students based on their categorisation, such as the category of 'international student' and cultural stereotypes applied to international students based on their nationality. Punch and Oancea (2014) describe constructivism as relating to the idea that realities are local, specific and constructed; and that these realities are socially and experientially based and depend on the individuals or groups holding them. This suggests that these realities are constructed, rather than being a pre-existing phenomenon. I have adopted constructivism as my ontological position as it allows me to view the categories that people employ in helping them understand the world, in this case the Medical School, as social products (Bryman, 2016).

In terms of epistemological considerations and associated philosophical positions, in my study, I adopted interpretivism as my epistemological position. Punch and Oancea (2014) describe interpretivism as concentrating on the meanings people bring to situations and behaviour, and which they use to understand their world. This description closely links to the position I took in my study where I particularly looked to understand the international students' unique perspectives on their situations as students in the Medical School. In

addition, Bryman (2016) denotes interpretivism as an alternative to the positivist orthodoxy that has long dominated social sciences and describes it as a position which respects the difference between people and objects of the natural sciences, requiring the social scientist instead to grasp the subjective meaning of social action.

As I come from an academic field (medical research) dominated by a positivist paradigm, I have chosen to position myself differently with respect to my epistemological stance. Bryman (2016) argues positivism is an epistemological position that advocates the application of the methods of the natural sciences to the study of social reality and beyond. Positivism could also be described as the belief that objective accounts of the world can be given, and that the function of science is to develop explanations in the form of universal laws to develop nomothetic knowledge (Punch and Oancea, 2014). Bryman (2016) also compares positivism and interpretivism and describes the difference between them as the *explanation* of human behaviour in a positivist approach, compared to the *understanding* of human behaviour in an interpretivist approach, where the latter is concerned with empathic understanding of human action rather than the forces that are deemed to act on it. This comparison of the two epistemological positions - positivism and interpretivism - further reinforces my choice of epistemological position where my aim was to increase my understanding of and empathy toward international medical student perspectives.

3.5.1 The quantitative / qualitative divide

Having examined what I understand by my ontological and epistemological stance, I will review the differing nature of research paradigms, including the qualitative research paradigm I employed for my study. A research design is chosen with the intent of drawing the most valid, credible conclusions from the answers to the research questions and it is important to match the question to an appropriate design (McMilan and Schumacher, 2014). McMilan and Schumacher (2014) state that quantitative research places an emphasis on objective measuring and describing of phenomena, often utilising numbers, statistics, structure and control. However, Punch and Oancea (2014) suggest that quantitative research is much more than research which uses quantitative or numerical data; instead, it refers to a collection or cluster of methods, as well as data in numerical form. Furthermore,

Bryman (2016) recognises that quantitative research differs from qualitative research in terms of its epistemological foundations and in other respects, rather than just the superficial issue of presence or absence of quantification. Therefore, it is unsurprising that several authors, including Punch and Oancea (2014) also describe qualitative research as much more than research that uses non-numerical data. Instead, they argue that qualitative research points to a heterogeneous set of approaches to research, which draw on different ways of thinking about social reality, much like an ontological position involving constructivism, and involving a collection of methods for working with data that are in non-numerical form (ibid). In addition, qualitative research is a field of inquiry in its own right, which crosses disciplines, fields and subject matter (Denzin and Lincoln, 2018). It is also just as systematic and rigorous as quantitative research but emphasises gathering data on naturally occurring phenomena, usually in the form of words, (McMilan and Schumacher, 2014).

The literature often points to quantitative researchers typically conceptualising the world in terms of variables (which can be measured) and studying relationships between these variables (Punch and Oancea, 2014). Qualitative researchers by contrast are described as typically studying cases as in my own study, and processes rather than variables (ibid). However, while the qualitative – quantitative distinction has long been a basic organising principle for the research methods literature, authors such as Hammersley (1992) and Pring (2004) have questioned the value of this sharp distinction, instead highlighting the important similarities, overlaps, and complementarities noted between different approaches. For example, both approaches have limitations, they are both affected by the researcher conducting the research and, in many cases, both methods are often capable of investigating the same hypothesis. Indeed Pring (2004) argues that attempting to distinguish qualitative and quantitative research via a sharp opposition of mutually exclusive epistemological and ontological positions is a mistake and can lead to false methodological dualism. Furthermore, concerns about the choice of quantitative, over qualitative or mixed method approaches point to Silverman's point that:

'Methods cannot always be 'wrong' or 'right', only more or less appropriate'
(Silverman, 2017, page 27).

Therefore, rather than considering the distinctions between qualitative and quantitative approaches and debating their comparative merit, I have found it more useful to consider which method and data used should follow from and fit with the questions being posed and the overall aims of the research (Punch and Oancea, 2014).

In the course of my own research, while recognising that quantitative data can be a valuable and reliable resource, I had to acknowledge that my research questions concerned matters of a more qualitative nature, which might not have been easily quantified using statistics and numbers. As Erickson (2018) states, qualitative inquiry seeks to discover and describe narratively what particular people do in their everyday lives and what their actions mean to them. This foundational qualitative inquiry is necessary in cases, like my own research, where the questions of 'what kinds of things' are impacting on people are yet to be fully resolved (ibid). My preference was to conduct research which sought to understand others, in this case with regard to understanding student experience. I consider that seeking to understand others is suited to a qualitative research approach, whereas a quantitative research approach may have presented me with the pursuit of variables such as student satisfaction outcomes, which might have been too mechanistic to fulfil my research aims. In addition, my preference was to generate theory, rather than the deduction or testing of theory as commonly seen in quantitative research (Bryman, 2016). Practical considerations were also important in deciding on my choice of methodological approach. For example, I needed to choose a research strategy that was tailored to the research question I was asking, which is 'How do international medical students experience transition to life in UK higher education?'. Finding an appropriate research strategy to investigate my research question is something I have described in previous sections of this chapter. For example, I wanted to use a research strategy which would be sensitive to my participants' interpretation of the topic and I was aware that little research had been conducted in the past on international student experience in the context of professional courses, particularly medicine. Lastly, I wanted a research approach, which would enable me to develop a rapport with my research participants by allowing me to engage with them and to gain their confidence, mainly in the form of an interview where I could also observe my participants' emotional responses (ibid).

3.6 Case study

McMilan and Schumacher (2014) describe case study as a methodological approach which can also provide a detailed description and analysis of practices, processes or events, which can and do contribute to making changes in practice. This description of case study fits with my application of a case study research method to my research question, in terms of looking to provide a detailed analysis of the transition that international medical students undertake in order to study medicine and explore how that information might shape practice around international students. Indeed, McMilan and Schumacher (2014) suggest that this approach also has the potential to yield results capable of contributing to policy formulation, implementation and modification. In this way, Denzin and Lincoln (2018) argue that each case study is a complex historical and contextual entity in its own right. This makes case study suitable for a project like my research, which has its own rich contextual basis and potential to contribute to policy formulation.

Case study can be seen to belong to both qualitative and quantitative research paradigms. For example, Yin (2018) is known and recognised for the use of a quantitative case study design and suggests that case study can involve the use of both qualitative and quantitative data. Punch (2013) in contrast is typically known for use of case study in a qualitative approach. Having identified qualitative methodology as my research approach, case study seemed a suitable approach for my study as it allowed for an exploration of the emerging themes, which presented themselves and provided a framework for me to document my findings (McMilan and Schumacher, 2014). In addition, I have found it useful to analyse the difference between case study and a case. Punch (2013) describes case study as a research strategy, which focuses on the in-depth, holistic and in-context study of one or more cases, suggesting that a case or cases are the subject/s of study and not a research approach.

The idea that case study can provide detailed description and analysis of practices was also a feature which appealed to me for my research, which sought to illuminate the experience of international medical students further. Case study methodology is the examination of suppositions and principles associated with a case-based inquiry in the social world (Schwandt and Gates, 2018). This also suggested that case study could be an approach

suitable for my research, which involved a case constructed from unique aspects and participants, including international medical students and key staff members involved with international students. In addition, Hamilton and Corbett-Whittier (2013) identify some key elements of a case study approach, described below, which are similar to the features of my project. For example, as Hamilton and Corbett-Whittier (2013) suggest, elements of the case I chose to construct are related, in this case international medical students from a UK medical school and University staff involved with international students. My case study was also constructed around the professional context of the medical profession and it focuses on collecting rich data using two or more data collection tools – for example, interviews and focus group, while also gaining more than one perspective – staff and international students (Hamilton and Corbett-Whittier, 2013). In chapter 4, I discuss specific elements of my case.

The next section takes a more in-depth look at the characteristics of case study.

3.6.1 Considering Case Study as my Methodological Approach

Case study has been described as a method of deeply observing the characteristics of an individual unit such as a person, a group or a community, in order to analyse various phenomena in relation to that unit of study (Cohen & Manion, 1989). Similarly, Suryani (2008) states that as a qualitative research approach, a case might consist of an individual or a group / collective and might be simple or complex. In an educational setting, a case study can also be described as an in-depth study of interactions of a single instance in an enclosed system, which could involve a single person, a group of people in a setting, a whole class, a department in a school or an entire school (Opie, 2010). I identified from this that my case could be described as '*a group of people in a setting*', which for my purposes would be the international students studying on the MBBS undergraduate medicine programme at the University.

Once I decided upon a case study approach it was important for me to consider the type of case study it would be appropriate for me to conduct or into which category of case study my research fitted. Stake (2005) identifies three different types of case study. The first type, *intrinsic case study*, is undertaken because of intrinsic interests, for example, a particular

curriculum, classroom, or book, (Stake, 2005). In an intrinsic case study, Stake argues, the researcher aims to get a deep understanding of the case without an expectation that the results will have implications for other studies. Although my interest in the case was intrinsic to some extent, I also hoped it would generate insights that could be applied to future cohorts of international medical students and would possibly inform future policy. In addition, while I did not explicitly expect my study results to have implications for other studies, I did not rule this possibility out. Therefore, I decided that my case study could not be described as an intrinsic case study.

The second category of case study identified by Stake is the *instrumental case study*, which provides a base from which other issues can be understood, where learning from the case might be used to generalize or develop theory. Usually the case is of secondary interest to the researcher and is used instead to support other interests, (Stake, 2005). The case I chose to study seemed to fit these ideas in some respects as I had sought to generate some learning and in addition, I set out research questions to be explored throughout the study to try to achieve this. However, conversely, I did not set out with the explicit expectation that my study would provide insights which could contribute to theory or could be generalised.

I understand the last category, *multiple case study* or *collective case study*, to be like an extension of instrumental study (Stake, 2005). This type of study consists of selecting more than once case in order to explore a certain phenomenon. In this kind of study, the researcher tries to investigate the similarities and differences among the cases to get better understanding of the phenomenon (Suryani, 2008). I ruled out this type of case study as I realised that although my research involved several students, the case was the Medical School rather than individual students.

Having selected case study as a methodology it was important to be aware of the limitations of the approach as identified in the literature. Case study researchers are sometimes assumed to not follow systematic procedures and the findings and the conclusions of a case study are seen as undermined by the biased views of the researcher (Yin, 2003). To address this potential limitation, I acknowledged my views and experiences of international students in UK higher education prior to undertaking the study. The issue of 'bias' influencing findings tends to be levied at any researcher within a qualitative paradigm, however qualitative

research approaches also allow rich, in depth detail and a more holistic view of participant perceptions and events.

Another limitation noted of case studies is that the researchers may not be able to cover all issues. Certainly, they are unable to provide statistical generalisations because they tend to have limited evidence, (Suryani 2008). Indeed, Punch (2009) points out that a common criticism of case study is that they cannot be used as a basis for generalisation but goes on to argue that case study can produce potentially generalisable results by conceptualising and developing propositions (Punch, 2009). Suryani (2008) states that in responding to the issue of generalisability in case study, some researchers use a multi-case study approach, and identify similarities or patterns among cases. It has also been argued that statistical generalisability is not the aim of case study research (Suryani, 2008). For example, it may not be appropriate to generalise by suggesting that all other similar cases would follow the same pattern. On the other hand, case studies can generate theoretical generalisation in many cases and therefore, case studies may help to generate new concepts and understanding that might be applied elsewhere.

According to Stenhouse (1998), the primary task of case study is not to provide generalisations but to produce reports of experience and to offer evidence. Stake (1995) also states that we do not study a case primarily to understand another case and that the first obligation is to understand the selected case and to maximise what we can learn from it. This point is particularly important when focusing on an individual case: it should be fully explored before greater meaning can potentially be developed as part of a collective case study. Elsewhere, Stake (1995) suggests that a collective case study may be designed with concern for representation but representation of a small sample is difficult to defend. Therefore, whatever approach to analysis is taken, a typical case study seems a poor basis for generalisation overall, regardless of how the included case/s are studied (Stake, 1995).

Finally, when in discussing the potential limitation of case studies in terms of their generalisability, particularly based on their sample size, it is worth remembering the central role the case method has in teaching, as it is deployed in medicine, law as well as nursing, public administration and social work, which depends on the representativeness of a case. In these training situations, cases are studied in great detail and are used to train managers,

doctors and lawyers in how to deal with situations they will encounter in the future. This clearly underlines the potential generalisability of knowledge built from case studies: if every case was totally unique, there would be no transferability of knowledge from one case to another and therefore no point in the case method of training (Punch, 2009). However, it must be acknowledged that the case method of training relies on the statistical probability of similarity among cases and purposeful sampling, rather than necessarily theoretical generalisability.

A third and final feature of a case study approach that has been viewed as a limitation is that it often relies on subjective data, such as participants' statements or researchers' observations, because most case studies tend to focus on human experiences (Suryani, 2008). Therefore, data will vary based on the participants' description, opinion and feelings. This was something I certainly observed in my own data set and therefore, as suggested by Stake (2005), I used replication, falsification and triangulating methods, such as variance of research methods with both interview and focus group, which also allowed pertinent issues to be discussed through different research modalities.

3.6.2 Ethical considerations in relation to a case study approach and my research

As previously eluded to, my background understanding of the nature of international student experience in UK higher education, gained via knowledge of my husband's experience as an international student, presented some ethical dilemmas. When discussing matters relating to my research questions with participants I did not routinely or formally disclose this personal link to the research I was conducting. However, at times this information naturally came to light in the course of a conversation. In fact, in retrospect I wondered if at times I allowed this to happen as a means of putting participants at their ease, or of reassuring them that I would be sympathetic about and understanding of their responses.

I had perhaps mistakenly not set out a planned way to manage my personal insight, having decided earlier to abandon a formal auto ethnographic component to the research, therefore making the possibly the subconscious assumption that the matter was resolved. However, I decided that the fact that I had discussed my experiences might be viewed in

two ways from an ethical perspective: firstly, if a participant perhaps felt reticent or uncomfortable about being open and honest about their experience and my disclosure might provide a more 'supportive' environment for discussion and therefore might be ethically appropriate. In addition, perhaps participants would otherwise feel uncomfortable with me as an individual who might be assumed to have limited pre-existing understanding and knowledge of the experience of international students. This discomfort might be furthered by their knowledge that I was occupying a position as a member of academic staff in the school, which they might feel would represent a conflict of interest.

On the other hand, within a traditional understanding of qualitative research it might be considered unethical to discuss my personal experience of international student experience as it could be seen as evidence that I was somewhat muddled and confused in my role as a researcher, and that I demonstrated an inability to remain impartial. Worse still, it could be deemed that I had potentially coerced participants into revealing data they were not comfortable to discuss by posing as someone with similar understanding and concerns. This could have a significant impact on the type of data collected and would arguably lead to some biased data, as participants would possibly seek to 'please me' with data or an interpretation of data they felt I might like to receive.

This and other ethical issues can be related to the case study methodological approach. Like other qualitative researchers, most case study researchers collect data from people as participants or *human subjects*. Therefore, in common with other qualitative research approaches, it is important to be aware of participant's rights, such as their identity and personal data being kept confidential and their right to refuse to answer certain questions. Furthermore, researchers have to be careful to avoid offending participants when they report their experiences, opinions or personal views (Suryani, 2008).

This sensitivity to participants 'human rights' was an important part of my research as I was aware of not wishing to compromise participants' interests in order to complete my fieldwork. I felt this was even more of an ethical priority as my research was initially motivated by a desire to investigate international student experience with the intention of looking to see if improvements could be made to university provision for international

students. Therefore, negatively impacting on international student experience through the process of my research would be particularly unacceptable from an ethical perspective.

Another significant consideration when completing a Doctorate in Education when selecting a methodological approach is the potential influence this may have on the required ethical procedures and submission of an ethics application to the University Education School research ethics committee. Although I secured ethical approval for my study from the school, there were several ethical issues to consider when planning my research, the most significant seemed to me to be: obtaining voluntary participants; ensuring their right to withdraw; protecting the research participants; assessing the potential benefits and risks the research posed to participants; obtaining informed consent, not causing any harm through the research process (Silverman, 2010). It was up to me as the researcher to demonstrate compliance with these ethical considerations to the school ethics committee. This meant I needed to consider these aspects in advance of beginning fieldwork.

I chose to use pseudonyms for my participants from the outset of my research in order to protect their identity and interests. In practice, this required coding the data with a participant initial and MBBS year of study or, in the case of staff participants, school of work for the purposes of anonymisation. When writing up, this anonymisation process struck me as inadequate in terms of providing full protection of participant identity. I therefore amended the anonymisation of the data set so that the reader could no longer discern individual participants' places of work or study.

In terms of voluntary participation and the right to withdraw, using case study represented some risk in terms of the impact on the study if certain individuals who might contribute data of particular significance to the case chose to withdraw. I therefore adopted an approach that was specifically tailored to avoid such 'heavy investment' in any individual, so that any participant withdrawal could be accommodated as part of the project. Ethically, I managed this by giving participants full details of their right to withdraw, including in the participant information sheet (**Appendix 2**), and on the participant consent form (**Appendix 3**). Ultimately, I was fortunate in that none of my participants chose to withdraw.

Another ethical issue concerned the potential benefits and risks to participants. My research was based at the University and this location and the potential impact of releasing results where study participants could potentially be identified was a concern and consideration for my case study approach. Clearly this concern relates to the anonymity of participants but Silverman (2010) also points out that a case study can be conducted with the view of eventually implementing changes based on the results of the data analysis (Silverman, 2010). This was a particular ethical consideration as it was imperative that I was able to reassure participants that their input would be of benefit to future international students, with little to no risk to their position at the University (Silverman, 2010).

As outlined in my introduction, the location of my study was the Medical School at the University. I have a direct relationship with the school as an academic employee, which could arguably limit my ability to be unobtrusive, objective and impartial. It could also mean I could feel constrained in my capacity as a researcher due to my position as an employee. However, I did not feel I would be in an immediate position to implement potential beneficial change derived from studying my case study and this would therefore limit the risk of being obtrusive during the research process and hopefully beyond. This was due to my role at the time being limited in terms of influence on the international student experience within the institution, which relied on university policy guidance primarily. My position as insider gave me an advantage in terms of accessing potential participants. Bryman (2004) has argued that the use of friends, colleagues and academics is legitimate to gain access to the study sample, as provided the setting is relevant, the route of access should not matter. Therefore, I felt that approaching the MBBS course director for access to the study group was legitimate, particularly as a transparent and formal research process was adhered to.

Bryman (2004) also argues that strategies that enhance access to research settings for case study research are ethically sound and that it is acceptable to try to get support of someone in setting, a 'champion' who may vouch for you and your research. In the case of my study, I accessed a 'gatekeeper', the course director who is more senior in the institution, and therefore the course director's approval of my study was also relevant and valid.

Another consideration is that with case study research there is a risk that genuine access to the people involved will take time, as people may be suspicious, worry about what they say / do and where the information could go; this could mean they partly sabotage the research by not revealing their true feelings (Bryman, 2004). I alluded to this concern above; I also felt this was a potential risk with my study sample as the participants might understandably have concerns about their position if they were to disclose dissatisfaction with the programme or school, which might later somehow be attributed to them. In some ways, case study can avoid this, as the researcher will act as 'professional expert', designing the project, gathering the data and interpreting the findings appropriately without sacrificing participant confidentiality. (Foote Whyte, 1991). My approach was to position myself as a researcher with a separate agenda to that of my formal role in the school and as one who would be sympathetic and responsive to participant disclosure without risking their confidentiality. I was also assisted in separating the changing aspects of my positionality when working with students participating in the study due to the fact that during the time my fieldwork was being completed, my teaching and pastoral roles within the school were largely concerned with working with more senior medical students. Conversely, the participant sample was derived from largely a more junior population of international medical students. This disparity in interaction with medical students from different years according to my positionality allowed me the benefit of being able to study students who were not the students I worked with directly for other aspects of my role.

There are also ethical considerations specific to studying international students that include awareness of cultural differences. For example, I was aware that questions asked as part of an interview could have different meanings in different cultures. It is often noted that it is difficult to import ethical considerations from one culture and apply them in another (Silverman, 2010). As far as I know, I did not encounter this issue, partly as my unstructured interview style allowed adaption and modification of my questions as required.

Another potential issue with interviewing international students is that they may turn the interview around and ask the interviewer about Western perceptions of their culture (Silverman, 2010). This was an issue I noted in my fieldwork diary. During one interview in particular, the student concerned sought my perspective on 'how to make friends with

English students' as an international medical student. In this instance, I was able to reframe the question posed to me as an exploration of the student's experiences in this regard and this discussion ultimately provoked some interesting insights from the student's perspective. However, overall, these concerns did not arise in my case study research, I believe because I conducted unstructured interviews, which allowed participants to take the lead and enabled their interpretations of the issues discussed to be incorporated.

Another ethical consideration in relation to international participants would be that giving and /or signing consent could be met with suspicion in certain cultures, being associated with government intrusion or misleading official documents. Conversely, reciprocation of involvement could be expected in some cultural frameworks (specifically non-Western) such as offering grants, gift exchanges or sexual offers. In addition, there may be cultural repercussions of signing a consent form, such as participants misunderstanding the benefits they will get, thinking they might learn something for example. These considerations highlight the importance of mentioning the word 'research' and giving explicit explanation about the nature of the project, its aims and intentions (Silverman, 2010). However, these were not concerns that ultimately impacted on my research, as all my participants were familiar with the University procedures, being enrolled students or staff. In addition, no individual participant expressed concern regarding signing a consent form or giving consent to take part in the research.

3.7 Study Participant Recruitment

Once I had considered the potential ethical issues, my next task was to recruit participants from among international students enrolled on the undergraduate medicine MBBS programme in my own school. This was because I was aware that the international student body enrolled on the course in years 1 to 5 was large enough to provide an adequate sample and I had the benefit of some existing contact with and access to these students and therefore the convenience of being able to readily access people for interview. Therefore, all the international student participants were in years 1-5 of the 5-year, full time, MBBS undergraduate medical degree programme at the Medical School. Students from the

foundation year (year 0), of the MBBS programme were not included, as these students (course code A104), are exclusively home students from our local region of the UK.

My previous knowledge of international students was with international medical students and therefore I felt I was in a good position to study this group, as I was familiar with the specific demands on medical students in general. These include: the duration of the course, which at 5 years full time study is two years longer than the average UK higher education undergraduate programme, the expectation that medical students comply with professional body regulations and requirements issued by the UK General Medical Council (GMC), and be able to demonstrate 'fitness to practice' at all times; the professional aspects of the course, and therefore the exposure to some education delivery in a practice-based rather than academic setting; most importantly, for international students, the course therefore requires high levels of cultural competence that transcend normal expectations and requirements in a higher education setting.

To access the medical students firstly in line with ethical guidelines, I needed to secure access to the participant group via the course director of the MBBS undergraduate medicine programme. This involved me approaching the course director via letter (**Appendix 1: gatekeeper letter**) and requesting permission, stating that I had ethical approval from the School of Education Ethics Panel at the University. I did this to satisfy the requirements for sound research practice, while meeting local and nationally recognized ethical standards, but also to ensure I was not accessing a group of students without the express knowledge and permission of the lead academic for their course. Without this permission, it would not be possible to proceed and the research fieldwork would be in jeopardy. In addition, an effort was made to purposely select a range of international students from across all five years of the MBBS programme. However, student participants were recruited and studied from year one particularly, partly because the students in this year group responded most positively to the request to participate in the study. This likely reflects the extent to which students in year one perceive the impact of transition to have greater significance to them at the time, and consequently, their feeling that they could contribute meaningfully to the study. Year one students are also comparatively less engaged in course activity compared to more senior medical students, so were perhaps better placed to respond to the invitation to

participate in the study. Lastly, they are more likely to have felt a sense of obligation or feel motivated to respond to a staff member's request for volunteers; they may have felt willing to please or to engage in and be part of school activities. They also may have felt this type of engagement would reflect well on them, despite the study's recruitment information indicating that no such judgements would be made. However, ethically this caused some dilemma, which I attempted to counteract by drawing potential participants' attention to the **Participant Information Sheet (Appendix 2)**, which indicates that participation in the study is voluntary and that participants are free to withdraw at any time, as well as stating that there are no personal advantages to participation in the study. Once participants were recruited, these aspects were reinforced by the **Participant Consent Form (Appendix 3)** which asks participants to confirm they have read and understood the participant information sheet and reiterates that participation is voluntary and that they are free to withdraw from the study at any time.

When approaching international students on the course, I was aware of the need to obtain a certain sample size of students to form an adequate case study for the purposes of the project. One or two student participants, for example, would be unlikely to yield data significantly lengthy or provide sufficient insight to answer my research questions. I also knew that failure to recruit a sufficient number of students relevant to my 'case' would mean I would have limited ability to identify reoccurrence of themes and ideas, which would limit the generalisability of my data. Therefore, I decided it would be reasonable to aim to recruit between 10-15 students for interview, depending on the response to my request for participants, which I felt would be realistic but also an appropriate sample size to generate an adequate data set.

When inviting participants, I contacted the entire MBBS, undergraduate medicine, international student body of approximately 70 students, detailing my study and supplying the relevant documents – information sheet and consent form as mentioned above. I was aware from the outset that there was some disparity in this student cohort in terms of student experience. For example, I was aware that the North American international students enjoyed a relatively cohesive transition from their home education environments to the UK setting where the language remained the same and cultural differences were

arguably not as significant. Critically, the North American students in our school were part of and significantly benefitted from, an existing network of past and present North American students. This knowledge presented some difficulty as for the purposes of my research I was bound by University terminology / classification and the tendency to categorise such a large and diverse student body as simply 'international'. While I did not want to disregard the North American students, and assume that their experiences were not of equal or even greater significance, I felt a need to purposively sample participants from other cultural backgrounds. This was partly as other students might not be native English speakers or might come from a less Westernised background and therefore be met with more disparity between their UK experience and their experience in their home institution. Because the North American students displayed significantly greater interest in participating, they responded immediately to the invitation to participate and were keen to use the opportunity to feedback, often critically, about their experiences.

While this was positive and helpful in some regards, I also was aware of the need to access students who may have been reticent or have felt less empowered to discuss their experiences, good or bad. I particularly wanted students who might be overlooked or who lacked a student voice, potentially due to their inclination to fit in or avoid being seen as complaining. In fact, at first the *only* responses I got were from North American students. Sometimes the subtext in these responses seemed to be that it would be beneficial for the student experience, particularly international, and maybe North American students, if their perspectives were noted and perhaps responded to. Initial discussions with some North American international medical students also gave me the impression that they partly saw participation in the study as a type of 'customer feedback' exercise, an opportunity to voice their opinion on 'what they got for their money', considering the not insignificant international student fees they paid. I also gained an impression from these students that they felt perhaps they could expect 'more for their money', seeing as they paid significantly more than home students. My awareness was that consequently these students were quite keen to critically appraise the course, and indeed, seemed to have the cultural expectation that their wishes would be fulfilled.

Although I recognised this as useful and valid input to some extent, and indeed, have included it in my study, I also wanted to include the voices of the more reticent international students, almost exclusively not from North America. Therefore, I began to purposively select international students from a diversity of cultural backgrounds. I also suspected that the ‘unheard’ international students had valuable experiences, opinions and concerns that they did not share or discuss, possibly through reasons of embarrassment, uncertainty and anxiety. But I felt it would be these thoughts and ideas which would be the most revealing, useful and pertinent to my study. Therefore, while I recruited some North American students (a fair proportional representation) I also awaited responses from students of other cultural backgrounds and encouraged such students to come forward by stating an intention to study students from a mixture of cultural backgrounds. It is possible that my own background experience and knowledge led me to seek specific types of participants, perhaps because I unwittingly sought answers that might correlate with my existing understanding. However, in retrospect I do believe that my actions were justified, as I needed to balance the keen response from the North American students with the comparative reticence of students from almost all other cultural backgrounds, to gain a fair and truly representative sample. I feel purposively sampling with these aspects in mind allowed me to take account of the differences among students categorized as ‘international student’.

When recruiting participants for the focus group specifically, I again approached the MBBS international student body via email with details of the focus group and my intention to run it as a World Café event (see **Appendix 4: World Café event flier**).

3.7.1 Summary of sampling considerations and procedures

In 3.7 I discussed the main sampling considerations. For example, to ensure a large enough population to gain an adequate sample, I approached international medical students from all medicine undergraduate years 1-5. Use of an adequately sized population is important if the researcher wishes to generalise statements to the whole population in question, once the sample has been studied (Punch, 2013). In addition, I employed a purposive sampling approach to gain a relevant and representative sample with students with different cultural

backgrounds and therefore I was able to ensure that the sample was adequate to address the set out research questions.

I also adhered to a number of procedures when obtaining my sample, discussed in 3.7. For example, I approached the course director of the MBBS course via a **gatekeeper letter (Appendix 1)** and provided potential participants with **Participant Information Sheet (Appendix 2)** and a **Participant Consent Form (Appendix 3)**

3.7.2 Table with interview participants and their key characteristics

Pseudonym	Gender	Geographical area of origin	Year of study on MBBS / area of work
Abina	female	Africa	4
Chloe	female	North America	2
Dylan	male	North America	4
Ethan	male	North America	5
Hao	female	Asia	1
Hazina	female	Africa	4
Kavya	female	Asia	1
Kendis	female	Africa	4
Kwasi	male	Africa	1
Mariam	female	Middle East	2
Mawasi	female	Africa	1
Sia	female	North America / Africa	5
Kate	female	UK	International student office
Merek	female	Originally from Europe	Senior lecturer in another school at the University
Sarah	female	UK	Student support for international students

3.7.3 Data collection methods and resulting data sets summary

Data collection method	Resulting data set
Semi-structured interview, audio recorded.	Interview transcripts from fifteen interview audio recordings and accompanying researcher interview notes

Focus group – World Café.	Researcher notes and data gathered from participant ‘writable tablecloths’ and post-it notes. Used with ten international medical student participants.
Documentary analysis	Analysis and commentary on University international student policy

3.8 Consideration of methodological tools

3.8.1 Observation

As outlined, at the outset of my research project I considered that some observation of my study participants was necessary in qualitative research and specifically, any type of ethnographic approach, which I felt was the direction my research was going in. I also felt that observation would help facilitate triangulation of my data, which I would be primarily obtaining via interview. However, ultimately, I did not incorporate observation as part of my research approach because I was unsure how observing a mixed international and home student cohort teaching session would yield data relevant to my research question. I felt that international medical students in this environment would possibly conceal some of the true nature of their experience and that therefore, matters of intercultural communication and student experience would be hard to successfully discern or unravel. Arguably this in itself would be an important observation, but I deduced I needed more direct access to the nature of international medical student experience, which could become underlying and unspoken in everyday education practice. I also felt that participants might have been uncomfortable with the presence of an observer of intercultural practices. Colleagues might have felt that I would look for insufficiencies in their teaching practice and students might not have displayed their typical behavior in terms of relating to their peers. This could have resulted in unhelpful or misleading data or simply might have been an inappropriate research approach in terms of collecting data relevant to my research questions.

If observation of a teaching session was not useful, effective observation in other settings could be ethically questionable as it may not have been possible to disclose the purpose of the observation in more informal social environments without causing some disturbance to

the true nature of interaction. However, even if permission could have been fully and appropriately sought, observation outside scheduled activities such as teaching, would be hard to arrange and difficult to conduct in a meaningful manner.

3.8.2 Interview

When thinking about how to conduct interviews, I had to choose and develop a specific interviewing style. My choice was influenced by several factors, such as which approach was likely to yield the most relevant responses and what my experience and ability actually allowed me to do as an interviewer. Punch (2009) states that the more unstructured the interview, the more important communication skills such as listening and follow-up questioning are. These skills might in part reflect the interviewer's experience, which in my case was limited. In addition, some authors such as Opie (2010) warn that unstructured interviews are potentially unsuitable for novice researchers. Finally, I settled on a semi-structured, open-ended questioning style of interviewing as I considered it allowed respondents to develop their own ideas, feelings, insights, expectations or attitudes (Opie, 2010). However, it also allowed me, as a novice interviewer to have access to some pre-devised questions and prompts for discussion around relevant topics, **(Appendix 5, interview schedule)** which meant that I would not struggle when conducting the interviews. For example, I noted in one field note entry that the prompt questions had allowed me time to build rapport with participants in the early stages of an interview before asking more individual questions according to the experience the student reported.

At the outset of my research, I decided to interview all of my student participants, except for those involved in the focus group. Stake (2005) argues that the main use of case study is to obtain the descriptions and interpretations of others, allowing multiple views of the case to be portrayed and that interview is the main method to obtaining this data. Silverman (2001) also regards interviews as a primary means to generate data because it gives authentic insight into people's experiences. Interviews therefore seemed an appropriate tool for me to use given that I was seeking a true impression of the international medical student's experiences.

However, Miler and Glassner (2011) point out potential drawbacks to interviewing. For example, there is a danger that interviewees respond based on who the interviewee is in terms of the social categories to which we belong – gender, age, class and race – and this was a practical, epistemological and theoretical concern to me. As an academic member of staff, I was concerned that students would feel obliged to modify, tailor or edit their answers in an effort to ‘please me’, perceiving this would be appropriate when speaking to a lecturer or perhaps to protect themselves from possible unwanted exposure, judgement or misunderstanding.

Milner and Glassner (2011) also suggest that these dangers are worse when we study groups to which we do not belong as interviewees may not like or trust us or understand our questions. As a UK born, Caucasian, middle class female who has not previously studied abroad I do not have obvious membership to a group of international students based in the UK. My previous personal perspectives of being an international student in the UK were derived from my husband’s experience in this regard. I may have portrayed this understanding via greater empathy or recognition of issues explored but I could not deny that the students may have felt more association with another individual from a differing set of social categories than they did with me.

My personal experience was relevant to the process of interview nonetheless. Previous involvement and experience is something Milner and Glassner (2011) suggest the interviewer must be aware of. They state that the challenge of interview is extracting information as directly as possible without it becoming unknowingly mixed or influenced by the interviewer’s thoughts and past experience. Milner and Glassner (2011) also suggest that the interviewer must suppress personal opinion and avoid stereotyping the respondent. I felt there inevitably was a risk that I might stereotype having some personal knowledge of international student experiences. Nonetheless, I concluded that this might only be a problem if I had adhered to a ‘positivist’ paradigm and that reflexivity could be seen as a positive aspect within my ideological position.

The ability of the interviewer to ‘put themselves in the person’s shoes’ is also recognized as important (Newby, 2014). In fact, Newby (2014) states that the key to successful interviewing is to use a tone of voice and words that the interviewee will be comfortable

with and to try to imagine how they would speak, react and feel (Newby, 2014). The ability to do this is clearly linked to the ability to empathize with the interviewee, an ability I deemed I would be able to maintain due to my previous experience, irrespective of whether or not I formally included an auto ethnographic element to my research

After considering these points, I felt that on balance, interviewing international medical students would provide a suitable vehicle to enable me to gather the data I needed to answer my research questions, particularly my primary research question on international medical students' experience of transition and my sub research questions on othering and the early stage of transition. Later I also included a small number of staff interviews to gain insight on reported international student experience. I felt this was a good way to further address my sub research question on international student experiences of teaching and learning in a UK higher education environment. Having decided that interviewing would be my main data collection method, I needed to consider how I would go about the process of conducting interviews.

Punch (2009) suggests that when interviewing for research purposes, the main decisions to be made are: who will be interviewed and why; how many will be interviewed and how many times each person should be interviewed; when and for how long each respondent should be interviewed; how will access to the interview situation be organized. The discussion below attempts to address these points in terms of my interviewing approach.

In the **Participant Information Sheet (Appendix 2)** I had told potential participants that I expected interviews to be up to 1 hour and that I anticipated the interviews being conducted once with each participant. Ultimately, this was the model I stuck to as I found that an interview of 1 hour or less allowed me to adequately obtain relevant data from each participant, generally exhausting the discussion topics, without the inconvenience of trying to reschedule a second interview date. Conducting more than one interview per student would, in any case, not always have been feasible with busy medical students who are fully timetabled and also going out on clinical placements at regular intervals. In the end, all student interviews were conducted between the second half of the Autumn term 2014 and

the first half of the Spring term 2015, with a concentration of interviews occurring at the end of November 2014 and beginning of December 2014.

As above, an amendment for my plans for interviewing was my intention to interview only students as I also ultimately also interviewed 3 staff members. I chose individual interviews instead of conducting a focus group because I was unsure how a focus group with staff could work practically. Getting invited participants to attend at one time, and also generating helpful discussion amongst staff members who were not necessarily actively engaged in an issue or topic, might have been challenging. However, arranging interviews with academics in my own school proved difficult given that teachers in the school are generally local, busy clinical practitioners with full time medical jobs alongside their teaching roles. In addition, eventually it seemed more relevant to talk with staff recognized as being involved with or interested in the international student experience across the university, as I was particularly interested in their observations about academic practices in this regard and felt the research could benefit from their reflections on this. I therefore interviewed three members of academic staff.

When thinking about how to conduct interviews, I had to choose an interviewing style. My choice was influenced by several factors, such as which style was likely to yield the most relevant responses and what my experience and ability actually allowed me to do as an interviewer. It is known that the more unstructured the interview, the more important communication skills such as listening and follow-up questioning are (Punch, 2009). These skills might in part reflect the interviewer's experience, which in my case was limited. In addition, some authors such as Opie (2010) warn that unstructured interviews are potentially unsuitable for novice researchers. Finally, I settled on a semi-structured, open-ended questioning style of interviewing as I considered it allowed for what is considered desirable, which is for respondents to develop their own ideas, feelings, insights, expectations or attitudes (Opie, 2010). However, it also allowed me, as a novice interviewer to have access to some pre-devised questions and prompts for discussion around relevant topics, which meant that I would not struggle when conducting the interviews.

If reflexivity was a concern at the recruitment stage, the process of conducting the interviews presented further and possibly greater considerations in terms of attending systematically to the context of knowledge construction. At an early stage of the interviewing process, I noted in my fieldwork diary that the 'North American students displayed a more consumerist approach to assessing their student experience' in terms of its worth against largely the financial investment they had made in the course. I clearly felt they had (possibly unreasonably on occasion) high expectations of the University and the programme, and that therefore this might not be core data for my study. Perhaps I felt the 'real and valid' data came from the international students who found themselves more typically socially disadvantaged and negatively impacted by their experience and it is possibly no coincidence that this perspective chimed with my own auto ethnographic understanding of the international student experience.

As discussed above, my chosen style of interviewing was semi-structured and open-ended questioning. When preparing for interviews, I decided on a degree of structure in my questioning, so next, I needed to consider carefully translating my research questions into interview questions / topics and decide on the order of the questions, (Opie, 2010). Once this process was completed, I devised guidelines to which I would refer during the interviews to ensure a sensible order of discussion topics and critically, to prompt me to ask about the identified important and specific questions / topics devised from my research questions. The key topics that my interview guidelines referred to were: what students could recall of their initial experiences of UK higher education; the support they had received; how they might advise other international students; what had been the motivation to come and study in the UK; what their experience of making friends had been; what they would change about the experience and what support was lacking, if any.

My guidelines also included prompts such as 'language, culture and home life'. On this sheet, I also noted that I must avoid 'yes / no' questions, to enable the discussion to remain 'open and wide' and that I must avoid encouraging students to 'rate' things, such as their experiences, which could also inhibit a discussion of an exploratory nature.

I often found that only brief reference to my interview guidelines was required at particular points to prompt me to ask about an unexplored topic and to move the interview discussion along. However, often in interviews where the data I collected appeared to be of less significance or relevance, I found myself more repeatedly searching for topics from my guidelines, which might better orientate the discussion.

I decided to audio record the interviews. The advantage of tape recording, as Opie states (2010), is that it preserves a natural record and as such, can be viewed as objective. It also means that data can be reanalysed later. However, the disadvantage of tape recording is that too much data is obtained, including a great number of irrelevancies, which is then time consuming to transcribe. More importantly, the presence of a recorder can be off putting (Opie, 2010).

I indicated in the **Participant Information Sheet (Appendix 2)** that I would be using an audio recorder and in the **Participant Consent Form (Appendix 3)**, made it clear that participants could decline to be audio-recorded without impacting upon their involvement in the study. This was as per Opie's recommendation (2010) that the method of interview recording should be negotiated in advance. Nevertheless, some students displayed apprehension at the outset of their interviews regarding its use, perhaps because they had not read the accompanying information. This was typically not a serious concern and usually apprehension was only displayed until I reassured them that the data was confidential and that only my research supervisor and myself would access the recordings. However, the fact that I felt it necessary to note this temporary apprehension in my fieldwork diary on two or three occasions indicated it was perhaps more than a minor issue.

Despite these signs of apprehension, my judgment on balance was that tape recording was important to allow me to record an accurate and complete version of the interview and to give me the opportunity to transcribe the data at a later date. I felt that transcribing the data would be the best possible way to engage with the data without risking the loss of possibly important material. In addition, the knowledge that the interviews were being tape-recorded allowed me to engage more wholeheartedly in the interview process without the distraction of needing to make comprehensive notes. I did feel some note taking during

the interview process was important, however, as this allowed me some immediate material to reflect upon, particularly post interview, and some assessment of my performance as an interviewer. This was important as it allowed my interview skills to develop and consequently for me to gain richer data in subsequent interviews. For example, I soon realised that my minimal interventions in the discussion and critically, withholding my opinions or thoughts on matters was crucial in securing the most insightful data and preventing my interference in participant data. I was aware that offering any type of opinion could disturb or disrupt the participant's expression of thought, and could result in them expressing an altered level of agreement to 'please me' or refraining from disclosing their true feelings on the matter.

Similarly, as I grew comfortable with interviewing and speaking with international students on the topics I had identified, I noticed a correlation in the increased quality of data where perhaps I was more efficient at putting participants at ease and therefore gaining more insightful data. This wasn't universally the case, however, and one of my early interviews came to be a source of significant data and eventually formed a key part of the case study despite my presumably clumsy interview style at that time.

My post interview reflections also contained details of practical aspects impacting on the interview outcomes. Opie (2010) states that an appropriate venue, privacy and lack of interruption are important and that seating arrangements should also be considered. I was able to book small meeting rooms for all of my interviews, which I felt provided the best environment to conduct interviews without interruption or fear of being overheard. Ordinarily this worked out well and we were able to complete interviews comfortably without distraction. On one or two occasions, a room booking failure meant we were relocated to less suitable rooms where the seating was more formal and perhaps set up for teaching, or where a partition wall divided the space from an office for example, creating a less 'secure' space. This did not seem to have great impact on the overall nature of the interview but did create more of a barrier to establishing an effective discussion initially. Similarly, I note from my fieldwork diary that outside noise from students and staff partly disrupted the 'flow' of discussion which may have led to the loss of key points and follow up

questions at times but probably was not significantly detrimental on any particular interview.

3.8.3 Focus group: The World Café approach

Having completed 15 interviews with 12 students and three staff members, I felt I needed some form of triangulation in order to develop my data set. Kamberelis and Dimitriadis (2008) state that focus groups produce data seldom gained in individual interviewing as the synergy of participating individuals can lead to particularly powerful data. Therefore, I felt that organising a focus group would provide this, as well as allowing me to further explore the issues raised by my research questions. I chose to conduct my focus group based on the format of World Café. World Café allows the organiser to create a welcoming, hospitable environment where people feel comfortable and 'safe' to be themselves. The World Café is a structured conversational process intended to facilitate open and intimate discussion, and link ideas within a larger group to access the "collective intelligence" or collective wisdom in the room. Participants move between a series of tables where they continue the discussion in response to a set of questions, which are predetermined and focused on the specific goals of each World Café. A café ambience is created in order to facilitate conversation and represent a third place. As well as speaking and listening, individuals are encouraged to write or doodle on a paper tablecloth so that when people change tables they can see what previous members have expressed in their own words and images. The World Café format also allows for diverse contributions from all group members and for the group to recognize patterns in the material they discuss, this is because group members listen to one another and it becomes a safe environment for people to voice their opinions.

The World Café also helped me to discern data relevant to policy and to my sub research question on international student experience of teaching and learning in a UK higher education environment.

Also, conducting the focus group after the one to one interviews meant that I could draw on the interview data in leading and facilitating the focus group, which I intended would allow development of the discussion topics raised in the interviews. Kamberelis and Dimitriadis (2008) argue that focus groups allow for the proliferation of multiple meanings and

perspectives, while importantly decentering the role of the researcher, allowing the researcher instead to see the complex way people position themselves in relation to each other. In addition, focus groups can reveal underlying beliefs and opinions indirectly. This was certainly my intention rather than setting out to compare or categorize groups or individuals, in which case focus groups are less appropriate (Wilkinson, 2011).

I felt the benefit of the World Café model for my study was that it offered a warm and inclusive environment where participants could enjoy some activities in relation to the discussion topics, have a chance to meet and talk with each other and to enjoy some lunch and refreshments (**Appendix 4: World Café event flier**). In addition, the idea behind my World Café focus group was partly that participants felt valued and empowered and therefore encouraged to discuss their genuine perceptions about their experiences of being an international student. As Newby (2014) suggests is important for focus groups, I felt this approach ensured that the setting would not advantage any group member and would provide a setting where hopefully everyone felt comfortable and welcome. In addition, as Wilkinson suggests, as the researcher I took the role of ‘facilitating the group discussion’, encouraging participants to interact with each other rather than questions being asked of each participant in turn. This was deliberate and important in terms of decentering myself as the researcher and ensuring unique and important forms of collective inquiry. Collective inquiry is known to provide important insights and strategies for better understanding, where pedagogy, politics and interpretative inquiry interact and fuel each other (Kamberelis and Dimitriadis, 2008).

As Newby (2014) recommends, I aimed for a group discussion prompted by questions that I was able to pose at the start, which meant the discussion developed around a series of topics introduced by me as the focus group coordinator. This approach allowed me to facilitate the generation of pertinent data while retaining the focus on the participant. However, it is possible that my facilitation directed the discussion in a specific direction that may not have been absolutely representative of the group opinion and true feeling. This may have been more likely due to my thoughts on the data by this time obtained via interview, and perhaps my idea to triangulate this existing data.

In the end, 10 students participated in the focus group which I felt was a moderate number and reflects the fact that as collective conversations or group interviews, focus groups can be small or large and do not necessarily require a certain number of participants (Kamberelis and Dimitriadis, 2008). However, an 'ideal' World Café style group might typically be expected to be larger, so this may explain the ways in which my 'World Café' differed from the model as described in the literature. For example, we started with some small group discussions based around prompt questions on three individual tables, but we soon gathered together as one large group to collate the aspects of discussion and to expand on the issues raised. Similarly, the writable tablecloth was largely used as a 'roadmap' of the discussion by me as the researcher as the participants raised new topics, such as how differing food and even weather in the UK made a difference to their experience. This was completed once we gathered as a group, rather than the World Café model of small groups leaving writing and doodles for subsequent groups to look at and explore.

Following completion of the focus group, I transcribed the data I had obtained from my own note making, the writable tablecloths and the discussion wall. One benefit to emerge from the focus group was that participants were able to share their experiences of being international medical students and recognize that they were not alone in the experiences they reported. This also meant that some of the topics of conversation were developed in greater depth with subtly different contributions from different focus group contributors. I chose not to use a tape recorder, as from a practical point of view it would not have effectively captured the conversation/s going on and indeed, may have been quite detrimental to the informal discussion environment.

3.8.4 Data Analysis procedure: further thoughts

Stake (1995) maintains that interpretation is a major part of all research; however, it is the particular function of the qualitative researcher to maintain vigorous interpretation during data gathering. As referred to above, I undertook a process of continual data interpretation during the research, starting from the gathering of first impressions and ideas, based on the theoretical underpinnings of the topic, previous experience and first impressions from interviewing. I did this through several writing processes, for example, I wrote a reflective

research diary throughout the project and wrote shorthand notes during the focus group and interviews. I also noted emerging trends and patterns as part of my writing activity. However, I was careful not to establish early hypotheses, rather focusing on where my analysis was leading in order to establish a hypothesis (Silverman, 2014). Nonetheless, this interpretative process continued through the completion of all interviews and the focus group. It became more formalised through a more intense study and write-up of two case studies and then continued to its conclusion, with repeated study and interpretation of the data set as a whole. Throughout the whole research process, interpretation was active and ongoing, allowing for new perspectives and reflections.

To start the process of more formal analysis after the fieldwork was complete, I first organised the data. This meant transcribing the interview audio recordings and organising my focus group notes, which involved a process of analysing and comparing the information I had gathered. After reading through the data thoroughly and repeatedly, I began to identify an exploratory framework, primarily devised from the data. Silverman (2015) describes this approach as trying to generate theories through data rather than through prior hypothesis. For example, I utilised coding which authors like Bryman (2016) view as a key process in qualitative data analysis. Similarly, Punch and Oancea (2014) argue that coding is often the starting activity in qualitative analysis and provides a foundation for what comes later. Therefore, I began by highlighting words, lines, sentences or paragraphs in my data and allocating them a relevant label / category. Indeed by starting to code data, line-by-line to show action and process suggests that significant codes can be raised into analytic categories for comparison and ultimately to be integrated into the conceptual framework (ibid). Initially the early labels I applied to my data were descriptive codes (Punch and Oancea, 2014) such as 'isolation' and 'othering', which did not develop meaning beyond the piece of data. However, later coding, particularly when revisiting pieces of data, became more interpretive and led to the development of some pattern codes for example 'international medical student identity'. Punch and Oancea (2014) describe this stage as pulling together material from the study into smaller and more meaningful units. Having found codes in the data, as opposed to having pre-specified them, I was then able to construct a framework directed largely by my coding themes and ideas. The construction of my framework was also informed by a process of memoing, which occurred alongside the

coding I completed. For example, I noted the frequency with which international medical students referred to their identity in relation to their experiences on the course. Punch and Oancea (2014) view memoing as a process which can capture ideas about codes and their relationships, and may possibly point to new patterns emerging, thus making memoing a basic operation of qualitative data analysis. Bryman (2016) also views memoing as notes that researchers write for themselves which can serve as reminders and allow a certain amount of reflection. Once I had developed a framework by bringing themes together and creating subthemes, I was able to use it for structuring, labelling and defining my data.

However, the construction of this exploratory framework was also guided by my research questions, particularly international medical student's experience of othering and how this influenced their overall experience in higher education. Apart from using my overarching research questions to inform my analysis, I also used the concepts I had already identified in my conceptual framework as different lenses to look at the data and to inform the analysis. As I became increasingly immersed in the data, this process also led me to modify the exploratory framework somewhat through recognition of patterns and themes I had not previously identified - for example, the difficulty that international medical students experienced when trying to understand the professional and medical cultural aspects of the course. I also engaged in further critical reflection on the existing aspects of the framework. Stake (2005) states that the process of finding meaning involves looking for patterns when reviewing documents, be they observation notes, interviewing transcripts or records. With this analytic process, recurrent themes became evident, such as the themes of 'fitting in' and 'belonging'.

In my research, I was able to look for themes and meanings I might expect to find from my knowledge of the literature, such as non-essentialist and essentialist views of culture. In addition, meanings emerged that had not necessarily been anticipated or thought to 'fit' a predefined understanding, for example, the particularly high level of professional language competence that international medical students must acquire. Following my search for themes and meanings in my data set, the final stage of my case study research was to establish the key concepts emerging in relation to the literature. In this conceptual stage, the researcher develops one or more new concepts to explain some aspect of what has

been studied and to develop propositions. This means that based on the case studied, the researcher puts forward propositions or hypotheses which link concepts or elements or factors within the case (Punch, 2009).

Writing up my research and findings was a process of learning in itself. I struggled to find a confident narrative voice and to become comfortable and familiar with writing in the first person, a skill that had dwindled after so much time writing medical and clinical academic work in the third person. In addition, writing up my education doctoral work meant satisfying different expectations within a different academic discipline (education). Sometimes I did not even recognise that I had slipped back into a formal third person academic writing style and I was therefore reliant on my doctoral supervisor for feedback. For some time, I found the process of learning how to write up my research slow and clumsy. I felt finally able to write competently by the time I wrote the first drafts of the final chapters of discussion and conclusion.

3.9 Conclusion

In this chapter I have tried to capture my methodological approach in a reflexive manner by documenting the decisions I made when planning and conducting my research and the amendments which were necessary. On reflection, I think that my lack of experience as a qualitative researcher, and therefore relative ignorance of qualitative methodology knowledge at the outset of my study, prevented me from making sensible decisions about my methodological approach initially. This seemed to result in several changes in my plan but these changes allowed the study to develop, and meant an appropriate response to the changes in my study plan and learning.

In this chapter I refer to my research questions as a type of framework underpinning my research. At the outset of my research I begun with the primary research question and four sub research questions. During the course of my research I dropped one of my sub research questions around 'physical and psychological challenges influencing international student experience', as I did not feel I had sufficient data to answer this directly, or perhaps I felt the

topic of this sub research question was attended to in the data addressing the other research questions.

In addition, as I have discussed, I started off looking at two case studies from the data and initially planned to present these as stand-alone cases in my write up. However, as my data analysis continued I felt I wanted to present all the findings more in line with the themes I had identified which corresponded with my research questions. This is because I wanted to illustrate the fact that the key themes from my research were not isolated to one or two individuals but were in fact more universal among the participants in the case I studied.

Lastly, if I was to do my research again, I have to ask what I would do differently. I felt the student interviews and focus group were successful and I felt privileged to gather rich and interesting data from the student participants who spoke honestly and openly. However, I might have considered developing the staff perspective on the international student experience and / or bringing in documentary evidence to enrich and develop the emerging themes and the overall picture. However, as stated in chapter one, what was important for me was for the student voice to be at the heart of my research and I feel I have been able to achieve this by prioritising the student participant data and by remaining comparatively undistracted by other data sources.

CHAPTER FOUR

Introducing the Case

This chapter will illustrate the construction of my case by introducing the setting of my case study and its practices. This includes introducing the key people I recruited and studied and describing the mechanisms, culture and components of the undergraduate medical course - the MBBS programme (Bachelor of Medicine, Bachelor of Surgery), the professional requirements of the course and the small group teaching and clinical placements undertaken by medical students studying at the University. I will also describe the practices of the Medical School in terms of its relationship to the University as a whole, and its student demography. These aspects form the basis of the case study I constructed.

I will explain the way the University currently defines international students, and the meaning of this applied definition. I will also introduce the role of INTO which operates a study centre at the University providing a bridge or supported introduction for students coming from overseas to study in UK higher education at the University. Although only one or two of the students I spoke to had entered the Medical School via INTO, it plays an important role as an institution shaping the international student experience at the University.

4.1 The Medical School and its place at the University

The Medical School is one of two schools which comprise the Faculty of Medicine and Health Sciences at the University. The other school in the faculty is the School of Health Sciences which focuses on the disciplines of nursing and allied health professions, such as physiotherapy and occupational therapy. The Medical School occupies a recent, purpose built teaching building on the main University campus, off the University drive, and a more newly built research building with a lecture theatre, a short distance away (it can be reached by a 15-minute walk), located next to the regional district and University teaching

hospital. The school therefore represents a newer, more recently developed facility at the University, a move away from the well-known and documented University 1960's concrete buildings which house the original and founding schools with subjects such as creative writing and environmental science, which have long characterised the University's reputation, image and foundations. The Medical Faculty is seen as a key asset in the University for making it modern, competitive and attractive in the current landscape of higher education in the UK.

The Faculty of Medicine and Health Sciences, one of four faculties, is well respected and valued at the University. It is unique in offering *only* (health) professional courses, or courses related to professional practice. Other faculties across campus typically offer more traditional academic subject degrees, with the exception of a pharmacy course in the Faculty of Science, and law, psychology, social work and education courses in the Faculty of Social Sciences. This means the Medical School and faculty is subject to the regulation of professional bodies such as the General Medical Council (GMC), as well as the regulatory requirements of the University. The professional requirements of the governing bodies shape the culture of the school as significantly as the University setting in which it exists. For example, the undergraduate medicine course (MBBS) comprises far more teaching and contact time than might be expected on an average undergraduate degree. This commits students to hours similar to a full-time job, with good attendance and engagement with teaching and learning expected, as well as the requirement to complete several hours of self-study most evenings and weekends.

The entry requirements for the course are typical for undergraduate medical programmes in that they are rigorous and demanding. Home students are expected to gain three 'A's' at A-level, including biology and a further science, with equivalent academic attainment expectations for international students (**see appendix 6: International Student entry requirements for MBBS medicine at [REDACTED] Medical School**). In addition, all students are expected to successfully complete the UK Clinical Aptitude Test (UKCAT), complete a satisfactory enhanced Disclosure and Barring Service (DBS) Police check and a satisfactory occupational health check. Students are also expected to comply with General Medical Council (GMC) regulations, meaning that it can be assumed that a fairly good level of

understanding of UK medical professional regulation and practice is required to succeed as a prospective international student.

Entry to the MBBS programme for students for whom English is a foreign language requires evidence of proficiency in English (including writing, speaking, listening and reading) as measured by the International English Language Testing System, (IELTS): 7.5 overall (minimum 7.0 in each component). This is a rigorous English language requirement when compared to the IELTS entry requirements for other courses at the University. For example, a Bachelor of Arts in Education, requires IELTS scores at 6.5 overall (minimum 6.0 in any component) for entry. The minimum requirement of 7.0 in each component probably reflects the professional need for a high level of language competence in a medical environment, where language understanding, or lack of it, might impact adversely on patient care or communication. It also reflects the importance given to communication skills in assessment and on the course overall, which is another factor that sets the MBBS course apart from exclusively academic-derived subject degrees.

In addition, students on the MBBS programme, must successfully complete regular and rigorous assessment which assesses both theoretical knowledge with written papers and assignments and clinical skills via viva style stations known as objective structured clinical examination (OSCE). A failure to pass a set of exams results in the need to retake the assessment and if the required standard cannot be met, being asked to exit the course. Considering these pressures and the accompanying 5-year duration of the programme, much rests on the student's ability to maintain their resilience and performance. This is a significant strain for any student but can prove impossible for those with less than ideal circumstances, particularly for an international student who might be far from home and managing restricted financial resources. The sometimes insurmountable demands of the course results in a small but not insignificant proportion of students intercalating or retaking years and modules or deciding they do not wish or are unable pursue their study on the course.

The MBBS programme at the University uses a problem based learning (PBL), approach to learning. This means that students in each year are grouped into groups of 10. Usually, international students are separated and not placed in one PBL group together, so typically each PBL group has no more than 2 international students, and most often only one. The week's learning generally occurs in these small groups, whether in the University setting or out on clinical placement, in General Practice (GP) surgeries for example. Therefore, the PBL groups form an important social function in uniting and bringing students together. This was something Mariam from Kuwait observed as she compared the PBL groups to being '*like the flats*' and commented that if she was to go out it would be '*with my PBL group*'. Similarly, Hao, from Southeast Asia, saw the PBL group as a pivotal aspect of her University social life, commenting that her PBL group were '*probably the people I see the most at uni*' and perhaps more surprisingly, that being put in new PBL group would be '*the only way to make new friends now*'.

The course also teaches students 'consultation skills' or communication skills, which entails practical learning about appropriate professional communication and clinical history taking. Unsurprisingly, success at consultation skills relies to some extent on building on an existing natural and effective communication style in English language, but also requires appropriate and professional communication regarding sensitive and upsetting content at times. Therefore, the level of communication expertise expected is quite demanding. Another interesting and perhaps unusual aspect in a higher education setting, is the professional requirement for students to attend clinical placements and to attain a log of hours in each clinical specialty so they may graduate with sufficient competence for the challenges and requirements of their foundation years as a junior doctor. Again, some pressure exists around the successful completion of clinical placements, as modest absence from placement will lead to the requirement for students to complete 'clinical remediation' time, which is compensatory placement time, typically in the summer holiday period. Given the comparatively short holiday periods for medical students and the pressure to complete other activities during this time, perhaps extracurricular, perhaps reassessment for academic failure, perhaps paid employment, this exerts additional pressure. The need for holiday periods, and most usually the summer holiday period, to be spent on course activities can be particularly burdensome for international students, who might plan to see

their families at home at this point in the year, or who might rely more heavily on their ability to complete some paid work to fund their study.

Furthermore, while getting to grips with 'learning shock', and the associated culture shock is an acknowledged aspect of studying abroad, there is little talk of the shock and sometimes fear international students feel around the UK professional culture in medicine and the associated requirements of the school. This is due to the fact that they are subject to a more 'professionalised' form of pedagogy which involves and requires intense engagement with the course and the professional regulations that govern it. The course is also particularly intense in terms of the high quantity of content which is delivered at a fast pace leaving little to no time to make mistakes and correct them.

4.2 Definitions and characteristics of international students at the University and at the Medical School

At the University, international students are defined as having their main residence outside the UK while being in UK higher education. However, at the University, international students are defined as such initially (and perhaps primarily), to discern their fee-paying status. Therefore, European Union (EU) students are not currently officially defined as international students. At the time of writing (August 2017), the UK has made first moves on its intention to act on the outcome of its European Union (EU) referendum, to leave the EU. Therefore, although the University website currently regards European Union nationals in the same fee bracket as home students, it is indicated that this is set for review and may change. This has limited significance for the case studied here as the students studied do not come from EU countries. Nonetheless, the MBBS (Bachelor of Medicine, Bachelor of Surgery) programme, from which they were drawn, currently has 15 EU nationals in total, (13 from Ireland and two from France / Corsica).

Therefore, in fee paying terms, an international student at the University can be thought of as a student coming from overseas, who is not a UK or EU national. Beyond these categorisations it is very difficult to define or encapsulate what being an international student means in terms of the case studied as it engaged with students from a wide variety

of cultural backgrounds in a variety of circumstances. This was noted by a staff member from Student Support Services interviewed:

'You know the international student cohort is not a homogenous group, we have like home / international, it's to make sense of something, administrative, fees, but actually 110 different countries are represented here.'

The University international student population also differs from the Medical School international student population (considering the MBBS programme specifically). For example, in terms of country of origin, the University derives more than a quarter of its 3500-strong international student population from China, (including Hong Kong, as a special administrative region of China). The country of origin for University international students was commented on by a staff member from the international office interviewed:

'I think we have links in lots of different places but China is where every university, or every good university is getting the most students. China is where the focus has been; now we've got other countries we are focusing on as well.'

This staff member commented on future international student intake as how greater diversity might be introduced with help from the Vice Chancellor to expand the international student recruitment from countries other than China, where it was perceived that a slowdown in the international student market was occurring.

As you would perhaps expect, the international students in the Medical School do not exist as one homogeneous and equal group. It is possible to identify one or more sub groups of international students who occupy different identities and even unspoken hierarchical 'ranking' amongst medical students. For example, Dylan, a Canadian student's observation that *'there is a strong North American support network in UK'*. However, it is also supported by the statistics which show that Canadian students are the biggest group of international students in the school, making up more than a third of the Medical School international student cohort. In a way, the North American international students in the Medical school are also quite distinct from international students from other countries of origin in terms of their apparent greater ease with the transition into study at the school and their overall

'comfort' during their time there. This perhaps reflects their natural ease in an environment which shares a far greater proportion of their home educational, professional and societal cultural aspects than would typically be the case for students from other cultural backgrounds. But also, the comparatively large number of North American students mean they enjoy a well-developed network of support and information prior to joining the school and once enrolled. The North American students are generally highly competent English language users, English usually being their first language, as well as an accompanying well-developed understanding of appropriate English language use in peer groups and in professional settings, due to the relatively transferable nature of Canadian language culture to the UK.

An alternative majority international student group to the 'North American students' in the school would be harder to clearly identify, but during my study some international students referred to the 'Asian medics' as a large and recognised group in the school. This unofficial label of 'Asian medics' seemed misleading however, as it seemed to largely denote the 'Hong Kong medics', potentially leaving other international students from other Asian countries of origin, feeling little sense of belonging or desire to belong to the group. However, it did seem that the 'Asian medics' were largely international students, unsurprisingly heralding from Asia, and that they benefited from a good network and often a high level of English language competence, having typically been schooled at international schools in major world cities, such as Hong Kong. This perhaps relates to the fact that after the Canadian group, international medical students at the University in greatest numbers first come from Ireland and then Hong Kong (as a special administrative region of China), raising the interesting question of whether or not the Irish students are distinctly recognised as being international students by their peers.

Continuing the exploration of the international student profile in the Medical School, after Canadian students and students from Ireland and Hong Kong, international medical students at the University (in largest numbers first) are from United States, India, Nigeria, Ghana, France (including Corsica), Jordan and Kuwait. It is interesting to note that for at least half of those origin countries, (India to Kuwait), there are no more, and often less than, 3 students from that country of origin studying on the 5-year MBBS programme. This case

captured students on the MBBS programme from 7 countries of origin, including Canada, the US, India, Ghana, a Southeast Asian country, Cameroon, Tanzania and Kuwait. For one of these students at least, Hao, from Southeast Asia, who we met earlier, there was no single other student from her country of origin on the entire MBBS programme, as she explained:

'There's no (Southeast Asian country) student on my course at all. I have met some (Southeast Asian country) students around the University, but my timetable is quite different from other courses so it's quite hard to get to know them'.

In the case of another student, Abina, there were 8 students from her country of origin, Ghana, on the course and in her year, but only 2 were defined as 'international', and furthermore her current 'home country' of Mauritius, was not her country of origin, which meant she found it hard to relate to the other Ghanaians on the course. This example illustrates how sharing nationality with fellow international students did not necessarily allow a relationship to develop. In addition, the lack of shared understanding between students of the same nationality relates to the concept of global mobility, and how it shapes identity. This example also demonstrates the difficulty of categorising someone as 'Ghanaian', or on the basis of any nationality, without essentialising their identity.

Apart from the limited representation of students from some countries in the school, such as Vietnam and Ghana, the Medical School, which has around 60-70 international students out of 800 total student numbers on the MBBS programme, has a much smaller proportion of international students compared to the University as a whole. The University has around 23% of international students in its population, meaning the international student population in the University is proportionally nearly three times bigger than in the Medical School, according to recent figures.

International students in the Medical School can be characterised as having a spectrum of religious backgrounds. Similarly, home students tended to vary from being of Christian faith, atheist or agnostic, or of Islamic faith of varying degrees of observance. Of course, students of Hindu, Jewish and Buddhist faith also attend the school. Drinking and the prevalence of this in the student community often presented itself as a surprising aspect of life in the

Medical School for international students whatever their religious background during my study. For some, their religions forbade drinking, (some Muslim students), but often they were surprised at the extent to which it was socially acceptable to drink and behave irresponsibly or foolishly, something which they tended to report was not prevalent in their typically more conservative and religiously led cultural backgrounds. Sexual promiscuity was another example of a behaviour which could be surprising and potentially judged as being somewhat immoral or of poor judgement for students with stricter religious backgrounds. In my study these attitudes were not necessarily presented as being religious per se but rather, a religious background might interlink with factors such as strong family values, high expectations of proper and decent behaviour with academic achievement and 'making the family proud'.

Interestingly, the rigorous English language competency requirement in the Medical School also has an impact on the diversity of international students studying there. For example, a higher proportion of Medical School international students may have attended international schools, or hail from English speaking countries, as it is less likely that international students without these types of background will be able to fulfill the IELTS score requirement. Those who can, may have had some other English language speaking advantage, such as an English-speaking parent or carer, or the chance to study abroad in English prior to starting the course here. It is also interesting that in the Medical School there appears to be some assumption by school staff that the relatively superior English language competence of its international students denotes and correlates with comparable ease of transition and improved experience. The belief underlying this assumption could be that English language competence equates to English cultural and professional cultural competence, which is likely to be a flawed assumption. A staff member from the international office explained that the usual IELTS requirement is '6.5, 7 in some areas and in the Medical School it's higher', illustrating the higher than average expectation for English language competence in the Medical School.

Indeed, the participants in the case I studied had varying, although universally high, levels of English language competence and fluency. Some of the international students I studied spoke English as a first language and appeared to experience no English Language

competency problems. For example, students from Canada and the US typically had English as a first language. However, native English language could not be assumed for all students coming from English native speaking countries (in this case North American countries), as in the case of Sia, from the US, originally from Sierra Leone, who explained: *'in Sierra Leone we spoke Creole, I learnt English in school and when I was younger'*. Other students studied tended not to have English as their native language but commonly spoke English fluently as a second or third language, such as Kavya, from Sri Lanka who noted *'my native language is south Indian, but I speak fluent English'*, Kendis from Cameroon who explained: *'Cameroon is bilingual, but our native tongue is really French, so English is my second language'* and finally Hazina, from Tanzania, who reported: *'English is my second language, my first language is Arabic and Swahili but I grew up with English because I went to school back home, it was an American school'*.

Given the spectrum of English language competence of the students studied being limited to native or competent speaking it might be assumed it was a non- issue for international students on the MBBS programme. But discussion with students like Kwasi from Ghana, regarding communication with others on the course, suggested otherwise:

'There is a language barrier with friends from Asia, because they can't speak English so well ... so, they tend to find really large Asian groups. When you find someone Asian who's more outgoing it's usually because they can now speak the language properly'.

4.3 The role of INTO and other previous UK experience for international students at the Medical School

INTO was not a significant aspect of the experience for the international students studied as part of this case study, as only two participants had come to the Medical School via INTO. However, at the University, INTO undeniably occupies a key part of the landscape for international students, and most of all a 'bridging facility' between student education experience abroad / at home and the experience in higher education in the UK. Therefore, insights into its role and function as an overlapping institution is important and useful for an

overall understanding of the culture and relationship between international students and the University. One staff member participant described the role of 'INTO' at the University:

'In terms of the opportunities and pathways, INTO provide to students who couldn't otherwise come to us, there's somewhere for students to go who don't necessarily have the years of education..., there's some countries where they simply don't have year 13, they only study up to year 12, they can't come to us because they're missing a year.... They might be extremely good students but they couldn't come to us without it. ... in terms of students who don't have the language, I think they have the advantage in some ways of being able to offer a more comprehensive student experience package than we do because it's all in one place, the students are all together'.

Two student participants out of twelve involved in the study had been enrolled at INTO prior to studying medicine at the University. My experience working with international students in the Medical School taught me that INTO was generally not a popular route of entry to the school and in contrast to other schools and programmes at the University, international students tended to arrive from some other experience of Western education, such as an international school they had previously attended or perhaps an alternative UK higher education institution. For example, two students in my study had previously studied at an alternative UK higher education institution, on undergraduate programmes related to medicine. Experiences at other institutions are important to note as students in my study often made comparisons with previous educational experiences when discussing their experiences in the Medical School at the University.

To be defined as an international student on the course, a student would have to be a resident of a country outside the UK and EU, as previously described. However, several students had studied in the UK prior to attending and studying on the MBBS programme, such as Kendis from Cameroon, who *'did a degree before medicine in the UK – biomedical science at Newcastle'*, Kwasi from Ghana who also studied biomedical science, at Southampton University, and Ethan from the USA, who studied at Reading University. Some students had completed A-level study in the UK prior to commencing medicine such as Hao from Southeast Asia and Mariam from Kuwait. However, Hao noted that this experience:

'didn't prepare me really well because university, especially medical school, is so different from what I experienced in 6th form college, it's a totally different world'.

Other students had links with or experience of living in the UK during their childhood but for higher education study, had arrived directly from their country of origin, possibly with some years passing since their last visit to the UK. For example, Kavya, the student from Sri Lanka explained: *'we stayed in UK for couple of years when we were younger, I already knew UK a bit'.*

4.4 The definition of international students at the University and in the Medical School

The University's international strategy 2016-20 sets out an internationalisation plan to meet two objectives. Firstly, strategies and plans to extend the University's 'global reach' and secondly, plans to 'meet with global challenges', which means trying to ensure the success of the University on an international world stage in a competitive and evolving market. I have included this document as part of my case as it gives an excellent overview of the University's ideas on internationalisation and its approach to international students.

What is arguably quite revealing about University's priorities in terms of its internationalisation plan, is that *'strategies to deliver other aspects of internationalisation (for example, internationalizing our curriculum, campus and student and staff experience), will be more comprehensively covered in other operational plans'*. These proposed strategies are not referenced in the document, which instead refers heavily to commercial forces and 'markets' and nor is a specific source for the material cited. This, depending on one's point of view, might indicate how the University views the process of internationalisation and perhaps suggests that the University does not directly equate student experience with internationalisation outcomes.

What the document does focus on is aspirations for high ranking and effective networking on a global platform, first identifying its current position and strengths in this regard. The document also identifies countries which the University will 'target' in terms of future relationship development:

'The University has already selected five priority countries, tasked with raising the University's reputation in these regions: China; India; Malaysia; North America and Japan. These countries have been identified by a combination of global reputation, the research strength of their universities, current or potential success of their economies and depth and spread of current engagement with the University'.

Again, the rationale for the selection of these countries appears to be largely economically driven, or aimed at reputation enhancement. The document also sets out the need to move away from working with countries where the reputational and revenue benefits will be limited.

Overall the nature of the University's international strategy is captured in some of the closing statements in the document. For example, the document concludes that its international strategy is:

'..An ambitious strategy that will allow the University to capitalise on its success, attract more international attention and revenue and build our reputation'.

This points to the interests of the strategy being very much centered on largely business orientated gains for the University as an institution, with little to no altruistic focus or intent. For example, there is no real reference to the opportunity to improve international student experience at the University, or any intention of contributing meaningfully to education provision in under resourced countries.

4.5 Introducing different elements of my case, including University staff

When constructing my case I went to some lengths to consider which population groups and aspects I should include. This section presents clarification and justification of the nature of my case following on from some discussion of my case and its construction in chapter 3, section 3.6. My case eventually included undergraduate international medical students studying at the school and members of university staff directly working with international students. I also included the professional context of the medical profession as a secondary part of the case, since the international medical students I studied made constant reference

to their experiences on clinical placement and with regards to their experiences with their clinical tutors and peers.

At the outset, it was obvious that I should look to include international medical students studying on the undergraduate medicine course as the primary and secondary research questions specifically set out to understand their perspectives and experiences. I could have included postgraduate international medical students but I decided against this as I felt that population group had differing characteristics and experience with their study. For example, typically postgraduate international medical students would not complete a clinical placement on their course or as part of their study. In addition, many postgraduate international students have previously lived, worked or studied in the UK, which arguably substantially affects their experience, and this relates to my research questions, for example around othering. I also considered including home medical students as part of my case, though I wanted to prioritise the voices of international students, who are often not heard. Again, this decision was largely guided by seeking to investigate my research question, which exclusively focused on international medical students' experiences, perspectives and views.

Nonetheless, I felt that perspectives from staff who specifically worked with international students would be valuable in addressing the research questions because these participants might offer a useful overview and knowledge of the way the University interacts with international students. Initially I considered including members of the medical faculty staff in the study. However, I realised that I would gain greater insight from talking to University staff who were engaged in supporting international students as a specific part of their job role. I felt these individuals might be more aware of the specific issues faced by the international medical students as well as University internationalisation policy, due to their direct engagement and work with international students. In addition, I felt I would have better access to these staff members to discuss the topic of international students as they were entirely University based and not partly based outside the University, like many of the medical faculty staff.

Therefore, as a deliberate recruitment strategy, I wanted to include a limited number of key university personnel (staff) particularly involved with international students at the University, rather than only those staff in the Medical School who happened to have contact with international students. I wanted to recruit staff members with meaningful engagement and involvement with international students who would not only have real insight into their experience but also, a demonstrable interest in the needs and perspectives of international students, coming to their job roles with this as a primary perspective. Also, at the time when I was conducting my fieldwork, the Medical School did not particularly possess staff with this special interest or designation. Therefore, in my role as an international student adviser in the school, I was starting to develop a strategy for this, which I wanted to be informed by the experiences of staff from the wider university community with a long history of this type of work. However, I did not want myself to become part of my case and therefore, saw the development of staff involvement with international students in the Medical School as a separate issue which might or might not come to be partly informed by my study.

As alluded to, these staff members were not employed by the Medical School but were part of the wider university community and had contact with international students from all schools and programmes. For example, one staff member recruited from the international office at the University, described the role of the international office at the University:

'The office is not responsible for admissions, it's responsible for recruitment of international students, although closely linked ... at the University, the international office comprises a recruitment team, some based overseas who advise students ... promote the University and hope we can get them to the admission stage. We are then involved once they become an offer holder in conversion activities, whether that's getting the student from their country, making contact with them, helping them along the way, or if its pre-departure seminars in the country, giving them thoughts on what to do when they get here and that kind of thing. Then when they arrive, we hand them over and then they become really international student support.'

Another staff member participant was recruited from the Student Support Services international team. The Student Support Centre was an important place to draw

information from as it acts as a central resource for all students at the University in any kind of difficulty. This may include difficulties for international students with visas, finances and homesickness for example, but also the centre supplies resources and support for students with mental health problems, financial concerns and those who need study support during their time at university. Unsurprisingly, staff members working with international students have significant experience with the frustrations and difficulties faced by international students at the University, and a role to play in advising staff from individual schools on how to best support international students.

Finally, one member of staff was interviewed from a completely different school in the University. She was particularly involved with and passionate about working with international students, but also 'internationalising' the University environment, so it becomes a truly fitting place for the international community it houses. This staff member had originally come to study from abroad to another UK higher education institution and brought personal insight and experience as a previous international student at another institution to her job role. Therefore, her work extended beyond her school and faculty and brought her into a wider domain with international students and the University as a whole.

4.6 Conclusion

This chapter has set out the role and place of the Medical School within the context of the University as a higher education institution in the UK and has introduced the case I studied. My case is distinctive as it includes a group of international medical students studying in a UK higher education institute who as a group have sufficient diversity of cultural background and experience, making an interesting and useful case study. These students have been required to competently transition to not only UK academic life, but also UK clinical and professional medical life as medical students, where constant high performance is expected as a matter of course. I have also included a small sample of University staff who are significantly involved with international students at the University and the University international plan to provide context and understanding about the nature of international student life and experience at the University.

Examination of the school's international student cohort reveals significant differences in terms of countries of origin and language background in comparison to the general international student population at the University. The role of INTO as a bridging organization between international students and higher education study has been investigated.

The undergraduate medical course also requires its students to undertake professional transition, where additional learning and adaptation by students is required to understand and comply with rigorous professional standards. This aspect of transition may present added burden to international medical students some of whom may have little prior knowledge of UK medical professional culture.

Finally, analysis of the University's internationalisation strategy provides some useful insight into the University's approach towards and management of international students and its style of internationalisation.

CHAPTER FIVE

Belonging and Othering

5.1 Introduction

Chapter 5 is largely concerned with the social issues that the international medical students reported and experienced. They discussed social aspects of life at university for international medical students such as their accommodation, 'fresher's week', the University international student community at large, social interaction with home students, institutional practices in relation to international students and finally the Medical School's identity and how this related to them. However, this chapter also explores the social aspects of the medical education pedagogy from the perspectives of the international students interviewed. This is partly due to the distinctiveness of medical education, which involves learning in settings outside the University – on clinical placement and in general practice settings for example. I found that there were also other social aspects which linked to medical pedagogy, such as the nature of learning to be a doctor (as well as studying the subject of medicine), learning and becoming proficient at interactions within medical cultures and learning about the social practices and unspoken aspects of the medical profession.

By contrast, chapter 6 will deal much more with the pedagogic aspects of the academic transition to study on the medical course for international medical students – investigating factors such as the difficulty of the course, the students' experiences of lectures and assessment. The pedagogic aspects of this academic transition will be looked at in relation to the social factors which I found influenced international medical students' engagement with teaching and learning. For example, the need to fit in, establishing basic living needs, such as washing clothes and buying food and becoming oriented to university life while also dealing with British weather and transport systems. Therefore, chapter 6 looks at the

distinctive pedagogic aspects for international students of learning to be a doctor, while also recognizing the social context and social influences on the pedagogic aspects. I considered that the social aspects mentioned above are particularly important to examine in relation to pedagogy, as they emerged as important influences on international medical students' learning. Overall, my empirical chapters are concerned with analysing findings that respond to a particular research question. However due to the nature of my research and subject matter there are some overlapping themes.

This chapter will examine the key topics or themes of 'belonging' and 'othering, which emerged from the analysis of my data, and which relate to my first, secondary research question:

'What are international students' experiences of otherisation and how does this influence their overall experience of life in an UK higher education environment?'

There is a relationship between belonging and othering, as a failure to feel a sense of belonging often occurs as a consequence of being 'othered', and therefore not accepted as belonging to a certain group. This chapter will look at the definitions of belonging and othering and some of the relevant literature (which is covered in greater depth in chapter two).

The data tells a story of how othering can lead to international students feeling isolated and that feeling othered or being othered sometimes inhibits their sense of 'fitting in' and enjoying intercultural relationships. Aspects impacting on intercultural relationships included different communication styles, where at times misunderstanding and confusion arose, and misleading assumptions about identities sometimes being made on the basis on appearances.

5.2 Othering

It was often evident during the study that international students had identified they lacked a sense of belonging, or felt 'othered' when describing their experiences of studying at the

school. I am using an understanding of 'othering' which suggests that otherisation usually follows the formation of a stereotype, which is where an observer may piece together a type of template to try to 'understand' an individual from a culture that is foreign to them. The great problem with this is that stereotyping usually involves prejudice that in turn leads to otherisation (Holliday et al., 2004).

Otherisation also includes 'culturism' which reduces the members of a cultural group to a set of pre-defined characteristics and works in a similar way to racism and sexism. Holliday suggests that if this is taken too far, the notion of culture can become greater than our idea of the people themselves (Holliday et al., 2004). Taking the 'human aspect' out of the equation is possibly what allows people to align their view with a culturist perspective.

It is known that if people become used to having their cultures defined for them through othering for example, they may struggle to make known the subtle, complex nature of their identity which transcends the artificially derived stereotypical cultural images they are associated with (Holliday, 2011). In other words, they can feel misrepresented and struggle to gain recognition for their cultural potentials and proficiency. Mariam from Kuwait, whom we met in the last chapter and who had previously studied at INTO here at the University, noted quite precisely this type of experience. It seemed that two years of additional study, prior to joining the main University community within the school, had given her a weary recognition of the types of attitudes she might encounter. Mariam reflected on her recent experiences in the Medical School:

'They (others) assume I'm different, not necessarily in a good way. There's judgment based on how much you participate; I've been here (UK) for two years. I know what it is.'

I felt her frankness also represented a refusal to quietly ignore the reality of the way others interacted with her and maybe a desire to point out this behavior. She identified an assumption was made about her: *'if you don't go out, they look at you differently, in a negative way... they automatically have this image in their head'*. Mariam understood this assumption carried negative connotations, meaning that she was judged on how much she followed the accepted behavior of 'going out'. Her description of those around her

automatically having an *'image in their head'*, resonated with Holliday's (2004) discussion of othering following the formation of a stereotype, where prejudice is allowed to develop (Holliday, 2004). Mariam's example also helps to demonstrate that the experience of being 'othered' can be a negative one and that for some international medical students, far from being an isolated incident, othering may in fact be a reoccurring experience in a setting like the Medical School.

5.3 Isolation and feeling different

The findings revealed that being othered, not fitting in and being possibly discriminated against as a consequence, could lead to isolation. Sometimes this was happening to international students, as they were judged as being different as a result of assumptions made by others, and therefore isolated. However, sometimes international students felt isolated and othered in a second, different way - without active rejection from other students and more due to their own sense of 'being the other'. For example, Hao, a Southeast Asian student, whom we also met in the previous chapter, recollected:

'Especially when it comes to humour, like at lunch when people talk about stuff, home students talk about something that's really funny and everyone laughed, I didn't get it at all. In my GP placement people talked about their favourite shows when they were younger and I had no idea. I still sat there and listened to them. They were the moments I felt like I'm so different from them.'

Hao's comments reveal the isolation she felt, not being able to participate in jokes or enjoy a discussion about popular culture at lunch. Her experience suggests a connection between the academic aspects of the course and feeling socially comfortable. The students able to join in with break chat likely felt automatic belonging and some confidence from this would arise for their fitting in to the environment. Hao experienced some extra challenge in having to confront her conclusion that she was different, which would possibly lead her to question her belonging in that environment. I also wondered if this would make her question her participation on the course as a whole. However, I did not feel comfortable to ask her this as I felt it might be too much of a sensitive question to ask her so early on in her experience of

the medical course; and I did not want to imply to her that this was my understanding of her position. The next chapter further illustrates how cultural aspects of tutorials and lectures impact pedagogy for international medical students.

Sometimes international students identified that a way to avoid isolation was to be part of a big group of international students, where being in the position of not necessarily fitting in, or knowing what was expected in the environment, ironically provided a basis for common ground. For example, a student named Mawusi from Ghana in year 1 described this benefit in her shared accommodation:

'...sorting accommodation, there were a lot of international students, four of us in our accommodation, it made it a lot easier. I think it's nice when you have other people who are also international; I think if I was just by myself it would be a lot more difficult. We are all in the same boat, it makes it easier, less isolated'.

It was particularly interesting that Mawusi described herself and other international students as being *'in the same boat'*, which suggested she meant that international students were united in their shared experience of finding themselves in an unpleasant situation.

The importance for international students of an international community within one's accommodation was also highlighted by Mariam from Kuwait. She had spent 2 years with INTO, living with a group of international students who had become close friends, to the point that they were her substitute family:

'Personally, the last year before starting university I had a very, very good group of friends ... I saw them more than I saw my family back home so I was very dependent on them...They were my comfort, everything'.

Losing her friends as she moved onto studying on the undergraduate medicine course was a significant loss for Mariam. Not only that, but Mariam explained that due to this circumstance she had *'got my own flat in the city now, so I'm living properly alone'*. Mariam went on to explain:

'It was very hard making friends on the programme ... I think the key to being social and having friends at the very beginning of university is Fresher's week and living on campus. Because once you do that, you have an event and you go out as a flat... But when you don't you'd come and see them, hi, bye, but you wouldn't properly go out ...'

Mariam indicated that moving off campus to live independently seemed to further contribute to her feeling of isolation and a sense of missed opportunity at the beginning of the course to make friends. She suggested that sharing accommodation was the only real way to develop a deep bond at the beginning of the course and that without this, associations would be superficial and detached.

Mariam's comments also emphasise the importance of social comfort and having an effective support network in supporting engagement with the academic aspects of university life. Her comments suggest she had become polarized between her old friends and the comparative insecurity of trying to make new friends on the medical programme. This was perhaps related to the contrast in security between her old friendships and new, Mariam noted, or possibly the fact that people who had established friendship groups from their accommodation would be less open to making friends with an individual with no existing social network related to the course.

However, the idea of international students sticking together and helping each other out was not universal. Hazina, a student from Tanzania in year 4, found that there was competition amongst international students, which inhibited the benefits of sharing experience which she had expected:

'I thought international students would help each other as you all come with the same background, but they seem more competitive, to the point where you can't be interested in the course anymore. The course in itself is competitive. I felt like I had to have the same background to be accepted. Unless you have your sister, there's no one with the same background as you'.

I found it interesting that the example of cooperation and mutual support existed outside the framework of the course in accommodation, whereas it seemed in the context of the course environment, groups of international students would not necessarily support one another, unless a close friend or 'sister' from the same background was present.

Sometimes, being isolated as an international student, particularly if identified as coming from an ethnic minority, started to create more serious fears, beyond feeling discomfort and lack of belonging. For example, Kendis, a year 4 student from Cameroon explained:

'When I first started in first year I just got scared because I met someone who said, be careful you know, if you're an ethnic minority in medicine you're going to have problems... I met two people who told me that and I was like, what's going on? There was this idea that if you complain, you get put on this list and that's why this guy kept failing it every year.'

Kendis was being warned by a fellow international medical student that being from an ethnic minority put her at some disadvantage in terms of progression on the course. This negatively influenced Kendis' expectation of how she would experience the course and led to her feeling 'scared'. Kendis' comments also raise important points about being or feeling like an outsider and feeling vulnerable to institutional practices, which might or might not exist. Although Kendis understood this was an 'idea' and not necessarily the reality, this became almost irrelevant as it generated real fear for her, particularly when two separate people mentioned this. It seemed that the uncertainty around the possible consequences of complaining if the supposed institutional practice was a reality, compounded Kendis' feelings of being an outsider and being quite powerless in this situation. Kendis explained:

'My anger was in the fact that I felt like it was miss sold in a way, like you come to the interview and they're like yeah we include everybody but actually you don't, you just want the money.'

To be a doctor it's a small price to pay I guess, but it was ... fear among ethnic minority that something is going to happen, better be careful you know, you shouldn't say that and even when you're in primary care, sometimes it is even perpetrated by the PBL or GP tutor, that even isolates you further ... because you're having to keep on your toes.'

Sometimes, during the study, international students expressed disappointment and also anger, that it appeared they were 'sold' an illusion of inclusiveness prior to being admitted, which in reality did not exist in the way they expected and appeared to be based around institutional commercial priorities. Kendis also outlined a fear of being marginalized, or penalized in some way for being an international student, or perhaps more accurately, from an ethnic minority, with no way of knowing her true position in a professional environment when studying in another country.

This further comment from Kendis emphasises her fear of speaking out and this being related to institutional factors:

'...my second year was hardest emotionally ... because I was in GP and all they would do is make sexual jokes. I didn't think that was funny for me ... when we're having a professional conversation... so in the end I just stopped trying to look like I was laughing and the GP a bit looked at me. People said don't do that in case he gives you a bad report. I was like well you can't... say to someone I'm going to give you a bad report because of this... But you can feel ... in the practice how you are treated a bit differently by some doctors because of the way you think differently or sound differently'.

Here, it seemed the behavior of some tutors reinforced the idea of being at a disadvantage if one is from an ethnic minority. It also seemed that being a female in this position heightened Kendis' disadvantage and isolation further as she felt required to tolerate inappropriate sexual jokes in front of a male GP tutor. Overall, Kendis' account highlighted the reality that international students sometimes perceived they were othered by professional tutors, and not just by fellow students. This raised the possibility that othering and the consequent sense of isolation, could be reinforced by an authority figure who by othering students himself, effectively condoned this practice as part of normal culture within the profession and within the course.

This section has explored how a relationship between othering, whether it is being othered, feeling that you are 'the other' or being othered as a result of institutional practices, can lead to a detrimental effect on friendships and a sense of belonging. It has also shown how the presence of othering in the workplace affected students in the Medical School. Finally,

this section has looked at the link between accommodation and support amongst international students, but also the competition that can exist between international students which can inhibit cooperation and support.

5.4 'Fitting in' to feel a sense of belonging

Having looked at the occurrence of 'othering', it emerged that 'fitting in' was often a big priority for international students, with some students reporting going to some lengths to achieve this. I felt they were prepared to do this because, studying away from home, they needed to establish some kind of effective network to enable their survival and emotional wellbeing. It was therefore ironic and upsetting that this effort could occasionally lead them to greater emotional distress and instability, such as the scenario described by Kendis, the fourth-year student from Cameroon:

'When I came here I tried to fit in desperately and I had like a breakdown. Then I went into second year and second year was the hardest emotionally, it was very hard and I tried again and I couldn't, by third year I said I don't care!'

Kendis reached an understanding that she *'shouldn't have to bend backwards just to suit someone'* and to *'fit in'* but she concluded that the answer was to go somewhere *'you fit in already'*.

Interestingly some international students identified it was not only people from different cultural backgrounds who had difficulty adhering to the behaviors necessary to 'fit in'. For example, Mariam explained how she perceived the way home students approached Fresher's week:

'I think it's their expectations of Fresher's week ... it's like before they come, they prepare themselves for it. So, it's not something they want to do but something they force themselves to do.

They think that's how they should behave; they think it's the cool way to be.

I think deep down sometimes they don't really enjoy it as much as they think they do.'

Perhaps Mariam 'othered' the home students in this way by making some assumptions about their behavior, but it was interesting that she felt that home students identified in advance what the expectations of behavior during 'Fresher's week' might be and the fact that they were prepared to force themselves to do it, presumably with the same motivation as everyone else – of fitting in.

This was something international students could not do even if they wanted to, as they could not anticipate the type of activities that would take place during Fresher's week and how this would potentially present them with a huge conflict of interest so early on in their experience. It did seem that Fresher's week was repeatedly reported as a point at which 'fitting in' became an urgent and key activity. This aspect of Fresher's week seemed to contrast with the seemingly traditional understanding, perhaps propagated by groups such as the Student's Union and the University clubs and societies, that Fresher's week is huge fun and holds all the excitement and advantage of university life, without any of the awaiting tedium and commitment of assignments and assessments.

In addition, the drinking associated with Fresher's week, and the behaviours resulting from excessive drinking, seemed to be identified as a large problem for many students, but also a key requirement for 'fitting in', as Hazina from Tanzania identified:

'Fresher's week was really good but there was a lot of drinking, I don't drink. I don't come from a background where we drink, I don't feel like I have to drink to be in an event but everyone felt like why are you here if you're not going to drink.'

Hazina's comments revealed that there were unspoken rules for being part of Fresher's week and therefore from her point of view that *'it was more of a matter of people accepting you than you accepting them'*. In addition, Hazina seemed to indicate there was an expectation to partake in drinking even if this was not part of your background or culture. However, the 'requirement' for drinking was identified as a barrier for fitting in in general and not just a pressure relating to Fresher's week. For example, Kwasi, a first year from Ghana explained:

'Personally, I feel it's a bit sad that the only type of socializing has to be done around drinking, because in most African countries people don't tend to drink... I remember it was

raised once and someone said this is just how it's done here and you just have to integrate. You want to go out and meet people but you don't feel comfortable doing what they're doing, they look at you like it's strange'.

Kwasi indicated that going out and drinking were mandatory to the extent that he perceived 'a stigma against people who don't drink' and felt those who did not drink were looked at 'like they're crazy'. Kwasi was 'sad' that 'it's the same in societies ... you can go with them but in the end, you feel pushed out'. He was frustrated that other activities such as going to a 'club ... seeing a movie in a group' or 'having a dinner in the flat' were not considered, as drinking 'seems to be the only activity anyone wants'. Like Hazina, his cultural background and the fact that drinking was not part of this, did not seem to be a consideration once he was part of the University community, where there seemed to be a universal expectation that students should conform and drink, as part of the University social experience. Overall, the pressure to conform in ways that sometimes, international students were simply unable or unwilling to do, to 'fit in', became a source of considerable pressure and difficulty as they grappled with an impossible dilemma. It seemed that the international students I spoke to eventually resigned themselves to this reality and ceased their efforts to fit in, which left them feeling a sense of sadness and sometimes even greater emotional distress.

5.5 Intercultural learning, communication and relationships

Several students identified a link between people's reaction to their difference, or perceived difference and their feeling of belonging. Kavya, from Sri Lanka, who we met in the previous chapter, commented on the variance of people's responses:

'Many people understand we're from a different place and are tolerant of that. Some people are more offended than others. It's how tolerant you are of many things; some people take it personally and to the heart. Its differences in basic nature with things like this, this comes up when there are cultural differences.'

Interestingly, Kavya almost seemed to suggest she herself viewed international students as 'the other' by suggesting that as a group they are different, hailing from a different place

and having not only cultural difference but a difference in '*basic nature*'. This led me to believe that by essentialising culture in this way, unlike some other international students, Kavya had not necessarily expected to 'fit in' with the student body at large, or didn't place importance on this, partly as she felt it would require significant deviance from her own lifestyle choices. My impression was reinforced by Kavya's appraisal of Fresher's week:

'I don't think it went extremely well to be honest, I go to bed really early and there was loud music, some drinks going around, I did not feel comfortable, it was really cold, we had to have white t-shirts on, I had a jumper on but I left at nine o'clock. I didn't really get to know anybody...

I didn't make friends with Fresher's events, I didn't like it that much, I only went to two events'.

In her account of Fresher's week, Kavya also raised a second visual difference between her and other students, apart from drinking. Being cold, she had worn a jumper concealing the white t-shirt issued as part of the event and so therefore had made herself visually different from her peers in this regard. Later, Kavya explained that her friendship group was exclusively people from her home area, an arrangement which seemed comfortable and very satisfactory for her, so her earlier comments and perhaps greater ease with not enjoying or 'getting into' Fresher's week were not surprising.

Other international students identified similar variance in their ability to make friends and connections with the people around them, but not all were as accepting of this. Kwasi from Ghana noted:

'There are certain things I can do back home that everyone's fine with but if I do that here you seem a little strange and ... that tends to put you off and push you away from people.'

Kwasi reported a sense of isolation through being seemingly inexplicably pushed away by people in the UK higher education environment. He described his previous experience at Southampton University to further demonstrate this:

'When I came to Southampton I came there alone and everyone was looking at me like this strange boy ... I had my friend who was from Nigeria and we both behaved the same way so he was able to explain to people that it's not really strange the way I'm behaving, that's just how it is back home and he had to tell me that there are certain things you can't really say here or do here and stuff like that.'

What was interesting, was that trying to interact while at Southampton had clearly involved Kwasi censoring his normal behavior and speech. This also seemed to require some sort of 'cultural mediator' who could explain the unspoken social rules appropriate for the new environment and apologise for him when he deviated from this. While Kwasi didn't specifically identify his Nigerian friend as a mediator, he did understand that this friend had more familiarity with the expectations of English culture and knew when and how to explain his behavior for him. Understandably, this led Kwasi to reflect on how this impacted on his understanding of England as a country:

'I've come to understand in England that it's not my country ... you're made to understand this is not your country. What is right to us is right, what is wrong to you is not necessarily what's wrong to us, so since you've come to our country you have to either do what we do or keep quiet. That's just basically what you come to understand.'

Kwasi's conclusion seemed to be that tolerance for a difference in approach was not part of English culture and that being part of things in the UK means a silent acceptance of the social culture here, or that there is little interest in different ideas, particularly when they arise from people who are not seen as belonging here. Successful social cohesion in England meant following the local custom or choosing to remain silent as difference wouldn't be accepted.

Tolerance and judgement became reoccurring themes in the data with Hazina from Tanzania expressing frustration at being judged, being expected to justify yourself, or being judged on an aspect of your background, instead of as a whole person. Hazina's comments also introduced the aspect of class being a factor in being 'othered':

'From Africa, having maids and drivers is very normal, it doesn't mean a difference in classes, whereas here it's like oh you have a maid in the house?

I felt like you were almost judged, like you're the spoilt brat who came from back home, you don't know how to use the laundry, or you're always used to maids.

Trying then to explain yourself felt like you were trying to justify something.'

This was interesting as earlier comments had already demonstrated that there was an intersection of gender and ethnicity within the tendency for international students to be othered. However, it hadn't occurred to me that class would be a comparable aspect between cultures, or that this would be relevant to making friends and connections outside the confines within English culture. Hazina further commented that:

'I just felt I was really targeted as an international student, it was as if almost immediately that you were coming from a rich background and sometimes it's hard to put it across that you're not from that background, but even if you are it shouldn't define you.'

This suggested to me that international students were 'othered' as being 'rich' in general and that Hazina had struggled to explain the cultural difference to illustrate this was not a valid assumption. However, Hazina seemed to demonstrate a different response to this compared to the more dejected and frustrated Kwasi. Hazina had developed strategies such as *'explaining the background first'* but ultimately decided that the response from those around her was not her responsibility.

During the study, I observed that one reason for some of the problems students faced with lack of understanding, acceptance and even outright racism, was likely to be due to the limitations of cultural diversity on the course and in the surroundings. I was not alone in observing and identifying this. One year 5 student named Sia, who came from New York City, and was originally from Sierra Leone, was used to the vast cultural diversity of living in a major world city and therefore was able to attribute the discomfort of being in a minority to the surprisingly unusual situation of being of colour in a clinical placement environment. This at least absolved her of feeling the need to question herself or her values. Instead, she

was readily able to dismiss it as an issue of education, experience and relative ignorance. Sia commented on her experiences of living in the University city:

'It was uncomfortable because a lot of times when you were on placement, people were not used to having a minority, someone of African descent. It was the elephant in the room, comments were made. It was just generally, I remember running a few times and people yelling stuff from their cars at me. I put it down to ignorance, people don't know any different.'

Sia emphasised that this situation wasn't just encountered on placement, one might assume in a rural General Practice setting, for example. In fact, her observation was that she encountered people uncomfortable with diversity generally and specifically, met with racism when out running. Sia also observed:

'Even on the course, there's not much diversity... outside medicine there's a lot of opportunity to get involved with students from different backgrounds, within medicine you're restricted because you spend so much time with them, you do so much with them, it becomes limiting.'

But the problem wasn't limited to times when Sia was exposed to the local community and the local environment. Sia also found diversity on the course itself was limited and that the intensity of the course meant time and opportunities for interacting with a more diverse group of students was limited.

This section has illustrated experiences of international students being 'othered', and in some cases 'othering' home students, on the basis of perceived cultural difference: differences in communication styles, race, ethnicity and perception of class and wealth. Many students, unable to resolve these issues, came to accept being 'othered' and either disregarded this or formed strategies to avoid it, such as forming friendships with people from similar backgrounds or attributing it to ignorance.

5.6 Intercultural communication and a perception of lack of respect

The international students I spoke to were highly aware of and sensitive to the level of respect they experienced during their interactions on the course, either in the University or practice education setting. A perception of lack of respect was associated with feelings of distress, anger and disbelief and consequently a perception of lack of belonging and being othered. The possibility of not being fully respected did not seem to have been anticipated by many students, which only led to magnify the hurt they experienced in this scenario. Kwasi, from Ghana, described his experience of disrespect in the way in which people expressed, or did not express themselves to him:

'You have people giving you these fake smiles and saying things... you can tell this person is patronizing you ... not being honest. In our country, we tend to come forward and say things, and not in a rude way. What I've noticed is, it's two things, either people hide what they want to say or they end up coming out with things in a very rude manner. ... In UK if they don't like something they will tend to talk behind your back and when you come from a different culture, it gets you angry and you think seriously, just tell me to my face.'

Kwasi was not familiar with being talked about, he found this very disrespectful. I think this is because he felt people were not prepared to speak directly to him and risk discomfort, albeit allow some resolution to the problem. The problem seemed to be that due to different ways of interacting, this intercultural communication became conflictual. Kwasi was used to a more direct form of communication and consequently tended to interpret indirect communication as disrespectful.

Kwasi identified other indirect forms of what he considered 'disrespect' in his communication with 'people from the UK':

'When someone from UK can't understand your accent, they tell you to repeat yourself, that's alright, and sometimes they tend to laugh, it's not funny. You don't laugh at another person because they have a different accent. When you can't understand their accent, they look at you like you're an alien.'

It was significant Kwasi used the term 'alien', indicating he felt very 'foreign' and perhaps even distasteful to the people he encountered in this scenario. Kwasi suggested here that tolerance for those from overseas was low in the UK and this links with a sense of disrespect:

'When you ask them to repeat themselves they look offended, people shouldn't have a problem with that because we're from a different country, not every person can understand a British accent but they expect you to repeat yourself endlessly'.

This example relates more closely with othering, as he identified a double standard being imposed. He felt disrespect and ridicule was expressed when people had difficulty understanding his accent, but in contrast, people around him seemed unaware that they also possessed an accent, and were therefore disbelieving when he could not understand them clearly. The sense of disrespect was not isolated to individual interactions or specific people: international students also experienced this on an organisational level. This was all the more surprising as you might expect organisational competence to be developed to reflect their engagement with groups of people and their interest in managing this.

Kendis, from Cameroon, commented on a perceived sense of disrespect which arose from the institutional practices concerning international students:

'When I came to the University, I felt like they just want to take your money, they don't care about anything else. For example, as an international student when you have your visa ...they have to check you're coming to school. Now in Newcastle ...you come in scan your card electronically so you don't have to be queuing up. You got more priority. Here you have to queue up, the queue is massive, it makes me feel like I am here illegally... it's a bit like treating us like animals. I'm sorry to say that but after Newcastle, where it was so much more dignified. You just went in, scanned your card, signed the paperwork, that was it, then they send you an email saying, thank you for signing up. It's so embarrassing in a way because everyone's wondering what you're doing there. If you do have lectures, you have to say I'm going to be late because I must do it, you have to go all

the way to the admissions centre and I'm like, it's not necessary. I feel they're doing it to fit themselves, rather than fit the student'.

Kendis' description of visa checking reiterated her earlier comments that she found the institution to be more concerned about finance than about the student experience. What is more, she was able to justify this opinion by comparing her experience at the University to her previous experience of visa checking at Newcastle University. There were possibly two aspects to Kendis' impression of disrespect toward international students completing visa checks at the University. Firstly, and perhaps primarily, the seemingly minimal consideration to the requirements of the students concerned and the inconvenience caused to students by the checks. Secondly, that queuing to complete the checks made Kendis feel visibly different and perhaps uncomfortable that she was being potentially identified as doing something different and 'embarrassing' by on- looking students.

However, the issues seem to run deeper than this as Kendis compared the organisational management of international students as *'it's a bit like treating us like animals'*. Kendis even apologized for making this statement but felt justified in doing so as she could directly compare her experience with another UK higher education institution. Her account also revealed that the culture of international student management at the University was contributing to othering as *'everyone's wondering what you're doing there'* and *'if you do have lectures you have to say I'm going to be late because I must do it'*. As Kendis implied this signaled clearly to other students that the international students were different.

Furthermore, Kendis, who had another experience to compare with, was not alone in commenting on the poor handling of visa checks as creating a visible sign of difference. At least one other student, Sia, from New York commented on this:

'Speaking of visas, another issue is that we have to go and have it checked, it's really frustrating. They email you in the middle of placement, you have to arrange to have another date, it's really irritating, it highlights that you're an international student. You don't belong here in a sense. I suppose they try, the Medical School does, but not singling international students out but just generally the medical students'.

Sia specifically cited this aspect of her university experience as ‘frustrating’ and seemingly ‘singling out’ international students as a group for a degree of inferior treatment. These accounts of international students feeling misunderstood, poorly treated and merely tolerated in their day to day experiences of intercultural communications does seem to link to themes of othering, belonging and identity. These themes are further explored below. The negative experiences related to these themes experienced by the international medical students in this study, seemed to be either personal experiences with both students and staff, or even members of the general public around them, or experiences which arose due to institutional practices in relation to international students.

5.7 Othering, belonging and identity

One of the problems around the term ‘international students’ is the assumption of a homogenized identity, ‘students who come from overseas’ who are assumed to pretty much look, act and behave in the same sort of way. While international students I spoke to for the study did not feel stereotyped to that extent, they did challenge what might be thought of as safe assumptions, such as the idea that students hailing from a similar region, or country, would be well suited and would get on. I learned that identity amongst international students even with close cultural links, cannot be assumed as being the same or even similar. For example, Abina from Ghana, who was currently living in Mauritius, explained:

‘There are 8 Ghanaians in the year. I’ve not really relied on them, even though they’re Ghanaians, they’re home students, only two of us came from Ghana. I don’t feel I can relate to any of them because I came from Mauritius, it’s a bit difficult’.

Abina noted that the discrepancy around her country of origin compared to her ‘home country’, as well as the fact that other students from Ghana were classified as home students, contributed to her lacking a ‘close relationship’ with other Ghanaians on the course.

Similarly, Mariam, the Kuwait student explained:

There comes a barrier where despite of where the person comes from, they're not the same. I'm a Muslim and there's another Muslim and we're two completely different people.

Mariam identified that a shared religion was not a basis for shared identity. Mariam seemed to also link this difference in identity to individuality, despite possible having a shared 'country of origin'. I felt that she highlighted this possibly in response to being homogenised as part of her experience of 'being an international student', or being othered as a 'Muslim'.

I also encountered other students who felt categorized into a group they did not feel they belonged to, often on the basis of appearance. For example, Hao, from Southeast Asia explained:

'I feel like I've got a lot of my friends, even on my course, who asked me if (Southeast Asian country) is a part of China, I found that a bit offensive, because I felt like, do you think every single oriental person you've met is from China? You can tell people want to know whether I'm Chinese or not, they even ask that question and then next time they saw me again they still assumed I'm Chinese for some reason.

(Southeast Asian country) is a completely different world'.

Hao felt her authentic Southeast Asian identity wasn't recognized, and that she was othered as being 'Chinese', simply based on her appearance. Perhaps this related to people's general knowledge that the University has a large Chinese international student population. But Hao seemed to suffer firstly from ignorance and then people's apparent disinterest in accurately recalling her individual cultural heritage, referring again to assumptions and stereotyping when meeting her for a second time. Hao explained that being othered on the basis of her appearance was not limited to contact with her peers:

'I feel they put me in that category, it hurts when a lecturer does that as well.

They look at me, they ask me, the first question is 'where are you from?' I feel like everything else about me doesn't really matter, it's just I look different from other people, that matters. I feel like oops. It would be better if they just look at me like a medical student or first year

student and then when they get to know me, ask me where I'm from.... I should really embrace the fact that I'm from (Southeast Asian country). I started self-doubting myself but now I realise I'm from (Southeast Asian country), which makes me different.'

Hao found it particularly difficult when treated this way by a lecturer, perhaps because she looked to tutors for recognition and understanding and also because their asking could draw attention to her 'difference', removing the focus from what she felt was her primary identity in that setting – 'a medical student or first year student'. A theme which arose from Hao's account, was the weight that others placed on her appearance when making judgements.

Another aspect Hao highlighted was the almost universal need in others to categorise her, having recognized she is 'different', based specifically on appearance, rather than just being an international student:

'The funny thing is, there are 3 international students who are Caucasian, from Canada and Norway ... I was on placement with this girl from Norway, we were in same consultant group, she didn't get asked where she's from but I got asked, so I feel like it's definitely something about me looking different. It just happens, I get on with it'.

Hao was upset that this happens with teaching staff as well, as it means a behaviour she finds offensive isn't recognized as such even by the senior authority figures she encounters.

Another common topic of conversation during the study was who students themselves identified with. Sometimes students did identify with other students from a similar cultural background / country of origin, and sometimes they did not see this as significant. For example, Kavya, from Sri Lanka, described how her friendship group was primarily people from her home region:

'The friends I have now are really really nice ... all happen to be Tamil as well- they're from Sri Lanka.

...I didn't think before I came it would be like that but that happened and I'm really comfortable with it, I really like it. I still feel I can't get along with other people. I do try to

talk to everyone, I'd really like to be comfortable with everyone. But I can't see myself opening up to other people like I do with my closest friends...I get along well with people from my culture, but it could still be the case they're from my culture and I don't get along with them...'

However, despite feeling she could not 'get along with other people', in common with other students, Kavya noted that being from the same culture was not a definite pre-requisite for belonging and friendship and in this way, dismissed the idea that she could be assumed to be getting along with anyone from her home area.

Interestingly Sia, originally from Sierra Leone, living in New York, identified herself with a variety of students, dependent on her perception of her identity at any given time:

'I made a mix of friends. In New York, I didn't have a lot of African friends, I had a mixture of friends. There are Nigerians on the course, when I got homesick I would tend to gravitate towards them, there aren't any other Sierra Leoneans on the course, and when I felt like an American, I'd speak to the American students'

This introduces the notion that individual identity is not only impossible to simply define and pin down, which appeared to be the desire of people around students like Sia, but that an individual's identity itself is forever evolving, changing and always multidimensional and complex, being linked to many different facets. This complicated, multifaceted view of cultural identity of multiple shifting identities is captured in my conceptual chapter (chapter 2) with reference to Holliday (2004).

Mariam, from Kuwait, simplified the concept of identifying herself, by explaining:

'I am going to be friends with people who understand me. If you have a circle of people around getting bigger and bigger, the people closest to me understand where I come from, it's just because it's easier to talk to them. They would drink but they know how it is back home. People who are very out of that circle have no idea.'

Here Mariam identified that she was friends with people she felt comfortable with, who could understand her, and those attributes naturally correlated with people from her home country. Her account also revealed that lacking a sense of identity with others led to there being really no shared identity or common ground. It made me understand how limited the scope of integration among students probably was in the Medical School, as the reality was one of belonging to a certain group or groups, but that not being necessarily a flexible concept.

Given the lack of shared identity in general amongst students, it might not be surprising that some students such as Ethan, a student nearing the end of his course from US, explained:

'There is no school pride, it really bothers me, no t-shirt with the University name on, mascots, so you're proud of where you go. It adds to a culture of success. This is a young school without a big history, school pride can improve over time. The belonging and identity was better in the US'.

As a student in the Medical School, Ethan didn't find the strong sense of unified institutional identity and pride he was looking for. This seemed to fit with the picture of many individual groups forming one fairly segmented group of medical students, who you might assume would have a common bedrock of identity, but who in reality may only share their subject of study as part of their identity.

Despite students reporting that they maintained their identity via seeking belonging in small groups, some students, like Kwasi, saw a more fundamental problem for their identity:

'You change here, when you go back home you realise how you have changed and it's not always for the best, there's some things for the better. You realise you become less open and I hate that.

You do change, you feel less comfortable being yourself, which should not be the case'.

Kwasi saw and explained that the nature of being away from their home country and trying to fit in eroded and changed their original identity and not necessarily for the better. Kwasi went on to explain:

'In trying to fit in, you can lose yourself completely and by the time you realise, you have become a different person, which creates problems for you when you go back home. No one recognizes you, it's not the you that left and sometimes it's not a change for the best and then you feel out of place at home. So, you're out of place here and you're out of place at home, basically you feel like you need to live on your own planet'.

The most intriguing aspect of this, I felt, was the impact students like Kwasi experienced when they returned home and suddenly found or sensed a lack of belonging in the place where they should have felt most identified with and were effectively confronted with their changed identity. Kwasi found that this changed identity, which did not suit his life studying in the UK, was also unworkable at home.

The idea of being on a planet separated from home and the country they had travelled to was a reality for some students like Kwasi, particularly those who experienced significant cultural disparity between home and the UK, and most markedly of all, this phenomenon proved incredibly isolating.

This section shows the significant impact 'mistaken or misunderstood identity' has for international students' wellbeing and their ability to thrive in peer and friendship groups. International students felt disappointment and frustration at assumptions about their identity being made based on their appearance, especially when this assumption was made by a member of staff. In some cases, difficulty with their identity being understood led them to make friends in culture groups similar to their own, even when this was not their first preference. It seems that efforts to shift their identity to 'fit in' better could be counterproductive, as this led them to feel lost and without a sense of belonging even when they returned 'home'. Some students, particularly those with mixed cultural heritage, identify themselves in different ways at different times and therefore, the concept of identity can be seen as multi-dimensional and constantly shifting. Identities for international

students change as they develop new strategies to manage and cope with their new environment and become familiar with a new way of life and culture. International medical students in my study changed their identity to some extent due to the need to fit in and to gain acceptance.

5.8 Perceived boundaries to intercultural relationships

Surprisingly, feeling a sense of shared identity with others was not always the dominant factor in the development of friendships for the international students. I was surprised to hear that boundaries to friendship around ethnicity were recognized by several students I spoke to, such as Hao from Southeast Asia:

'It's still going on, people don't say to your face I'm not going to hang out with you because you look a certain way, it's just the way people have their own group. I can tell that, they hang out with their own ethnicity. In my year, there's people from a lot of different ethnicities and races but you can tell, or I can tell, that people hang out with their own ethnicity, so it's really hard to break into that.'

Hao's comments suggest that the exclusion of certain students from unofficially recognised ethnic friendship groups, centered more around a strong sense of belonging and identity within the group that couldn't be effectively permeated by an outsider of different ethnicity; rather than the group necessarily othering students of different ethnic descent. Hao was clear that despite the unspoken nature of the self-selection of the friendship groups, based on ethnicity, it was possible for her to 'tell' that this was occurring.

Other reports of friendship boundaries around ethnicity do seem to suggest that the barrier was imposed due othering, or a failure to 'follow the group code or rules' and in the case of Mariam from Kuwait, not participating in drinking when going out:

'I have English friends, I don't mind them, I wouldn't feel left out, but there is a barrier, I don't know what it is. Maybe it's to do with religion as well, in a way, I'm not very religious. I'd go out but I wouldn't drink. Most people's life is based on drinking and going out. That's

what people do here. I'm Muslim. I was always used to English culture, I know how it is, I never judge. My friends, I go out with them, I never ask them not to do it, it's just not something I'd do.'

In fact, Mariam seemed to quite clearly identify specific ethnic friendship groups and implied some hierarchy of these groups within the student cohort:

'You would see the English English, then you'd see the Asian background together. You'd see Indian, Pakistani background; I think they're the biggest group. I think the Asian background is more open to being friends with the white background but not the other way around. In terms of learning they're fine, in terms of being friends they're fine but at the end of the day, everyone has their own group.'

Mariam states that students from some ethnic backgrounds, (white ethnicity), could possibly make friends in another ethnic friendship group, such as the Asian background group but *'not the other way around'*. This is a key point as it means that white students on the course would have had maximum opportunity for engaging in intercultural relationships, whereas students of an alternative ethnic background, like the 'Asian' students, might experience some limitations in who would consider being friends with them. Mariam also stated that this rule didn't apply to everyone and there seemed to be the implication that individual status impacted on how much it was possible to influence this general trend. Mariam identified other exceptions to the unofficial 'rules':

'there's this other group which isn't so much where you come from, but the flat you're in, so people in the same flat are really close despite of their religion or culture'.

For example, a close friendship relationship/s established in an intimate setting such as the accommodation would enable students to transcend the culture of othering and boundaries which seemed to be part and parcel of cohort behavior. Another surprising aspect was how quickly Mariam identified the unspoken structure of friendship groups in her year so that during the first week she already understood she would be *'left out'*. This also seems to

relate to the way in which Mariam identified cause and effect in her assumptions about the unspoken rules for friendships in the school.

Unfortunately, shared accommodation did not seem to guarantee the development of meaningful friendship, particularly when international students failed to 'do' what their flat mates wanted and therefore a sense of differing identity seemed to be constructed. It seems this scenario led international students such as Kwasi to resort to the 'easy' option of making friends with students from their own cultural background, even when this was not what they wanted, or felt was right:

'When I came I felt so pushed out because I didn't want to do what my flat mates wanted so I ended up on my own, now I would look for other Ghanaian people. In the end, all my friends were black and personally for me I think that's wrong.'

Not 'doing' certain things and not behaving in certain ways seemed to be a key predictor of friendship boundaries. It seems that a sense of belonging was the prize for fitting in with the unspoken rules of the group, and therefore students were prepared to compromise their preferences to a significant degree to accomplish this. It's not surprising that international students found this difficult, as 'doing' things associated with English culture didn't always fit with their own cultural or religious background and it didn't seem that compromising, such as by going out without drinking, was adequate. Kwasi went on to say:

'You come thinking you'll be friends with everyone, whoever you meet in the school, people from other countries, especially English people, because you really do come expecting to experience another culture. But it's so unwelcoming when you don't do what they do.'

It seems that Kwasi's expectation was that he would have a variety of friends, so this expectation not being realised was disappointing and perhaps disconcerting. Feeling 'unwelcome' appeared to be another important emerging theme in the accounts of international medical students like Kwasi and this had differing meanings in different contexts. Experiencing this led to Kwasi to try strategies to overcome this:

'What I did was observe the way my Nigerian friend interacted with other people to try to learn, you have to try and learn and integrate. If you get to be proper friends with a British person, they're actually quite nice, really, really nice. It's so difficult to cross that barrier where you get to know that person. That's happening back home, we're becoming more closed up and that's something I don't like. Before you get to know British people, it's so difficult and you can become isolated and the gap becomes bigger.'

Kwasi was trying to understand from his Nigerian friend how to *'integrate'* by engaging in a form of intercultural learning. He reflected that it was difficult to learn and that communication was a lot more closed than he was used to. This made him reflect on changing the culture back home, which he acknowledged he didn't like, but regardless, he indicated that he pursued integration with British people to avoid isolation, which he felt led to greater problems.

Kwasi's account again refers to how different cultural communication practices create barriers to intercultural relationships and indeed, other students also noted a feeling that communication amongst them and students with a British cultural background was closed and of a superficial nature. For example, Kendis, from Cameroon:

'I'd say my closest friends are international in that culturally they're from my continent, I have to say it. Home student is a bit like 'hi, bye' maybe coming and have lunch with me but it's not, I wouldn't really call them friends, I'd maybe say acquaintances because I wouldn't just ring them for no reason, but my other friends I can ring and say how are you. So yeah, I'd say most of my friends are from an African culture.'

Here Kendis went on to speculate on the background to the style of communication in her culture and in the UK:

'It's because the cultures are very different, like very very different. Like the principle, the priority and everything, because my country is very Christian so to see someone like an atheist back home is difficult. Christianity is so much part of our lives I can't really put that private, for example in this country you have to separate your private and professional life.'

When you look at reality it's impossible asking a human being to do that, you can't just flip a switch. So, when you interact, you realise their principle, their morals, all of that is very different. Values differ. So that's why I say you can have like a superficial relationship where you just have dinner and everything but you can't really go further into the situation because you hit a wall'.

Kendis detected that a superficiality in communication avoided lack of meaningful contact and that attempts to deepen contact and relationships with 'home students' was fruitless as you would 'hit a wall' or a boundary. I thought Kendis' insight around seeing herself as a whole person and not being used to the expectation of presenting a different 'face' depending on the scenario, was a valuable one. It seemed that, as with other international students, she was not able or willing to compromise her core values just to be accepted in a British cultural setting. I also recognized the concept of having separate private and professional lives here in the UK and feel it raises interesting questions about authenticity and the boundaries that we are used to around different relationships in the UK.

It has to be said that at least one student, Abina, did not recognize any significant boundary or lack of diversity among friendship groups and reported this alongside her personal experience of making friends in her PBL group and in her flat:

'I made friends with all students, I can't necessarily tell who's international, who's not so it doesn't really make a difference to me, but with the Ghanaian Society I've made quite a few Ghanaian friends. I made a lot of friends because of my PBL group, so you are friends with your PBL group, I also made friends in my flat, you can also be friends with the people you go to lectures with. I don't think there's any distinct boundary. There's a lot of diversity in our course I think.'

Abina also saw opportunities for and not boundaries to making friends in other course related environments, such as in lectures. Nonetheless, Abina had also made several friends from her cultural group, but she did not see this as inappropriate or a sign that she had failed to integrate with others. This student seemed particularly open minded and positive

when I met with her and I couldn't help thinking that these attributes had helped her possibly transcend the traditional friendship boundaries encountered by other students.

This section has discussed the unspoken boundaries to intercultural relationships within the cohort and how these boundaries were constructed. Some international students felt boundaries were governed by ethnicity and others felt that religious background or not engaging in 'what others were doing' like drinking, proved a boundary to friendship. Another aspect which seemed to limit intercultural relationships and friendships was differing communication styles. In an effort to overcome this, some students, like Kwasi, undertook a form of intercultural observation and learning to try to understand how to deepen intercultural friendships and communication. Finally, some examples reveal that being able to share accommodation with mixed cultural groups meant that often barriers to intercultural relationships could be transcended and meaningful friendships made.

5.9 Conclusion

Chapter 5 has given insights into how international students experience 'othering' or feel polarised between their home country customs, traditions and models of behaviour and the type of behaviour and interaction expected in the UK. 'Visibility' was a theme that emerged as linked to 'othering'. International students gave several examples of being othered based on their personal appearance or being othered such as when they were visibly distinguished through the large-scale visa checking process at the University.

This chapter demonstrated that the social experiences of international medical students could impact on their experiences of teaching and learning. For example, experiencing 'othering' deprived some international students of a genuine sense of belonging and involvement with their peers and the course itself. There is also some evidence, from students like Hazina, to suggest that the culture of competitiveness on the course between students, and within medicine as a specialty itself, worked against developing successful relationships in general (including intercultural relationships), and this school cultural aspect might have been more prevalent as students progressed through the programme. Interestingly, the interviews also identified institutional practices which may have helped

promote a positive culture of international student engagement, such as the visa checking procedures.

In addition, some international students identified a feeling of distrust and fear based on rumours about supposed institutional practices directly disadvantaging international students. One student in particular, Ethan, identified a lack of a unified and strong institutional identity. This may be linked to the relative youth of the school (having been established in 2002) but may also relate to the lack of cohesion in the identity of the student body as a whole. This is perhaps surprising considering medical students might be expected to be united as they have a shared purpose and goal to become doctors.

Chapter 6 will focus more on the pedagogic aspects of international medical student experience, while continuing to recognize the important link between their pedagogical and social experiences in medical education.

CHAPTER 6

Academic transition: pedagogy and experience

There is recognition that students commencing university undertake a significant academic (and personal) transition in terms of adjusting to university life and the requirements of adult learning (Briggs, Clark et al, 2012). International students must also undertake this transition, while making additional adjustments to the intercultural differences they encounter, such as differing communication styles, preferred social activities and popular culture and lifestyle. I identified models of international student transition in my theoretical chapter which suggest international student experiences of transition may include culture, language and learning shock. The models I identified included the perception of international student transition occurring in a linear fashion, with 'levels' of shock (Ryan, 2005) and the less hierarchical perception of international student transition presented by Gu (2009). In this chapter, I will use these conceptualisations of international student transition as lenses through which to analyse my data relevant to the theme of transition. Specifically, I analyse the transition experiences of international medical students and the additional challenges they face when adapting to a professional role and context within the school and in healthcare settings.

Therefore, this chapter looks at the data relating to international medical students' experiences of academic transition to the Medical School. I discuss the students' reported difficulties, successes, coping strategies and reflections on how their transition to UK higher education could have been easier. I also examine the data with regards to the students' observations on the differing learning and teaching styles at the University compared to their previous experience. I also explore their reasons for selecting the University to study medicine, including their satisfaction with the course, their perception of the reputation of the school, and how this influenced their university selection. Finally, I discuss the students' reflections on academic literacy during the course.

6. 1 What does managing transition to daily living mean to students on the medical course?

Transition to studying in a higher education environment, where an adult learning style is expected and students are often faced with independent living for the first time, is a daunting and difficult process for any student, as Muwasi, a first-year student from Ghana, explained:

'Adjusting to university is quite difficult, you have to take total care of yourself and be totally responsible for your own learning. You have to go to all the lectures, doing that can be quite difficult at times ...'

However, this is perhaps particularly the case for international students who must face these challenges in addition to unfamiliar surroundings, as Kwasi, the Ghanaian student we met in the last chapter. Kwasi discussed the disadvantage of being unfamiliar with local knowledge:

'It is never easy and the thing about home students even though they're also starting, they already know what ASDA is, they already know what Tesco is, they already know what Sainsbury is. You come in with basically nothing, just the clothes on your back and you don't know where to shop for food ... and you have no way of getting there. You feel you're out of place as you don't know people and you feel you're different ... for example when I came here I had a problem getting my stuff washed, I didn't know you had to get a card, all that takes a toll on you in the end'.

Kwasi's comments indicate that transition for an international student to study at university in the UK might include the experience of feeling unable to meet basic needs such as getting food and washing clothes, perhaps particularly as they might arrive poorly equipped with *'basically nothing, just the clothes on your back'*. Kwasi also noted how this would take its *'toll'*, and highlighted the fact that as an international student *'you don't know people'*, which contributes to feelings of being ill at ease.

Hazina, from Tanzania, commenting on her transition to higher education study in the UK, seems to echo Kwasi's feelings:

'I didn't know the shops around or what was available, ..., so I couldn't get advice as to what was available and that felt hard but I felt I was going essentially to a village where there was nothing. ...I felt like I was going to be abandoned. My cousins live in London, but 2 hours away, I felt I couldn't go that often with a very demanding course.'

Hazina also felt that meeting her basic needs was uncertain. She perceived a lack of information on this, or perhaps more a lack of a personal contact or help, to the extent that she felt she was somewhere where there was *'nothing'*. Hazina's comment that she felt she would be *'abandoned'* is significant in demonstrating her strength of feeling about the isolation she experienced as part of her transition to UK higher education. She also talks about the sense of distance from friends or family as an isolating factor and one that was compounded by the demands of the course.

Kavya, a first year Sri Lankan student, also reinforced how difficulties with basic daily living activities began to have an impact:

'Really basic stuff made it hard, things like getting on a bus and doing the laundry... it was kind of shocking to come here and find I couldn't do the most basic things like opening the door; I struggled with the lock I had to ask ...It worries you, it's disconcerting'.

Kavya's comments show a correlation between unexpected difficulties and mounting distress. They also illustrate how unanticipated problems can generate fear and insecurity: she found it *'shocking'* to encounter these difficulties, perhaps in part as it was a new experience to have to face such basic problems, away from the comfort and familiarity of home.

6.2 How does a lack of contacts or network in the local area affect student transition?

Kavya's comments were echoed by other students such as Sia, the Sierra Leonean from New York City. She hadn't anticipated the vast contrast between living in the University city and New York; it was a *'surprise'* and this made her *'very homesick'*. In fact, it seemed to be more of a challenge than her actual studies, as she highlighted the everyday life adjustments she had to make, with her studies being a secondary consideration. However, Sia introduced another difficulty with transition – a lack of friends around her and *'things to do'*. This demonstrates the significance of the non-academic aspects of experience for students making the transition into studying in the UK, such as lacking the support network you would be accustomed to at home.

Abina, from Ghana, was another student, who noted how daunting the change in environment can be, particularly without *'contacts'*:

'My dad's cousin picked me up from the airport and he drove me here. It was really long from Mauritius to London to the University city. Without contacts here, life can be quite scary...'

Abina suggests that the challenge of starting university was compounded at the start by the strain of a long journey and potentially quite minimal support on arrival. This was an aspect Kwasi also identified:

'It was a bit difficult when I first came to UK, came here on my own, had someone pick me up from the airport, my dad contacted a friend who picked me up and dropped me at school. That was it, I had to fend for myself from there....'

Kwasi's comment suggests how arrival in an unfamiliar place can be isolating. He had a lift arranged from the airport to the school, but it was a family friend who was dropping him off and *'that was it'*, leaving Kwasi to fend for himself. Many other students commented on how difficult it was to adjust when coming to the UK, including Hazina who also reflected on the changes and the differences to her old life:

It's very hard as a 17-year-old coming in and been left alone...

I came in winter, which I've never experienced, I lived in a country with summer all year round and I got ill. Having to do bills, having to study and do my laundry, all the small things ...just felt hard. Also coming home to an empty flat when I was used to a family of six, it was a bit of a shock to start with.

Hazina was another student to describe the transition to study here as a '*shock*', referring to it as a significant and unanticipated unpleasant experience. Her account highlights how, as a 17-year-old, she was expected to function and live independently in a foreign country while managing her medical studies, experiencing an UK winter for the first time, being ill and facing social isolation away from her family. This links with the theme of belonging discussed in my previous chapter, which discussed how isolation has the potential to limit a sense of belonging.

The student accounts, particularly of the beginning of their transition to study in the UK, highlight intense difficulties at times, often characterised as a '*shock*', causing significant distress and strain. These accounts were mostly about adjustment to daily life in the UK and the University city, rather than finding the transition to medical study as an undergraduate difficult. It was significant that students commented on aspects which impacted on their basic needs – finding food, washing, getting about, living arrangements and perhaps most of all, lack of personal contacts and people to ask.

6.3 The process of adapting

In some cases, making the transition to studying at the school caused international medical students significant emotional strain, which adversely affected their mental health, such as Kendis who described having a '*breakdown*' while trying to '*fit in desperately*'. Kendis' experience of emotional difficulty around her transition to the course suggests real hardship. This highlights the immense strain that international medical students like Kendis might feel in trying to fit in and feel like they belong, which was discussed in the previous chapter. But here Kendis comments that the intense difficulty of this aspect of the transition process eventually left her resolving to be herself, which made her '*much happier*'. This illustrates that Kendis successfully resolved this part of her transition to study in the UK but

not without a period of significant difficulty and turmoil. Kendis was not alone in experiencing a difficult period while trying to fit in. Dylan, a Canadian student, also described something similar:

'I did do that yoyo thing, I tried to fit and then later I decided to go back to being myself. I don't enjoy alcohol in the sense others might, I was never, my family, have never been much of a drinker. I wouldn't say I was drinking in excess but I was drinking a lot more than I would ever imagine. I guess I reached that point in third year, I was like, there's no real need for me to be drinking as much, I don't really enjoy it. But circumstances change, I'm more of a mature student now, I guess as a fourth year you have different priorities and whatnot.'

Dylan's account also draws attention to a difficult transition process where a strategy which isn't effective (trying to fit in by joining in with drinking) is eventually abandoned. In this example, some acceptance of what actually made Dylan happy, (not drinking as much), was reached. It is notable in Dylan's account, compared to Kendis, that either he hadn't experienced feeling out of place quite as intensely, or perhaps he had moved on and looking back, no longer viewed the process with such significance. The example of Dylan and Kendis also illustrate differing strategies that are adopted in dealing with the same adaptation process, suggesting that students do not rely on a universal approach. However, ultimately it would seem that accepting one's differences as an international medical student was important.

6.4 Coping strategies

Given the significantly challenging and / or emotional nature of the transition process for many students described above, it was important to try to understand the coping strategies the international medical students I spoke to had employed to manage this. Kendis went on from her account above to describe what happened during her first term at the University, and explained how she coped with some of the pressure arising from the transition process:

'My first September, October, November I cried none stop because I was pressurized in my head, like what's going on and also my visa that I had to apply for hadn't come through yet. I

had no one to talk to, I was just like you can't talk to your classmate, they don't understand, they're not in that situation. Even if you talk to another international student who isn't African, they won't understand. I had to talk to my colleague who, although she was from Belgium, she was from Africa so she understood and that got me through that three months. You have to find someone.'

It was significant that Kendis reported crying 'non-stop' due to the pressures of her first few months at university. Her account supports the idea that international medical students may be under additional pressure during the transition phase, compared to home students. For example, Kendis' visa hadn't come through, a significantly stressful circumstance creating uncertainty and worry but to compound this, she felt there was no one to talk to who could understand her situation. Even talking to another international student who wasn't African was not helpful. Nonetheless, eventually Kendis did identify someone who shared some experience of her cultural background and as Kendis explained, '*you have to find someone*'. This seems to be a crucial coping strategy which got her '*through that three months*'.

It is interesting that Kendis, and later Hao, identified the same time frame of three months for experiencing particular difficulties with the transition to study at the school and feeling isolated when starting study in the UK:

'I would say be prepared you will probably feel isolated at least for three months, I think most people do feel like that'.

In addition to finding a helpful, understanding person to talk to, finding information specific and relevant to being an international student seemed to be a key coping strategy when it came to managing the transition to studying here, as Hazina explained:

'I spoke to Facebook forum page for international students at the university when my place was confirmed, it felt silly at the time but I had to ask everything, like do I have to bring plates, do I have to bring a duvet, I just need to know what was available. Now looking back,

it's like well obviously you need to bring a plate but at the time I didn't think, as a 17-year-old you don't know these things'.

Hazina's account is a reminder that one cannot assume what particular knowledge international students will have, prior to arriving in the UK, particularly younger students: *'as a 17-year-old you don't know these things'*. Kayva also found her lack of small bits of incidental knowledge difficult at times. For example, even though she felt silly, she *'had to ask everything'* to *'know what was available'*... However, in time she developed her own coping strategies:

'I am thinking about these things, which helps me continually improve. I'm trying to be more confident and I think it's working. Plus, I don't worry too much about what I say, I can just correct it'.

In Kayva's case, she tried to treat these incidences as learning opportunities which could help her *'continually improve'* and to avoid thinking about it, instead preferring to try to be more confident as a coping strategy. Having identified the challenges the international students in my study faced in the transition phase, these examples helped me to understand the ways in which students attempted to cope with these difficulties. Finding someone with the capacity to understand their position, as in Kendis' account, proved important. Gathering helpful information and continually reflecting on and developing their approach to studying in the UK also seemed to be important.

6.5 What could ease the challenges of the transition phase for international medical students?

When speaking about the difficulties encountered with transition, several students like Kayva, had suggestions of how their experience could have been improved:

'I think if we had someone who was really accessible, maybe someone to ask just the silliest questions really. If we have someone from the same country ... I could just talk to, I think they'd be in a good position to assess what information we really need.'

Again, Kavya's comments seem to suggest that someone in an advising capacity who is *'of the same cultural background who would understand what the specific transition is'* would be most helpful. Accessibility also came up as Kavya explained that ideally this person would share her accommodation *'maybe say next door'* and it seems resources in advance were of limited value as Kayva explained she *'didn't have that many questions until I got here'*. This highlights how international students like Kavya really value accessible help and guidance in the day to day experience of adjusting to life studying in the UK at the time when the problems arise. The value of help being available to international students who have just arrived was supported by Kwasi:

'...in terms of support for international students who have just come from another country, I think more can be done ... You have a lot of support with academic and English and just trying to make sure you understand what you're taught but in terms of how you live, there is very little. When you don't have the local knowledge, in the end it tends to affect you academically'.

Kwasi seemed to identify how knowledge about everyday living is as important, if not more important, than academic study, as it has an impact on everything, including academic progress, even if *'you get a lot of support with what you have to study'*. Mawasi also identified that timely information would be useful, with some specific recommendations:

'Some of the meetings like the Ghanaian society and international student meeting would be better closer to the beginning... they were scheduled a bit too late as when they had happened we'd gone through all the stressful bits already'.

With regards to gaining information, Muwasi specifically identified that *'it would be helpful to know beforehand'* to avoid feeling *'worried and frantic'*. Muwasi identified that having meetings with other international students later wasn't as useful as *'we'd gone through all the stressful bits already'*, whereas around the time of arrival *'it is very nerve racking'*.

Timing for support and information was also something Kwasi identified as being of importance:

'I arrived late so I missed some of the activities they would have had ...

The University ambassador was really helpful but back home I wasn't able to contact her that much. I was paired with a 'Medical School parent' but I missed that and couldn't meet the person ...

Sometimes in the hurry to get here you don't get to communicate with link people in advance, so it would be good if people could contact you when you arrive.'

Kwasi's experience of a delayed arrival meant he found it hard to make use of the formal support mechanisms that had been arranged. He noted that sometimes it wasn't possible to engage in much meaningful communication with advisers prior to arrival and therefore, it would be really useful if those advisers were aware of an individual's actual arrival time and were to contact them then. Other students had their own suggestions for possible changes to policy to support international medical students, particularly at the beginning of the transition to UK study, for example, Hazina suggested:

'Having a starter pack would be quite useful'.

And Hao who suggested:

'More regular international medics meetings would help'.

Kwasi also suggested that some orientation would be helpful for aiding everyday life and eating:

'In terms of orientation, it's good to be taken around the school and get to know the campus and then take them to the shops. You need to know where to get things because in the first few weeks you can't expect someone to change the way they eat'.

The international medical students I spoke to wanted *'living advice'* above all else and they wanted this help and advice at the specific time of arrival and in their first few weeks of adjusting to university life. They recognized resources being of some help, pre-arrival and

later on in their first term, but felt strongly that accessible help was most needed to help them adjust in the first few weeks of actually starting their university life, when the realities and stress of starting university were really pressing.

6.6 What did help during the transition phase?

Having described what could have eased the challenges during the transition phase, students identified what they felt had supported them. For example, Kavya explained:

'...dad was with me for the first 3-4 weeks which helped. My father came because I've never stayed away from home ...he was here to help with teething problems, it was successful.'

Kavya had pre-assessed her needs prior to arrival with her parents and decided that because she had '*never stayed away from home*', having her father to stay with her initially was a helpful strategy, and it seemed to work for her. This does challenge the assumption that an international student would invariably be able to arrive and get started independently. Kwasi spoke of the perceived friendliness of people around you as helping with making the transition, comparing his experience at the University with studying at Southampton University:

'One good thing about the University compared to Southampton is my course mates have been really helpful. They're actually home students. I think the University city is friendlier in general, that's just the way I see it.'

In particular, Kwasi pointed out that people '*being more open to knowing you have come from somewhere and being able to understand that*' was a helpful factor. This linked to the theme of othering discussed in the previous chapter, as Kwasi identified a lack of othering as being of significant benefit. Muwasi also spoke of people being nice and helpful as a beneficial factor in the immediate transition phase:

'Meeting everybody there was actually really useful as there were some nice people there who talk to me and told me lots of helpful things about housing for next year and stuff like that.'

When citing aspects that eased the process of transition, students exclusively picked out personal contact with friendly or helpful people who could support them in their adaptation to the environment and put them at ease.

6.7 Is transition easier for some international medical students compared to others?

At times during the study, the question arose as to whether transition experiences for international medical students differed according to cultural background. Chloe, a second year from Canada, described her experience:

'It was very smooth for me; I got on with my flat mates very well... I also met a couple of other internationals from my course on the very first day, so we all sort of helped each other out. ...the University offered good support.'

Chloe seemed to be lucky in that apart from feeling comfortable in her early days on the course, she had also had the chance to visit the University city before arrival, was able to travel with and be accompanied by her dad for the first few days (like Kavya), and had been fortunate to make good friends in her accommodation and on the course. Therefore, Chloe later explained, she did not find herself in need of the extra resources the University offered international students. Whether it was coincidental or not, Dylan, another Canadian student in fourth year also enjoyed one of the most positive experiences, particularly in relation to the initial transition phase, reported in the study:

'I was very happy when I got here. I have a friend from Ireland, from Portugal; it was a bit of a mixture. I guess I didn't consider myself an international student in the sense others might have. I didn't broadcast it but I guess my accent gave it away.'

Dylan felt a level of comfort which meant he *'didn't consider myself an international student in the sense others might have'* and he possibly detected some disadvantage in being known as an international student as he *'didn't broadcast it'*. This presumably allowed Dylan to foster a greater sense of belonging for himself and perhaps in his presentation to his peers. It would not be a great leap to suggest that his improved sense of belonging might have led to a smoother transition and that perceptions of cultural difference around international medical students, like Dylan, who hail from Westernised cultural backgrounds might be less pronounced.

Overall, while it was hard to discern if the transition phase was easier for some international medical student groups compared to others, in my study, North American students did not report any great difficulty with the transition phase and conversely, international students from other countries of origin did not report great ease with the transition phase.

6.8 How do students' previous learning experiences affect their academic transition?

Having discussed the day-to-day aspects of their transition experiences, students compared the learning styles they were familiar with at home with those they encountered in the UK, to assess their transition. This revealed differing cultural learning styles and preferences and in some cases, a correlation between ease of transition and comparability of pedagogical practices between the UK and the students' home countries. For example, Kavya discussed UK medical education compared to her home university:

'The lectures, the way it's organized, we're encouraged to think so much. In India it's didactic, they taught us, rarely were we encouraged to think for ourselves.'

Kavya enjoyed the autonomy that came from studying medicine in the UK, where she felt they were *'encouraged to think for ourselves'*, which she compared to the more *'didactic'* style of learning in India. She also valued the focus on aspects such as patient consultations and not just academic aspects, when studying in the UK. Comparing the styles of learning gave Kavya the opportunity to reflect on her reasons for studying in the UK, rather than

staying at home. However, these views did seem to polarise the learning cultures in the UK and India. Muwasi was another student to compare home and UK learning cultures:

'...in Ghana, its more strict. For example, (in the UK), some people take out their laptops in lectures and are watching movies and some people are packing up to leave before the lecturer has finished. At home, if you start packing up, the teacher would say I'm not done, stop what you're doing, they might even hold you back a little bit because you're packing away while they're teaching. I think it's really rude to pack while someone is trying to teach you something or obviously not paying attention, like watching a movie during a lecture... I just don't understand why you would do that. Especially with a difficult topic we have not done before ..., it can be quite frustrating.'

Muwasi identified a different cultural relationship between students and lecturers in the UK compared to home, in terms of the students seeming to disrespect the opportunity to learn, and she commented on students *'packing up to leave before the lecturer has finished'* or *'watching a movie during a lecture'*. Muwasi was clearly frustrated by this behaviour but also could not understand why people would be *'obviously not paying attention'*, particularly when it came to *'difficult'* topics they had not done before. Muwasi also couldn't fathom the failure of fellow students to respond to the lecturer and to other people asking them to be quiet. She seemed surprised at this lack of respect not only for the learning opportunity but also, the lecturer and fellow students.

Muwasi went on to make other comparisons between the learning experience in the UK and Ghana:

'In Ghana, the medical school classes are really big, what I really like about the University is the classes are small. You can't be very far from the lecturer really; the most is 170 people. At home, my friends have to run into class and get there really early so they can hear what is being said. Here everything is oriented to doing the medicine course. At home, you would have to repeat all your A-level stuff again.... Everything you are doing here is helping you become a doctor, which is a plus. ...The sort of people who end up doing medicine are well motivated and so I don't see a difference in that compared to home. Sometimes people say oh I haven't done this but I know they have studied a lot'.

Muwasi's earlier surprise over student's disregard for learning seemed partly explained by her account of needing *'to run into class and get there really early so they can hear what is being said'* at home due to the large class sizes. She also noted, as Kwasi had earlier, the rounded approach to medical studies in the UK, requiring study of a variety of subjects and the integration of these subjects into medical studies. In contrast to her earlier account, Muwasi did not consider there were any significant differences between medical students in the UK and back, as *'The sort of people who end up doing medicine are well motivated and so I don't see a difference in that compared to home'*. While Muwasi was pleased with the accessibility of the learning experience due to comparatively smaller class sizes, I detected some disappointment from Mariam:

'I expected just a little more personal contact with professors (in the school) ... You'd have lectures but you wouldn't have good individual feedback, I was used to that and being in a classroom of 6-7 and knowing exactly where you stand, what you're supposed to do, if you're doing well or not'.

Mariam felt the lectures were good but she had expected a *'little more personal contact with professors'*, she also indicated a sense of not knowing exactly where she stood in terms of her performance and achievement. Perceptions of the quality of the learning experience did seem to depend to some extent on their expectations, which in turn were influenced by their previous learning experiences, often undertaken at home. For example, Ethan echoed the point about the lack of personal interaction between students and professors in comparison to the learning model at home:

'...there was more personal help in US. My adviser was my teacher, and it was a small school so we got a lot of input. There was more interaction with the students, it felt like, and the professors'.

The perceived lack of feedback was remarked upon by Sia too:

'In terms of academics, I've certainly not got what I wanted I would say. The course has been disappointing at times, particularly feedback, just learning, no teaching I would say more than anything'.

Sia's comment that there was *'just learning, no teaching'*, seemed to indicate that she, along with other students, wanted a more guided learning experience or perhaps a learning experience which relied more on a traditional lecture (teaching) format, rather than the problem based learning style employed on the course. Muwasi also perceived a certain lack of direction over learning on the course:

'In Ghana, we knew exactly what we were supposed to learn but here you have a vague idea and you have to read between the lines... sometimes you don't cover all objectives for the week so you have to do your own research in your own time and get that done. I think that's what I found the most difficult. You can't go to every single seminar, you have to catch up with every single lecture, sometimes it's hard to keep up to date. I think what I've learnt is I must keep on my toes, so I don't have a huge back log of things to do'.

Muwasi seemed to struggle with the volume of study, as along with engaging with *'every single seminar'* and *'every single lecture'* it was always necessary to *'know which objectives you're covering'* and to keep up to avoid a *'huge back log of things to do'*. It seemed that the main reason for this struggle was the level of independent study which was expected, and the responsibility for maintaining this. It seemed this was felt to be a burden and pressure at times and the thing that students could find *'the most difficult'*, particularly those used to a more didactic learning experience.

Dylan from Canada also remarked on the level of freedom afforded to students on the course:

'.. Personally, I'm not used to this amount of freedom and just doing whatever I like. It is a very difficult course but it doesn't hold you accountable for your learning immediately, you can kind of wing it for a while but the final exam will expose you... That was maybe precipitated by being an international student, it's difficult to know'.

Dylan felt that initially, he could do whatever he wanted without being accountable but then the *'final exam will expose you'*. He learnt from this that he needed to be keeping up with and writing his notes. He also raised the interesting question of whether this experience was influenced by him being an international student, in that possibly he might not have been aware of the need for individual accountability for learning, or he may not have been familiar with this learning style.

One student in particular, Ethan, from the USA, had detailed ideas on the curriculum and the learning experience:

'I don't like being called 'keen student'. I'm just doing my degree. I went to Harvard, I was considered a lazy student, when I turned up at 5.30 in morning that wasn't good enough for them as they started at 4 am. When I did that here, every single doctor except my consultant who appreciated it, was like what are you doing here, it's too early. I was like this is what they do in America. It felt like it was frowned upon to do extra things'.

Ethan disliked the response he got in the UK when he tried to adopt what he considered to be a regular, American approach to studying medicine. He noted this on clinical placement where he found it was *'frowned upon to do extra things'* such as arriving early. He went on to explain how he felt the academic structure could be improved:

'I don't like the academic structure here. We have so many hours when they could be teaching, I prefer the more traditional format they have in the US, like Oxford / Cambridge style. I would like more structure. They were like 'learn cardiology', but I was like 'where do I start' so I got to the point where I would attend lectures and not listen.

In the end, I downloaded 900 hours of lectures from the US. I felt like that was a good structure for me...I feel like I worked harder at my first degree as I was up at 7 for classes at 8 and studying until midnight. PBL helps you think and I was explaining things to Harvard students but they were like on it and explaining things I've never heard of'.

Like other students, Ethan felt disconcerted by not knowing what to learn, and just being told *'learn cardiology'*. He resorted to downloading *'900 hours of lectures from the US'* which provided a structure he liked and that he felt compensated for the lack of structured teaching delivery on the course. Ethan set himself the highest standards, comparing himself with Harvard students and feeling most comfortable working longer hours. Ethan also explained why he took such a serious approach:

'I was expecting to study all day and not have free time, I was shocked when it wasn't that way. I'm always being called a keen student but I don't like that as I'm just doing what I think I should be doing. This is a career not just a degree. This is people's lives in your hands, I don't take it lightly.'

Ethan's attitude to the course seemed to be about duty and commitment and he didn't like being referred to as a *'keen student'*. He saw the course as training in a way of life - *'a career not just a degree'*, and also recognised the responsibility that practicing medicine entails – *'people's lives in your hands'*. In common with students like Muwasi, Ethan felt a more serious or respectful approach should be taken to medical studies.

Ethan summarised the aspects of study at the school he felt could be improved, or aligned more to the US system:

'What could have made it better here? – 'structure, structure, structure', and it sounds weird but evaluations. We're the most evaluated Medical School in the UK, but I think it's not enough. In the US, we had an exam every two weeks, we had to learn it. Here I feel like the topics are too broad. I can learn this very well and not be examined on it. Another issue is feedback, we complain a lot, they increased it but I still think it's not enough. In the US, you get every single paper back, you know what you're doing wrong. I am not motivated to try to improve anymore. Equal opportunity of learning here depends on your PBL tutor or your consultant...

Lecturers here vary, it depends on each one. There's no consistency with some lecturers. I have more respect for the senior lecturers who know what we're doing'.

Ethan made it clear that he valued structure, but he also wanted more regular evaluations on the curriculum content and further feedback, as the lack of feedback resulted in him being '*not motivated to try to improve anymore*'. Like other students, Ethan found the UK style of education lacking and compared experiences at home with his UK experiences. Unlike other students, Ethan was quite unforgiving about what he perceived as the deficiencies in the course, and unlike other students, Ethan saw himself as a consumer and therefore expected his concerns to be addressed. In addition, these concerns were dealt with by Ethan in a more assertive manner than other international medical students. It was also clear that Ethan felt comfortable with consistency and disliked the variability in learning experiences, depending on which PBL group you were in, who your consultant was and which lecturer was delivering the lecture. Ethan wanted certainty and clarity; he did not want variability and unpredictability on what would be delivered and assessed. Other students such as Muwasi also wanted these things, possibly to provide security while making the transition to the UK style of learning. However, students like Muwasi did not look to the course to change but instead saw this as a difficulty which would keep her on her toes.

This section looked specifically at the challenges of academic transition for international students who have commonly experienced different learning approaches prior to coming to the UK. This section illustrates that students not only come with differing prior learning experiences, but that their expectations of how or who should manage their transition to learning varies. International medical students in my study repeatedly reported a lack of structure on the medical course as a concern with regards to the lack of explicit delivery of taught curriculum content, (as opposed to a problem based learning / student led tutorial format).

6.9 Local knowledge, culture and transition

Above, I have discussed how students reported the influence of their previous learning experiences on their academic transition to studying in the UK. Here it becomes apparent that local factors also play a role in their comfort and management of this aspect of

transition. For example, Muwasi spoke of being surprised about the cultural aspects specifically impacting on her study of medicine in the UK:

'I didn't realise there was so much culture with studying medicine in the UK. Sometimes I am just a bit lost, I don't know what you are talking about, especially things to do with the NHS. ...for example, if they say what are the emergency numbers for the UK, I don't know them. In Ghana, they are totally different. And they talk about cases like Harold Shipman, which everyone here knows, so they are basing a lot of what they teach on what they assume everyone knows. I think sometimes they forget that international students are also there.'

Muwasi spoke about the assumption that 'local knowledge' would be held by all, an assumption which was detrimental to her academic transition. The reality was it could be 'totally different' in another country, like Ghana. Therefore, Muwasi also identified (albeit unknowingly) that at times the school curriculum lacked an internationalised approach, as it tended to draw on UK specific examples and in doing so, did not recognise the needs of the international student cohort in terms of context, explanation and background. This led Muwasi to feel that sometimes international students were forgotten.

While assumptions made regarding the level of shared and prior knowledge caused some difficulties, a much greater problem for international students was the use of different 'Englishes', i.e. local and regional variations in English language use. This was partly because the variance in English language use hindered understanding but also because this had not generally been anticipated by students as a potential problem. Earlier, in chapter four, I identified that a higher than average level of English language competence was needed to gain a place on the MBBS course as an international student. Therefore, it was revealing that despite this, several students commented on language use in relation to their learning and teaching experiences, such as Chloe who stated that:

'Definitely speaking English as my main, first language is a major advantage.'

Chloe seems to suggest that speaking English as not only a first but also 'main' language was important. Muwasi agreed that an English language barrier could be problematic:

'If there was an English language barrier, I don't know how I would be able to manage. Because in lectures some lecturers don't speak very clearly and you have to really pay attention, if your English isn't great in the beginning I don't think you'd be able to catch on to anything they're saying'.

Muwasi identified that making sense of the lectures required considerable attention and didn't feel she could have accommodated any kind of language barrier. She put this down to the lecturers not speaking very clearly. Commenting on her previous experiences studying in the UK, Kendis confirmed that language barriers could put significant strain on studying:

'Cameroon is bilingual but our native tongue is really French, so English is my second language. It was interesting at Newcastle because before I came I'd been watching the BBC thinking that was how people were going to talk when I came to UK. In Newcastle, they have quite a strong Geordie accent ... we started at university and it was just a nightmare. At the beginning, it was fine because the lecturers didn't have a strong accent because they had to travel all over the country so it was fine and with colleagues it was fine. I think it was when I started to go local'.

Kendis raised some interesting points. She was having to cope with study in a second language, quite a challenge in itself. Then on top of this, when attending Newcastle University, (prior to starting study at the University), Kendis needed to cope with interpreting a local dialect. Even this was variable in terms of the strength of the accent used by individuals, so it was possibly unsurprising that Kendis found this *'just a nightmare'*. The other aspect Kendis raised was that she could not anticipate this in advance and had made her own assumptions about English language usage based on what she had watched and heard on the BBC (British Broadcasting Company).

Other students, including Ethan, who spoke English as a first language, commented on the impact of varying English use on his experience:

'When I first came to England I was petrified... there was a language barrier, even for me, it was local dialect and the terminology differs ...'

Ethan's comment again illustrates that language usage differences which could be considered minor and probably limited to the locality, could have some significance even for 'native speakers', particularly in the early stages of adjusting to a new place. Hazina's comments seemed to verify the isolating nature of feeling *'like you couldn't communicate'* due to differences in the local language use:

'English is my second language; my first language is Arabic and Swahili but I grew up with English, but when I came here you still felt out of place because you don't understand the local language and how people get by. I went around town saying where's St Steph-an street and people were like no, it's 'St Stephen's street', it's things like that, you have to get used to it and also the Norfolk accent is really hard to get around. All of that together, it just felt like you couldn't communicate, so it affects your confidence and self-esteem, like you needed to find yourself and being very young, I feel like I can be intimidated by people who've lived here all their lives'.

Hazina related language use to getting by and this was because of feeling she lacked the ability to *'get around'* the local accent. Getting the pronunciation of place names wrong affected her *'confidence and self-esteem'* to the extent that Hazina felt *'intimidated by people who've lived here all their lives'*. Hazina's comments illustrate how the ability to communicate effectively impacts on the sense of belonging. Not always being able to communicate clearly and successfully identified her as being different and not from the local area.

Kavya also reported difficulties around language use, this time describing problems more around quite subtle examples of language use, such as words and even language structure, which seemed to convey differing meanings in different cultural contexts:

'I was having language problems. I've spoken English for quite a long time now and it's not really a problem. It's just that usages are really different in India and sometimes I say things.

An example was ...I was walking with a nurse student, she looked like she knew where she was going but I wanted to be sure, so I said are you sure and she looked at the map and said, 'yeah we go straight', I was like 'ok if you say so', probably doesn't sound nice but all I meant was ok if you're sure, that's fine and she did get a bit upset. She was like well where do you want to go then? It was misunderstood...'

Kavya's experience demonstrates the potential negative impact of an innocent and quite small language use variance. Kavya identified that 'language usages are really different in India' and that during this incident she had been 'misunderstood'. This seemed to cause some conflict between Kavya and her peer, as her peer 'did get a bit upset' and consequently, this led Kavya to be 'quite worried that' she 'had upset people'. This could have related to Kavya misunderstanding her professional role in relation to her peer. However, another problem that Kavya identified was that sometimes, her fluency in the English language might mean people would not 'realise it's your second language', conversely making it a disadvantage compared having lower English language competence.

6.10 Conclusion

Discussion with the international medical students involved in this study revealed interesting insights to their experience of academic transition and UK pedagogy. Most significantly of all, students suggested that the greatest transition challenges surrounded them becoming accustomed to and competent with living life in the UK, for example, finding out where to buy food, coping with colder weather, getting their clothes washed and getting around. Sometimes international medical students, like Kendis, experienced significant strain relating to issues around visas, being away from home, lacking a close person to talk to and making sense of the new aspects of their life in the UK. In an effort to cope with this they deployed several coping strategies including talking to people who could understand their position, trying to seek information to support their transition and using the experience of adversity during transition as a development tool to enable reflection and improvement.

International medical students indicated that providing timely support with these difficulties would help them with academic study. In particular international medical students, such as Kendis and Hao, identified the first three months as a time when it was most likely to be difficult and when they might need extra resources, such as regular international student meetings, people to talk to and sources of information, like a Facebook page, starter packs and orientation activities. In the case of one student, Kavya, it was necessary to have her parent staying with her initially, to smooth the transition period. However, in some cases the transition phase did not present significant problems for international medical students, like Dylan and Chloe, who tended to be from specific cultural backgrounds, like North America.

Reflecting on their transition experiences, international medical students considered the academic transition aspects and the differences in UK academic practice compared to the academic experiences they have previously had. Some students, like Muwasi, felt surprised at the comparative lack of student interest and respect for the teaching they received, compared to her home experience of lectures. Several students, like Sia, Ethan, Dylan and Mariam noted increased student autonomy in the UK learning style which they felt sometimes had detrimental effects, like lack of course structure, lack of personal contact with professors and lack of clarity around expected learning outcomes.

Finally, some international medical students, like Muwasi and Kendis, indicated that sometimes unhelpful assumptions could be made about their supposed knowledge of the UK, or medical practice culture in the UK, and also students like Chloe, Ethan and Kavya, felt misunderstanding could arise from differing English language use relating to the locality or local language variations.

CHAPTER SEVEN

International student experience: bringing together staff and student perspectives

In this chapter, I want to bring together staff and international medical student's views and most of all establish whether or not there are significantly different perspectives between international medical students and staff. Secondly, I examine staff ideas about the cultural, learning and language shocks that international students may experience and compare this to the actual experiences reported by the students.

Finally, I also wanted to gain an impression of the institutional view of international students and their experience at the University by talking to University staff. I also draw on my own experience as the international student adviser for the Medical School more significantly in this chapter. Ultimately, I wanted to explore the University's approach to and perspectives on international students and specifically, the international student experience.

7.1 The University as a destination for studying medicine in the UK

When asked to consider their reasons for selecting the UK to study, it seemed that students from less developed countries selected the UK on a reputation basis, whereas students hailing from or considering North America for study often had more practical reasons for studying in the UK, such as avoiding a prolonged period of study prior to qualification as a doctor. Kavya from Sri Lanka gave some insight into her reasoning for choosing to study in the UK:

'The universities are good here in general. At some unis in India, some places are not very good and the lecture doesn't happen. Also, the only thing they take into consideration is your marks and how much you get. They don't take anything else into consideration

I thought I'd have a better chance here'.

Kavya's reasons for studying in the UK seem to be two- fold: she felt that the educational experience in India (the closest location to Sri Lanka to attend higher education) might not be very good, as it might focus on marks only and lectures might not be delivered consistently. She had positive reasons for studying in the UK, such as the quality of the universities, the ability to *'become a really good doctor in UK'* and having known and had experience of the UK. Other students, such as Mariam from Kuwait, identified the reputation of UK education and its status back home as a significant factor:

'I studied here because I went to an English school. England is very very high in terms of academics and education. You are respected if you go back, they look at you as something different.'

Mariam had also had prior experience of UK life (and also education), but Mariam also specifically identified the advantage, when returning to her home country, of having completed her training in the UK, which meant *'they look at you as something different'*.

Aside from reputation, students often identified practical considerations, as Muwasi explained:

'I wanted to come to UK basically because the medical programme is five years and I didn't want to go to America where it is four years and then you apply to medical school and it's another four years. Here you can apply to medical school right from the start...'

When choosing where to study medicine outside Ghana, Muwasi considered not just reputation but also duration of study, which country of study would be best regarded at home and also, the option she felt would be the best personal fit for her, as she felt she would be wasting time if she studied a subject prior to medicine. This raises two points: one is that international students made international comparisons of destinations for study, (compared to the more likely national comparisons undertaken by home students), and that

in doing so they tended to consider their future job prospects back in their home country, or certainly beyond planning to work in the UK alone.

North American students also compared the pathways for medical training at home and away, as Chloe explained:

'The reason I chose to apply to UK was to get a direct entry to medicine, which is not available in Canada. Also, it's 5 years in UK, whereas in Canada it's 4 years as an undergrad and then further post grad study. So far, my experiences of UK studying have been very positive. I really enjoy the style of teaching and especially the University. I haven't had any negative experiences at all.'

Chloe's account of choosing where to study was more based on course structure than reputation factors, but she did identify satisfaction and a positive experience in relation to studying at the University.

Kwasi also looked at his UK learning experience:

'Ideally, I would prefer the UK, as the medical approach back home is more about learning just the science, and what you understand about the science, so UK is bit more advanced in the way they look at medicine. They include all the peripheral subjects you need to know.'

Kwasi noted a more 'rounded' educational experience in the UK, which he saw as advantageous and advanced. He noted this in regard to the subjects studied, as in the UK the 'peripheral subjects' were included, but also that the education experience in the UK went beyond 'just reading in a book or knowing your anatomy'. Kwasi felt these approaches allowed a 'more broadened view of healthcare'.

As well as considering options for destination of study carefully, international students seemed to assess their UK education experience in terms of their satisfaction and often how they felt this did, or did not, represent 'value for money'. It seemed that North American students were more inclined to reflect on this aspect, as Sia explained:

'I also think with the money we are paying, not to stand us out but there are some things you expect. There's that American approach, an expectation, almost like an entitlement but not quite. It's like 24 thousand a year maybe.

I was doing my elective in the States and the amount of information they get and the things they've got access to, it's just insane. They're paying just as much as we are and they're getting 10 times what we're getting. Sometimes I absolutely feel I should have stayed in the States. But from a Sierra Leonean perspective, they (i.e Sierra Leoneans) don't have anything.'

Sia indicated that with the international student fee, *'the money we are paying'*, there are some *'expectations'* or a sense of *'entitlement'*, which she linked with an *'American approach'*. Sia was in a unique position to make comparisons, having completed an elective placement in the States where she felt they were getting *'10 times'* more for the same amount. This made Sia question her decision to study in the UK but she also reasoned that from her Sierra Leonean perspective, there would be nothing to compare.

Ethan, another American student, made a similar value assessment of the course:

'It comes down to money for me, I'm paying a lot compared to the home students. I think there should be more support / I need more support. For me, it's about value for money.'

Ethan was clear that his assessment included the fact that he paid *'a lot compared to the home students'* and that in return, he felt there should be more support and that he needed more support. This raises an interesting question regarding the rationale for international student fees and whether part of that rationale is the increased support required as an international student. In any case, Ethan was clear that it came down to *'money'* for him and specifically, *'value for money'*. Kendis also looked at the value she felt she gained from the fees she paid:

'I am not blaming them as such but ...if you're going to charge a student like 23 grand a year they should make it worthwhile.'

What was interesting about Kendis's account was that she specifically equated value for money, in terms of the fees paid, with her experience in terms of being made to feel 'welcome', being treated well and related to this, it being noted that international students like her 'are not at home'. Kendis seemed to indicate she would want to feel a sense of not just belonging but genuine inclusion and care being taken to consider how being away from home could impact on her situation. Kendis suggested that if the fee was elevated, it was particularly important that the institution didn't give the impression they were 'just ... going to take your money'. However, while some students reported some dissatisfaction and concern over fees, some students indicated great satisfaction, like Abina:

'I'm just really happy I'm doing what I wanted to do. I'm really happy I'm studying things I like.'

Abina suggested she was most happy as she was doing what she wanted to do but also, she was able to 'revel' in something 'hard and challenging,' being 'that sort of person'. It seemed Abina's individual characteristics most influenced her perception of satisfaction to the extent that she was considering extending and furthering her experience by intercalating in order to do a master's degree. Muwasi was another student who expressed satisfaction with her experience of studying on the course:

'So far, I'm very pleased with the experience. I don't feel I'm missing out on anything. I can see the structure of the course. I've been on placement so I have more than an abstract knowledge now. I can see how it actually works'.

Muwasi seemed pleased with the experience and this seemed largely because of the feeling that she had understood how the course worked and that she wasn't 'missing out on anything'. These discussions illustrate the careful thought students put into selecting somewhere to study and before choosing to study in the UK. Having made these choices, international students indicated they had expectations of the course which they expected to see fulfilled, not least due to the financial investment they were making.

7.2 How do staff and students view the international student experience at the University?

In this section, I draw on staff and student data around the international student experience to compare and explore differing perspectives. At the outset of the project, my assumption was that staff at the University would have a variety of perspectives on international students but I did expect that staff involved with international students would have greater insight and knowledge around the international student experience. I imagined this would partly come about from the everyday involvement such staff would have with international students but I hadn't considered that there might be external drivers for certain staff members to commit or dedicate themselves in some way to international students. It was therefore revealing to meet Merak, a senior lecturer, who had previously experienced being an international student in the UK herself. Merak explained how this influenced her understanding and involvement:

'Personal experience helps because of being able to empathise with what goes on in terms of academic challenges and cultural challenges, social challenges helps me to understand international students better. I put my heart in to it to help them out because of knowing how difficult it can become. It's not just about academic stuff, it's not just about cultural shock. It is also about missing the food, missing the family, missing friends, missing places where people come from. It's really difficult to come to terms with that.'

It is perhaps unsurprising that Merak's understanding, based on first-hand experience of being an international student, seemed to chime with the views of the international students from the MBBS programme, who discussed this topic as part of the focus group (the World Café). It was particularly intriguing that food, and specifically missing food from home, was such a common idea. To me it suggests that food is an integral part of cultural identity, but more so to the idea of home, family and friends and perhaps belonging overall. This notion was supported by students in the focus group who spoke of 'calling mum' to find out how to make food from home 'step by step' and bringing food instead of clothes in their luggage, it being such an important, comforting commodity. One North American student even explained how she missed food at home so badly she would bring all her peanut butter with her, having tried every brand in the UK and having found nothing satisfactory to substitute it with. A student in the focus group explained these efforts provided her with 'a

reminder of home', which it seemed to me, acted as some kind of touchstone in an unfamiliar environment.

One of the great difficulties international students faced in comparison to home students was the fact that they were usually so far from home. The focus group students spoke of being unable to go home, not being able to pop back for the weekend and how the very prospect of an imminent trip home could work to improve their studies. Conversely, being ill or suffering from 'difficult' UK weather heightened the feelings of homesickness and missing home.

From a staff point of view, it did appear that positive student experience was recognized as being important. For example, from the perspective of international student recruitment, Kate in the international student office explained:

'We think the experience of students when they're here is crucial to the process of recruitment, because it's word of mouth more than anything which affects whether a student wants to come or not. There's no doubt about it...'

Kate went on to explain that whereas university ranking might initially attract prospective international students, finally student selection of institutions was based on student experience outcomes such as the National Student Survey (NSS) and other markers of student satisfaction. Kate explained this was therefore what her office selected to promote most strongly in an effort to recruit international students to the University.

Speaking to staff for the project (acknowledging that they were all purposively selected for their involvement with international student 'service delivery'), there was universal agreement with international student priorities, namely the importance and significance of a positive international student experience, reflecting an overall agreement about the importance of student experience in general.

This was also the opinion of Sarah, who worked in the Student Support Service with international students. Sarah spoke of the 'main focus' being academic but

acknowledgement of the importance of student experience and furthermore, the extent to which a poor student experience could significantly affect their studies. This resonated with my thoughts that academic success was bound to be undermined by experiences of hardship or extensive problems, whether a student was international or not. It was possible to discern the recognition by staff of the importance of student experience and the drivers around this from an institutional perspective, as Sarah confirmed that they undertook 'non-academic support' specifically to aid retention. This is another example of institutional recognition of the negative effects that poor student experience can have, in this on student retention, and therefore the importance of taking proactive steps to prevent this.

Sarah also spoke of the significance of the international student experience around socialising, a theme highlighted by many of the international students I spoke to. Sarah suggested that there were some difficult aspects of socialising for international students at times and this was what international students like Chloe, a Canadian student, reported. Like many students, Chloe voiced her surprise at the open and 'normal' drinking and clubbing which she felt had been much more hidden at home, despite Vancouver, (Chloe's home town), being such a busy and fast paced city compared to the University city, which in comparison she found '*really chilled and laid back*'.

Despite the difficulties, Chloe identified the importance of going out and meeting new people, particularly non-medics, on a course like medicine where medicine becomes your '*world*' if you do not seek perspective and stress relief outside the course.

This chimed with my own understanding that because of the intensive and demanding nature of medicine, medical students would be particularly in need of outlets and experience outside the course. So, it was relevant to see that this important coping mechanism might not be as available to international students.

Sarah understood that there were improvements to be made to the international student experience and what is more, identified universal benefits in achieving this:

'Because with most of things as we all know, if you get it right for international students you get it right for everybody. If you're being inclusive, you're being inclusive and that can only be a good thing.'

It was significant that Sarah recognised that improving the international student experience related to promoting inclusivity and that this would benefit everyone, which *'we all know'*. This was an idea I encountered more than once amongst staff and seemed to make sense to me. Yet it was still my perception that despite this recognition, some resistance to changing practice remained, partly due to an idea that this would-be time or effort laden or even just an unwelcome, extra thing to think about. This was partly demonstrated by the poor uptake for international student related teaching on the staff development programme at the University, which Merak reported as a frustration and annoyance (see section 7.4).

One of the key 'stressors' on international students, which I recognised as having a negative impact on experience during the study, was the uncertainty around their entitlement to remain in the UK for study. Sarah spoke of the impact particularly on postgraduate students, who might feel a *'sudden loss of control'* if the *'rug has been pulled'* and they have to return home due to what she described as an administrative decision. Sarah had observed this making students *'very ill with the stress of worrying'*. My own experience was that having a longer undergraduate programme than is usual (5 years instead of 3) medical students feel increased anxiety around visas and visa extensions. This is also related to studying representing an investment, both financially and in terms of effort made in studying, and the investment in time, effort and resources made by their parents and guardians. An additional consideration for international medical students was not *'breaking the rules'*, which meant observation of the relevant professional codes of conduct, to avoid visa withdrawal at a university level, as Kendis explained:

'I don't break the rules because I want to get kicked out, it's because I don't want to. I don't have a wish to do it. I know what my parents have invested, I can't afford to risk being expatriated. My visa extension, if the uni withdraws it then I have no choice but to go back home. With everything my dad has sacrificed, I'm like is it worth the risk? It's not.'

Kendis identified that for her, it was predominantly internal risk factors (such as breaking the University / medical professional code of conduct) that could lead to losing her visa extension. This is in contrast to the University staff who identified external factors for loss of visa renewal for international students. I understood from this that what Kendis and other international medical students most feared was that suspension of their right to study would affect their eligibility and ability to apply for visa extension, before even receiving a Home Office decision and that because of this they felt that compliance with rules was important and necessary. Also, as Kendis identified, a sense of obligation to the family back home in terms of being successful on the course was possibly greater for international students: parents and guardians of international students will have made 'bigger' sacrifices to meet the higher fees and the expenses, such as flights, visa applications and insurance, perhaps even more so when viewed proportionally to their incomes.

Unfortunately, it seemed visa problems were not the only potential problem for international students, particularly for medical students taking on a longer duration of study, as Hazina explained:

'Anything can happen, your parents can pass away..., knowing that ...is frightening ... knowing you can lose everything. I've been told other students have been told they have to go to cheaper countries or go back home'.

I understood that what Hazina implied was that a five-year period of inflexible, demanding, full time study, required relative life circumstance stability which couldn't always be guaranteed for any student, let alone an international student who might also be relying on their lives at home in another country remaining stable.

This section compared the perspectives of international medical students and staff around the international student experience and found that staff members with experience of being an international student, or who are in close contact with international students, have a good understanding of the true experiences of international student life. Staff working with international students also recognised there were universal 'institutional' benefits in

improving the international student experience, such as improved student experience overall.

However, staff did not always recognise or share the concerns international medical student had that failure to comply with internal rules would jeopardise their visa extensions, perhaps thinking of the control the Home Office has over international student visa regulation and therefore not considering this as a University matter.

7.3 The concept of integration

In this section, I look at and compare thoughts and ideas of staff and students around supporting and helping international students, particularly in the transition phase.

Having friends or meaningful contact with someone in the university environment or the support to facilitate these things, transpired as the single most important factor for supporting international students, both from student and staff perspectives. Students' main concern was the transition phase, aware that they would have trouble with the unfamiliarity of the environment, but would not yet have support networks in place. Kavya, for example, explained the measures she felt it was necessary to take, to deal with this:

'The first term was initially hard; dad was with me for the first three to four weeks, which helped ... He was here to help with teething problems, it was successful. But it's probably not possible for everyone to bring someone with them like I did'.

Kavya had pre-assessed her needs with her parents prior to arrival and decided that because she had '*never stayed away from home*', having her father to stay with her initially was a helpful strategy, and it seemed to work for her. This suggests again that international students may require increased family support compared to their home student peers. I had never heard of a regular home student being accompanied by a parent during the start of their university course. Assuming that international students would be able to arrive and get started independently was perhaps questionable, and assumed a certain amount of life experience, which not all students from all backgrounds would have. In reality, some

international students were left without sufficient support at the outset of their studies and possibly beyond.

Given that from a student point of view, the importance of making friends initially, it was not surprising to hear the focus group students complain that making friends when first arriving was *'really hard'* as *'everyone matches up really quickly'*. The focus group seemed to assume that home students would be able to find their place within the Medical School social structure rapidly, leaving them as international students feeling left behind.

In contrast, the staff focus on the initial experience of international students seemed to relate to the perceived success of integration between international and home students. For example, Merak explained that socially themed events like the *'world café event, where home and international students can get together'* worked well when students based their discussion on an organized theme like *'study abroad'* and could collectively explore the opportunities available. Merak noted that one of the downsides of this approach had been disappointing attendance but felt, all the same, that it was a *'great way of talking to each other'*, where it was possible to *'build a bond between them, which you try to make look organic'*. Merak did also suggest that not having academics involved could be helpful, which made sense to me considering the uncertainty international students might feel about authority figures and perceived hierarchy in the organization. Equally, it did seem important that the event was initiated by the University to *'make them feel special'* which might involve providing *'food, name badges and goodie bags'*, which Merak acknowledged could feel a bit forced, while nonetheless observing that *'it just works'*.

Kate, in the international student office, echoed Merak's thoughts on the importance of integration between students:

'I think overall we feel integration of international students with British students is key, but it is a difficult thing to achieve for all kinds of reasons. We all struggle to know exactly how to do that. There have been some very good examples going on, like the international café, but I think it needs the enthusiasm of a member of academic staff who can actually enthuse

students of all nationalities to join that. I think when you put on a false 'oh we're going to have a party', it doesn't work'.

Like Merak, Kate admitted she did not feel a universal solution to integration of students had been found but acknowledged the importance of an engaged member of staff in enthusing students to engage with activities designed to promote integration. Kate also reflected on what she felt were the main barriers between home and international students:

'There's a lack of understanding I think. Also, probably the natural human condition of wanting to flock with your own kind. I mean ... everyone's anxious about how they're going to fit in so they tend to verge towards people where they know where they're coming from. I think it is ... realizing you've got more in common than you've not got in common or developing an interest in what you don't have in common and wanting to learn, and breaking down the stereotypes perhaps.'

While I could understand why on some programmes at the University with large numbers of international students enrolled the focus was on home and international student integration, from my perspective as a lecturer in the Medical School, I felt there was a slightly different focus on the medical programme. This is possibly due to the smaller international student cohort size and the fact that the course did not have a significantly dominant intake from one cultural background. In addition, the international medical students themselves identified that it was sometimes hard to tell who was international or home student on the course, due to the relative diversity of students on the course overall, suggesting that international students were not always 'othered' on the basis of appearance alone.

However, the lack of a distinction being made between international and home students on the medical course did not stop international students on the course assessing perceived friendliness and welcoming this when it occurred. Some international students were in a unique position to do this, having experienced UK higher education environments elsewhere prior to starting medicine at the University. It did seem that international medical

students were often in the position of having previously studied in the UK. This was partly due to the rigorous admissions criteria which meant sometimes it was easier for students to gain access to the course on the basis of a 'good' previous science degree, rather than an A-level or equivalent qualification. For example, Kwasi, the student from Ghana, explained that in comparison to Southampton, the university he attended prior to his attendance at the University, he was pleased to find that his peers were approachable. He related this to the University city being a more welcoming city, with people being more open minded and tolerant towards people new to the area, from other places.

In contrast, Kendis also assessed her experience of people at the University in comparison to her previous experience at a UK higher education institution, this time Newcastle University:

'If I'm honest I think it's worse at the University for international students, because in Newcastle the way I was treated as international student was brilliant, it was fantastic'.

Kendis was more concerned with her relationship with tutors and their accessibility than with interaction with peers. She noted that she could meet '*anytime*' with her tutor at Newcastle and that the reception staff were '*great*' to international students there. The significant aspect that Kendis observed was that '*it was so much greater*' at Newcastle as '*they involved you*'. I could understand Kendis wanting to be valued by being involved at the institution she attended and I felt this linked to international students not wanting to feel invisible to or disregarded by the 'system'. However, as a staff member, I had probably underestimated the significance of the impact of relationships between international students and people they met in the University setting. This was possibly because I took the viewpoint of a home student, who would potentially continue to place greatest significance on relationships outside of university life, as they might continue to enjoy reasonably good access to these relationships. This was not the case for international students who, by studying abroad, became geographically and contextually separated from their friends and family.

Perhaps a staff member with previous experience of being an international student would be more aware of this and would make more of an effort to establish an effective relationship with an international student. For example, Merak outlined the typical term schedule of *'twelve weeks'* where *'one hour, sometimes two-hour seminars'* are taught and therefore *'nobody has the time to actually sit down and reflect on what they (international students) might be going through'*. Merak felt this was a *'really sad situation'* which led her to *'try to talk to them'* which she felt *'does make a difference'*.

Some of the international medical students I spoke to also reflected on positive difference close relationships with faculty or teaching staff made. For example, Hazina noted that her *'biggest support was my personal adviser'*, who, Hazina said, *'got to know me and my family'* and *'took (Hazina) on like her daughter'*. However, her experience did not seem to reflect standard teaching practice with international students.

This section demonstrates that international students often need to supplement university provided support with family support and that they do not always benefit as much as they would like to from university led strategies to help them settle in and engage with their home student peers. The next section looks at staff and student perspectives on how international student support could be improved.

7.4 Looking at improving the international student experience at the University

Given Merak's awareness of the potential issues facing international students and the associated deficit in the international student experience at the University, I was not surprised that Merak had considered this topic. Merak suggested that she had already made considerable effort to make international student training resources available to University staff, offering teaching at different time intervals and so forth. However, Merak was frustrated with the uptake and diversity of staff signing up for this, indicating that at one point only *'two people signed up in the entire University so it didn't run'*. Similarly, she noted that at internationalisation seminars where an *'invitation goes to every single member of staff, every single student'* it's always the same twenty or so faces, meaning that *'those are the people who are really putting their hearts in it'*.

Sarah also agreed that *'there's got to be more formal training as a requirement'* because *'when you're teaching you perhaps don't see these things... but there may be issues going on that's affecting ... that classroom setting...'* and *'it's good to have those opportunities where you can step away from your everyday work and look at it in a totally different way'*.

Apart from meaningful engagement with their peers and teachers, students in the study reported their need for timely direction and navigation help for life as an international student, particularly during the transition phase. For example, Muwasi explained *'the international student meeting was useful but I think there were things they could have told us earlier'* and Sia who felt *'a welcome pack would be really useful'*. Staff members like Kate also identified the importance of *'practical things when they get here'* and felt it would be great to *'to have a pack when they arrive ... get to know where to go, how to get around (the University city) ...'*

This section examined staff and student perspectives on improving the international student experience. The staff I interviewed for the study had a good awareness overall around the potential difficulties international students could face and therefore, helpful ideas for improving life for international students at the University, which the students I interviewed also recognised. However, this section has highlighted that international medical students are a specific group of international students at the University who have subtly different needs and concerns compared to the general international student population. The duration and nature of the medical course, which includes professional regulation and the expectation to adhere to codes of conduct, means that medical students, particularly, value close relationships with academic mentors and facilitation in the early days, to meet and make friends with their peers. Even for those international students who have already been studying in the UK, it may be their first experience of a professional course and so they will need support in making *that* aspect of the transition.

7.5 Talking about culture and educational values

In this section, staff and student perspectives are analysed in relation to cultural and learning shocks experienced by international students. I was not surprised that staff were

aware of some of the challenges of learning shock or difficulties making the transition to academic study in the UK. However, staff did not seem necessarily aware of the common strengths of international students approaching academic study in the UK, which emerge from their accounts. In other words, staff were more likely to take a deficit perspective on the position of international students than international students themselves. In addition, international students were able to identify very accurately the cultural aspects they encountered which were most difficult to adjust and adapt to.

Kate perceived some of the *'struggle'* experienced by international students adjusting to the academic transition as a cultural binary: international students coming from *'talk and chalk, you listen, we speak'* learning cultures in contrast to UK higher education pedagogy which requires learners to be more independent and to do more self-directed study. Merak also noted patterns in academic writing styles dependent on culture, describing the tendency for North American writing to be *'journalistic, ...much more colloquial'* and *'sensational'* in nature, compared to the more *'serious and formal'* British writing. Merak also noted the absence of critical reflection in some cultures until *'at least MA level'* and *'even at MA or PhD levels you have to almost agree with what your supervisor says, as they're the ones who will pass you'*. In addition, Merak referred to the *'teacher's word'* being *'golden'* in Chinese culture, with Chinese students reporting they cannot *'oppose what the lecturer says so (they) just take it in, accept it and use it in (their) work'*.

Speaking to international students in the focus group gave me an alternative perspective on their academic culture and approach and perhaps most importantly, their values around the importance of education. For example, one student in the focus group described education as *'everything'*, and most significantly as a mechanism to avoid *'taking drugs'* and *'going bad'* in their culture. Other international students expressed similar sentiments, explaining that *'everybody goes to university, there is no such thing as not going'* and even the fact that their *'mum hit (them) around the head'* after they stated, *'the first year doesn't count'*. I did wonder how much of the commitment and dedication the international students I spoke to demonstrated, related to the fact that they were studying medicine with perhaps associated prestige and pride, but my impression was that their choice of medicine was a reflection of their underlying societal values, rather than the other way around.

Interestingly, when reflecting on their home student peers' attitude and approach to education, international students from the focus group felt that *'home students do value education; it's just they're more laid back about it.'* It seemed international students saw differences in the academic journey undertaken by themselves and home students. For example, one student noted:

'We don't have any gap years, there's no way my parents would let me do that. I've been in continuous education for 22 years. It's just what you do, you can't have a break.'

This suggests to me that international students feel a lack of freedom and choice compared to their home student peers and interestingly again, are acutely aware that their parents have seriously invested time, money and energy into their university choices and progress; due to this family dimension, the students felt answerable to them, something which I sensed they did not feel applied in the same way to their home student contemporaries.

7.6 Teaching, learning and internationalising the curriculum

While staff did not comment directly on the educational values of international students, they did suggest ways of modifying UK higher education delivery to enhance international (and home) student experience. For example, Merak suggested that during seminars, *'where integration happens'*, it was a good strategy was to get students to share their thoughts with their peers. She suggested this would reduce the difficulty of articulating yourself in a language which is not your own, as quickly as possible, thereby avoiding the potential embarrassment of doing this. Merak suggested that *'peer feedback and students working with each other, rather than having to be talking to an entire class of people, are skills we need to appreciate, I think it's quite important'*. Merak was clear that this strategy was also useful for home students who might feel similar reticence at speaking in front of a large group. Merak's experience was of having larger groups of international students in seminars. In the Medical School seminars, by contrast, the PBL groups were structured around the idea of avoiding grouping international students together. Therefore, the international students I spoke to, such as Abina, found themselves alone as an international

student in her PBL group. I couldn't discern if this was a beneficial policy, as international students in the Medical School reported varying degrees of satisfaction with this arrangement. However, for Abina, this arrangement was satisfactory, as her peers were hard working and did the work *'properly'*.

Kate suggested internationalising the curriculum to some extent, by using examples which were not entirely UK-centric to *'benefit the mind of all students'*. She pointed out that this approach allowed everyone to start to think and raise awareness of the global world we live in. Merak concurred that some internationalisation of the curriculum could be beneficial:

'It is interesting to internationalise the content of what you teach, start from scratch and not assume ... I use quite a lot of examples from different parts of the world ...most of the time home students are not familiar with it either and that's the point.'

Beyond the classroom, the most significant 'cultural difference' students cited what they perceived as a drinking culture, which came with certain *'behaviour'* they disliked. Kate was aware of this cultural discrepancy but also commented on a lack of awareness around this:

'People are not always aware of the student feelings towards drinking, even academics will say' I'm happy to go to the pub with my students' when half of them are Chinese or Muslim.'

Sections 7.5 and 7.6 have demonstrated the variance in teaching, learning and educational practices and values amongst international students and staff. Strategies such as internationalising the curriculum, can be seen as a means to manage and resolve these differences.

7.7 Internationalisation: IELTS, discourse and strategies

This section looks at the University's relationship with international students, the way that this relationship is shaped by financial, political and local issues and some of the perceptions the international students I spoke to had about the way the University relates to them, for example their dismay regarding the University visa registration practices.

An interesting dilemma for the University around international student recruitment was described by Kate:

'... Universities could not survive with the funding situation without recruiting enough international students, that's just the plain truth. It is revenue driven but I think we are certainly not one of the universities who just take them in at 5 [IELTS] and say we'll do a term of English alongside this, I mean we've never done that sort of thing.'

Reflecting on the English language level requirement for international student entry, or 'IELTS' score, Kate went on to explain:

The problem from a recruitment point of view is once you go above 6.5, the number of student out there who have that decreases massively to the point that, if you implemented a 7.5 IELTS requirement across the University, you would half your international students overnight.'

Kate explained that with a 6.5 IELTS score, students were able to be successful but admitted *'whether they do as well as if they came in at 7, probably not'*. It appeared the University, along with others, had settled on a compromise which allowed them to recruit sufficient international students to meet their financial needs but also allowed the students to have the scope to be successful in their studies. I also considered the impact on the support required from staff to ensure this, although I did not raise in my discussions with staff.

Merak had a similar understanding of this situation but adopted a less sympathetic stance on how the University related to international students, explaining *'I think sometimes the UK education system tends to see international students as a pound sign'*. This was partly through Merak's personal experience of working with international PhD students with 6.5 IELTS scores and finding on at least one occasion, that the student's written work failed to meet even an undergraduate level, which she found *'really concerning'*. Upon questioning the student about how he came to score 6.5 in his IELTS test, he replied that *'I just memorized everything and on that particular day, I managed to get a 6.5, the next day I would probably get 2'*. Merak felt this illustrated how IELTS was limited in testing English

language skills but she also noted that *'studies completed'* had shown that *'students know 600 words if its 6.0 and they've done research and none of those words are academic English'*. This unsurprisingly led Merak to conclude there were certain language issues which I felt she implied might not be taken terribly seriously by the University, given their recruitment priorities. Overall Merak's assessment of the University's approach to internationalisation spoke of an instrumental approach rather than a transformative approach.

Unsurprisingly, given the requirement for international medical students to have an IELTS score of 7.5 overall, (with a minimum of 7.0 in each component), a lack of English language skills was not generally a serious academic risk for the students I spoke to. However, the international students in the Medical School did report issues around English language usage and dialect, (as reported in the previous chapters). I also felt that international students in the Medical School, like international students from other faculties, often experienced their relationship with the University as primarily a financial one.

The theme of international students being seen primarily as of financial value, as comments by students in section 7.1 show, seemed to persist. Moving on from discussing the compromise between only accepting students with adequate IELTS score and having enough students to recruit, Kate went on to describe another financially-oriented *'tension'* in recruiting international students:

'There's always a tension in any international office between what we all know, which is too many (international) students in a faculty, in a school, in a class, of any one nationality is not a good thing for the home students, the people of that nationality or any other nationality ...There's always a tension between that and the University's need for income. It's getting that balance right...'

Kate seemed to suggest that the University looks to maximize its international student intake without compromising student experience satisfaction for home students, or international students of different nationalities. Kate didn't question the organisational beliefs around meeting the financial needs of the University in terms of international

student recruitment, whereas Merak was willing to do so, possibly due to her different job role as a lecturer and therefore, different priorities. Merak also noted the '*financial focus*' in the University when it comes to international students, and found it frustrating to observe this '*at the senior levels of the University*'. She found herself repeatedly questioning, '*How about people here? What about Pedagogy!*' during internationalisation seminars.

I thought this difference in approach related to several aspects. Firstly, as previously mentioned, Merak had experienced life as an international student in the UK, leading her to act as an advocate for international students. Secondly, Merak had direct contact with international students as they began their university life and observed the challenges they faced, whereas Kate tended to be in contact with international students during the recruitment process only. In addition, as suggested above, Kate worked in an office which centered around financial targets for international student recruitment while Merak's job as a lecturer gave her scope to reflect in more detail on pedagogy.

Given the keen awareness the staff I spoke to had of the financial aspects relating to international students, it was interesting to examine the ideas international students themselves had around the role of financial exchange influencing the University's relationship with them. If international students didn't always recognise their financial value to the University, or the way the University was relating to them financially, comments made in the student focus group certainly illustrated how acutely they were aware of the financial burden international student fees were to them and their families:

'Every time I go into an exam, I think about what my parents are paying for this, it's a lot of pressure.'

'Sometimes the home students skip the lectures but I think how much I have paid for it. I want to get the benefit from it, I can't afford to miss anything.'

'I think about everything I am spending here, they all have loans, we're paying for this!'

'I want the course to be good as it's costing so much. I'm so annoyed if the lecturer doesn't turn up.'

What the comments have in common is the individual anxiety students felt over justifying the financial investment they, and perhaps their parents had made, and them being the source of this funding as a significant driver for this. International students expressed this anxiety in various ways, some hoping to see good exam performance, others refusing to miss any of the course content. One student discussed scrutinising their expenditure, while another wanted to evaluate the course as being *'good'* as a way of reconciling themselves with the cost of study. This did make me wonder whether the students had an understandable sense of paying *'over the odds'* for their studies, which I felt was compounded by their comparison with home student fees and the home student approach in terms of valuing the course and their education generally.

Having identified that the financial focus did not improve the international student experience, Merak went on to discuss how improvements might be achieved. Again, Merak was in a position to do this, not only because of her previous experience as an international student but because of how she was perceived as an *'international member of staff'* or as someone identifiable as not local. Merak's point was that the University should internationalise its approach overall, and this meant not only the curriculum but also staff understanding and approach, the food available and other services. To illustrate the importance of this, Merak spoke of instances where she encountered a racist person or felt herself to be othered. For example, Merak recalled visiting the Post Office at the University before the staff changed where *'there was this particular lady who worked there and just because I had an accent she treated me like 'DO YOU UNDERSTAND WHAT I MEAN?!'* Understandably, Merak thought that as a campus we need to think differently, and put this scenario down to a type of *'arrogance'*.

Merak's expectation that a place welcoming international students should have an appropriately international approach and universal philosophy of international competence, seemed reasonable to me and it struck me that perhaps an assumption had been made that this was what was happening, when in fact it was not always the case.

This section looked at staff and student's interpretation of the way the University relates to international students. Staff clearly identified financial motivation as the driver for developing relationships and investing in international student recruitment. What is clear from a student perspective, is that the high cost of study for an international student comes with higher expectations and pressure on the nature of their experience.

7.8 Conclusion

International medical students in my study experienced the first few weeks and months of the transition to study at the school as the most challenging time and this is where they indicated help and support would be most valued. The students in my study noted that cultural differences around learning approaches, socialising and drinking contributed to the cultural and learning shock they experienced.

While University staff had good insights into the possible stressors impacting on the international student experience, international medical students had additional concerns, namely, adherence to professional codes of practice and 'school rules', as a failure to do so would jeopardise their studies. Overall, staff members who have previously been international students themselves may demonstrate greater empathy and understanding of international student issues and concerns and may involve themselves more meaningfully with international students.

From my findings, it would appear that the University as an institution values international students primarily on a financial basis; there is a need for more explicit appreciation of the other contributions international students make and more focus on how to capitalise on this in its internationalisation approach at an institutional level. This is relevant to the international medical students I studied who, at times, reported feeling undervalued and not appreciated for their contribution to school life.

Improvements to the international student experience are sometimes seen as 'good for all', largely because they involve a more progressive and thoughtful approach to teaching or student interaction, which increases accessibility and most importantly, inclusivity.

CHAPTER EIGHT

Discussion

In this chapter I review my research questions. Returning to my key theoretical concepts of 'culture', 'othering', 'transition' and 'internationalisation', I will identify the emerging factors in relation to international students at the University's Medical School. Finally, I will link my research findings with some of the existing literature.

8.1 My primary research question revisited

This research was motivated by my primary research question:

How do international medical students experience transition to life in UK higher education?

The sub research questions I identified evolved from emerging threads based around the experience of transition to life in UK higher education that international medical students report. At the outset of the research, I modelled my research questions around the academic transition phase for international medical students. I soon realised, however, the need to broaden the theoretical concepts I employed as lenses for my data to fully capture the breadth and range of reported experiences. Early on, I identified the importance of 'culture' as an overriding theoretical concept for the thesis. The notion of culture permeated almost every idea and finding from my research and my argument that a non-essentialist model of culture is preferable helped me to gain less limited insight and understanding. This meant I could avoid homogenizing the international medical students I studied and instead, hear and consider their individual perspectives while respecting their own sense of culture and identity, regardless of aspects like nationality, ethnic or religious background.

While valuing this unrestricted viewpoint, I soon sensed a type of separation amongst the international medical students between the North American students and international medical students from the rest of the world. What stood out for me was that the North American students had the cultural, social, linguistic and financial resources to behave similarly to home students, and in some cases, knowingly avoid detection as an international student, which at times they perceived as an advantage. Furthermore, the North American students demonstrated a different sense of entitlement and expectation to their international student peers and tended to assess the course adopting a 'consumer orientated' approach. This approach was quite different to the seemingly reticent and somewhat reserved approach of 'other' international medical students, who did not seem to display the same sense of entitlement or express their opinions as readily. At the time, this observation appeared to be a legitimate generalisation derived from my data and therefore, as I discussed in my methodology chapter (chapter three), this soon led to me developing a purposeful recruitment strategy in an effort to lend the 'unheard' international medical students a greater voice and greater representation. However, on further reflection, the assumption that international students were unable to adequately express themselves and make themselves heard and the subsequent 'positive' discrimination on my part was in some way predicated on 'essentialising' the culture of the North American students and perhaps the culture of other international medical students more so. Nonetheless, I was struck that for international medical students commencing higher education in the UK, the challenges were real and largely unspoken. This somewhat validated my purposeful sampling approach I, the need for the study to address these concerns and to make some recommendations on what would alleviate some of the difficulties, particularly in the early phase of transition.

8.2 Othering and belonging

My first sub research question sought to investigate:

What are international medical student's experiences of otherisation and how does this influence their overall experience of life in UK higher education?

In addressing this question, I looked at the international medical student's sense of belonging and their relationships with home students. What my analysis reveals is that it was not uncommon for international medical students to perceive they were being 'othered' and that there was a connection between this and their sense of isolation. For example, Mariam from Kuwait, was othered based on her limited participation in 'going out'. This generated a sense of isolation compounded by her living off campus and away from university accommodation. Other international medical students, like Hao from Southeast Asia, Sia from New York City, Kavya from Sri Lanka and Kendis from Cameroon, were othered based on visible differences like personal appearance, standing in undignified and large visa checking queues and in Kavya's case, a failure to wear the allocated t-shirt during Fresher's week and to engage in drinking alcohol. Some students, like Kwasi from Ghana, were othered due to their differing communication styles and language use. My study suggests that during the post-arrival stage, international medical students could not necessarily rely on their international medical student peers either, as a sense of competition around 'trying to fit in' took precedence. Furthermore, the effort and apparent pressure to appear to be confident and comfortable at the outset of the course seemed at times to prevent international medical students from developing natural and honest friendships with each other. This in turn compounded the problem of isolation for some international medical students, as they were seemingly unable to be honest with one another about the difficulties they were encountering at what was in reality a very challenging stage of their study. Sometimes the 'desperate' effort to fit in even caused students to feel like they were having a 'breakdown'.

International medical students in my study identified barriers to fitting in and gaining a sense of belonging, particularly with regards to home students. An extremely common topic raised by international medical students was the perceived prevalence of the 'drinking culture' in the UK. Many students I interviewed felt that their reluctance to participate in drinking with their home student peers in social settings was a big problem. For example, Mariam from Kuwait, Kwasi and Hazina, from Tanzania and Dylan from Canada all mentioned their discomfort at what they perceived to be pressure to join in with drinking, and the difficulty they faced with fitting in when this was not possible for them. It seemed

this barred them from belonging, as not joining in this activity rendered them 'other' almost automatically. These students expressed frustration that it did not seem acceptable for them to join in an activity without drinking and that there seemed to be very few social activity options that avoided drinking. In fact, some students, like Kwasi, complained that the drinking culture pervaded every club, society and event and specifically Fresher's week, which had plunged him immediately into the dilemma of whether or not to compromise his preferences for the sake of fitting in at this crucial time. When students, like Hao, did attend student social events where drinking occurred, they reported that their student peers engaged in drinking behaved in ways they later regretted, such as being sexually promiscuous. This gave some of the international medical students like Hao and Dylan the sense that not even the home students were enjoying drinking that much, which unsurprisingly did not motivate them to join in.

While drinking as an activity often seemed to divide the home and international medical students, there were other issues. The experience of an international student studying in an overseas institution depends on a variety of factors, including their individual educational and personal history and experience as well as achievements, their social backgrounds and gender.

Language competence is known to be an important predictor of international students feeling comfortable in their higher education environment, allowing them to transcend their own cultural background and communicate effectively in other cultures (Turner and Robson, 2008). However, even students with a good level of English language competence can struggle when grappling with local language peculiarities and a lack of knowledge about discipline specific vocabulary (Carroll and Ryan, 2005). This was a common experience for the international students involved in my study. They typically had very good English language competence but reported confusion and discomfort with local language variance as well as ignorance about some specific vocabulary relating to UK medical and educational practices. In addition, students such as Kwasi and Kendis, reported having different communication styles: their preferred or cultural style might be for more direct communication compared to the perceived UK style of communication which seemed to involve 'fake smiles', superficiality and a great deal more indirect communication. This

frustrated some international medical students, who consequently felt people were not being 'honest' or perhaps genuine. Other difficulties encountered included people not understanding the international students' accents and students reporting that people they encountered seemed to have low tolerance to their different accents and language use, which they found 'rude' and insulting. Some students identified subtler and more subliminal barriers to intercultural communication. For example, Mariam struggled to pinpoint the source of the barrier between her and her 'English friends', which she felt might relate to religion, even though she wasn't very religious.

What did emerge from Mariam's comments was the existence of a type of cultural hierarchy in the school student body. This was quite revealing as it indicated that the divisions amongst students were more complex than the home and international student binary I had envisaged. This type of scenario is discussed in the literature, (Schweisfurth and Gu, 2009) where factors limiting interculturality are identified. For example, some international students may self-select into peer groups consisting mainly of people from their own or similar cultures (Schweisfurth and Gu, 2009). Mariam's comments, however, demonstrate that this was not her choice and that she had not anticipated or wished for this scenario. My study found that overall, students like Kwasi, Kendis, Mariam and Hao wanted and expected to have intercultural interaction, and yet found that it was only possible to form friendship groups with nationals from their own cultural background, or other international students. Indeed, Harrison and Peacock (2010) demonstrate that international students want more intercultural interaction but often report dissatisfaction with the experience of UK higher education. For example, they frequently report difficulties integrating socially with home students, tending instead to form friendship groups with nationals from their own countries of origin or other international students (Harrison and Peacock, 2010). Therefore, they learn about British culture from an external perspective, living alongside but yet apart from their home student peers. They may therefore return to their home country having not enjoyed the anticipated social and educational benefits (Harrison and Peacock, 2010). Aspects like home students' tendency to join in with drinking and the intangible cultural differences that students like Mariam noted, did give rise, on occasions, to home students being othered by their international medical student peers. I wondered if this sometimes arose due to international medical students being dissatisfied with the intercultural interactions they

experienced with their home student peers. Alternatively, sometimes, as with Kavya, it seemed that having a group of close friends who were international students, some even hailing from one's own home area, made othering home students more likely. Othering home students was perhaps quite a comfortable viewpoint in this situation, as the international student/s concerned would have the benefit of the security of a close-knit friendship group and therefore not rely as heavily on interactions with and acceptance from home students.

Unfortunately, as mentioned, at times international medical students found themselves othered due to their appearance or visible differences, such as having to queue up to complete visa checks. This led them to feeling angry and unvalued by an institution that, from their viewpoint, gave little consideration to their wellbeing, particularly where institutional practices like visa checking were concerned. However, being othered on the basis of looking different was unsurprisingly a more personal and frustrating experience for international students. Some international medical students, like Sia, encountered racism based on their appearance, while walking around the University city.

'Ensuring that tolerance is maintained in higher education environments which represent a culturally diverse population requires time, energy and patience from all involved – academics and students'.

(Trahar, 2007: 36)

I had anticipated that international medical students would report experiences of being othered or revealing othering attitudes themselves towards the home students. However, what I didn't expect was distrust and fear they displayed regarding the school's rules and regulations and their fear of becoming unwittingly embroiled in some sort of disciplinary process or being penalised if they were not 'careful'. This seems to represent a more subtle kind of institutional othering. There were also reports of an international student being othered by a tutor on placement. This raised questions about the willingness of some teachers to model cultural awareness and to reject discrimination, let alone their ability to challenge culturist attitudes or provide a 'repaired thinking approach' (Carroll, 2005) and outlined in chapter two, section three, and used as a lens to examine my data. Tutor

attitudes towards international students in with regards to pedagogy was considered further in chapter seven, where Merak questioned the commitment of some University staff to considering the international students experience and to aspects such as internationalising the curriculum.

This concludes my discussion on the sub theme of othering. This section demonstrates that international students in my study reported othering on the basis of being perceived as doing things differently, looking different and communicating differently. International students in my study did not set out to 'be different'; on the contrary, they frequently went to great lengths to 'fit in' but nonetheless, othering was a feature of their experience. The next section looks at my sub theme of academic transition for international students.

8.3 Transition

The second sub research question I investigated was:

How do international medical students view their transitional experiences when reflecting on their earlier experiences of education?

When addressing this question, I employed the theoretical lens of cultural transition and transitional stress to analyse my data. Gu (2009) indicates that for international students, the quality of their intercultural experience (in terms of intercultural communication and relationships), plays a central part in their experience and development within the different learning and living environment of their country of study (Gu, 2009). This was very evident in my data: students described differing experiences which related to the quality of their intercultural interactions and their overall experience. For example, Kwasi described low satisfaction with the nature of his intercultural experience, largely due to the frustration and difficulty he experienced with intercultural communication, whereas Chloe and Dylan, both from North America, reported comparative ease with the transition phase, linked to the 'smooth' relations and positive experience with their peers when engaging in intercultural communication.

In addition, when looking at 'levels of shock', Ryan (2005) describes learning and language shock as very much secondary to the so called 'first level of shock', 'culture shock' (Ryan, 2005). However, through using a more nuanced theoretical lens, students' accounts suggest a process that is both rich and fragmented, rather than linear or passive (Gu et al., 2010). It was ultimately a more useful theoretical lens to employ than a linear approach, since it highlighted the 'messy' nature of transition experiences, which included doing one's laundry and finding out where the supermarkets were, while organizing themselves for lectures, presentations and attending various group activities. These experiences often had to be managed in conjunction with one another, as Hazina showed me, and required active engagement and learning by the students involved to ensure successful outcomes, rather than transition being managed as a linear process.

Despite the acknowledged challenges within the academic and social environments of UK higher education, in particularly the initial transition period, Gu et al. (2010) indicate that most international students manage to change, adapt, develop and achieve. The international students I spoke to had indeed managed to adapt successfully, but this often had not been without significant emotional and at times mental health costs. When relating their initial transition experiences, some students, including Kendis, spoke of feeling as if they were having a breakdown and experiencing feeling of desperation. My findings indicate that for many international medical students, coping with the initial period of transition involved accepting a period of isolation and sometimes, extreme difficulty. Gu et al. (2010) describe transition as relating to two types of adaptive processes: one relates to student's own maturation and another to their improved understanding of their new intercultural environment and their competence within it. As their familiarity with this environment developed, students in my study identified long-term changes in their managing strategies. As discussed above, initial attempts to 'fit in' were often abandoned and students reverted to more authentic behavior, preferring to be true to their identity rather than sacrifice their sense of self, values or beliefs. For example, Kavya settled into friendship groups with people from home, Kendis decided to 'be herself' after three years of trying to 'fit in', Dylan abandoned attempts to fit in and Sia began to think she '*should have stayed in the States*' to do a medical course.

According to Gu and Schweisfurth (2006), successful international students tend to develop a much more independent learning style and gradually become more confident in the UK education environment when they have 'learnt the rules'. This could also be described as a 'maturing process' involving a personal expansion of skills, such as language, and the ability to adjust, rather than a personality change (Gu and Schweisfurth, 2006). As suggested above, several international students in my study recognized change in their approach to university life over time. Students attributed this to gaining a greater understanding of the new environment, what was expected of them and how UK higher education and the healthcare system worked.

Some of the intensity of difficulty students reported in their transition process arose due to personal, financial, emotional and family investment in the success of their studies, and therefore the pressure to succeed. Students commonly indicated that due to family sacrifice and expectation, failure to succeed was not an option. In some cases, such as in the case of Kendis, student's parents take out loans on their houses to fund course fees or support their son or daughter with the goal of gaining a place on a medical degree over a number of years. Other students, like Kwasi, reported responsibility for unwell family members or younger siblings. It seemed that while this increased the pressure on them to do well it also eroded their capability to do so. Some of these issues were compounded by the difficulty for international students of getting home cheaply, readily or frequently, sometimes leaving them to keep an eye on complex family circumstances from a distance, without having a real sense of what was going on at home.

The issue of pressure arising from financial and reputational investment by international students and their families, closely correlates with my data and the reported 'need to succeed' that international students commented upon. It also suggests that academic concerns do press on international students, it's just that particularly in the initial transition phase, these are not necessarily their biggest problem.

During the course of my study, my conceptualisation of transition has shifted from an oversimplified linear understanding to appreciation of its rich and fragmented nature. I was also able to understand the multi-dimensional nature of transition which occurs on several

levels, involving aspects of culture, learning and language shock but also, more subtle and hidden aspects such as personal identity and belonging. With international medical students, another dimension of transition presents itself in the form of gaining competence and familiarity with UK's professional medical culture and all that this entails, which must be immediately utilised in the context of the University and clinical placement- based aspects of the course. This section has discussed some of the emerging issues around my sub theme of transition.

8.4 Internationalisation within a transformative model

My final sub research question for the thesis was:

What experiences and / or challenges do international medical students report in relation to teaching and learning in a UK higher education environment?

I chose to utilise a transformative model of internationalisation as a theoretical lens for examining my data. This was a model I personally aspired to, but nevertheless I recognize a historic tendency for a 'symbolic' approach to internationalisation in my own and other UK higher education institutions (Turner and Robson, 2008).

When speaking to University staff members involved with international students, it became apparent that the role of the academic in ensuring a truly international learning environment was important. Trahar (2007) suggests that many academics would not consider that their educational practice could be in any way discriminatory yet this belief prevents the development of a debate around this subject which could translate to improved practice (Trahar, 2007). In fact, reassessing current teaching practice of how an academic views international students as learners is a natural starting point (Carroll and Ryan, 2005). My study suggests that for some academics embroiled in the busy pace of academic life, teaching international students might be something of an afterthought, or not thought of as necessitating specific considerations. This approach to international student engagement resonates with the concept of symbolic internationalisation I had identified, where the prevailing assumption might be that international students should 'fit

in' and not challenge the current system, rather than the system being molded and developing according to the needs of its students. However, one staff member I spoke to in particular was able to demonstrate the beneficial effect of giving the needs of international students some thought and consideration. These benefits were then available to international and home students alike. This way of looking at internationalisation would fit in with the transformative approach to internationalisation. However, speaking to students and staff on the topic of internationalisation, it became apparent that a negative view of international students can limit responsive development and improvement in teaching. Carroll and Ryan (2005) suggest that the more deficit discourse of international students in the academic environment is that they lack independent or critical thinking skills, they may interact awkwardly in class, speak with broken English and are prone to plagiarism and rote learning (Carroll and Ryan, 2005). In my study, there was some evidence from the students to suggest that this was the staff perception of international students at times, albeit from a largely sympathetic viewpoint. This was not evident from speaking to the small sample of staff included in my study, however. Nonetheless, from my point of view, the evidence for this viewpoint is limited, once it is considered that international students have been successful in their home countries and have shown enterprise and resourcefulness in securing their study abroad. In addition, international students have to manage a number of challenges to be successful in a foreign environment. These aspects are easily overlooked when we note that they do not yet possess the background experience and knowledge we typically assume of our students and / or the sophisticated English required to fully express themselves and to demonstrate their ability (Carroll and Ryan, 2005).

What was clear from interviews with staff is that inclusive teaching strategies which avoid placing new students in uncomfortable situations are useful. These include setting pre-session 'homework' so all students are prepared to discuss a given topic. Strategies such as getting students to obtain peer feedback, rather than being asked to speak to the whole class at once, were also suggested. However, overall, making time to speak to and understand international students came across as the single most important factor for improved teaching practice in an internationalised teaching environment from both a student and staff perspective.

Given the international students' need to be understood by their educators, it is unsurprising that from a student perspective, it is considered useful when their supervisor has visited or even conducted research in their country. However, Robinson-Pant (2017) argues that it is far more important for educators to have an open mind and be ready to learn about any academic differences between different countries and the UK.

Robinson-Pant (2017) also notes that with the increased mobility of academics, academics as well as students are more likely to experience these differences or indeed academics may well have previously been 'international students', which as this study reveals, can allow a greater understanding and possibly empathy with international students. This was the case with the staff member I interviewed for my study, who vividly recollected her own experiences as an international student and the challenges and difficulties she faced. It was perhaps not coincidental that it was this staff member who demonstrated the most insightful and considered thinking on improving the international student experience.

Taking a transformative lens to view internationalisation, it must not be forgotten that internationalisation and the integration of international students creates potential for universities to generate an intercultural experience for home and international students alike (Schweisfurth and Gu, 2009). In my study, staff indicated that a not insignificant proportion of the home student population at the University is derived from the immediate locality and that this student population has typically had limited exposure to internationalised environments or populations. My study has highlighted an opportunity for these and other students to gain a very different type of educational (and cultural) experience from the one they may have encountered previously. The transformative benefits of internationalisation include bringing knowledge sharing and an intercultural dimension to education and research (Schweisfurth and Gu, 2009). Furthermore, there are wider concerns about the importance of the international student experience in UK higher education institutions being a positive one. For example, the success of international student integration is vital as the quality and reputation of UK higher education is critical to maintaining the UK dominance in the international student market (QAA, 2012). Staff members working in the international student recruitment office are very aware of the need for internationalisation to succeed in the UK in the long term, and the consequences of a failure to maintain its stake in internationalisation. In particular, staff in my study noted the

need for international students and home students to successfully integrate for internationalisation to succeed. However, staff and students in my study often noted that staff struggled to know how to achieve this. It may be that to truly operationalise a transformative approach to internationalisation, this is best led from University policy and that therefore guidance and assistance for staff involved with international students be made available.

The literature does indicate that opportunities for group interaction in the classroom may be limited in practice and in addition, that there may be barriers to interculturality. Factors such as language barriers, fear of causing offence and lack of shared cultural reference points may limit the social interaction between student groups (Harrison and Peacock, 2010). Certainly, international medical students in my study themselves identified that a lack of shared understanding could prevent successful social interaction between themselves and home students and they frequently shared fears about causing offence, which limited their willingness to communicate.

Furthermore, it is apparent that simple proximity to opportunity for intercultural communication is not enough to feed interaction where active management of such a process does not exist. This is a critical problem, as research indicates that one of the most challenging aspects of internationalisation is the social interaction between these student groups (Harrison and Peacock, 2010). Awareness of and yet a certain feeling of helplessness around this was evident from speaking to some staff in my study. For example, Kate from the international office, admitted there was sometimes a '*struggle*' to know how exactly to promote intercultural interaction, despite the '*very good examples going on*' and Merak, who ran events like World Café, who, despite believing them to be a positive and successful resource with regards to encouraging intercultural communication, was disappointed in lack of student interest in and low attendance at, these events. It can therefore be very difficult to bring international and home students together, despite the efforts of staff and students (Harrison and Peacock, 2010).

8.5 Promoting a successful intercultural environment

Despite some awareness from staff of the conditions which can promote a successful intercultural environment, the evidence in my study was that this was not always easy to achieve. Kate, from the international office speculated why this might be the case. She felt it was likely to be related to a *'lack of understanding'*, and the *'natural human condition of wanting to flock with your own kind'*. Kate also identified that the anxiety over fitting in did not promote a successful intercultural environment, instead leading people to *'merge towards people where they know where they are coming from'*. The literature acknowledges that there are difficulties in UK higher education environments in developing conditions for success. For example, the population in UK universities is highly diverse. However, a number of students come from mono-cultural environments, which makes integration problems with UK home students predictable (Schweisfurth and Gu, 2009).

At the University there is a significant Chinese student population. However, as discussed in chapter four in my introduction to the case, the Medical School has a slightly different international student population diversity, with North American and Asian students being most prevalent. This may provide some predictability in terms of any 'integration problems' with home students but it may not address the factors Allport's theory (1954) identifies. When considering the promotion of a successful internationalised environment, Allport (1954) proposes four conditions that are aimed at reducing prejudice rather than developing interculturality, at the same time demonstrating the important parallels between them. The four conditions he recommends for successful contact between all students, international and others, are: firstly, equality, in other words, the students concerned have equal status and feel equal to each other; secondly, common goals, in that students have a meaningful shared purpose; thirdly, intergroup cooperation, which requires the University to facilitate cooperation between different groups of students; and lastly, support from the authorities, which requires the body of authority in the University to support intercultural communication in an explicitly positive manner.

Looking at my study, there is inequality between student groups, as just from a financial standpoint, there is a difference in fees between home and international students. For example, Ethan noted he was paying 'a lot compared to the home students'. One possible consequence is that an international student might have to take on additional paid work to

support their studies. There are also inequalities in communication ability with international medical students naturally feeling at a disadvantage at times. For example, Muwasi and Kendis identified that any type of 'language barrier' could hinder their ability to understand the lecturer, and therefore affect their study, and Hazina and Kavya reported that English language problems had hindered their ability to understand or appropriately use local language in everyday and professional contexts. This is directly relevant to the experience of international medical students who are academically assessed on 'consultation skills' which rely on communication ability, as does their contact with patients and carers, which is also assessed throughout. Furthermore, finding common goals between international and home students is potentially difficult, given that international students may feel they are competing with home students and therefore assessment becomes an individual pursuit in which home students have the advantage due to their greater familiarity with the contextual academic and linguistic practices. For example, Muwasi, was frustrated with home student behaviour in classes at times as she perceived it as disrespectful and expressed frustration at how home student behaviour such as talking in class and 'packing up to go early', disrupted her learning. Similarly, my study demonstrates that experiences of intergroup cooperation can be mixed. For example, in problem based learning sessions (PBL), group work did not necessarily result in collaboration and indeed, occasionally gave rise to conflict. Finally, when it comes to commitment to internationalisation and intercultural learning, universities want to recruit international students and so are doing this at least superficially. The bigger question is how far they want to support international students through a transformative approach (Schweisfurth and Gu, 2009).

The Quality Assurance Agency for Higher Education (QAA) gives specific guidance about the overarching principles for providing a satisfactory experience for international students. These six principles also include the provision of an inclusive environment, where the needs of international students are considered and met with those of other students in an integrated manner (QAA., 2012). This also fits with the model of inclusive pedagogy recommended by the staff I spoke to regarding international students at the University. In addition, the QAA recommends that HE institutions seek to provide continuous improvement to provision for international students, that they provide clear and accessible information which is clearly explained and consistent and that a shared responsibility

approach is taken to ensuring the needs of international students are met, rather than just those with a specific remit for this role (QAA., 2012). It is unclear how much emphasis there is at the University on continual improvement of international student experience specifically, although the University is proud of its longstanding performance with regards to student experience overall, having been ranked by students as 'in the top five for student experience' every year from 2005 -2016. (<http://www.intostudy.com/en-gb/universities/university-of-east-anglia/about-the-university/rankings>). However, it would appear that a clear aspiration for continual improvement in the delivery of international student experience could be further developed. My study does suggest that input from tutors in terms of international students is often unchanging or even stagnant and insufficient. For example, Kendis identified she would have greatly valued more access to and input from her tutors, a point reinforced by Merak who felt tutors did not have the time to reflect on what international students were going through and therefore did not necessarily have the insight to make appropriate adjustments.

Staff in my study, such as Merak and Sarah recognized the need for staff training but also the need for it to be endorsed and perhaps made a mandatory part of professional development from an institutional level, to ensure staff engage with this. My study suggests that until the agenda of improving the international student experience is made an institutional priority at the University with a focus on transformative rather than symbolic internationalisation, it will be hard to garner widespread commitment to making this happen from the majority of staff. This is largely due to the low interest expressed for current voluntary international student staff training opportunities, which Merak complained either tend to attract the 'same faces' or did not run due to low uptake.

8.6 Conclusion

This chapter has discussed key themes and findings from my research. This includes observations from my study that the transition international medical students make to higher education is variable in nature, with students reporting a varying levels of satisfaction relating to this experience. However, my study results clearly indicate that many

international medical students do experience a degree of difficulty and challenge with the transition to higher education.

Another key finding from my study was that international medical students sometimes experienced being othered by home students and at times by staff. Sometimes international medical students were othered on visual differences such as their appearance and because they were required to engage in institutional practices such as visa checking. In addition, my study revealed that at times, international students' othered their home student peers. However, this did appear to be a less common occurrence than the othering of international medical students in the Medical School and associated settings (such as general practice settings).

With regards to transition, my study indicates that the different aspects of the transition process, such as academic and cultural transition, occur in a rich and fragmented manner. In addition, there was no evidence of a neat or linear experience of transition to higher education emerging for the international medical students in my study.

Finally, my study reveals that there is aspiration at the University to engage with a transformative model of internationalisation, and there are some opportunities to engage with this. However, currently these opportunities and a real drive to pursue a transformative model of internationalisation are not being fully realised. Further efforts in this regard may also positively influence the promotion of a successful intercultural environment for all international and home students, as well as the staff who work with them.

CHAPTER NINE

Conclusion

In this chapter I will consider the argument I have developed throughout the thesis, the limitations of my study and the journey I have undertaken to complete the study. I will reflect on my methodological and conceptual contribution. Finally, I will look at possible opportunities for development regarding the international student experience and the international medical student experience specifically.

9.1 The challenging nature of transition to higher education for international medical students

I have argued that the process of academic transition for international students commencing study in UK higher institutions can be challenging and demanding for all those involved, whether international student, home student or staff. My findings have demonstrated that at times international students in my study faced complicated and challenging situations which can be largely misunderstood, or at best not fully understood. This means that adequate levels of support and infrastructure in terms of resources and assistance may not be in place and consequently, international students may experience a degree of struggle when making the transition to study in the UK. One of the most common barriers to a smooth transition process for international students was the absence of familiar and trusted social support, which means that international students commonly felt isolated, a feeling which contributes to the challenges they experience. International students experience culture shock, but also face disappointment and disillusionment when they are unable to establish successful relationships with home students. International students on professional courses, such as medicine, face an additional challenge as they must quickly and competently acclimatise to a new professional environment without an

intrinsic knowledge of the systems involved, both within the University setting and on fieldwork placements. In my study, lack of knowledge regarding the processes and culture of the course led some international medical students, like Kendis, to report fears of being penalised for complaining, not joining in with inappropriate jokes or simply being from an ethnic minority. In addition, competent performance on a UK professional course requires acquisition of an in-depth understanding of the subliminal codes of professional and communication practices, which may not be immediately accessible to international students, who must first grapple with developing more generic cultural understandings. The challenge of trying to understand the basic nature of communication practices was discussed by Kwasi, Kavya and Kendis in my study, who noted the subsequent detriment to their relationships with staff and students on the course. Muwasi explicitly recognized the amount of *'culture with studying medicine in the UK'* and how lacking this knowledge at the outset of the course had increased the difficulty of her transition process.

9.2 Limitations of my study within the current climate of internationalisation at the University

My ideas around an inclusive approach to international students from a University and pedagogical point of view may be problematic. The University, while recognising the need for maintaining and improving international student experience for long term security in the international student market, may not have the staff or material resources to dramatically change input for existing or newly enrolled international students in the short term. My research points to the current focus from an institutional perspective being largely centered around enhancing recruitment of international students, with the University Internationalisation Strategy, (UEA Internationalisation Strategy, 2016-20), suggesting that management of the international student experience is currently not a primary concern. Supporting staff with developing their cultural competence and international student teaching practices will also have resource and policy implications, although arguably, this could be relatively easily integrated into the current staff teaching qualification which is mandatory for new academic staff. Given the demand on time and resources, staff themselves may express some resistance to giving greater consideration to the provision for international students if increased time and support is not given to achieve this.

Furthermore, international students themselves may not share the perspectives of the students I studied as part of my small scale qualitative study. It is possible that my prior experiences as a lecturer involved with international students and from personal experiences of international student experience in UK higher education, may have skewed what I chose to focus on and this may have been compounded by my purposeful selection of non-North American international students. As a researcher and lecturer at the University conducting interviews and leading a focus group, participants could not preserve their anonymity to me may not have allowed me to gain an undistorted view. Students may have attempted to conceal aspects of their experience which they felt expressed criticism of the school and its operation or conversely students may have presented a more negative viewpoint at times in an effort to optimize the opportunity of providing feedback to a member of teaching staff. However I remained aware of the changing nature of my positionality and its potential implications throughout the study and I have looked to explore this and to examine its significance and relationship to the research process.

9.3 My methodological and conceptual contribution

My thesis employed several concepts, including culture, othering, transition, and internationalisation to explore the experiences of international medical students. For example, othering as a concept allowed me to investigate how social aspects of medical education and pedagogy uniquely affect the experience of international medical students. Social experiences involving being othered by GP tutors in general practice tended to result in international medical students reporting discomfort while in clinical practice settings. Overall, feelings of social discomfort while on the course were shown to negatively affect the learning process for international medical students in my research. They indicated that dealing with feelings of lack of inclusion and acceptance interfered with their ability to engage fully with learning.

Using the concept of transition revealed that the international medical students interviewed experienced a more complex transition to university life. While they coped with the usual transition difficulties experienced by their home and international student peers, international medical students also had to rapidly assimilate themselves to a number of

aspects unique to medical training including medical settings outside the university. For example, these international medical students struggled to quickly attain the professional and medical cultural knowledge and communication skills which were crucial to their success on the course. In addition, any language difficulties that international medical students faced quickly impacted on their transition experience as they were assessed from the outset of their course based on observed consultation skills and oral clinical practical exams and a need to demonstrate competency with professional language to a high level to be successful. The analysis revealed that another aspect of transition which challenged international medical students specifically was that often the medical professional culture did not make allowances for them, for example in clinical settings, in the same way that tutors in a traditional academic environment might for other international students. This partly related to the fact that much of the medical training discussed by participants utilised medical, rather than educational professionals, who did not necessarily share the cultural insights or awareness of their academic colleagues. Finally, the data revealed that international medical students had to cope with competitiveness as part of their transition experience as competitiveness is part of medical culture and perhaps not as prevalent in other subject disciplines. Crucially, recognition of the multi-faceted nature of transition as a concept was invaluable in helping me to identify the different kinds of transitional processes for international medical students.

These specific aspects of international medical student experience that emerged from this study distinguish my research from previous research on international students. Although my research contributes specific knowledge regarding the experience of international medical students, some of the findings could potentially be extrapolated to international students studying on other professional courses, such as nursing, law and education. In addition, the construction of my case study has contributed to my methodological contribution as it includes data from outside the school setting - differing from other case studies of international students which have tended to focus on activity within a school and the university setting. In this way, the study is able to offer a broader view of international student experience as it includes aspects of international student experience outside the school (including on medical placements) and data from staff working with international students within the University.

My thesis sets out to contribute to knowledge about the international student experience by examining the way in which international medical students experience university life as they adapt to life in UK higher education. This contribution to knowledge is also likely to be relevant to international students studying on other professional courses in the UK. I looked to achieve this via my engagement with the research field, my approach to data analysis and through writing up the thesis. My understanding and perceptions were not only informed by the research interviews, focus group and policy analysis I undertook, but also through being a lecturer in the Medical School, and through being designated and assigned to the welfare and 'advising' of international students. As discussed in chapter one, I also brought to the research my informal observations of and discussions with my husband with regard to his experience of studying medicine as an international student. Although a postgraduate, in coming to the UK to study and practice medicine, his case offered parallels to the case study I undertook in terms of understanding UK professional culture, engaging in intercultural communication and the concept of transition.

In participating in international student life in the school outside my study (through my job role) and by sharing some common understanding (via my personal experiences), I feel my own experiences assisted me in developing empathy and understanding of my participants, along with a motivation to present their viewpoint and to defend their interests. Therefore, on occasions, in advocating for international students, I felt similarly frustrated, repressed and misunderstood, which likely added to my understanding of the experience of others. I did not necessarily share or demonstrate such emotions but nonetheless they provided me with additional insight and added a layer of meaning to the dialogue with my participants. It was also not uncommon for me to mention to students that I had some personal experience of 'what it is like' to study here as an international student of medicine, thereby immersing myself in the nature of the experience of an international student. Sometimes I felt this admission yielded a deeper, more honest response from students I was interviewing, as if I was a 'trusted insider' rather than a member of University staff, and perhaps someone who was likely to 'want to hear' and understand their account.

My own experiences and willingness to immerse myself in the international student reality of my school also meant I had a further resource to help me to triangulate and understand my data. My prior knowing and understanding perhaps helped students to reveal and discuss their truthful experiences, as they understood that I shared some affinity with them and possibly a shared sense of belonging.

9.4 Opportunities to further enhance the international student experience

Building on my research and findings, there are opportunities for further research. Most obviously, the way in which international students on professional courses such as medicine, manage their assimilation into UK professional culture, first as a student and then as a qualified professional, could be further investigated, as I examined this aspect only within the context of student experience. Secondly, there is scope to develop the knowledge base regarding the teaching professional subjects as part of an internationalised curriculum. This would benefit all students, international and home students alike. My research touched upon, but did not investigate, the differences for international students between professional subject teaching on placement compared to the university classroom, where there is possibly greater awareness of teaching the curriculum to an international audience.

My student participants also suggested areas where improvement to their transition experience could be made. Information sources which are readily available, approachable people and an understanding of their situation were key suggestions from the students I spoke to. Some students felt access to a person from their own cultural background, or someone with experience of academic transition as an international student at least, would be particularly helpful. Timing of available advice, information and support was important, with international students in my study expressing the importance of timely information before arrival in the UK and information available at short notice and at flexible times once they arrived. These ideas concur with the suggestions of the QAA, who indicate that work needs to be done to improve the international student experience in UK higher education with regard to areas where levels of satisfaction are low. One example is integration on campus and other areas such as career advice, work opportunities and financial support

and advice have also been identified as problematic (QAA., 2012). Finally, staff involved with international students in my study pointed to the need for staff training around teaching in an internationalised environment. This chimes with the QAA recommendation that staff undergo appropriate training to support them in recognising the needs of their international student cohorts. Institutions should also ensure that international student engagement activities are in place so that their feedback influences changes to policies and practice (QAA., 2012).

From the perspective of my own University and school, I hope that my thesis provides useful insights into some of the benefits of further engagement with our international medical students, perhaps through adopting a transformative approach to internationalisation that I argue is mutually beneficial for students, teachers and from an institutional perspective. I think my research findings also draw attention to the need for greater staff awareness and training on the subject of internationalisation and teaching practice in an internationalised environment. This can and should include formal and informal training opportunities for all staff in the University, including those with a non-academic role. While I advocate increased staff awareness around international students and their needs, particularly in the early stage of their academic transition to studying in the UK, I would caution against micro-management of the undergraduate cohorts in terms of trying to artificially induce integration and intercultural communication. This is because some of the most positive and enduring relationships and experiences amongst students and staff are largely born due to the space for spontaneity. Instead I feel that the University and University staff can contribute to cohesion by fostering an inclusive educational environment. As discussed in the theoretical concepts chapter, chapter two, section two, where necessary, staff can engage in 'cultural repair' by reframing negative assumptions about international students which may be presented in intercultural learning environments. There should also be a clearly positive culture in the school towards international medical students, meaning that international students are recognized for their contribution to the spectrum of opportunity that internationalisation represents and promotion of inclusive higher education teaching practices. This and an overall transformative approach to internationalisation in UK higher education could help to achieve a culture change when it comes to changing attitudes to international students and the value others place on them in the UK higher education

environment. For example, it should be clear that international medical students inform us about global (health) perspectives as one example, similarly to the opportunity of an international elective placement, and that shared ideas build strength and an understanding of medicine in the modern world which transcends a local or even national perspective. What should be avoided is some of the deficit discourse which suggests that international medical students cannot easily contribute meaningfully and positively or even that they represent a burden. It is also important that the perspective shifts beyond the idea that international students benefit from our Westernised curriculum and modern facilities while the gain for the University is solely financial. Moreover, the idea that international medical students are recruited from a professionally or culturally inferior background should be firmly rejected and therefore any inference that their contributions are in some way less valuable or useful is rejected. In my school, the idea that we are 'training doctors for the NHS', a UK healthcare institution, could contribute to this type of perspective so we may need to consider that the role of our school extends beyond serving a national need for trained medical professionals and that we also look to contribute to world health perspectives and recognize the value of development in this direction, educationally, ideologically, culturally and financially.

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APPENDICES

Appendix 1: Gatekeeper Letter

Gatekeeper letter to MBBS programme course director

██████ Medical School
Faculty of Medicine and Health Sciences
University of ██████

██████
Date to be inserted

Dear (Name of Course Director)

As part of my doctorate in education studies at the University of ██████, I am conducting a study entitled:

'Intercultural communication and international students in UK higher education, specifically within medical education.'

I am writing to you in your capacity as Course Director for the MBBS Medicine programme.

My study aims are to explore (through interviews and focus groups) the experiences of international students registered in the faculty with regard to experience of intercultural communication. In addition to eliciting data from students I will also be seeking the perspectives of medical educators working within the school.

A life history and later action research approach will be used for participant recruitment, data generation and analysis will be used for the purposes of this study.

Research topics: -

1. Intercultural communication in a multicultural higher education environment; specifically, clinical education in HE.
2. Factors associated with successful intercultural communication in this context.
3. The potential perceived incidence of cultural 'othering' in the specified higher education environment specifically impacting on international student experience.
4. Investigation of strategies to optimise intercultural communication in UK higher education environment/s for possible improved international student experience.
5. Internationalisation in UK higher education in relation to intercultural communication.

The purpose of this letter is to seek permission to recruit relevant students from your programme to assist me with my study.
If you have any questions, please do not hesitate to contact me. Thank you for your consideration.

Yours sincerely

Katie Pak
Lecturer in Medical Education
k.pak@uea.ac.uk

Appendix 2: Participant Information Sheet (Adapted from: Information sheets and consent forms, guidance for researchers and reviewers (2007:14-30) National Patient Safety Agency/National Research Ethics Service)

Participant Information Sheet

Study title: *Intercultural communication and international students in UK higher education*

Invitation paragraph

Thank you for your interest in participating in my study which is being conducted as part of my doctorate in education at the University of [REDACTED]. Before you decide whether you wish to participate you need to understand why the study is being done and what it would involve for you. Please take time to read the following information carefully. Talk to others about the study if you wish. Please do not hesitate to ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

What is the purpose of the study?

This study aims to explore (through interviews and focus groups) the experience of international students registered within the Faculty of Medicine and Health Sciences in relation to intercultural communication and international student experience. In addition to interviewing international students I may be conducting focus groups with lecturers involved in medical education to establish their educational practices with regard to international students.

For the purposes of this study, an international student, according to the Organisation of Economic Cooperation and Development, (OECD), (2010), is defined as someone who: '...travels to a country different from their own for the purpose of tertiary study'.

Why have I been invited?

You have been invited as a research participant as you fulfil the selection criteria as outlined below:

- You are an international student studying on the MBBS Medicine pre-registration programme
- **Or** you are a medical educator involved in teaching international (and home) students on the MBBS Medicine pre-registration programme

Do I have to take part?

It is up to you to decide. If you do decide to take part, you may keep this information sheet for reference. You will also be asked to sign a consent form at interview to show you have agreed to take part. You are free to withdraw from this study at any time, without giving a reason. Your decision to participate or otherwise will not affect your learning experience and / or your assessment and your module lecturers will not be aware of your participation.

What will happen to me if I take part?

If you are taking part as a student, I will contact you to arrange a time to conduct a one to one interview at a time and location convenient to you. It may be possible to conduct the interview via Skype if a face to face meeting cannot be arranged. The room/s in which the interview is conducted will need to be free from distractions such as noise and other people. The interview will last approximately 60 minutes and maybe be recorded using a digital tape recorder if you have given consent for this. Upon completion of the interview, the contents will be transcribed, and a copy of the transcription will be sent to you for verification. If you prefer, I can arrange to meet with you face to face to clarify any anomalies or concerns.

I may need to contact you to verify my interpretation of our interview material. If so, I would contact you to seek your permission to recruit you again.

If you are a member of staff, I will be in contact to arrange a convenient time for you and your colleagues to attend a focus group based in the Medical School.

All participants should note that for the purposes of protecting student and staff confidentiality, and to meet the requirements of the ethical review of this study, please do not at any stage of your correspondence with me mention the name of or any identifiable information pertaining to the other students and faculty staff with whom you have had contact with while studying.

What are the possible disadvantages and risks of taking part?

There are no anticipated disadvantages or risks in relation to taking part in this study.

What are the possible benefits of taking part?

The information gleaned from this study will assist in a better understanding of international student experiences of studying in a higher education environment. Whilst there is no real benefit to taking part in this study, your input is much appreciated.

What if something goes wrong?

The normal complaints mechanisms within the organisation that you work for should be available for you to pursue in the event that you are disadvantaged as a result of participation in this study.

Will my taking part in this study be kept confidential?

Yes, all ethical and legal practice guidelines will be followed and all information about you will be handled in confidence. All information, in accordance with the Data Protection Act 1998 will be treated as confidential and tapes and transcripts will be destroyed upon completion of the project. All data will be securely stored, and confidentiality will be maintained throughout the duration of the project by assigning codes to the transcription sheets. You will have the right to check the accuracy of data collected from you by reviewing the transcriptions and you will have the opportunity to correct any errors.

What will happen if I do not want to carry on with the study?

You are free to withdraw from the study at any time without repercussions from the researcher. Data collected at any stage during the study will be retained for analysis but at all times confidentiality will be maintained.

Complaints

If you have a concern about any aspect of this study, you should ask to speak to the researcher who will do their best to answer your questions: Katie Pak (k.pak@uea.ac.uk). If the researcher is unable to satisfactorily respond to your concerns then please contact the research supervisor Prof Anna Robinson-Pant (A.Robinson-pant@uea.ac.uk) and / or the head of the School of Education and Lifelong Learning, Dr Nalini Boodhoo (n.boodhoo@uea.ac.uk).

What will happen to the results of the study?

Upon completion of the study, results will be disseminated via several channels including a research seminar with the researcher's university, publication in a peer reviewed journal and a poster presentation at a national conference. You will not be identified in any report/publication.

Who is organising and funding the research?

This research is part funded by the Faculty of Medicine and Health Sciences, University of [REDACTED] and part funded by the Chartered Society of Physiotherapy.

Who has reviewed the study?

All research in the university is looked at by an independent group of people namely the School of Education Research Ethics Committee who protect your safety, rights, wellbeing and dignity. This study has been reviewed by the Ethics Committee.

Contact for further information

Thank you for your cooperation and interest in this research. You will be given a copy of this participant information sheet and a signed consent form to retain for your records.

Katie Pak
Lecturer in Medical Education
[REDACTED] Medical School
Faculty of Medicine and Health Sciences
[REDACTED]

K.Pak@uea.ac.uk

Appendix 3: Participant Consent Form (Adapted from: Information sheets and consent forms, guidance for researchers and reviewers (2007:32) National Patient Safety Agency/National Research Ethics Service)

Participant Identification Number:

Participant Consent Form

Title of Project: Intercultural communication and international students in UK higher education

Name of Researcher: K Pak

Please initial box

1. I confirm that I have read and understand the participant information sheet dated for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I consent to the interview being recorded on digital tape for the purposes of data analysis and understand that this information will be treated in strictest confidence and destroyed upon completion of the study. (**Please note:** consenting to have the interview recorded is entirely optional and if you do not consent to this aspect it will not affect your participation in the study in any way)

3. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected.

4. I understand that relevant sections of data collected during the study may be looked at by individuals from the Faculty of Medicine and Health Sciences and / or the School of Education, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to such data.

5. I agree to take part in the above study.

Name of Participant

Date

Signature

Researcher

Date

Signature

When completed:

x1 copy to be given to research participant

x1 copy (original) to be retained by researcher

Appendix 4: World Café event flier

MBBS International Student World Café event

*Including the start of the MED International Student Representative
election process.*

This fun, world café style event is open to all MBBS international students and is being held on:

Wednesday 25th February, between 1-3pm, at EFB, room 01.10.

The event will be a chance to discuss and explore your experiences of being an international student in MED with discussion tables, 'writable' tablecloths and an anonymised scribble wall.

At the event potential candidates for the new post of *MED International Student Representative* will have the chance to state their intention to run and to put forward their ideas for the role.

If you intend to run for the role, or require further details of the event, please contact **Katie Pak**, (k.pak@uea.ac.uk), **MED International Student Adviser**, [for further details.](#)

A light lunch and refreshments will be provided.

Please indicate your intention to attend on the above email for catering purposes.

Look forward to seeing you there.

What is World Café?

The "World Café" is a structured conversational process intended to facilitate open and intimate discussion, and link ideas within a larger group to access the "collective intelligence" or collective wisdom in the room. Participants move between a series of tables where they continue the discussion in response to a set of questions, which are predetermined and focused on the specific goals of each **World Café**. A café ambience is created in order to facilitate conversation and represent a third place. As well as speaking and listening, individuals are encouraged to write or doodle on a paper tablecloth so that when people change tables, they can see what previous members have expressed in their own words and images.



Appendix 5: interview schedule

Keep discussion open / wide, avoid 'yes' / 'no' questions, base discussion broadly around themes and avoid 'rating'

Suggested questions / prompts:

What do you remember ... (about the transition phase)?

What were some of your experiences when you came to the UK?

What could have made your experience better?

What were you doing before?

How would you advise another international student coming to the UK to study?

What kind of support have you had at the university?

What kind of support would you have liked?

What has been your experience of making friends?

What has been the best part of studying here?

Why did you want to come to the UK to study?

Do you feel you are getting what you wanted out of your experience here?

What is the one thing/s you would change about your experience here?

Prompts: Language, culture, home life

Appendix 6: International Student entry requirements for MBBS medicine at [REDACTED] Medical School

A100 International (non-EU) Entry Academic Requirements – September 2017 entry

If your country is not listed below, please email the International Admissions Team at intl.ug.admiss@uea.ac.uk with translated copies of your academic transcripts and scoring systems from Year 10 (15/16 years old) onwards. The list below is not exhaustive. If you require further advice, please contact Admissions in time to allow a reply to your query before the application closing date of 15th October. The information below is intended to be a guide only. A final decision on your application will be made on receipt of the full UCAS application before the closing date, UKCAT score and receipt of any required supporting documents. Please list all academic qualifications on your UCAS application.

All applicants must sit an IELTS test and achieve 7.5 overall with a minimum of 7.0 in each component. VVO, IB Higher Level and HKDSE English are also accepted as an alternative. Native English speakers (as defined by the UK Visa and Immigration Service) may use a grade 10 English qualification in lieu of IELTS.

Please contact the Admissions Office for further details. **Country**

Canada

A-Level Equivalent Qualification

Successful completion of Canada Diploma with 90% in at least 6 subjects from Grade 12 including Biology and one other science (Chemistry or Physics), with 85% in 6 subjects in grade 10 to include Maths, English, and one science. Quebec: Two year Diploma of Collegial Studies (DEC) considered.

Hong Kong

Category A Electives, including a minimum of level 5 in three electives to include Biology and Chemistry or Physics, one other elective, level 4 in Core Maths, level 4 in Liberal Studies and level 5** in English with minimum level 5 in each component OR level 4 in English with IELTS 7.5 overall and no less than 7.0 in each component.

India

Notes: Integrated or combined science not accepted. Core Mathematics combined with Extended Mathematics counts as one Category A Elective
Successful completion of Grade 12 in CBSE, ICSE or West Bengal Exam Board with 90% overall from at least five subjects including Maths, with 90% in Biology, one other science (Chemistry or Physics) and one other subject. Grade 10 six subjects with 85% overall with 90% in Maths, Biology and one other science plus IELTS 7.5 overall and no less than 7.0 in each component.

Norway

Successful completion of Norwegian Vitnemal Opplaering with 5.25 overall, to include no less than 6 in English, 5 in Common Core Mathematics, 5 in Biology (1&2) and 5 in one of the following: Chemistry (1&2) or Physics (1&2).

South Africa

Successful completion of the South African National Senior School Certificate at 777777 to include Life Sciences and Physical Science and Maths.

USA

USA High School Diploma - Grade 12 completed with 3.7 GPA with 3 APs at 554 to include Biology (5) and Chemistry (5), and one other (4). Grade 10 completed with 6 subjects at A including Maths, English and 2 sciences.

