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Recommendations and support for the implementation of the Action Plan for the Internationalisation of first- and second-cycle education 2014-2018¹

In order to facilitate the internationalisation of KI study programmes, please find below recommendations and support for integrating matters relating to global health issues into teaching (Goal 1), and learning in English (Goal 2), as part of KI's action plan for the internationalisation of teaching and learning in first- and second- cycle degree education.

As a reminder, the internationalisation of the curriculum (IoC) is:

The incorporation of international, intercultural, and/or global dimensions into the content of the curriculum as well as the learning outcomes, assessment tasks, teaching methods, and support devices of a program of study.²

Recommendations for all KI study programmes:

All study programmes at KI should include intended learning objectives (ILOs) featuring components of international education³, such as:

1. Language skills: reading, listening, writing, presenting and interacting;
2. Intercultural competence: "the ability to communicate effectively and appropriately in intercultural situations based on one's intercultural knowledge, skills and attitudes" (Deardorff, 2006);
3. Global competence: the ability to engage with global health issues, as well as internationally informed social and/or political issues;
4. International disciplinary learning: the understanding that a given discipline has an international and interprofessional dimension

Integration of Global health issues into teaching (Goal 1)

¹ The Board of Higher Education decided to prolong the Action plan to also include 2018, Minutes 2016:11, Meeting 2016-12-15.

² From Betty Leask (2015), *Internationalising the curriculum* (New York: Routledge), p.9, based on Betty Leask (2009), "Using formal and informal curricula to improve interactions between home and international students", *Journal of Studies in International Education*, vol.13, no.2, pp.209.

³ Selected courses for Goals 1 and 2 should feature any number of the four international ILOs listed here, according to their relevance for each specific context. A matrix providing guidelines for the use of these international ILOs can be found on p.3 of this document.

Matters relating to global health should be integrated into the Intended learning outcomes (ILOs) of the course where global health teaching is integrated:

- Consider formulating ILOs that target both general knowledge of global health as well as specific global health knowledge related to your specific field;
- In the Action Plan Global health is defined using the terminology from Koplan et al⁴ as: “The area of study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide...⁵”. Consider using examples and resources from both dominant and non-dominant sources, reflecting a variety of viewpoints. By dominant viewpoint/sources we imply high-income countries (such as EU member states, the US, Canada, Japan, Australia and New Zealand). By non-dominant viewpoints/sources we imply countries on other income and resource levels, from low-income to upper middle income (such as Ethiopia, India, Indonesia, China, South Africa and Brazil).

Learning in English (Goal 2)

For courses taught through English⁶, the language of instruction is English (even if all students are Swedish-speaking) and must be used for:

- Course documentation (syllabus⁷, programme syllabus and additional resources/documents);
- Teaching and learning activities (lectures, seminars, workshops, clinical practice, supervision, etc.);
- Assessment tasks, including examinations
- The syllabus must state that the language of instruction is English under the topic *Other directives*, and students should be told in advance of the course start that the medium of instruction will be English. The presence of international students is not a necessary condition for international courses, but particular attention should be paid to internationalisation at home (IaH) strategies for enhancing the relevance of the use of English⁸.

A matrix providing guidelines for the use of international ILOs can be found in annex.

⁴ Koplan JP, Bond TC, Merson MH, Reddy KS, Rodriguez MH, Sewankambo NK, et al. Towards a common definition of global health. *Lancet*. 2009;373:1993–5.

⁵ “...it emphasizes transnational health issues, determinants and social solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual level clinical care”. Koplan JP, Bond TC, Merson MH, Reddy KS, Rodriguez MH, Sewankambo NK, et al. Towards a common definition of global health. *Lancet*. 2009;373:1993–5.

⁶ It is compulsory for every student to get at least 7.5 credits taught through English at the end of each study programme.

⁷ By the start of the course all information relevant must be available in English, including the syllabus

⁸ For courses taught in English to be meaningful for largely Swedish-speaking student groups, IaH suggests such strategies as including international ILOs to do with intercultural and global competence, international disciplinary learning and, of course, language competence. Another suggestion is to set-up collaborative online international learning opportunities for students.

DOMAIN	INTERNATIONAL COMPETENCES	DESCRIPTION	EXAMPLE OF TEACHING/LEARNING ACTIVITY
Language Skills	Writing a text in English	The student is able to express him/herself in writing in English, in such a way that s/he is able to produce a clear, detailed text on a wide range of subjects related to his/her field of study.	Writing summaries, reports, lab reports, scientific reports, essays, etc. Writing in a learning portfolio. Writing degree project.
	Speaking in English	The student is able to express him/herself verbally in English, in such a way that s/he presents detailed descriptions in work- related contexts, on a wide range of topics, and s/he is quite able to participate in a fluent and spontaneous conversation.	Making an oral presentation. (presenting) Discussing, debating and arguing. (interacting)
	Being able to understand oral texts in English	The student is able to understand more complex argumentations and lectures related to his/her field of study, spoken in English, and s/he is able to replicate the main train of thought.	Listening to lectures, videos, audio excerpts, instructions, etc.

	Being able to understand a written text in English	The student understands texts written in English and related to his/her field of study, and s/he is able to replicate the most important trains of thought.	Reading scientific articles (lay and expert). Collecting and summarising information from different reliable sources. Compiling a portfolio of medical and scientific articles.
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DOMAIN	INTERNATIONAL COMPETENCES	DESCRIPTION	EXAMPLE OF TEACHING/LEARNING ACTIVITY
Intercultural Competence 1/2	Cultural self-knowledge	The student knows and understands his/her own frame of reference and worldview and s/he is able to link these to other viewpoints.	Questionnaires about cultural perceptions and interpretations.
	Cultural flexibility	If necessary the student adapts his/her behaviour and communication style in an intercultural context, and explores alternative behaviour patterns.	Debating and arguing about a medical case from different cultural perspectives. Reflecting on behaviour and communication through questionnaires.
	Cultural resilience	The student will deal with the difficulties and negative feelings that may arise in intercultural encounters in a constructive way.	Debating and arguing about a medical case from different cultural perspectives. Reflect on difficulties of interpersonal communication. Reflecting on communication problems during group work.

	Cultural responsiveness	The student listens to the vision and expertise of others and also accepts the relativity of one's own vision and ideas.	Ex: Debate and argue about a medical case from different cultural perspectives. (Applying) Ex: Reflect on one's own cultural biases in communicative situations. (Evaluating)
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	Cultural responsiveness	The student listens to the vision and expertise of others and also accepts the relativity of one's own vision and ideas.	Ex: Debate and argue about a medical case from different cultural perspectives. (Applying) Ex: Reflect on one's own cultural biases in communicative situations. (Evaluating)

DOMAIN	INTERNATIONAL COMPETENCES	DESCRIPTION	EXAMPLE OF TEACHING/LEARNING ACTIVITY
Intercultural Competence 2/2	Cultural knowledge	The student acquires knowledge about other cultures and employs this knowledge in an appropriate manner with respect for the uniqueness of each individual human being.	Reflecting on healthcare in other cultures and the impact of culture on the provision of healthcare. Identifying cultural/gender stereotypes and deconstructing them.
	Cultural connectivity competence	In an intercultural context, the student develops a working relationship with colleagues, patients and other stakeholders and contributes to an atmosphere of trust.	Communicating effectively with professionals from other fields. Reflecting on the role empathy plays in dealing with patients and colleagues.
	Cultural communicative competence	The student examines the specific features of his/her own communication style, allows for a remedial approach if necessary and explores the communication style of the other.	Reflecting on personal communication style. Reviewing peers' communication style and providing constructive feedback. Role playing: for example, give a diagnosis to a patient with empathy and sensitivity.
	Cultural conflict management	The student regards intercultural conflicts as learning opportunities and s/he is aware of his/her own conflict management style.	Taking part in conflict resolution and reflecting on it. Reflecting on the development of group work.

	Multi-perspective approach	The student approaches and understands a situation, an issue or a problem from multiple cultural perspectives	Reflecting on medical cases and their treatment in different cultural settings and in low-, middle-, and high-income countries. Reflecting on how differences in culture affect disease treatment.
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DOMAIN	INTERNATIONAL COMPETENCES	DESCRIPTION	EXAMPLE ILO
Global Engagement	Forming own opinion regarding societal or international topics	The student is able to develop an informed opinion about international, social and/or political issues	Ex. Explain how health and disease, mortality and morbidity are measured in a population, and how they change over time, and also between data sources. Ex. Present and discuss the non-clinical determinants of health, including social, political, economic, environmental, and gender disparities. Ex. Examine how economic, social and environmental factors determine the health of a population.
	Expressing own opinion on societal or international topics	The student formulates and communicates her/his views on international social and/or political issues in a clear and convincing way.	Ex. Evaluate how a nation's inequity, policies and level of income determine the health of its citizens. Ex. Analyse the concept of a right to health care and its implications at different resource levels.
	Showing social	The student understands how s/he is personally able	Ex: Reflect on your own conceptions and perceptions

	involvement	to contribute to societal solutions of international problems in a positive way, and s/he is able to act accordingly, either as an individual or as part of a socially involved organization.	of a world in change with a focus on global health. Ex. Formulate recommendations on an identified global health need.
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DOMAIN	INTERNATIONAL COMPETENCES	EXAMPLE ILO
International Disciplinary Learning	Being able to situate his/her discipline within the international context	<p>Ex. Explain global health trends, including the Global Burden of Disease and its on-going transition.</p> <p>Ex: Discuss and compare the personal, social and economic consequences of disability in low-, middle-, and high-income countries.</p> <p>Ex. Describe the major causes of visual impairment worldwide, including background, epidemiology, and management.</p>
	Recognizing the fact that his/her domain is culturally determined	<p>Ex. Describe and compare the variation in the availability and type of care and quality within and between countries over time and compare this to the Swedish health care system.</p> <p>Ex. Outline the particular health needs of vulnerable groups and migrants.</p> <p>Ex. Discuss how culture affects local understandings of mental illness around the world.</p> <p>Ex. Explain the importance of considering the cultural and social contexts of disability.</p>

	Having knowledge of the professional activities of his discipline in other countries	<p>Ex. Explain how different professions collaborate and share tasks in healthcare in weak health systems with resource scarcity.</p> <p>Ex. Compare and critically evaluate differences in treatment options in low-, middle- and high-income countries for a few selected diseases (such as cervical cancer, HIV, stroke) and make a synthesis of "optimal" guidelines.</p> <p>Ex. Discuss the mental health challenges facing low resource settings.</p>
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