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Internationalisation of an undergraduate curriculum

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Background




- Global shortage of health workers
- 57 countries worldwide – Africa / Asia
- Workforce shortage of 4.3 million
- Lack of investment and migration
- Capacity and capability building through collaborative partnerships
- ‘in-country’ provision of education

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Aims

- To share our experiences of modifying a UK nursing curriculum for ‘in-country’ delivery in Malaysia
 - To provide participants with an understanding of the challenges and outcomes associated with this development
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Context of Nursing in Malaysia



- Vision 20/20
- WHO standards: nurse / patient ratio 1:200
- Mixed economy of welfare
- Traditional model of nurse education reflective of pre UK project 2000 model
- Model of instruction , input rather than output based
- Dyadic, assessment-led - centred on licensing exam
- Located in hierarchal health service – medical model
- No focus on life long learning, evidence based or reflective practice

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Context of Nursing in Malaysia

- Nursing Board Malaysia V the UK Nursing Midwifery Council
- System of employment of clinical instructors by colleges V mentorship
- Theory then practice “blocks” V Integrated theory practice
- Intake is homogenous – female, school leavers, single, recruited from rural areas
- Cultural and Legal differences in equal opportunities

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Institutional Contexts

- LJMU – long established provider of pre and post registration Nursing programmes
- Partner College:
 - No experience of health care delivery
 - Specialist in Law
 - existing collaborative partnerships with other UK HEIS
 - due diligence checks ok

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Adaptation of UK curriculum



- Scoping and mapping of Malaysian Curriculum against LJMU
- Identify gaps in Malaysian content
- Found gaps in LJMU content
- Difference in learning , teaching and assessment strategies
- Deconstruct Integrated theory practice modules to enable dedicated theory and practice modules
- Contextualisation: law, infectious disease, policy
- Convert LJMU credits to Malaysian credits

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Creating capability of partner staff to deliver LJMU curriculum



- Pre validation work with partner college
- Staff development for academics and clinical instructors
- Development of physical resources to support the programme – skills labs
- LJMU Link Tutor support
- Recruitment of students via partner college
- Develop links with Nursing Board of Malaysia (MOH), Ministry of Higher Education
- LJMU Regional Office based in KL
- LJMU collaborative partnership framework

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Challenges



- Business focus of partner college rather than genuine commitment to work within the quality frameworks LJMU and NBM
- Monitoring becomes problematic due to above
- Cultural differences in working within regulatory frameworks
- Business lead managing professional lead created conflict and conspiracy – power differential
- Complex bureaucracy
- Student numbers
- Placements
- Adequate level of staffing – SSRs
- Contracts of employment for academic staff

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Overcoming challenges



- Providing extra on-site support (3 months)
- Closer monitoring and feedback
- Actions Planning and Review
- Informing all stakeholders of challenges and concerns
- Frequent visits to key staff by Senior LJMU staff and working closely with partner team
- Increasing pressure had to be applied in relation to evidence of non-compliance

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Thank you

