Strategies for Building Effective International Educational Collaborations

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Strategies for building effective international educational collaborations

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Abstract

In a country like Saudi Arabia, neither the resources nor the infrastructure for higher health education programs are available locally, and at the same time healthcare organizations are expanding dramatically. To overcome these deficiencies, institutions tend to establish several international collaborations in various healthcare specialties as needed. Supporting and encouraging the improvement of these collaborations in this part of the world is crucial. Understanding the processes that assist in building and sustaining effective collaborations will continue to be an important step in program design, implementation, and evaluation of these international collaborations. This study aims to explore the key factors that play a significant role in building, maintaining, and sustaining an effective international healthcare collaboration in graduate education programs. The specific study objectives are to: 1) define the best practices that contribute to effective international collaborations in the development of graduate education programs, 2) describe the challenges, particularly cultural barriers, to developing and implementing successful graduate education programs, 3) describe best practices for the design, implementation, and evaluation of new graduate education programs using international collaborations. The study used a concurrent mixed-methods research design, where quantitative and qualitative data collection occurred during the same time period. Data were analyzed separately and then combined for overall data interpretation. The results of this study were obtained from the 23 students (quantitative part) and from four leaders from King Fahad Medical City; in addition, a program director and a program manager at the University of Minnesota were interviewed (qualitative part). Among themes yielded from this study, only four themes and subthemes are discussed below. These themes are: 1) Cultural cognizance: Program content, understanding the local regulations, and avoid Cultural assumptions, 2) Unrelenting support and commitment: Dedicating resources, and participants’ commitment, 3) Need for a systematic communication pathway: Identified
responsibilities, and linking with participants, 4) Best result from best selection: Selecting the partner, and selecting the participants.

A key finding of this study is the importance of understanding the cultural differences between the two parties of the collaboration during all stages of the international collaboration. In addition, this study highlights that it is necessary for both parties of the collaboration to dedicate resources to support and make the collaboration sustainable. Likewise, the selection of the other party for collaboration is an essential pillar for such a project.
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Chapter 1: Background

1.1 Background

"The world is getting smaller. The ability to communicate with colleagues around the globe makes collaborations easier and the exchange of ideas and knowledge faster" (Eddy, 2010). Collaborations between two organizations or more are increasing in demand with a growing recognition of the value of global health partnerships across health organizations (Wright J, 2013). Educational programs designed by international collaborators take many forms, including international exchange for faculty or students, global e-learning, and students studying abroad. Tubbeh and Williams defined international collaborations as follows: "Universities may partner with institutions abroad to develop a shared degree program or may offer its own degree program located at an international university" (Tubbeh, 2010). Terms used to describe such partnerships include “collaboration,” “partnership,” “co-operation,” “twinning,” and “networking”; in this study, the term “collaboration” will be used.

Establishing collaborations across countries is both challenging and rewarding. Such programs require more resources (time, money, and people) than programs implemented by a single institution. The process is rewarding because both institutions (the developing country as well as the developed country) learn from each other and reap benefits such as new perspectives and new methods of delivering educational programs, and both institutions build networks where students obtain a wider and deeper point of view regarding the subject. The benefits of such collaborations include but are not limited to "generating profits, increasing visibility and competitiveness in the international higher education arena, and preparing and providing the next generation with the skills and knowledge to navigate a global community and workforce” (Tubbeh, 2010). In addition, “cooperation between institutions, usually from different countries, offers a means to broaden the teaching and learning experience” (Elena Zaitseva, 2004).

It appears that such rewards continue to drive the formation of increasing numbers of educational collaborations around the world. The global demand for higher education will increase from ninety-seven million in 2000 to 263 million by 2025 (Tubbeh, 2010). Moreover, “examining and sharing the benefits of international collaborative activities as well as their drawbacks becomes an important aim of pedagogical research and could help to promote such collaborations between institutions and make them more successful” (Elena Zaitseva, 2004).

In a country like Saudi Arabia, neither the resources nor the infrastructure for higher health education programs are available locally, and at the same time healthcare organizations are expanding dramatically. In 2000, there were 191 Ministry of Health hospitals in the country; in 2014, there were 270. The number of primary health care centers increased from 1848 in 2004 to 2259 in 2014 (MOH, 2014). During the same
period, undergraduate medical education institutions increased from 8 colleges in 2000 to 28 in 2014 (Saleh & Bin Abdulrahman, 2015). This rapid growth in healthcare organizations as well as in numbers of medical colleges indicates an urgent need for more healthcare leaders in health professions, education, and healthcare administration; however, there are too few training programs (for graduate medical education, healthcare administration, quality assurance, health economics, etc.) to achieve these goals. There is a tremendous need for professionals trained in health care administration skills in Saudi Arabia, as such professionals play a critical role in the ability of organizations to improve clinical experiences and patient care.

To overcome these deficiencies, institutions have sent many recent graduates to continue their training abroad. However, those who have already completed professional training in the past serve in leadership positions without a strong background in administrative skills and they only learn these skills from experience. This on-the-job training may be good or may be harmful. These organizations have attempted to fill this gap by establishing collaborations with other international institutions to provide appropriate training in health care leadership, quality assurance, medical education leadership, and clinical research. Healthcare professionals will play important roles in the country’s healthcare system, as they will make vital decisions in leading healthcare departments and organizations.

Such international collaborations offer a venue for showcasing best practices, a variety of learning experiences, and opportunities to develop necessary skills in adequate health care delivery and leadership. Supporting and encouraging these collaborations is crucial. For new collaborations, it is not entirely clear what the best strategies would be to ensure a successful international collaboration satisfying all stakeholders (leaders from both institutions, teachers, and students). Understanding the factors that facilitate in building and sustaining effective collaborations will be an important step in the design, implementation and evaluation of these partnerships.

**Study question/hypothesis**

**Overall study aim:**

To explore the key factors that play a significant role in building, maintaining and sustaining an effective international healthcare collaboration in graduate education programs.

**Specific study objectives are:**

- Define the best practices that contribute to effective international collaborations in the development of graduate education programs as perceived by students, teachers and program leaders.
- Describe the challenges, particularly cultural barriers, to developing and implementing successful graduate education programs that are the result of international collaborations.

- Describe best practices for the design, implementation and evaluation of new graduate education programs using international collaborations which can be of benefit to other organizations in Saudi Arabia and the Middle East.

**Significance of this study:**

The study will fill a gap in the literature by proposing strategies for building effective international collaboration in graduate education.

Such strategies will assist the King Fahad Medical City (KFMC) and all hospitals in Saudi Arabia as well as the Ministry of Health in planning and designing any future international collaborative programs in graduate education.

A review of published studies on documented international collaboration between two organizations from two countries showed that many were partnerships between an organization from a developed country and one from a developing country (Peters et al., 2013; Curioso et al., 2010; Mason, & Anderson, 2007; Kaddumukasa et al., 2014; Busse et al., 2013; Tedrow & Mabokela, 2007). Fewer studies reported experiences from collaborations between two developed countries (Ayoubi & Al-Habaibeh, 2006; Bonnie et al., 2009; Lippa & Terry, 2004).

These studies reported on the results of international collaboration from different angles, with some reporting on the impact of international collaboration on the participants. Peters et al. (2013) discussed the outcome of collaboration between the dental school at University of Michigan and the dental school at the College of Health Sciences, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana. In this collaboration, dental students in Ghana were shown that they could quickly learn new clinical skills and apply them to patients in their community, especially in the area of improving the oral health of schoolchildren.

In the same context, Vosit-Steller et al. (2011) evaluated the collaboration between the New England Alliance for Hospices of Hope, USA, and the Hospice Casa Sperantei in Brasov, Romania. Vosit-Steller described the impact of this collaboration on the Romanian nursing team and noted that as a result of this partnership, participants worked after graduation as advisors, counselors, coaches, guides, teachers, and were friends whom others trusted for their valuable perspective.

Another study testified to participants’ satisfaction with the collaboration. In 2013, Sherer et al. looked at the collaboration between the Wuhan University in China and the University Of Chicago School Of
Medicine. They concluded that the students’ performance and satisfaction indicated this collaboration had been successful.

Few studies have discussed the financial issues related to international collaborations such as the availability of resources for supporting such partnerships. Mason and Anderson (2007) discussed the result of an international collaboration between three American universities, two educational disciplines, one regional US hospital, and two large educational and health service systems in Gambia, West Africa. The main focus of this study was to discuss the financial resources needed to build and sustain such a collaboration. The authors stated that even with the known benefits of developing international educational partnerships, many nursing programs lack the personnel and financial resources to develop and/or to sustain these programs over time. By partnering with other universities and local hospitals, extra financial and personnel resources become available to develop and help sustain these programs.

In 2012, Chu et al. addressed the financial aspect of how to start and sustain an international collaboration. This study was based on the collaboration between the Thai Binh Medical University (TBMU) in Vietnam and a joint effort between the Louisiana State University Health Sciences Center–Shreveport (LSUHSC-S) and the University of California–Davis School of Medicine. The aim of this collaboration was to deliver a course called "Fundamentals of Clinical Surgery" to the students at TBMU via real-time videoconferencing. The authors concluded that the annual cost to maintain such a program was relatively low, and the efforts to sustain a collaboration program were financially feasible and worthwhile.

In terms of studies done in the Middle East, very few articles have been published concerning international collaboration; moreover, most report the authors’ experiences rather than present an in-depth study. As early as 1989, Risley et al. report their observations from the experience of University of Chicago delivering an on-site Master of Health Professional Education leadership program in collaboration with Suez Canal University in Egypt. Risley et al. examined whether these two institutions, on different continents and representing different cultures, could collaboratively develop and implement a relevant graduate program. In addition, they discussed whether the degree program could be adapted to meet the needs of the teachers of new innovative medical schools in developing countries. The authors suggested that the following principles played an important role in establishing a successful international collaboration: providing close collaboration between both institutions; teaching as much of the program as possible at the host institution; adapting course content to meet the needs of the host institution and its culture; having courses that are taught by staff from both institutions; conducting student supervision on-site by the host institution's staff; and finally, ensuring that both institutions meet face-to-face to resolve any problems that might arise and that the guest institution maintains the same standards it requires of its candidates in the home program.
In another study from Kuwait done by Norman et al. in 1998, the authors reported on their experience with the Ministry of Health in Kuwait in providing an MSc in quality assurance in collaboration with Aberdeen University. They conclude that it is clear that advanced study and research supervision can now be made widely available to those who do not yet possess sufficiently developed facilities in their own countries. The development of such systems greatly enlarges the opportunities for overseas students to take advantage of Western educational opportunities. Technological advances in communication systems also allow Western educational institutions to provide their courses to increasingly larger audiences. Although many studies regarding graduate education collaboration worldwide have been performed, very few of these study the international collaboration in the Middle East region. Studies such as these are neglected in Saudi Arabia, although many international collaborations take place in higher education institutions every year. For example, the KFMC has signed over ten international collaborations since its establishment in 2005.

Thus, to maintain strong and beneficial international collaborations, we need to study further the core principles on which they are built and suggest ways to sustain others that will be established. Such a study is appropriate for the largest country in the Middle East region, as not much is known regarding these international collaborations and no studies have been published in this field to date.
Chapter 2: Data and Methods

2.1 Short Introduction

Study setting

The King Fahad Medical City (KFMC) is a medical complex with a capacity of 2,000 beds that provides services in several healthcare departments. KFMC leaders recognize that there are inadequate numbers of qualified health care leaders to achieve the institution’s goal of delivering the highest standards of health care in the country. It is not practical or feasible to send multiple department managers to be trained abroad for two years simultaneously. Therefore, KFMC and other health care organizations have established international collaborations with reputable institutions worldwide in several healthcare specialties. One of these collaborations, between KFMC and the University of Minnesota (UM), aims to provide an on-site program leading to a Master’s degree in Executive Healthcare Administration.

The KFMC and UM combined program

In 2012, KFMC and the University of Minnesota (UM) School of Public Health launched an Executive Master's of Healthcare Administration (MHA) program in Riyadh, Saudi Arabia. The program is the first of its kind available in Saudi Arabia and the program allows students to earn a UM-MHA degree in 25 months. Faculty from UM visit the KFMC three times a year for classroom lectures and Saudi students rotate for 2 weeks at UM.

23 students were selected to KFMC-UM program based on the following criteria: 1) at least two years of experience in the area of expertise; 2) leadership positions at KFMC; 2) a passing score on the Standard English language test required by UM; 3) participation in an interview by KFMC representatives; 4) recommendation from their department; and 5) approval from higher-level administrators at KFMC.

2.2 Materials and Methods

We used a concurrent mixed-methods research design, where quantitative and qualitative data collection occurred during the same time period from July 1 to October 1, 2015; data were analyzed separately and then combined for overall data interpretation (Creswell & Plano Clark, 2011). This design is useful for researchers who need to gather both forms of data while they are in the field (Creswell, 2015).

Quantitative data collection occurred through self-administered surveys distributed to graduate students who had completed the Master’s program. Using a combination of closed ended questions (quantitative) and open ended questions (qualitative), we explored their perceptions about various aspects of the Master’s program; specifically: program strengths and deficiencies, students’ experiences during the sessions and post-session follow-up, effectiveness of the mentoring provided, feedback given by teachers, and the
opportunity to provide feedback to the program. The survey also asked students to describe why they chose to enroll in this program. The survey instrument, along with student responses, is shown in Table 1.

Qualitative data were collected through semi-structured interviews with four executive leaders from KFMC involved directly in overseeing and finalizing this collaboration, the program director, and the program manager at UM. These interviews aimed to discover detailed insights into the leaders’ experiences of all aspects of the collaboration.

*The rationale for using mixed-methods research:*

We believed that exploring the perspectives of multiple stakeholders (students, leadership, and administration) at KFMC would be crucial and wanted to discover these factors through participant discussions rather than a priori hypotheses. This is consistent with a constructivist approach. Through a mixed-methods approach we aimed to:

- Compare and contrast the perspectives of leaders and students.
- Triangulate data sources by exploring perspectives and opinions of multiple stakeholders to better understand the many components of this international collaboration.
- Use both quantitative and qualitative data to help us understand more comprehensively the various facilitators, barriers, challenges and best practices of an international educational collaboration.

*Recruitment and sampling:*

The target population for the quantitative part of this study was limited to the first cohort of students who participated in the international collaboration program. 23 students, 5 females and 18 males, were enrolled in the program. A majority of the students were physicians, though others included paramedics and healthcare administrators.

All questionnaires were delivered by email or by hand to each of the 23 students. The nature of the study was explained to the students and a letter was provided giving more details of the purpose of the study. The letter stressed that the results of the survey would be anonymous, and specific data (quantitative responses and open-ended comments) could not be linked to individuals as all data would be de-identified.

A reminder was sent via email or a phone call 7 days after questionnaires were delivered and after 10 days, the questionnaires were collected.

The qualitative data in this study were collected through interviews with 4 leaders from the KFMC, along with the program director and the program manager at the UM.

*Instruments:*
The data collection tools, for both qualitative and quantitative parts, were developed to address the following domains:

Culture, curriculum, evaluation, feedback, impact, instructor, interactive lab, mentor, organizing, satisfaction, technology. In addition, open-ended questions were added to the survey to give the participants the opportunity to suggest more items for consideration. The survey instrument, along with student responses, is shown in Table 1.

Data analysis:

Where appropriate, the quantitative data were analyzed with Statistical Package for Social Sciences (SPSS). Correlation tests were performed to identify any characteristics, such as past experiences in a program developed through international collaboration, that may correlate with the scale scores.

The qualitative data, which included open-ended questions in the students’ surveys and interview transcripts, were analyzed using content analysis method, where researchers identified, coded, and categorized the main findings (Krippendorff, 2004). Each researcher, in addition to independent experts, carefully reviewed the data and made notes of the important keywords, categories, and themes that emerged from the data. The reviewed transcripts were then analyzed again to compare them with previous summaries of key categories and themes. Finally, the researchers discussed their coding decisions before reaching a consensus.

The quantitative and qualitative findings were interpreted together to develop a comprehensive understanding of the factors that impact the building and sustaining of an effective international collaboration in graduate education.

Validity:

The survey was subjected to a number of validity checks using “face validity” in which the survey was shown to a panel of people who provided feedback on the style, layout, and appropriateness of the forms (Drost, 2011). The forms were modified based on the feedback. Content validity was performed through review by experts at Harvard University and Harvard Macy Institute, all of whom had knowledge of the subject area and research design. The surveys and interview questions were finalized after expert review. The final survey included 27 closed-ended questions organized along a 5-point Likert scale (1= strongly disagree, 5=strongly agree) and 3 open-ended questions (Table 1).

Ethical

This study was approved by the Institutional Review Board of Harvard Medical School as well as by the Institutional Review Board of King Fahad Medical City.
Participation was voluntary and no personally identifiable information was collected. Consent was obtained from all participants prior to data collection. All participants were informed about their right to opt out of the study at any time.

2.3 Results

Quantitative part of the survey:

To understand students’ experiences during the program, the survey emphasized eight dimensions, with a total of 27 questions shown in Table 1. The majority of the respondent students were satisfied with their experience in this international collaboration program. The percentage of overall satisfaction was 87.5% and 93.7% of the participants stated that they would recommend this program to other colleagues.

In terms of the program content, 50% of respondents agreed and 43.7% strongly agreed that the content was relevant to their learning goals. However, 37.5% of the participants disagreed or strongly disagreed that the content was appropriately adapted to Saudi culture, while 31.2% agreed or strongly agreed that the content was culturally appropriate. This is supported by open ended comments, where many participants recommended that accommodation of the local culture was essential in such programs that were the result of international collaborations.

Concerning the impact of this program, 31.2% of students agreed and 62.2% strongly agreed that they had gained the skills required to work in a leadership position.

A question was asked about the communication and feedback from both directions, i.e., from teachers, administration, and students; 100% of the participants agreed or strongly agreed that they received feedback from their teachers, and 93.7% agreed or strongly agreed that the international collaboration environment helped them communicate easily with their teachers. Also, because of this environment, 68.7% of the participants agreed or strongly agreed that they can easily provide feedback to leaders.

Participants were also asked about the structure and organization of this program and 81.2% of the participants agreed or strongly agreed that this program was well organized. At the end of this international collaboration program, the students visit the USA and take part in this program at the UM for two weeks. The respondents have rated this experience positively; 56.2% of the participants strongly agreed and 18.7% agreed that this visit added value to the international program.

Qualitative part of the survey:

The survey included open-ended comments from students on the following areas: impact, factors contributing to success of such programs, and areas for improvement.

Impact:
All the participants reported that this program was beneficial for them in various ways, such as becoming acquainted with another healthcare system. Most of the participants explained that this international program allowed them to acquire new knowledge, experiences, and confidence; for example, students described how the program had helped in “mastering teamwork and team leadership” and “improved self-confidence and decision-making skills.” Participants also felt that both institutional and student factors were important; for example, having both a “well respected and highly ranked university” as well as the “good selection of the candidates, they are all mature and motivated” were considered important contributors to the quality of the program.

Areas for improvement:

Another open-ended question asked the participants to give their views on ways in which this international collaboration program could be improved in the future. A few of the participants mentioned the importance of adapting the curriculum to the culture and local health system. One example of this suggested area for improvement was “more customization to the (Saudi) culture and needs of the cohort.”

Another point that participants agreed on was creating a balance between workload and class requirements, “to support the participants by providing them with enough time to get more benefit from such [a] valuable program.”

A few of the participants mentioned the students' need for mentorship; the participants said that teachers should “follow up with the students to do the final projects” and conduct “quarterly evaluations and meetings with students.”

The interview results:

During the students’ survey collection period, interviews were performed with leaders from both sides of the collaboration: 4 leaders from the KFMC and 2 program leaders from UM.

The interviews with KFMC leaders:

We noticed that most of the points brought up in the students' survey responses were also reported by the leaders during the interviews. For instance, regarding university ranking, all the leaders referred to the high ranking of the UM in the healthcare leadership field: “This program was selected because it is one of the top 10 in the field.”

In the same context, the KFMC’s needs for establishing this international collaboration were justified, based on the leaders' point of view. This justification referred to the KFMC needs in addition to the lack of similar program or expertise in Saudi Arabia; one leader said “in the local market, there is no similar program or expertise in this field.”
KFMC’s overall support of the program was one point reported by the leaders. One of the leaders linked the strength of this collaboration to the fact that KFMC continues to support it: “KFMC is committed to this program, and invested a lot as it considers it part of KFMC’s success story.”

The interviewees did not fully agree on the point of adaptation of the curriculum to Saudi culture. One of the leaders informed us this was a point discussed with the UM, and that KFMC requested to customize "the class content, and try to accommodate the Saudi’s culture.” Another leader said, “KFMC asked UM to not focus only on the US healthcare system but also to compare with other international healthcare systems.” Another interviewee insisted that KFMC was neutral on this point, and UM should not be asked to change the collaboration curriculum: “KFMC does nothing with the class content; the KFMC role is to make sure the students receiving these courses as other international students in the same program in university campus do.”

On the other hand, the Saudi authorities' regulation concerns were a shared point among the interviewees. With no exception, all of them agreed that this international collaboration is new in the Saudi market and that it is not yet accredited by the Saudi authorities. A few quotes illustrating this are: “because of the KFMC needs we go on with this collaboration although it is not fully locally accredited”, “the weak point of the collaboration was that this program was not accredited in SA,” and “we took several steps toward program accreditation, yet we did not succeed, and KFMC will continue with this collaboration even without such accreditation.”

*The interviews with UM personnel:*

Interviews with the UM program director and program manager took place during their visit to KFMC in Riyadh.

The results of these interviews were very similar to those of the KFMC leaders' interviews. They reported they were satisfied with the achievements of this international collaboration and they talked about the history of the similar program UM provided on campus. In fact, they made it clear that the international deliverance of the same program was one of the local program goals: “in our program one of the things we want to do is to create an international presence.”

In the preparation for the launch of the program, the UM representatives explained the process of student selection starts with the KFMC selection and they appreciated this process. They said “the cohort of students is presented to us by KFMC, they had done a lot of work to figure out who the best [are] and why they are the best, whom they want to invest in, so we have a higher degree of comfort with this group as presented.” However, after the KFMC selection step, each student must still go through the UM student admission
process: Every student has to be screened through the application process, then the Admissions Committee meets and offers the student a place in a program”

UM representatives also very much appreciated the support provided by KFMC’s higher administration. They said that “they were appreciative of KFMC because it dedicated time and resources to make things happen.”

Regarding to suggestion of adapting to Saudi culture within this collaboration, the interviewees explained that they have tried to accommodate the significant subjects in Saudi culture and to eliminate several subjects that are irrelevant to Saudi culture. They said: “we didn’t make many accommodations to the Saudi system and the Saudi needs; however, we certainly learned more about culture, we learned more about health care issues, we learned more about strategy and things.”

The interviewees gave more than one example to clarify how they adapted to Saudi culture within this collaboration: “I talked to finance faculty and say don’t emphasize bond, debt finances because they don’t deal with it doesn’t mean you should not explain it but don’t spend time and bond squad and bond financing and amortization of bonds because it’s not part of their life, spend more time in budgeting, budget management, budget development.”

Regarding the need for “mentorship” that students mentioned, we asked the interviewees whether UM considered the need for the students to take part in a mentorship program since it was included in the contract agreement. They admitted that it was a very complex issue: “it’s just a difficult component to manage.” Part of this complexity was represented by the fact that the UM was not clear what the term mentorship meant exactly for the students in the international collaboration program: “one of the questions is what is the definition of a mentor, is it a curricular advisor or professional career advisor” and “in a full-time program our residents students they will have an advisor, but the question is in the international collaboration program whether an advisors are really a mentor.”

The communication between students in the international collaboration program and their teachers at UM is considered by the interviewees as a challenge not yet resolved: “we are trying to promote is easy access to students here for question on curriculum, faculty, problem and complains, so you have to have a place where they feel they get have firm, open contact, responsiveness so they felt like that they are not alone.”

Another issue that arose in the interviews was that although this is an international collaboration, the program has not yet utilized modern technology to organize teleconferences or online courses. According to the interviewees, the reasons for this were: “we would like to do more like that [video conference] but there are practical issues: time differences and technology.”
2.4 Brief Discussion:

This study explored the principles underlying successful international collaborations in education, as perceived by the leaders and graduate students of a collaboration between the KFMC and the UM. A key finding of this study is the importance of understanding the cultural differences between the two parties of the collaboration during all stages of the international collaboration. A key finding of this study is the importance of understanding the cultural differences between the two parties of the collaboration during all stages of the international collaboration. In addition, this study highlights that it is necessary for both parties of the collaboration to dedicate resources to support and make the collaboration sustainable. Likewise, the selection of the other party for collaboration is an essential pillar for such a project.

To the best of our knowledge, this is the first in-depth study of international collaborations in Saudi Arabia and it has shown there are a number of principles to be taken into account for future international collaborations. Although this study was based on a case study of a collaboration between two countries (Saudi Arabia and the USA), the results could be generalizable and applicable to other similar collaborations in the region as the KFMC is the largest complex of hospitals. In addition, the findings of this study may be of interest to others working worldwide in places where the environments are similar to those in this study.

Additionally, these findings might stimulate topics for reflection and discussion amongst other international collaborators in the region. Future research could examine issues raised from this study, such as the impact of these international collaborations on the students as well as on the institutions; also a comparative study could compare international collaborations with similar local programs.
Chapter 3: Discussion and Perspectives

Discussion:

Among the themes yielded from this study, only four themes are discussed below. Under each theme is a set of subthemes. The themes and related subthemes along with selected examples from the participants are presented in Table 2. Likewise, all of these themes and subthemes are presented in Figure 1.

- Cultural cognizance:

One of the important points that all participants commented on is the cultural diversity between both Saudi and American societies. Although the literature gives different definitions of the component of culture, Schwartz (2006) defines culture as “the rich complex of meanings, beliefs, practices, symbols, norms, and values prevalent among people in a society.” For the purposes of this study, the following subthemes will be used in order to focus on the culture of the academic society in both Saudi Arabia and America.

Program content: Adapting the local culture in the program content was a controversial issue for all participants. Although the majority of the respondents agreed or strongly agreed (93%) that the content of this program was relevant to their learning goals, when they expressed their opinion regarding whether or not the program had adapted to the Saudi local culture in its content, this high percentage of agreement changed: 37.5% disagreed or strongly disagreed and 31.25% answered neutrally. Similar disagreement is found in the respondents' answers to the open-ended questions, in which most of the students recommended that in the future, the local culture should be better acknowledged within these kinds of international collaborations.

Like the students, the leaders from the KFMC emphasize that the diversity of the content – namely, the inclusion of other health care systems - was aimed at and requested for the benefit of the students, while UM leaders expressed that they tried to accommodate the subjects that are significant in Saudi culture and to eliminate those that are irrelevant to the local culture.

There are debates among education professionals regarding the effect of culture on students learning process; in 1995, Gloria Ladson-Billings developed a “culturally responsive education theory” which is “a pedagogy that empowers students intellectually, socially, emotionally, and politically by using cultural referents to impact knowledge, skills and attitudes” (Ladson-Billings, 1995). As culture has an influence on the pedagogical learning of the student, it is important for leaders in international collaborations to take cultural diversity into account in the context of the curriculum of their programs. However, this is not easy, as both parties of the collaboration are required to maintain a balance between what should be culturally adapted in the context of the curriculum of the program and what should be maintained as the original content of the curriculum (Figure 2). For instance, an example was given by UM leaders:
"I talked to finance faculty and say ...don’t spend time and bond squad and bond financing and amortization of bonds because it’s not part of their (Saudi) life, spend more time in budgeting, budget management, budget development"
Dedicating resources: like any other long-term project, an international collaboration needs a lot of effort and resources; these include but are not limited to: time, finances, people, and facilities. As an example of support from a high level of administration is when one of the KFMC leaders went a step further to express commitment to this program as a long-term investment for the KFMC. This finding is in concordance with the recommendations from both Mason and Anderson (2007) and Chu et al. (2012), which both stated that the availability of resources (financial) is vital to sustain any international collaboration.

Participants’ commitment: the availability of resources will not be enough if such resources are not accompanied by the commitment of both students and faculty. The participants should feel and act as important parties of this collaboration and, moreover, should understand that the success of this collaboration depends on them. For example, the students in this collaboration expressed the importance of such a collaboration for them and said that they are committed to learning from this international collaboration.

Need for a systematic communication pathway:
From the start of the collaboration, both parties need to discuss and review issues that arise. Thus, they should establish organized ways of communicating between institutions as well as among participants. How people communicate is important: communication should always be active, effective, and clear. The following subthemes were reported by the participants as important:

-Identified responsibilities: each party of the collaboration should know to whom they should address any issue related to this project, so the responsibilities related to the collaboration are clear and agreed-on. In addition, each party to the collaboration should be made aware of any change that happens related to responsibilities. Clarity in communication will keep the collaboration running smoothly and will save both parties time and effort. For example, UM leaders described how easy it was for them to reach the responsible person in the KFMC to address issues related to this collaboration, and they referred to the cause of the failure of their collaborations with other institutions as losing track of the appropriate contact.

-Linking with participants: the collaboration reported here focuses on education, so of course the participants (students and faculty) need to communicate about issues related to education. In addition, this is an academic setting, so getting feedback from participants is essential to enhancing the students’ learning process. Clearly, establishing a systematic way to connect participants is crucial. This result is supported by the students’ responses, as 93.75% of the students stated that the structure of this collaboration allows them to communicate effectively with their teachers. Moreover, 68.75 % of students agreed or strongly agreed that they usually shared information and experiences related the program with their teachers.
-Best result from best selection:

Similar to all other collaborations and partnerships in life, the selection of the other party of the collaboration as well as of the participants is the first and possibly most important step of the collaboration, which subsequent steps depend on. If the collaboration starts with a poorly selected group, all other processes will be harmed and an unsuccessful collaboration may be the result. As a finding of this study, two important steps in the selection process should be considered:

Selecting the partner: those planning to start international collaborations in academic settings must carefully search for the best organization with whom to collaborate. This selection should consider but not be limited to the following: the organizations should share the same objectives and interests and should have a high ranking among other institutions and previous international experience. For example, administrators at UM wished to establish an international experience with the KFMC as they have an objective to have an international presence. In addition, the KFMC selected UM to establish this program because UM is considered among those organizations highly ranked in the field.

Selecting the participants: the international program encourages many people to apply; however, not all of them are appropriate candidates for the program. A lot of time and effort should be spent on selecting the best candidates for the program and both parties of the collaboration must be involved in and in agreement on the selected participants. For example, the KFMC and UM agreed from the first day about the process and criteria by which students would be accepted to this program. In addition to that, it would be beneficial if a clear future plan, for example a leadership position, was set for all those who participated in the collaboration program.

3.1 Strengths and limitations:

While our study has many strengths, it also has limitations. The main weakness of this study is a small sample size. As this is a new international collaboration program, we included the first-cohort of students (23 students) as well as leaders involved directly with this collaboration (6 leaders). However, while the sample size is small, a strength of the study is that all participants were truly members of this international collaboration.

The lack of a comparison group is another limitation of this study. However, although this study does not have a comparison group (such as a group of students who are studying abroad), the mixed-methods research design allowed us to collect different perspectives from the participants and we consider this design as the main strength of this study.
Future Research

The findings from this study might stimulate topics for reflection and discussion amongst other international collaborations in the Middle East region. Future research could examine issues raised from this study, such as the impact of these international collaborations on the students as well as on the institutes. Future comparative research would be useful to compare international collaboration programs with similar local programs.
4. Bibliography:


Table 1: The students’ response percentage for the quantitative questions. $n$ (%)

<table>
<thead>
<tr>
<th>Category</th>
<th>Questions</th>
<th>Strongly disagree $n$ (%)</th>
<th>Disagree $n$ (%)</th>
<th>Neutral $n$ (%)</th>
<th>Agree $n$ (%)</th>
<th>Strongly Agree $n$ (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Goal &amp; objective</td>
<td>I had specific educational goals when I applied to this program.</td>
<td>1 (6.25)</td>
<td>1 (6.25)</td>
<td>8 (50)</td>
<td>6 (37.5)</td>
<td></td>
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<tr>
<td>2)</td>
<td>The goals and objectives of the program were clear to me</td>
<td></td>
<td>2 (12.5)</td>
<td>7 (43.75)</td>
<td>7 (43.75)</td>
<td></td>
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<tr>
<td>3) Content</td>
<td>The program content was effectively adapted to Saudi culture.</td>
<td>1 (6.25)</td>
<td>5 (31.25)</td>
<td>5 (31.25)</td>
<td>2 (12.5)</td>
<td>3 (18.75)</td>
</tr>
<tr>
<td>4)</td>
<td>The program content is relevant to my learning goals.</td>
<td>1 (6.25)</td>
<td>8 (50)</td>
<td>7 (43.75)</td>
<td></td>
<td></td>
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<tr>
<td>5)</td>
<td>The program materials are at an appropriate level of difficulty.</td>
<td>1 (6.25)</td>
<td>9 (56.25)</td>
<td>6 (37.5)</td>
<td></td>
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<tr>
<td>6)</td>
<td>The exams effectively assessed the covered content.</td>
<td>1 (6.25)</td>
<td>8 (50)</td>
<td>7 (43.75)</td>
<td></td>
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<tr>
<td>7) Impact</td>
<td>The program was more beneficial to me because of the international collaboration</td>
<td></td>
<td>7 (43.75)</td>
<td>9 (56.25)</td>
<td></td>
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<td>8)</td>
<td>The program encouraged self-directed learning</td>
<td></td>
<td>6 (37.5)</td>
<td>10 (62.5)</td>
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<td>9)</td>
<td>My problem-solving skills have improved as a result of the program.</td>
<td>2 (12.5)</td>
<td>5 (31.25)</td>
<td>9 (56.25)</td>
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<tr>
<td>10)</td>
<td>Student participation is encouraged during class activities</td>
<td>1 (6.25)</td>
<td>9 (56.25)</td>
<td>6 (37.5)</td>
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<td>11)</td>
<td>I feel competent to work in leadership positions as a result of participation in this program</td>
<td>1 (6.25)</td>
<td>5 (31.25)</td>
<td>10 (62.5)</td>
<td></td>
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<tr>
<td>12) Activities</td>
<td>The activities in this class are clearly and carefully planned.</td>
<td>3 (18.75)</td>
<td>8 (50)</td>
<td>5 (31.25)</td>
<td></td>
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<tr>
<td>13)</td>
<td>The activities are properly connected with lectures</td>
<td>1 (6.25)</td>
<td>10 (62.5)</td>
<td>5 (31.25)</td>
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<td>14)</td>
<td>The use of case discussions during the class is helpful to my learning</td>
<td>2</td>
<td>6</td>
<td>8</td>
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<tr>
<td></td>
<td>Balance between time &amp; work</td>
<td>Feedback &amp; communication</td>
<td>Program administrative</td>
<td>Satisfaction &amp; recommendation</td>
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<td>15</td>
<td>There is an appropriate ratio of lecture time to independent study</td>
<td>The teachers in this collaboration program provided me with adequate guidance during the class</td>
<td>This class is very organized.</td>
<td>Overall, I am satisfied with the learning outcomes from this international collaboration.</td>
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<tr>
<td>16</td>
<td>Amount of time worked related to class per week reasonable</td>
<td>The structure of the international collaboration course allows us to communicate effectively with teachers</td>
<td>This program uses technology effectively</td>
<td>It would be valuable for students to do part of the program as an overseas rotation at the University of Minnesota.</td>
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<tr>
<td>17</td>
<td></td>
<td>My supervisors provided me with feedback about my strengths and weaknesses</td>
<td></td>
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<td>18</td>
<td></td>
<td>The learning environment allowed me to provide feedback to the leadership.</td>
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<td>19</td>
<td></td>
<td>Program administrative and I frequently share information and experience about course.</td>
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<td>20</td>
<td></td>
<td>Program administrative provides me clear feedback on my progress in the class</td>
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<tr>
<td>Theme</td>
<td>Sub-theme</td>
<td>Student</td>
<td>KFMC leaders</td>
<td>UM leaders</td>
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</table>
| **Culture cognizance**   | Program content        | “to make it more applicable for the Saudi healthcare system and focusing on the major gaps that we have in our system and use the program to overcome these issues” *(a)* | “KFMC asked university of Minnesota to compare Saudi Health Care system with other international healthcare systems.” | “We try to understand the (Saudi) culture and put it in a context of the curriculum”
<p>|                          |                        |                                                                                                   | “understanding the culture it helps us understanding and deliver the content, I think more effectively” |
| Understanding the local regulations |                      | “To include the Saudi regulations and systems in classes, especially Finance” <em>(c)</em>               | “KFMC support the idea of participating graduated student to be part of the teaching courses in the future, based on the UM policy” | “we wouldn’t change the curriculum or the course work but understanding the culture it helps us understanding and deliver the content, I think more effectively” |
| Avoid Cultural assumptions|                        |                                                                                                   |                                                                                                    | “... so that’s an issue understanding a culture and not leaping to conclusion to that what happened” |
|                          |                        |                                                                                                   |                                                                                                    | “we have to do the best we can making them (UM Faculty) as familiar with the cohort as possible so they feel more comfortable and” |
| <strong>Unrelenting support and commitment</strong> | Dedicating resources | “This program has a good support from KFMC leaders” <em>(b)</em> | “KFMC consider that as part of their succeeded, so it invested a lot in this program” | “KFMC in a dedicates the time and its resources to make this program happened” |
| <strong>Participants’ commitment</strong> | “Commitment by leadership and by student” <em>(b)</em> | “Strength points of this collaboration was that the students and Minnesota commitment” | |
| <strong>Need for a systematic communication pathway:</strong> | Identified the responsibilities | - “Very experienced and supportive program director” <em>(b)</em> | - “Strength points of this collaboration was that good communication between the two organization” | “UM Trying to do the same program with other folks in ... I could never identify who’s in charge, who’s going to be responsible, who’s accountable and but I do have to say I have been very impress doing business with the Saudi’s, in a matter of fact straight forward, gets done you move on” |</p>
<table>
<thead>
<tr>
<th>Connecting with participants</th>
<th>“Easy access to the teachers” *(b)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>“Effective communication”*(b)</td>
</tr>
<tr>
<td></td>
<td>“KFMC facilitated direct communication between students and university of Minnesota”</td>
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<tr>
<td></td>
<td>“we are trying to promote is easy access to students here for question on curriculum, faculty, problem and complains so you have to have a place where they feel they get have firm, easy contact, responsiveness so they fell like that they are not alone”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Selecting the partner</th>
<th>“well respected and highly ranked university” *(b)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>“this program was selected because it is one of the top 10 in the field”</td>
</tr>
<tr>
<td></td>
<td>“important to us (UM) to see KFMC missions and it is important for us to understand KFMC goals as an organization ... and presumably we are looking at this as a long term opportunity”</td>
</tr>
<tr>
<td></td>
<td>“transport the program to a place that was appreciative as KFMC”</td>
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</table>

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<thead>
<tr>
<th>Selecting the participants</th>
<th>“Good selection of the candidates, they are all mature and motivated”*(b)</th>
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<tbody>
<tr>
<td></td>
<td>“KFMC invested in selection of students with specific criteria”</td>
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<tr>
<td></td>
<td>“KFMC leaders had done a very lot of work and figuring it out who the best and why they are the best, who they want to invest in so we have a higher degree of comfort with this group as presented”</td>
</tr>
</tbody>
</table>
work together, meet frequently to discuss projects and assignments. We encourage each other, and exchange ideas on how to manage time.” *(b)"

*Open ended question for the student participants
a) What are the benefits of an international collaboration program to you?
b) In your opinion, what 2-3 factors contribute to the success of this program?
c) Please comment on how this collaboration can be improved further?
d) The three things I felt most valuable to me about this collaboration experience were.
Figure 1: Best practices for building international educational collaborations: themes and sub themes of students and leaders’ perspectives.

- Program content
- Understanding the local regulations
- Avoid cultural assumptions

- Dedicating resources
- Participants’ commitment

Cultural cognizance:

Unrelenting support and commitment

Best selection for best result

Systematic communication pathway

- Selecting the partner
- Selecting the participants

- Identified the responsibilities
- Linking with participants
Figure 2: Balance between the original content and the culturally adapted context.

Culturally adapted in the curriculum context of the program

Maintain the original content of the international curriculum