FINAL PROJECT REPORT

Piloting a hybrid work integrated learning model to enhance Dual Hub student collaborations in an international work context

Vic Kamay – School of Business Information Technology and Logistics

Huan Vo-Tran, Siddhi Pittayachawan, Sue Reynolds, Bernadette Welch, Christopher Munro, Hoang Tran
EXECUTIVE SUMMARY
This project was aligned to the RMIT Vietnam LTIF strategic priority area and addressed key challenges in the educational design and delivery of Work Integrated Learning (WIL) activities offered in conjunction with the Dual Hub Global Passport. Previous attempts to build Dual Hub WIL collaborations faced logistical obstacles such as the misalignment between Vietnam and Melbourne semesters, cultural difference impacting deeper level interaction between Australian and Vietnamese students, and limited preparedness of students unfamiliar with working conditions in the healthcare sector, particularly in a developing country.

The project design responded to these challenges by researching, implementing and testing three learning and teaching strategies:

- Simulation activities to prepare students for actual work projects in Vietnam
- Team based learning in a cross-cultural context with preparatory and reflective activities
- WIL activities designed for the challenges of a hospital workplace in a developing country

A literature review of current research on educational simulations, team based learning and cross-cultural pedagogy as well as the Vietnamese healthcare sector underpinned the design of the student preparation and simulation and related workplace activities.

At the outset it was decided that a hybrid WIL approach would be adopted by incorporating a workplace simulation in first semester to prepare students for placement in a real work context in second semester. This approach was considered to be ‘hybrid’ in the sense that it combined two WIL options of simulation and placement in the one project. The simulation involved undertaking a class-based case study following a familiarisation visit to the Royal Children’s Hospital in Melbourne for Australian students while the Vietnamese students visited Franco Vietnam Hospital in Ho Chi Minh City. This was very useful in providing a comparative hospital context for the students when they were later immersed in an actual hospital workplace.

The workplace-based component was undertaken in second semester at the DaNang General Hospital, in the northern port city of DaNang, Vietnam. This is a Vietnamese government funded healthcare facility employing approximately 1300 staff with 2000 patients admitted on a daily basis. The Vietnamese and Australian students formed a project team that consulted with LTIF host partners Dr Hoang and Dr Xuan (Deputy Head & Head of Pediatrics at the DaNang General Hospital respectively) to design an electronic database for the Pediatrics section of the hospital. This information system would enable the staff to overcome inefficiencies related to the maintaining of a large volume of paper-based records, including subsequent loss or damage due to environmental conditions.

Participating students were screened and selected to form a project management team. Seven students from Melbourne and five students from Vietnam were provided cultural briefings on their Dual Hub counterparts, and given responsibility for assigning roles to each other and agreeing on communication and procedural protocols. Video conferencing, and social media networking including blogs linked the students during the duration of the project, and they leveraged these to build a professional cross-cultural project management team.

The LTIF project overcame the challenges of Dual Hub misaligned semesters by breaking the students into smaller groups making visits at different project stages, and updating each other using communications technologies for project planning, design, implementation and review stages. Dual Hub WIL processes and activities have been developed to address cross-cultural issues identified by teachers and students in their journals and through focus groups. And the offering of a first semester simulation using a case study and preliminary hospital visit enabled the students to adapt quickly to placement in the workplace environment.

A feasibility study and curriculum framework for embedding and sustaining program activities to enhance students’ international work skills will be disseminated.
LTIF 2010 Project

BIS – Business Information Systems
BITL – School of Business Information Technology and Logistics
HCMC – Ho Chi Minh City (Saigon)
IKM – Information Knowledge Management
IM – Information Management
WIL – Work Integrated Learning

PROJECT OUTCOMES

This project has met the criteria of the LTIF program and added to the goals identified in the original proposal. The project successfully built a professional healthcare industry network for RMIT University between Melbourne and Vietnam, including the Royal Childrens’ Hospital (Melbourne), the Franco-Vietnam Hospital and the DaNang Hospital, that enhances Work Integrated Learning options. It also delivered eight tangible outcomes. These cover improved student learning experiences and outcomes, innovation in the design and delivery of WIL curriculum and use of learning technologies, and a framework for sustaining further innovation and wider university benefit. Dissemination of the findings will take both engaged and information approaches as elaborated by the Australian Learning and Teaching Council, and include the submission of three journal papers addressing discipline based pedagogy.

1. Literature review on key issues related to the project – cross-cultural team-based learning, simulations and case studies, and WIL in the context of a healthcare system and developing country.
2. Evidence of improved student-learning experiences in WIL by enhanced engagement through a challenging and authentic off-shore work project requiring team-work, self-directed and reflective learning practice.
3. Dual Hub Global Passport draft WIL curriculum – this framework will address recommendations for course management processes, design and delivery of learning activities and assessments incorporating key educational issues identified in the literature review. This will include recommendations on feasibly embedding and sustaining the course in relation to BITL programs.
4. Internship established – an RMIT Vietnam student has been accepted to undertake an internship with the DaNang Hospital. Options to make this internship a continuing offering between RMIT Vietnam and the DaNang Hospital are being explored.
5. Three journal papers addressing various dimensions of the rich data gathered through focus groups, surveys, teacher journals and student blogs.
6. A College T&L seminar will be arranged through the Academic Development Group and delivered later in 2011 highlighting the project achievements and lessons.
7. Consolidated relationship with Royal Children’s Hospital (Melbourne), Franco Vietnam Hospital (HCMC) and DaNang General Hospital for future WIL collaborations.
8. Professional exchange network between Australian and Vietnamese students who participated in the project.

PROJECT DESCRIPTION
The School of Business Information Technology and Logistics (BITL) offers the Business Information Systems degree at RMIT Vietnam. This program is a useful platform to provide both Melbourne and Vietnamese students with cross-cultural, work-related learning experiences. However, evidence to date suggests there has been limited interaction between Dual Hub student cohorts in both Global Passport and WIL units (Whitman & Munro, 2010).

The relationship with DaNang Hospital has been growing following a 2009 LTIF project under the leadership of Dr Julie Roberts from the University's Learning and Teaching Unit. The 2010 LTIF project consolidated this relationship but also addressed the limitations on Dual Hub student interaction as well as piloting and evaluating a new framework to enhance the value of Global Passport and Work Integrated Learning offerings. It is intended that the embedding and further refining of this framework will broaden opportunities for more face-to-face interaction between Melbourne and Vietnamese students in an applied work-based context.

The pilot involved seven Melbourne BITL students and five RMIT Vietnam students working collaboratively on a pre-defined project identified by the School of BITL and DaNang General Hospital. Melbourne students spent the first semester undertaking the WIL simulation model including a visit to the Royal Children's Hospital (Melbourne) to gain a better understanding of how hospital systems function in an Australian context. In addition to this, students at both hubs also participated in simulations at Franco-Vietnam Hospital in Ho Chi Minh City before their arrival at the DaNang General Hospital.

Melbourne BITL staff partnered RMIT Vietnam staff to supervise and guide the students through the process similar to the coordination of the BITL Capstone model wherein 4th year students design, build and implement a non-critical ‘real life’ information system for one of many Melbourne based organisations.

The project obtained ethics approval as students from both hubs were involved in focus group interviews (see Appendix 3) to evaluate the impact on their learning experiences and outcomes.

To ensure students from hubs were from a similar discipline background (BIS and IKM) students were eligible to participate if they were enrolled in either the 3rd or 4th year of the BIS degrees (Melbourne and Vietnam) while the alignment for the remaining students involved three 3rd year local IKM students. Students were enrolled in the Capstone course (for BIS) and Industry Application Project course (for IKM) to form an appropriate assessable educational framework for the supervised completion of their work (see list of capabilities below). These courses are offered across both campuses. The project investigated sustainable sources for funding future student travel and this will be outlined in a feasibility study to be tabled with the T&L Committee of School of BITL.

Apart from face-to-face interaction, the project planning and collaboration between the students was facilitated through the use of learning technologies such as video-conferencing, Skype, blogging, and social media websites such as Facebook. It was anticipated that the professional network and friendships formed by the students would be sustained beyond the life of the project using these technologies.

A case study (see Appendix 1) was developed from the initial visit to the DaNang General Hospital in 2009. This was used as the team task in the first face-to-face meeting at RMIT Vietnam. This case study was designed to initiate discussion about healthcare system projects and assist in scaffolding the skills so that students were prepared for the actual work on the ground in DaNang.

The case study task provided to the students was:

Your company – HealthCare Records Management (HCRM) has been contracted to assist the Hospital in the rollout of its network infrastructure, software and the training of medical personal in using the new system. You have been asked to provide a scoping report on what tasks need to be done, in what order, materials needed, the timeline and policies and procedures to accompany these major changes.
This case study task was designed to facilitate the formation of project teams and assist the student team members to understand each other’s skill sets, knowledge and preference in order to assign team roles and plan the project.

This activity was framed in conjunction with the preliminary hospital visits to address team work related to interdisciplinary and cross-cultural differences. It aimed to foster student capabilities in the areas of:

- Problem diagnosis and solving
- Team participation
- Evidence based practice
- Information management
- Communicative capacity
- Life long learning skills
- Reflective and analytical practice
- Information technology practice
- Management practice and
- Research practice

It was intended to give students an initial introduction to the capabilities required to undertake the project, and to develop these capabilities to a higher degree in the actual workplace of the DaNang Hospital.

**LITERATURE REVIEW**

**How can simulation be used successfully as part of a WIL program?**

Simulation is one of the four main methods identified by Fletcher et al (2009) in the running of a WIL (Work integrated learning program); the others being project work, placement and virtual WIL. There are many definitions of a simulation but broadly, a simulation is a representation of reality. “[it] is a model of events, items or processes that do or could exist (Feldman, 1995, pp. 347)” in Magee, 2006, p. 9) Several authors including Magee and Norman, have noted that simulation has been used in education for centuries and is particularly popular in certain disciplines such as military training, medicine, law, science and business. While the developments in information technology have led to an increasing number of simulations in education being conducted via computers, within WIL programs, the most prevalent examples of simulation appear to be simulated work environments and role-plays. Examples of simulated work environments include a design studio (Lee and Strachan, 2008), scientific lab (ALTC Council, 2009), practice firm (Baroutis, 2006), and advertising agency (Christison, 2006) while role plays, including mock interviews and the taking on of roles within the simulated work environment, are also very popular. Other simulations identified by Betts et al. include psychodrama, sociodrama, gaming and reflection (Betts et al. 2009) while Fletcher et al also list “employer involvement…the development and use of DVDs focusing on work-place interactions...[and] web-based programs” (Fletcher et al 2009) as forms of simulation.

Simulations can be used at different stages to support a WIL program including before the WIL takes place (Betts et al, 2009; Baroutis, 2006), during the placement (Ogilvie and Douglas, 2007) or seemingly, instead of a placement (Lee and Strachan, 2008; ALTC Council, 2009; Subramaniam and Freudenberg, 2007).

The success of WIL simulations is predicated on a number of factors including their possession of “authenticity, planning, structure, and support for team based learning” (Fletcher et al, 2009), and often seems to include the participation and/or cooperation of outsiders including industry professionals (Baroutis, 2006; Subramaniam and Freudenberg, 2007; Christison, 2006) which
assist in providing a sense of authenticity to the simulation. The simulations have been successful in building students’ skills and confidence (ALTC Council, 2009; Subramaniam and Freudenberg, 2007) with positive responses gathered from stakeholders involved (Betts et al, 2009; Subramaniam and Freudenberg, 2007), although authors have noted limitations with this feedback including its descriptive and qualitative nature (Betts et al, 2009) and small sample size (Subramaniam and Freudenberg, 2007). Ultimately though, simulations seem to provide a cost effective way to expose students to the benefits gained from a WIL, especially skill development through opportunities for practice and interaction with industry professionals.

What is best practice in the use of simulation in WIL?

Despite the fact that simulation is one of the four main methods identified by Fletcher et al (2009) as used in work integrated learning (WIL) programs, the literature reveals very few documented examples of its use. The WIL report (2009) which assessed the state of WIL in Australian Universities asserted that simulations can include “employer involvement…the development and use of DVDs focusing on work-place interactions, from web-based programs through to well-developed simulated environments” (Fletcher et al, 2009). The most popular forms of simulation in WIL appear to be simulated work environments and role-plays. Examples of simulated work environments include a design studio (Lee and Strachan, 2008), scientific lab (ALTC Council, 2009), practice firm (Baroutis, 2006), and advertising agency (Christison, 2006) while role plays, including mock interviews and the taking on of roles within the simulated work environment, are also very popular. Other simulations reported on by Betts et al. include psychodrama, sociodrama, gaming and reflection (Betts et al. 2009).

Fletcher et al (2009) have argued that simulations need to have authenticity, planning, structure and support for team based learning if they are to succeed. These criteria will be discussed individually to present a picture of best practice or successful examples of simulation in WIL from the literature.

For a simulation to be effective, it needs to be as authentic as possible. Universities are achieving this through several mediums including the use of role play, the involvement of outside experts or industry professionals and practice with the real machinery, software or media used within industry. For example, at La Trobe University, Bendigo, in a simulated science lab, students are expected to interact with their teachers, as bosses, and their peers as their colleagues. They are also given practice time using reconditioned specialist scientific equipment (which they would otherwise not have access to) and engage in further role play through mock interviews (ALTC Council, 2009). The use of industry experts is also common practice in many WIL simulations (Fletcher et al, 2009; Baroutis, 2006; Christison, 2006; Subramaniam and Freudenburg, 2007) with presentations to students and vice versa, and opportunities for collaboration.

Simulations need to be well planned and considered including their physical execution, the objectives of the simulation, whether or not it will be assessed and the method of assessment. Subramaniam and Freudenberg (2007) co-ordinated multiple workshops and sessions over several days as part of an Accounting WIL program, while other WIL simulations are longer such as the practice firm (Baroutis, 2006) or the design studio (Lee and Strachan, 2008) and involve a more serious commitment from participants and an assessment component.

Simulations need a structure and simulated work environments require the set up of physical and often virtual spaces (Baroutis, 2006; Christison, 2006) with most seeming to involve students working on projects and often in a way that replicates real-life such as multidisciplinary teams (Lee and Strachan, 2008) or collaborating with other departments in their own organisation and fulfilling jobs for external clients (Baroutis, 2006).

Finally, simulations require support for team-based learning. While students seem to be given a degree of autonomy and responsibility for the running of the projects, teachers are often in the role of facilitator or “boss”, guiding and monitoring the learning taking place (Baroutis, 2006; Lee and
Strachan, 2008; ALTC Council, 2009) or providing support as collaborating “colleagues” (Christison, 2006).

**What are the guiding principles in collaborative learning?**

Collaborative, group or team based learning at tertiary level has been widely acknowledged as providing benefits to student learning including increased student creativity, critical thinking and problem solving skills (Caspersz et al, 2004) and the production of deep, authentic learning (Oakley et al, 2004). This kind of learning, however, also presents unique challenges to both students and teachers, which are potentially compounded even further by distance learning (Felder and Brent, 2001) or by cross cultural groups (Caspersz et al, 2004). Academics seem to agree that teachers who attempt group work with their students play a crucial role in fostering its effectiveness and success through the provision of both a solid structure and scaffolding of the learning-taking place.

A common set of beliefs or principles for guiding effective group work have emerged from the literature regarding issues such as group formation and size, student rights, responsibilities and understanding of the aims and processes of group work, monitoring of student progress, conflict resolution strategies, assessment practices and the role of the academic in the learning process. The basic elements of cooperative learning: “positive interdependence and individual accountability” identified by Felder and Brent (2001) also seems to be common across the literature and inform the approaches in dealing with the aforementioned issues.

**What are the challenges of cross cultural education and what factors lead to success?**

An international cross-cultural collaboration between tertiary institutions or between tertiary institutions and other partners brings a variety of challenges.

The major issues identified by Tesoriero and Vicary (2007) in running their international cross cultural collaboration between the University of South Australia and an Indian Health Agency were both external (pertaining to the collaboration): “balancing student learning and community benefit”, negotiating and “reconciling different expectations across cultures”, and internal (to the university launching the project): “disseminating the learning from the international activities” across the university and “scaling up/sustainability” to include partnerships with more than one overseas organisation (Tesoriero and Vicary, 2007).

Managing expectations was also an issue raised by Ellis and Heffernan (2002) in the staff and student exchange program they ran between the University of South Australia and Ezhou University in China. They argue that “Pedagogical perspectives must be reevaluated” as staff confront different ways of teaching within their discipline from their overseas counterparts: “In particular, key cross-cultural communication factors of 'language, non-verbal behaviours; attitudes, values and prejudice and cultural patterns in communication style' (Mitchell 1987, pp. 56-57) must be taken into account in teaching as well as in informal situations”. They note further that students and staff need to be made aware of the kind of English they use and how this may impact on others' comprehension (Ellis and Heffernan, 2002)

In spite of the challenges, factors which contributed to the success of such projects have included adequate pre-departure preparation of visiting students, projects which meet the needs of the host organisations, the development of strong partnerships (which include interpersonal relationships), good communication and open minded attitudes.

The programs run by Goddard and Gribble, Tesoriero and Vicary (2007) and Ellis and Heffernan (2002) all contained an element of cross cultural preparation for students before their visit to help them operate in an international setting. In one case this involved the use of a theoretical framework - Tesoriero and Vicary (2007) used Bennett’s 1993 model of intercultural sensitivity.
Another common element in both Goddard and Gribble and Tesoriero and Vicary (2007) is that the project was designed to meet the needs of the host organisation rather than focussing on the needs of the students.

Continuity also appears to be a factor in success as Goddard and Gribble note that in their Occupational Therapy Abroad WIL program (which in 2008 involved 85 students on 10 placements in 4 countries) there is the potential for new students to return to the same host organisations as previous cohorts, building on the work of the previous groups, and even to involve previous groups of students in training the new cohort.

Finally, attitudes and relationships seem to have played a big role in the success of the projects. Ellis and Heffernan (2002) observed that “Apart from the importance of resolving language issues, we can also highlight cooperation and communication, friendliness, a willingness to learn (for all involved) and the need for clear guidelines concerning administrative matters and expectations”.

Strong partnerships and collaborative approaches seem to have been a factor in the success of Curtin University’s Occupational Therapy Abroad program which has grown since its inception. Goddard and Gribble note that “The Occupational Therapy Abroad program is currently built around educational partnerships and collaborations with Australian, Indian and Chinese health care providers, community based organisations, industry and university partners. These host partners form the basis of the program using partnerships between universities, and universities and other organisations such a schools, professional bodies, businesses and industries and collaborative approaches to learning and teaching” (Goddard and Gribble).

Tesoriero and Vicary (2007) point, though, to the importance of the interpersonal relationships and attitudes which underlie such partnerships and provide some useful advice in this area including “the acceptance of strong international relationships as organic” and that “Embedded in organic institutional relationships are relationships between people. Within these personal relationships, such things as trust, commitment, ongoing negotiation of benefits and expectations, and passion can be nurtured to reinforce and strengthen relationships and ensure excellent outcomes from international activities and student mobility” (Tesoriero and Vicary, 2007). Intercultural sensitivity, communication and reflection were also noted as areas for attention.

What are the guiding principles in cross cultural education?

There have been a range of changes to the higher education landscape in Australia in recent times. Universities have seen an increase in the number of international students - particularly from Asia - (Gray, Chang and Kennedy, 2010) while simultaneously a need has been recognised for local Australian students to be better equipped to work within a global marketplace (Briguglio, 2007). Today’s educators must be able to cater to the needs of all students within a multicultural cohort and thinking on this issue has seen a move away from a ‘deficit’ to a ‘diversity’ model when considering the role of international students within the classroom, which recognises the benefits they bring, rather than seeing them as wanting (Gray, Chang and Kennedy, 2010; McLoughlin, 2001).

There are a number of strategies teachers in higher education can use in order to facilitate effective cross cultural learning in their classrooms. The adoption of an inclusive pedagogy and /or curriculum (McLoughlin, 2001; Caspersz, Skene and Wu, 2004; Briguglio, 2007) is a good starting point. McLoughlin writes at length on this issue and argues that in addition to an inclusive learning pedagogy, teachers must ensure that there is alignment between course goals, tasks and assessment (McLoughlin, 2001), while Briguglio (2007) argues for a pedagogy, which develops both intercultural communication, and interpersonal skills in students.

As part of this curriculum design, teachers need to make decisions about the kinds of tasks, which will be most appropriate, the tools, which will be used, and how they will support their students in the learning process. McLoughlin (2001) highlights the relevance of collaborative learning to cross-cultural learning and how this can be supported through web-based tools. Others have also noted the capacity of online discussion groups (Wall Williams et al, 2001) or web 2.0 tools (Gray, Chang
and Kennedy, 2010) to be used in cross-cultural education, and reinforce the need for teachers to actively facilitate this process.

Finally, teachers need to set the scene and prepare students for working in a multicultural environment. This can include explicit teaching and awareness raising for both other teaching staff and students about cross cultural issues and providing opportunities to develop trust, communication and awareness of others' perspectives (Caspersz, Skene and Wu, 2004).

**What are the challenges faced by the healthcare system in Vietnam?**

Familiarisation with computerised communications, i.e. training and hardware at all healthcare levels, must be the first step towards a modern healthcare communications network in Vietnam. The skills to do this already exist. The aim of such a network must be to raise the level of information and quality of care at the lower levels. Adherence to international standards, such as HL7 which is a global standard that facilitates the interoperability of health information systems, from the beginning, would enable the country to bypass many years of haphazard development.

### METHODOLOGY

![RMIT students collaborating with DaNang General Hospital Staff](image)

**Scoping and Logistics**

*(Vic Kamay (LTIF Team Leader), Huan Vo-Tran (LTIF Project Manager), Bernadette Welch, Dr.Hoang Tran- DaNang Hospital)*

A specific WIL project was identified from established options for the DaNang Hospital developed by the LTIF Team Leader and the LTIF Project Manager during and after an initial WIL scoping visit conducted in September, 2009, to be implemented by the School of Business IT and Logistics in Melbourne and RMIT International University in Saigon South, Vietnam in 2010. A WIL team was formed of academics from the IS and IKM areas of the School and academics for RMIT Vietnam and students from both campuses were invited to apply for a position in the team. Scoping of the project proceeded in the light of the student interest, development of the simulation possibilities in Melbourne and HCMC and the perceived needs of the Pediatrics Department at the DaNang Hospital.
Recruitment of students involved taking initial expressions of interest, interviewing potential candidates using a set of pre-determined questions and finally, selection. With a collated list of the skills that the students had to offer to the project, the teams were then developed.

Two student project teams were formed:

- 5 Undergraduate IS students from RMIT Vietnam (involved in both project teams)
- 2 Undergraduate IS students from Melbourne (1st project team)
- 2 Undergraduate IKM students from Melbourne (2nd project team)
- 3 Postgraduate IM students from Melbourne (2nd project team)

**Design**

(Huan Vo-Tran, Siddhi Pittayachawan, Sue Reynolds, Bernadette Welch, Vic Kamay, Christopher Munro, Hoang Tran)

- Evaluation framework finalized;
  - Project aligned to WIL policy
  - Interview questions and schedule outlined
  - Design for analysis of data collected developed
- Determining platforms for student collaboration
  - Video conferencing established
  - Tele-conferencing established
  - Social media – Facebook page established
- Student communication issues were explored
- Diagnostic focus groups with Melbourne and Vietnam students prior to travel – around expectations
- Post project focus groups after each stage of the project to evaluate outcomes
- Simulations developed at RCH Melbourne and Franco Vietnam Hospital in HCMC
- Case study developed for use with Group 1 in Saigon South Campus

**Implementation**

(Huan Vo-Tran, Bernadette Welch, Christopher Munro, Vic Kamay, Hoang Tran)

There were a number of stages to the implementation of the project including:

- Identification of suitable students for the project
- Identification of appropriate courses for credit at both campuses
- Identification of team work and project based skills needed
- Identification and utilization of appropriate communication technologies
- Development of simulation ideas and implementation for both campuses.
- Project delineation in consultation with hospital staff, students and staff
- First project team (July) - Scoping and delineating the projects to be done in DaNang.
- Simulation at Royal Children’s Hospital, Melbourne
Feedback from first project team informs the second project team
  o Intensive work via Skype and Facebook to develop team approach
  o Intensive work in HCMC to work out the specific project teams and tasks
Second Project team (August/September)
  o 8 small projects developed and delivered
Feedback from second project team – interviews and project logs and documentation of outcomes.

PROJECTS COMPLETED

In total eight major projects were completed for the hospital these included:

- Network diagram for the IT systems in the Hospital
  Students involved: Kris Kearney, Keith Lau
- A database implementation report for the mortality and morbidity statistics
  Students involved: Kris Kearney, Keith Lau
- The hospital intranet project
  Students involved: Triet Vo, Tuan Bui
- Work flow analysis report
  Students involved: Kris Kearney, Keith Lau, Hao Nguyen, Thao Phan, Triet Vo, Tuan Bui, Toan Nguyen
- Scoping of follow up projects
  Students involved: Kris Kearney, Keith Lau, Hao Nguyen, Thao Phan, Triet Vo, Tuan Bui, Toan Nguyen
- Hospital facilities audit database
  Students involved: Merissa Hood, Michael Hill, Hao Nguyen
- Hospital Fact Sheet developed to assist with the communication of information about the Hospital to project groups
  Students involved: Alexia Gibbons, Helen McDonnell, Thao Phan
- Development of Morbidity and Mortality Statistical Database for Pediatrics Department
  Students involved: Michael Hill, Hao Nguyen
- Development of the following IT Policy documents
  o Information Security Policy
  o Information Management Policy
  o Issue specific Security Policy
  Students involved: Jane McKinna, Toan Nguyen

ANALYSIS

Data analysed with a focus on student perspectives, and logistical and resourcing issues.
Data collected in the areas of
- Use of simulation techniques
- Cross cultural issues – communication, work practices, skill development
- Team/project work – global perspectives
- Skill development
- Personal / Professional outcomes

**EVALUATION**

There levels of evaluation were embedded in the project stages:

**Diagnostic**
- Survey of student and DaNang Hospital staff expectations
- Review of required human and material resources
- Consultations with School of BITL WIL Team, Business College Academic Development Group and RMIT Learning and Teaching Unit, RMIT Vietnam on WIL project design

**Formative**
- Online student reflective journals
- Project progress review during mid semester 1 and 2 – project team meetings
- Interim budget review

**Summative**
- Review of project processes and outcomes with senior DaNang Hospital staff
- Surveys and focus groups with Vietnam and Melbourne students
- Teacher journals and student blogs – qualitative feedback

The project improved student-learning experiences in the WIL offering by introducing them to an authentic international and cross-cultural context work placement offshore. Dual Hub staff collaboration was strengthened including opportunities for shared responsibility for developing and upgrading internationalised program curriculum prioritised by the College of Business (Dual Hub Sharing Responsibility Report, 2008).

The project leveraged the university’s strategic relationships with the DaNang General Hospital and RMIT Vietnam and fulfilled some of the information technology projects identified in an earlier BITL WIL scoping trip to the DaNang Hospital. It provided opportunities for our students both in Vietnam and Melbourne to cultivate sustainable professional networks. The framework also assessed the viability of the hybrid model and logistical issues for delivery and embedding it as a long-term alternative. It provides an alternative WIL Vietnam model as one option developed and offered by the School of BITL and disseminated across the College of Business and University. There is potential for multi-disciplinary collaboration between students across the Colleges.

A gap analysis, outlined below, was conducted using results from a survey distributed to the project participants. The survey questions sought to investigate differences between the those elements of their learning students believed to be important against indicators of the project’s success and actual project progress; in other words, a comparative analysis charting student perceptions of important skills for project quality and success, against actual performance.
indicators. This informs eventual curriculum emphasis on student outcomes and capabilities required for project success.

Elements of the project students identified as important include:

1. Time in spending with team members to establish a team work
2. Communication quality among team members
3. Trust among team members
4. Clear objectives of what team members have to do
5. Respect among team members
6. Compatibility among team members
7. Team members are proactive
8. Understanding among team members
9. Time in completing tasks
10. Team members are motivated
11. Value of this project towards my career
12. Support from the project staff members
13. This project was organised well
14. Learning how to work with people from different disciplines
15. Learning how to work with people from different cultures

The importance scale was observed using a 4-point rating scale (minutely important, moderately important, extremely important, and absolutely important). The performance scale was observed using a 4-point scale (very insufficient, insufficient, sufficient, and very sufficient). The data was analysed using a Rasch model to transform categorical data into an interval scale illustrated in the Figure 1 below.

![Figure 1. Project participants’ perceptions of important aspects in the performance of the project](image)

The dotted line is an identity line. Anything close to this line indicates that the gap between importance and performance is very small. Anything below the line indicates that the project performed well in those aspects. Anything above the line indicates aspects needed to be improved.
Based on the results, the aspects that the project performed well are listed below in the descending order:

1. Value of this project towards my career
2. Learning how to work with people from different cultures
3. Respect among team members
4. Trust among team members
5. Learning how to work with people from different disciplines
6. Compatibility among team members

And, the aspects of the project requiring improvement are listed below in the descending order:

1. Clear objectives of what team members have to do; This project was organised well (two aspects are tied)
2. Communication quality among team members
3. Time in spending with team members to establish a team work
4. Team members are motivated
5. Support from the project staff members
6. Team members are proactive
7. Understanding among team members
8. Time in completing tasks

**LINKAGES AND DISSEMINATION**

This project links to the following RMIT University initiatives:

- RMIT Work Integrated Learning Policy
- RMIT Global Passport
- College of Business Report. 2010. Enhancing Dual Hub Global Passport
- LTIF 2009 Project – DaNang Hospital WIL

Dissemination of the findings will take both engaged and information approaches as elaborated by the Australian Learning and Teaching Council, and include the following strategies:

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<tr>
<th>Engaged</th>
<th>Information</th>
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<tr>
<td>A draft WIL course framework and recommendations for embedding and sustaining the course will be tabled to the School of BITL Teaching and Learning Committee for further discussion of alignment to school programs.</td>
<td>Presentation of the findings of the project at the RMIT Learning and Teaching Expo 2011 and College Learning and Teaching Forum through a poster/display, and abstracts in forum materials.</td>
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<tr>
<td>The report and draft course framework to be tabled with the College Academic Board by the School Deputy Head L&amp;T, and feedback invited.</td>
<td>Presentation of project summary, abridged from the LTIF Final Report to be presented to RMIT Vietnam and DaNang Hospital partners.</td>
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**Workshop case study and learning activities**
with representatives from the simulation host hospitals.

**Three peer reviewed journal articles**
addressing key T&L themes about cross-cultural pedagogy and international problem-based learning projects.

* One journal abstract has been accepted for completion and presentation, the details of which are as follows:


The paper will then be submitted to AARL (which is an ERA B ranked journal).

Other topics under consideration are:
- cross-cultural pedagogy for work integrated learning
- effective use of social media and learning technology in international student projects
- developing WIL projects in the healthcare sector/ developing country context
- linking simulations to work placements

The academic journals being targeted for abstract/article submission are as follows:
- International Journal of Technology and Design (A ranked)
- International Journal of Pedagogies and Learning (A ranked)
- Curriculum Perspectives (B ranked)
- E-Learning (B ranked)
- Journal of Technology Education (B ranked)
- Journal of International Business Education (C ranked)

**CONCLUSION**

An Australian female student commented that the Dual Hub WIL project “…challenges you to question whether what you do is necessarily the only way...” Feedback from the Vietnamese and Australian students gathered in the surveys and focus groups all note that involvement in the LTIF changed their initial perceptions and increased their awareness of difference, and the challenges of managing a complex, multidisciplinary and cross-cultural project. It was unanimous that the critical challenge was the difference in English standards, and the burden on some of the Vietnamese students to fulfill the role of translators at the hospital while also trying to undertake their project role. Different approaches to work tasks and collegial relationships were also highlighted.

There was general agreement that the learning experience had been engaging and worthwhile, however some feedback noted a sense that project goals or tasks of subgroups needed to be more clearly articulated at the start. Some organisational challenges on the ground at the DaNang Hospital were identified regarding the hospital staff's awareness and appreciation of the students' role and expertise. This suggests that the case study and simulation need further refinement to ensure that each learning activity is specifically mapped to a unit capability or learning outcome, and that more weight is given to preparing the students for the cross-cultural and general communication skills that will be needed to carry out a project in Vietnam. Specifically this should be focused on building a common team understanding and keeping the stakeholders fully engaged and informed at each stage of the project.
The 2011 focus for the relationship between RMIT University and the DaNang Hospital, in relation to Dual Hub WIL activities, should be to support and develop the opportunity now provided to a Vietnamese student to undertake an internship at the hospital. This will formalise ongoing industry sector collaboration between the University and the DaNang Hospital, and could be leveraged for other Global Passport and WIL activities in the near future. Now that the electronic database has been implemented, it is time for the provider to step back and allow the DaNang Hospital, as the client, to have ownership of the system’s use and maintenance. A review might be undertaken in a year’s time with the agreement of the DaNang Hospital to assess the degree to which the system has been embedded in their hospital record keeping and information management practice, and to identify any gaps that may be impeding its uptake, such as staff training. Now that the Dual Hub WIL Project has established the infrastructure, it is logical to shift the focus for any future WIL activities to system management capacity building at the hospital.

REFERENCES


Bennett, K.C. “International Business/Practicum”, ACEN website


Ellis, B. and Heffernan, P. (2002) "Regional campus and global interchange: taking off the monocultural blinkers." ultiBASE.


Goddard, T and Gribble, N. “Occupational Therapy Abroad WIL Vignette”, ACEN website


APPENDICES

1. Simulation Case Study Example

Case Study - Central District Hospital

This documentation relates to the IT Capacity building project at Central District Hospital in Vietnam. Included are a brief description of the public hospital system and a more specific description of the Central District Hospital. Some assessment of the current IT capacity and the changes that have already been instituted are included.

The Public Hospital System in Vietnam

The public system has retained its tiered structure of:

- Large, central, and specialist hospitals directly under the Ministry of Health (MoH) and located mostly in Hanoi or Ho Chi Minh City;
- Provincial hospitals (in each of 64 provinces);
- District hospitals (50–100 beds, consultation and treatment rooms; staffed by doctors, nurses, administrators);
- Commune health centers (four to six beds, delivery room, medicine cabinet; staffed by doctors, pharmacists and nurses; do not treat any serious cases, which are transported to the district hospitals, often by motorbike). The commune health centers also pay allowances to “Village Health Workers,” who are volunteers involved largely in immunization and family planning.

There are 26 “central” hospitals. The distinction between provincial and district hospitals is not so clear as the hierarchy implies; it is based more on the number of beds and facilities than on geography. The provincial departments of health manage them all, and there are 800 of these. Finally, there are over 10,000 commune health centers, making an average of about 13 such for each provincial/district hospital. (Tran et al, 2006)

Central District Hospital

Medical Capacity

The Central District Hospital has 9 Departments ranging from Pediatrics to Neurology and has an Emergency Department as well. It has 400 beds and including 50 beds in the pediatric department.

100 doctors and 300 nurses are currently staffing the hospital.

Over 100 patients are treated each day in the Emergency Department and about 75 people admitted each day.

As a District Hospital it has benefited from national Government money allocated to the development of a networked system of collection of patient record information. With the help of some philanthropic donations, this system is slowly being developed.

IT Capacity

In Vietnam, much work has been done on the Internet backbone in recent years and there is now reliable access to the Internet generally available. The Hospital has recently employed some IT specialists (3) and has a director of IT who is a trained doctor, plus 2 technicians. The Hospital has recently purchased a Patient Records Management System and has begun to input data in a limited manner due to the limited workstations and IT skills of the hospital staff. The present system of patient record keeping is mainly on paper with a number of duplicates kept. It is anticipated that the new Patient Records Management System will handle a minimum of 100,000 electronic records each year. There is a need to much better record keeping both in the hospital itself and with other healthcare providers.
Tasks that have been identified:

- There are 60 computers waiting to be rolled out for use in the various departments of the hospital and not enough technicians to do this in a reasonable amount of time. Decisions need to be made about the current server which is more than 5 years old, setting up a standard operating environment, the acquisition of networking monitoring software, installation priorities and timelines, the development of training documentation and protocols as well as estimation of project timelines and costs. The actual rollout needs to be completed in a short amount of time and needs to be managed.

- Management of Patient Health Records – Decision need to be made about processes for input of data, training, storage, access to information, archiving and backup strategies.

- Validated and readily accessible health information for the medical staff has also been identified as an area or need. Now that the access to the Internet is more reliable and the network is ready to be installed, some work needs to be done on accessing appropriate health information. Work on the most appropriate way to access information, plus evaluation and selection of appropriate health information needs to be undertaken.

Project Description

Your company – HealthCare Records Management (HCRM) has been contracted to assist the Hospital in the rollout of the network infrastructure, software and the training of medical personal in using the new system. You have been asked to provide a scoping report on what tasks need to be done, in what order, materials needed, the timeline and policies and procedures to accompany these major changes.

Readings:


WHO and Australia - http://www.who.int/countries/aus/en/

National Hospital of Pediatrics - http://www.benhvienNhItu.org.vn/Intro_EN.asp
2. Project Terms of Reference with DaNang Hospital

Listed below are the emails outlining the project terms and the agreements made between RMIT and DaNang General Hospital.

Dear Huan

Firstly, I say to thank for your attention and we will be glad to meet you again at Danang hospital. I had delivered your email to Dr Thanh - Director of Danang Hospital and he agreed with your plan to support in IT and information management. But he want you send to him a more detailed plan including time, purpose, content of working and your requests, because when we have a project with the foreign organizations we need to explain with the authorities by documents.

Again, thank you and your colleagues for help. I'm looking forward to meet you.

Kind Regards

Dr Man.

On Mon, May 17, 2010 at 10:33 AM, Huan Vo-Tran <huan.vo-tran@rmit.edu.au> wrote:

Dear Dr. Thanh - Director, Da Nang General Hospital,

First and foremost, I would like to thank you and your hospital staff the hospitality you had shown Mr Vic Kamay and myself last time we were there in September last year. We were both extremely impressed at the work that you and your staff have achieved with the limited resources that you have. We were so impressed with this that we decided to come back to Australia and apply for a university grant to come back to support you with your IT and Information Management needs.

I will be leading the first group of students to Da Nang, and in total there will be seven RMIT University students accompanying me - two from RMIT Melbourne and five from RMIT Vietnam. At this point in time we are looking to arrive in Da Nang and working on the project at your hospital from the 25th June and depart on the 1st July. My colleague Ms. Bernadette Welch will be accompanying the second group who will be in Da Nang on the 26th August to 1st September. All we request during our visits is your support in arranging your staff to work with out teams in particular your IT and Pediatrics departments. Also for your reference are the CVs of the students who will participate in this project.

Kind regards,

Huan

Dear Huan,

At first thank your attention. I often contact student VietNam RMIT and they had installed SmartHospital successfully. I also contact Mr Hendry via email.

My Director agreed with your project supporting IT in Danang Hospital. As our discuss last year, Danang hospital need the following:

1. Support to upgrade Smarthospital to web interface.
2. Maintaining software and network infrastructure, including pc and server.
3. Expanding software to remaining departments.
4. Training medical staffs about he using basic IT knowledge.
5. Training IT staff about coding and security policy.
6. Introducing some newer technology.
I think above things maybe a lot for one week when they stay in Danang.
I'm looking forward to meet you.
Best Regards.
Dr Man

On Tue, Jun 8, 2010 at 7:10 PM, Huan Vo-Tran <huan.vo-tran@rmit.edu.au> wrote:

Dear Dr. Man,
Could you please indicate which projects you want our students to work on while they are in DaNang?
Kind regards,
Huan

Dear Huan,
It will no change to the project, I had informed to Dr Thanh - Director of Danang Hospital and Dr Xuan - Head of Paediatric dept. and my director will meet you in the Friday morning.
Could you tell me your arrive time and the flight number to DaNang.
I'm looking forward to meet you at DaNang.
Kind Regard
Dr Man

On Mon, Jun 21, 2010 at 12:37 PM, Huan Vo-Tran <huan.vo-tran@rmit.edu.au> wrote:

Dear Dr. Man,
Our students are now at RMIT Vietnam and preparing for the project at your hospital soon. We will be there this Friday and wondering if you have had the chance to set up the meeting with the Hospital Director and Dr. Xuan?
Kind regards,
Huan

Dear Huan,
It is a pleasure to hear from you and I agree with your plan. Please send the CV of your team to me. I'm looking forward to meet your team at Danang Hospital.
Best Regards
Dr Tran Ngoc Thanh
On Mon, Jul 26, 2010 at 10:22 AM, Huan Vo-Tran <huan.vo-tran@rmit.edu.au> wrote:

Dear Dr. Thanh - Director, Da Nang General Hospital,

First and foremost, I would like to thank you and your wonderful staff (especially Dr.Man and Dr.Xuan) for the hospitality that you had shown both the students and the teaching staff at RMIT University during our last visit in late June - early July, and for this we are extremely grateful.

I am writing to you this time to ask for your permission once more in relation to RMIT students visiting your hospital and working on Information Technology and Information Managements projects. My colleague, Ms. Bernadette Welch (A lecturer in the School of Business IT & Logistics) will be leading the group of 10 students from both RMIT Vietnam and RMIT Melbourne this time around.

Our students will be on visit from Thursday 26th August to Thursday 2nd September in which they will be able to continue the projects they have started in June/July and also work on as well as devise new projects in, which will form part of the assessment in their respected degrees. It is anticipated that this time students will work on the following projects:

1. Continue with the maintenance and roll out of desktop machines.
2. Install Smart Hospital on a number of identified workstations.
3. Training selected BVDN staff in the use of Smart Hospital.
4. Looking at the movement of patient records from the old hospital to the new pediatrics hospital location.
5. Translation / assist with the creation an English version of the hospital website.

In terms of timing, our students are expected to work at the hospital from 9am to 5pm each day on the projects listed above, while taking Sunday 29th August off for a cultural visit around DaNang and its surrounding areas. What we request from you organisation are the following:

1. Access to your IT systems including the desktops and servers
2. Your support in terms of staff to work with our team.
3. A room in which students can sit down and work.
4. A letter from you in which the students can carry around the hospital indicating that you have provided them with permission to work on this project.

We will not be requiring any funding from the hospital as funds have been provided from the students themselves and RMIT University.

Please do not hesitate to contact me directly if you require any further information.

Kind Regards,

Huan

Dear Dr Man,

My name is Bernadette Welch and I am the Lecturer in charge of the second visit by RMIT students. Huan Vo-Tran has forwarded my CV for your information.
I would like to follow up on Huan Vo-Tran's email regarding the second visit of the RMIT students to Da Nang General Hospital. He has already sent the CV’s of the students and staff who will be coming next week on Thursday 26 August.

We will arrive in Da Nang in the morning and would like to come to the Hospital to discuss the projects in the afternoon. Would this be possible? Then the students could start work on Friday morning in the Hospital.

We have had some discussion with Dr Hoang in Melbourne about the projects that might be possible and we have developed the following list:

1. IT software and network rollout - continuing the work started in July
2. Audit of equipment and facilities in Paediatric ward
3. Website design and construction - English language version
4. Medical Research Information Portal to be used via Website - Validated health information (English and Vietnamese)
5. Fact Sheet for the Hospital - English Language and Vietnamese Language for use by RMIT student volunteers
6. Database design and construction (using Access) - Mortality statistics for the Pediatric Ward

There may be other projects that you could suggest as well.

There will be 10 students and 2 staff members coming on this trip. The 5 Vietnamese students will be returning and there will be 5 new students from Australia.

Is there anywhere we could work in the Hospital. I understand that space is a problem. Perhaps we can discuss this when we meet on Thursday 26 August?

I am looking forward to meeting you and our time at the Hospital and thank you for all your time and effort in facilitating the projects for the students.

Regards,

Bernadette

Dear Huan

Pls find attached file. You need install SQL Sever 2000 with SQL and Windows authentication and restore data of smarthospital, then you run activate.exe to active this data. You could fill in fields the same in attached file

Best regards

Dr Man

On Tue, Jun 1, 2010 at 12:37 PM, Huan Vo-Tran <huan.vo-tran@rmit.edu.au> wrote:

Dear Dr Man,

We are having problems running the database here and wondering if you could help.
Could you please advise us:

1. What to fill in each field (attached image)

2. Do we need to install the database on an SQL server?

Kind regards,

Huan
3. Focus Group Questions and Feedback

Questions

<table>
<thead>
<tr>
<th>Australian Students</th>
<th>Vietnamese Students</th>
<th>Combined Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>How did you feel while working with the Vietnamese students? How is this different to working with your groups in Australia?</td>
<td>How did you feel while working with the Australian students? How is this different to working with your groups in Vietnam?</td>
<td>Which aspects of the project did you find most challenging? How did you tackle this?</td>
</tr>
<tr>
<td>If you had to do this project again, what would you do differently?</td>
<td>If you had to do this project again, what would you do differently?</td>
<td>What have you learnt from this project that you can apply later on?</td>
</tr>
<tr>
<td>What have you learnt from this project that you could not learn from your co-op year?</td>
<td>Do you think this project has prepared you sufficiently for your co-op year?</td>
<td>How have the simulations assisted you in completing this project?</td>
</tr>
<tr>
<td>Which aspects did you find challenging in working with Vietnamese students?</td>
<td>Which aspects did you find challenging in working with Australian students?</td>
<td>What do you think about the use of online communication technologies in this project?</td>
</tr>
</tbody>
</table>

Cross-cultural Issues

Summary - All students, including the Vietnamese students, interviewed in the focus groups identified language as the biggest challenge to the project management. Many expressed how their initial assumptions about the work approach of their counterparts from the other hub were proven wrong, or had changed views in a positive context. While Australian students in particular were surprised out the different approach to collegial relationship taken by the Vietnamese, many came to value the Vietnamese approach to building friendship as part of a successful work team.

1) Communication:

“I mean of course in Melbourne, I always talk to international students as well, so I’m used to not broken English but below standard English. So it’s not really something I had encountered before but all of a sudden when you’re in the work environment, so when you’re actually where doing a DFDs and trying to, you know, communicate work stuff. I found that difficult because I had to repeat maybe five times or so until they understood. Both ways as well, so. It was really frustrating.”

Australian male student

“… the most challenging thing for me was I got frustrated at myself because I couldn’t speak Vietnamese. I found that really hard. Because our group required collecting large amounts of information from the hospital, I found it … I felt like we put too much pressure on Tao all the time and it was unfair that she had to do that. And she didn’t get to do some of the other things in
English which were probably what would have been what you should be doing. So I thought … I think we couldn’t get around that.”

**Australian female student**

“You need to develop more patience. So that’s something you need to ask about when you’ve gone definitely. ‘Cause you can’t speak as quickly as you do normally. You have to … you have to pause and you have to wait. I was prepared for that. Regarding business etiquette, I learned a lot about the Vietnamese business etiquette, basically how meetings are conducted, how the hierarchy of powers here and how it flows down the system.”

**Australian male student**

2) Approach to work:

“For me, it’s very easy to know in your head, like it’s actually that different cultures and different organisations have different ways of working and you know, that you all get things done anyway because, you know, just by the fact that they’re different. But it’s much more, I don’t know, makes it real when you actually do that. And it sort of challenges you to question whether what you do is necessarily the only way of … do you know what I mean, just in terms of culturally and as a hospital and the hierarchies and all that sort of stuff. I really enjoyed being able to talk to the students about the differences between us and just actually like experiencing that as opposed to just talking about it in the abstract. So that was really good.”

**Australian female student**

“the Vietnamese students, it just depends because given a task, they will complete it. But I’m not sure how well they are thinking of other ways the task could be done, okay. So rather than following a text book sort of style, opening your mind and thinking creatively or, I don’t know how to word it, but basically … (they’re not thinking) of better ways to do it, or, you know, rather than just getting an order and doing it.”

**Australian male student**

“… you know in Australia you can do things quickly? Here it’s a bit slower because we’re working with limited resources. So basically you can’t do as many things as you want in the same amount of time you were doing it in Australia. And you need to be prepared for that and take things a bit slower, step by step.”

**Australian male student**

“The first thing I see is they are working quite … very professional. It means they do … they do the work and they won’t stop until they … they finish it. Vietnamese is like sometimes, the peop … some Vietnamese students, if they … if they have to do it but they don’t really like it, sometimes they just work to finish their duty. But the Australian … Australian students, I feel even when they like it or not they still put on the efforts in the project because it’s their responsibility.”

**Vietnamese male student**

3) Collegial relationships:

“I also found that maybe it’s culture, culture played a big part…Personal space in Vietnamese culture, they’re more … they don’t really … not that they don’t care about personal space but they
can be more touchy-feely. So whenever you’re working with DFD let’s say, they’d come right next to you and then like … like right next to you, so touching, legs touch, hands touch sometimes.”

**Australian male student**

“I believe the Vietnamese people and stuff are very nice, so it was very nice dealing with them. They ask you about your personal life, okay. It’s not all about uni and work. They do want to get to know you as a person. Me, myself, I had a great experience with them. One of the hospital staff took me to their house for dinner and apparently that is a big thing here. So he, not knowing fully who I am, he opened up his house to me and so yeah.”

**Australian male student**

“Like they are, before coming to this project I am think that they are very dominant, like they always want their idea to be accepted, not ... will not accept our ideas, but these Australian student are very understanding, and listen to us very well.”

**Vietnamese female student**

**Workplace Issues**

Summary - All students expressed concern that the hospital might revert back to their old approaches and not use the system. There was some concern expressed by the students about how seriously their knowledge and expertise might be taken by the hospital, if they were viewed as “just students”.

1) Preparation

“So it means at the start we should have been ... we should have been told, we were the information gatherers in the field. Basically collecting information to prepare the next group, or anything that was told. I personally expected to come in and hear some stuff and ... you know which is fine, we did some stuff. But if the primary goal was to just come here from the start and straight away gather information, as much as we can, we could ... probably would have been more successful.”

**Vietnamese male student**

“I want to know the project, after the objects being more clear. And I want to like, I want to have ... be more in ... independent, like in the first two day, without you we can ... we cannot do anything, something like that.”

**Vietnamese female student**

“Yes. I was in the same group and I think, yeah, trying to find out exactly what they want was really difficult, especially ‘cause we’re not speaking their language so we’re relying on an interpretation. I think what could have been really good, I don’t know if it would work or not, if one or two people came over say four days early and spent four days just finding out requirements for say four different projects and then the rest of the groups arrive and get the requirements set out, rather than having 10 people here spending a few days trying to find out what they actually want.”

**Australian female student**
“I think the most challenging thing in this project is about the awareness of all the departments in the hospital. We got I think only the start in [unclear] department know about us. When we request information about the whole hospital, when we come to the other department, they not really know what we … what we are doing in … in the hospital. So we had to have the Doctor Song, he take us to that department to tell them what we are doing. And also I think at the ending we wrote a letter for request information from … to ask for permission from the director or someone, but we not really take advantage of that. We just have the signature from Dr Song, the head of the department, [unclear] department, but we did not have the signature from the director.”

Vietnamese female student

2) Organisational view

“For me it’s being thrown into an organisation and then given the role of kind of defining what to do with it. So it’s kind of given you like a lot of experience in a way of like seeing things, so you see how things work and connect, how the organisation runs, issues to do with the organisation. You see the whole organisational view.”

“You’re forced to become more independent and you play a role.”

Australian male student

3) Resources

“That’s another thing, access to the resources, (in Australia) it’s easy to access the resources. You want to talk to your client? Easy. The client might lead directly to someone else and that’s pretty much, you know, within the same department. Here, you have to talk to these departments and they’re not always free, especially in a hospital.”

Australian male student

4) Complexity

“I think that basically this project was always going to be a complex project, but we were never made aware of that, so we didn’t know what to expect when we came in, but it was at the highest of complexity levels and having the buildings separated everywhere did not make things easier, it’s hard to get from place to place. But now we know how complex the project is and we have to work in that.”

Australian male student

5) Internship

“I think that the ... although I haven’t talked to the internship ... a friend who did an internship, but this is what I think, what I talk about the internship is like that when you do an internship, you will be in a professional environment and you will learn a lot from them. You may not really do the work but you may observe and learn how the professional work and learn from them. That’s ... that’s the thing that I think that this project will not teach you, the internship will.”

Vietnamese female student
4. Survey

**International collaboration in work-integrated learning**

Dear students,

You are invited to participate in this study on how work-integrated learning (WIL) students collaborate among themselves and personnel involved in the project at the international level because you are a participant of the LTIF project.

This survey has been designed to capture importance-performance and collaboration issues in this project by using a series of rating-scale and multiple-response questions. Your response is very important to the project as the results will lead to a better understanding of the current project quality as well as how to further improve collaboration among students from two RMIT campuses.

Your response will be combined with other respondents and only be used for statistical analysis. The results will be disseminated for publication in a summarised form, which cannot be used to identify a respondent in this study. Due to the nature of an online survey, I assume that you have given your consent by your completion of the survey.

Data collected from this survey will be stored in a secure location at RMIT University for five years. Please be assured that all responses will remain confidential and anonymous, and no one will have access to this data except Dr. Siddhi Pittayachawan.

I would be greatly appreciated if all questions are answered as honest as possible.

Best regards,

Siddhi

There are 2 questions in this survey

---

### Main

1. Please rate this project based on the following statements and aspects.*

   Please choose the appropriate response for each item:

<table>
<thead>
<tr>
<th>Time in spending with team members in order to establish a team work</th>
<th>Importance</th>
<th>Performance</th>
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<tbody>
<tr>
<td>Communication quality among team members</td>
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<td>Trust among team members</td>
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<td>Clear objectives of what team members have to do</td>
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<td>Respect among team members</td>
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<td>Compatibility among team members</td>
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<td>Team members are proactive</td>
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<td>Understanding among team members</td>
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<td>Time in completing tasks</td>
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<td>Team members are motivated</td>
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### LTIF 2010 Project

<table>
<thead>
<tr>
<th>Minutely important</th>
<th>Moderately important</th>
<th>Extremely important</th>
<th>Absolutely important</th>
<th>Very insufficient</th>
<th>Insufficient</th>
<th>Sufficient</th>
<th>Very sufficient</th>
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<tr>
<td>Value of this project towards my career</td>
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<td>Support from the project staff members</td>
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<td>Learning how to work with people from different disciplines</td>
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</table>

2 Please tick any that applies to you on how you interacted, experienced, and thought about each person involving in this project.

Check any that apply:

<table>
<thead>
<tr>
<th>Alexia Gibbons</th>
<th>Bemadette Welch</th>
<th>Bui Tuan</th>
<th>Christopher Munro</th>
<th>Helen McDonnel</th>
<th>Huan Vo Tran</th>
<th>Keith Lau</th>
<th>Kristen Kearney</th>
<th>Marissa Hood</th>
<th>Dr. Man Pham</th>
<th>Mary-Jane</th>
<th>McKinna</th>
<th>Michael Hill</th>
<th>Nguyen Nam Toan</th>
<th>Nguyen Phuc Vinh</th>
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<th>Phuong Thao</th>
<th>Vo Minh Tien</th>
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5. Email of feedback from DaNang Hospital

>>> Man Pham Nhu <manpham@gmail.com> 10/05/10 11:19 AM >>>

Dear Huan,

Sorry for reply late because I have to wait some suggestions from other people, especially from pediatric award, and we all rate your students at:

Delivered more than we could possibly have hoped for – 80-100%

Best Regards,

Dr Man
On Mon, Oct 4, 2010 at 5:47 PM, Huan Vo-Tran <huan.vo-tran@rmit.edu.au> wrote:

> ** High Priority **
> >
> > Dear Dr. Man,
> >
> > Sorry to bother you once more, I sent an email the other day in relation to feedback for our students. As apart of the student assessment we require feedback from the clients of the project. If it is not too much to ask could you please rate our students on the scale below and send it back to me as soon as possible?
> >
> > Dissatisfied – 0-49%
> > Satisfied – 50-59%
> > Slightly exceeded expectations – 60-69%
> > Exceeded expectations considerably – 70-79%
> > Delivered more than we could possibly have hoped for – 80-100%
> >
> > Many thanks,
> > Huan
> >
> > Huan Vo-Tran
> > Lecturer - Information and Knowledge Management.
> > Co-Program Director - BBIKM
> > School of Business IT & Logistics
> > RMIT University.
> > Building 108 Level 17.
> > 239 Bourke Street Melbourne, VIC 3001.
> > Tel: +61 3 9925 1699
> > Fax: +61 3 9925 5850
> > CRICOS provider code: 00122A