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Research Paper

A comparison of learning obstacles and teaching style preferences of international students from South Asia with local students of medical school in China

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ABSTRACT

Globalization of medical education faces the challenge of enhancing education efficiency for international medical students (ISs). To design and apply more efficient teaching methods for the ISs, it is essential to understand the difference in learning obstacles and teaching style preferences between ISs and local medical students (LSs). Thus, we investigated these issues through questionnaires among ISs and LSs in the same semester during physiology course in Harbin Medical University. Our survey revealed that a large number of ISs and LSs had difficulty in establishing connections between different courses learned in different semesters and in dealing with heavy course load in the same semester. Compared to the LSs, ISs had more problems in communicating with teachers but felt less course load. LSs preferred learning more through lectures and online resources while spent longer time studying independently after school hour; however, they had less interest in reading textbooks and actively interacting with the teacher. ISs preferred to distinguish themselves in learning tasks and interact with teachers in the classroom or through interactive website while they had higher expectations for educational reform that makes the teaching process more flexible with more students' initiatives. Thus, in designing teaching modalities, these characteristics should be considered.

Key words: Basic science education, learning obstacles, physiology, South Asian students, teaching style preference.

INTRODUCTION

In the development of globalizing education, China has attracted more and more international students (ISs) to enroll in the institution for degree education (Yu et al., 2017). By 2017, the number of ISs studying in China reached 489,200 and the annual growth rate of ISs exceeded 10%. They came from 204 countries/regions and studied in 935 colleges and universities in China, among which undergraduates accounted for 84.5% (Zhang et al., 2018). These students including a significant proportion of medical students (Chang, 2017) are mostly from South Asian countries including India, Pakistan and Nepal, etc. Their arrival has deepened the mutual understanding of the people from different countries and improved medical care levels worldwide (Suzuki and Nishigori, 2018).

However, due to differences in living area, race, culture, and religion (Nozari and Siamian, 2015; Wehrwein et al., 2007), ISs and local Chinese medical students (LSs) could have different learning obstacles and teaching style preferences. Importantly, with the same teaching materials, methods and final tests in China, the LSs usually earned higher mean scores than ISs in medical colleges (Zhang et al., 2015). This situation requires application of different teaching modalities that respectively target different teaching style preferences for the ISs and LSs, thereby, resolving their learning obstacles. Hence, it is necessary to understand what teaching style preferences and learning obstacles of the ISs from specific areas have and then design more targeted teaching modalities.

To reach this goal, we designed a questionnaire to investigate and compare the learning characteristics of ISs

Table 1: Questions of learning obstacles and teaching style preferences of the medical students.

S/N	Questions	Answer	Content
1	What is the obstacle for you to learn physiology actively?	A	Difficulties in communicating with teachers
		B	Heavy load of mandatory courses
		C	Lack of connection with previous knowledge
		D	The course is not important for clinical practice
		E	Sharing time with other issues
2	What is you preferred learning styles?	A	Focus on the lecture in classroom
		B	Learning from online resource
		C	Learning from textbook
		D	Learning from classmates
		E	Team-based learning
3	What is your feeling to be named for answering a random quiz in the classroom?	A	Encouraged
		B	Discouraged
		C	No idea
4	What is your feeling when being named to lead a summary of the course?	A	Happy
		B	Unhappy
		C	No idea
5	Does an interactive webpage containing answers for quizzes and guidance for next lecture helpful?	A	Helpful
		B	Not helpful
		C	No idea
6	Are you happy to be taught with a modality that has the features of TCA, SCA and online instructions?	A	Yes
		B	No
		C	No ideas
7	In your independent study, how much time do you spend on physiological learning?	A	Less than 30 min
		B	30 min to 1 hour
		C	More than 1 hour
8	Will 10-20 min per day browsing online course to get answers increase your burden or stress?	A	Yes
		B	No
		C	No ideas

Note that: TCA, teacher-centered approach; SCA, student-centered approach.

and LSs in studying physiology, a mandatory course in the education of basic medical sciences and found that the two populations of students do encounter different learning obstacles and have significant difference in teaching style preferences. This finding highlights the necessity to design a more targeted teaching modality that combines the strength of teacher-centered approach (TCA) and the student-centered approach (SCA) of learning.

MATERIALS AND METHODS

Subjects

Anonymous questionnaires were performed in 2017 among 68 ISs and 259 LSs in Harbin Medical University. All studies complied with the Declaration of Helsinki and were in accordance with the regulation of Institutional Review Board of Harbin Medical University. All students attending the survey provided signed agreement.

Questionnaires

The survey was performed in the middle of a series of physiological courses in the third semester. Eight questions were designed; every question had 3 to 5 optional answers and the survey took about 10 min. Before the survey, questions and keywords were explained to ensure that all participants fully understand the meaning of each question. Table 1 shows specific contents of the questionnaires listed.

The question about the factors that influence students' efficiency of studying physiology or learning obstacles include: 1) difficulty in communication with teachers; 2) heavy load of mandatory courses; 3) lack of connection between knowledge learned in previous courses and the

Table 2: Percentage of answers of IS versus LS to each question.

S/N	Questions/answers	Variable	A	B	C	D	E
1	Factors influencing learning efficiency	IS	19.7	28.8	42.4	1.5	7.6
		LS	6.7**	39.9	38.8	0.7	13.8
2	Learning style preferences	IS	40.2	14.6	25.6	6.1	13.4
		LS	53.4*	22.6	12.2**	5.9	5.9*
3	Answering random quizzes	IS	76.6	14.1	9.4		
		LS	79.4	18.3	2.3*		
4	Student-led summary	IS	90.2	9.8	0.0	-	-
		LS	29.8**	7.9	62.3**	-	-
5	Interactive webpage	IS	93.0	5.6	1.4	-	-
		LS	92.5	3.9	3.6	-	-
6	New teaching modality	IS	89.7	6.9	3.4	-	-
		LS	52.8**	12.1	35.1**	-	-
7	Independent learning time	IS	22.6	54.8	22.6	-	-
		LS	23.6	35.0**	41.4**	-	-
8	Burden of online interactive learning	IS	25.9	53.4	20.7	-	-
		LS	52.6**	31.6**	15.8	-	-

Note: IS, international medical student; LS, local medical student; * and **, *P<0.05* and *P<0.01*, respectively, compared between IS and LS.

ongoing lecture; 4) the importance of the course for clinical practice; 5) time to deal with private issues etc.

Questions to investigate teaching style preferences of the students include: 1) preferred source of learning; 2) attitude in answering random quizzes; 3） attitude to lead a course summary under the guidance of teacher; 4) attitude to use in an interactive webpage to interact with teachers and their students; 5) attitude towards a new teaching modality, which would combine the TCA with SCA of learning. In this modality, the key course contents would be taught through Microsoft PowerPoint presentation that is enriched with visual-aural-read/write-kinesthetic methods (Chen et al., 2017; Lin et al., 2017), strengthened with students-leading course summary and other layers of course structure including pre-lecture quiz and post-lecture quiz. In addition, a website for interactive online instructions would be used to post answers to the quizzes in the classroom and guide students throughout the next course between two consecutive lectures and explanations of difficult questions while answering individuals' difficult questions directly through interactive windows of the webpage by the teacher. Other questions include: 1) how long the students actually study the course contents independently after the class; and 2) if browsing online course instruction would be a burden.

Statistical analyses

The survey results were input into the Excel spreadsheet and then analyzed with SPSS 13.5. The difference in answers between ISs and LSs was compared with Pearson Chi-square test or Fisher exact probability methods. Data are expressed as % of the total number. P<0.05 is considered statistically significant.

RESULTS

In the class of ISs, we issued 68 copies of questionnaires and collected 62 questionnaires with a recovery rate of 91.2%. In the classes of LSs, we distributed 259 questionnaires and collected 236 copies, with a recovery rate of 91.1%. There is no significant difference between the two populations (P>0.05). The main reason for failure to recover is the sick leave and personal leave of the students.

Factors influencing the efficiency of studying physiology

Knowing the characteristics of students is a pre-requisite for developing more appropriate teaching modality. Thus, the factors influencing the efficiency of studying physiology were first investigated.

As shown in Table 2, among ISs, 19.7% had difficulty in communication with the teacher; 28.8% thought that there were too many mandatory courses to study; 42.4% of the ISs thought there was lack of connections between previously learned knowledge and the ongoing course, while 7.6% answered that they need time to deal with personal

issues. Only 1.5% thought that physiology is not important for clinical practice. By contrast, LSs perceived these issues at the ratio of 6.7, 39.8, 38.8, 13.8 and 0.7%, respectively. Compared to the ISs, LSs had significantly less problem in communication with the teacher and stronger perception of a heavy load of mandatory courses. However, there was no significant difference in identifying poor connections between previously learned knowledge and presently studying courses (38.8 to 42.4%) after times spent on private affairs and understanding of the importance of physiology in medical practice. These differences are in line with the common consensus about the influence of language barrier, socio-economic environment and the inherent regulation of medical education (Zhang et al., 2014).

Teaching style preferences

Teaching style preferences are largely a reflection of optimal strategy to overcome learning obstacles that were perceived by these students. As shown in Table 2, 40.2% of the ISs selected attending lecture; 25.6% liked learning from textbook; 14.6% expressed the will to obtain knowledge by browsing online resources; learning in other forms was 19.5% including team-based learning and other sources. In addition to these first choices, 34.1% ISs also expected combining lecture and learning from text books with other learning methods.

Obviously, TCA learning remains the most popular learning approach while the preferred teaching styles were highly variable. By contrast, the ratio of selecting these items by the LSs was 53.4, 12.2, 22.6 and 11.8%, respectively. In addition, 34.4% LSs also selected combination of lecture with other methods. Statistically, more LSs preferred learning from lecture and online resources and more ISs selected learning from textbook. This result is in line with the learning experience of ISs who are more self-reliance relative to the LSs.

Further analysis shows that there was no significant difference in the willingness to answer random quizzes in the classroom (76.6% for IS vs. 79.4% for LS, $P>0.05$), and use online instructions (93% for IS vs. 92.5% for LS, $P>0.05$), both of which were the selection of majority of the ISs and LSs. However, more ISs showed the enthusiasm to participate in a student-led summary of the course content than LS (90.2% for IS vs. 29.8% for LS, $P<0.01$). Lastly, when the question was asked about the attitude to apply a teaching modality that combines TCA, SCA and online instructions into the education process, more ISs than LSs showed enthusiasm to participate (89.7% for IS vs. 52.8% for LS, $P<0.01$).

Time and burden of independent learning

To further characterize learning attitude of these students, we questioned their independent learning time and potential burden of executing the new teaching modality, particularly the online instruction. The answers indicate that ISs spent more moderate time (30 to 60 min, 54.8% for IS vs. 35.0% for LS, $P<0.05$) but less longer time (> 60 min, 22.6% for IS vs. 41.4% for LS, $P<0.05$) than LSs for studying the course independently. By contrast, less ISs perceived 10 to 20 min browsing online instructions per day to be a burden than LSs did (25.9% for IS vs. 52.6% for LS, $P<0.01$).

DISCUSSION

The present survey shows that the factors influencing the efficiency of studying physiology were mainly at heavy load of mandatory courses and lacks of connection between previously learned knowledge and the ongoing course. Compared with LSs, more ISs found difficulty in communicating with teachers and less ISs perceived the mandatory courses as a burden. In teaching style preferences, more LSs preferred learning through lectures and online resources but had less interest in reading textbooks and actively interacting with the teacher while spending longer time studying independently after school hour. ISs preferred to distinguish themselves and interact with teachers in the classroom or through interactive website while they had higher expectation for educational reform that would combine TCA and SCA closely. These findings provide a basis for reforming the teaching modality that would target the learning obstacles more efficiently in globalization of medical education.

Common learning characteristics of ISs and LSs

Despite differences in the education environment, cultural backgrounds and socio-economic conditions, ISs and LSs shared many common perceptions in learning obstacles and teaching style preferences that are the basis for designing efficient teaching strategies. As earlier mentioned a large number of these students found poor links of previous knowledge with the ongoing lecture and overloading with the mandatory courses.

The problem with the course connections seems inherent to the nature of course contents. In the first year, the mandatory courses mainly included Anatomy, Cell Biology, Histology and Embryology in addition to Medical Physics and Chemistry, which are largely an extension of the relatively factual education of high school curriculum. By contrast, curriculum in the second year, including physiology, biochemistry and immunity etc, requires more analytical reasoning skills (Waterval et al., 2017). Without providing a special bridge/link between these different knowledge systems, it is difficult to let students switch on the new track of learning. Meanwhile, a large fraction of the two populations of students sensed heavy load of the mandatory

courses although they face different kinds of challenges. To the ISs, adapting to the new cultural environment and passing the final examination are major challenges. The liberal style of learning and more interest/practice-based learning among ISs constitute a barrier to catch the "focus" or "key" of the course contents (Zhang et al., 2014). However, these focus/key contents are also the major questions tested in the final examination. Thus, they have to reluctantly input on reading and reviewing, thereby sensing the burden of mandatory courses.

Relative to the ISs, LSs need more time as regards learning medical terminologies in English and reviewing the course contents that are not fully digested in the classroom although they are good at catching the "focus" or "key" of the course contents (Zhang et al., 2014) with the aim to secure higher scores in the final examination. Correspondingly, more LSs spent longer time to study independently after the lecture. Thus, LSs felt more burden than the ISs. Obviously, these obstacles require teachers to pay special attention to inter-course connection and enhance lecturing efficiency so as to minimize course burden of the students.

In association with these obstacles, the students had diverse teaching style preferences with PPT-based lectures as the major preferred venue of learning, a result that is consistent with previous reports (Kharb et al., 2013; Ankad et al., 2015). In the survey, 40.2% ISs and 53.4% LSs preferred learning through the lecture. In the lecture, teachers are the main authority figure and can guide students to master substantial factual knowledge and analytic skills to ensure their owning the basis for clinical practice. A well-organized course structure can secure students' understanding of concept and mechanism, establishing link between different sets of knowledge and organizing individual facts into a functional system, thereby making the knowledge readily retrievable for future usage. Therefore, fully using the advantages of TCA learning in medical education is critically important for educating both ISs and LSs.

Expectation of network-assisted teaching is another common feature of the two populations of students. Despite the lower preferences (14.6 to 22.6%) in learning from random online resources, both ISs and LSs showed high enthusiasm (92.5 to 93%) toward a network-assisted teaching that is designed for resolving course questions, guiding for next course and serving as a platform of teacher-student interactions. When the intensive course arrangement does not allow teachers to organize team-based learning (Lisasi et al., 2014; Chen et al., 2017), problem-based learning (Yan et al., 2017; Schiekirka-Schwake et al., 2017), flipped or inverted classroom (Lin et al., 2017) or other time-consuming teaching modalities, posting more targeted teaching materials online along with course progress could better meet the demands of all students. Since beneficial effect of internet-based medical education has been extensively explored (Omer et al., 2017; Klumper et al., 2016; Durand et al., 2017; Cubas et al., 2017), its usage should enhance the efficiency of the TCA in medical education.

Finally, the enthusiasm to answer random quizzes in the classroom was high for both the ISs (76.6%) and LSs (79.4%), which is different from previous investigation that LSs in China were considered as a population of passive learning (Yan, 2015; Yi, 2016). This is likely related to the fact that Chinese students had accustomed to accepting "cramming education" from childhood to adulthood. However, the high ratio of LSs who wish to answer random quizzes likely reflects the progress of Chinese education reform and resultant activation of students' initiative of learning (Yang et al., 2012). Correspondingly, teachers should fully consider this trend in designing new teaching modality.

Differences in learning characteristics between ISs and LSs

Although ISs and LSs shared many characteristics in medical education, they have significant differences in the extents of sensing learning obstacles and preferred teaching styles in many aspects.

As shown in Table 2, more ISs had difficulty in communicating with the teachers. This is likely because the two student populations had different abilities in language usage and environment. The ISs from South Asia are good at listening, speaking, reading and writing English with big volume of vocabulary; however, several of them had strong accent in pronunciation, which made local Chinese medical teachers who were trained with standard English difficult to catch their questions without special efforts, thereby, slowing down the communication and frustrating further questioning and enthusiasm to actively attending the lecture. By contrast, LSs, although poorly trained in listening, speaking and logical thinking with small volume of vocabulary in English, are good at taking notes, catching the key contents and reviewing the courses following the lecture. In addition, they can obtain the answers in native language from the teacher after class. This situation can largely account for the difference in teacher-student communication between the two populations. Correspondingly, more ISs paid attention to obtain answers from the textbook while LSs spent more time to expand their knowledge in English and questions left in the classroom by browsing online resources. These differences highlight the necessity to train the teachers to adapt to the accents of South Asian students while providing more targeted guidance for using text books and online resources.

Further analysis shows that ISs had higher enthusiasm to perform student-led summary following teacher-dominant lecture and receive education through a combined TCA-SCA-Web teaching modality while feeling less burden to browse interactive page. This is in line with the observation that ISs

from South Asia are very active, like to brainstorm, dare to show himself in public while understanding the course contents quicker than LSs (Zhang et al., 2014). In contrast, despite the improvement in learning initiative, the LSs have universal shyness and is sensitive to "wrong answers" and feel humble in front of teachers and classmates. It requires considering the difference in learning initiatives of these students in designing a targeted modality.

In questioning the attitude towards browsing online interactive page, the reluctance of more than 50% LSs is likely associated with their view of the functions of electronics. From elementary school to university, LSs are accustomed to "reading books"; watching mobile phones or a computer is basically considered as an amusement. In addition, web learning requires that students have laptops, tablets, or computers as well as, a readily accessible internet, which is not as convenient as reading books. By contrast, the nature of international exchanges for the ISs made them prefer to use web learning at the first place.

Implications of the comparative study

The present study suggests that ISs and LSs perceived teaching problems differently, likely due to the differences in their language barrier, curriculum overload, financial constraints and the need for learning medical language and programs fostering intercultural-relations (Griffiths and Incecay, 2016; Malau-Aduli, 2011). LSs need to adapt to the modern education ideas and learn more actively and ISs should be aware of the importance of key course contents/focuses in the medical education system while using English with less accent.

The present survey highlights the necessity designing a targeted teaching modality that can resolve both the common learning obstacles and the problems inherent to different populations of medical students. However, current medical education system does not allow the application of individualized or effective but time-consuming teaching modalities. Thus, the teachers should fully use the beneficial effects of TCA-based teaching modality while combining with the SCA teaching and online instructions, to maximally meet their diverse demands. Further studies on the differences and designing more targeted teaching modality will definitely promote the efficiency of globalization of medical education and the health of humans.

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