11

ENGLISH AND
THE HUMANITIES IN THE IMU

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11.1 Preamble

The International Medical University (IMU) was established on the premise that it has to be international. The concept of being international then, was the essence of the IMU, through its international partnerships, faculty and students. Unsaid but implicit in being international is benchmarking against international best practices. Other ramifications such as teaching-learning activities, curriculum, research, staff and student mobility etc. would come out of this. To remain and further develop this principle of being international, English is critical. As a world language, English is not only spoken by the most number of people (1.8 billion) as a native and second language, but is the language of international communication.

Another reason for establishing the IMU was the aim to produce caring doctors with good core values. Humanities, or the study of human culture, encompassing literature, philosophy, history, including the broad area of the social sciences, is a means to instil core values including being caring, which is so important in healthcare professionals. The aim of exposing students to the Humanities is to provide an understanding of the human condition.

11.2 Introduction

The following sections will firstly situate the role of English and the Humanities in health education in the IMU. The role of English will be viewed through its impact as a global language that requires the organisation as a whole to consolidate efforts to ensure an acceptable level of English proficiency for staff and students to ensure effective communication in healthcare. The move towards introducing a broad education and integrating values in the culture of the organisation will examine the role of the Humanities in nurturing compassion, empathy, care and dedication among staff and students. The next section

provides a situational analysis of current practices in the IMU and attitudes among staff and students towards use of English and the Humanities in the organisation. To gauge the level of use and proficiency of English within the organisation among staff and students, a student profile of performance by programme was assembled and a survey of student and staff attitudes towards English was conducted. To reveal the depth of engagement in the Humanities, staff satisfaction and student involvement in the IMU clubs and societies were surveyed.

11.3 Background to English and the Humanities

11.3.1 Importance of English in Health Professions Education

With the development of globalisation, intercultural communication has become more frequent and more significant than ever before. English has taken its place as the 'lingua franca' for cross cultural communication. English plays an essential role in health professions education as almost all medical knowledge available is in English. Students, faculty and researchers need to use English for teaching, learning and research activities for effective communication. The vital role that English plays makes it the agent for change as well as international benchmarking .

Medicine is considered as a global profession with knowledge that has traditionally transcended borders for the benefit of the world population (Perez-Gomez & Ramos-Zuniga, 2012). Towards this end, it is essential to have a curriculum incorporating international standards to ensure compatibility with medical education overseas and which is also in agreement with global projects. The global independent Commission on the Education of Health Professionals for the 21st Century (Frenk et. al., 2011) concludes that "all health professionals in all countries

should be educated to mobilise knowledge and to engage in critical reasoning and ethical conduct so that they are competent to participate in patient and population-centred health systems as members of locally responsive and globally connected teams." Education and training in English will be a strategic axis that will allow us to reach such global concepts.

The curriculum framework must be developed to meet the needs of the educational institution, the students, relevant legislation, and any other stakeholders such as employers of the students. The aim is an ability to work using the English language, safely and competently (Milosavljevi, 2008). The IMU upholds an English-speaking policy that acts to advance English in all communications on campus. The measures to enforce this policy include monitoring by the Admissions Committee to ensure a robust first-line screening of candidates' English language proficiency for a medical university, especially for professional programmes. They are also responsible to ensure that students who enrol will most likely succeed in the programme.

Current methods of instruction most commonly used today for health professionals focus primarily on the English language while embedding health care terminology in the lessons. Institutes of higher education where English is the medium of instruction may receive students for whom English is not the first language. The courses developed employ principles of English for Academic Purposes (EAP) with the aim to teach content that is matched to the requirements of the learners (Kasper, 1997).The same refers to the IMU. The Language, Communication and Culture Department in the IMU offers EAP modules aligned to the IMU Learning Outcomes. Using teaching strategies that include student-centred learning, content-based learning, cooperative learning, authentic learning, self-directed learning and use of technology, students are guided to overcome linguistic difficulties and cope with core studies.

Content includes developing listening, speaking, reading and writing skills related to activities that include academic study and job-related tasks.

A large number of studies have been done to reveal the challenges facing Asian students who are studying in English-speaking countries. One study suggests including knowledge of nonverbal communication into English teaching so as to enable English learners to become fully competent as nonverbal communication is one of the prerequisites to acquire intercultural communicative competence (Shi & Fan, 2010). In the field of verbal communication, many studies reveal the insufficient language skills of students of Chinese background both in and out of academic fields (Berman & Cheng, 2001; Holmes, 2006; Tran, 2009). These language difficulties have negative impacts on their academic performance and participation in classroom activities. For example, according to Holmes' study (2006), some students of Chinese background would not communicate with New Zealand local students until they had acquired so-called "linguistic competence". In addition, Berman and Chen (2001) argue that language difficulties in speaking and writing may have a negative effect on students' academic achievement.

Students' expectations in the academic environment are given due attention as well; one of the criteria to gauge academic performance is clarity in communication. Studies have revealed that students perceive lecturers with poor English proficiency skills as being less competent teachers (Jensen *et al.*, 2013). Measures have been taken in the IMU through the Human Resource (HR) Department to screen new recruits for English language competency and to offer courses to improve English language skills for both academic and corporate staff.

11.3.2 Role of the Humanities in Health Professions Education

Medical ethics and the Humanities teaching provides students and medical officers with a fund of knowledge and skills of reasoning, discernment, and judgment essential to sustainable professionalism in medicine. Medical ethics and the Humanities build skill sets in visual observation, textual reading and interpretation, oral reasoning and writing (Doukas *et al.*, 2012).

Ethics teaches learners to manage ethical dimensions of patient care responsibly while literature teaches attention to narratives as learners reconstruct patient stories into medical histories that are necessary for accurate diagnosis and effective clinical management. The discipline of art teaches intense, detailed and comprehensive observation. The discipline of history provides historical context that can help prevent a naive view of progress that blinds learners to the limits of medicine. In their own ways, each of these disciplines promotes empathetic relationships with patients, which enhances compassion in medicine (Doukas *et al.*, 2012). All these disciplines reinstate the importance of understanding the human condition and, therefore, are important for moulding 'caring' healthcare professionals.

Professional socialisation entails gradual assimilation of the values and attitudes of the medical profession (Prince *et al.*, 2005). The need to display accepted forms of professional conduct becomes much more urgent when students enter the clinical phase. The challenges students face when they enter clerkships are not simply the application of knowledge and skills but also adjustment to a clinical culture, the assumption of new levels of responsibility, the shift to experiential and more self-directed learning processes and the continual process of adapting to new people, places, content and expectations (O'Brien *et al.*, 2007). This factor becomes more pronounced when there is an additional

dimension of cultural variations as happens when students transfer to partner schools overseas. Ting-Toomey (2012) defines three methods in which culture restricts effective cross-cultural understanding, namely, cognitive constraints, behaviour constraints and emotional constraints.

Over the past few decades, many medical schools have incorporated 'Medical Humanities' as either part of their core curriculum or an elective module. Humanities education may play an important role in cultivating or maintaining empathy during medical training (Schwartz *et al.*, 2009). In Europe, Medical Humanities in healthcare education was found to facilitate the development of empathy, interpretative capacity, understanding and self-care, as well as an ethical sense and responsibility (Fieschi *et al.*, 2013). Studying the Humanities may provide much needed opportunities for self-reflection about the intensive process of becoming a physician and may ease feelings of isolation or burnout (Shapiro & Rucker, 2003).

Medical educationists discovered that the study of the Humanities, whether in the form of literature, history or spiritual studies, enables graduates to appreciate the diverse cultural backgrounds of their patients or clients. Students, in turn, relish the opportunity to reflect on the social and cultural nuances of medical practice and their personal values as developing physicians (Andre *et al.*, 2003). Realising the benefits of imbibing values from the Humanities in the medical school curricula, the IMU's Language, Communication and Culture Department has designed elective modules for second-year students in the Medical and Dentistry programmes, which were rated as an exceptional learning experience by students (DMani, 2008). The Department has since increased the integration of the Humanities by offering a variety of elective modules to first-year students in the Medical and Dentistry programmes, ranging from 'Learning from the Arts' and 'Art and Healing' to 'New Perspective Through Theatre'.

Apart from the formal curriculum, values from the Humanities may be imparted through student extra-curricular activities. Involvement in a student society enhances the social integration of students, and may even reduce attrition rates (Gallagher & Gilmore, 2013). The IMU has long been supportive of the sharing of ideas, interests and concerns among student groups, and recognises the need to provide an all-important complementary learning experience outside the classroom. The establishment of student-driven clubs and societies aims to develop skills, knowledge and attitudes pertaining to ethics, communication, management and aesthetics among students (Student Services Department, 2011). Students are expected to play an active role in the Humanities and societal issues, which would mould them into critical healthcare professionals in sync with the complexities of human relationships. In 2011, as part of the initiative to inculcate core values in the university, the IMU Aflame Student Award was created. The aim of the award is to highlight the crucial role of humane practices among students of healthcare schools. As such, the prospective awardee should exemplify a caring, compassionate, and collaborative learner who will serve as a positive reinforcement to prospective healthcare providers for the need to have such desirable qualities in patient and client care.

In addition to the above, the IMU strives also to be an engaged university by participating in community activities through the IMU Cares programme. Students from almost all the programmes in the IMU actively participate in such community activities with much enthusiasm and interest. In 2013, IMU won the Talloires Network MacJannet Prize 2013 for the Kg Tekir project for their extraordinary initiatives and service. There are a number of other IMU Cares projects which run throughout the year with the support of different Schools and Departments in the IMU. Interestingly, a large number of students participate in such community activities. Students learn to interact, empathise and appreciate cultural differences through these activities.

One of the IMU Aspire strategies is to advance humane values among staff to nurture a caring culture. A healthy workplace refers to an environment that promotes psychological, social, physical and organisational conditions that foster employees' health (WHO, 2010). These include promoting work-life balance; workplace culture; resources for personal health; involvement in the community to further enhance employees' and family members, as well as the health of the community; a healthy physical environment and others. A healthy workplace that has such components as clear organisational strategies and good human relations embedded in the organisational framework has been shown to decrease the experience of mental distress in relation to work (WHO, 2010; Rout, 2000). Beneficial organisational policies and strategies that contribute to reducing mental distress at work have the capacity of decreasing the rate of absenteeism and turnover among employees and increasing their productivity and work satisfaction (Mosadeghrad *et al.*, 2011; Cyboran & Goldsmith, 2012).

The "I Love Working at IMU" initiative by the HR Department to improve staff relations is steered by a committee responsible for organising festive celebrations and work and social benefit talks to nurture a caring environment. Apart from this, the IMU Centre for Education (ICE) and the E-Learning Department has created awards to recognise outstanding staff for contributions to their initiatives to improve quality of work as well as staff relations. In an effort to promote awareness of the interface between the arts and health as well as to promote a culture of values, an annual Festival of the Arts is also organised by academic and corporate staff.

In line with the IMU's mission and vision statement, adopting English as the language for all communication plays a key role in enabling the IMU to become one of the foremost global healthcare universities and a leading

research centre by overcoming local and regional language barriers. The integration of the Humanities into the health education curriculum also enables the delivery of values-based healthcare and nurtures the development of broad education aimed to prepare competent, ethical, caring and inquiring graduates and thereby uphold the vision of IMU among all its faculty and students.

11.4 Profiling the English Proficiency Level of Students

11.4.1 Entry Requirements

Applicants are required to fulfil a minimum standard of English by passing the Malaysian University English Test (MUET), the International English Language Testing System (IELTS) or the Test of English as a Foreign Language (TOEFL) prior to enrolling in the IMU. Students without these requirements are given the option to sit the Password English Test* as a supplementary English proficiency qualification. Do we need to include twinning programme? students are expected to achieve a higher level of English language competency compared to students enrolled in the local programme. This ensures that only students who are fairly competent in oral and written communication skills are selected as English is the principal medium of instruction in these universities. Refer to Table 11.1 for the current English Proficiency levels recommended for the various programmes in the IMU.

The percentage of students meeting the English Proficiency over the past five years is given in Figure 11.1. The current result is 97%. This is mostly due to the reduced English Proficiency requirement for Pharmacy and Health Sciences from IELTS Band 6.5 or MUET Band 4 to IELTS 5.5 or MUET Band 3 or Password 5.5 (effective January 2012).

Table 11.1 English Proficiency Requirement for All Programmes

Medicine and Dentistry	Overall IELTS Band of 7.0 for overseas option and 6.5 for local option (up till August 2013) Overall IELTS Band of 7.0 (with 7.0 in each individual band) for overseas option and 6.5 for local option (effective Feb 2014)
Health Sciences, Pharmacy (local option)	Overall IELTS Band 5.5 or MUET Band 3 or Password 5.5
All Credit transfer options for Health Sciences and Pharmacy	Overall IELTS Band 7.0 (except for BP-UQ – IELTS Overall Band Score 7.0 (with 6.0 in each individual band)

Distribution of Student Enrolment with English Proficiency Requirements

Legend:
- English Requirement Not Met
- English Requirement Met

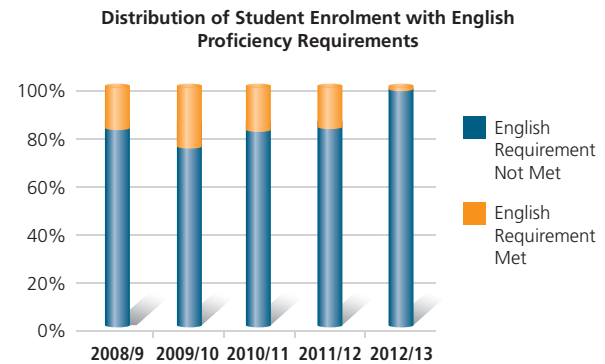X-axis: 2008/9 2009/10 2010/11 2011/12 2012/13

Figure 11.1: Distribution of Student Enrolment with English Proficiency Requirements

From 2012, the IMU adopted the Password test as an English requirement into the IMU programmes. The test results of this online assessment are available immediately and it offers a direct comparison to IELTS via CEFR. (Common European Framework of Reference for Languages: Learning, Teaching, Assessment, abbreviated as CEFR, is a guideline used to describe achievements of learners of foreign languages across Europe).

11.4.2 Assessment of English Proficiency in Programmes

The Language, Communication and Culture Department is tasked to support and monitor the English proficiency of students. The Department offers compulsory English Language modules that have been embedded into the courses, focussing on English for academic studies.

Students enrolled in the Pharmacy programmes and Health Sciences programmes (Biomedical Sciences, Medical Biotechnology, Pharmaceutical Chemistry, Dietetics with Nutrition, Nutrition, Psychology, Chiropractic and Chinese Medicine) are required to take a compulsory English module. Pharmacy students must take the writing module, Academic Writing, in Semester 2 while Health Sciences students are required to take the content specific language module, English for Health Sciences in Semester 1. The passing score for these modules is 50 marks.

Academic Writing is a student-driven module that requires students to produce two essays, complete several online tasks and sit a Final Test at the end of the module during which they will write a synthesis essay in the time allotted. Students meet their lecturers for six face-to-face sessions. For the rest of the module, students are expected to access the notes and complete the tasks uploaded on the e-learning portal as given in the schedule.

English for Health Sciences is an English for Specific Purpose module that focusses on enhancing students' ability to produce original language through writing and speaking tasks. Several listening and reading activities are included. Students attend class every week and complete different writing and speaking tasks, compiled in a portfolio. At the end of the module they sit a final test that tests them on reading, comprehension, vocabulary and writing.

Students in the Medical programme are supported through a programme that monitors the English proficiency level of students and is assessed through written assignments and formative oral activities conducted in the core programme. Students' use of English for academic tasks in the programme, both written and oral, is assessed by the medical and language faculty. Students who are identified for support are offered 30 hours of oral and written remediation.

Semester 1 Medical students are required to write assignments for the Personal & Professional Development (PPD) Workshop, Clinical Visit and Assisted Independent Reading (AIR). The written assignments for the workshop and visit require a reflective format and the AIR, a synthesis. The students also participate in Problem-based Learning (PBL) discussions, conduct an interview with simulated patients and attempt the Formative Objective Structured Clinical Examination (OSCE).

For both the Academic Writing and English for Health Sciences modules, the IMU raw scores are used. For the Medical programmes, the IMU English level is used as a measure to assess student proficiency. In this study, the raw scores were calibrated to the English levels. The level of achievement of students in each programme corresponds to the learning outcomes of the module offered to the said programme. Students' level of English achievement in individual programmes should not be used as a basis to compare between programmes (Table 11.2). Descriptions of the English levels are shown in Appendix 11.1.

Table 11.2 Comparison between the IMU English Level and the IMU Scores

IMU ENG LEVEL	IMU RAW SCORES	IMU GRADE
4 (Expert User)	80-100	A
3.5 (Very Good User)	70-79	B+/A-
3 (Good User)	60-69	B-/B
2.5 (Competent User)	50-59	C/C+
2 (Moderate User)	40-49	D+/C-
1.5 (Limited User)	35-39	D
1 (Extremely Limited User)	<35	F

11.4.2.1 Pharmacy Programmes

Table 10.3 shows the scores obtained for the English Proficiency Level for the two Pharmacy Programmes. In 2011, B.Pharmacy students achieved an average score of 2.8 and this increased slightly in 2012 to 2.9 while the M. Pharmacy students in 2012 improved tremendously with an average score of 3.3 compared to 2.8 in the previous year.

Table 11.3 Bachelor of Pharmacy and Master of Pharmacy English Proficiency Level, Cohorts 2011 and 2012

Programme	B.Pharmacy		M.Pharmacy	
Cohort	BP1/11	BP1/12	MPQ1/11	MPQ1/12
N	164	187	49	73
Minimum	2.0	2.5	2.0	2.5
Maximum	4.0	3.5	3.5	4.0
Mean	2.8	2.9	2.8	3.3
Mode	2.5	3.0	2.5	3.5
Std Deviation	0.5	0.3	0.4	0.4

11.4.2.2 Health Sciences Programmes

Overall, the average proficiency level of Health Sciences students in 2011 and 2012 ranged mainly from a score of 3.3 to a score of 3.1 as seen in Table 11.4.

Table 11.4 Health Sciences English Proficiency Level, Cohorts 2011 and 2012

Programme	Health Sciences	
Cohort	1/11	1/12
N	182	240
Minimum	2.5	2.5
Maximum	4.0	4.0
Mean	3.3	3.1
Mode	3.5	3.0
Std Deviation	0.3	0.3

11.4.2.3 Medical Programme

The three assignments that gauged oral and written English proficiency are scored on a scale of 1 to 4. The passing score for the data reported below is 3. As reflected in Table 11.5, for the 2011 cohort, the average score for the oral proficiency level obtained was 2.9. In the subsequent year, the cohort ME1/12 achieved a similar average score. This improved by 0.2 for the following cohort ME2/12.

For the three written assignments, the first cohort for 2012, cohort ME1/12, achieved an average score of 2.6 while the second cohort for that year, cohort ME2/12, obtained an average score of 2.8.

Table 11.5 ME2/11, ME1/12 and ME2/12 Oral and Written English Proficiency Levels

Skill	Oral			Written	
Cohort	ME2/11	ME1/12	ME2/12	ME1/12	ME2/12
N	248	233	245	233	246
Minimum	1.7	1.7	2.0	1.3	1.4
Maximum	4.0	4.0	4.0	4.0	3.7
Mean	2.9	2.9	3.1	2.6	2.8
Mode	3.0	3.0	3.0	2.7	3.1
Std Deviation	0.4	0.5	0.4	0.6	0.4

The overall proficiency in English of students in the Bachelor of Pharmacy programme for 2011 and 2012 is given as 'competent user'. The overall proficiency in English of students in the Master of Pharmacy programme for the years 2011 and 2012 is given as 'competent user'. The overall proficiency in English of students in the Health Sciences programmes for 2011 and 2012 is given as 'good user'. The overall proficiency in oral English of students in the Medical programme for 2011 and 2012 is given as being within the range of 'competent user' to 'good user'. The overall proficiency in written English of Medical students in 2012 is given as 'competent user'. These readings are reflected in Table 11.6.

Table 11.6 Summary of Proficiency in English of the IMU Students 2011 and 2012

Programmes and Cohorts	2011	2012
Bachelor of Pharmacy	Competent User	Competent User
Master of Pharmacy	Competent User	Very Good User
Medical	Oral: Competent User to Good User Written: Competent User	Oral: Competent User to Good User Written: Competent User

With the introduction of compulsory Language and Humanities modules effective October 2013, all students will be monitored closely to ensure the proficiency level is maintained if not advanced. Stricter regulations for examinations have also been imposed, requiring students to have 75% attendance and to pass in-course assessments before being allowed to sit the final examination. Students who fail the final examination will be deemed overall fail. These regulations have been enforced to ensure students take accountability in monitoring their progress and continue to be self-directed learners.

It will be compulsory for Medical and Dentistry students to elect modules focusing on advanced English and Humanities including Literature, Theatre, Art, Media and Communication. These modules aim to advance skills in the art of communication. Students will also co-organise the Humanities Day to present and perform activities that will boost self-confidence and strengthen communication skills.

11.4.3 Student Attitude Towards the Use of English

A survey was conducted among the IMU students to assess their attitudes towards the use of English. The students were surveyed for their perceptions of the importance of English as the medium of communication for:

a. their studies in the IMU

b. their future work as healthcare professionals

c. employment in Malaysia

d. employment overseas

A total of 541 students participated in the survey, which was carried out online through the IMU portal. Of the number of respondents, 68.6% were female while 31.4% were male students. The largest group of respondents were Year One students (29.6%), while the lowest (3.7%) were from Year 5. Results of the different responses between gender, year of study and programme did not yield any significant relationship. As such, the general descriptive data are reported. While this may not be strictly representative, it does provide useful insights. It must also be noted that it is not unusual, that Year One students are more responsive, as such, the data may reflect what younger, more recent students'z feel. See Appendix 2 for the complete data.

The students were asked to respond on a Likert scale of 1 to 4 (1=Strongly disagree; 4=Strongly agree) as shown in Figure 11.2. The majority of the students (82%) accept English as an important global language while 3.3% strongly disagree. About 77% of the students strongly agree that English is an important language for study while 3.5% strongly oppose this view. On the necessity to have good English in order to excel in study, 88.8% agree; however, 11.2% disagree that English is needed for academic success. About 95.3% of the students agree that English is important for employment and 91.2% agree that it is necessary to have good English to secure a respectable job. More specifically, 90.6% agree that English is important for healthcare services.
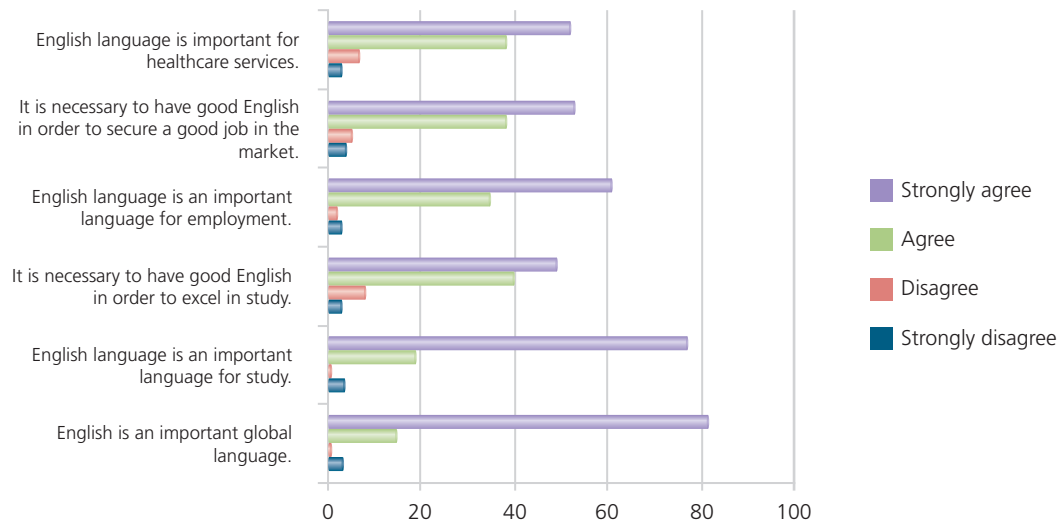

Figure 11.2 Student Attitude Towards English

The students were also asked to respond on a scale of 1 to 4 (1=Least important; 4=Most important) to the importance of the four language skills for their future work as a healthcare provider, as shown in Figure 11.3. The language skills specified were Listening, Speaking, Reading and Writing. About 83% of the respondents believe that Listening is the most important skill in healthcare services while 1.7% view it as least important. About 70% of the respondents deemed Speaking skills as being the most important for healthcare work while 1.9% report it as least important. Only 47.2% of the students rate Reading as most important while 2.5% believe Reading is least important. The final skill, writing, has 42.9% respondents who view it as most important while 4.9% believe it is the least important skill of all.

Figure 11.3 Importance of Language skills for Healthcare Services

The respondents were asked to rate the level of English they believed was necessary for employment in Malaysia and overseas based on the following scale: High / Good / Moderate / Low as given in Figure 11.4. Overall, an average of 52.6% respondents believe that the level of fluency in English in all four language skills needed for employment in Malaysia is "Good". Not surprisingly, an average of 83.4% rate the need as 'High" for employment overseas.

Of all four skills needed for work in Malaysia, only 34.2% believe they require a high proficiency level of Listening skills; likewise, a high proficiency level for Speaking received 31.8%, Reading 20.4% and Writing 21.8% respectively. As expected, respondents feel that working overseas requires a high proficiency level of 89.1% for both Listening and Speaking, followed by Writing at 77.7% and Reading at 76.6%.
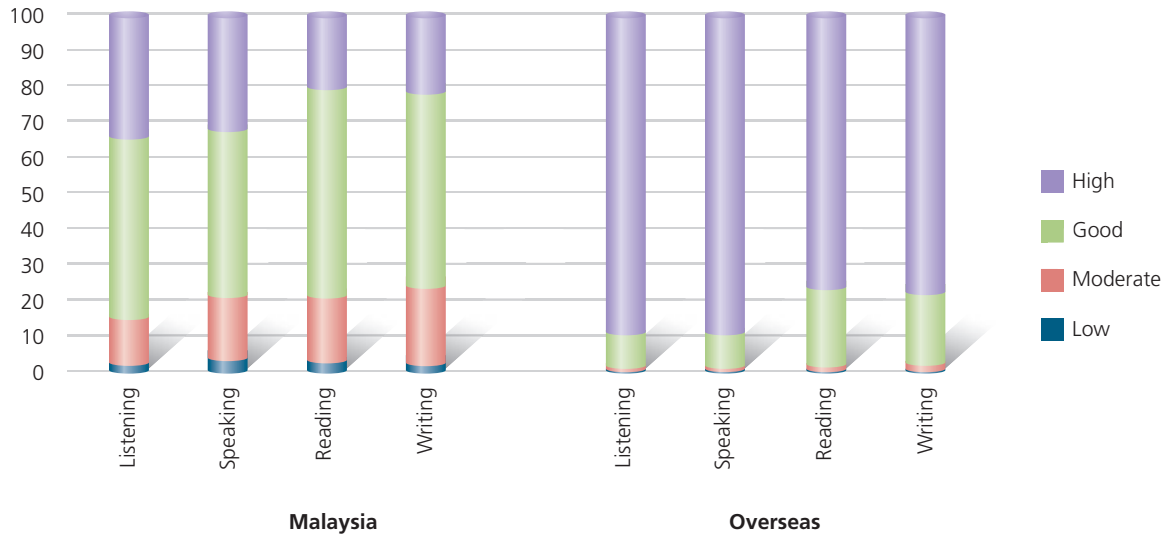
Figure 11.4 Level of English Needed for Employment in Malaysia and Overseas

11.5 Attitude of Staff Towards English

A survey was also conducted among 154 IMU staff (51.9 % from the academic faculty, 40.3% from the corporate division and 7.8% from academic support service) to evaluate their perception of the importance of English as a functional language, their proficiency in English and the role of the organisation in improving it. This breakdown reflects the actual distribution of academic and corporate staff.

All agreed that English is important as a medium of communication in the IMU. Staff need to use it at the workplace as faculty comprises of nearly 50 different nationalities. Not surprisingly, 88% use English for socialising.

Nearly 95% state that English is important for them to function more effectively in their work. The respondents have divided opinions about the support received from the organisation to improve English proficiency among employees. About two-thirds of staff feel that the organisation has been supportive in their efforts to improve their proficiency in English.

11.6 The Practice of the Humanities

11.6.1 Perspective of Staff

An attempt was made to gauge how caring the staff views IMU as an employer. To gather this information, an Employee Satisfaction Survey (ESS) was conducted by the IMU HR Department in 2010. The results of the survey indicated that employees rated reward and recognition, work-life balance and work environment as areas that needed improvement.

Following the survey, several key areas were enhanced at the IMU. These include rewards and recognition resulting in new employee benefits such as a medical card for the convenience of staff; training and development

opportunities; compensation reviews; and achievement awards for employees. In work-life balance, staff trips and sport and recreational activities were introduced. To add to the improvement in these key areas, the HR Department now conducts a session known as 'IMU Engages' (previously called 'Townhall Meeting') during which management provides updates to employees on the company's performance.

Improvement in these areas shows that the IMU cares about employer-employee relationships. The continuous effort towards improvement has led to better employee satisfaction as recorded in the Employee Satisfaction Survey conducted in 2012. The improvements up to date are in line with IMU Aspire Plan which took effect in 2011 and continues until 2015. The Aspire Plan includes creating a favourable and conducive work environment for employees as it is essential for increasing employee morale. The IMU's aspiration towards promoting a healthy work environment indicates an organisation that highly regards good values at work as this motivates employees to be more enthusiastic and focussed in aiding the organisation to achieve its strategic goals.

In line with the above changes made at the IMU, an online survey was conducted to investigate if staff are aware of the good values (e.g. caring) being imparted within the IMU. The survey also sought to identify if these good values impacted the staff work activities and interaction within the IMU. A total of 282 IMU employees participated in the survey, of whom 54% were academics, 39% corporate staff, and 7% support service. Employees were asked if they were aware of the 'caring culture' in the IMU. A total of 67.7% of corporate staff note that they are aware of the 'caring culture' in comparison to 61.3% of academic staff and 44.4% of support service staff who note the same, as given in Figure 11.5.
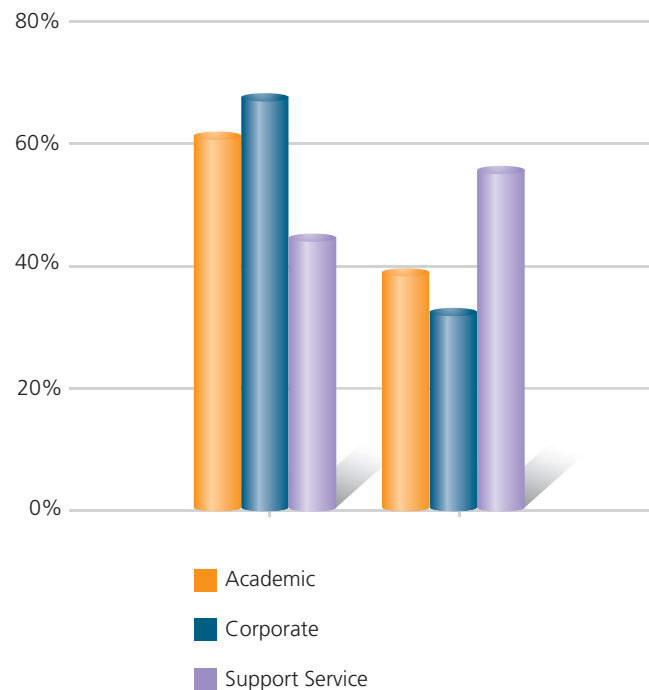
Figure 11.5 Participants' Awareness (%) of the Caring Culture Nurtured in the IMU

The respondents who answered that they were aware of the caring culture being nurtured in the IMU completed two more questions to reveal the impact of this caring culture in their treatment of people in the organisation. A total of 77.8% of support service staff answered that they were sensitised towards caring for their colleagues, followed by 77% of corporate staff and 70.1% of academic staff. The second area was care for students and to this, a total of 77.6% of academic staff revealed that they are more aware as a result of the caring culture instilled in the IMU, followed by 77% of corporate staff and 55.6% of support service staff, as given in Table 11.7.

Table 11.7: Has the Caring Culture Made Employees More Caring Towards Colleagues and Students?

Questions	Academic staff	Corporate staff	Support service staff
1. Has the caring culture made the employees more caring towards their colleagues?	70.1%	77%	77.8%
2. Has the caring culture made the employees more caring towards their students?	77.6%	77%	55.6%

The participants were also asked to select areas in which the 'caring culture' has caused them to be more conscientious in providing quality service. Among the academic staff, 82.5% chose teaching, 41.7% chose corporate activities and the remaining 54.4% chose the IMU Cares projects. Meanwhile, among corporate staff, 82.7% chose corporate activities, 49.3% chose the IMU Cares projects and the remaining 13.3% chose teaching. Among support service staff, 50% chose corporate activities and the remaining 50% chose the IMU Cares projects, as shown in Figure 11.6.
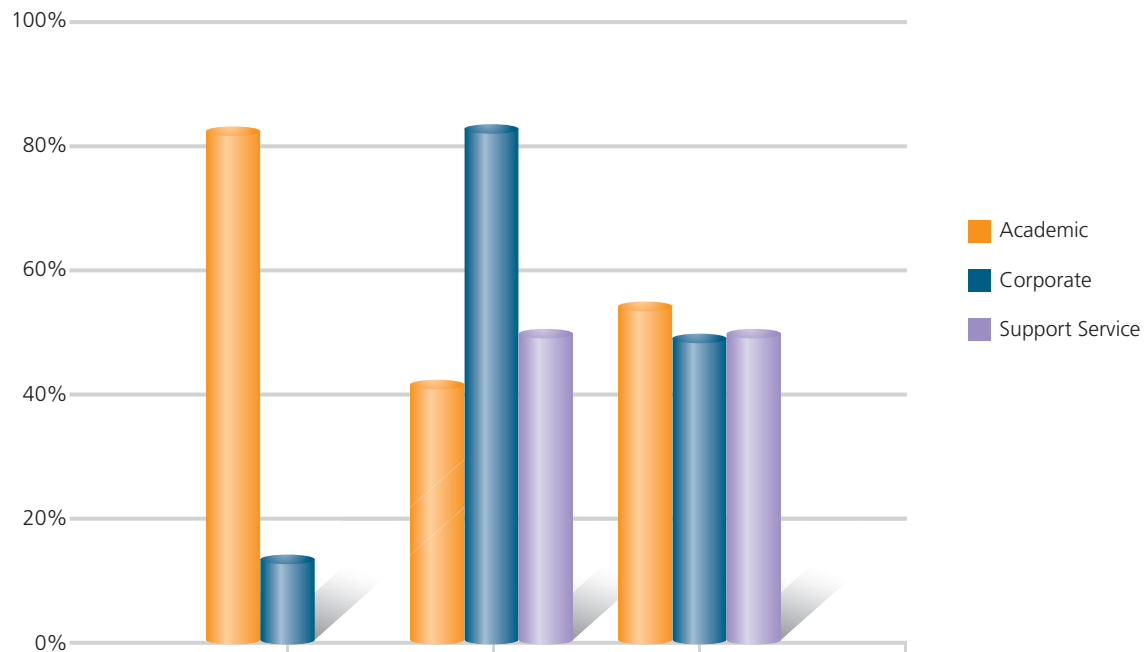

Figure 11.6 Areas in Which Employees Are Conscientious of Improving Quality

In summary, although staff are aware of the caring culture, the choice of transferring care is prioritised to familiar areas of contact.

11.6.2 Perspective of Students

The IMU has 48 clubs and societies registered with the Student Services Department (SSD) as of 13 August 2013 (information from the SSD). These associations are further classified into Cultural, Social and Sports Clubs. A simple study by the SSD revealed that only about 30% of the student population are members of a club or society, with an even smaller proportion of active members.

In line with the perceived benefits of extra-curricular activities, an online survey was conducted in October 2013 to gauge the extent of student engagement in clubs and societies and if they recognise the positive values that may be imparted through these social activities. There were 286 respondents altogether, with almost 70% consisting of female students. Around 43% of respondents were in the second year of their undergraduate programme, with a large proportion (44.5%) from the Medical programme. Again, this may not be representative; however the information gathered may be deliberated.

Forty-four per cent of the respondents admitted that they did not participate in any club or society in the IMU for various reasons. The most popular justification for their reluctance to participate (72%) is credited to the lack of time due to a packed curriculum, as shown in Figure 11.7. Other reasons, apart from the selections provided, were the odd timing of extra-curricular activities (after class hours); staying a distance away from the university; and the need to travel to the Clinical School in Seremban, which is relatively less active in the organisation of extra-curricular activities compared to the Bukit Jalil campus.
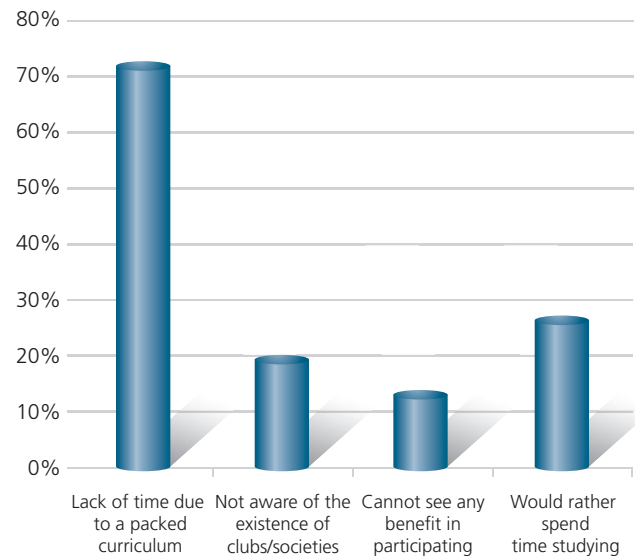
Figure 11.7: Reasons Indicated by Students Resulting in Lack of Enrolment in an IMU Club or Society

On the other end of the scale, about 7% of students remarked that they were members of more than three clubs or societies, and 71% of the respondents were members of at least one society while 13% held the post of president or chairperson. Many, if not all of them, have participated in or organised social activities; prominent among these activities are community service and charity bazaar/ fundraising events (48.3% and 52.7%, respectively).

A 4-Likert scale online questionnaire was used to evaluate the students' perception of the Humanities and social activities with the answer options being Strongly Disagree, Disagree, Agree and Strongly Agree rated from '1' to '4' respectively. The survey revealed that students generally believe that the Humanities are an important aspect of university education (3.47) and the positive values they promote can be effectively imparted through social activities (3.31), as shown in Figure 11.8. Respondents

were also aware that the values learnt through these activities would enhance their capacity to become better healthcare providers (3.23). The students agree, although with less conviction, that their sense of empathy may be evoked through such activities (2.89). They also appreciate cultural differences better as a result of participating in these activities and find that they have more freedom of expression during social activities compared to in class. They were generally in agreement that social activities promote creative and critical thinking (3.33). When respondents were asked of the values they hoped to gain from participating in clubs and societies, many of them emphasised on personal qualities – leadership, communication skills, teamwork and empathy, among others. They also sought to learn or strengthen life skills such as critical thinking and organising skills.

In addition to the above survey on the IMU Clubs and Societies, two surveys were conducted: one to find out the perceptions and attitudes of students towards the Humanities in community visits and another to find out the perceptions of residents of disabled homes towards the students of the IMU who visited them. The surveys were distributed only to students who had recently participated in a community visit. A total of 125 students responded from various programmes in the IMU. The respondents were mainly from the School of Pharmacy followed by the Schools of Medicine and Dentistry. For the second survey, forms were distributed in two of the homes for the disabled elderly where the IMU Cares activities had been recently conducted.

A 5-Likert scale questionnaire was used for the first survey. The majority of the students believe that the Humanities play a major role in improving their attitudes towards and perceptions of the community to whom they provide healthcare service. However, students rated their enthusiasm for participation in such community

activities as the lowest. In the second survey a modified Jefferson scale of patient perceptions of physician empathy was used with a 7-Likert scale. The survey revealed that the IMU students were perceived to be empathic in showing concern to the residents of the disabled homes. But the IMU students were rated low when it came to specifically understanding the emotions, feelings and concerns of the residents (Refer to Appendix 11.3 for graphs).

In summary, the respondents of the questionnaire, whether they were active in clubs and societies or otherwise, showed a clear understanding of the values that may be imparted from organising or participating in social activities. They recognise the need to be well-versed in various soft skills, which is a crucial feature of a competent graduate in the healthcare sector. Lack of a conducive environment to boost student participation in extra-curricular activities is of concern. As for transference of skills to the society, it was observed by many coordinators that senior students in the IMU are more enthusiastic in participating in community activities compared to their juniors. Although students value participation in community service they may not be adequately trained to transfer the necessary skills which the community values.

At the time of print, Deans and programme coordinators are discussing the feasibility of designating a fixed slot in the weekly academic timetable for extra-curricular activities. With the introduction of 'Mata Pelajaran Umum' (General Studies) compulsory modules in 2013, which include the U4 'Soft/Life Skills in Higher Education' module, students are expected to be more pro-active in joining clubs and societies to fulfil the required credits.
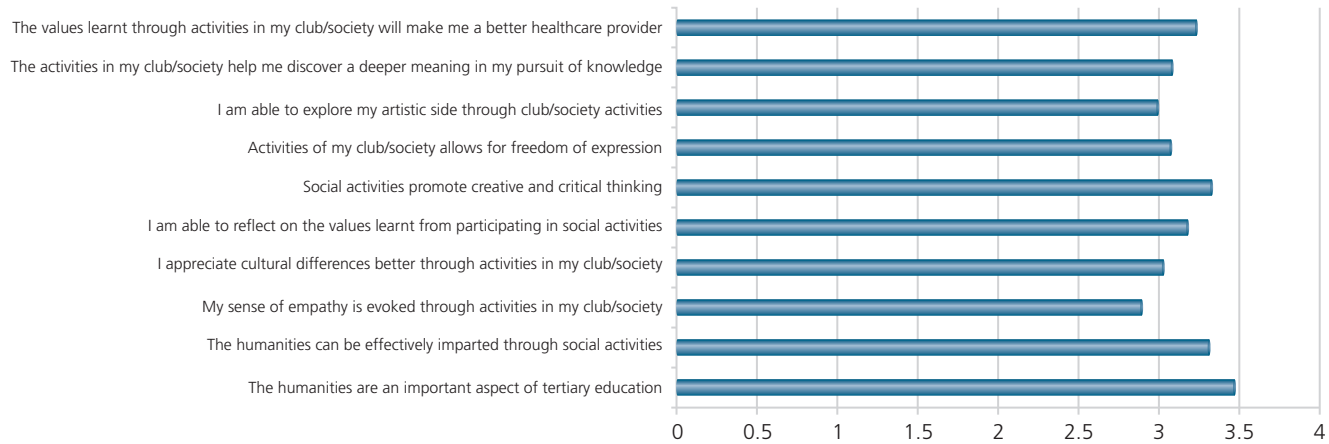
Figure 11.8 Student Perceptions of Values in the Humanities from Student Social Activities

11.7 Conclusion

The entry requirement for English proficiency varies in all programmes. It has in fact been reduced in some programmes which require a monitoring process of the students' capabilities in keeping up with the set standards. A study on the overall proficiency in English of students in the year 2011-2012 was done to show the competency level of students. It revealed that students ranged between competent to good users. The level of proficiency matches the academic needs of individual programmes dictated by the competency required for the said programme. At present, English is offered for academic purposes and runs in one semester of each programme, as total credit hours in the programme restrict continuous monitoring and support. As such, programmes may also need to consider incorporating the use of English and assessment of English in core modules and if need be, to offer specialised English modules that prepare students for the workplace.

A survey was conducted to examine students' attitude towards English. The majority of the students perceived English as an important global language that will help them with their studies and secure good jobs. Although they believed that all four language skills were important for their future career in healthcare services, listening skill was rated as the most important followed by speaking, while reading and writing were deemed less important. Having a skewed view towards language whereby listening and speaking skills are considered vital while little emphasis is given to reading and writing is a cause for concern. The level of fluency in all skills is also seen as crucial for employment overseas. However it is not strongly perceived as imperative for the Malaysian workplace. This reveals students' myopic view of the relevance of the English language in that they seek to advance in the language for the sake of integrativeness i.e. to identify with the community that they will work in rather than for motivational reasons that influence goal-directed behaviour including aspirations, enjoyment and success in achieving language-learning goals.

Employees working in the IMU are aware of and fully understand the importance of the English language as

the main medium for communication among staff in either academic or non- academic divisions. English is also perceived as a functional language as it helps improve productivity and efficiency of staff at the workplace. Nevertheless, about one third of employees believe that the organisation should play a bigger role in helping staff to improve their English proficiency. The IMU is international in outlook with partners from all over the world. Therefore, using a globally understood language is vital at all levels.

The majority of the IMU employees understand the existence of a 'caring culture' in the IMU. Academics are aware of the vital role they play in the classroom as role-models in showing care towards students but this needs to be practised outside the classroom as well. Likewise, the corporate and support staff remain within their comfort areas in transmitting care. The response towards the IMU Cares projects is deemed secondary to these other options. Other initiatives organised by HR and student-led bodies too receive poor response. A comprehensive awareness programme needs to be conducted to address this component for better transmission of values between management and employees; between employees; and between employees and the IMU customers i.e. students.

It is also observed that the IMU students display traits of the Humanities during community visits. They also understand that the Humanities have to be an integral part of their education in moulding them into better persons in delivering quality healthcare. However, intrinsic motivation to be engaged in these activities needs to be addressed. Students may feel pressured to be involved in these activities for the sake of meeting grades rather than for altruistic values that rightfully should be the value that needs to be imbibed as a healthcare provider.

11.8 Recommendations

11.8.1 Short-Term Plans

Based on information obtained, immediate plans are to be structured on the following:

1. The institution needs to commit and adhere to its principle of enrolling students with good proficiency in English via stricter student selection criteria. Essay writing, reading, and article appraisal sections should be considered during interviews.

2. Increasing awareness on use of English as an effective tool for communication especially in areas like leadership and internationalism
   • Encourage students' to lead in the IMU activities ie Open Day, Public Health Talks, CPDs, etc.
   • Encourage student's involvement in the organisation of the IMU activities as supervised by the Student Services Department.
   • Create more opportunities for students involvement in international educational or scientific conferences, student's seminars, etc.
   • Increase the opportunities for student mobility. More places for student exchange programmes should be created.

3. All Schools to review their curriculum to integrate methods to increase English proficiency among staff and students with additional focus on presentations skills and special focus on reading and writing skills
   • Increase teaching-learning activities which develop presentation skills and which also work towards building confidence and leadership
   • Writing assignments in core modules should give some weightage to English proficiency.

• Journal club for students to encourage reading of articles, appraising and criticising should be conducted for all programmes.

4. To consider incorporating the Occupational English Test (OET) for healthcare professionals in the final semester to prepare students for the workplace. The test can be made applicable for students who seek to register and practise in an English-speaking environment.

5. English short courses for oral, listening and writing skills should be offered to the IMU employees. Certificates can be offered on completion of courses. This will enhance the morale of staff to utilise English as the main medium for communication.

6. Programmes with packed curriculum need to be revised to allocate some time for student's personal and professional development. It can either be integrated throughout the programme or a special module is developed focussing on instilling the values of empathy, caring and compassion.

7. All Schools to review their curriculum to integrate methods to increase Humanities education among staff and students in and outside the classroom by incorporating electives with special focus on service to the community e.g. placement for volunteer work in nursing homes, homes for the disabled, prisons for immigrants, homes for single mothers, Doctors Without Borders, Befrienders, Mercy Mission etc.

8. Incorporating values-based practice into all programmes. Awareness needs to be created and the process of learning can be incorporated into the curriculum. The significance is: staff and students will have the opportunity to internalise their own values that include cultural and religious beliefs into problem solving and decision-making. It also creates awareness on respecting societal values in communication or management contexts.

9. Students and staff should be encouraged to be directly involved in missions to provide aid during disasters. A body should be made responsible to handle these activities where safety is insured and time out is provided for participants.

10. The IMU Cares Projects should be handled and proposed by students to enhance their participation in leadership roles and provide a platform for teamwork among them; supervision and support can be given by staff.

11. Community projects by students and staff can be extended beyond providing health screening or health education talks; projects to fix or build homes or provide clean water for the needy, for instance, will enhance the values of responsiveness, selflessness and teamwork.

12. Institutionalise the Festival of the Arts and other arts-related activities within the university that promote staff and student interaction and participation; select one month in the year as 'Creative month' and work through Schools and Departments to encourage creativity and good values.

13. The Aflame Student Award Committee to actively promote the award and consider extending the award to recognise team contribution for annual events organised by students via clubs and societies.

11.8.2 Five-Year Strategic Planning

1. Explore and identify the level of communication acceptable on a functional basis (individual, team and organisation).

   • Provide special modules or programmes as needed

2. Standard competencies in English set at levels suitable for each individual or team

3. Standard competencies set at levels suitable for each individual or team in the conduct of the IMU Cares projects and involvement in any Clubs and Societies.

   • Clubs or Societies should be encouraged to outline programmes focussing in Humanities which will benefit as many staff and students on an annual basis.

11.9 References

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11.10 Appendices

Appendix 11.1

Table 11.1A: Description of Levels (Adapted from IELTS)

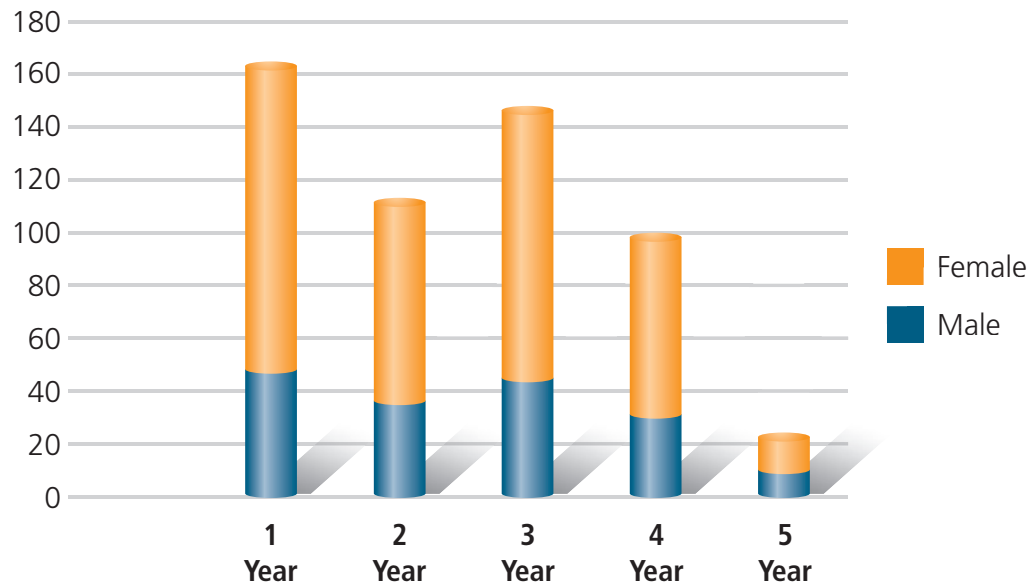| 4 Expert User	Has fully operational command of the language: appropriate, accurate and fluent with complete understanding.
3.5 Very Good User	Has fully operational command of the language with only occasional unsystematic inaccuracies and inappropriacies. Misunderstandings may occur in unfamiliar situations. Handles complex detailed argumentation well.
3 Good User	Has operational command of the language, though with occasional inaccuracies, inappropriacies and misunderstandings in some situations. Generally handles complex language well and understands detailed reasoning.
2.5 Competent User	Has generally effective command of the language despite some inaccuracies, inappropriacies and misunderstandings. Can use and understand fairly complex language, particularly in familiar situations.
2 Modest User	Has partial command of the language, coping with overall meaning in most situations, though is likely to make many mistakes. Should be able to handle basic communication in own field.
1.5 Limited User	Basic competence is limited to familiar situations. Has frequent problems in understanding and expression. Is not able to use complex language.
1 Extremely Limited User	Conveys and understands only general meaning in very familiar situations. Frequent breakdowns in communication occur.

Appendix 11.2
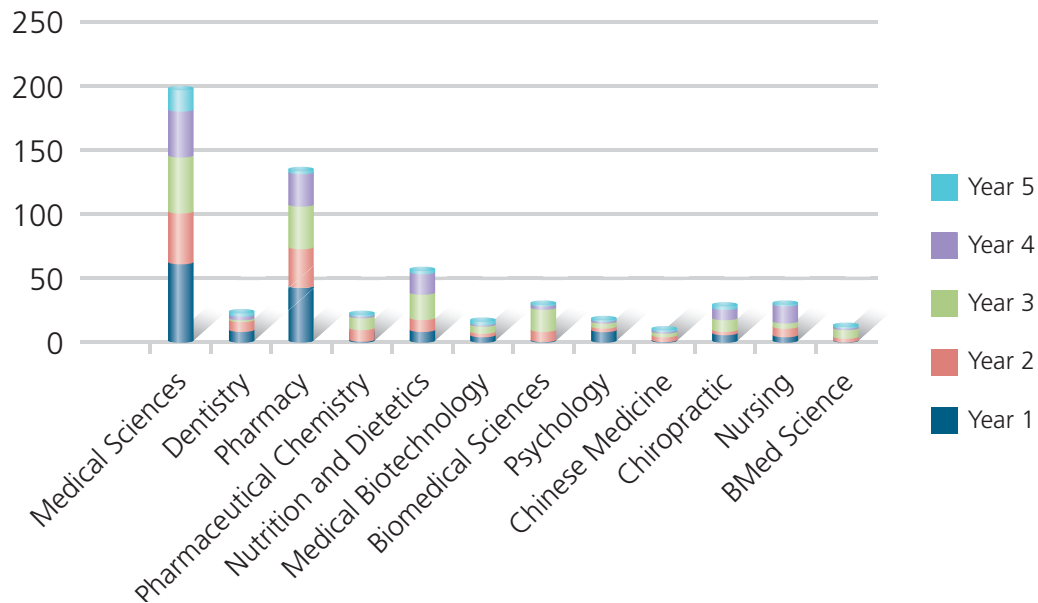

Figure 11.1A Respondents by Gender and Year of Study

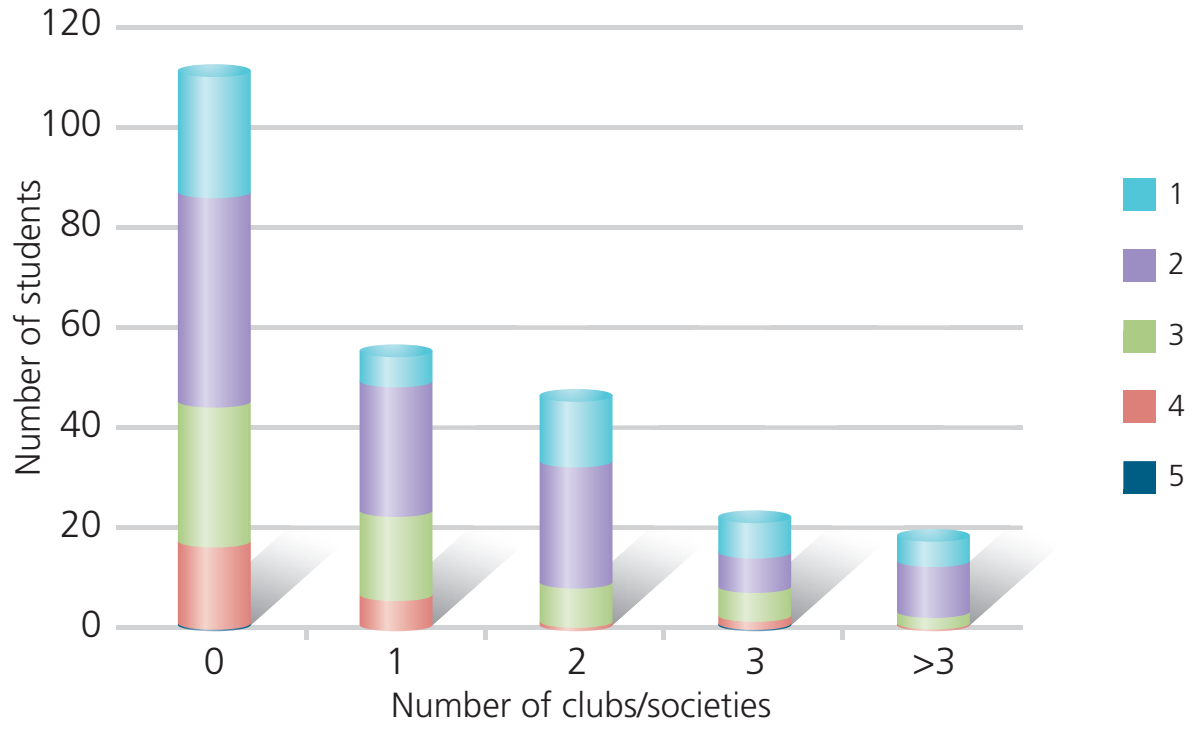Figure 11.1B Respondents by Programme and Year of Study

Appendix 11.3

Figure 11.1C Number of clubs/societies participated in by year

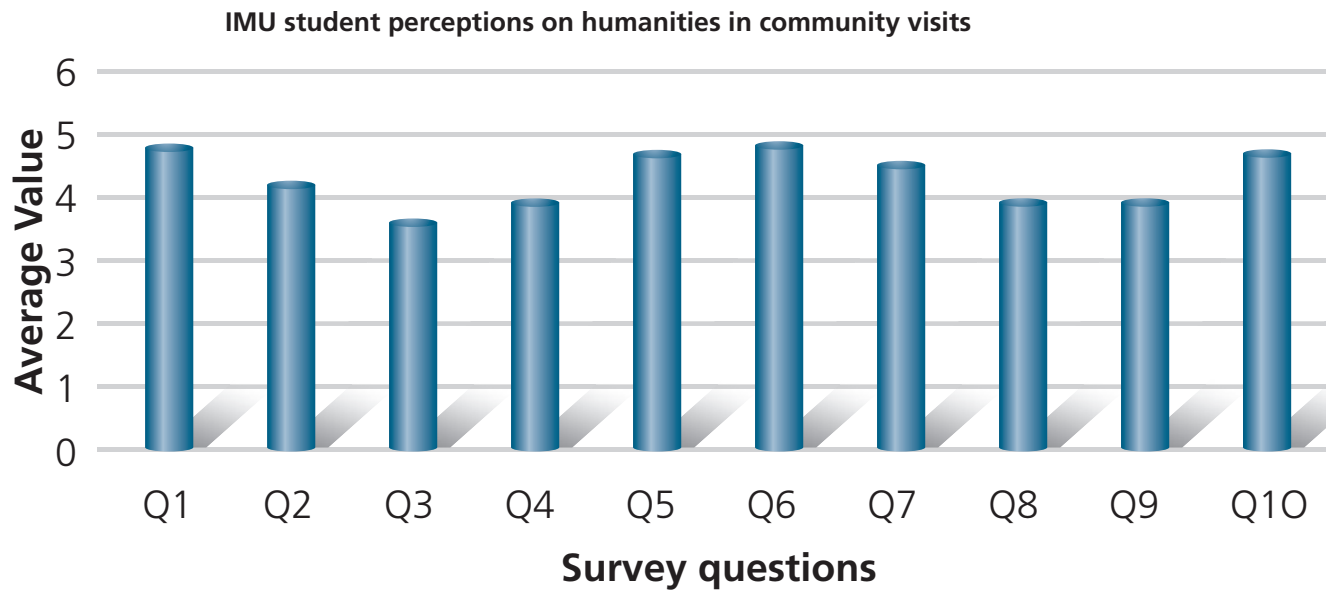**IMU student perceptions on humanities in community visits**

Figure 11.1D Student Perception of Humanities in Community Visits

KEY:

Q1. I understand and appreciate the impact and importance of the humanities as I progress in my career.

Q2. I believe that the Humanities play a major role in shaping my perception of members of the community.

Q3. I am always motivated to participate in community visit activities.

Q4. My ability to understand and interpret human values has increased through community visit activities.

Q5. I have learnt through community interaction to always put myself in others' shoes before I make a judgement.

Q6. The community visits have enhanced my demonstration of empathy.

Q7. I have learned about cultural and ethnic differences through the community visits.

Q8. The community activities have influenced me in becoming sensitive to others' sufferings.

Q9. I have learned through community activities to view things in a holistic manner before arriving at a crucial decision.

Q10. I believe my communication, social interaction and leadership skills have been enhanced through community visits.

SCALE: 1-Strongly disagree; 2-Disagree; 3-Not sure; 4-Agree; 5-Strongly agree
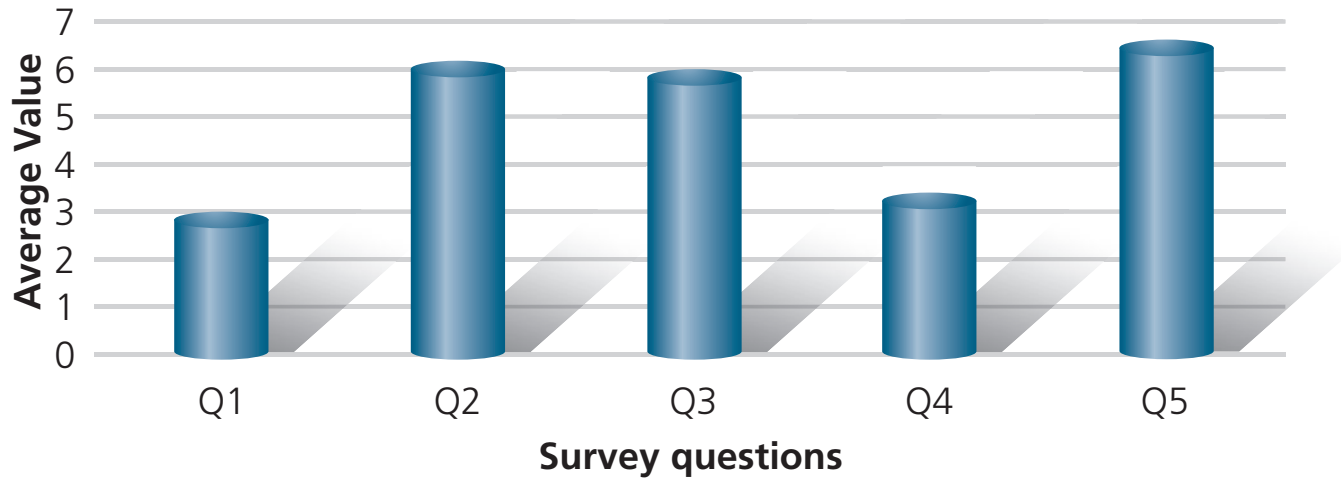
Figure 11.1E Modified Jefferson Scale of Patient Perceptions of Physician Empathy

SOURCE: Hojat M, Gonnella JS, Maxwell L: The Jefferson Scales of Empathy (JSE): Professional Manual & User's Guide. December 2009 Edition. Philadelphia, Pennsylvania: Jefferson Medical College – Center for Research in Medical Education and Health Care; 2009.

KEY:

Q1.   IMU students can view things from my perspective (see things as I see them).

Q2.   IMU students ask about what is happening in my daily life.

Q3.   IMU students seem concerned about me and my family

Q4.   IMU students understand my emotions, feelings and concerns.

Q5.   IMU students are understanding doctors.

SCALE: 1-Strongly disagree; 2-Disagree; 3-Not sure; 4-Neutral; 5-Might agree; 6-Agree; 7-Strongly agree