

Sink or Swim- A Case Study of Indian Medical Students' Community Interaction in a Regional University in China

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Abstract

This paper analyses a case study of Indian medical students studying in China Three Gorges University, Yichang City, Central China. The authors have drawn some conclusions in the general direction of creative method to promote community interaction and suggested a good model to enhance such intercultural exchange while it can make it more appealing to three major stakeholders such as students, University and local community. This case has even achieved financial rewards for such interaction and made it sustainable as an on-going project. While the students have gained experience, expanded their skills set, mingled more with local people, even established as amateur fashion models and earn certain income to support their study; the University has enhanced its social and cultural standing, projected a prestige image amongst other regional universities in China. The local community has enjoyed Indian culture at doorstep and embraced Indian students and other foreigners with a more open mind. Students always welcome activities that bring income to subsidize their living costs in host country. The authors recommend universities should foster and promote intercultural interaction in a more creative way so that all stakeholders can benefit from it thus create a more harmonious social environment and more multicultural community.

Keywords: Indian Medical Students, Sanxia, Three Gorges university, community interaction, educational experiences, regional university

Introduction

Study abroad is a fast-growing phenomenon, urged on by ease of travel, by political changes, by economic need, by cultural international (Charles, 2007; Daily, Farewell, & Kumar, 2007; Spiering & Erickson, 2006). To travel for study is part of the lives of many international students in some countries. Political changes have made study abroad in many countries easier, not least in the country of China, which actively encourages young people to study abroad (Rachel, 2008; Taylor & Ress, 2003). There is also an economic rationale for study abroad, particularly where students from Asian countries study in Western countries (AEI, 2003; Chen, 2005). For those students there is the hope of return for investment in education in the future, with the status of a qualification from overseas rather than their own country (Charles, 2007; Daily et al., 2007; Maringe & Carter, 2007; Spiering & Erickson, 2006).

Besides China, India is world largest source of overseas students (Elliot, 2003; IReports, 2009). In 2006, there were 123,000 Indian students going abroad to pursue further education (Chadee & Naidoo, 2009; IReports, 2009). Despite the widely reported racism attacks in Australia, they are flocking to many developed countries in the hope of upgrading their skills, employment prospects and earning capacity. In recent years, China has become a new Mecca for Indian students who cannot secure an offer in Indian medical schools nor afford such a prestigious education. At \$3000 per annum for tuition fees, and pre-requisite of 70% from High School scores, the dream of becoming a doctor is suddenly more realistic for thousands of aspired Indian students (Elliot, 2003). From 2004, China has offered about 3000 positions each year to train overseas students in its international medical curriculum delivered completely in English.

A new genre of “Made-in-China” Indian doctors has brought an interesting phenomenon in Higher Education on world arena. Russia, Ukraine and Romania are following suit to mine the unlimited source of new income. India students studying overseas deserve more in-depth research if Australia intends to secure a fair share of this pie. In competing for Indian students, China has demonstrated business acumen and long-term vision to internationalize its curriculum and appeal to the global market.

Why Indian students study medicine in China?

Since private medical university fees are too expensive for the average Indian, the dream of becoming a doctor was only within the reach of the well-off that is, until 2003, when Chinese universities touting low tuition threw open their doors to them. Thousands of made-in-China Indian doctor hopefuls enrolled in Chinese medical universities eager to take advantage of

this deal (Cheng, 2006; IReports, 2009; Nagarajan, 2008). Studies have found that the main reasons are lower admission threshold, lower tuition fees, geographic and probably cultural proximity. One study reported that 70% of Indian students are disappointed with the education system provided in India because of the low standards, low exposure, spoon-feeding and lack of enthusiasm (Sachi, 2008). In addition, China has shared Buddhism heritage with India for more than two thousand years (Cheng, 2006; Kumar, 2005; Nagarajan, 2008) that has enhanced the relationship between China and India.

What are students' main concerns?

Indian students studying medicine in China are concerned on two issues:

- 1) if their degree will be recognized by Medical Council of India (MCI);
- 2) the peak professional body to accredit doctors in India.

Both issues need to be resolved at governmental level. In India, any Indian student who receives a medical graduate degree from a foreign country must meet three conditions to be a registered medical practitioner. First, the students must pass MCI's Screening Test. Second, they must earn a medical degree from an institute listed in the World Directory of Medical Schools, published by the World Health Organization. Third, they must obtain the Eligibility Certificate from MCI according to the Eligibility Requirement for Taking Admission in an Undergraduate Medical Course in a Foreign Medical Institution Regulations, 2002 (Cheng, 2006; IReports, 2009; Kumar, 2005; Nagarajan, 2008). On the contrary, Chinese universities they are aiming at 60% of their graduates can pass the strict and vigorous MCI Screening Test in India. The results from the previous graduates have been very encouraging. The Ministry of Education and the Scholarship Committee of China are working to establish bilateral degree recognition agreements with their Indian counterparts.

China Three Gorges Medical School

China Three Gorges University (CTGU), Yichang City, Central China is a regional university in Upper Middle Stream of Yangtze River, where the world-renowned Three Gorges Hydraulic Power Plant has been built.

Among the universities outside Wuhan, the capital of Hubei, CTGU is the largest comprehensive university under the Hubei Provincial Government. There are over 20,400 full-time students studying in the university, including three-year schooling students,

undergraduates, postgraduates and overseas students; as well as 11,000 adult students studying in the university now. CTGU has 1,337 full-time teachers, including more than 575 professors and associate professors, more than 404 teachers who have a Doctoral Degree or Masters Degree, and over 30 teachers who are young scientific and technical experts who greatly contribute and enjoy the government special allowance of the State Council.

In the last few years, CTGU has successfully recruited medical students from India and Nepal, and provided an interesting insight into their adoption, adjustment and success. The first group of 19 overseas medical students arrived in 2003; followed by 164 in 2004, 135 in 2005, 136 in 2006; and 31 in 2007. Therefore, there are about 400 overseas students studying medicine at CTGU, given the fact that many have graduated from the 5-year program. We have yet received official data regarding the enrolment of overseas students in China Three Gorges Medical School in 2008 and 2009. There are only 3 reported dropouts and 1 repeated students due to poor academic performance.

The Medical School is consisted of the Teaching School itself, and three largest hospitals in Yichang as its associated Practising Clinics and Residential hospitals. There are four Bachelor degree programs, namely, MBBS, Nursing, Medical Imaging, and Traditional Chinese Medicine.

Indian doctors Made-in-China

Henan Medical University is the first Chinese medical school to attract Indian students by providing a full English curriculum catering the international needs for medical training. There were more than 20 medical schools in China joined the competition from 2003. China becomes the 4th destination for Indian students to go abroad. The first three destinations include USA, UK and Australia. It is predicable that China will advance its ranking and surpass Australia as the third favourite destination for Indian students studying overseas.

Education Ministry of China has authorised about 30 out of 90 Medical Universities to provide a full English curriculum for international medical students, allocating supplement resources to cater more than 3000 such positions each year since 2007, This trend should have alerted Australia to research on the movement and trend of Indian students. Failing to meet their needs and demands will see Australia lose its competitiveness in recruiting Indian students.

Community interaction activities

Cultural interaction is less often considered by students when deciding study abroad, but it is understood that study abroad will lead to increased cultural assets for the individual and an additional dimension to the educational experience. Professor Dong works at CTGU as a professor of marketing and director of marketing research and consultancy. His involvement is more of an unofficial nature as he is also the trainer for models and Kung-Fu instructor, which is built on his skills as a practising expert of traditional Chinese acupuncture and business etiquette trainer. He has extensive contact with these medical students from overseas as he has trained many of them to become amateur models, Kung-Fu disciples and Chinese culture fans. Through Kung-Fu and modelling training, learning and performing, the students developed a deeper understanding of current business culture, improved their Chinese language skills, better interaction with local communities as they tour and perform in local areas, especially on major festivals. The Indian students have built up quite a reputation as fun-loving, expressive, energetic, and good looking people. Many businesses are keen to have their products modelled by Indian students. There are also cultural exchanges between local student groups and Indian groups. The University has also provided extra-curriculum activities such as Medical Knowledge trivia nights, outings, sports and Indian culture specific activities. (Images to be provided).

The two Brisbane based authors have visited CTGU in April 2008, and witnessed some of such activities. The authors have found out that this case has shown a good model regarding students' interaction in local community'. The ones who have actively involved with local community, have overcome the initial cultural shock and language barriers quicker, and performed well in both studies and social interaction. They have built more confidence, leadership and business acumen, problem solving and networking skills, which will be critical for their future success. With their acquired language skills, a medical degree, they are likely to perform an important role in their profession and Indo-China relationship.

China government's involvement on internationalizing tertiary education

The success of China's international education is also built by the full support from the government. China has invested millions of dollars to upgrade its tertiary sector to cater international students. It is used as a springboard to internationalize its Higher education,

which is traditional open to Chinese language learners and overseas Chinese. To provide a full English curriculum of Western medicine, China has proven itself as a bold and pragmatic player in all major international trade activities including education export. “Made in China” is not just stamped on fridges and satellites, it is also on a new generation of professionals. Are we going to see dentists, accountants or physiotherapist “Made in China” in Australia? It will not be too far away.

Discussion

The authors recommend universities should foster and promote intercultural interaction in a more creative way so that all stakeholders can benefit from it thus create a more harmonious social environment and more multicultural community. Regional universities have to work harder than their urban and metropolitan counterparts to secure equal funding and facilities for students. University and wider community need provide more support and cater the needs of international students. Students need assistance in securing enrolment, safe accommodation, agreeable food supply and high quality teachings in English, and laboratories and data base that meet home country and international standards. Host country languages and culture experience, some paid work, association with fellow students from home country, and regular cultural exchanges are all part and parcel of the studying abroad experience. In this particular case, students and their parents need University to lobby to the Medical Council of India to recognize their medical degree obtained in China and to prove the Curriculum meets the professional body’s stringent requirement and ensure more than 60% graduates from China can pass the Medical Screening Test.

Conclusion

The authors have drawn some conclusions in the general direction of creative method to promote community interaction and suggested a good model to enhance such intercultural exchange while it can make it more appealing to three major stakeholders such as students, University and local community.

The Indian Doctors Made in China case has certainly highlighted some of the success. China has achieved when attracted the world largest overseas students except China itself. With the

involvement of the Chinese government's direct increase in funding and Education Ministry's intervention on the curriculum and quality of programs that resulted with the quality education and English delivery of the Medical course to foreign students. Furthermore, the joint supervision by both India and China governments, scrutiny of peak professional body such as Medical Council of India, has secured the quality of overseas education, safe environment and experience that is more rewarding for the Indian students. Professional trainings and higher education delivered in English outside of native English speaking countries have provided a new model for overseas studies,

The authors recommend universities should foster and promote intercultural interaction in a more creative way so that all stakeholders can benefit from it thus create a more harmonious social environment and more multicultural community. Australia cannot be too content with its diminishing competitive edge if our government cannot provide a safe environment and increased funding for better facilities; Australian Universities may learn from other education exporters such as Chinese ones in delivering quality programs in more creative format.

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