

22.8.2025

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Title

Exporting a Student-Centered Curriculum : a Home Institution's Perspective / Dominique Waterval ...

Publication year

2017

Source/Footnote

In: Journal of studies in international education : a publication of the Association for Studies in International Education (ASIE). - 21 (2017) 3, S. 78 - 290

Inventory number

46268

Keywords

Austausch von Wissenschaftlern und Studenten ; Internationalität ; Globalisierung

Abstract

Numerous, mainly Anglo-Saxon, higher education institutions have agreements with foreign providers to deliver their curricula abroad. This trend is gradually making inroads into the medical domain, where foreign institutions undertake to offer their students learning experiences similar to those of the home institution. Not an easy feat, as the national health care contexts differ greatly between institutions. In a bid to export the curriculum, institutions risk compromising their financial resilience and reputation. This article presents an instrumental case study of a home institution's perspective on the establishment of a cross-border student-centered curriculum partnership. It provides the reader with a practical discourse on dimensions that need to be bridged between home and host contexts, and on new working processes that need to be integrated within the home institution's existing organizational structure. We describe the advantages and disadvantages based on our experiences with a centralized organizational approach, and advocate for a gradual move toward decentral interfaculty communities of practice. (HRK / Abstract übernommen)