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Imagining oneself

Narrative evaluations of the professional identities of learners in a transnational higher-educational setting

KEVIN HAINES

ABSTRACT

This article uses a narrative approach to investigate the learning experiences of third-year medical students in a transnational higher educational setting, specifically during an elective period abroad. The students evaluate their learning experiences in an unfamiliar environment both in relation to previous learning and in relation to their possible or imagined future professional identities. Through this process, these students demonstrate how learning may take place through participation outside or alongside the formal curriculum, in the informal and the hidden curriculum (Leask and Bridge 2013). These narrative evaluations represent a reflective resource for the learners and their peers. They may also provide other stakeholders in transnational higher educational settings, including teachers, programme coordinators, educational managers and policy-makers, with an understanding of the experiences of mobile students in the informal curriculum.

KEYWORDS

elective period, imagined futures, informal and hidden curriculum, learners, narrative, transnational higher education

Introduction

At the beginning of their third year, students on the Bachelor's (international) Medicine¹ (hereafter BiM) in the Netherlands have an elective period of ten weeks, during which they extend their experience in an aspect of the medical profession that particularly interests them. They use this period to carry out research that allows them to go into greater depth in their specific chosen area, which in most cases will contribute to their Bachelor's thesis. Students decide on the location of their elective, which may take place in the

university hospital and its laboratories in the Netherlands, or in a healthcare setting elsewhere in the world. Increasing numbers of BiM students choose to go abroad for their elective, often making use of several weeks during the summer holiday immediately before the start of the academic year so that the elective is extended to a period of about three months. This article discusses the narrative evaluation of the learning experiences of third-year medical students during their elective period in the first part of the academic year 2013–2014. I focus in particular on four students whose electives took them to different parts of Africa.

This elective period gives students the opportunity to test their ambitions as future doctors and to try out ideas for their future careers in environments that are very different to that of the Dutch university hospital in which the Medical Faculty is embedded. This use of the elective period is consistent with the vision of the Elective Coordinator, who sees this elective period as ‘an opportunity to cover the aspect “going global”’, during which students address international and intercultural learning outcomes, as will be explained below. For the four students who feature most prominently in this article, this was a period of mobility, during which they were afforded the space to evaluate their imagined futures in the medical profession. These students spent a period of approximately three months in professional settings that were previously unfamiliar to them.

The four students are all in their early twenties and have Western European nationalities. Carsten (male) and Sabine (female) are German, while Maja (female) is Swedish and Saskia (female) is Dutch. Carsten spent his elective period observing surgical practices at a public hospital in a South African city. Saskia researched the treatment of pneumonia in Ethiopia, interviewing healthcare professionals about health protocols. Meanwhile, Sabine and Maja researched the care of infants with diarrhoea in Malawi, where they were also able to observe other areas that interested them professionally, including surgery and palliative care for cancer. During this period, the students were confronted with healthcare issues of a type that they would not encounter in the Netherlands. For instance, Saskia explains that in developing countries ‘pneumonia causes more deaths amongst children than malaria, diarrhoea and HIV combined’ (Saskia, interview 2013), while Sabine explains that ‘diarrhoea is common among children with malnutrition, leading to long durations of admission [to hospital] and high mortality rates’ (Sabine, journal October 2013).

During the elective period, the learning processes of many BiM students are inevitably less transparent to their educators than would be the case if they were attending formal courses in the Medical Faculty in the Netherlands. There is a formidable geographical distance between the four students in this study and their educators at the medical faculty in the Netherlands. Furthermore, in some of these cases, the communication barrier is increased by technological limitations such as unreliable electricity supplies and limited access to the Internet. The elective period, particularly at distance, is therefore a time in which the distinctions between the formal, informal and hidden curriculum (Leask and Bridge 2013) become blurred. This article highlights the value of narrative research in breaking down barriers to understanding the informal educational experiences of such learners.

Context

A brief overview of the context of the BiM programme is now provided in order to help the reader to understand these students' educational roots. This programme is designed in accordance with the Framework for Undergraduate Medical Education in the Netherlands (Van Herwaarden, Laan and Leunissen 2009), a national framework for Medicine which describes learning outcomes in terms of three categories: 'knowledge and understanding', 'skills' and 'professional behaviour'. This framework represents a blueprint for medical education in the Netherlands, and therefore it does not provide educators with an explicit transnational perspective. However, in its description of learning outcomes, it does include references to contextual factors which can be used as a vehicle for the extension of learning beyond Dutch borders. For example, one of the 'skills' the graduate at Bachelor's level should develop is 'clinical reasoning', and one of the learning outcomes described under clinical reasoning is the ability 'to indicate if and how the medical process is influenced by contextual factors, such as gender, age, ethnic diversity and multicultural aspects' (Van Herwaarden, Laan and Leunissen 2009: 58).

In addition to the learning outcomes described by Van Herwaarden, Laan and Leunissen (2009), BiM uses a set of learning outcomes that are specific to Global Health, which aim to 'ensure that all graduating medical students are equipped with the necessary global health knowledge, skills and behaviour to practise competently and safely' (Johnson et al. 2012: 2035). For instance, Johnson et al. confirm that students need to learn to 'com-

municate effectively with people from different ethnic, religious, and social backgrounds, where necessary using external help' (2012: 2034). Effective communication across cultures is therefore one of the aspects of learning that BiM students reflect on when thinking about their elective period and when considering this skill in the context of their imagined future profession. As Saskia explains:

Even if I only spoke ten words of the local language, people really appreciated it. If you try to invest in their culture, people like it. People liked us liking Ethiopian food, for instance. If you have good personal contact with someone, you might get somewhere professionally. It's really important to make friends, to get personal contacts with people (Saskia, interview 2013).

It takes students in the Netherlands at least six years to qualify as a medical doctor, so it is important to remember that the students in this study are slightly less than halfway along the educational pathway to their professional qualification. After their Bachelor's phase, students will go into a three-year Master's phase of their studies, during which they will spend periods working in hospitals in the Netherlands with the educational support of a clinical training centre. The third-year elective period represents a rather significant moment of reflection, as is apparent from the following stories (Arturas and Patricio), which are presented here to give the reader a fuller insight into the role of the elective period in the BiM programme.

For many of the non-Dutch students at BiM, an elective period in the Netherlands means, in effect, remaining abroad. For these students, staying in the Netherlands can be an international experience because, for instance, it gives them access to the international academic communities to which their supervisors belong. Regardless of whether students travel to distant countries, the elective is an opportunity to find out more about their interests in the field of medicine and to test their professional ambitions. For example, Arturas (a Lithuanian student who was considering specialising in surgery) spent his elective period in 2012 in the Dutch university hospital.

For the elective I did something that I was very interested in, and after doing it I can clearly see that I don't think it's my cup of tea. I went there and experienced it. I thought this is very interesting but I don't think I'd like to do this as a profession. So I started thinking about what I do want to do as a doctor later. How I saw the elective period, it's a chance to take

something you're interested in and go see if it would suit you. It's a kind of early heads up to give you more time to think (Arturas, interview 2013).

While Arturas discovered what he did *not* want to do, the elective period served to confirm Patricio's interest in research. Patricio (a Portuguese student with a specific interest in metabolism in relation to intensive care) spent his elective period in 2013 in the laboratory at the Dutch Medical Faculty. In this way, he gained a firmer footing in his supervisor's research community.

I've been working in two different projects with a supervisor for more than a year now, starting with the mentor groups in the first year. I really like his specialty [intensive care], and we have some ideas, and I became interested and read a lot and like to discuss this topic. Now I feel like I'm part of a team and we also talk with some faculties in the U.S. We are going to try to go ahead with a project. And this could lead to an MD PhD in the long term, but I thought let's start with the elective period (Patricio, interview 2013).

BiM is a complex transnational setting which is rather typical of the EMI (English-medium instruction) environments in northern European universities described in the literature (for example, Klaassen 2008; Wilkinson 2012; Lauridsen 2013), in which English is used for communication and instruction amongst students and their educators, the majority of whom have English as a second or other language. In such environments, there is a need to make understandings of the learning environment explicit because diverse groups of learners bring with them a wide range of learning backgrounds, assumptions and expectations.

Even with help, transition can be difficult and may take some students longer than others. Making expectations clear and transparent supports learner transition and helps learners adjust to new learning contexts (Carroll 2015: 114).

Still, as Leask and Bridge point out (2013: 81), learning is not always transparent because it often takes place in the informal and hidden curriculum as well as in the formal curriculum. When the curriculum is internationalised, the learning in these informal and hidden educational spaces is more varied and less predictable and this makes the learning potentially less transparent

to other stakeholders in the educational system. In this context, I argue that narrative may play a transformative role, making student experiences more transparent and accessible to the different groups of stakeholders within the university, and as a result promoting change both in individuals and in the institution, as demonstrated by Welikala (2012).

The Chinese learner has been very much considered a 'passive learner' who does not contribute during lessons. But now, I know that silence is also very important for learning in some cultures. It is learning for me actually ... now, I learn to be silent sometimes. University Teacher (Welikala 2012: 52).

As a social scientist, I can provide a narrative analytical lens through which to record student learning experiences across a variety of disciplines and faculties. This also gives me access to other stakeholders, which includes not only the teachers, coordinators and programme managers at BiM but also stakeholders elsewhere in the university such as policy-makers at the centre of the university and educators at other faculties where EMI approaches are being implemented.

Methods

The data presented below is taken from semi-structured interviews carried out with the four BiM students (Carsten, Sabine, Maja and Saskia) within a month of their return to the Netherlands from the elective period abroad. I have also incorporated some parallel data from interviews with two BiM students (Arturas and Patricio, above) who did their elective studies in the Netherlands, in order to give the reader a fuller portrait of the educational context, and I have carried out an interview with the Elective Coordinator regarding the purpose of the elective period.

Before they left for their elective period, I invited all students to share their learning experiences with me by writing journals, sending me journal entries periodically during the course of their elective period. I hoped this would result in depictions of what Murphey, Chen and Chen have referred to as 'unique trajectories and patterns of investment and de-investment' (Murphey, Chen and Chen 2004: 85). On the basis of these entries, I would enter into a dialogue with the participants by email, and on their return to the Netherlands I would use the data from the journal entries as the

initial subject of the semi-structured interviews. This approach mirrored my earlier research into the learning experiences of language students (Haines 2008, 2012; Haines and Van Engen 2012). Carsten, Sabine, Maja and Saskia volunteered to participate in this research, along with a fifth student who subsequently withdrew for personal reasons.

Once they were settled in their African contexts, each student sent me a reflective text by email, which allowed me to respond with focusing questions. They in turn responded with further texts, and an interactive process emerged that was appropriate to the circumstances of each individual. I kept my 'instructions' to a minimum during this process in order to give the students the freedom to focus on the issues that were most meaningful to them. However, I did emphasise that I was interested in how they felt their prior learning at the medical faculty had contributed to their learning experience during the elective period, and how their experiences in the elective period were contributing to their image of themselves as future medical professionals. For example, Saskia contributed some rather general first impressions immediately after her arrival in Ethiopia, when she was 'about to begin an intriguing adventure to explore the health system here [Ethiopia]' (Saskia, blog 2013). She wrote this in the form of a blog for a wider audience of family and friends. In response, I wrote, 'I am especially interested in the contribution or connection of your previous learning to your current project, and also how what you are doing there [in Ethiopia] relates to your hopes and ambitions for the future' (email correspondence with Saskia, 2013). Saskia subsequently sent me emails with more specific reflections on her experiences in Ethiopia.

After transcribing the interviews with all four students, I analysed the interview data thematically, inspired by Labov's (2013) discussion of narrative evaluation. For example, Labov's description of the role of 'negation' in the evaluation of narratives is an inspiration for the 'Thought I Might' theme of narrative evaluation, which is discussed in detail later in this article.

Narrative uses negation and other *irrealis* moods to evaluate what did happen by comparison with what might have, but did not, happen. The real world is evaluated in comparison to the alternate world of unrealized possibilities (Labov 2013: 226).

In this way, a narrative research methodology enables us to open our minds to possibilities outside our original expectations. A narrative approach to

research also accepts that different interpretations or evaluations of a single event or set of circumstances are conceivable in the interaction between narrator and researcher, and that apparent contradictions may not need to be reconciled. For this reason, Chase refers to ‘the refracted medium of narrators’ voices’ (Chase 2005: 666).

In relation to a wider audience, this methodology produces insights that can feed into wider investigations of the teaching and learning processes in the university. In this case, the data feeds into a wider ‘international classroom’ project at a Dutch university which aims to collect examples of existing practices in the internationalisation of the curriculum (Leask and Wallace 2011; Leask and Bridge 2013; Carroll 2015) in EMI learning environments. These examples of ‘good practices’ are being used to demonstrate to other stakeholders in the university how international and intercultural learning outcomes can be made explicit when designing an international EMI curriculum. It is hoped that these examples will contribute in the long term to a definition of principles for good practice which can be applied more widely in Bachelor’s and Master’s programmes across the university.

At an early stage in this broader project, therefore, this article shows how a narrative research approach can produce insights from one educational context that may prove meaningful to stakeholders in other comparable contexts, in this case international programmes in a variety of disciplines at different faculties. This broader project gives the author access to a wider audience, which includes programme coordinators, lecturers, support staff, students and alumni. This addresses ‘the need for narrative researchers to explore the possible points of contact between *narrators*’ stories and various audiences who need to hear them’ (Chase 2005: 671, original emphasis) and will ideally play a role in developing the empathy that Labov has described as the main aim of narrative, ‘the transfer of one person’s experience to another’ (Labov 2013: 227).

Conceptual foundations

In an earlier study (Haines 2008) inspired by the autobiographical work of Hoffmann (1989), I emphasised the importance of the complications and resolutions portrayed in the stories of learners who were moving into unfamiliar contexts, often across borders. As a reference point, I made use of Labov’s framework of narrative construction (Labov and Waletzky 1967; Labov 2013), which Riessman has described as ‘a touchstone for narrative

analysis' (Riessman 2008: 84). That study (Haines 2008) followed the learning experiences of five language learners over the course of a year in which they moved between a transnational educational environment and a study or work placement while collecting data for their Bachelor's theses. In journals, those students recorded incidents involving complications and resolutions, which were later the subject of semi-structured interviews. As with the medical students discussed in this article, the complications and resolutions described by those language learners were situated in the unfamiliar contexts in which they found themselves, and juxtaposed with their more familiar study environment. I therefore argued that 'language socialization is also a process involving complications and resolutions, and that language learners consequently have a tale to tell' (Haines 2008: 21). And I now make the same claim for these medical students in the context of their elective period.

More recently (Haines 2012, following Ushioda 2009), my aim has been to look at the learner and his/her learning experiences from the perspective of the whole person, with 'a focus on real persons, rather than on learners as theoretical abstractions' (Ushioda 2009: 220). My aim, therefore, in relation to these specific cases is to use narrative research to understand the experiences of these learners in interaction with complex social contexts, moving beyond understandings of an individual performing a learner identity in the particular temporal learning space that we formally refer to as 'the classroom'. Also, when learning experiences are considered not only in relation to past learning histories but also in relation to imagined futures, a more extensive narrative emerges. In this article, we will see how the discussion of possible future professional selves also involves reconsideration of understandings of the present self because, as Sools (2012) puts it, 'imagining who we might become informs us who we are now and how we want to proceed from here' (Sools 2012: 101). The evaluations reported in this article are the result of the comparisons that are produced when these young people cross borders, move into unfamiliar transnational spaces, and are asked to consider their present experience in relation to their past and possible future selves. This is demonstrated below in the interpretive themes 'Whereas', 'Thought I Might', 'Here and There' and 'Hopelessness and Doubt'.

We shall see that the juxtaposition in the BiM cases of what is familiar to the students (at BiM) with what is unfamiliar to them (the site of their elective period) represents a fertile context for the consideration of these possible future professional identities. In the narratives that follow,

the learners imagine themselves as future surgeons, paediatricians or medical aid workers. The unfamiliar setting in Africa produces, in these learners, new perspectives on the identities they might perform when they return to the familiar setting. In other words, new understandings of the familiar also become possible when we 'make the familiar strange' (Wisniewski 2000: 5, citing Spindler 1998).

Narrative evaluations

We saw in the introduction that Arturas and Patricio were able to evaluate their future professional identities while remaining abroad, in the Netherlands. On the other hand, the Elective Coordinator describes how approximately a third of BiM students take the opportunity to cross borders during this period of their studies. For these students, therefore, the elective period involves going into less familiar and more distant places. The Coordinator emphasises that the autonomy of the student is at the core of the learning experience during the elective, as students are given the freedom to create their own opportunities for learning: 'The students are happy with the experience of becoming independent, being on their own, getting into problems and solving their own problems. That makes it special' (Elective Coordinator, interview 2013).

The extracts in the following sections are taken directly from the transcriptions of the interviews with the four students who went to Africa. They are presented in broad themes which I believe will be meaningful when sharing the data with colleagues in other parts of the university. In my opinion, these themes ('Whereas', 'Thought I Might', 'Here and There', and 'Hopelessness and Doubt') reflect the opportunities, dilemmas and uncertainties experienced by students in so many EMI settings. For students in EMI, the concept of mobility is not exceptional, as Carsten explains: 'then you can go abroad, which feels natural since you are already together with so many people who are abroad, from other countries around the world' (Carsten, interview 2013). Yet as we shall see, the fact that such mobility is unexceptional does not mean it can be underestimated.

Evaluations #1: 'Whereas' narratives

The current cases can be understood in terms of the evaluative process described by Labov, which involves 'comparing what might have happened

but did not with what did in fact happen' (Labov 2013: 131). An explicit example of this kind of comparison is found in Maja's discussion of the kind of doctor she does and does *not* want to become.

Some doctors don't interact with the patients. We're taught all the time that a patient is not a disease, but ... you can get really wrapped up in the disease and how fascinating it is, and I really felt that would be my nightmare to be that kind of doctor. I will never be that doctor, and I will always invest in my patients. That makes so much more of a difference (Maja, interview 2013).

Carsten's discussion of what he learned in South Africa provides an opportunity to unwrap the data more thoroughly in relation to the 'whereas' question.

The independence of going somewhere very far, alone and for very long is a very important step in growing up maybe. To feel that disconnected from what you're used to. It strengthens character and makes me more assertive perhaps. And arranging that yourself. You have to do stuff to get that awesome outcome. And also getting together with people you've never really encountered before in your life and just being open. You have to become accustomed to what you can do and what you can't do. I think I became a bit more open and easier at asking questions [to the surgeons]. I think that will benefit my medical training further because if you just observe and don't ask questions when you are right there, then you won't learn anything. It won't help you if you just stay quiet, so I changed my attitude towards that (Carsten, interview 2013).

If we study the juxtapositions that run through Carsten's story, we can produce the contrastive 'whereas' evaluations in Figure 1.

The contrasts between what actually did happen to Carsten and what could/might have happened are shown in Figure 1. Carsten learns to be 'more assertive' and to ask questions that will 'benefit my medical training further', and for him this justifies being away for this extended period, of being 'far' and 'alone'. Such evaluation 'mediates the crucial "point" of the story, thereby justifying its telling' (Patterson 2013: 31). It is precisely this justification that makes it less likely for the audience or reader to respond with the question 'So what?' The 'whereas' juxtapositions, for instance, between assertiveness and non-assertiveness, also place Carsten's story in the broader perspective of recognisable human endeavour. We begin to recog-

- He goes 'very far'; whereas he could have been close to the familiar e.g. by doing his elective in Germany
- He feels 'alone'; whereas he could have been with friends and acquaintances
- He feels 'disconnected'; whereas (again) he could have felt closer to his existing connections such as his peer group in the Netherlands
- He 'arranged it himself'; whereas others could have arranged it for him. For example, he did not go through the university's existing network of preferred partners
- He is 'open to people he has never encountered before'; whereas he could have spent more time with Dutch or German expatriates
- He 'asked questions'; whereas his initial assumption was that he should not disturb the surgeons by asking too many questions

Figure 1: An interpretation of the evaluations in Carsten's story from the 'whereas' perspective

nise Carsten as an agent who is able to make choices, and this makes his experience meaningful to us, also because we inevitably start to compare his 'whereas' experiences with our own.

Evaluations #2: 'Thought I Might' narratives

The following extracts from the data focus on the students' reasons for choosing to do an elective period in Africa, as opposed to staying in the Netherlands or choosing to go back to their country of origin. These stories are constructed around the connection between the learners' imagined futures as medical professionals and the choice of the topic and location of the elective period. The stories offer both personal and professional explanations for this choice of elective.

I thought I might want to work later with an international aid organisation or something like that. But before I travelled to Africa, I'd never travelled outside Europe. It's a bit weird to want to do something when you don't really have a clue what it means. Also, when I start working in the Netherlands or another European country, you can always get people from Africa, so I think for intercultural communication it's quite nice to be able to say

to your patients that you have an image of what their country looks like, or what their life has been like (Saskia, interview 2013).

I was contemplating whether I wanted to do something with Medicine in developing countries, doing a specialisation in Tropical Medicine, or doing *Médecins Sans Frontières* or something ... So I decided to go to Malawi to see if it was something I wanted to do in the future (Maja, interview 2013).

Both Saskia and Maja saw the elective as an opportunity to try out their professional ambitions and identities. For them, this was a time of contemplation and discovery of what it might mean to be a doctor in Africa. They were both uncertain about whether this would be the right choice for their future profession, and Saskia had already formulated a second reason for her choice of destination, as it would provide her with a better understanding of patients with an African origin in the Netherlands. Maja also took the opportunity of the elective period to observe doctors working in several areas that interested her, concluding that the experience confirmed her desire for direct contact with her patients.

I went with an oncologist because I'm also quite interested in oncology and haematology. It was great to see the doctors that we saw, they are amazing doctors and they cared so much, and they knew a lot, but they just didn't have the resources to always do something. I was also very impressed by the Malawian doctors because they knew so much and they talked more to the patients. Till a couple of years ago I thought that I also wanted to do surgery, but I verified that I liked what the surgeons did, but I realised that it wasn't for me. I want more patient contact (Maja, interview 2013).

Carsten, on the other hand, was already rather 'convinced' about what he wanted to do, so he saw the elective as an opportunity to do something 'real' and 'physical'.

I was quite convinced before that I wanted to go into some form of surgery. I wanted to use my motor skills to intervene in the patient and make him better this way. So surgery was always a thing that I was looking forward to ... And there [in South Africa] it was just seeing how it actually is done, not from a series or from YouTube videos. You see it in real, not in the anatomy dissection room, it's real patients, real life. It was just amazing to see surgery (Carsten, interview 2013).

Carsten's focus on the 'real' is a reflection of the opportunity during the elective period for these students to evaluate how the realities of medical practice would live up to their personal expectations. In this sense, the period seemed to function in the way Arturas described it (above), 'as an early heads up'.

Evaluations #3: 'Here and There' narratives

The students also compared experiences and practices in new and unfamiliar settings (there) with what they learned in their familiar home base at BiM (here). This provided insights into the value of the elective as a site for learning things that could not be learned in the Netherlands, while also confirming the relevance of aspects of the BiM programme (here) to the wider professional context (there).

We were three days at paediatric surgery, which is what I'm thinking of doing later on. We got to be actively around the surgeons who were there, Dutch and English surgeons and one Malawian surgeon. The surgery there is really different to what I would do here ... The interventions are different because you don't really see the same diseases that you would operate on here (Sabine, interview 2013).

The public healthcare is a bit less personal in the doctor-patient relationship. I think that is important, after seeing both sides, also in the hospitals here in Western Europe. Opposed to what I saw there, I think it really is important to take time to talk to patients not only about their treatment. You have to find your own in-between way. You have to be efficient and integrate a more holistic care approach into your consultations (Carsten, interview 2013).

Things they have been teaching us here that came back there, for example, are that it is not useful to send expensive equipment like MRI scanners to locations where there isn't a reliable electricity supply. People don't know how to work with it or how to interpret a CT scan for instance. This is what the Professor [in the Netherlands] has been telling us (Saskia, interview 2013).

The students were trying to define important aspects of their future profession in terms of 'here' and 'there'. This might involve finding their 'own in-between way' (Carsten) or it might involve the conclusion that 'it wasn't

for me' (Maja). Saskia also focused on what she referred to as the 'people skills' involved in the learning that happens 'there'.

A lot of the things I learnt there [in Ethiopia], I wouldn't have been able to learn here [the Netherlands]. One of the main things was having patience and waiting. People wouldn't be able to teach me these things here. And a lot of the work is motivating other people to work. And this is not what you learn at medical school (Saskia, interview 2013).

This extract is consistent with the Elective Coordinator's experience that an elective abroad 'results in students gaining new perspectives and developing cross-cultural and people skills' (Elective Coordinator, interview 2013).

Evaluations #4: 'Narratives of hopelessness and doubt'

The elective period is also important in offering students the opportunity to learn more about 'themselves' and how they will cope in trying circumstances. The following extracts give a good impression of their re-evaluations.

I realised quite early on that it wasn't for me. I got a heavy feeling of hopelessness because I didn't feel it made a difference, and the difference would have to come so much higher up ... We learnt so much more about ourselves, and where we want to go and who we want to be than you could possibly get in a lecture hall (Maja, interview 2013).

I felt really overwhelmed because I felt like 'I know nothing, I've spent two years studying but I still don't know anything'. We went on rounds with doctors, medical students in their final year, new doctors, and although they've done six years of education, they still are really lost because you can diagnose a disease but you can't treat it, or you can't even diagnose it because there are no diagnostic tools. And for us, we didn't even know how to diagnose. So it felt really overwhelming. But this is really normal to feel so lost in the beginning (Sabine, interview 2013).

These stories of feeling 'lost', 'hopeless' or 'overwhelmed' helped the students to re-evaluate the level of their medical knowledge in relation to medical practice in the field, confirming their limitations and highlighting how much more they still have to learn.

I see the importance of learning, not just learning to get a good grade, but learning to know. Because you are going to be using this [in your future profession] and it will be so good later to have something to fall back on because you're under so much pressure, and things are expected from you, and you're bound to mess up, and it's nice to have something to lean on a bit. So it really inspired me to want to come back here [the Netherlands] and work hard (Maja, interview 2013).

The students faced unfamiliar contexts, and new and sometimes very confusing experiences. It is not surprising, then, that another recurring theme in their evaluations is doubt and inconclusiveness.

And I don't know if aid work is the way to help countries to grow. It has made me re-evaluate and I still haven't really worked it out yet (Saskia, interview 2013).

It gave me some insight and it made me more confident in one way, and in another way I'm not one hundred percent sure this is what I want to do. You can only say that once you are a bit more advanced (Sabine, interview 2013).

It is surely of great value for educators to be aware of the varying degrees of uncertainty that such experiences can produce in young people who may give an outward appearance of self-confidence. When we consider the nature of what they have experienced, it is only logical that the students 'haven't really worked it out yet' (Maja). We might conclude that such uncertainty shows a heightened degree of self-awareness, and that the ability to so clearly express their own limitations is in itself evidence of the students' learning. Maja and Sabine both show their awareness of this aspect of their elective experience.

I was quite surprised to realise how careful I was. I've never seen myself as careful, but put in that new country and new culture I was always very analytical (Maja, interview 2013).

It wasn't easy. There were quite a few hardships that we had to go through, and I think that always teaches you way more (Sabine, interview 2013).

I believe that the above themes demonstrate the value of evaluative interpretations in the analysis of human experience through narrative. The

iterative interaction between participants and researcher in the construction of the above text also demonstrates that narrative is an ongoing process of social meaning making. These stories are fluid. Already, the reader is re-evaluating the stories in relation to other contexts and on the basis of their own personal and professional experiences, which means that these narratives will inevitably take on more meanings. When shared with others, their responses can build the narrative further, creating further evaluations and building further layers of explanation and understanding.

Conclusion

Narrative gives us a strong understanding of other people's experience, and their view of the meaning of life. In so doing, it helps us cross the formidable barrier that separates one person from another (Labov 2013: 132).

The experiences of the various stakeholders in large institutions such as universities are dissipated to such an extent that learner experiences in educational activities may not be shared or fully understood. This means that the value of these educational activities may not be entirely clear to all stakeholders and that the potential of such activities may not be fulfilled. Under these circumstances, learner narratives represent a rich source of information for educators and programme managers both in the evaluation of courses and in the design of appropriate support for learners (see also Haines 2012). The current article demonstrates how a narrative approach developed in a social sciences setting can be transferred and applied to the learning experiences of students in other disciplines, such as Medicine or Computing Science (the latter is currently being investigated in the next stage of the 'international classroom' project that provides the wider context for this research).

According to Ivanic, 'in educational contexts "learning" is not just an increase in knowledge, understanding and capability, but includes the discursive reconstruction of identity too' (2006: 26). This involves 'trying on' new identities and performing them for different audiences. In this article, we have seen how learners position and re-position themselves in relation to both the familiar learning environment (here) and the less familiar future professional environment (there). This involves changes in self-understanding, as individuals shape themselves in relation to the social and professional structures that surround them. When they tell the stories of these

changes, the learners re-position themselves and their stories in relation to different audiences, including in this case the researcher. And these audiences in turn reshape the stories for their own audiences. Narrative research therefore involves a complex interaction of subjectivities which one needs to accept in order to benefit from the rich understandings that emerge.

In this article, we have seen how narrative evaluations can illuminate experiences in settings that may be 'alien' or 'foreign', and which are to a large extent hidden from the view of other stakeholders in the 'home' university, not least because of the physical distances involved. Narrative evaluations like these represent an opportunity for individual students, their educators and other stakeholders to revise their understandings of learning processes and to re-align their relationships and roles in a more empathetic way. Tools such as learning histories and learner journals can be used to promote such alignment in both the informal and formal curriculum. Furthermore, a structural use of narrative can result in the breaking down of dominant discourses and power relationships in institutions, leading to new and constructive discourses. This can result in the empowerment of weaker voices through the creation of spaces in which their experiences can be related in a meaningful way. Narrative investigations, such as the one reported above, can play an important role in creating greater awareness of the need for such spaces in our universities.

We have seen that the tales that are told and the identities that are portrayed are often incomplete and may be transitory. The narratives in this article represent the particular personal experiences of individuals going through a period of growth and change. This means that the narratives need to be presented with care and understood in the context in which they are produced. They can provide educators with a rich source of knowledge when used in a sensitive way so that their value is neither exaggerated nor underestimated.

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Notes

1. In this context, 'international' refers to the diverse mix of the student group; this is not a programme in 'International Medicine' (hence the parentheses in the text), although the programme does include a significant 'international' perspective and a focus on Global Health.

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