

[研究ノート]

Videoconferencing to Share Best Practice:

a report on a small-scale project between student midwives at the University of Shimane, Japan, and the University of the West of Scotland

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1. Videoconferencing at the University of Shimane

This paper reports on a video link between student midwives at the University of Shimane, Japan, and the University of the West of Scotland. The hour-long link aimed to share best practice in the field of midwifery for the students, and to exchange information on the challenges and successes faced by midwives in both countries. The paper begins with a look at the project in context as part of the University of Shimane (USJ) curriculum; how the videoconference was implemented; and the merits of the project according to the student midwives. In a post video conference survey, it was found that the Japanese student midwives were universally positive about the video link, and felt that they gained from the experience, due to careful preparation before the video link and support during the link.

The project developed from a larger cross-cultural programme based at East Carolina University (ECU), Global Partners in Education, which links universities around the world for discussion and collaboration. These video links, where students from different countries connect with each other in real time, began in the Anthropology department of ECU with the purpose of exploring different cultures (Chia, Poe, & Yang, 2011). Since 2009, USJ has offered these weekly or twice-weekly classes in Global Understanding each semester. Such general links often lead to shallow questions; students do not stretch themselves linguistically: asking only the questions they learned in junior high to compare tastes in music or food and various customs. USJ students enjoy these links but often run out of things to say after several minutes. The more challenging questions from ECU's Anthropology department have often proved too abstract for USJ students. Such questions

are difficult to answer in a Japanese context (e.g. questions about religious practices and belief in god, when most students neither practise any religion, nor hold strong beliefs). However, these general video links have led to more specialized collaboration such as the one reported here between student midwives, and with the Department of Theatre and Dance (Kane, 2015).

2. Initial Planning

To set up this video link, I traveled to our medical campus in Izumo three times: first to ask for cooperation from Professor Reiko Kano of the Midwifery Department; next, to conduct a text link; and finally, to prepare with the students and conduct the link. The idea began at a CLIL conference in May 2013 when I spoke with a fellow English teacher who taught in a medical university in Catalunya. After weeks of emails and an initial meeting with USJ midwifery professors, we found that our schedules could not match. Student midwives in both Catalunya and Japan spend much time on clinical placement. This led to my contacting the University of the West of Scotland, (UWS) in June 2014. I received a reply from Professor Hilary Patrick, the Lead Midwife for Education at UWS, and met with her in August of the same year. Professor Patrick was enthusiastic about the project, but again finding a time when both cohorts would be on campus left us with a very narrow time frame. At USJ, midwifery is a one-year highly intensive course for qualified nurses. Professor Kano felt that any link should take place in the second semester when the students had sufficient specialized knowledge to discuss midwifery. In contrast, the midwifery course at UWS is in a four-year undergraduate programme, leading to a Bachelor's degree in Midwifery. Third-year students from UWS linked with USJ.

Setting a date for the video link took a long time. Negotiations took place in two languages, so several emails and phone calls were necessary to convey the same information to both USJ and UWS. An eight-hour time difference also had to be taken into account. We settled on a 6 p.m. start in Japan, after most classes were finished, 10 a.m. in Scotland.

2.1 *Technology*

During the second meeting at Izumo campus, IT staff also attended and discussed the technical hurdles. They checked Internet connectivity, videoconferencing equipment (Polycom), cables, projector, screen, speakers, and our back up technology (a laptop for Skype, and a wide-angle webcam). The first test link was performed one week in advance, on the same day of the week and at the same time as the actual link. I hoped to use Polycom, relying on Skype as a back-up. Lin (2007) notes that poor quality video image is demotivating for students: "sound delay, blurred images, or distorted body language, which in turn creates the effects of distance and renders students unwilling to participate; thus passive viewing results" (pp. 80–81). However, several test links showed that despite our best efforts, we could not use Polycom at Izumo campus. We used a large screen to project the images for the class to see.

2.2 Preparing the students

USJ student midwives no longer study English on their one-year midwifery postgraduate course. However, they are all qualified nurses and have taken two years of medical English as undergraduates. Because of the language difficulties, Professor Kano had her students send their questions to me in Japanese. (See Appendix 1.) I translated them into English and sent them to Professor Patrick at UWS. Then the Scottish student midwives sent their questions to Shimane. (See Appendix 2.) Again, the questions were translated and our student midwives sent me their answers in Japanese to get help translating them.

Students' language proficiency is a significant issue when video conferencing in a foreign language. There is great pressure to understand and reply in real time. In previous video conferences, when linking with native speakers or overseas students whose English ability far exceeded my students' abilities, I tried to build a lot of prepared speech into the link. USJ student midwives had several weeks to practice their questions and answers. Extensive use of prepared speech makes video conferencing possible for less proficient students, but it is also helpful if the teacher can interpret if it becomes necessary. Since I had translated all the questions and answers either to or from Japanese, I learned some medical vocabulary which would be useful during the link. Wang (2013) notes that in her study of video conferencing "the power-relation between teacher and student was also changed from a teacher-centered learning environment to a student-centered environment" (p. 353), however, when the students have to rely on the teacher to mediate the conversation, I believe that a teacher-centered class will result. In a longer course, teachers can prepare students better to communicate with their overseas partners, but in this study we were only able to link with UWS once.

2.3 Linking Day

On link day the IT staff and I arrived at Izumo Campus several hours in advance to set up the equipment and establish the link. We usually do this about ten minutes before class time at Hamada campus, checking the sound and picture with our overseas partners, and then muting both classrooms until the appointed time. With off-campus links, however, I prefer to set up at least 30 minutes in advance, and have Skype ready to use.

While the IT staff set up, I worked with the students. First, I had them complete a pre-link survey, and then we began practicing the questions and answers. USJ student midwives had already decided who would ask and answer which question on the list. They had also prepared brief self-introductions. They practiced their answers and asked for help with pronunciation.

The link began with short self introductions. One USJ student received a huge cheer for saying that she wanted to visit Scotland. This kind of friendly interaction is one of the most motivating factors when we videoconference with other countries. Questions from the Scottish students dealt with home births, postnatal care delivery, common emergencies in childbirth, the C-section rate, and breastfeeding. UWS student midwives clapped when

Professor Kano explained that 50% of Japanese newborns are exclusively breastfed for two months. USJ student midwives asked about water births, the curriculum of a midwifery course in Scotland, and the medical procedures which Scottish midwives can undertake.

3. Merits of this Project

From an EFL teacher's perspective, there are many merits in using video conferencing. There are meaningful information gaps, opportunities to use prepared speech, many chances for the students to negotiate meaning, time for the students to communicate one-to-one with someone from a different culture, and in this link, the chance for students to reflect on their own experiences as midwives, and to learn about midwifery in another country. Videoconferencing also affords opportunities to speak English for students who are unable to travel or study overseas. Wang (2013) also records reduced language apprehension in her Taiwanese students participating in video conferencing (p. 352). Loranc-Paszyk (2015) notes that "videoconferencing offers many of the advantages of face-to-face mode plus the added advantages derived from the use of technological applications, which most importantly allow large distances to be bridged" (p. 59). However it is not the technology itself which leads to greater interaction between students, but the cross-cultural gap when students from different cultures interact with each other (Eguchi, 2013, p. 30). For me, video conferencing provides scope to bring more content teaching into my classes. It would also seem more motivating for students to talk about their chosen profession with peers from another country. In addition, I was glad to have the opportunity to work closely with teachers from another field and from a different campus.

Wilkinson and Wang's 2007 study looked at videoconferencing between Taiwanese undergraduate English majors and American graduate journalism majors. Despite the difference in their fields, both sets of students gained from the experience: the English majors practiced their foreign language, while the journalism majors practiced interviewing nonnative speakers (p. 109). When foreign language learners link with native speakers of that language, we should offer the native speakers some reason to participate in the link. This can be better achieved through knowledge-based video links, rather than language-focused video links.

4. Student Midwives' Feedback

Prior to the link, I surveyed the student midwives. Ten students responded. Eight of them had been overseas for short trips, but only one of the students expressed any confidence in using her English. Their impressions of Scotland were vague: two wrote that they did not know anything about the country, while others knew that it was part of the UK, had a cold climate, men sometimes wore kilts, and there had been a recent referendum on independence. One student knew that postnatal hospital stay was much shorter in Scotland than in Japan. The students were all positive about learning English. Three wrote that they would like to study conversation more than grammar or reading/writing. One student

wanted to communicate with student midwives, and two students wanted to learn medical English.

After the link, the students were surveyed again. Ten students responded. The amount students wrote about their impression of Scotland had increased greatly. All of them wrote several lines for this answer, adding details which they had learned during the video conference: for example, Scottish midwives can perform more procedures than Japanese ones; the birth rate is higher so there is more need for midwives; there is a short postnatal hospital stay of six hours for a natural birth and 48 hours for a C-section.

The students were all very positive about the link. All of them said that it was enjoyable, and many noted that although it was difficult to communicate with their overseas counterparts, preparation before the link and support during the link had helped them. While all of the USJ students were positive about videoconferencing, Jung (2013) found that 16 of the 45 students in her study thought that videoconferencing was not effective in developing students' linguistic ability. She hypothesizes that "If the topic of the class is not relevant to students' needs and interests, students may lose motivation to participate in it" (p. 749). During the link discussed in this report, students shared knowledge about their chosen field. This may be why all of them were so positive about the class. Loranc-Paszylk (2015) notes that

organizing the students' interactions according to suitable contents matching their profile of studies, interests and cognitive and emotional needs might contribute to the effectiveness of the interactions. Through this medium, learners could experience authentic interactions which are difficult to replicate using traditional L2 classroom methods. (p. 69)

When asked what they had learned, all of the student midwives gave concrete details about differences between midwifery in Japan and Scotland, and between the midwifery course curricula. One student noted the differences in the curricula, but similarities in the ideal midwives which these students want to become. All ten students would like to take part in a similar link with overseas counterparts again.

5. Conclusion

Videoconferencing requires a great deal of preparation, but all the students involved in this project wish to try it again. It is challenging for less proficient speakers; however, by using prepared speech, teachers can help students participate. In addition, content-based video conferences benefit from having an interpreter on hand to facilitate the link. In this project, Japanese students shared best practice and opinions about midwifery. This required students to ask and answer concrete questions, and gave them a reason to communicate. The students were learning content in addition to practicing their language skills. Despite the challenges, videoconferencing affords opportunities for language learners in rural areas

to connect with speakers of other languages. Ideally students would get input from shared reading or listening materials before the link, and follow up with their overseas partners after the link via SNS or similar. In the future, I hope to implement more content-based videoconferencing in Content and Language Integrated Learning courses, and create a series of links where students could share best practice in their fields.

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References

- Chia, R., Poe, E., & Yang, B. (2011). History of the Global Partners in Education. *Global Partners in Education Journal*, 1, 3-7.
- Eguchi, M. (2013). The effect of cross-cultural videoconferencing on EFL learners' English production. In *Cross-cultural Understanding and Language Education in the Age of Globalization Proceedings*. (pp. 24-32). Shimane.
- Jung, M.Y. (2013). Videoconferencing improves students' language learning in the EFL classroom. *TESOL Journal*, Vol: 4(4), 743-751.
- Kane, E. (2015). Videoconferencing for intercultural education. In P. Clements, A. Krause, & H. Brown (Eds.), *JALT2014 Conference Proceedings*. Tokyo: JALT.
- Lin, C.C. (2007). EFL college students' perceptions of videoconferencing-assisted English learning. *English Teaching and Learning*, Vol: 31(1), 77-115.
- Loranc-Paszylk, B. (2015). The foreign language classroom in the new media age: Videoconferencing and negotiated interaction among L2 learners. In L. Piasecka et al. (Eds.), *New media and perennial problems in foreign language learning and teaching* (pp. 57-71). Switzerland: Springer International Publishing.
- Wang, A.L. (2013). Cross-cultural video conferencing and online discussion experienced by college students in Taiwan: A case of collaboration with American students. *Global Perspectives on Computer-Assisted Language Learning. World Call 2013. Conference Proceedings*.
- Wilkinson, J.S., and Wang, A.L. (2007). Crossing borders: How cross-cultural videoconferencing can satisfy course goals in dissimilar subjects. In P. Tsang, R. Kwan, and R. Fox (Eds.), *Enhancing learning through technology* (pp. 109-123). London: World Scientific Publishing Company.

Appendix 1

Questions for University of West of Scotland Midwives from USJ

1. 日本の妊婦さんは、妊娠期に体重増加が問題となり体重管理を厳しく行われたり、高血圧の管理が問題視されていますが、スコットランドの妊婦さんは、妊娠期に特に問題となっている症状や傾向がありますか。

In Japan, pregnant women are warned severely about gaining too much weight leading to high blood pressure. What symptoms and tendencies are issues for pregnant women in Scotland?

2. スコットランドのお産に関して、その国特有なケアや周産期の慣習があったら教えていただきたい (ex薬草を使うなど)。

Are there any national traditional childbirth practices? For example traditional herbs?

3. 日本ではお産する上で、分娩取扱施設が減少したり、かたや周産期母子医療センターがあり医療が整っていたりと地域格差があるのだが、スコットランドでのお産も地域格差はあるのか。どのくらいあるか。

In Japan the number of maternity wards is decreasing. There is also a regional gap. Some areas have many maternity wards and some have few. Is this also a problem in Scotland?

4. 助産師の養成課程を教えてください。

What is your curriculum like? What do you have to study to be a midwife?

5. 日本の助産学生は、短い期間で座学と実習、そして国家試験とクリアしていかなければならないが、スコットランドの助産学生の学校のカリキュラムはどのような感じか、忙しかゆったりした進捗か教えていただきたい。

In Japan, we study for a short time and then take national exams to get a qualification. Do you feel that your curriculum is too crammed or is it at a reasonable pace?

6. 日本では助産師不足がある中、お産のとれる病院が少なく、助産師養成学校が少ない現状がありますが、スコットランドでは、出生率に比べて助産師は不足しているか、また助産師養成学校はどのくらいあるか、不足しているか、足りているか、簡潔に現状を教えてください。

In Japan, the number of student midwives is decreasing; fewer hospitals have maternity wards; fewer universities are training midwives. In Scotland are there enough midwives to match the birth rate? Are there many universities with midwifery courses?

7. 日本では病院や助産院などで就職する人が多いが、スコットランドの助産師は主にどこで働く人が多いか。

In Japan we will work in hospitals or smaller maternity clinics. How about in Scotland?

8. スコットランドの生徒や学生への性教育はどのように行われているか (性教育の内容、

家族内でも行われているか、どこまで話すのか)。

How is sex education for school pupils and students taught in Scotland? Could you tell us about content, the role of the family in explaining sex to young people, and how much information is given?

9. スコットランドの助産学校で免許を取得するとスコットランドのみの就職となるのか。それとも、イングランドやアイスランドでも就職することができるのか。

If you qualify from a Scottish university, can you work as a midwife in other parts of the UK?

10. 日本で働く助産師は、看護師の数と比べるとかなり少なく、日本全国の職種で比べても少ないですが、スコットランドでは全体の職種と比べるとどのくらい多いか、割合があるか。

In Japan the number of midwives is small in comparison to nurses. How is the situation in Scotland? Do you know the ratio?

11. 日本では出生率の低下により、地域によっては実習中ノルマの分娩がなかなかとれないことがあるが、スコットランドの助産学校では実習中、全て分娩件数をとることができるのか。

The birth rate in Japan is very low. It's difficult for us to clear our required number of births to get a qualification. How many births do you have to attend for your qualification?

12. 助産学生の平均年齢を教えてください。日本では社会人を一度経験してから、看護師・助産師を目指す人が多いがスコットランドではどうか。

What's the average age of a student midwife in Scotland? In Japan, many student midwives have worked before applying to be a nurse/midwife.

13. 家から通っているのか。それとも、寮生活か。

Do most of you commute from home or do you live in a dormitory or apartment?

14. waterbirthがなぜ人気となったのか。

Can you tell us why waterbirth is popular?

15. “家で出産する事はすべてのイギリスの妊婦の権利”とあったのですが、病院で出産された方は自分がその権利に当てはまらないことについてどのような気持ちになることが多いのか。

We heard that home birth is a right for all Scottish women. What about women who give birth in hospitals? How do they feel about that?

16. 病院で出産された方に対する助産師のフォローやケアにはどういったものがあるのか。
We heard that postnatal hospital stay is very short in Scotland. Can you tell us about postnatal care after women leave hospital?
17. スコットランドでは助産実習でどのようなことをするのか〔分娩介助とか内診とか沐浴とか〕。
What do you actually do when you are in hospitals? For example, do you assist at births, do pelvic examinations, help women with bathing etc?
18. スコットランドでは一ヶ月検診など退院後のフォローなどはどうしているのか。
Is there a postnatal one-month check-up? If so, what do you check?
19. 勉強の間の息抜きは何ですか。
What do you do in your free time when you're not studying?
20. スコットランドの助産学生は、将来どんな助産師になりたいか、理想の助産師像を同じ助産師学生として興味があるので教えてほしい。
What kind of midwife do you want to be? We'd like to hear from Scottish student midwives, what you think is the ideal midwife.
21. 日本の母親は子育てをするにあたり、平均的な発育が出来ているか、他の子供と比べてどうかということをととても気にしており、悩む事が多いですが、外国（スコットランド）ではどうでしょうか。
In Japan, lists of infant milestones are published for mothers to consult. However, these milestones cause a lot of mothers to worry. Is the situation the same in Scotland?

Appendix 2

Questions for Japanese Student Midwives from UWS

1. We have significant issues with women who misuse drugs and alcohol during pregnancy - is this a problem in Japan and if so, how do you manage it?
スコットランドの妊婦の間で、アルコール類や薬物の乱用が問題になっています。日本ではどうですか。この問題があったら、どのように対応していますか。
2. What is the role of Fathers in your birthing rooms? - who supports the women in labour?
分娩室での父親の役割は何ですか。出産中の妊婦を支援する人はだれですか。
3. Do you have home birth?
自宅で出産する人はいますか。

4. How is postnatal care delivered - do women stay in hospital or are they seen at home and for how long?
出産後のケアはどのように行われていますか。女性は入院を続けてケアを受けますか。それとも自宅でケアを受けますか。自宅の場合は、助産師の訪問はいつまでですか。
5. What are your most common emergency situations - ours are postpartum haemorrhage, sepsis and shoulder dystocia
イギリスで一般的な緊急事態は産後の出血、敗血症および肩甲難産ですが、日本で最も一般的な緊急事態は何でしょうか。
6. Do you promote normal birth? Do you have midwifery led units that promote normal birth?
日本では自然分娩を奨励していますか。それを推奨する助産師らのグループがありますか。
7. What is your C/Section rate?
帝王切開の割合はどれくらいですか。
8. We are able to undertake many skills including perineal suturing, IV cannulation, venepuncture, resuscitation of the newborn - are you able to do these and what other skills are you able to do?
スコットランドの助産師は会陰縫合をはじめ、IVカニューレ挿入、静脈穿刺、新生児の蘇生といった治療をする事が許されていますが、日本はどうですか。
9. Do most women breastfeed successfully? And if so why is this? (we have a lot of bottle feeders in UK)
多くの母親は母乳で育てますか。もしそうならなぜですか。（イギリスでは、哺乳瓶を使う人が多いです。）
10. How would you like to change the maternity care for women in Japan if you were able?
もし可能でしたら、あなたは日本での妊婦に対するケアをどのように変えたいですか。
11. Why did you choose to be a midwife?
なぜ助産師になろうかと思っていますか。

Key words: Videoconferencing, CLIL, foreign language education

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