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Collaborative efforts work! Reflections on a two-year relationship between Faculty of Health and International Student Services - Language and Learning Unit

Rena Frohman

International Student Services – Language and Learning Unit, Queensland University of Technology, Brisbane 4001, Queensland, Australia

Email: r.frohman@qut.edu.au

This paper is a personal reflection on a two-year collaborative initiative between the International Student Services Language and Learning Unit and the Faculty of Health at Queensland University of Technology (QUT) from the viewpoint of the coordinating Academic Language and Learning (ALL) practitioner. The initiative was underpinned by a number of policy "push factors" including: the First Year in Higher Education Principles of Transition Pedagogy (Kift, Nelson, & Clarke, 2010); the Good Practice Principles (GPP); and AUQA/TEQSA auditing criteria (DEEWR, 2009; Harper, Prentice, & Wilson, 2011; Murray, 2010). It identifies the factors, institutional and personal, which have contributed to a successful collaboration and addresses the tensions the ALL practitioner experienced as she journeyed through the project.

Key Words: Academic Language and Learning, faculty collaboration, reflection.

1. Introduction

Recently, Language and Learning Units have reported on a variety of initiatives featuring collaborative approaches within specific faculty contexts. Underlying these projects are national policy-driven "push factors" linked to the Bradley Review recommendations for greater student diversity which will require universities to provide more transition and academic support (Bradley, Noonan, Nugent, & Scales, 2008). The First Year in Higher Education Principles of Transition Pedagogy (FYHEPTP) (Kift, Nelson, & Clarke, 2010) for developing university-wide integrated support have been widely held up in the literature as a best practice policy for all learning experiences. In their discussion on how support strategies can be integrated into a whole-of-university approach to First Year in Higher Education and to the entire course progression, Kift, Nelson, and Clarke (2010), for example, describe the maturation of supportive learning environments as occurring in three stages referred to as "generations".

 In the first generation, universities provide co-curricular initiatives, often referred to by Academic Language and Learning (ALL) practitioners as the traditional modes of student support, which include activities such as: orientation programs, generic academic writing and literacy skills workshops, social programs and enhancement/bridging programs (Kift, Nelson, & Clarke, 2010). This common form of support is at times viewed as reactive, where the support services step in to fill a gap in students' needs or fix a perceived learning problem within an identified cohort. Second generation focuses on the formal curricula where academics and teaching and learning designers revise assessment tasks (i.e. providing formative assessment

tasks in first year subjects that allow students to develop their academic literacy skills by learning from feedback) and develop student-centred classroom pedagogies so as to increase student engagement in the learning process. The third generation, referred to as Transition Pedagogy, advocates an approach where professionals and academics collaborate to build "curricular and co-curricular strategies" that focus on student learning (Kift, Nelson, & Clarke, 2010). This pedagogical approach has received strong endorsement within the author's context at the Queensland University of Technology (QUT). The University's mission statement focuses on creating engaging learning environments that are created by collaborations between discipline-specific academics and ALL educators (QUT, 2011).

A further policy "push factor" is the set of Good Practice Principles (GPP) (DEEWR, 2009). The GPP include guidelines such as: "the university ensures there are adequate resources for qualified academic language and learning staff to assist academics to integrate language development into curricula and to provide other forms of individual and group support to students" (DEEWR, 2009). These principles place greater accountability and responsibility on universities to provide appropriate language and literacy development and support to all students (DEEWR, 2009; Barthel, 2011; Harper, Prentice, & Wilson, 2011; Murray, 2010). Examples of good practice in the GPP document highlight the need for greater collaboration between discipline-specific and ALL educators. Among ALL practitioners there is consensus that discipline-specific and collaborative approaches towards curriculum development and student support are basic ingredients for successful practice (Green, Hammer, & Stephens, 2005; Thies, Henderson-Wilson, Ebden, & Holland, 2010). For the ALL practitioner "on the ground" who attempts to build collaborations within academic disciplines by applying the theoretical constructs of Transition Pedagogy and the Good Practice Principles, identifying the factors that enable good practice and those that act as barriers to developing support strategies is vital. The enablers in this context include a deep understanding of university policy and faculty needs. The barriers are related to real practical constraints, such as limited resources that impact on collaboration strategies and building legitimacy for the ALL practitioner who may be seen as an outsider from a faculty perspective.

This paper is a personal reflection on a two-year collaborative initiative between the International Student Services Language and Learning Unit (ISS-LLU) and the Faculty of Health (FoH) at QUT from the viewpoint of the Academic Language and Learning practitioner. It identifies the factors that have contributed to a successful collaboration and addresses the tensions I experienced as I journeyed through the project including: prioritising the student cohorts that would most benefit from attending support programs; identifying the types of support that needed to be developed to create more positive learning environments; conducting on-going evaluation to build legitimacy; and, finally, defining my role within the faculty.

2. Background to the collaborative initiative

At QUT in 2010 and 2011, the Faculty of Health (FoH) comprised six schools: Human Movement Studies, Nursing and Midwifery, Public Health, Optometry, Social Work and Human Services, and Psychology and Counselling[1]. The student population was approximately 4,000, with the majority of international/NESB students enrolled in the Schools of Nursing and Midwifery (with approximately 500 international and 300 domestic/NESB students) and Public Health (with approximately 100 international and 30 domestic/NESB students). Before the 2010 collaboration, the FoH and ISS-LLU recognised that international and domestic NESB students had difficulty making appointments for Language and Learning individual consultations. This was in part caused by an increasing demand for language and learning assistance due to higher

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[1] In 2012 the FoH was re-structured. It now includes Schools of: Biomedical Sciences, Clinical Sciences, Exercise and Nutrition Sciences, Nursing, Optometry and Vision Science, Public Health and Social Work, and Psychology and Counselling.

undergraduate acceptances in Nursing and an increase in Higher Research Degree candidates faculty-wide. In addition, the already established discipline-specific workshops for Nursing, while well-attended, were insufficient to meet the needs of the growing population. In February, 2010, the Assistant Dean of Teaching and Learning (FoH), the ISS Unit Coordinator for Language and Learning and the ALL practitioner discussed a collaborative program with the goal of developing a range of strategies to support students' language, learning and intercultural transition and progress through their respective degrees. The ALL practitioner was employed by the centralised ISS-LLU and given the responsibility to develop collaborative support strategies for students identified as having Culturally and Linguistically Diverse (CALD) backgrounds in the Faculty of Health courses.

3. The pilot program: From little things, big things grow

The initial planning discussions identified several factors that would impact on the goal of meeting the demand for more student support. Providing support to the second largest faculty at QUT with its large, diverse student cohort and content areas required setting parameters to the collaboration project. The following questions were raised as a first step in defining the focus for the support strategies:

- Which FoH students would have access to the pilot strategies?
  - PhDs, Postgraduate Masters, Undergraduates?
  - International and/or domestic NESB students, and/or all students from Culturally and Linguistically Diverse (CALD) Backgrounds?
- What types of support and strategies would be trialled?
  - Academic units with an emphasis on academic literacies and writing and/or Clinical Practice placements with an emphasis on oral communication and/or cultural competencies?
- What role would the International Student Services- ALL practitioner play in the faculty?
  - Offer co-curricular[2] and/or extra-curricular support workshops to students?
  - Provide professional development sessions for lecturers and tutors?
  - Provide assistance with developing assessments/curriculum as advocated by the FYHE and GPP initiatives (Harper, Prentice, & Wilson, 2011)?

The project officially commenced in the second week of Semester 1, 2010. So, due to time constraints, we agreed that the first semester would pilot five unit-specific co-curricular workshops that addressed the most immediate academic needs for the greatest concentration of CALD Postgraduate Master Degree and Undergraduate students. With the aim of providing support where it was deemed most needed, undergraduate units with high failure rates and/or advanced writing needs were targeted in the Schools of Nursing & Midwifery and Public Health. A series of workshops focussing on incorporating evidence-based literature into case studies and reviewing referencing conventions was provided for specific assessment tasks. Additionally, academic writing skills workshops were offered to students enrolled in Master Degree courses for both schools, although postgraduate students from any of the FoH schools could attend. Thus, the first semester reflected the FYHE first-generation approach where co-curricular support mechanisms were provided to student cohorts identified as having a language or academic literacy deficit and where the support could be viewed as a reaction to a problem that needed to be resolved (Harper, Prentice, & Wilson, 2011; Kift, 2009). This was the first small step towards building a larger program.

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[2] Co-curricular: workshops occurring outside the formal timetable (lectures and tutorials), but aligned with academic literacy skills required for specific assessments (e.g. grant proposals for nutrition programs).

At the end of Semester 1, 2010, student and unit coordinator evaluations were conducted in all piloted strategies. Students who attended the co-curricular workshops received an on-line survey (n=78) and assessment results for the targeted assessment items were compared to previous semesters where similar support mechanisms had not been provided. Results from the surveys (with a 51% response rate) indicated that there was a 78% agreement/strong agreement among 40 responding students that the workshops had helped to improve assessment results for the five specific units. In addition, a focus-group discussion was facilitated by the Assistant Dean of Teaching and Learning (FoH) and the ALL practitioner with all participating unit coordinators and faculty members and other academics who were interested in participating in Semester 2, 2010 collaborations. The eleven-member group reviewed student feedback and determined that although the pilot approaches were successful in assisting small numbers of students, more effort was required to market the workshops and increase student engagement.

As a result of the first semester's reflection on the trial collaborations, a number of strategies were adopted. For example, since feedback had revealed that if the support strategies were to be taken up by more students, the marketing needed to reach a wider audience, to increase student awareness, a marketing poster was developed, notices were placed on Blackboard sites, and the ALL practitioner was invited to participate in Orientation sessions. However, due to the practical constraints of resourcing, it was unfeasible for the ALL practitioner to offer unit-specific support workshops for every unit identified as needing support in the two FoH schools. So, other approaches were considered. In response to other feedback, we offered a series of generic faculty-specific writing skills workshops (referencing, paraphrasing and writing effective paragraphs/demonstrating critical thinking) to all CALD students in the Nursing and Midwifery and Public Health Schools. The unit-specific workshops were then targeted across appropriate year levels in both schools and focused on specific assessment genres (i.e: literature reviews, health proposals, case studies, or reflective writing). For the postgraduates, we developed the generic academic writing workshops into a seven-week Writing Circle.

By offering a combination of faculty-based generic academic writing workshops and unit-specific workshops, more students at various stages of their courses could access the limited support facilitated by the ALL practitioner. This approach reflects the application of the Good Practice Principles where ALL provision offers supplementary "discipline-flavoured" generic workshops while developing stronger collaborative relationships within faculties (Barthel, 2011). This change in strategy was also considered important as CALD students who articulated into Nursing degrees with advanced standing and were enrolled in second year units, missed curriculum-based writing and research support embedded into first year, first semester curricula through QUT's First Year in Higher Education initiatives (Kift, Nelson, & Clarke, 2010).

The first semester feedback also indicated that there were other areas of support that could be developed in order to enhance learning experiences both within and outside the formal curricula. Two other strategies which broadened the scope of student support were trialled in the second semester. The first was designing and facilitating a series of professional development sessions open to all FoH teaching staff that focused on teaching strategies to support CALD students in the classroom. The themes, engaging CALD students in small group work and teaching critical writing, exemplified second generation FYHE pedagogy which focuses on teaching quality issues such as building community in the classroom and course design (Kift, Nelson, & Clarke, 2010). The second strategy arose from international students' reports that they wanted more opportunities to interact with native speakers and needed a better understanding of the Australian health context before they started on their first assessed clinical placement. In response, we developed a program that encouraged international nursing students to volunteer in a local healthcare organisation where they would be paired with a native speaker volunteer and have opportunities to talk to patients in a safe, assessment-free, environment. Thus, in the second semester the collaboration between the FoH and ISS-LLU shifted from the ALL practitioner responding to specific problematic curricular issues to developing a more proactive approach which supported a more diverse range of student and faculty needs.

In the second year of the project the on-going approach to evaluation continued. A variety of tools were used to gather feedback to determine student engagement with the different strategies and the students' perception of how attending the strategies enhanced their learning experiences. Evaluation tools included: end-of-session surveys, follow-up online surveys, focus group discussions for postgraduate students in the Writing Circles and for academics who had participated in the collaborations, and analysing unsolicited anecdotal feedback regarding students' learning experiences. The ALL practitioner collated the feedback into an end-of-semester report which was used as a basis for discussions with the Assistant Dean of Teaching and Learning, the Coordinator of the ISS-LLU and the FoH Academic Coordinator in order to prioritise CALD students' needs. Based on the feedback and on-going reflective discussions (both formal and informal) about how to meet the needs of the diverse CALD cohorts within the Faculty of Health, the initiatives were expanded. Two other strategies were initiated: a four-week series of communication and cultural role play workshops for undergraduate nurses preparing for their first clinical placement; and an at-risk intervention program which provided individualised support for students who had failed a unit or were referred to the ALL practitioner because of a risk of failing due to language and/or learning concerns. To date the collaboration includes seven distinct strategies as seen in Table 1.

Table 1. Seven strategies for implementing the collaboration.

Strategy	Description	Delivery Modes	FoH Student cohort
Academic Writing Skills Workshops	A series of three generic workshops covering Referencing, Paraphrasing and Critical Writing skills	Workshops & Self-access on-line materials	All students
Unit-Specific Workshops	Co-designed (with the Unit Coordinator) assessment based research and writing workshops	Workshops & Self-access on-line materials	UG students in Nursing and Nutrition and Dietetics
Postgraduate Writing Circles	A seven-week writing program based on developing critical writing skills for literature reviews and MA theses	Workshops & Self-access on-line materials	All CALD PG students
Pre-clinical Placement Role Plays	A series of cultural information sessions and communication skills role play workshops. Yr 3 nursing students role play in common communication scenarios from clinical practice experiences	Workshops & Self-access on-line materials	Graduate Entry Nursing students
Professional Development Sessions for FoH academics	Teaching and Learning Seminars on supporting CALD students	Workshops	All FoH academic staff
Volunteering in Hospital-based Programs	Encouraging CALD students to volunteer to practise communication skills in a health context	Self-directed with support from LLE	All students
At-Risk Intervention Program	Extra language and academic literacy skills help	1:1 consultations and workshops as advised	Students who failed/or might fail a clinical or academic unit and who are referred by a unit coordinator

Each of the individual strategies requires different levels of cooperation and collaboration with FoH faculty members, clinical practice facilitators and members of the volunteer healthcare organisation community. Student engagement with the strategies (in terms of attendance) increased significantly from 196 in Semester 1, 2010 to over 2,000 in 2011 (Semesters 1 and 2). Formal and informal evaluation data collected from academics and students indicated a high level of satisfaction with the types of support being offered. One particular finding that highlighted the success of the strategies was the decrease in the number of international student failures from 17% in Semester 1, 2010 to 1% in Semester 1, 2011 in an ALL practitioner supported third-year Nursing Unit, where students had attended both the academic Writing Skills Workshops in their first semester and also attended co-curricular unit-specific workshops in later semesters.

The goal of engaging more CALD students in ALL support initiatives has largely been achieved. However, the collaboration is now at the stage where the question of sustainability arises. While each strategy has the potential for further development as different student needs from across the entire Faculty of Health are identified, the reality of limited resources means the parameters of future initiatives must be well-defined.

4. Reflections on the collaborative journey – Lessons learned

From the beginning of the pilot program, especially during the first two semesters, my attention focussed on learning how to work within the context of a large and diverse faculty. On a day-to-day basis this required me to gain an understanding of the three-year Undergraduate and Postgraduate course progression in Nursing and Public Health, build relationships with discipline academics, and attempt to clarify where the greatest needs for support were within the Faculty of Health. In many respects the first two years developed using a flexible, organic approach, which can be described theoretically as applying action-research principles (Johnston, 2003). In action-research classrooms and teaching contexts, educators formulate a teaching strategy to address an identified learning need or question, plan the teaching sequence, initiate the teaching and evaluate the efficacy of the intervention and based on the analysis of the feedback and results adapt the strategies and/or create new approaches for a new cycle of teaching (Burns, 2011; Johnston, 2003; Nunan, 2001). In effect, the action research cycles were completed four times, at the end of each semester, and remain an integral part of the current program. The framework provided a basis for on-going evaluation, reflection and development. This process included: creating a semester plan for the seven strategies (see Table 1), providing an overview of evaluation methods, collating notes and observations from collaborative meetings with stakeholders, and producing an end-of-semester report. Each semester the strategies were modified to meet the changing needs of the diverse cohorts and to make the pilot program more accessible to all students in the Faculty of Health. Underpinning this cyclical process was the recognition that the program would not be effective without a strong collaborative relationship between the ALL practitioner and the FoH stakeholders (discipline academics, clinical practice unit coordinators and facilitators, administrative team and volunteer healthcare managers in the community).

When I reflect on the collaboration, I find it challenging to identify individually how all the diverse factors have influenced the outcome. I imagine a Venn diagram where Policy, Practical Considerations and (my) Personal Philosophy neatly overlap, each shaded factor influencing the other with the Collaborative Strategies positioned in the centre (see Figure 1).

However, this image oversimplifies the intricacies of the collaborative effort. In reality there were numerous variables that either supported or acted as barriers to the collaboration and these changed over time, pushing the boundaries of my imagined Venn circles into an amorphous mass. In order to reflect on the collaboration from the different viewpoints I will use these three themes to structure the following reflection; however, it should be noted that the themes do not represent any particular hierarchical or chronological order.
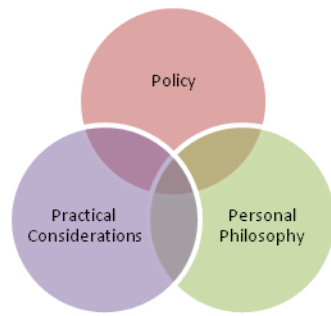
Figure 1. Factors and stakeholders.

4.1. Policy lesson 1: Understand the big picture

In order to garner support for any new initiative, policy influences must be identified as enablers or potential barriers. In the FoH and ISS-LLU collaboration, one of the strongest enablers was QUT's Mission statement, known as Blueprint3, which identified student support as a key priority: "Access to support services for both domestic and international students is an integral component for the continued success and satisfaction with the QUT student experience" (QUT, 2011). This policy direction was further strengthened by the October, 2011 AUQA/TEQSA audit which asked the University to demonstrate how well it provided support for international students. Thus, supporting international students became "everybody's business" (QUT, 2011). In addition to this very strong push from important institutional stakeholders, the Good Practice Principles (DEEWR, 2009) and the First Year in Higher Education Principles of Transition Pedagogy initiatives provided general philosophical guidelines on how to develop best practice for integrated curricular and co-curricular support across universities.

As an ISS-ALL practitioner appointed to the Faculty of Health, this meant that the stakeholders in the policy sphere were actively encouraging collaboration between professional and academic staff to improve student learning experiences, both for domestic and international students. The university momentum towards greater support for international/CALD students paved the way for this pilot collaboration. Because the policy issues underpinned the need for greater professional and academic collaboration, I did not need to justify the need to university management for the collaboration. In addition, by explicitly applying the Good Practice Principles and the First Year in Higher Education guidelines into the strategies, I had strong evidence to support my suggestions for supporting CALD students. With the active endorsement from the FoH Assistant Dean of Teaching and Learning and Senior Academic Coordinators I was granted legitimacy for initiating unit-specific workshops. I was able to begin collaborations with unit coordinators who did not know me or were unsure of my role, because I had the support of the higher level stakeholders. Without this active endorsement, the initial stages of the collaboration would not have commenced on such a positive footing. And when situations changed due to outside variables, such as staff turnover, and collaborations became problematic, support from the policymakers and higher level stakeholders, the FoH management, moved the initiatives forward.

4.2. Policy lesson 2: Evaluation builds legitimacy

Evaluation is an often discussed issue in ALL literature and various authors have stressed that understanding the underlying purpose of evaluating ALL strategies and programs is a priority. Reasons for conducting evaluations range from justifying the value of individual consultations to the institutions (Stevenson & Kokkinn, 2009), to defining what we do as ALL professionals (Bartlett, 2005), to improving our services, or even demonstrating our collateral value in the face of restructuring or cutbacks (Cotton, 2009). As an ALL practitioner who was an outsider to the Faculty of Health, I used evaluation for several purposes, but the main aims were to build and maintain legitimacy for the initiative and to determine whether the overall goal of the

project was being achieved. The assumed benefit of the collaborative strategies was that FoH CALD students would feel that their learning experiences were better supported. The evaluation data therefore needed to indicate increasing participation rates in ISS-LLU strategies, and demonstrate that the strategies were having a positive impact on learning experiences from both student and academic staff perspectives. One of the evaluation methods to demonstrate this was a focus group discussion where 20 students (postgraduate and undergraduates) who had participated in a minimum of two ALL activities between 2010 and 2011 were invited to provide feedback on their learning experiences. Comments from the 11 attending focus group members supported the premise that positive student engagement promotes better learning experiences and more successful outcomes:

> "*The Writing Circle was useful because I got directions from the others. We could discuss our research articles and assignments from different perspectives (we all study different topics). It broadened my horizons and made learning more enjoyable.*" (Postgraduate Student 1)

> "*I went to uni in Korea and when I just got here I learned there were totally different writing styles. For example, referencing. I never had to do this. If I had started the semester without this I would have gotten lost. The Academic Writing Skills workshops let me know what I should do.*" (Undergraduate Student 2)

From the first semester, continuous evaluation of the various strategies helped demonstrate to the policy stakeholders at the university management and faculty levels that the ISS-LLU collaboration was contributing to CALD students' learning experiences. Over the four semesters, evaluation tools included: attendance records, end of session paper-based surveys, follow-up on-line surveys, focus group discussions with faculty members and postgraduate writing circles, interviews with faculty members, collecting unsolicited anecdotal emails from students, academics, hospital volunteer managers, and clinical practice facilitators. The focus of the data analysis was on participation in the ISS-LLU strategies and the influence of active student engagement on students' perception of their learning.

To build and maintain legitimacy throughout the semester, I invested considerable time in communicating to academic staff and university stakeholders about the data as they were collected. Small snapshots of student engagement based on formal and informal feedback were sought through group emails a few times each semester. This anecdotal evidence helped to demonstrate to the university stakeholders that the strategies were helping students develop academic literacies and the increased student engagement was leading to positive outcomes. This on-going use of evaluation developed greater legitimacy for my role in the faculty. At the end of each semester in the first year of the project, the Assistant Dean of Teaching and Learning and I co-facilitated feedback sessions with nineteen academic staff involved in the collaborative initiatives. This reflective opportunity encouraged academic staff to contribute to the development of the strategies, the marketing of the outcomes, and led, in some cases, to the strategies being embedded into the formal curriculum. For example, the materials designed for the Academic Writing Skills Workshops, were adopted as tutorial lesson materials in a first-year (first semester) Nursing unit in preparation for a summative written assessment. These sessions introduced APA 6th edition referencing and provided practical exercises to help students develop an understanding of how evidence-based sources can be used to support ideas in a health essay:

> "*I just wanted to say a BIG thank you on behalf of my teaching team and myself. The lesson plans for teaching referencing and academic writing have been incorporated into the tutorials. The link for Academic writing has been uploaded for student guidance and the referencing has simplified the teaching methods employed by tutors. … anecdotal evidence from the tutors and students suggests that we have hooked into some deep learning. There seems to be fewer emails from students asking for further help after we have these classes.*" (First year unit coordinator, 2012 feedback session)

This approach to continuous, collaborative evaluation helped me to gain credibility as a faculty outsider. As my legitimacy became more established, based on the results of the program, the collaborations between the ALL practitioner and faculty developed into different areas, including assessment and material revisions. Thus, while the use of evaluation was clearly an enabling factor in the growth of the project, it required an extensive amount of time. This led to an inevitable tension in managing the limited resources allocated to the Faculty of Health – ISS Language and Learning Unit collaboration. In the pilot project, the stakeholders and I often discussed finding the balance between the *doing* (developing ideas and facilitating strategies) and the *evaluating*.

4.3. Practical considerations lesson 3: Collaboration requires flexible cooperation

Developing, organising, and marketing the strategies require the cooperation and flexibility of the ALL practitioner, professional administration teams and most importantly an academic staff member who is the liaison person for the initiative, in this case the FoH Academic Coordinator. Each participant involved in the collaboration influences the overall success of the program. In order for the initiatives to get off the ground, coordinated planning and effective communication is essential.

As the strategies developed over the four semesters, the range and complexity of tasks increased. Without the close collaboration between the LLE and the designated FoH Academic Coordinator, or in other words, without a keen, interested and passionate "Faculty Champion" to assist with the implementation of the collaboration, the program would have become mired in technical obstacles. Each semester, the ALL practitioner and FoH Academic Coordinator collaborated closely to accomplish tasks such as: developing and publishing marketing materials, coordinating with orientation staff, organising timetables and venues for workshops that synchronised with unit-specific lecture and tutorial assessments and clinical practice rotations, and developing evaluation measurements. On a practical level, there were numerous obstacles that required problem-solving and flexibility. Issues such as limited space, timetable changes, academic staff turnover, and changes in assessment due dates influenced how co-curricular workshop schedules were managed throughout the semester. Without the cooperation of the timetabling administration team, open communication with lecturers and clinical practice facilitators, and a close working relationship between the ALL practitioner and the FoH Academic Coordinator, the programs would have encountered numerous obstacles. Each participant, as small as their involvement in the overall project may have appeared, had a significant impact on the smooth implementation and coordination of the strategies throughout the semester. The players and planning stages in the collaboration teams were like intricately linked puzzle pieces.

However, despite the effort and time devoted to preparing for the complexities of the strategies, the FoH Academic Coordinator and I were well aware that in reality our best laid plans would encounter unexpected challenges and would require quick, flexible responses from us to keep the strategies running smoothly. In practical terms, this required a close day-to-day working relationship which allowed for quick responses to emails, phone conversations and in more pressing circumstances, impromptu meetings. We realised from the first semester that developing our teamwork skills, maintaining open and honest communication, and recognising the input and roles of all stakeholders at various levels would help us to overcome the inevitable tensions.

4.4. Practical considerations lesson 4: Collaboration requires long-term vision

Building support strategies and programs that will meet international/CALD needs in any faculty means developing an understanding of the faculty's academic literacies requirements, the students' learning experiences, and how support strategies can be integrated and scaffolded across the whole of the learning experience. In the FYHE model, the third generation of Transition Pedagogy, where university-wide approaches to student support are both integrated

across the curriculum and implemented from the top down policy makers and the bottom up professional and academic practitioners, it is recognised that success will be based on considerable time and hard work (Kift, Nelson, & Clarke, 2010). The incorporation of the Good Practice Principles into AUQA/TEQSA criteria will also take time to filter down and influence real ALL practice (Barthel, 2011). This means there needs to be an understanding from the beginning of new initiatives, like the ISS-LLU and FoH collaboration, that long term vision and commitment is required. For the practitioner who hopes to apply best practice and effective transition pedagogy to real practice, there is a pragmatic realisation that these transformations will occur in developmental stages. So, in daily practice I needed to be mindful of maintaining a balance between the short term strategies that supported CALD students' immediate needs and relying on longer term changes to the curriculum that could integrate support from a wider perspective.

In the beginning of this small-scale collaborative effort we defined the parameters of the project into achievable criteria by approaching each semester as an action research project (Burns, 2011; Nunan, 2001). By taking small steps and adding one or two new pilot strategies each semester, we were able to develop a larger program of support over time. Each small success lent weight to building the next integrated approach. The generic academic and unit-specific workshops, role plays and other strategies woven together created a holistic approach that proactively assisted CALD students' transition and progress through their university degrees. Over four semesters, these strategies have developed and have adapted to the ever-changing contexts based on the on-going evaluation and subsequent identification of new student needs. By being flexible, the ISS-LLU and FoH collaboration achieved several aims. It increased student participation in ISS-LLU support initiatives, supported academics with the development of assessment tasks and curriculum, and provided a diverse range of written and oral communication support strategies for both academic and clinical units. It took time to pilot each strategy, evaluate its efficacy, and adapt it to better meet the evolving needs of the students. It took time to build the important relationships within the Faculty of Health that fostered positive collaboration. It took time for me as an ISS Academic Language and Learning practitioner to establish an identity within the Schools of Nursing and Midwifery and Public Health. The main factor that enabled this development is easy to identify: the shared vision of the stakeholders to support the growth of the program.

However, it would be unrealistic to ignore the barriers to developing these types of collaborative initiatives. In order for programs such as this collaboration to evolve, as students' needs change and as new needs are identified from the feedback, sustainability, which includes funding guarantees, must be addressed. At some defined point, after evaluations are analysed and the impacts of the initiatives are assessed for efficacy, the university higher level stakeholders need to commit to transforming pilot projects into policy. If the support is guaranteed through university policy and funding, then the long-term work of collaboration can continue to support students on a wider scale and thus contribute to the university's overall mission.

4.5. Personal philosophy lesson 5: Defining identity

In this pilot project, my role was to act as a bridge between two different areas of the university: student support services and an academic faculty. Although my office was in the ISS-Language and Learning Unit world, I spent the majority of my days teaching in FoH buildings and meeting with FoH academics. As the academic staff became more aware of my role and the support I could offer, I was invited to become more involved. I was asked to review the clarity of assessment tasks and criteria sheets, develop workshop materials to scaffold academic literacies, and provide individual interventions for at-risk students. The invitations to become further embedded in faculty teaching issues matched my idealised view of the role of an effective ALL practitioner. The project provided an opportunity for me to put into practice the theories underpinning Transformation Pedagogy and the GPP which advocate for closer academic and professional interactions to improve curriculum, pedagogy, and support.

However, my primary responsibility as outlined by the parameters of the project was to support CALD students with their immediate academic and communication needs, which meant that there was limited time to work with the academic staff on the big picture curriculum/assessment issues. The tension for me as a professional arose from wanting to play too many roles. There was not enough time to fulfil my primary responsibility of facilitating strategies to meet the students' immediate needs and to participate in the larger picture of assessment and materials development. I dealt with this tension by maintaining my focus on the students in the present while believing that the momentum from FYHE and GPP initiatives will ensure that support in the future becomes university-wide and holistic.

5. Conclusion

Collaboration is hard work (Kift, Nelson, & Clarke, 2010), but when high level motivation, goodwill, flexibility and support exist, the hard work becomes less cumbersome. The success of the two-year collaboration between the ISS-LLU and FoH can be attributed to several key enablers. The project was based on a university mandate outlined in the mission statement and supported by the FYHEPTP and GPP policies. The FYHE framework with its three generations of developing support within and in addition to the formal curriculum provided a guide for the long-term development of the ISS-LLU and FoH project. The inclusion of the Good Practice Principles in the AUQU/TEQSA auditing criteria and in the University's mission statement provided the high-level endorsement for initiating the collaborative pilot program.

The recommendation for greater collaboration between professional and academic staff in the development of better student learning experiences meant there was a strong incentive to get the collaboration off the ground. By developing a team which included the Assistant Dean of Teaching and Learning, the ISS-LLU coordinator, the designated FoH Academic Coordinator (the "Faculty Champion"), the discipline academics, the clinical practice facilitators, the local healthcare volunteer managers and the students, the program was able to grow and respond to the students' learning needs. The program expanded from its first semester, where isolated workshops were added on to five units, to a holistic set of interrelated strategies that help to prepare students for the academic language and literacy and oral communication requirements for their undergraduate or postgraduate health courses. Despite the inevitable tensions caused by funding issues, timetabling and room availability, and the nature of existing as a "project" rather than a guaranteed financially-backed policy, the collaboration has been successful in enhancing CALD students' learning experiences. The key team members, the "Faculty Champion", and the designated ALL practitioner worked exceptionally well together to plan and facilitate the emerging strategies; their open communication, flexibility and trust in each other helping when quick problem-solving was required. The continuous and reflective evaluation strategies encouraged both academic staff and students to participate in the on-going development of the strategies. By reporting on the positive changes in CALD students' learning experiences, more discipline-academics became interested, involved and supportive. These enablers, the policies, the enthusiasm and flexibility of team members, the on-going evaluation and reflective practices, were essential for the work of starting a pilot program where many university members needed to be involved for the collaboration to be successful.

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