Student Preferences, Expectations and Anxieties Regarding an Online Exchange Program: Reports from Japan and Vietnam

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ABSTRACT

Online cultural exchanges between students of different nationalities may be quite common in this digital age but expanding and adjusting them to include new and more specialized participants can be a challenging task. The Online Cultural Exchange Program (OCEP), currently hosted by the University of Miyazaki (Japan) has been functioning successfully since 2007 (see Araki, Shirasaka, and Larson, 2008), gradually expanding its scope from nursing students alone to include engineering and agriculture majors, consisting largely of online written personal introductions and light-hearted cultural exchanges. However, recent planned expansions of the program into the Faculty of Medicine between the host university in Japan and a new participant in Vietnam has demanded a re-evaluation of what is expected from the program with regard to its utility for medical students. In order to develop a focus suited to the academic and professional needs of medical students in both the hosting university (Miyazaki, Japan) and the new Vietnamese participant (Haiphong University of Medicine and Pharmacy) a pre-program survey was designed by the authors in order to gauge medical students' expectations, specific interests, preferences, anxieties, and abilities to fruitfully participate in such a program. In this paper, some salient results of these surveys are presented, along with the implications of moving the program towards a more professional and academic focus, and cultural factors that may affect participant expectations and potential outcomes. We expect that the data generated from these surveys may inform and influence similar international online exchange and learning programs being established elsewhere.

Keywords: online cultural exchange programs; medical students; CALL programs; Japan; Vietnam

INTRODUCTION

The Online Cultural Exchange Program (OCEP) at Miyazaki University, Japan, has been in operation since 2007. This program was initially established in order to provide nursing students with opportunities to interact with their counterparts in several foreign countries, with participating countries, thus far numbering up to nine (Spain, Turkey, China/Taiwan, Korea, Thailand, Indonesia, Israel, Finland, and Japan). The program, running on a webserver installed with Moodle, was initially designed so that Japanese nursing students can engage in one-on-one real-time written exchanges with foreign non-native speakers of English studying in the same field (Araki, Shirasaka and Larson 2008). These written exchanges were not initially intended to be 'professional' or 'specialist' interactions but rather simple getting-to-know-you exercises so that students who had little opportunity to use English or travel abroad might have an opportunity to use English interactively.

Gradually, the program has been expanded to include engineering and agriculture students, with an optional speaking component now added to what, until recently, had been solely a series of written exchanges. Times, classes, credits, and related academic and classroom requirements are decided by the individual universities with the major organizational caveat being that participating students be able contact and interact with their foreign counterparts in real time.

Response to the program thus far apparently has been positive and helpful for those students who might lack confidence in, and/or opportunities to use, their English skills (Araki, Shirasaka and Larson 2008), most specifically nursing students. In particular, through interacting with non-native speakers, the Japanese participants have become less anxious regarding surface errors and maintaining the formal requirements of a typical university English course by instead largely focusing upon more general language and culture exchange. This benefit is consistent with the findings of both Kikuta and Otsuka (2008) and Fotos (2004), who oversaw similar Japan-based online exchange programs.

However, in early 2015 it was decided to expand this program to now include the participation of medical students, with the first such students belonging to the Faculty of Medicine at the hosting University of Miyazaki, and a new participant, the Haiphong University of Medicine and Pharmacy in Vietnam. The addition of medical students to the program created a new dimension for the administrators. On average, medical students in both countries were not only more proficient in English than the participants in other fields of study, but also tended to have more previous interactions in using English and dealing with foreigners in the past. As a result, it was agreed that the medical online exchange component should focus not upon generalized language and culture exchange or casual chit-chat, but more specifically upon the field of medicine, with specific guided medical topics being discussed, developed in line with O'Dowd and Ritter's (2006) emphasis on the central importance of pairing participants with similar background purposes/interests, settings, proficiency levels, and objectives.

This then, demanded a change in the planning and operation of the program and necessitated both input from, and an increased understanding of the needs of, participating medical students. Administrators at both universities wished to avoid establishing a project that led to socio-institutional and/or communicative breakdowns or otherwise became dysfunctional. Problems at the socio-institutional level, such as imbalances in academic schedules and access to equipment, have been identified as a source of collaborative exchange breakdown as well as oversights at the classroom level, such as inadequately considered task design, improper learner-matching, lack of consideration of local group dynamics (O'Dowd and Ritter 2006), and, at the individual level, with the learners' intercultural competence (Ware 2005). Moreover, since both teacher-teacher and teacher-student pre-course exchange briefings are considered essential to avoid breakdown (O'Dowd and Ritter 2006), it was decided that a pre-program survey should be conducted in order to identify potential problem areas and thereafter make necessary program or task adjustments prior to implementation.

METHODS

In order to discover these needs and expectations, it was decided to create an entry survey designed to discover the backgrounds, specific medical interests, topics of interest, and anxieties of medical students scheduled to engage in the program in order to provide a suitable foundation for these students. This survey was based largely upon the York University model (https://vle.york.ac.uk/bbcswebdav/xid-1548539_4) and was jointly designed by the two authors, teachers at the two universities piloting the medical student participation in the OCEP program (see Appendix 1). Items within the survey were designed in order to address potential imbalances and incongruities outlined by O'Dowd and Ritter (2006) as mentioned in the previous section.

For the Vietnamese students, the survey was translated into Vietnamese. For the Japanese students, the survey was distributed in English, but only after a bilingual instructor

had discussed each survey item with class members to ensure that the items were fully understood. The surveys were distributed six months before the expected implementation of the program only to those students were expected to be participating in the program. In Vietnam, n=29 2nd year medical students completed the survey, while in Japan n=51 1st year and n=29 2nd year medical students completed the survey (given an overall student population of 320 students among the three groups the resulting Margin of Error is 8%).

The results were calculated not only according to nationality (Vietnam and Japan), thus allowing a limited cross-country comparison of data, but in the case of the Japanese students, also by academic year, in order to note if any significant outcomes could be determined from these factors. The complete numerical results of the surveys are presented in Appendix 2 with only the more notable results discussed in the following *results* section. Although statistical means and standard deviations were calculated for most items, slightly more advanced statistical analysis was performed only on one suspect item (discussed later).

RESULTS

Here we shall disclose six of what we consider to be the most salient findings taken from the collection of the surveys.

While access to a computer and connectivity to the internet (survey items 1 and 2) were rarely problematic for any group surveyed, the expressed student interest in online learning (item 3) was lower than we predicted. Only 13 out of n=109 total respondents (just under 12%) rated their interest as 'very high', compared to 41 (37.6%) answering 'So-so' (Table 1). Frankly, we had expected a more positive response. The low degree of interest was particularly notable in Japan, where only 4 of n=80 (5%) respondents answered that their interest was 'very high'.

TABLE 1. Levels of interest

	Very high	High	So-so	A little	Not at all
1y Japanese n= 51	3	12	20	16	0
2y Japanese n= 29	1	10	13	5	0
Vietnamese n=29	9	11	8	1	0

Regarding modes of interaction (item 5) the Vietnamese and second year Japanese students favoured 'Combined writing and speaking' (38 out of n=58, or 65.5%), whereas 1st year Japanese students easily favoured 'Speaking' (26 out of n=51, just over 50%) (Table 2).

TABLE 2. Modes of interaction

	Writing	Speaking	Combined writing & speaking
2y Japanese n=29	4	11	14
1y Japanese n=51	10	26	14
Vietnamese n=29	3	2	24

In terms of favoured medical discussion topics (item 6) the top 2 choices among both 1st and 2nd year Japanese students were (1) 6.2 *Topics related to diseases (μ=2.33 for 1Y, 2.34 for 2Y)* and (2) 6.3 *Topics related to doctors' conversations with other doctors and patients(μ=2.72 for 1Y, 2.62 for 2Y)*. In Vietnam however, 6.2 (μ=2.17) was also ranked highest, however, interestingly, while 6.1 *Topics related to anatomy* was ranked lowest among both sets of Japanese students, but was ranked 2nd highest among the Vietnamese (μ=2.86) (Table 3).

Degree of willingness to share (item 7) yielded no surprising results. On this item in particular, we had thought that females and males might produce differing results but in fact no observably or statistically meaningful difference could be noted. However, an unwillingness to discuss religion as a topic was noted as a write-in suggestion on 3 occasions.

TABLE 3. Medical discussion topics (written as number of *top two* selections)

	Anatomy	Diseases	Doctor's conversations	Medical documents	Doctor's duties and challenges	Medical research
2y Japanese n=29	8	16	12	8	6	6
1y Japanese n=51	9	25	23	12	12	14
Vietnamese n=29	11	16	11	8	5	3

Item 9, regarding preferred geographical regions for online collaboration, however did produce some interesting results. Most saliently, across all three groups, respondents indicated a preference for interacting with North Americans and Europeans. This may not be unexpected, but the low ranking of interest in Southeast Asia ('*Neighbouring countries'* for Vietnamese respondents) was somewhat surprising, considering both geographical and cultural proximity and the fact that many South-East Asian countries employ English as an official or working language. Only Africa/Middle East ranked lower, which could be explained through both geographical and socio-cultural distance. Also of note was that North-East Asia ('*Neighbouring countries'* for Japanese respondents) ranked third for both Japanese and Vietnamese respondents, even above the English-core countries Australia/New Zealand (Table 4). Implications of these preferences are taken up in the discussion section below. Related write-in item 10 produced no consistent responses.

TABLE 4. Preferred geographical regions (written as number of *top two* selections)

	North-East Asia	Europe	Africa	U.S./Canada	Australia/New Zealand	S.E. Asia
2y Japanese n=27	10	20	4	19	1	3
1y Japanese n=50	13	28	2	38	12	6
Vietnamese n=28	10	20	2	16	5	3

The results of item 11, regarding program worries and anxieties, differed considerably between the Japanese (between both 1Y and 2Y sets) and Vietnamese respondents. For the Japanese, the greatest anxieties were clearly items 11.2 (*I am worried about my ability to express myself in English*) with 1st year students at $\mu =5.06$ (based on a Likert scale of 1 to 6) and 2nd year students at $\mu = 4.94/6$ in terms of degree of worry/anxiety, followed closely by item 11.1 (*I am worried about my vocabulary and lack of medical terminology*) with resulting means of $\mu=4.77$ and $\mu =4.53$ respectively (Table 5). We also noted that, overall, 1st year Japanese students expressed greater anxiety in general than did 2nd year students, with the notable exceptions of time spent on the program and facilities.

On the other hand, Vietnamese respondents expressed more balance among their anxieties, with all results totalling somewhere between $\mu =2.80$ for item 11.1 (in complete contrast to the Japanese respondents) to $\mu =3.72$ for item 11.4 *(I am worried about my writing skills in English*). The Vietnamese respondents also expressed a significantly greater degree of worry regarding available time (item 11.5) and facilities/internet connections (item 11.6),

at μ =3.31 and 3.28 respectively, than did the Japanese (μ =2.18, 2.17 respectively for 1st year and μ =3.12, 2.33 respectively for 2nd year) (Tables 5 and 6).

TABLE 5. Anxieties (as μ based on Likert scale of 1 to 6, with 1 meaning 'not worried at all')

	Self-expression	Vocabulary & terminology	Topic knowledge	English writing skills	Limited time	Facilities & connections
2y Japanese n=16	4.53	4.94	4.50	4.33	3.12	2.33
1y Japanese n=21	4.77	5.06	4.27	3.65	2.18	2.17
Vietnamese n=29	2.80	3.17	3.51	3.72	3.31	3.28

TABLE 6. Anxieties (as raw numbers of *top two* selections for Japanese respondents who ranked rather than used the Likert-scale)

	Self-expression	Vocabulary & terminology	Topic knowledge	English writing skills	Limited time	Facilities & connections
2y Japanese n=13	6	6	6	2	2	3
1y Japanese n=30	12	12	14	7	8	12

DISCUSSION

LEVEL OF PROGRAM INTEREST

The first notable area of interest was the lower-than-expected degree of enthusiasm regarding the online learning program, particularly from the Japanese respondents. Offhand, we can consider three factors that may behind the low ranking. First is the fact that there is no longer anything novel about online learning. In fact, when it comes to developing English online, students are already swamped for choices. Second is the use of the term 'learning' in the survey item. Perhaps there would have been greater appeal if 'interaction' or 'exchange', or a similarly friendly, social term had been used instead as 'learning' may strongly imply 'study' and thus could have resulted in the somewhat negative response. Third, it is possible that if the online component appears to be a requirement and obligates busy medical students they might find it frivolous or a burden, contributing to an initial lack of interest.

It could also be argued that learners did not have a deep enough grasp of the intended objectives or purpose of the program to greet it enthusiastically. Published literature in the field shines some light in this regard. Scaffolding in program design is needed and that program purposes and objectives need to be made clear to participants in order to motivate learners (Nutta and Spector-Cohen 2002) whereas too much of an open-ended program lacking clear direction may cause participating students to become muddled (Beatty and Nunan, 2004). More specifically, Warschauer (2000) states that there are three requirements to sufficiently motivate students to successfully participate in such programs, 1) the students must understand the purpose of the program, 2) the purpose must be socially relevant to the participants, and 3) the medium used must be appropriate to the purpose. It is possible that the first of these requirements had not been made clear. The greater efficacy that closed-type communicative tasks have on negotiation has also been noted by Nguoi and Ahmad (2015) enhancing the need for program administrators to first set clear and well-defined tasks.

A successful email or collaborative online writing program should be fully integrated into the larger institutional syllabus or system (Warschauer 1996, Borques 2006, Fedderholdt 2001). Misalignment of such programs with the students' general course of study can negatively affect motivation and performance according to O'Dowd and Ritter (2006), who

also argue that necessitating computer access outside of class times can also serve as a demotivating factor. Reports of the responses of Japanese students to similar programs even go so far as to suggest that computer usage itself could be a demotivating factor (Kikuchi and Ohtsuka 2008). Time and institutional constraints also can demotivate (Ware 2005). The potential for demotivation and discouragement arising out of perceived imbalances and power relationships between collaborators has also been reported by Cho (2015). All of these may be factors in the less-than-enthusiastic response to the program.

MEDICAL TOPICS

Regarding the medical topics that most appeal to the respondents, the higher degree of interest shown in discussing diseases and generally lower rankings given to anatomy and doctor's duties and challenges may indicate a greater interest in discussing case studies (which are more closely related to diseases) than a more limited, knowledge-based field, such as anatomy. While anatomy may be essential to the acquisition of medical knowledge and skills it may not be seen as a fruitful discussion topic per se.

A preference for more dynamic topics, such as how doctors manage conversations with colleagues and patients is also evident, with more static topics such as '*medical documents*' generally scoring much lower. The anomaly here is the Vietnamese lack of interest in the topic '*duties and challenges of doctors*', for which over half of the respondents selected it as the last choice.

The bottom line for program planners may be to focus upon topics that are likely to lead to meaningful exchanges, as opposed to topics that are medically weighty but do not lend themselves well to interactive discussion.

GEOGRAPHICAL AND SOCIO-CULTURAL PREFERENCES

The preferences stated for correspondents from particular geographical region could be interpreted in a number of ways. The preference for North American partners may reflect the questionable belief that real learning and development in one's English ability has to come from 'native speakers'. But then why the almost equally high ranking for Europe? Perhaps there is a mistaken assumption that 'Western countries' can be conflated with 'English-speaking countries' or perhaps the lack of distinction in the survey between continental Europe and the U.K. and Ireland could be considered a factor. However, this also brings the lower ranking of Australia/New Zealand into question.

If dependency on assumed 'native-speaker' models is the case, students in Asian countries may well benefit from a deeper understanding that several countries in the region also use English as an official, working language and as the lingua franca of education, and moreover, that these Englishes are legitimate manifestations of the innate capacity of the English language. In fact, one Vietnamese researcher argues that so-called 'expanding circle' nations, particularly those with foundations in Confucian education, might actually make for better collaboration partners for Vietnamese students (Nguyen 2010).

It would also likely be beneficial for students to interact with students who, like themselves, are still struggling with English, and share worries and anxieties about their English skills. This positive aspect of interacting with non-native English speakers (NNES) could be more widely promoted by teachers. Fedderholdt (2001) and Borques (2006), who both oversaw programs involving Japanese students collaborating with Danish and Taiwanese counterparts respectively, both emphasize NNES-NNES interactions as legitimate, authentic, and beneficial, English target audiences for both parties.

This assumption however may be tempered by the high ranking given to North-East Asian countries, in which English is not an official or working language, but are widely

viewed as medically and technologically sophisticated and advanced. For some medical students, this belief may even trump the desire for acquiring 'native-like' English skills. If so, the implicit notion that students feel they don't have anything to learn from those residing in regions or countries less economically developed than their own could also be challenged and tackled by teachers.

WORRIES AND ANXIETIES

The distinctive national differences regarding worries and anxieties could be a reflection of localized characteristics. Whereas the Japanese worried greatly about sufficient skills in self-expression and knowledge, the Vietnamese worried mostly about time and accessibility to online services. It could be argued that modesty (or lack of confidence) regarding English skills and specialized knowledge, often to the point of extreme reticence or avoidance, is a characteristic of the Japanese and is duly reflected here in their choices. Without resorting to crude national stereotypes, it might be also argued that the Vietnamese are more at ease with, although not necessarily more skilled at, using English. On the other hand, being technologically developed also means that internet access in Japan is not the issue that it may be in a more provincial Vietnamese city such as Haiphong, where the speed of, and ready access to, connectivity is often an issue. Moreover, as the sessions in Japan are set aside for specific classes, time is not an issue for the Japanese students.

Teachers of students suffering from 'performance anxieties' would benefit from knowing that "…linguistic competence per se does not seem to be a large variable in the success of intercultural exchanges" (Kern 2006, p.199). The necessity and centrality of the personal element in the collaboration should also be emphasized (O'Dowd 2003). As a result, email collaboration can often be low-stress and low-face threatening, thereby lessening anxiety (Warscahuer 1996). Recognizing the less formalized register of such online collaboration may also foster an emphasis upon the personal rather than the formal (Nutta and Spector-Cohen 2002), an observation echoed by Fotos (2004), reporting upon a similar online collaborative program involving Japanese students.

IMPLICATIONS

First and foremost, these results indicate that those organizing and promoting such programs should not expect immediate outbursts of enthusiasm from students, who may simply see it as just another obligation, with alleged 'benefits' that they could likely gain by themselves through other online programs. For this reason, the face-to-face real-time social aspect of the interaction, as well as the common field of study/interest, should be emphasized in order to distinguish the program from myriad similar online endeavours. Participants in such programs also need to practice and develop strategic skills (such as negotiation) that are appropriate to the task, which can be developed both as a pre-taught skill and through the collaborative process (Beatty and Nunan 2004). Course credit for attending the sessions, treated as a standard class, may not initially appeal to students but would ensure active participation. Once participation is ensured and connections to the entire student and institutional curriculum is established in the learners' minds we can only hope that student interest increases.

In fact, much previous research has noted how a focus upon the process of collaborative exchange itself produces positive outcomes. Ongoing electronic collaboration can change writers and actually aid in literary acquisition (Davis and Chang 1994). O'Dowd and Ware (2009) emphasize the importance of the development 'online competence',

including the dual construction of discourse, through the process of collaboration, but caution that this successful outcomes will depend upon careful choices behind the online task and design options.

Guided topic choices for discussion will help to narrow the discussion focus for medical students but, as all itemised discussion topic areas received some support in the surveys, we suggest that a wide variety of topics, from discussions on doctor's roles, duties, and interactions, to more specific medical content (particularly case studies) can be effectively rotated. Also, given that '*Medical Education*', or a similar term, was suggested as a write-in topic on 5 occasions, this common area of interest to students should be perhaps added to the topic item list.

Finally, regarding pre-program student worries and anxieties, it may be that Japanese students require some preparation, formal guidance, or prodding to in order to overcome their lack of confidence in their English skills and medical knowledge. Based on our previous experience with nursing students, it is our belief though that, soon after beginning the program, the realization that their correspondents have similar skill levels and knowledge as themselves may ease some of their anxieties. For the Vietnamese students, establishing the program within an existing academic schedule or time framework may ease some of the anxieties on accessibility and connectivity issues. Teachers and administrators in countries or regions who find their students culturally closer to either the Japanese or Vietnamese 'models' presented here should adjust their program preparations accordingly.

LIMITATIONS, ANOMALIES, AND FLAWS IN THE STUDY

This study contains some limitations and design flaws that should be noted. Foremost among these was confusion regarding question survey item 11 among Japanese students. Since the question asked respondents to state their 'degree of worry', some respondents took this to mean that all six items were to be ranked from 1 to 6 (from least worry/anxiety-inducing to most), as opposed to its intended function as a Likert-scale question. Fortunately for calculating totals, those who misunderstood were easily distinguished from those who had answered the item as a Likert scale question, since the former respondents numbered items from 1 to 6. Although this meant that totals for item 11 had to be calculated in two different ways (*see the asterisks on Appendix 2), it did not appear to have a significant effect on the overall outcome.

Some commentators have asked why our regional/national question (item 9) did not include a more comprehensive list covering the entire world. Indeed, Central/South America and the Middle East are not represented at all. However, these areas were deliberately omitted since these most distant regions have little impact upon the consciousness of East Asian students. This also accounts for our choice in combining the vast and varied regions of the African continent as a single, generic 'Africa'. We believe, however, that the Indian Subcontinent/Central Asia could be added as a meaningful regional category. Also, as previously mentioned, the failure to separate the U.K and Ireland from Continental Europe could also have adversely affected the results.

In retrospect, we also feel that medical topics item 6 could be better defined or deleted so as to avoid possible overlap in meaning with the other items, and we also recognize the need for '*Medical Education*' and/or '*Medical System Differences*' to be added to the item list, given that these were added as write-in suggestions on 5 and 3 occasions respectively. Further, considering the cross-cultural aspect inherent to online collaboration, we wonder if the addition of item regarding potential cross-cultural worries or anxieties in item 11 may also have beneffited our survey.

At a visceral statistical level, the results for the Vietnamese on item 11.6 caught our attention. The calculation of the Standard Deviation for this item was 4.81, and a Sample Standard Deviation was 5.27, sufficient to arouse statistical suspicion. However, this may be dispelled by noting that the topic (regarding anxieties regarding internet access) could easily be interpreted as a polarizing either/or item based on the Vietnamese students' technological environment.

Finally, we recognize that the number of respondents remains quite small, mitigating our ability to make wholesale conclusions. 29 students can hardly said to be representative of Vietnamese medical students as a whole, although it is apparent that even with this low number, points of divergence from Japanese respondents emerge. In order to more fully validate our findings, a similar number of both Japanese and Vietnamese students will be surveyed in the next academic year, with the current students also to be given a follow-up survey in 2016 after having completed their first semester in the OCEP program.

CONCLUSION

Although this study is limited in both scope and number we believe that three suggestions can be made from our data and considered by those attempting to establish similar programs in Asia:

Firstly, administrators and developers of such programs should not assume that students will automatically be impressed with or enthusiastic about new modes of online learning. Because online learning is no longer novel, and the market is arguably saturated, administrators and developers should emphasize how the program is directly related to their learners' fields of interest, how it fits into their existing syllabus or academic system, what the purposes and objectives are, and how language learning can arise out of the process of participation, as selling points.

Next teachers involved in such programs would do well to emphasize how interacting with students from non-English speaking or less economically/technologically developed countries or regions can also help expand their skills, and subsequently weaken dependency on the belief that interactions with North Americans or Europeans should be prioritized for personal advancement. Non-native English speakers should be recognized as authentic and legitimate audiences, and in many ways may be less threatening than in dealing with native English speakers.

Finally participants of particular nationalities may lack confidence, based on real or imagined shortcomings, regarding their ability to successfully engage others in English. In such circumstances, some topical preparation, strategic skills (such as opening gambits or negotiation of breakdown), and general online interactive appropriateness may be required in standard pre-program class time, as opposed to entering into the online exchange 'cold'.

It is hoped that our data might be of value to others in the region planning to develop online programs, and we expect that, if similar surveys are provided to prospective OCEP programs elsewhere, further localized factors might be added to the data that we have provided in this paper and thereby positively affect outcomes.

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APPENDIX A

SURVEY ON STUDENTS' PREFERENCES FOR OCEP (MEDICINE)

OCEP (Online Cultural Exchange Program) is an online blended-learning program which brings you opportunities to exchange ideas and share things in study and culture with other students of the same field as your major. This program is initiated and run by Miyazaki University (Japan). We are building an OCEP-Medicine component for medical students from different countries. This survey survey is designed to ask you as potential participants of OCEP-Medicine about your opinions and preferences related to this program.

I. Your background information. *Please tick your best choice for each item listed below.*
Male Female; Current year of study_____

1. You have a computer connected to the Internet at home.   1.1 Yes   1.2 No

2. You can use a computer at your university for study.
          2.1 Never 2.2 Occasionally   2.3 Often 2.4 Very often

3. Your interest in learning English online is:
          3.1 Very high   3.2 High 3.3 So-so 3.4 A little   3.5 Not at all

4. Your prior experiences or habits using English online is:
          4.1 A lot 4.2 Some, but not a lot   4.3 Just a little   4.4 None at all

II. Your preferences for OCEP-Medicine
5. What mode of online interaction would you like most?
          5.1 Writing   5.2 Speaking   5.3 Combined (both writing and speaking)

6. What medical topics do you want to discuss online? *(Rank from 1 to 6)*
          6.1 Topics related to anatomy
          6.2 Topics related to diseases
          6.3 Topics related to doctors' conversations with other doctors and patients
          6.4 Topics related to medical documents
          6.5 Topics related to doctors' duties and their challenges
          6.6 Topics related to medical research
Others (please specify): ………………………………………

7. Your willingness to discuss topics online (*Tick the box with the statements that are true for you)*:

Your willingness to share	*7.1* *Medical topics*	*7.2* *Social topics*	*7.3* *Personal topics*	
1. I am willing to share everything.				
2. I am willing to share, but not everything.				
3. I do not want to talk a lot about these topics.				
4. I do not want to share anything about these topics.				

8. Name some specific topics that you do **not** really want to share online (if any):

9. Please rank (from 1 to 6) your preferences for the regions of people you would like to chat with? (with 1 as the most preferred region and 6 as the least)
          9.1 Nearby Asian countries (China, S. Korea) 9.2 Europe   9.3Africa   9.4America/Canada
          9.5 Australia/New Zealand   9.6 Other Asian countries (Thailand, Philippines, Vietnam etc.)

10. Is there any **specific** nationality of people you would like to chat with?……………………

11. Your worries or anxieties regarding interactive online discussions (*rank your degree of worry/anxiety from 1 to 6, with 1 meaning 'not worried/anxious at all'*):

11.1 I am worried about my ability to express myself in English.	
11.2 I am worried about my lack of vocabulary/ medical terminology.	
11.3 I am worried about my knowledge of the discussion topics.	
11.4 I am worried about my writing skills in English.	
11.5 I am worried about the limited time I can spend on the discussions.	
11.6 I am worried about the availability of facilities and internet connections.	

Please specify others (if any) …………………………………………

APPENDIX B

RESULTS OF SURVEY ON STUDENTS' PREFERENCES

J2=2ⁿᵈ year Japanese (n=29), J1=1ˢᵗ year Japanese (n=51), VN=Vietnamese (n=29)

I. Your background information. *Please tick your best choice for each item listed below.*
Male: J2 n=22 J1 n=29 VN n=18 Female: J2 n=7 J1 n=22 VN n=11

1. You have a computer connected to the Internet at home.
        1.1 Yes J2=26 J1=44 VN=22
        1.2 No J2=3 J1=7 VN=7

2. You can use a computer at your university for study.
        2.1 Never J2=2 J1=1 VN=4
        2.2 Occasionally J2=22 J1=28 VN=19
        2.3 Often J2=4 J1=11 VN=6
        2.4 Very often J2=2 J1=10 VN=0

3. Your interest in learning English online is:
        3.1 Very high J2=1 J1=3 VN=9
        3.2 High J2=10 J1=12 VN=11
        3.3 So-so J2=13 J1=20 VN=8
        3.4 A little J2=5 J1=16 VN=1
        3.5 Not at all J2=0 J1=0 VN=0

4. Your prior experiences or habits using English online is:
        4.1 A lot J2=0 J1=4 VN=0
        4.2 Some, but not a lot J2=2 J1=8 VN=8
        4.3 Just a little J2=14 J1=23 VN=16
        4.4 None at all J2=13 J1=15 VN=5

II. Your preferences for OCEP-Medicine

5. What mode of online interaction would you like most?
        5.1 Writing J2=4 J1=10 VN=3
        5.2 Speaking J2=11 J1=26 VN=2
        5.3 Combined (both writing and speaking) J2=14 J1=14 VN=24

6. What medical topics do you want to discuss most online?
(Rank from 1- highest to 6- lowest)
        6.1 Topics related to anatomy J2=6 2 4 4 3 8 J1= 5 4 6 7 4 17 VN=6 5 5 5 4 2
        6.2 Topics related to diseases J2=7 9 3 2 4 1 J1=15 10 9 5 5 2 VN=9 7 4 4 3 0
        6.3 Topics related to doctors' conversations with other doctors and patients J2=5 7 4 4 4 3 J1=16 7 6 5 7 6 VN=7 4
          5 3 5 3
        6.4 Topics related to medical documents J2=5 3 2 9 5 3J1=5 7 7 7 12 5 VN=1 7 7 5 3 4
        6.5 Topics related to doctors' duties and their challenges J2=4 2 9 3 4 5 J1=4 8 6 11 8 6 VN=2 3 0 4 3 15
        6.6 Topics related to medical research J2=2 4 5 4 6 6 J1=6 8 10 7 8 8 VN=2 1 6 6 9 3

Others (please specify): *Medical Education (5), Differences in Medical Systems (3)*

7. Your willingness to discuss topics online (*Tick the box with the statements that are true for you*):

Your willingness to share	*7.1* *Medical topics*	*7.2* *Social topics*	*7.3* *Personal topics*
1. I am willing to share everything.	J2=19 J1=34 VN=22	J2=15 J1=25 VN=19	J2=7 J1=5 VN=3
2. I am willing to share, but not everything.	J2=5 J1=14 VN=5	J2=12 J1=18 VN=7	J2=15 J1=26 VN=22
3. I do not want to talk a lot about these topics.	J2=2 J1=2 VN=0	J2=1 J1=3 VN=0	J2=4 J1=16 VN=1
4. I do not want to share anything about these topics.	J2=3 J1=0 VN=0	J2=1 J1=3 VN=1	J2=3 J1=3 VN=3

8. Name some specific topics that you do not really want to share online (if any):
Religion (2)

9. Please rank (from 1 to 6) your preferences for the regions of people you would like to chat with? (with 1 as the most preferred region and 6 as the least)

       9.1 Nearby Asian countries J2=7 3 5 6 1 6 J1=6 7 8 13 5 9 VN=1 2 2 5 11 7
       9.2 Europe   J2=10 10 3 4 1 1 J1=15 13 7 7 7 1 VN=12 8 2 2 3 1
       9.3 Africa   J2=2 2 5 5 6 7 J1=0 2 7 9 12 18 VN=1 1 1 1 9 15
       9.4 America/Canada J2=10 9 3 2 1 2 J1=24 14 9 0 1 2 VN=6 10 7 4 1 0
       9.5 Australia/New Zealand   J2=0 1 8 6 10 2 J1=5 7 12 10 12 2 VN=1 4 9 9 3 2
       9.6 Other Asian countries J2=0 3 3 4 8 9 J1=1 5 5 8 12 VN=7 3 7 7 1 3

10. Is there any specific nationality of people you would like to chat with? *(Various)*

11. Your worries or anxieties regarding interactive online discussions (*rank your degree of worry/anxiety from 1 to 5, with 1 meaning 'not worried/anxious at all'*):

11.1 I am worried about my ability to express myself in English.	J2=4.53 *5 1 3 2 0 2 J1=4.77 *9 3 2 2 5 9 VN=2.80 *(7 4 5 4 7 1)
11.2 I am worried about my lack of vocabulary/ medical terminology.	J2=4.94 *2 4 2 2 2 1 J1=5.06 *3 9 3 6 6 3 VN=3.17 *(5 8 3 3 4 5)
11.3 I am worried about my knowledge of the discussion topics.	J2=4.5 *1 5 4 1 1 1 J1=4.27 *4 5 5 10 4 2 VN=3.51 (0 4 10 9 2 3)
11.4 I am worried about my writing skills in English.	J2=4.33 *2 0 4 5 2 0 J1=3.65 *4 3 9 9 4 1 VN=3.72 (1 0 10 1 3 3)
11.5 I am worried about the limited time I can spend on the discussions.	J2=3.12 *0 2 0 3 7 1 J1=2.18 *1 7 8 3 5 6 VN=3.31 (4 9 2 0 10 3)
11.6 I am worried about the availability of facilities and internet connections.	J2=2.33 *3 0 1 1 0 8 J1=2.17 *9 3 3 0 6 9 VN=3.28 (12 2 0 1 3 10)

*(*J1 and J2 results contain both averages -- based on respondents who answered the item as a Likert scale -- and raw numbers -- for those who ranked the items from 1 to 6. All Vietnamese respondents answered in Likert scale form, hence the individual numbers following in parentheses represent the same respondents included in the average score.)*

Please specify others (if any): *Cultural misunderstandings (3)*