

# ComForPro: improving communicative skills of migrant medical staff

## *ComForPro: migliorare la comunicazione dei professionisti migranti in ambito medico*

Kris Van de Poel<sup>A\*</sup> and Kylene De Angelis<sup>B</sup>

**(A)** University of Antwerp, Belgium, kris.vandepoel@uantwerpen.be

**(B)** Training 2000, Italy, kylene.deangelis@training2000.it

\* corresponding author

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## 1. INTRODUCTION

In today's globalised world there are many reasons why professionals become mobile and intercultural challenges seem to have become part of professional life (Van de Poel et al. 2013). Depending on the context and support provided, newcomers will experience the transition as plain sailing or a hard struggle to retain a professionally competent profile. Indeed, some professional contexts are more challenging than others, the medical context for one (Stilwell, Diallo, Zurn, Vujicic, Adams, & Dal Poz, 2004; Jinks, Ong, & Paton, 2000). In addition to clinical-technical and clinical-organizational knowledge, communicative (cultural and linguistic) competence is a key skill for medical professionals - to the extent that it can be life-saving (Hewett, Watson, Gallois, Ward, & Leggett, 2009; Van de Poel & Brunfaut 2010:103), even more so when different cultural and/or language backgrounds are at play (for a critical analysis of the literature, see Schouten & Meeuwesen 2006). Misunderstandings between medical professionals and their patients (Berbyuk-Lindström, 2008) and between medical professionals and their colleagues (Dunn & Markoff, 2009; Gesensway, 2006) will adversely affect patient care and treatment, and have professional consequences for the health caretakers (Watson, Hewett, & Gallois, 2012; Hewett et al. 2009). Therefore, migrant professionals would benefit from being supported in their acculturation and integration endeavours (see Rudvin & Tomassini for support through language mediation).

## 2. ACCULTURATION: A DEFINITION

Acculturation is the process of cultural and psychological change in an individual through contact with other members of the community (see, among others, Berry & Sam 2015). This is usually a process that starts in infancy and develops throughout the individual's participation in the community. However, foreign, mobile professionals rarely have the opportunity or time to quietly, slowly and organically familiarise with the new community they enter, even though this seems to be a condition for integration. Contact with the new community is synonymous with communication with members of that community.

Professionals can only effectively communicate with their established community when engaging in the community's discourse. Swales (1990) defined established or discourse communities as «*groups that have goals or purposes, and use communication to achieve these goals*». The discourse community then is a group of people who share a set of discourses, i.e. basic values and assumptions, and ways of communicating about those goals and objectives. Thus, in order to become a competent member of their community, medical professionals have to become aware of how to use the community's currency: norm and practices, values and expectations and linguistic forms that constitute medical discourse. This empowerment process can be facilitated and possibly made more efficient by focusing on what mobile professionals need. For instance, a doctor from Iran starting a career in Sweden will have to know that male doctors always shake hands with female colleagues, and that a female head nurse in Sweden is at the same hierarchical level as a medical doctor. If the professionals do not become aware of the cultural currency and do not make it an integral part of their professional behaviour, it will definitely lead to tensions in the clinical context. This awareness raising is key to the model underlying the e-tool *Communication for Professionals (ComForPro)*.

### 3. THE COMFORPRO LEARNING SPACE

*Communication for Professionals* or, in short, *ComForPro*<sup>1</sup> is a communication training programme for health care (pre-)professionals who use a second or foreign language in a medical context. It is available for all levels of language proficiency as defined by the Common European Framework of Reference for Languages<sup>2</sup>, from basic (levels A1-2) to proficient (levels C1-2). The programme is aimed at healthcare professionals engaged in consultations or in communication with immediate colleagues and other staff, but it is also intended to be used by trainees (or pre-professionals). *ComForPro* aims to help medical professionals working in a language-discordant context to function effectively in their new workplace by providing them with language tools and support in a choice of seven languages.

#### 3.1. Educational and technical foundations

The development of the materials was supported by needs analyses (2007-2016) determining the training needs of the target group (Van de Poel, 2016). These comprised studies of the international literature, as well as questionnaires and interviews with mobile doctors (n=134), nurses (n=400) and their colleagues and heads (n=54). Analysis included review of work tasks and identification of performance factors and objectives. Usability studies of the ensuing materials ensured triangulation of the data. The insights arising from this 360-degree needs analysis have been used to inform the development of multifaceted e-learning materials for intercultural communication training, with the ultimate goal of improving the effectiveness of communication and care.

#### 3.2. Learning strategy and approach

*ComForPro* learning materials have so far been developed for doctors, nurses and pharmacists, starting from everyday scenarios that health care professionals are typically confronted with. The scenarios are brought together in thematic units (Figure 1) and are presented in text with audio. The scenarios (as well as wordlists) are available in the seven target languages, as well as in six bridging languages which are meant to provide easy access into the new language (Figure 2). Learners are systematically taken through the topics with the help of virtual doctor/nurse *Myriam Sano*. New words are presented in interactive wordmaps, which support

<sup>1</sup> Communication for Professionals information website: [www.comforpro.com](http://www.comforpro.com)

<sup>2</sup> [http://www.coe.int/t/dg4/linguistic/Cadre1\\_en.asp](http://www.coe.int/t/dg4/linguistic/Cadre1_en.asp)

memory and retention, and lead to a wordlist with audio, grammatical information, synonyms, related words, carrier phrases and translations. Sounds are practised in isolation and in contrast, new words and structures are trained in meaningful contexts (taken from the scenarios) and communication is practised in real-life videos. The materials are presented for autonomous learning, so they can easily be integrated in face-to-face contact sessions, but *ComForPro* also provides asynchronous online consultancy for blended learning.

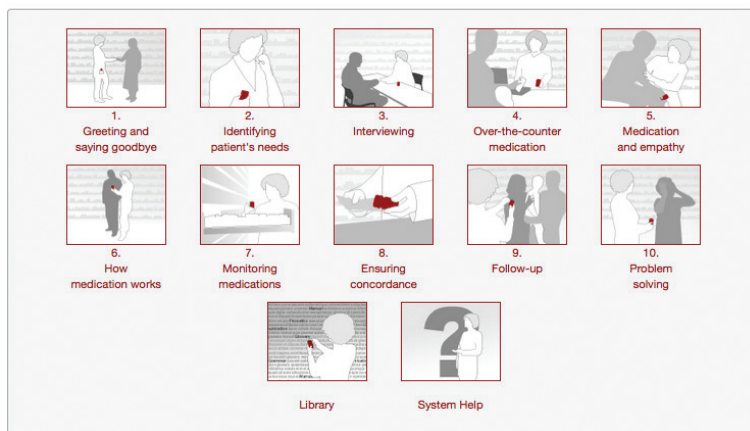


Figure 1. Screenshot of the Pharmacy-ComForPro topics.

Since the course participants have a medical background, it was deemed appropriate to include a visual representation (anatomical cross-section) of how sounds are articulated in order to support correct pronunciation (Figure 3). All language items are systematically explained in an online grammar booklet that only contains healthcare examples. A communication manual in the *ComForPro* library provides communication strategies and tips for acculturation in a clinical setting.

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**Pronunciation Manual**

**2 VOWELS**

**2.4 [a:] as in barn**

Examples of [a:] in the first syllable:

- staff – arm – heart – bra – cardiology

[a:] will be trained in scenario 1.

Figure 2. Screenshot of a ComForPro wordlist entry.

## Patient



### sick person >< doctor

noun; the patient, -s

*The patient is in the consultation room.*

ara: مريض	ndl: De patiënt
dan: Patient	pol: Pacjent/pacjentka
deu: Patient	ron: Pacient
eng: Patient	rus: Больной, пациент
fra: Patient	swe: Patient
ita: Paziente	tur: Hasta

**Figure 3.** Screenshot of a page in the ComForPro pronunciation manual.

To ensure effective on-the-job communication, the scenarios are authentic, relevant and communicative. They follow the principles of patient-centred care (or patient-oriented medicine, as opposed to task-oriented care introduced by Balint (1955, 1956), the approach adopted in most western medical communication skills curricula and medical language support guides like the Calgary-Cambridge approach (e.g. Silverman, Kurtz, & Drape, 2006). The scenarios are set out on a clinical consultation timeline between medical professional and patient, but also on interactions with colleagues, administration staff and patients' relatives. Other pedagogical aspects incorporated in the content include attention to language register: for instance, in English, a doctor does not talk to a patient using Latin-based terms like 'abdomen', but rather uses 'stomach' or, when examining a child, will refer to their 'belly'. The materials also address how to talk about sensitive and taboo topics (patients may have pet names for their genitalia). It is important that the doctor is capable of evaluating the patient's language use and does not echo it without having reflected about it. For nurses, the approach has been adapted to this group's preferred learning styles and learning routines, and the materials are being reinforced with short video recordings of re-enacted scenarios. These real-life cases are the result of a collaboration with nursing students at the AP School of Nursing in Antwerp (Belgium) and the degree programme in nursing in Tampere (Finland). Students took part in the development of the films and the design of the decision paths to ensure patients manage the communicative context. Since research has shown how important relevance and motivation are to course participants, the developers have incorporated gamification elements, allowing learners to compete with themselves or each other and earn badges en route.

So in sum, the e-learning is organised in such a way that users are guided by means of the scenario scripts, supported by a database of medical terminology (with translations and wordmaps), as well as by corrected practice and immediate feedback, visualised pronunciation and functional grammar, and a manual on medical and intercultural communication.

The system has in-built self-evaluation. After every training unit, full feedback, pointers and grades are communicated in a language of the learner's choice. Pre- and post-tests are under development for diagnostic and achievement purposes, and to facilitate accreditation.

The course can be taken by individuals, but there are also closed social network support groups where par-

ticipants can discuss learning routines or ask a tutor for help. For advanced use, there is an app which can be used to support communication in a clinical setting.

#### **4. COMFORPRO DEVELOPMENT**

The online learning materials have been developed by a European partnership to address academically trained learners who were involved in medical healthcare in their country of origin. The core was originally designed back in 2007 within a European research project under the LEONARDO DA VINCI program. Due to its success and the need for communicative support in other professional contexts, the *ComForPro* management board decided to re-evaluate, redefine and redevelop the materials after the project finished, and to develop programmes for other disciplines as well. *Communication for Professionals* products are currently being developed and maintained by an international consortium.

The materials have been developed by a team of international professionals both from the medical sector as well as language learning experts and technologists. In-depth needs analyses have mapped the wishes, wants and desires of medical professionals onto those of department heads, managers and patients who use a ‘foreign’ language in a clinical setting.

The materials were tested in every phase of development and implementation. The team keeps in contact with end-users in order to respond to new needs and wishes.

#### **5. EVALUATION AND USE**

Not only can the materials be used autonomously for just-in-time learning, they have also been tested and are used on a one-to-one basis in settings where a language consultant supports a medical professional (Denmark), or in small class groups in language centres (Sweden). At Brussels public hospitals, the materials have been integrated in the local intranet and are used in in-house language feedback sessions. In Germany, Charité Berlin has brought their exchange students together at weekends after they had worked with a topic and tested the system in the clinic. At the University of Stellenbosch (South Africa), the materials are part of the medical curriculum and are the basis for the teaching of medical communication contact in the first year and for Cuban-trained medical doctors returning to South Africa in their final year. In Italy, the online learning material has been tested with migrant doctors in hospitals (mainly at Azienda Ospedaliera Universitaria delle Marche) and in contact sessions with students of medical interpretation at the University of Misano. Polish and Rumanian nurses who started work at the University hospital in Antwerp (Belgium) were successfully integrated using the method. Still in Antwerp, senior nurses attending in-service training have positively evaluated *ComForPro* as part of blended learning.

Last year Swedish authorities, responding to a national shortage of medical staff, deployed the method at a large Swedish training centre in order to swiftly teach Swedish to medically trained refugees. The participants study with the materials prior to sitting the national exam required to obtain a Swedish work permit. Functional language training is an important foundation of the materials. In response to the professional’s immediate and everyday work-related needs, *ComForPro* teaches them how to greet a patient (instead of a neighbour) or convey bad news to relatives, how to order catheters in different sizes (instead of a beer at the pub) and how to summarize patient files (instead of newspaper articles).

All the materials are supported through the *ComForPro* social network sites, where a community of professionals and users offers mutual support. Additionally, *ComForPro* consultants gladly advise on pedagogical use and usage, thus lowering the threshold for online and autonomous learning. In effect, *ComForPro* is nurturing an international community of interest for healthcare practitioners and is supporting professionals’ self-efficacy.

The materials have been evaluated on an on-going basis by end-users and stakeholders. External evaluation (Entente UK & Di Vito Associates) has shown that *ComForPro-Medics* has a high impact on learners who are absolute beginners (*ComForPro-Basic*) and learners who function at higher intermediate level (B2 in the Common European Framework of Reference) and have to acquire high professional proficiency (*ComForPro-Advanced*). By enabling authentic learning made accessible through multiple learning routes, *ComForPro* is a flexible learning tool, and is often the only means for medical professionals to enhance their professional communication and integration or acculturation.

Because the learning materials are tuned to people's educational background and direct needs, participants feel they are taken seriously, which increases their self-esteem and thus also their motivation to learn (Van de Poel & Fourie, 2013). Professionals who decide to leave their country of origin want to feel useful in their adoptive homeland. Moreover, a satisfying working life enhances integration for themselves and their families.

## 6. CONCLUSION

This column briefly introduces a language support system which has been successfully introduced for medical professionals during their acculturation process in a new clinical setting. During the pilot phases, it was established that local professionals have to culturally accommodate the influx of migrants and newcomers, often without the support of interpreters or mediators. In both cases, professionals benefit from the *ComForPro* communication tool, which can be regarded as a helpline in medically educating newly arrived patients and supporting all stakeholders' self-efficacy and self-esteem.

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