

MULTIPURPOSE MATERIALS DESIGN FOR MULTILINGUAL HEALTHCARE COMMUNICATION: THE 'TAKE CARE' APPROACH

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Abstract

Multilingualism in healthcare interactions is complicated and complicating. In the European project "Take Care: A Healthcare Language Guide for Migrants", we designed intuitive materials for educational and clinical communication settings in any combination of 17 languages. The Guide has been piloted in, shared with and used by medical universities, hospitals, pharmacies, language schools, migrant associations, community centers across Europe. With project implementation and external evaluation completed, our objectives on this occasion are to review collected data and make informed practical recommendations for other projects taking on similar challenges. Overall positive results and spin offs also prompt us to raise visibility and encourage wider use of the "Take Care" approach and resources already freely available in various print and electronic formats.

Keywords: healthcare communication, multilingualism, materials design, language learning

1. Background

Migration is an integral feature of the global economy that raises human rights' issues, poses practical challenges, provokes polarized reactions etc., none of which can be managed in isolation. As people choose to relocate for different reasons (from leisure, study and work to escaping war), equal opportunities in accessing services in the host countries can be difficult to achieve when migrants and service providers do not speak the same languages and there is little or no common cultural ground to build on.

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The stakes of multilingual interactions are highest in healthcare for obvious reasons. Some hospitals can afford professional translation and interpreting services and individual medical practitioners often speak multiple languages, but successful diagnosis, treatment and reassurance are achieved one doctor, one patient and one interaction at a time. Migrants seeking medical assistance cannot be expected to take comfort in general statistics on medical staff competence in foreign languages, if the doctor on call (whether a local or a migrant, too) does not speak any of the languages they know. This adds another layer of complexity to timely and accurate comprehension, as can be seen in case studies of good intentions gone wrong reported by hospitals from around the world (Galanti, 1997).

Research from health care contexts with a longstanding tradition of linguistic and cultural diversity highlight the importance of adequate language proficiency among international staff. In the US, for instance, patient satisfaction with “international medical graduates” (IMGs) has been linked to the IMGs’ language skills, as has professional evaluation by peers (Eggly et al., 1999). IMGs were also shown to still need training into patient speak, hospital language etc. even after initial English language screening and well into their residency (Hoekje, 2007). Another, large study on 1 200 respondents and in 11 languages revealed that, even with language-concordant physicians, the understanding of the patient’s medical condition and the patient’s understanding of medication use can be problematic, with consequences such as unwanted yet preventable side-effects (Wilson et al., 2005). Consequently, many programmes are in place and being developed there and elsewhere in order to equip international, non-native medical students and staff with the language skills and cultural awareness necessary for successful health care interactions (Bosher and Smalkoski, 2002; San Miguel et al., 2006).

2. “Take Care” Project coordinates and rationale

In helping address such challenges in a way that fits both classroom and consultation room, a consortium of partners for 8 European countries (Bulgaria, Cyprus, Germany, Lithuania, the Netherlands as coordinator, Portugal, Romania, Spain) came together and, with EU-funding, implemented the 2-year Grundtvig “Take Care Project: A Healthcare Language Guide for Migrants” (2012-2014), www.takecareproject.eu.

The project took on the mission to help improve communication between healthcare providers and migrant patients by engaging in the following process:

- conduct field research in order to inform the creative process and set up of events;
- design resources for clinical and educational use in keeping with recent developments in the use of electronic and mobile devices;

- deliver workshops and seminars for professionals in healthcare, language education, social integration and community work;
- deliver healthcare language courses for migrants such as students, workers, refugees;
- expand and strengthen institutional collaboration towards common needs and interests.

In a questionnaire-based survey conducted initially in all the project countries, 93 healthcare providers and 221 migrants (residing in the project countries by originating from 50 countries across 4 continents) identified the most common migrant healthcare needs they had come across in their professional and personal experience. Note worthily, 96% of professionals reported regular dealings with migrants and 80% had experienced communication difficulties. 92% were aware of how quality of care could be undermined by linguistic and cultural barriers (especially when discussing symptoms and medication), but only 40% could afford to seek assistance from translators. It is, thus, not surprising that 87% found it a good idea if learning materials relevant for health care interactions with migrants were available. In light of prior experiences, the priority topics suggested were language in support of quick and adequate diagnosis (39%), parts of the human body (25%), some specific medical terminology etc. Last but not least, 25% favoured electronic formats compatible with mobile devices.

Of the migrants, 61% reported not having received any training in the language of the host country before leaving home (as little as 16% had learned some basic vocabulary). Regardless of the time of arrival, 45% still did not understand the local language well and 35% did not think that they could access medical services without language assistance. In fact, 46% had already experienced difficulties in communicating with health care providers. In the migrants' opinions, communication breakdown could be most potentially harming when explaining symptoms (40%), navigating the system (24%) and handling medication (19%). The idea of relevant learning materials was welcomed by most, with priority topics such as vaccinations, managing heart disease, going to the dentist, pregnancy and child health etc.

To these topics mentioned by our respondents, we added others based on our inquiries into what are the more common emergency hospital admissions: getting hurt in accidents, experiencing allergies and indigestion, managing acute episodes of chronic diseases. Also, it was immediately obvious that migrants spoke a wide variety of European and non-European languages. As a result, apart from English (as today's lingua franca) and the official languages in the project countries (also viewed here as host countries for migrants), each partner made arrangements for authorized translations into one more language. Thus, in total, resources were created in and for the following 17 languages, listed alphabetically: Arabic, Bulgarian, Mandarin Chinese, Croatian, Dutch, English, French, German, Greek, Lithuanian, Polish, Portuguese, Romanian, Russian, Spanish, Turkish, Ukrainian.

3. The “Take Care” Healthcare Language Guide

The resources created come in different formats to cater for different scenarios of usability, which was considered more important than observing the more conventional approach to a “guide” as one product. They are freely available online on the project website (www.takecareproject.eu) as well as on our university website (www.umfiasi.ro).

Thus, for medical emergencies, we were inspired by hospital admission forms in putting together a selection of 21 important questions in the anamnesis, 10 explanations of the doctor’s intentions and 8 common instructions for the physical examination. They are arranged onto a double-sided A4 checklist and made available in the 17 languages mentioned. This, we call the Basic Language Emergency Kit and it has proven its usefulness in a variety of clinical, educational and community-based situations such as:

- facilitating the timely collection of accurate information regarding symptoms, associated manifestations, allergies and habits, patient history in (emergency) hospital admissions;
- international medical students learning the local language for application with native patients during medical practice;
- medical students benefitting from international scholarships / internships with some element of medical practice in the local language;
- language learning activities and courses provided by local language schools and migrant organizations.

Next, the most popular and versatile item based on the overall project experience is the Multilingual Medical Glossary in the form of a fan which spreads out to reveal sets of commonly used words and expressions for 14 topics of interest found in the initial survey, all translated into the 17 languages mentioned. A simple numbering and colouring code makes it easy and intuitive to juggle between any combination of languages and vocabulary needed:

1. Insurance
2. Healthy Lifestyle / Prevention
3. Accident/Emergency/Injury
4. Seeing a General Practitioner
5. At the Hospital
6. (Chronic) Diseases
7. At the Dentist
8. Pregnancy and Child Health
9. Mental and Neurological Health
10. Geriatric Health
11. Physiotherapy
12. At the Pharmacy

13. The Human Body
14. Common Symptoms

In the course of the project, we have been able to document instances of the glossary fan being used to facilitate communication between people completely unaware of each other's languages, having to communicate in hospital settings, pharmacies, classrooms and community centres.



More developed than the BLEK and building on the word collections are the Take Care Phrase Books, available in English and the 8 project languages. These are better suited for (medical) language teaching and learning than for clinical use. The Phrase Books contain words and expressions, typical sentences and short conversations grouped under the 14 topics. A story line ties them all together, as different members of a migrant family find themselves in need of medical assistance. The Phrase Books are also available in electronic format, with animations which can be played as video files and interactive applications freely available for download and installation on iBooks and iPhones. They are supplemented by online exercises on the project website (www.takecareproject.eu).

Last but not least, to help migrants navigate the healthcare systems in the project countries, the Guide also contains "Medical Route" posters featuring patient-oriented diagrams of where to go, what to expect, what number to call etc. These may be posted visibly in hospital waiting rooms and places frequently accessed by migrants. On the project website, cultural insights and practical tips accompany the information on the posters, which focus more on the official workings of the system.

4. “Taking Care” in Romania

The use of the Take Care approach and resources in training workshops and language courses in each of the project countries, complete with numbers, testimonials and pictures, has been summarized in a brochure available in English and the project languages, both in print and online on the project website. Readers interested in what has been done and who to contact for details in a specific country should access this link: <http://takecareproject.eu/visibility>. In what follows, we shall report on what has been our direct experience.

The city of Iași is one of universities, where most of the migrants are in fact international students. Of these, most study medicine at our university in Romanian, English or French. Regardless of the language of tuition, by the 3rd year of study all students interact with Romanian patients in the university hospital and are, therefore, expected to be able to speak Romanian at a level of B1-B2 or higher. In other words, we have hundreds of international students from about 80 different countries learning Romanian for general and medical purposes. A few, unfortunately, become patients themselves soon after arriving in Iasi and well before they have had time to acquire the necessary language skills. Whether as learners, as future professionals or as unlucky patients, our students are ideally placed to benefit from the Take Care approach, which has been our main motivation to participate in the project in the first place.

In summary, our teachers piloted the Take Care materials in various degrees with more than 300 1st and 2nd year medical and dentistry students, of which more than 100 completed the full sequence. These were international students from Albania, Cuba, France, Germany, Greece, Iran, Israel, Italy, Morocco, Portugal, Spain, Syria, Sweden, Tunisia etc. Both teachers and students reported being very pleased with and enthusiastic about this approach to a course in Romanian for medical purposes. The 99 collected feedback forms provide insight into the students' perspective and the reasons why everyone wanted to have their own set and use it in practical hospital activities:

- 92 to 97 said ‘yes’ to gains such as new words and phrases on health care, new information on the health care system, increased communication skills and confidence;
- 90 to 93 rated the courses as very good to excellent in terms of clarity, topics, usefulness and integration opportunities;
- the Glossary was, by far, seen as the most useful resource, followed by the BLEK;
- being able to use one’s native language was a welcome bonus.



To quote one of the students,

I personally think that the Take Care project is a great idea. The Multilingual Glossary is a fantastic tool to use, especially if the person who is in need does not know Romanian too well. The resources such as the Multilingual Glossary could probably be distributed free of charge or at a small fee at all hospitals or in easily accessible place. Along with the Take Care Project, students or other people should all make an effort to try and learn the Romanian language whilst living in the country.

Concurrently, the teachers and trainers running learning activities in all the project countries were invited to reflect on and rate their experiences in another questionnaire-based survey for which the questions had been discussed within the extended partnership. To quote one of the Romanian teachers who volunteered to teach Romanian to international medical students using the Take Care approach,

The Take Care project came as a gift in a moment of absolute necessity for teaching Romanian as a foreign language to Greek medical students. The material brings to the teaching process originality, spontaneity, usefulness, variety, but - most importantly - perfect adaptability to the language learning needs and conditions experienced by today's patients and tomorrow's doctors.



5. Recommendations for “Taking Care” of International Medical Students

With international medical students as the target group, there are several layers of implications to consider. For one, students may or may not have had prior contact with the culture (e.g. some of our international students are the children of our medical graduates from previous generations). Also, it makes a difference whether or not the students’ language is related to Romanian (e.g. French is, Arabic isn’t, which puts Arab students at a disadvantage compared to ones for whom French is their native language). At the same time, the teachers’ perspective also counts, such as their ability and confidence with methodologies such as CLIL (Content and Language Integrated Learning) or LSP (Languages for Specific Purposes). Last but not least, medical culture and ethical views may differ greatly, with direct implications in the way medical conversations are carried out. This, in turn, impacts on how language is used and, therefore, taught.

After piloting the materials in class and receiving feedback from students, our teachers of Romanian as a foreign language have found several formulas that work well over the 1st year of study, when one weekly lesson of Romanian is compulsory. The more obvious one is to divide the 14 topics in two sets, one for each semester, and develop each over the span of two practical seminars.

Another way is to begin with the discovery of the Romanian healthcare system and make comparisons with the systems in the students’ countries of origin, using the Medical Route poster as a tool and English or French as the language for group discussion. Then, the Multilingual Medical Glossary can be brought in to analyze and begin learning vocabulary, including pronunciation. Next, the Basic Language

Emergency Kit can provide the framework for relevant grammar instruction (e.g. the interrogative), reading and pronunciation (e.g. intonation), basic writing (e.g. form filling), more creative combinations and role-playing.

Then, in the second semester, the Phrase Book may enter the scene and its storyline may be followed through, as instruction become increasingly more complex and practice includes more developed role-playing. The Medical Route can be revisited, with the discussion now focusing on sharing experiences navigating the Romanian healthcare system, related opinions and possible scenarios. The Multilingual Medical Glossary can be used to identify, select and expand on theme-based vocabulary, as the Phrase Book is being taught.

6. General Conclusions and Recommendations

The latest developments regarding people's migration in search of a safer, better life add urgency to an already existing need of practical tools to overcome linguistic and cultural barriers in order to provide unimpaired access to essential services. The results of Take Care Project may be taken as such, improved upon, further developed or used as inspiration for domains which bear no connection to medicine. We have, therefore, reflected upon the key ingredients required to develop such a versatile resource for multilingual interactions in high-stakes domains such as medicine.



First, listening to those you are doing it for is of paramount importance. The scientific literature can be of great theoretical support, no doubt, but it is the people who have had actual experiences who can legitimately describe the challenges and benefit from the solutions. The more they are involved in the early stages, the more

relevant the content and the more likely the application in real life practice. With migrants' profile being so diverse, any data promises to be hard to synthesize, but guiding principles will emerge by filtering for needs that are not language-specific and, as such, occur regardless of what languages the interlocutors happen to speak. Continue to listen and incorporate feedback throughout the design stage, so that the beneficiaries involved in consultations become skilled in using the resources independently and confident in showcasing them to their relevant contacts.

Secondly, invest in clever design solutions that get things done (better or easier) and keep things simple (for the uninitiated). This requires input from professional designers, who need to be part of the team. For example, with the Take Care words fan and the emergency sheets, it is possible for a German doctor who also speaks English to quickly find out information about the medical condition of a Syrian refugee who only speaks Arabic. It is equally possible for a Bulgarian pharmacist who also speaks Russian to help a Chinese tourist in need of generic medication for some common symptom. At the same time, a Greek medical student may examine an elderly Romanian patient who doesn't speak any foreign languages, while a Romanian medical student would be able to do the same while on an internship in Poland, without knowing Polish.

To address incoming interest in the "Take Care" approach among educational and medical professionals and institutions, as well as cultural and migrant organizations, the partners in each country have remained active in the project, either with or without additional funding. In Romania, we are ready to release a 3rd printing of the "Take Care" materials in all the 17 languages mentioned, this time in the form of a 500-page book with CD. In an extended team of teachers, we are also in the process of elaborating a more detailed coursebook of Romanian for medical interactions, built on the "Take Care" experience, to be offered to elementary level speakers of Romanian as a foreign language with a professional or personal interest in health care communication. The authors welcome readers of this paper to provide feedback and suggestions for this work in progress by mid-2016.

Acknowledgements: The authors wish to thank the partners of "*Take Care*" Project: *A Healthcare Language Guide for Migrants* and the European Commission for co-funding of the project (526736-LLP-1-2012-1-NL-GRUNDTVIG-GMP). The photos were taken by the authors and permission to use them was granted by the people featured therein.

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