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Medics on the Move - An Interdisciplinary Approach to Language Training

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1. Language-Discordant Medical Communication

Medical specialists working abroad are immersed in their professional practice and many do not have time for in-depth language study. As a result, they can remain difficult to understand, hard to communicate with, and/or may appear indecisive, insensitive or even rude (cf. Berbyuk-Lindström 2008; Van de Poel & Brunfaut, 2010), which has negative implications for delicate doctor-patient and doctor-staff relationships.

2. Medics on the Move

In order to facilitate communication an international consortium has developed a multilingual training tool for mobile medical professionals with support from the European Commission–Leonardo da Vinci. Medics on the Move (MoM) -a medical language wiki with community features- may be accessed from web-enabled mobile devices as well as from traditional computer workstations in six target languages.

3. Methodology: An Ongoing Needs Analysis

The present study will report on how the MoM-team has tried to ensure effectiveness and efficiency for technology-enhanced learning for mobile medical professionals. Since evaluation may be considered a “never-ending needs analysis, the goal of which is to constantly refine the ideas gathered in the initial needs analysis such that the program can do an even better job of meeting those needs” (Brown 1995, p.233), needs were screened during and at the end of the development process. Evaluation took into account quantitative and qualitative data collected from testees (potential users) as well as stakeholders (hospitals, etc.) along the key evaluation criteria of relevance, added value, efficiency, effectiveness, impact, and sustainability.

4. The Medics on the Move Population

The MoM-research population consisted of medical professionals in Belgium, Denmark, Germany, Italy and Sweden.

5. Medical Language Use

It was studied how doctors use modification in their communication with patients in order to make it meet the socio-cultural norms of mitigation and consolidation that apply to the interaction. Differences were found in L1- and L2-doctors' overall use of modification and use of different types of modification, pointing towards the occurrence of an L2-mechanism of overcompensation to ensure adequate consolidation of the relationship, and of L2-underrepresentation because of not entirely assimilated linguistic and/or communicative traits.

Secondly, doctors' evaluations of appropriate medical communication was looked into. The findings show proof of the L2-doctors' knowledge of medical interactions, but bear witness to some shortcomings in underlying communicative competence.

6. Self-Assessment

The L2-respondents also engaged in self-assessment (Van de Poel & Myhre, i.prep.).

6.1 Professional Confidence on the Work Floor

Matter-of-fact communication is familiar territory for most L2-doctors. They feel confident to very confident (74%) when communicating with their employers/supervisors, which increases when communicating with colleagues (84% feel positive) or patients (86%).

When socialising with colleagues and patients most L2-doctors feel confident (77%). This is less so when socialising with superiors (67%), with a quarter of respondents not feeling confident in this situation.

Telephone consultations with patients, other departments and services are real stress factors for one third of the respondents. Staff meetings create stress when the foreign doctors have to present a case (35% do not feel confident), answer a question (38% are not confident), or give a scientific presentation (40% feel insecure).

6.2 Perceived Professional Competence

L2-doctors feel regarded competent and at ease with equal colleagues (93% on the positive side of the scale), patients (90%), as well as with nursing and paramedical staff (88% vs. 90%). The most negative score goes to superior colleagues by whom a small group (15%) do not really feel regarded competent.

6.3 Training Needs

The training needs are related to oral communicative situations. Half want to improve their vocabulary, one third mentions grammar. Over one fifth states pronunciation, and slightly less than one fifth writing skills, 14% want to know more about the host country culture, life style and every day life, around 10% either want to improve their listening comprehension and understanding, or want specific medical training, including dealing with emergency situations.

7. Observed needs by colleagues and supervisors

54 semi-structured interviews with colleagues/supervisors discerned the following needs: communicating non-verbally, understanding dialects, using humour, handling stressful and new situations, and communicating bad news. They shared concerns with the L2 medical professionals on: communicating with colleagues and superiors, varying (everyday medical) vocabulary, and using correct pronunciation.

All data were used as input for the ensuing syllabus and material design which received ongoing qualitative feedback from the testees.

8. Programme Evaluation

The end-of-project evaluation (ENTENTE UK 2008) used a Logic Framework model adapted for use on smaller projects, and was complemented with semi-structured interviews, and a usability study.

8.1 Stakeholder Key Findings

The stakeholders agreed that their feedback resulted in changes to the products; the promised results had been delivered; the project results introduce new methodologies and materials for language learning which will be very useful and can be used independently.

The project results improved wider understanding of the competence needs of the beneficiaries and improved awareness of cultural differences. They had improved awareness of the needs of minority or under-represented groups.

There is an ongoing need to use the project results, affordable on a long-term basis, and there is a process to contribute to future project development.

To conclude, there is tremendous enthusiasm for the MoM-language tool from key stakeholders, and the narrative comments seem to only reinforce the very high scores. As can be expected with any new product, there is some criticism, but it is very constructive, and only points the way to further expansion of the concepts than any really negative perceptions of the potential of the product. In sum, stakeholders are confident of the product's success, and there is a clear commitment to support further development of the concept.

8.2 Beneficiaries Key Findings

The MoM-language tool is accessible with the equipment and the communication scenarios are appropriate to the needs.

With respect to efficiency, all respondents agreed that the tutorials and Pedagogical Guide are helpful. MoM is fast enough to meet the needs, the layout is clear and text is easy to read, the voice-overs are easy to understand. MoM is acceptable for use in professional conversation and for preparing and debriefing after a day's work. All except one (92%) agreed that MoM is easy to navigate and is acceptable for use in patient consultations.

MoM has improved their communication skills in the second language. All except one (92%) agreed that MoM can save time in some professional situations. According to most (83%) MoM has improved their speaking and listening skills and it can save resources (e.g. using interpreters) (75% agreed).

The tutorials as support resources enabled all to start using MoM without any external support and to resolve any difficulties. All except one (92%) agreed that the forum will meet additional needs.

In summary, the impressions of the medical professionals can be taken as very considered judgements, and in view of the high marks achieved for all of the criteria the results are remarkable. Without sight of the individual evaluation questionnaires, it is not so clear here that most of the negative markings relating to the 'usability' of the products are made by people who are not so comfortable with the technology. What is apparent from the narrative comment is that MoM actually challenges the existing mobile phone technology, which is considered by most of the more technically proficient users to be too slow. Clearly, with the rapid advancements that we have come to expect in technology, this situation will change, and the MoM-tool will benefit by default. Other than this, there seems to be little shortfall in the content and sufficiency of the tool that cannot be realistically addressed in any future development.

9. Conclusion

The evaluation shows that the integrated MoM-syllabus contributes to learning through a collection of annotated everyday medical terms, a clickable doctor-patient consultation timeline, and communicative situations the professional engages in with different interactants on a daily basis. MoM offers insights in medical communication and socio-cultural interaction, in addition to providing linguistic and pronunciation advice, and links to work regulations. The system encourages interaction with other

members of the MoM-community through forums and chat functionality. Through this final evaluation the cycle of programme development is round. It now lies in the hands of the users to increase MoM's effectiveness and make it grow.

10. References

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