METHODOLOGY FOR ASSESSMENT OF WORKPLACE LANGUAGE AND COMMUNICATION FOR NURSING ASSISTANTS AND CAREGIVERS (IO2)

Project title: **PULSE 2.0** - Assessment of language and communication skills for foreign nursing assistants and caregivers

Contents

1. Introduction

The present document has been elaborated for the Erasmus+ project "Assessment of language and communication skills for foreign nursing assistants and caregivers (PULSE 2.0)" (project nr. 2019-1-SE01-KA202-060470) funded with the financial support of the Erasmus+ Programme of the European Commission.

The project partnership is formed by the following organisations:

Partner 1: CFL Söderhamn- (SE)

Partner 2: Inthecity Project Development– (NL)

Partner 3: UNIVERSITA PER STRANIERI DI SIENA - (IT)

Partner 4: Fundatia Centrul Educational Spektrum - (RO)

Partner 5: DIE BERATER UNTERNEHMENSBERATUN GS GESELLSCHAFT MBHPartner – (AT)

The *Pulse 2.0 - Assessment of language and communication skills for foreign nursing assistants and caregivers* project aims to reinforce and facilitate language and communication competences relevant to the medical workplace in order to improve employability and enhance European competitiveness.

The project addresses health associate professionals, nursing assistants and personal care workers in mobility or planning mobility, training organizations providing tailored training for health care staff, and employers in the health care sector with the aim to contribute to developing solutions to the identified challenges.

The objective of the present document is to provide methodological basis for development of the Assessment tools (respectively learning tools) and the Syllabus of Job-specific Language Proficiency Tests.

Further to this, the document contains a blueprint (see page 18/Annex 1) that was used as a reference to develop the Job-specific Language Proficiency Tests. The blueprint illustrates

- ➢ the syllabus structure (e.g. its language model, construct specification, tasks, assessment criteria);

- ➢ the scoring objectives associated with each unit;

- ➢ the delivery methods and formats (e.g. interactive self-paced materials, synchronous and/or asynchronous collaborative activities) to deliver each unit.

Similarly, the present methodology serves as basis for the development of the PULSE 2.0 Assessment tool (IO3) as well as the PULSE 2.0 Learning tool (IO4) to be developed within the project.

1.1 The aim of the methodology

The purpose of the methodology is to provide guidelines for all those interested who are in position of implementing assessment of foreign language competences in work environments of nursing assistants and caregivers who are planning to work in a foreign country.

First, the question *why is assessment important* should be tackled. Why it is important that nursing assistant/caregivers, coming from different countries to be able to communicate with the patients they are likely to treat and assist in their everyday work? Employers in the healthcare sector have a role in ensuring that employees have the necessary language knowledge to perform their professional duties in the workplace. Being generally competent in the language of the hosting country did not mean they had the 'right 'language skills. Moreover, in nursing and caregiving work language is used to facilitate quality care and inform and educate recipients of that care. Language and communication skills and proper cultural behaviours become a fundamental tool in order to increase the job opportunities of health personnel.

Assessment is a critical step in the learning process as it determines whether or not the course's learning objectives have been met. A learning objective is what learners should know or be able to do by the time a lesson or training course is completed. In regards to the improvement of the foreign language skills of nursing assistant and caregivers, one should be thinking about the situations where these healthcare workers need specific language skills in order to fulfill their tasks in the best effective way possible.

Therefore, the present document will provide a plan for the procedure on how an assessment tool could be planned, implemented and evaluated, as well as work situations – everyday interactions with patients - of nursing assistants and caregivers in a residential care setting or hospital.

1.2 Who is this document for?

The long-term target groups of the PULSE2.0 project are the organisations working in the education&training and health sectors in all European Union Member States. In particular, assistant health professionals (nursing assistant and caregivers) all over Europe, and the organisations that are involved in training and/or employing health (associate) professionals. The target organisations of this document therefore include the organisations that are involved in training and/or employing nursing and healthcare staff, regional and national authorities with responsibility for nursing and caregiving sector, public and private nursing and health care institutions, vocational schools and universities, as well as organisations dealing with integration issues, social and welfare organisations.

2. Descriptors and Syllabi to create the assessment tool against

As it has been highlighted previously, the present methodology facilitates the development and implementation of further assessment tools in different languages following a well defined and elaborated structure.

On the basis of the PULSE 2.0 Transnational Research report (IO1) results, for the further development of the Pulse 2.0 products (methodology for assessment, assessment tools, learning tools) it has been suggested that materials and assessment tool should focus on the following:

- As some country reports highlighted, *elder care* is one of the main niches "absorbing" foreign nursing assistants and caregivers, it would make sense to focus (parts of) the products in this area.

- The B1 level descriptors applied in the development of further products should be applicable in *home care*, in a *hospital context*, and in the *geriatric care* context, so it is suggested to not make them too specialist, but *to keep the daily life of nursing assistants and caregivers in mind* for the further development.

- The assessment system should be applicable for *caregivers* and *nursing assistants* alike.

The descriptors that have been identified in the needs analysis phase and should be taken into account while thinking of the B1 CEFR level for nursing assistants and caregivers in job-related contexts, can be found in the tables below. They are divided in four sections, and broken down to assess speaking, listening, reading and writing skills as these were the competences highlighted within the national research reports in the training needs analysis phase.

1. *Rebeption*
   a. *Listening comprehension*

OVERALL LISTENING COMPREHENSION
Can understand straightforward factual information common every day and job-related topics (home care and hospital care), identifying both general messages and specific details, provided speech is clearly articulated in a generally familiar accent (e.g. information about a patient provided by a colleague).   Can understand the main ideas of clear standard speech regularly encountered at work (e.g. patients' requests, main points in stories or narratives from clients).
UNDERSTANDING CONVERSATION BETWEEN OTHER SPEAKERS
Can follow much of everyday conversation and discussion in the working environment (verbal and non-verbal communication, complaints of patients) provided it takes place in standard speech and is clearly articulated in a familiar accent.   Can generally follow the main points of extended discussion around him/her, but may find it difficult to participate effectively in discussion with doctors, colleagues, patients and their family and relatives who do not modify their language in any way.
LISTENING AS A MEMBER OF A LIVE AUDIENCE (job meeting, vocational training, …)
Can follow a lecture or talk within his/her own familiar field (home care and hospital care) for training purposes, provided the presentation is straightforward and clearly structured.

Can understand the main points of what is said in a straightforward monologue like a guided tour (tour of the house, home care, hospital sector), provided the delivery is clear and relatively slow.

LISTENING TO ANNOUNCEMENTS AND INSTRUCTIONS

Can follow detailed doctors', supervisors' or colleagues' instructions in both ordinary and emergency situations.

Can understand simple technical information, such as operating instructions for everyday equipment. Can follow detailed directions. Can understand public announcements at the hospital/home care, stations, buses and trains (when accompanying the client/patient), provided these are clearly articulated in standard speech with minimum interference from background noise.

b. *Reading comprehension*

OVERALL READING COMPREHENSION

Can read straightforward factual texts on subjects related to his/her field and interests with a satisfactory level of comprehension.

READING CORRESPONDENCE

Can understand formal correspondence on less familiar subjects well enough to redirect it to someone else (e.g. email/letter form hospital/home care/doctors).

Can understand straightforward personal letters, emails or postings giving a relatively detailed account of events and experiences (telling the client/patient the content of correspondence).

READING FOR ORIENTATION

Can scan through medical register and long patient documentation to locate relevant details, and gather information from different parts of a text, in order to fulfil a specific task in his/her work with a patient.

Can pick out important information about preparation and usage on the labels on medicine.

READING FOR INFORMATION AND ARGUMENT

Can understand straightforward, factual texts on subjects relating to his/her profession.

Can understand the main points in descriptive notes such as those given where he/she works.

READING INSTRUCTIONS

Can understand instructions and procedures (e.g. instructions for work documentation) in the form of a continuous text, for example in a manual, provided that he/she is familiar with the type of process or product concerned.

Can follow simple instructions given on packaging (e.g. cooking instructions, use instructions for medicine).

Can understand most short safety instructions (e.g. in manuals for the use of care equipment to be used in his/her work with patients).

READING AS LEISURE ACTIVITY

Can read newspapers / magazine accounts aloud to clients (home care) that are written in high frequency, everyday language.

2. Production
a. Spoken production

OVERALL SPOKEN PRODUCTION

Can reasonably fluently sustain straightforward descriptions on a variety of subjects within his/her field, presenting it as a linear sequence of points.

Can explain next steps of action to a client (e.g. making bed, drawing blood for sugar test, taking temperature, measuring blood pressure, positioning and movement, feeding and drinking, washing and body care).

Can communicate in emergency situations, providing straightforward descriptions as a linear sequence of points to doctors, colleagues, patients and their family and relatives, taking into account the patient's cultural background.

SUSTAINED MONOLOGUE: Describing experience

Can give straightforward descriptions on symptoms, medical conditions, and emergency situations as a linear sequence of points.

In communication with doctors, supervisors, family and relatives, can describe the patient's daily activities and change in behavior, health condition or medication of the patient.

In communication with colleagues, can report or end a shift.

SUSTAINED MONOLOGUE: Giving information

Can give information with reasonable precision about first aid that was provided in emergency cases.

SUSTAINED MONOLOGUE: Putting a case (e.g. in communication with family and relatives, in communication with colleagues)

Can discuss schedule, replacement.

Can give simple reasons to justify a viewpoint on work-related topics. Can briefly give reasons and explanations for opinions, plans and actions. Can say whether or not he/she approves of what someone has done and give reasons to justify this opinion.

b. *Written production (writing)*

OVERALL WRITTEN PRODUCTION
Can write straightforward connected texts on a range of familiar subjects within his/her field of interest (home care and hospital care), by linking a series of shorter discrete elements into a linear sequence (e.g. an accident report).
WRITTEN REPORTS
Can fill in schedule. Can write very brief reports and medical documentation to a standard conventionalized format, which pass on routine factual information and state reasons for action carried out in relation to care for a patient/client.

c. *Production strategies*

COMPENSATING
Can define the features of something concrete for which he/she can't remember the word. Can convey meaning by qualifying a word meaning something similar (e.g. a truck for emergency = ambulance).

3. Interaction
a. Spoken interaction

OVERALL SPOKEN INTERACTION
Can communicate with some confidence on familiar routine and non-routine matters related to his/her professional field (home care and hospital). Can exchange, check and confirm information, deal with less routine situations and explain why something is a problem. Can enter unprepared into conversation with doctors, colleagues, patients and their families and relatives, express personal opinions and exchange information on topics that are familiar, pertinent to everyday work life (particularly relating to the care for patients).

UNDERSTANDING AN INTERLOCUTOR

Can follow clearly articulated speech directed at him/her in everyday conversation at the workplace (with patients and their families, with doctors, colleagues), though will sometimes have to ask for repetition of particular words and phrases.

Can follow clearly articulated speech directed at him/her in articulated speech even in emergency situations.

CONVERSATION

Can start up a conversation with a client/patient and help it to keep going relatively long conversations on subjects of common interest of a client/patient by asking people relatively spontaneous questions, expressing reactions and opinion on familiar subjects.

Can express and adequately respond to feelings of patients and their family such as aggression, surprise, happiness, sadness, interest and indifference.

GOAL-ORIENTED COOPERATION (in regard to the care of a patient)

Can follow what is said by doctors, colleagues or family in regard to the care of a patient, even in emergencies, though he/she may occasionally have to ask for repetition or clarification if the other people's talk is rapid or extended.

Can explain why something is a problem, discuss what to do next, compare and contrast alternatives.

Can generally follow what is said and, when necessary, can repeat back part of what someone has said to confirm mutual understanding.

b. *Online interaction*

ONLINE CONVERSATION AND DISCUSSION

Can engage in real-time online exchanges with more than one participant (e.g. patient/client's relatives), recognising the communicative intentions of each contributor, but may not understand details or implications without further explanation.

c. *Interaction strategies*

ASKING FOR CLARIFICATION

Can ask for further details and clarifications from patients and family members, colleagues, doctors.

OVERALL MEDIATION
Can collaborate with people from other backgrounds (e.g. colleagues and patients/clients in the new country), showing interest and empathy by asking and answering simple questions, formulating and responding to suggestions, asking whether people agree, and proposing alternative approaches. Can convey the main points made in long texts expressed in uncomplicated language on his/her field of work, provided that he/she can check the meaning of certain expressions. Can introduce people from different backgrounds, showing awareness that some questions may be perceived differently (e.g. understanding when a patient has pain - different pain cultures) Can convey information given in clear, well-structured informational texts on subjects that are of professional or current interest, although his/her lexical limitations cause difficulty with formulation at times.
FACILITATING COMMUNICATION IN DELICATE SITUATIONS AND DISAGREEMENTS
Can ask parties in a disagreement to explain their point of view, and can respond briefly to their explanations, provided the topic is familiar to him/her and the parties speak clearly. Can demonstrate his/her understanding of the key issues in a disagreement on a topic familiar to him/her and make simple requests for confirmation and/or clarification.

As it can be seen at the last point of the identified descriptors, emphasis will be also put onto the intercultural skills development of the nursing assistants /caregivers working in a foreign country, which are in accordance with the *Common European Framework of Reference for Languages: Learning, Teaching, Assessment COMPANION VOLUME WITH NEW DESCRIPTORS*, published in 2018, by the CE.

A Course Syllabus (see page 18, Annex 1) is created in order to meet these descriptors which are described above. In addition to that, scenarios will be elaborated on the basis of which animated films will be produced in order to help nursing assistant and caregivers to best acquire and improve the needed language competences.

3. Developing assessment tools

The PULSE 2.0 project is developing training material and assessment tool for the B1 CEFR level, as it can be seen at the previous point regarding the identified descriptors. Based on findings of Transnational Research Report (IO1) analyzing the language training needs of the target group, it can be concluded that nursing assistants and caregivers have similar work situations (scenarios) where they will need language competences. In accordance with the findings, and the identified descriptors, there are four modes of communication, which the assessment should be focusing on:

1. Reception

2. Production

3. Interaction

4. Mediation

In all the work situations (related to everyday interactions with patients), the assessment should be focusing on reception (listening and reading), production (speaking and writing), interaction and mediation skills. In all these modes of communication speaking and listening skills are those, which should be quite advanced in order to be able to fulfill the requirements which can be seen in the descriptors part of the present document.

Having all the above in focus, further on, the three main steps in the process of developing an assessment tool are described in detail.

1. Planning – What are the assessment requirements of the training/course?

- Which is feedback from healthcare sector (employers, other staff)?

- What assessment methods are most appropriate for the target learners/candidates?

2. Design and development – How does each component of an assessment tool come together?

3. Validation – How to review a tool prior to implementation?

3.1 Planning

The planning phase of an assessment should always begin with identifying the learners/candidates and potential users.

The assessment process is the final stage in confirming a learner has the skills and knowledge to perform an identified task. In planning for assessment organizations need to consider how a learner will:

- demonstrate the task

- know what they need to do to complete the task and why, and

- demonstrate that they have the ability to perform the tasks in different contexts and environments.

As the first step, the components of the training course for which assessment is to be prepared should be considered and should be identified all of the requirements a learner needs to demonstrate competencies in. In case all requirements of the training course must be addressed, this may mean that multiple and varied assessment methods are required to be used simultaneously.

In the case of the PULSE2.0 training material and consequently the assessment, these will be based on real work situation scenarios which are being identified within the project (as part of research phase), and categorized on the basis of the four communication modes reception, production, interaction and mediation (CEFR descriptors).

Final beneficiaries' consultation is critical as it assists in ensuring the assessment tool aligns to current methods and performance expectations.
The more consultation is undertaken with a variety of stakeholders, the easier it will be to design and develop the assessment tool.

As it has been carried out in the needs analysis phase of PULSE 2.0, where, alongside nursing assistants/caregivers, language provider institution representatives, language experts have been also asked about the possible training needs the primary target group is facing, it is of upmost importance while planning an assessment to demonstrate that final beneficiaries who will benefit of the assessment results (i.e. employers in elder care) have been asked in relation to the development of the assessment practices and resources.

In addition to that, assessment methods which are planned to be used are also very important. In this respect, when determining the assessment methods, the below needs to be considered:

➢ **Who is the learner cohort in focus (target group representative)?** The most appropriate assessment methods depend on the learners who are targeted. When plannign and developing an assessment, every learner's individual needs or the general needs of the cohort should be considered. For example, it may be more appropriate to consider a portfolio of evidence for learners who are actively employed and are up-skilling existing competencies.

➢ **Where will the assessment be conducted?** In many instances, the requirements of the training package or course determine the assessment conditions. Some units of competency may require assessment to occur in the workplace. Other units recognise that, for reasons of safety, space, or access to equipment and resources, assessment can take place in simulated conditions which represent workplace conditions as closely as possible.

Particular attention should be also paid to the *Types of assessment methods* to use*.* In other words*,* this means that, using a range of assessment methods helps produce valid decisions and recognises that learners demonstrate competence in a variety of ways. A range of assessment methods are outlined in the table below:

Method	Description
Direct Observation	- Assessed in real time in the workplace. - Assessed in a simulated off-the-job situation that reflects the workplace.
Product based methods	- Structured assessment activities such as reports, displays, work samples, role plays, and presentations.

Portfolio	- A purposeful collection of work samples of explained and validated pieces of evidence, compiled by the learner. - Evidence could include written documents, photographs, videos or logbooks.
Questioning	- Generally more applicable to the assessment of knowledge evidence. - Assessment could be by written or oral questioning, conducting interviews and questionnaires.

In addition to these, while thinking about an assessment tool which is solely testing the language skills of the learners, the following should be considered:

- background knowledge of learners;

- what and how many items would be tested;

- what language elements are important to be included in the assessment;

- how many sections should the assessment include;

- what is the purpose of the assessment;

- which test/assessment methods is going to be used in the language context, eg. gap filling, multiple choice, reflection, short written text production, etc…

- scoring of the assessment: how many scores will each separate section/exercise count? Will these marks count equally or they will carry different percentages, according to the difficulty level of the exercise?

The more elements are recorded, the more appropriate the assessment tool will be for the purpose it is developed for.

Criteria or standards that will be used in the PULSE2.0 assessment, are in line with the developed Syllabus and CEFR B1 level descriptors already presented in the present document (See pag18, Annex 1).

3.2 Design and Development

An assessment tool comprises a number of components which ensure that assessment is conducted in a manner that is fair, flexible, valid and reliable. These components include:

3.2.1. Context and conditions of assessment

The context and conditions of assessment clarify the target group and purpose of the tool and is recorded in instructions for the assessor, the learner and any contributing third party. The instructions should be appropriate for the reader. The instructions can be included with the assessment instrument or attached as a separate document. The context and conditions of assessment considers those characteristics of the learner cohort that may impact on performance. For example, an assessment tool could be developed to cater for particular language, literacy and numeracy requirements; a learner's workplace experience; or other learner needs that require reasonable adjustment. The context of the assessment may also take into account assessments already completed, and the competencies demonstrated in these assessments.

3.2.2. Task to be administered to the learner/user

The instructions provided to the learner should outline the task(s) through which a learner can demonstrate competency. These instructions will prompt the learner to say, do or write something.

The learner clearly needs to understand the tasks. If the learner reviews the tasks and needs to clarify the instructions or ask further questions, then the information provided is not valid or reliable. Well-designed, clear and easy to follow assessment instructions minimise the possibility of misunderstanding the requested task as well as variation between assessors.

3.2.3. Administration, recording and reporting requirements

It must be securely retained — and produced in full if required at certain future events, audits—all completed student assessment items for each learner for a period which, is finetuned with the organization's requirements. This is obviously necessary from the date on which the judgement of competence for the learner was made. In addition to that, it has to be investigated if the final beneficiaries (health care sector), the assessment is conducted for is asking for any specific documentation of the assessment items and make sure to respect these accordingly.
In recording evidence of assessment, assessors and learners need to be informed of the administration, recording and reporting requirements related to that assessment tool.
Where possible retain the actual piece(s) of work completed by the learner. The completed evidence criteria may be sufficient where it is not possible to retain the student's actual work. However, must be ensured that the retained evidence has enough detail to demonstrate the judgement made of the learner's performance against the standard required.

3.3. Validation of the assessment tool

After the operational phase of planning and developing the assessment is completed, it would be advisable to concentrate on applying different verification processes prior to the actual implementation of the assessment tool. These quality checks should involve, according to possibilities, industry representatives, trainers and assessors from other (preferably vocational) training provider

institutions and last but not least individuals who have similar characteristics to and levels of ability of the target learner group the assessment tool is directed to.

This is important as on the basis of the obtained results, improvements can be introduced. Furthermore, these prior investigations can help in making sure that within the developed assessment tool:

- instructions are clearly formulated;

- the content of the tool is accurate;

- the assessment tool contains tasks which are relevant to the completed training;

- the level of the test is appropriate for the learners;

- the tool will address all assessment requirements of the training course;

- the level of difficulty of the tool is appropriate;

- the tools will enable effective collection of evidence;

- the tool is cost effective to implement;

- can be engaging for the learner; and

- produces valid and reliable results.

With all these in mind there's nothing else left apart from thinking about the scoring to be applied in the assessment tool. It is important to decide beforehand how much each section of the assessment is worth.

In the case of the PULSE2.0 Assessment Tool delivered in digital format, the scoring system which will be applied will be decided later on.

4. Assessment methods in PULSE 2.0

The PULSE 2.0 Assessment tool will be designed to measure the language and sociocultural competences for professional purposes of nursing assistant and caregivers.
More specifically, the assessment tool will measure language proficiency in Swedish, Italian and German as foreign languages in an occupational context in the healthcare sector, at relevant professional level. The assessment tools will be task-based and domain-specific (Job-specific Language proficiency tests) related to the Common European Framework of Reference for Languages (CEFR) and the level of proficiency will correspond to the level B1 CEFR.

The content of the language- and country-specific tests will be designed to assess the ability to communicate with target language-speaking patients in a linguistically and culturally sensitive manner. Thus, the tests will contain and assess general medical care discourse, terminology, and concepts and will be designed to elicit language samples that represent the range of healthcare worker and patient interaction and real-life situation.

In addition, tests will be particularly designed to elicit language samples that reflect a candidate's sociocultural competence and will address communication modes such as of mediation and interaction which resulted also from the needs analysis phase of the project. It will also measure the ability to understand the culturally appropriate language of the country.

Each language- and country specific test will comprise animated real-life situations and prerecorded scenarios, each of which represents a different medical domain and is associated with varied sociocultural tasks. The assessment tool will be developed based on these scenarios.

Furthermore, the assessment tool will measure integrated skills: listening in combination with writing and reading. Candidates (nursing assistants and caregivers) will be asked to perform tasks that may occur in their everyday interactions with patients. The context for the tasks can therefore vary from a residential care setting to a hospital.

The test prototypes will be computer-based and will consists of two parts. In part A the candidate has to listen and write. In part B reading and writing proficiency are tested.

The tests will be scored using objective scoring units and a subjective assessment protocol.
The objective scoring units will represent significant words, phrases, and clauses that can be found and are critically important to nursing assistant and/or caregiver and patient communication.

Moreover, candidates will be also assessed in the subjective scoring categories (e.g.fluency, pronunciation, cultural proficiency) that will be defined in the methodology. A prescribed percentage of scoring units will be rendered correctly in each section of the exam.

Only objective scoring units directly contribute to a candidate's passing or failing the exam. The subjective assessment serves to give candidates recommendations for improvement.

The assessment tools in Swedish, Italian and German will be delivered in digital format and will be available as multi-device tools, consequently permitting and encouraging in the same time the autonomous and supported assessment which can empower targeted users to easily adapt to the new work environments.

As already mentioned, the draft versions of the tests will be validated with stakeholders before final production.
The tests prototypes will be piloted entirely during the project by the partnership.
Pulse 2.0 assessment tool will be available online as an Open Educational Resource on the project website, designed for the project.

5. Summary

The aim of the present document as well as of the main purpose of the PULSE2.0 project is to facilitate the improvement of foreign language competences of nursing assistants and caregivers in new job-related settings. The project partnership believes that through the developed PULSE 2.0 products a real need of foreign language skills assessment is answered. The assessment procedures will be put in place, in order to enhance and enable the medical health sector to find the best workforce possible.

The present methodology is targeted to all those, who are willing to develop and get involved in the assessment processes of the language skills of the foreign nursing assistants and caregivers arriving to their countries. The tool should facilitate and reinforce the language, communicative and intercultural competences of these groups.

Annex 1 – PULSE2.0 Syllabus

Assessment tool - task-based e domain-specific language proficiency test (B1)

As the whole methodology is describing the process of developing an Assessment tool in general, not only for medical language skills development, the below syllabus is also to be taken as reference and adapted as needed in accordance to what it is the requirement of the respective Assessment.

Case	*Topics and communication activities related to B1*	*Vocabulary*	*Grammar*
1. Listen to instructions You've got a patient whose general condition has worsened. The doctor has examined the patient and given new prescriptions regarding the treatment. The nurse gives you the information verbally. The nurse reports the following: The patient is considerably more tired and gets breathless quickly. The doctor orders that the pulse and blood pressure must be checked three times a day, and that the vein test must be carried out the next morning according to instructions. In addition, an electrocardiogram (EKG) is also carried out today to check the functioning of the heart. After the prescribed check-ups, some changes in the prescription can still be made. The nurse shall inform the relatives about the patient's condition. What does the nurse report to you verbally?	**CARE PLAN** • **Patient's needs of assistance** − Understanding the content of the job advertisements for home care clarifying patient's needs of assistance. − Contacting recruiting agency and asking for additional information about the requirements with respect to duties related to provision of medical care and in-home assistance and guidance to the patient. − Acquiring the theoretical and practical knowledge included in the content of the short-term training and materials provided by the recruiting agency (if there is such practice). **PERSONAL CARE AND DAILY GUIDANCE** • **Companionship** − Maintaining everyday conversations on topics that are interested to the patient. − Providing verbal and non-verbal support when going together to a hairdresser, cosmetician, meeting patient's friends at a cafe etc.	Medical professions, specialists Rules and requirements concerning the nursing assistant/caregiver Symptoms Needs and feelings	Personal pronouns Regular verbs Present tense (Indicative) Definite articles Nouns / adjectives in -o / -a (gender and number) Present perfect (Past tense) Demonstrative adjectives

	− Providing verbal and non-verbal assistance while going together to different places and participating in different activities when the patient's condition allows.
	− Giving instructions for patient's independent or assisted actions related to his/her hobby (for example, looking after flowers in the house/in the garden) if the conditions allow.
	− Conversations while playing together different games which the patient likes.
	− Reading newspapers, magazines, books to the patient.
	
	MEDICAL CARE
	• **Daily medical care**
	− Understanding patient's doctor written prescriptions and oral instructions.
	− Asking the patient questions about his/her condition, effect of treatment, diet, rehabilitation procedures etc.
	− Giving instructions to the patient and making clarifications, if needed, when:
	   o monitoring of vital signs;
	   o administering medication (oral);
	   o making glucose control;
	   o treating wounds;
	   o performing enema;
	   o taking urine samples;
	   o assisting patients with breathing problems;
	   o assisting therapeutic rehabilitation etc.
		Food
		
		Medicines
			Imperative
			
			Adverbs of frequency

	PATIENT ADMISSION • **Instructions in everyday and emergency situations** − Understanding doctors' oral and written decisions related to the patient's diagnosis, instructions for treatment and/or the necessary clinical tests that should be done in the hospital. − Fill in the necessary documentation based on doctor's instructions and/or alone.	Personal information Rules for patient (i.e. info about the patient's condition)	Irregular verbs Present tense (Indicative) Indefinite articles Nouns / adjectives ending in e- (gender and number)
	MAINTAINING RELATIONS WITH COLLEAGUES • **Relations with nurses** − Understanding remarks and recommendations on improvement of own work. − Asking work related questions and understanding doctors' instructions (for example, unexpected change in patient's condition and /or behavior). • **Relations with other caregivers and nursing assistants** − Understanding oral and written training instructions. − Discussing schedule, replacement. − Reporting at ending the shift. − Understanding the information provided by other nurses at the beginning of shift. − Maintaining conversations on everyday topics.	Administrative instructions Diseases Clinical tests	Imperfect Indicative Present perfect vs imperfect Present Conditional

	PATIENT DISCHARGE • **Supporting the patient** – Understanding nurses' discharge instructions for the patient medications, diet, rehabilitation etc. – Providing information to the patient about medications, diet, rehabilitation etc. after the stay in the hospital.	Words for treatment Ordinal and cardinal numbers	Future Indicative (simple and perfect) Present Subjunctive
2. Read instructions A patient has got vascular wounds on the legs. The wounds have worsened, and a new dressing has been prescribed. The nurse has listed the necessary material to be used for the bandage. You need to read what has been prescribed and then dress the patient's wound accordingly. What does the following prescription say? 1. Wash the wound with tempered tap water or alternatively rinse with running water for 1 minute. 2. Wet the compresses and clean both the wound and the surrounding skin. 3. Treat the surrounding skin with a protective cream. 4. Apply protective and healing materials to the wound according to instructions. 5. Record the appearance of the wound to be able to monitor its healing process.	**CARE PLAN** • **Patient's needs of assistance** – Understanding the content of the job advertisements for home care clarifying patient's needs of assistance. – Contacting recruiting agency and asking for additional information about the requirements with respect to duties related to provision of medical care and in-home assistance and guidance to the patient. – Acquiring the theoretical and practical knowledge included in the content of the short-term training and materials provided by the recruiting agency (if there is such practice). • **Agreement on scope of assistance** – Discussing different aspects of home care (in-home assistance and guidance, medical care, companionship etc.) in situations when the other person is speaking relatively slow and clearly,	Medical professions, specialists Rules and requirements concerning the nursing assistant/caregiver	Personal pronouns Regular verbs Present tense (Indicative) Definite articles Nouns / adjectives in -o / -a (gender and number)

	briefly giving reasons and explanations for opinions.		
	PERSONAL CARE AND DAILY GUIDANCE • **Companionship** – Maintaining everyday conversations on topics that are of interest to the patient. – Providing verbal and non-verbal support when going together to a hairdresser, cosmetician, meeting patient's friends at a cafe etc. – Providing verbal and non-verbal assistance while going together to different places and participating in different activities when the patient's condition allows. – Giving instructions for patient's independent or assisted actions related to his/her hobby (for example, looking after flowers in the house/in the garden) if the conditions allow. – Conversations while playing together different games which the patient likes. – Reading newspapers, magazines, books to the patient.	Symptoms Needs and feelings	Present perfect (Past tense) Demonstrative adjectives
	MEDICAL CARE • **Daily medical care** – Understanding patient's doctor written prescriptions and oral instructions. – Asking the patient questions about his/her condition, effect of treatment, diet, rehabilitation procedures etc. – Giving instructions to the patient and making clarifications, if needed, when:	Food Medicines	Imperative Adverbs of frequency

	o monitoring of vital signs; o administering medication (oral); o making glucose control; o treating wounds; o performing enema; o taking urine samples; o assisting patients with breathing problems; o assisting therapeutic rehabilitation etc. **PATIENT ADMISSION** • **Instructions in everyday and emergency situations** – Understanding doctors' oral and written decisions related to the patient's diagnosis, instructions for treatment and/or the necessary clinical tests that should be done in the hospital. – Fill in the necessary documentation based on doctor's instructions and/or alone. **PATIENT DISCHARGE** • **Supporting the patient** – Understanding nurses' discharge instructions for the patient medications, diet, rehabilitation etc. – Providing information to the patient about medications, diet, rehabilitation etc. after the stay in the hospital.	Personal information Rules for patient (i.e. info about the patient's condition) Words for treatment Ordinal and cardinal numbers	Irregular verbs Present tense (Indicative) Indefinite articles Nouns / adjectives ending in e- (gender and number) Future Indicative (simple and perfect) Present Subjunctive
3. To be able to forward information/uninterrupted monologue verbally. An old lady from at the nursing home fell during the evening. Nothing seemed to be broken, but the nurse says that the staff will have to pay more	**CARE PLAN** • **Patient's needs of assistance** – Understanding the content of the job advertisements for home care clarifying patient's needs of assistance.	Medical professions, specialists Rules and requirements	Personal pronouns Regular verb Present tense (Indicative) Definite articles

attention to the carrier at night, because the general condition could get worse. Report the information verbally to your colleague.	− Contacting recruiting agency and asking for additional information about the requirements with respect to duties related to provision of medical care and in-home assistance and guidance to the patient. − Acquiring the theoretical and practical knowledge included in the content of the short-term training and materials provided by the recruiting agency (if there is such practice).	concerning the nursing assistant/caregiver	Nouns / adjectives in -o / -a (gender and number)
	PERSONAL CARE AND DAILY GUIDANCE • **Companionship** − Maintaining everyday conversations on topics that are of interest to the patient. − Providing verbal and non-verbal support when going together to a hairdresser, cosmetician, meeting patient's friends at a cafe etc. − Providing verbal and non-verbal assistance while going together to different places and participating in different activities when the patient's condition allows. − Giving instructions for patient's independent or assisted actions related to his/her hobby (for example, looking after flowers in the house/in the garden) if the conditions allow. − Conversations while playing together different games which the patient likes. − Reading newspapers, magazines, books to the patient.	Symptoms Needs and feelings	Present perfect (Past tense) Demonstrative adjectives

	REPORTING ABOUT IMPLEMENTATION OF THE CARE PLAN		
	• **Informing nurses and colleagues about the patient's condition**		
	− Preparing oral and written reports on patient's condition periodically. Providing brief information about emergency situation and the consequences for the patient to his/her doctor.		
	PATIENT ADMISSION	Personal information	Irregular verbs
	• **Instructions in everyday and emergency situations**	Rules for patient (i.e. info about the patient's condition)	Present tense (Indicative)
	− Understanding doctors' oral and written decisions related to the patient's diagnosis, instructions for treatment and/or the necessary clinical tests that should be done in the hospital.		Indefinite articles
	− Fill in the necessary documentation based on doctor's instructions and/or alone.		Nouns / adjectives ending in e- (gender and number)
	MAINTAINING RELATIONS WITH COLLEAGUES		
	• **Relations with nurses**	Administrative instructions	Imperfect Indicative
	− Understanding remarks and recommendations on improvement of own work.	Diseases	Present perfect vs imperfect
	− Asking work related questions and understanding doctors' instructions (for example, unexpected change in patient's condition and /or behavior).	Clinical tests	Present Conditional
	• **Relations with other caregivers and nursing assistants**		
	− Understanding oral and written training instructions.		

	− Discussing schedule, replacement. − Reporting at ending the shift. − Understanding the information provided by other nurses at the beginning of shift. − Maintaining conversations on everyday topics.		
4. Listen and participate in a discussion. The patient will be discharged from the hospital but will still needs support and help in daily life. A care plan for the continuation of treatment at home will be implemented. In order to implement the plan, a nurse from hospital, homecare service personnel, a nurse in community, a physiotherapist and you as caregiver will participate to the related discussion. Discussion: The patient is at home and needs the support of the home care service four times per day, the community nurse and the staff of the rehabilitation centre. The patient is given help with personal hygiene, getting dressed, making the bed in the morning and undressing in the evening. Food preparation three (3) times a day, food situation support and medication management. The patient is also guaranteed house cleaning every three weeks. The patient needs support with walking training by home care staff one (1) time per day as decided by the physiotherapist. Understand the context and participate in the discussion.	**CARE PLAN** • **Patient's needs of assistance** • Understanding the content of the job advertisements for home care clarifying patient's needs of assistance. • Contacting recruiting agency and asking for additional information about the requirements with respect to duties related to provision of medical care and in-home assistance and guidance to the patient. • Acquiring the theoretical and practical knowledge included in the content of the short-term training and materials provided by the recruiting agency (if there is such practice). **PERSONAL CARE AND DAILY GUIDANCE** • **Assistance in maintaining personal hygiene and cleaning the home** • Giving instructions, respecting patient's dignity, related to: • patient's independent or assisted actions for getting in and out of the bed, washing, bathing, dressing, grooming;	Medical professions, specialists Rules and requirements concerning the nursing assistant/caregiver Symptoms Needs and feelings	Personal pronouns Regular verb Present tense (Indicative) Definite articles Nouns / adjectives in -o / -a (gender and number) Present perfect (Past tense) Demonstrative adjectives

	- patient's actions while changing dippers, washing in the bed, bathing while seating on a special chair in the bathroom; - patient's independent or assisted movement in the room, to the bathroom/in the house; - patient's independent or assisted actions for cleaning the room/home. - **Assistance in keeping a healthy diet and eating** - Discussing with the patient the daily menu. - Giving instructions for patient's independent or assisted actions getting in and out of the car (with crutches, wheelchair), if the patient's condition allows shopping together. - Conversations with the patient while shopping together. - Giving instructions for patient's independent or assisted actions for taking the products from the car to the house and putting them in the refrigerator/ cupboards in the kitchen. - Giving instructions for patient's independent or assisted actions during cooking. Conversations while cooking the meal. - Giving instructions for patient's independent or assisted actions for eating. - **Companionship** - Maintaining everyday conversations on topics that are interested to the patient. - Providing verbal and non-verbal support when going together to a hairdresser, cosmetician, meeting patient's friends at a cafe etc.		

	- Providing verbal and non-verbal assistance while going together to different places and participating in different activities when the patient's condition allows. - Giving instructions for patient's independent or assisted actions related to his/her hobby (for example, looking after flowers in the house/in the garden) if the conditions allow. - Conversations while playing together different games which the patient likes. - Reading newspapers, magazines, books to the patient. **MEDIATION AND ETHICS OF CARE** **Ethical issues** − Understanding ethical code for communication with medical professionals, patients and members of their families that is implemented in the particular hospital. **Communication in intercultural situations** − Demonstrating sensitivity to and respect for different sociocultural and sociolinguistic perspectives and norms among colleagues and cliens/patients. − Elaborating on viewpoints expressed to enhance and deepen participants' understanding of the issues discussed and establishing a common ground of communication: o encouraging people to activate prior knowledge, making comparisons and/or links between new and prior knowledge;	Feelings Linking words Personal experiences	Modal Verbs: can, should, must, might Regular verb Present tense (Indicative) Present perfect (Past tense) Definite articles Demonstrative adjectives Adverbs of manner

	○ paraphrasing and adapting speech / delivery or style to explain things more explicitly through examples and avoiding what is not relevant for the audience you're dealing with.		
	PATIENT ADMISSION • **Instructions in everyday and emergency situations** • Understanding doctors' oral and written decisions related to the patient's diagnosis, instructions for treatment and/or the necessary clinical tests that should be done in the hospital. • Fill in the necessary documentation based on doctor's instructions and/or alone.	Personal information Rules for patient (i.e. info about the patient's condition)	Irregular verbs Present tense (Indicative) Indefinite articles Nouns / adjectives ending in e- (gender and number)
	MAINTAINING RELATIONS WITH COLLEAGUES • **Relations with nurses** • Understanding remarks and recommendations on improvement of own work. • Asking work related questions and understanding doctors' instructions (for example, unexpected change in patient's condition and /or behavior). • **Relations with other caregivers and nursing assistants** • Understanding oral and written training instructions. • Discussing schedule, replacement. • Reporting at ending the shift.	Administrative instructions Diseases Clinical tests	Imperfect Indicative Present perfect vs imperfect Present Conditional

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	• Understanding the information provided by other nurses at the beginning of shift. • Maintaining conversations on everyday topics. **PATIENT DISCHARGE** **Supporting the patient** • Understanding nurses' discharge instructions for the patient medications, diet, rehabilitation etc. • Providing information to the patient about medications, diet, rehabilitation etc. after the stay in the hospital.	Words for treatment Ordinal and cardinal numbers	Future Indicative (simple and perfect) Present Subjunctive
5. Identify a problem. Ask for clues, as well as show knowledge in knowing what questions to be asked You're dealing with a patient who's having trouble communicating but is showing clear signs of pain. Your task is to identify the place of pain and what kind of pain the patient has. You also need to find out if something happened to the patient recently that could be the cause of the pain. What questions do you ask the patient?	**CARE PLAN** • **Patient's needs of assistance** − Understanding the content of the job advertisements for home care clarifying patient's needs of assistance. − Contacting recruiting agency and asking for additional information about the requirements with respect to duties related to provision of medical care and in-home assistance and guidance to the patient. − Acquiring the theoretical and practical knowledge included in the content of the short-term training and materials provided by the recruiting agency (if there is such practice). • **Agreement on scope of assistance** − Discussing different aspects of home care (in-home assistance and guidance, medical care, companionship etc.) in situations when the other	Medical professions, specialists Rules and requirements concerning the nursing assistant/caregiver	Personal pronouns Regular verb Present tense (Indicative) Definite articles Nouns / adjectives in -o / -a (gender and number)

	person is speaking relatively slow and clearly, briefly giving reasons and explanations for opinions. **PERSONAL CARE AND DAILY GUIDANCE** • **Companionship** – Maintaining everyday conversations on topics that are interested to the patient. – Providing verbal and non-verbal support when going together to a hairdresser, cosmetician, meeting patient's friends at a cafe etc. – Providing verbal and non-verbal assistance while going together to different places and participating in different activities when the patient's condition allows. – Giving instructions for patient's independent or assisted actions related to his/her hobby (for example, looking after flowers in the house/in the garden) if the conditions allow. – Conversations while playing together different games which the patient likes. – Reading newspapers, magazines, books to the patient. **MEDICAL CARE** • **Managing emergency situations** – Understanding patient's complains. – Give clear instructions to the patient providing first aid. – Calling an ambulance providing brief description of what happened with limited precision.	Symptoms Needs and feelings	Present perfect (Past tense) Demonstrative adjectives

	− Understand and/or ask for clarification of instructions, if provided.
	
	MEDIATION AND ETHICS OF CARE
	• **Ethical issues**
	− Understanding ethical code for communication with medical professionals, patients and members of their families that is implemented in the particular hospital.
	
	• **Communication in intercultural situations**
	− Demonstrating sensitivity to and respect for different sociocultural and sociolinguistic perspectives and norms among colleagues and cliens/patients.
	− Elaborating on viewpoints expressed to enhance and deepen participants' understanding of the issues discussed and establishing a common ground of communication:
	   o encouraging people to activate prior knowledge, making comparisons and/or links between new and prior knowledge;
	   o paraphrasing and adapting speech / delivery or style to explain things more explicitly through examples and avoiding what is not relevant for the audience you're dealing with.
	
	PATIENT ADMISSION
	• **Instructions in everyday and emergency situations**
		Feelings
		
		Linking words
		
		Personal experiences
			Modal Verbs: can, should, must, might
			
			Regular verb Present tense (Indicative)
			
			Present perfect (Past tense)
			
			Definite articles
			
			Demonstrative adjectives
			
			Adverbs of manner

• Understanding doctors' oral and written decisions related to the patient's diagnosis, instructions for treatment and/or the necessary clinical tests that should be done in the hospital. • Fill in the necessary documentation based on doctor's instructions and/or alone.	Personal information Rules for patient (i.e. info about the patient's condition)	Irregular verbs Present tense (Indicative) Indefinite articles Nouns / adjectives ending in e- (gender and number)
MAINTAINING RELATIONS WITH COLLEAGUES • **Relations with nurses** • Understanding remarks and recommendations on improvement of own work. • Asking work related questions and understanding doctors' instructions (for example, unexpected change in patient's condition and /or behavior). • **Relations with other caregivers and nursing assistants** • Understanding oral and written training instructions. • Discussing schedule, replacement. • Reporting at ending the shift. • Understanding the information provided by other nurses at the beginning of shift. • Maintaining conversations on everyday topics.	Administrative instructions Diseases Clinical tests	Imperfect Indicative Present perfect vs imperfect Present Conditional