



PULSE 2.0

RESEARCH STUDY(IO1)

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

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Pulse 2.0 Transnational Research Study

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1. Background

The Erasmus+ project “Pulse 2.0: Assessment of language and communication skills for foreign nursing assistants and caregivers” aims at reinforcing and facilitating language, communicative and intercultural competences relevant to the medical workplace in the nursing and caregiving sector. As one of the first action items in the project, the Pulse 2.0 research study was performed with the aim of getting a clear picture of language, communication and intercultural competences needed by foreign nursing assistants and caregivers. The research phase consisted of two parts: (1) desk research and (2) interviews with the target groups: practitioners in the healthcare sector, as well as educators and language experts.

The present report summarises the findings from the desk research phase and the interviews/surveys carried out in Italy, Sweden, Austria and Romania in November 2019-April 2020 with further input from interviews carried out with practitioners and experts across Europe (overall 171 respondents). It outlines specific working situations for which healthcare assisting staff need to improve and test their language, communication knowledge and skills and which implications this has for the further product development of the Pulse 2.0 project. The report also provides an overview on existing best practice models applied in the training and assessment of healthcare assisting staff.

2. The professional profile of assisting professions in healthcare

2.1. Nurses

Becoming a nurse in all partner countries requires significant effort. Normally a 3-year training either at university or at upper secondary level is needed.

To become a nurse in **Italy**, one must have a degree in nursing, pass a state exam and enrol in the national register. A nurse is involved in the identification of personal and community health needs and formulates the relative objectives; plans, manages and evaluates the nursing care intervention; guarantees the correct application of diagnostic-therapeutic prescriptions; acts both individually and in collaboration with other health and social workers; contributes to the training of support staff and is responsible for updating their professional profile and research.

In **Romania**, a nurse's qualification requirements consist of a university diploma or a 3-year higher secondary education upon successful completion of the final theoretical and practical exams. According to one of the main training centres of Romanian nurses, the professional profile of a nurse is based on the concept formulated by Virginia Henderson: a nurse "has to be someone who supports all those in need, has to be the consciousness of those who lost theirs', the eye of who lost his/her sight recently, the hand of that who lost his/her,....., the knowledge of young mothers."

In **Sweden**, the length of the university training is also 3 years. After graduation an opportunity exists to continue training in various specialist areas.

In **Austria**, nursing training at universities of applied sciences has been introduced in 2008, in parallel it has also been possible to train at specific schools for vocational education and training, the so called "schools for healthcare and nursing". However, training for nursing professionals at these schools will be discontinued in 2024, and only the training for nursing assistants will continue there.

2.2. Nursing assistants

Nursing assistants in the partner countries also have to pass rigorous training of between 1000 (Italy) and 3200 hours (Austria), with a duration of between 1 ½ and 3 years.

In **Austria** there are two types of nursing assistants: senior nursing assistants with a diploma ("Pflegefachassistenz") and junior ones without diploma ("Pflegeassistenz"). The requirements for a senior nursing assistant consist of 1600 hours of theory and 1600 hours of practical work (2 years), whereas a junior requires 800 hours theory and 800 hours of practical work (1 year). The current nursing and nursing assistance training was introduced with the amendment to the Federal Health and Nursing Act in 2016. Senior nursing assistants support members of the upper-level health and nursing service as well as doctors and carry out the appropriate care measures on their own responsibility according to instructions. Junior nursing assistants help patients with their daily personal hygiene, prepare meals and support patients with eating if necessary, they also ensure that the bed is clean. They mobilize patients, help them to get up, put them on their feet or move them around. They also administer medication, carry out standardised blood, urine and stool tests, treat wounds and monitor basic medical data (pulse, blood pressure, respiration and temperature). The Health and Nursing Act 2016 provides a concrete overview on competences of nurses, senior and junior nursing assistants. These guidelines show that there are very few differences between the competences of nursing

assistants with and without a diploma – so the required communication skills refer to all field of treatment and therapeutic measures in the hospital.

In **Italy**, OSS staff (l'operatore socio-sanitario) work both in the health care field - under the direct responsibility of the nursing staff - and in the social field - under the responsibility of the social worker. Qualification requirements for becoming an OSS consist of attending a 1000-hour course, combining classroom training and internships.

In **Sweden**, the length of the training of nursing assistants varies depending on the age of the trainee. For underage learners the training lasts 3 years and includes general education courses, whereas the training for adults lasts 1 ½ year and consists of subjects related to caregiving alone. Both pathways lead to a diploma allowing the learner to continue their studies in higher education. Responsibilities of nursing assistants include care work, providing orderly medicine on the delegation of the nurse, giving subcutaneous injections on delegation, caring for wounds, putting urinary catheter on delegation, controlling blood pressure, heartrate, breathing, and consciousness degree, taking venous blood tests, as well as documenting the care work.

2.3. Caregivers

The requirements for caregivers show a great variety – not only by partner country, but also by region, where caregivers' competences are usually defined. Some of them need to pass up to 400 hours of training, while for others there are no formal requirements whatsoever.

Much like with nursing assistants, there are 2 types of caregivers in **Austria**: professional caregivers ("HeimhelferIn" – literally 'home assistants') and personal caregivers ("PersonenbetreuerIn"). The training and scope of work of caregivers is governed on regional level by the nine federal states. Some schools for healthcare and nursing mentioned above also train caregivers, additionally there are also numerous programmes provided by employer institutions that train their own future staff. The training of professional caregivers includes 200 hours theory and 200 hours of practical work. They regularly visit needy, sick or disabled people (several times a day or a week); offer domestic support and "care at home" with focus on housekeeping, activities of daily life (personal hygiene of clients, shopping, making beds, cleaning, cooking and washing up, laundry); and also work in nursing homes for the elderly (with focus on housekeeping and application of basic medical care under supervision). In contrast, personal or 24-hour caregivers look after people in need of care and/or assistance in their

homes around the clock. While being a personal caregiver is a registered trade, there is no formal education or training required. They support persons in need of care in managing the household and living in their private household; prepare meals, do errands and household chores, organise the daily routine and keep people company; help with the intake of food and fluids, the taking of medication as prescribed by the doctor and with personal hygiene and care. For caregivers who mainly work in private surroundings, the qualifications are not that strictly defined. Usually the competences of home assistance are limited to support in personal hygiene and household assistance (e.g. going shopping, cleaning, cooking). However, it cannot be ruled out that these persons may nevertheless take on medical care activities although they are not formally qualified to do so.

In **Italy**, caregivers are responsible for the assistance and care of those who are not self-sufficient, elderly, disabled, or in difficult situations. There is no national regulation for this profession, so the professional requirements are defined at the regional level. A caregiver must be able to identify physical, psychological and health problems of the assisted person, he/she must possess the communication skills necessary for social interaction with the subject and his or her family, as well as basic knowledge of nutrition education and first aid.

In **Sweden**, the training requirement for caregivers consists of a 40-week course. Unlike the training for nursing assistants, the one for caregivers is available for adults only. However, it does not require a high level of knowledge of the Swedish language competences and is well-suited for migrants. Upon graduating, the learners gain a certificate and can continue studying towards becoming a nursing assistant. In that case, however, it is required to continue studying Swedish for immigrants up to a D level.

3. The general situation regarding foreign health care staff

The situation varies by partner countries – Austria and Sweden show considerable medical staff shortages and need significant levels of immigration in order to meet them, Italy to a lesser extent, while Romania is a country which mostly supplies others with trained medical staff, including by training third country nationals, while not absorbing any of them into its own healthcare system.

Austria: Due to the demographic development of the Austrian population the need for healthcare staff, especially in long time care and nursing at home (24h care services), is extremely high and current studies show that the number of Austrian nurses is not sufficient to meet this demand, which will

continue to grow in the next few years. About 67.000 persons are employed in hospitals, another 60.000 in long-term care. Of the total of 127.000 persons, 60 % are qualified health and nursing staff (76.000 persons), 31 % are nursing assistants (39.000) and 9 % are professional caregivers (12.000). Since 1 July 2018, all members of the nursing and therapeutic professions have been required to register. By September 2019, more than 180.000 persons were recorded in the register of health care professions. Of the approx. 60.000 registered caregivers not working in hospitals, about 40% (approx. 26.000) come from Romania but there is also a high number of healthcare and nursing staff coming from Slovakia, Hungary, Slovenia and Bulgaria. A high proportion of foreign nursing staff work as qualified personnel in hospitals or geriatric care facilities. But a high growing sector is the long-term care and the home care. Especially 24h care service is covered by healthcare and nursing staff from abroad.

In **Sweden**, immigrants account for around 50% of the nursing assistants and caregivers. Countries of origin include Syria, Somalia and Ethiopia. Language is the most pressing concern that needs to be overcome, however broader problems of socialization and integration also need to be addressed.

In **Italy**, foreign health care staff carry out its activity in public or in private health structures, in the territory and in-home care, in a dependent or freelance professional regime.

The situation in **Romania** is remarkably different. Foreign health care staff is not common in Romania, instead it is usually Romanian staff which is moving to other European countries. There are doctors who come from less developed countries to complete their studies in Romania, but it is not common to have foreign health care staff working in Romanian private or public hospitals, or different social entities which deal with the home care of those in need. In general, nurses in Romania work within public or private hospitals, or the private practices of doctors. In addition to that, there is a service provided to those who need assistance and nursing services at home, which can be requested through different associations.

4. Information on the employment and qualification of foreign nursing assistants/caregivers

In general, partner countries have strict and formal requirements for nursing assistants regarding their qualification and language ability. It is significantly easier to become a caregiver, provided one has access to the job market via valid residence and work permits.

In order to be allowed to work in **Austria**, professional training completed abroad must be recognised. The Federal Ministry of Labour, Social Affairs, Health and Consumer Protection is responsible for applications for recognition from persons from EU Member States, an EEA contracting state or Switzerland. In 2017 and 2018, an average of 530 professional recognitions for professional nurses were granted each year, with almost one third of applicants coming from Germany. Significantly fewer professional recognitions were granted in the field of nursing assistance with annually approximately 220 recognitions for junior and 80 for senior nursing assistants respectively. Two thirds of recognitions in the nursing assistance profession were for persons from Slovenia. A distinction is made between "recognition" (for the EU and EEA contracting states and Switzerland) and "nostrification" (determination of equivalence for all other countries). The aim is to check the content of the qualification, which in particular serves the safety of patients. With the "shortened" recognition procedure ("one-stop"), the recognition of the profession can be completed within half an hour at the Ministry of Health. The federal states are responsible for nostrifications. In order to work as a long-term caregiver at home (Personenbetreuerin) in Austria, no formal training is required. However, officially this occupational group does not actually provide medical care, but supports the household and lifestyle, and provides company.

In **Italy**, for nurses, it is first necessary to apply to the Ministry of Health for recognition of the professional title obtained in a European country. The Ministry of Health may decree that the recognition of the professional health title is subject to the passing of a compensatory measure to be carried out in a university training centre. Once the decree of equivalence has been obtained, the person concerned must go to the provincial Order territorially competent and, before registering in the National Register, must undergo an examination to assess his/her knowledge of the Italian language. The OSS course for nursing assistants can be attended by foreign citizens, provided that candidates with degrees obtained in non-EU countries document the possession of their qualifications by means of certificates issued by the competent authority of the foreign country. Foreign citizens, who have not obtained qualifications equal to or higher than secondary school in Italy, are required to prove their knowledge of the Italian language at level A2. For caregivers there is no clear regulations except the new "Quality Licence" for domestic workers. To obtain it one must have a basic knowledge of the Italian language, have participated in a training course in the last three years and have worked for at least 12 months with a valid contract. There are various non-standardised training offers for language training of nurses and caregivers.

All nurses and caregivers in **Romania**, no matter if they are local or would come from foreign countries, need a specialisation. This specialisation is recognised Europe-wide. There are also the different specialisations within nursing, such as generalist, paediatric, radiology, pharmacy, etc. nurse, which are also similar to those available elsewhere in Europe.

In order to be able to work in **Sweden** a person needs either to gain citizenship or possess a valid work permit. A proof of qualification is required to gain permanent employment, however, due to the significant demand in the health sector, work in the eldercare can be acquired even without any education. Some municipalities offer language courses for employed immigrants, although the level of education does not match the formal schooling system.

5. Interviews/questionnaires for practitioners in the healthcare sector (nurses, nursing assistants, caregivers, employers, other hospital staff etc.)

A total of 137 nurses and nursing assistants filled in a questionnaire for the Pulse 2.0 research phase or participated in the interviews: 25 in Austria, 56 in Italy, 20 in Romania, 29 in Sweden, and 7 further healthcare professionals from across Europe. The respondents were invited to rate the importance of a number of items on a scale of 1 (not important) to 4 (very important) and to provide information about the situation of nursing staff in their working environment. The main findings are summarized below, for a detailed description of country-based results of the Pulse 2.0 surveys, please refer to the country reports.

All **language skills** were listed as important for working abroad by respondents, but there is a visible prioritization of **receptive skills** (listening and reading) over productive ones (speaking and writing), as well as a predominance of **oral communication** over written one. Content-wise, respondents prioritize **nurse-patient communicative competences** over specific medical vocabulary.

What type of language skills do you consider necessary for foreign nursing assistants/caregivers working or planning to work abroad? 4=very necessary, 1=not necessary at all	
Listening skills	4,0
Speaking skills	3,9
Reading skills	3,8
Writing skills	3,5

What type of vocabulary do you consider necessary for foreign nursing assistants/caregivers working or planning to work abroad? 4=very necessary, 1=not necessary at all	
Communicative competence (communicative phrases and nursing-patient dialogues)	3,7
Lexical competence (medical vocabulary)	3,4

According to the respondents the most relevant communicative situations include **emergencies** and **communicating with the patient**, including providing instructions, describing pending medical procedures and discussing their general medical condition. The communication with the patients' families and relatives follow, and the least importance is ascribed to the communication with colleagues and hospital administration, though none of the situations is seen as non-important.

What type of communication situations are relevant and often recurring in the everyday working life of foreign nursing assistants/caregivers working abroad? 4=very relevant, 1= not relevant at all	
Communication in emergency medical situations	3,9
Actions to be performed by the patient	3,8
Communication with patients related to their medical conditions	3,5
Communication with colleagues concerning work schedule, responsibilities, replacement, etc.	3,5
Communication with patients' family and relatives	3,5
Description of pending procedures	3,4
Communication with the hospital administration staff	3,1

Regarding the intercultural competences of nursing professionals, **non-discrimination** is seen as a must, followed by mastery of verbal and non-verbal communication. Culture-specific knowledge is seen as of markedly less importance.

What type of intercultural competences do you consider important for foreign nursing assistants/caregivers involved in or planning mobility? 4=very relevant, 1= not relevant at all	
Respect for other cultures, non-discriminatory attitude	3,8
Knowledge of different norms of behavior, verbal and non-verbal communication styles	3,7
Culture-specific knowledge (values, beliefs and attitudes)	3,1

Regarding the language training and/or further qualification opportunities for foreign nursing assistants and caregivers, the following tendencies are visible:

- In **Austria**, based on the answers of the interviewed nurses/nursing assistants it can be concluded that language courses and qualification are **not usually provided** by the employer. In contrast, in **Italy** and **Sweden** they usually **are**. The questions regarding language qualification are not applicable to Romania.
- In **no country** the institutions interviewed provide sufficient **language training** resources for nursing assistants/caregivers.
- There is a strong general agreement that language competence and further development of this competence is a matter of **personal motivation** and has to be organised individually.
- **Language certificates** are considered as **helpful** for the employability of foreign nursing staff in all countries.
- The benefits of **mobile devices** for language learning **vary** most by country – they are rated indifferently in Austria, moderately positively in Italy and Sweden and very positively in Romania.

In the context of a language and communication skills training of foreign nurses in a mobility, **interactive e-lessons** (text, graphics, animations, audio, video, etc.) are unanimously regarded as most useful, followed by educative games and training exercises. Learning resources such as documents, links, PowerPoint presentations, videos, audio files are less preferred.

6. Interviews/questionnaires for educators and language experts

A total of 34 education experts participated in the interviews – 5 each from Austria and Italy, 10 from Romania and 11 from Sweden and 3 from other EU countries. The majority of them was representing

language learning providers, but also representatives from (specialised) VET providers participated in the survey.

All the learning specialists surveyed consider the offer of tailor-made language training for the professional group of nursing assistants to be very important. All of them agree as well that it would be important to offer a language certificate for the country's native language in care.

How do you rate the need to offer tailored language learning offers for the nursing assistants/caregiver target group? (4=very important, 1=not important at all)	3,9
How do you rate the need to offer a language certificate specifically for the nursing assistants/caregiver target group? (4=very important, 1=not important at all)	3,9

For the improvement of communications skills, most learning experts consider the implementation of **interactive e-lessons**, as well as **educative games** and **training exercises** useful. Learning resources (documents, links, PowerPoint presentations, videos, audio files), while still useful, are a much lesser priority.

The responses regarding the specific needs for language and communications in work situations lead to the conclusion that it is highly relevant for nursing assistants or caregivers to have a good knowledge of the country's native language. The communication competence is relevant for all aspects of their work setting, especially in the interaction with patients and the documentation of treatment or medication since this data is the base for the further treatment. Another aspect of high relevance is the current communication and interaction with medical staff, so that medical instructions can be understood correctly and passed on. In addition, the communication with the patients' family and relatives is also not to be underestimated.

The interviewees revealed a staggeringly **different** situation regarding the use of **e-learning**, **assessment tools and certification** in the partner countries.

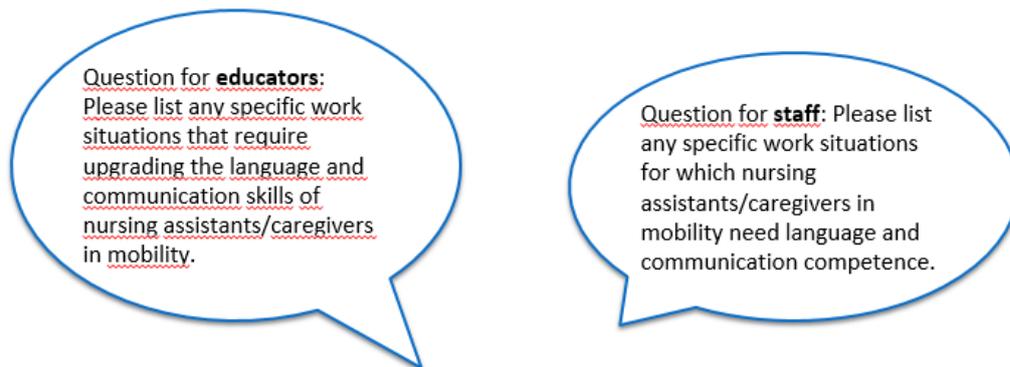
- None of the Austrian institutions uses a blended learning approach, while Swedish (Liber.se, Lunis and e-books), Italian (FAD platform), and Romanian respondents do.
- Many Italian interviewees mentioned the use of assessment tools and methods in the course of training: achievement tests, placement tests, summative tests and language certification exams. Also Swedish interviewees use assessment tools, including questionnaires, speaking tests, the quiz-app Kahoot and role playing. Romanian respondents mentioned that online evaluation tools, such as quizzes, self-reflections on different role play activities/videos, are

used jointly with face-to-face evaluation. In contrast, no Austrian respondents have mentioned the use of assessment tools for (language) learning.

- Various Italian interviewees stated that their institution offers language courses that conclude with a certificate (CILS and CELI). Swedish respondents confirmed issuing certificates as well, while participating Romanian institutions make use of ECL and Cambridge certification.

7. Analysis of relevant communication situations for nursing assistants/ caregivers

In order to better understand the communication needs and communication situations for nursing assistants and caregivers, we have further analysed two open text questions from the Pulse 2.0 surveys.



The responses provided to these questions highlight that there is a slight deviation in the prioritisation of relevance of typical communication situations. While the responding healthcare professionals (staff questionnaire) heavily prioritized all types of **communication concerning interactions with patients**, the educators also consider situations concerning team interactions, communication with patients' relatives and documentation rather important.

For these **interactions with patients** that nursing assistants and caregivers typically carry out in their everyday work, the following activities were highlighted:

- nursing, washing, showering
- making beds
- order food

- feed patients
- measuring blood pressure
- preparation of operation
- blood drawing
- positioning of the patient
- doing the patients' shopping
- everyday life activities

The following tables provide an overview on the typical communication situations provided by the Pulse 2.0 survey respondents/interviewees:

Survey for staff		
<i>specific work situations that require upgrading the language and communication skills of nursing assistants/caregivers in mobility</i>	<i># mentions</i>	<i>examples</i>
interaction with patients	55	<p>„To give the patient security in care situations, to calm and comfort the patient.“</p> <p>„During healthcare situations with the patient; it is important to understand what the patient says and to be able to communicate with them. When you help the patient with for example food and other care situations the right words and the right tone helps the caregiver to make the patient feel comfortable.“</p> <p>„You have to be able to understand the patient and be responsive, you also have to be able to make yourself understood.“</p> <p>„To respond to patients with dementia so they understand you. It is important with clear information being repeated. These patients get very worried if they don't get clear directives.“</p> <p>“Acceptance of the person, understanding of their needs (both health emergencies and understanding of the situation that the person is experiencing).“</p> <p>„Respect for the patient's mother tongue.“</p> <p>„How to deal with difficult (stressed) patients.“</p> <p>„Social-communicative skills e.g. holding conversations on social and everyday topics with patients.“</p> <p>„Giving instructions about personal care (hygiene).“</p> <p>„Gaining patient's trust.“</p>
interaction with team/medical staff	10	<p>„Relationship with the medical team.“</p> <p>„Understand a command, an instruction (added:and ask again, if you don't understand).“</p>

emergency communication with patients	7	<i>„Absolutely in emergency situations when we must minimize making mistakes and be so effective as possible.“</i> <i>„Calling an ambulance.“</i>
emergency communication with medical staff	7	
documentation	4	<i>„Informing and understanding the reporting obligation.“</i> <i>„Communication about the prescribed medication.“</i>
administer medicine	2	
communication with patients' relatives	2	
communication for increased professionalism	0	
communication for social recognition	0	
interacting with other (health) services	0	

Survey for educators and language experts		
<i>specific work situations that require upgrading the language and communication skills of nursing assistants/caregivers in mobility</i>	<i># mentions</i>	<i>examples</i>
interaction with patients	14	help patients during treatment; understand basic requirements of patients; express own needs; involve patients in decision-making; understand patients' complaints and requests; provide explanations on treatment procedures and medicines; help; support; express understanding and sympathy; answer questions; take into consideration intercultural aspects; discuss difficult and sensitive problems; dealing with difficult and seriously suffering patients; maintain everyday conversations
Interaction with team/medical staff	8	communication with the team and with other medical professionals; understanding doctors' instructions; inform about problems that might occur with a patient; provide information about prescribed treatment implementation; communication with doctors about patients' condition; medical instructions can be understood correctly and passed on
communication with patients' relatives	6	maintaining contact with patients' families – providing information, explanations, instructions, answering questions, expressing understanding and sympathy, discussing sensitive themes
documentation	6	reading necessary materials; writing patient records; understanding documentation; documentation of treatment or medication

interacting with other (health) services	3	Interacting with government and public bodies, including regulators; use of services in the region; women caregivers need a better knowledge of the language in particular to facilitate their relationships with all those figures and services necessary to carry out their daily activities (doctor, pharmacist, ASL offices, registry office...)
administer medicine	2	follow up on prescriptions (being able to administer medicines in the right dose and using the right calculations); understanding the prescribed medicines
emergency communication with patients	2	unpredicted situations related to patients' treatment; mainly in the meeting with the patients who might be seriously sick, where lack of communication might make a situation cautious (for example that a patient tries to explain that something is wrong and the caregiver doesn't note this due to language issues)
communication for increased professionalism	1	"caregivers in particular need specific language skills in order to increase their professionalism"
emergency communication with medical staff	1	communication in emergency situations with ambulance
communication for social recognition	1	language skills are also needed to gain social recognition from the host community

8. Conclusions

The situation concerning the demand for assessment tools and the need for language learning for foreign nursing assistants and caretakers varies by partner countries – Austria and Sweden show considerable medical staff shortages and need significant levels of immigration in order to meet them, Italy to a lesser extent, while Romania is a country which mostly supplies others with trained medical staff, including by training third country nationals, while not absorbing any of them into its own healthcare system.

In general, partner countries have strict and formal requirements for nursing assistants regarding their qualification and language ability. It is significantly easier to become a caregiver, provided one has access to the job market via valid residence and work permits.

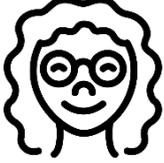
Respondents of the Pulse 2.0 surveys saw receptive skills and oral communication, as well as the nurse-patient communicative competences, as the most important language skills for nursing assistant and caregivers. The most important situations where linguistic skills according to healthcare professionals are the everyday interactions with patients.

However, in no country the institutions interviewed provide sufficient language training resources for nursing assistants/caregivers. There is a general consensus that the language and communication skills of nursing assistants and caregivers will be best improved by a tailor-made language training, including interactive e-lessons, leading to a language certificate. The research identified relatively few available offers – some apps and learning resources, but it is clear that a sufficient number of training offers does not exist.

For the further development of the Pulse 2.0 products (methodology for assessment, assessment tools, learning tools), the following focus is suggested:

- 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 (a first draft of level descriptors is provided in the annex).
- The assessment system should be applicable for caregivers and nursing assistants alike.

Learning personas are a tool to clarify general descriptions of target groups for learning products. For Pulse 2.0, we could imagine the following typical users/learning personas who could use the project’s learning and assessment tools in the future and we would suggest to develop the Pulse 2.0 products with them in mind:

<p>The typical Pulse 2.0 target group representative is <u>female</u>, she is serious about starting to work abroad and – depending on her previous education and training and on the requirements of her target country – she might do so either as a <u>nursing assistant</u> or as a <u>caregiver</u>. We assume that our typical user</p> <ul style="list-style-type: none"> • is mainly interested in assessing or proving her language competence for a job in health care (for an employer, client, contract etc.); • or wants to see the gaps in her language competence and find out what she still needs to learn for her (new) job with a focus on patient interaction; • but is also eager to learn how to use the language for interacting with colleagues, relatives of clients/patients, neighbours, shop personnel, public health services etc. 		
		
Emilia, 24	Alina, 32	Marina, 48
country of origin unknown, education and occupation unknown, single, she has already lived in Sweden for a couple of months and recently passed an internship in a nursing home	Romanian, education and occupation unknown, married, learned Italian at school	Croatian, former elementary teacher, divorced, learned German at school
is eager to continue her education to become a care giver in a nursing home	is about to move to Italy with her family and – after some training – intends to work as an OSS (operatore socio sanitaria, healthcare worker) in an Italian nursing home	still resides in Croatia, but has applied to work as a mobile caregiver for an elder client in Austria (2 weeks at clients' home, 2 weeks at home)
tech: she uses her smartphone and sometimes the computer in the public library	tech: she uses her smartphone or her kids' tablet	tech: she owns a smartphone and her kids have helped her learn how to use apps such as WhatsApp to stay in contact
language competence Swedish somewhere around B1	language competence Italian somewhere around B1/B1+	language competence German somewhere around level A2/B1
Emilia feels pretty confident that she speaks Swedish well enough to handle everyday situations with clients in the care home, but she wants to become even better in communicating with elder clients. She also wants to improve her speaking skills to better communicate with her future supervisors and team members in the care facility.	Alina has learned Italian at school and always loved learning languages. Now she needs to refine her very broad language skills in order to better understand the needs of her future clients, and to better understand instructions from supervisors at the nursing home.	Marina feels confident in using German for daily activities such as shopping with her client, but is unsure about medical language. Will she be able to communicate with a doctor in an emergency? Will she understand instructions for medicine? What if she needs to contact her client's relatives about a medical incident? Or if she needs to communicate about sensitive situations, e.g. aggressive behaviour from her dementia client?
eager learner, but more interested in professional practice than in language training	eager learner, but little time for language learning due to family commitments	eager learner, but worried as there is little time left to prepare as she will soon start working

(drawings: Woman 29123, 29125, 29126 by Matt Brooks from the Noun Project)

Annex 1: Collection of CEFR B1 descriptors for Pulse 2.0

1. Reception

a. Listening comprehension

OVERALL LISTENING COMPREHENSION
<p>Can understand straightforward factual information common everyday and job-related topics (home care and hospital care), provided speech is clearly articulated in a generally familiar accent (e.g. information about a patient provided by a colleague).</p> <p>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).</p>
UNDERSTANDING CONVERSATION BETWEEN NATIVE SPEAKERS
<p>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.</p> <p>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.</p>
LISTENING AS A MEMBER OF A LIVE AUDIENCE (job meeting, vocational training, ...)
<p>Can follow a lecture or talk within his/her familiar field (home care and hospital care) for training purposes, provided the presentation is straightforward and clearly structured.</p> <p>Can distinguish between main ideas and supporting details in standard lectures on familiar subjects (e.g. job meetings).</p>
LISTENING TO ANNOUNCEMENTS AND INSTRUCTIONS
<p>Can follow detailed doctors', supervisors' or colleagues' instructions in both ordinary and emergency situations.</p>

b. Reading comprehension

OVERALL READING COMPREHENSION
<p>Can read straightforward factual texts on subjects related to his/her field and interests with a satisfactory level of comprehension.</p>
READING FOR ORIENTATION
<p>Can scan through medical register and long patient documentation to locate relevant details in order to fulfil a specific task in his/her work with a patient.</p> <p>Can pick out important information about preparation and usage on the labels on medicine.</p> <p>Can find and understand relevant information in written documents (e.g. written instructions from supervisors).</p>

READING FOR INFORMATION AND ARGUMENT

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

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 involved.

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).

c. Audio-visual Reception (for home care only)

WATCHING TV, FILM AND VIDEO

Can understand a large part of many TV programmes on topics of personal interest such as interviews, short lectures, and news reports when the delivery is relatively slow and clear.

Can follow many films in which visuals and action carry much of the storyline, and which are delivered clearly in straightforward language.

Can catch the main points in TV programmes on familiar topics when the delivery is relatively slow and clear.

d. Reception strategies (not relevant)

2. Production

a. Spoken production

OVERALL SPOKEN PRODUCTION

Can reasonably fluently sustain straightforward descriptions on a variety of subjects within her field.

Can empathically 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 describe events.

Can clearly express feelings about incidents experienced at work and give reasons to explain those feelings (towards a patient/client or toward other health staff).

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 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.

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 (not relevant)

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 A NATIVE SPEAKER INTERLOCUTOR

Can follow clearly articulated speech directed at him/her in everyday conversation at the work place (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 by asking people relatively spontaneous questions, expressing reactions and opinion on familiar subjects.

Can have relatively long conversations on subjects of common interest of a client/patient, provided that the interlocutor makes an effort to support understanding.

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

FORMAL DISCUSSION (MEETINGS)

Can take part in routine and non-routine formal discussions, to receive instructions or discuss solutions in regards to the care for a patient.

Can put over a point of view clearly, even if it is difficult to engage in the debate.

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 make his/her opinions and reactions understood as regards possible solutions or the question of what to do next, giving brief reasons and explanations.

Can invite a patient, doctor, colleague or patient family to give their views on how to proceed.

OBTAINING GOODS AND SERVICES

Can obtain the necessary information concerning shopping and transaction needs (e.g. bank, postal services) of a client.

Can deal with most situations likely to arise when shopping for or with a client.

INFORMATION EXCHANGE

Can find out and pass on straightforward factual information on routine and non-routine matters within his/her field with some confidence.

Can summarise and convey to a patient information on how a care procedure is carried out (e.g. washing, feeding, measuring blood pressure, temperature taking, blood drawing for sugar test, positioning and movement, ...)

USING TELECOMMUNICATION

Can give important details over the phone concerning an emergency (standard procedure for calling an ambulance).

- b. *Written interaction (not relevant)*
- c. *Online interaction (not relevant)*
- d. *Interaction strategies*

ASKING FOR CLARIFICATION

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

4. Mediation

OVERALL MEDIATION

B1

Can collaborate with people from other backgrounds, 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 topics of personal interest, 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 and invite other people to contribute their expertise and experience, their views. Can convey information given in clear well-structured informational texts on subjects that are familiar or of personal or current interest, although his/her lexical limitations cause difficulty with formulation at times.

MEDIATION STRATEGY – BREAKING DOWN COMPLICATED INFORMATION

Can make a set of instructions easier to understand by saying them slowly, a few words at a time, employing verbal and non-verbal emphasis to facilitate understanding.

To add: (heading unclear)

understand when a patient has pain (different pain cultures)

In addition: communicative language competences relevant for assessment (CEFR chapter 5)

Linguistic competence

GENERAL LINGUISTIC RANGE	
B1	Has a sufficient range of language to describe unpredictable situations, explain the main points in an idea or problem with reasonable precision and express thoughts on abstract or cultural topics such as music and films.
	Has enough language to get by, with sufficient vocabulary to express him/herself with some hesitation and circumlocution on topics such as family, hobbies and interests, work, travel, and current events, but lexical limitations cause repetition even difficulty with formulation at times.

VOCABULARY RANGE	
B1	Has a good range of vocabulary related to familiar topics and everyday situations.
	Has a sufficient vocabulary to express him/herself with some circumlocutions on most topics pertinent to his/her everyday life such as family, hobbies and interests, work, travel, and current events.

GRAMMATICAL ACCURACY	
B1	Communicates with reasonable accuracy in familiar contexts; generally good control though with noticeable mother tongue influence. Errors occur, but it is clear what he/she is trying to express.
	Uses reasonably accurately a repertoire of frequently used 'routines' and patterns associated with more predictable situations.

VOCABULARY CONTROL	
B1	Shows good control of elementary vocabulary but major errors still occur when expressing more complex thoughts or handling unfamiliar topics and situations.
	Uses a wide range of simple vocabulary appropriately when talking about familiar topics.

PHONOLOGICAL CONTROL			
B1	Pronunciation is generally intelligible; can approximate intonation and stress at both utterance and word levels. However, accent is usually influenced by other language(s) he/she speaks.	Is generally intelligible throughout, despite regular mispronunciation of individual sounds and words he/she is less familiar with.	Can convey his/her message in an intelligible way in spite of strong influence on stress, intonation and/or rhythm from language(s) he/she speaks.

ORTHOGRAPHIC CONTROL	
B1	Can produce continuous writing which is generally intelligible throughout. Spelling, punctuation and layout are accurate enough to be followed most of the time.

Sociolinguistic competence

SOCIOLINGUISTIC APPROPRIATENESS	
B1	<p>Can perform and respond to a wide range of language functions, using their most common exponents in a neutral register.</p> <p>Is aware of the salient politeness conventions and acts appropriately.</p> <p>Is aware of, and looks out for signs of, the most significant differences between the customs, usages, attitudes, values and beliefs prevalent in the community concerned and those of his or her own community.</p>

Pragmatic competence

FLEXIBILITY	
B1	<p>Can adapt his/her expression to deal with less routine, even difficult, situations.</p> <p>Can exploit a wide range of simple language flexibly to express much of what he/she wants.</p>

TURNTAKING	
B1	<p>Can intervene in a discussion on a familiar topic, using a suitable phrase to get the floor.</p> <p>Can initiate, maintain and close simple face-to-face conversation on topics that are familiar or of personal interest.</p>

THEMATIC DEVELOPMENT	
B1	<p>Can clearly signal chronological sequence in narrative text.</p> <p>Can develop an argument well enough to be followed without difficulty most of the time*.</p> <p>Shows awareness of the conventional structure of the text type concerned, when communicating his/her ideas.</p> <p>Can reasonably fluently relate a straightforward narrative or description as a linear sequence of points.</p>

COHERENCE AND COHESION	
B1	<p>Can introduce a counter-argument in a simple discursive text (e.g. with 'however').</p> <p>Can link a series of shorter, discrete simple elements into a connected, linear sequence of points.</p> <p>Can form longer sentences and link them together using a limited number of cohesive devices, e.g. in a story.</p> <p>Can make simple, logical paragraph breaks in a longer text.</p>

PROPOSITIONAL PRECISION	
B1	<p>Can explain the main points in an idea or problem with reasonable precision.</p> <p>Can convey simple, straightforward information of immediate relevance, getting across which point he/she feels is most important.</p> <p>Can express the main point he/she wants to make comprehensibly.</p>

SPOKEN FLUENCY

B1

- Can express him/herself with relative ease. Despite some problems with formulation resulting in pauses and 'cul-de-sac' he/she is able to keep going effectively without help.
- Can keep going comprehensibly, even though pausing for grammatical and lexical planning and repair is very evident, especially in longer stretches of free production.

*In addition: plurilingual and pluricultural competences from the CEFR compendium
(vision of the learner as a social agent)*

BUILDING ON PLURICULTURAL REPERTOIRE

B1

- Can generally act according to conventions regarding posture, eye contact, and distance from others.
- Can generally respond appropriately to the most commonly used cultural cues.
- Can explain features of his/her own culture to members of another culture or explain features of the other culture to members of his/her own culture.
- Can explain in simple terms how his/her own values and behaviours influence his/her views of other people's values and behaviours.
- Can discuss in simple terms the way in which things that may look 'strange' to him/her in another sociocultural context will be 'normal' for the other people concerned.
- Can discuss in simple terms the way his/her own culturally-determined actions may be perceived differently by people of other cultures.

PLURILINGUAL COMPREHENSION

B1

- Can use what he/she has understood in *one language* to understand the topic and main message of a text in *another language* (e.g. when reading short newspaper articles on the same theme written in different languages).
- Can use parallel translations of texts (e.g. magazine articles, stories, passages from novels) to develop comprehension in *different languages*.
- Can deduce the message of a text by exploiting what he/she has understood from texts on the same theme written in *different languages* (e.g. news in brief, museum brochure, online reviews).
- Can extract information from documents written in *different languages* in his/her field, e.g. to include in a presentation.
- Can recognise similarities and contrasts between the way concepts are expressed in *different languages*, in order to distinguish between identical uses of the same word root and 'false friends'.
- Can use his/her knowledge of contrasting grammatical structures and functional expressions of *languages in his/her plurilingual repertoire* in order to support comprehension.

BUILDING ON PLURILINGUAL REPERTOIRE

B1

- Can exploit creatively his limited repertoire in *different languages in his/her plurilingual repertoire* for everyday contexts in order to cope with an unexpected situation.

Annex 2: Best practices

EXAMPLE 1 - AUSTRIA	
Name	„Ein Tag Deutsch in der Pflege“ app
Location	Vienna
Target group	
Type of Qualification (course, training, e-learning....)	online app gamification based e-learning, free of charge
Content	Activities and learning simulations in different context of nursing. In addition to that, the app offers some basic information on working in nursing or healthcare – but this is only for Germany, not for Austria
Link	https://www.ein-tag-deutsch.de/

EXAMPLE 2 – AUSTRIA	
Name	BID Portfolio Österreich
Location	Austria
Target group	home help and personal assistant staff from Eastern European countries working in Austrian and Germany

Type of Qualification (course, training, e-learning....)	<p>Self learning material for download. General information, self –assessment material and learning material – available in CZ, HUN, PL, SK, RO home help and personal assistant staff from Eastern European countries working in Austrian and Germany</p>
Content	<p>The aim of the "BID – Qualification in German for people working in elder care" project was to create useful self-study materials for learning German and to provide detailed and exhaustive information related to living and working in Austria and Germany. The self-study materials for learning German will provide nursing and care assistants with the opportunity to improve their knowledge of German and they include the legal and administrative information required for practicing the job in Austria and Germany. The study materials do not include standard grammar and language exercises but they focus on daily life situations. They include conversations and dialogues about typically performed activities – hygiene, cooking, administrative duties, etc.</p>
Link	<p>https://bid-projekt.eu/index.php/de/</p>

EXAMPLE 3 – AUSTRIA

Name	<p>sprachtalent® pflege app</p>
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Location	Germany
Target group	nursing staff working in German hospitals
Type of Qualification (course, training, e-learning....)	e-learning / online app
Content	<p>sprachtalent® pflege is suitable as an app for users who already have a general knowledge of German from level B1 and would like to practice communication in everyday hospital life.</p> <p>The content covers a wide range of care situations such as activities of daily life, handovers, duty and holiday planning, meetings with colleagues, emergency situations, patient care on different specialist wards and communication around diagnosis.</p>
Link	https://www.sprachtalent.com/entry/unternehmen/

EXAMPLE 4 – AUSTRIA	
Name	„Sprachglossar und Dokumentationshilfe für HeimhelferInnen und PflegehelferInnen“
Location	Austria
Target group	nursing assistants and personal caregivers
Type of Qualification (course, training, e-learning....)	printed handout or online pdf

Content	This language glossary was developed by the Viennese Red Cross for home helpers and nursing assistants whose first language is not German. The focus is on providing simple language examples and illustrative sentences that can be used for work and process documentation in the field of mobile care and home support.
Link	pdf

EXAMPLE 5 – ITALY	
Name	Losapeviche?
Location	Torino
Target group	Unemployed Italian and foreign adults
Type of Qualification (course, training, e-learning....)	Courses, training (including Italian). Italian exam at the end of the course
Content	Courses for specific areas of employment
Link	http://www.piemonteimmigrazione.it/losapeviche/parliamo-di/108-formazione-professionale-per-cittadini-stranieri

EXAMPLE 6 – ITALY	
Name	Quasar
Location	Putignano (BA)
Target group	Workers in specific areas of employment

Type of Qualification (course, training, e-learning....)	Courses
Content	Training, qualifying, retraining, specialization of workers in specific areas of employment (including Italian) from an educational and practical point of view. Italian exam at the end of the course
Link	http://www.quasarformazione.it/

EXAMPLE 7 – ROMANIA	
Name	Bsmart centru limbi straine
Location	Bucharest, Romania
Target group	Children and adults. For adults, there are targeted courses for nurses organised
Type of Qualification (course, training, e-learning....)	<p>Bsmart offers English courses to nurses interested in improving their language skills. These courses can be attended by both local and foreign nurses as, the initial required entry level of students needs to be B1 (lower intermediate) or B2 (upper intermediate) and does not deepen grammar knowledge. The focus is on the medical vocabulary. The course can be attended 2f2 or online. There is a number of 30 hours/modul. One level is made up by 2 modules, which lasts for 7-10 weeks.</p> <p>After finishing the course, attendees will obtain a certificate according to the European Framework of Reference.</p>

	The course is made up by 2 modules,
Content	<p>The content can be adapted to the needs of the group, but it is based on:</p> <ul style="list-style-type: none"> - medical vocabulary, terminology and idioms; - role play games - consulting the patient in clinical and paraclinical examinations, drawing up the observation sheet, etc. - the doctor-patient relationship - understanding and writing medical reports and case studies
Link	https://www.cursuri-bsmart.ro/limbaje-specializate/limbaje-medicale/

EXAMPLE 8 – ROMANIA	
Name	Various
Location	-
Target group	nursing assistants and personal caregivers
Type of Qualification (course, training, e-learning....)	Language training resources
Content	Various language training resources recommended by experts
Link	http://www.imed-komm.eu/kurs_pflegekraefte

	<p>https://erasmusplusols.eu/en/</p> <p>https://deutsch.info/en?fbclid=IwAR3QKD6TSVoNdtAFZqYYP6NS6WcOvbPDMsbpducPzT0R3PVjJDQd0-CW13Y</p>
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EXAMPLE 9 – SWEDEN	
Name	Liber.se
Location	-
Target group	Adults and youngsters
Type of Qualification (course, training, e-learning....)	e-learning hub
Content	Learning materials form elementary school to University level, in Swedish only
Link	https://www.liber.se/