

**Round of trial blended activities for learners
February – July 2017**

Participants: over 170 participants in the piloting activities

Target groups: students from medical field, staff dealing with palliative care, volunteers on hospitals, home-cares, hospices or nonprofessional users who would like to gain palliative clinical competences and/or medical communication/linguistic competences.

Feedback from the piloting activities:

I think that MedLang Project represents the perfect chance for students to improve their medical communication skills. It is also important for us to see how both the medical personnel and patients cope with difficult situations (taking care of terminal phase patients, communicating an incurable diagnosis). Getting next to different theorized medical procedures is a notable advantage for students in order not ignore or underestimate procedures such as patient bath, spiritual assessment or transfer in bed.

(Călin, 1st year medical student, C1-C2 level in English)

As far as the medlang is concerned, it even seems to me a very successful project. I really want to understand more about this project, so I will continue to use my account, because it is indeed something new that will surely have a future.

(Mihai, 1st year medical student, C1 level in English)

- I think it is an opportunity to develop, deepen and apply some theoretically acquainted knowledge
- At the same time interesting and new with new opportunities to exchange experiences with various colleagues
- Improving medical terms
- It was interesting, it is a very good idea and I think it would help many students
- A very useful platform for both students and physicians, whether residents or specialists, because it offers the opportunity to see how to do certain techniques, to learn new languages and to be up-to-date with national and international medical procedures.
- As an expectation, I hope that this platform will help me to improve my deviant medical practitioner skills and learn these courses in other languages (German, for example)
- It was interesting, it is a very good idea and I think it would help many students
- I liked the project because it helps me learn more easily, the topics are interesting and it is a good way to learn a foreign language.
- The project is very well thought out and very useful for students. It's an opportunity to learn because movies help better memorisation and unit themes are things that we will meet throughout our career. Also, opening up new horizons to learning foreign languages is very important, especially as we can get used to medical terms in these languages. Another major

advantage is easy accessibility, the platform can be used anytime. I have not seen such a project before, and it seems to me a big step forward for the students.

- It's an innovative idea that I think it can get bigger because it's very important that a student, especially at the beginning of the road, knows how to interact with the patient, and that the project intended to offer such videos in different languages international give you the chance to learn and have easier access to information from different international treaties.

- It was interesting, it was organized well, it was good to add the German language, I think there would be more people interested in this project.

- Hope to help me get a scholarship abroad

-It was very interesting

(Mixed group of 1st and 2nd year medical students, Romanian and international, levels of English ranging from A2- to B2+)

In connection with the MedLang project, I think it is an excellent and helpful idea. The videos that are currently being posted on the MedLang channel are considered to be a bit dense, a little bit of theater, but if we think of a very special location, it is understandable. Each patient is different and we have to adapt to the patient's requirements, he is the most important. We have to give all our attention and take care of it not only physically but also psychically because in many cases patients are not giving up only physically but also mentally. I can not object to these movies, because after all they are physicians or assistants or future doctors, in no case actors, and it is very hard to behave like a patient. I think that all the people involved in the project do a good job to continue what they started, because we "small" need examples, models that motivate us to continue what we started with the smile on the lips and happiness in souls.

(Teodora, Romanian 1st year medical student, B1-B2 level of English)

Alimentation in bed. In this movie, the only step that seems to me to be jumped is the one in which the Dr. forgets to throw away the container where the chicken breast was put on, but it is thrown at the end. All the other hygiene steps have been respected, as well as the steps in which the doctor assures the patient's overall comfort if he or she is allergic to what to eat.

I think these videos would help students learn and understand the subject matter more easily.
(Nicoleta, Romanian 1st year medical student, A2-B1 level of English)

Bed Transfer (EN)

Good parts:

- The best part of watching it is that his sem. I have to take an exam "Medical Abilities" and I should do exactly what is in this video.
- From my cinematic point of view is ok, in some frames I'd like to see the doctor's face.

Not so good parts:

- I also see that the first time when the doc. is washing his hands, he doesn't use a towel to push those sistem in order to get some alchoolic solution, I guess.

- Also, as a grammar nazi i guess i found some mistakes:
- bed-ridden -> bedridden
- prevention step -> preventive step
- injuries to the skin and, possibly, to the subjacent structures -> skin injuries that could also create injuries to sujacent structures.
-and also, oxigen and nutrients -> associated with lack of oxygen and nutriens as a result of ..
- mistaking one patient for another -> confusing patiens
- questions of the tipe -> type questions
- are to be avoided -> should be avoided
- ight -> might
- help you change your position -> help you to change / changing your position
- instructions carefully so that neither of us -> so as neither of as
- that you manage to -> for you to manage the reposition well
- Anyting..... going to so ? -> Would you like to ask me something about this manuever ?
- I see you don't take (medication) -> I see that you don't
- any chest pains -> Do you have chest pain ?
- How many days since you have been in bed -> How many days do you have since are you sitting sitting in bed ?

(Cristian, Romanian 1st year medical student, B1-B2 level of English)

Medlang-Pacient transport. Basically this procedure is done correctly, so there is not much to say about it. But there are some details that would seem insignificant, but they are of particular importance:

- At 5:05: The first step in hand washing is to rub their palm on the palm with circular movements, not interfering with the fingers. (For ex.: shaping a ball between the palms)
- Providing a private environment is done at the beginning, after checking the identity of the patient
- It is not necessary to wash hands and apply gloves before decontamination of furniture, but it is not wrong
- Medical washing of hands is done after the private environment (at thebeginning).

(Simona, Romanian 1st year medical student, A2 level of English)

I watched two videos from MedLang: transferring the patient from sustained dorsal decubitus to sustained lateral decubitus and paracentesis.

In the first video, I think the whole procedure has been done correctly. First, the assistant makes sure he is the patient and there is no confusion and explains to the patient what will happen to him. He also explains how the patient can contribute to this procedure. Moving the patient from the dorsal decubitus to the lateral decubitus is done with care, in order not to cause injuries to some of them.

Also, the second video has been done correctly, but here I would have a few things to say. I think that the hand washing has been very fast compared to the time allocated for the five hand rubs more precisely, 20-30 seconds each. Also, taking gloves was done incorrectly. The assistant touched with his right hand (with the glove taken) the inside of the left hand glove and thus compromised its sterility. He should have touched the outside of it. Otherwise, I think the other maneuvers in the procedure are correctly done.

(Diana I, Romanian 1st year medical student, B1-B2 level of English)

“Transferring the patient from sustained dorsal decubitus to sustained lateral decubitus” video explains how to prevent bedsores by avoiding staying in bed for a long time in the same position.

Pillows are mandatory for this maneuver with their help succeeding in supporting the patient's position. To be more specific, the cushions are placed on the physiological curves of the spine, under the head, hips and thighs for a dorsal decubitus and between the left and right thighs, under the head and superior arm.

Before we start the maneuver, it is important to check the patient's current condition and the medical file containing information on medication and recommendations for certain maneuvers. Without these steps we can worsen the patient's condition and thus increasing the recovery time.

It is important to know how to interact with a person with paralysis and unfortunately in this video dialogues with the patient were too rigid and short, communication with the patient being an essential thing that was absent. Talking about everyday things would relax the patient and lead to better collaboration.

In my opinion, the video exemplifies maneuvers very well and puts a lot of emphasis on medical details but omits the human side involved in the medical profession.

(Ionut, 1st year medical student, B1-B2 level of English)

Paracentesis: I really wanted to know how this procedure is done.

In the first place, what seems to be wrong is the way the doctor communicates with the patient, I think the doctor should try to interact more with the patient, to ask him if he is fine or how is he coping with his illness.

Also, I think the doctor should've explained the patient every move he makes, because this procedure is pretty scary for someone who has never done this before.

Another mistake is the fact that the doctor didn't advise the patient that is better not to look when he is executing the procedure because it could scare him, especially when he has to extract the fluid from the abdominal cavity. For example there are a lot of patients that are really sensitive and can lose their consciousness during the procedure.

The doctor should be more gentle with the needle while it is in the abdominal cavity, and should not move it when he is changing the syringe. I noticed that when he attached the second syringe he pushed a little bit too hard and the needle moved a little.

To add some more, I didn't like how he fixed the sterile tampon at the area of the puncture, after he finished collecting the fluid. This should require more attention because if the area of the puncture is exposed to something unsterile, it could lead to an infection. The doctor seemed to be very clumsy while doing this.

At the end, he should've asked the patient if he is feeling well, and if he needs something else. Also, the doctor should always put all the objects necessary for the patient near him, like a glass of water or the remote control, so he doesn't have to move after the procedure.

Another mistake is the fact that he didn't throw away the gloves and he didn't wash his hands. Also he should've cleaned the surfaces of the furniture that he interacted with.

(Diana 2, Romanian 1st year medical student, B1-B2 level of English)

Interesting MOOC, especially because it is about palliative care; also interesting to see information & differences about palliative care in other European member states

20 interventions is rather limited; there is room / need to expand the current content; content is multidisciplinary which is a positive point

It is very interesting to be able to see the evidence on which interventions are based

Participants of this activity were all nurses (nurse students), and for them, the language section was less interesting; although they did see the usefulness of it

The tests offered at each intervention are certainly not too difficult;

The movies are very useful as clarification for the written procedures; The quality of the actors is not always as good; conversations in the movies are sometimes too artificial but the intention is always clear.

(Mixed group; Date: 2017, June 20th; Venue: KdG Campus Zuid, Room Z 03.01)