



# **O1 Overall Report**

#### HELP HEALTHCARE ENGLISH LANGUAGE PROGRAMME Project No 2014-1-ES01-KA203-004735

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# Introduction

English has become lingua franca in healthcare sciences. Students, graduates from Higher Education institutions and medical staff are encouraged to read scientific journals, participate in international conferences, take an internship or undertake work in other European countries to develop professionally, exchange good practices and share experience. All before mentioned situations will not happen if it had not been for the knowledge of the English language.

It has been observed growing number of healthcare professionals leaving their homeland and taking job in English-speaking countries. At the same time, in one hand there is a constant labour market exchange between European countries among healthcare specialists and on the other hand medical tourism and taking care of foreign patients are in expansion.

Having in mind priorities of supporting the production and adaptation of Open Educational Resources in diverse European languages and contributing to the modernisation of Europe's Higher Education systems as outlined in the 2011 EU Modernisation Agenda and in order to meet this challenging situation, partners closely related to Higher Education from different European countries decided to implement Needs Analysis to verify existing language needs of students and healthcare professionals as well as to confront them with opinions from University and non-University teachers of English for medical purposes.

#### Methodology:

Before the Needs Analysis took place, language training departments of Higher Education centres identified in a general way the lack of adequate training material to satisfy demands of students and professional from the area of healthcare, not only in the field of English language but also in the field of related intercultural competences.

For deeper analysis and to prepare sound decisions for the design of the HELP learning programme the European partnership prepared two surveys: Survey for students and healthcare professionals and Survey for teachers. The questionnaires are enclosed in the attachment of this O1 Overall Report to provide public, reusable, transferable and modifiable material for third parties to guarantee the impact in the sphere of Higher Education and other interested parties. Important input to the design and development of questionnaires as well as for reporting templates was provided by the German partner who is familiar with this subject. Slovak, Czech, Polish, Spanish and Lithuanian partners ensured valuable responses thanks to their link to Higher Education sector.

#### The chosen questionnaire design allows to reuse and transfer of the analyse tools to easily assess the state-of-art concerning healthcare education in any other Higher Education organisation as well as to detect in an efficient way gaps and needs for improvement related to media, content and didactical approach.

The data were gathered based on desk and field research, on questionnaires and structured interviews. All target sectors were included – students from medical Universities, Higher Education learners with experience from traineeships in frames of Erasmus programme, Higher Education teachers of English for healthcare purposes, non-University teachers from language centres teaching English for medical purposes, healthcare specialists from hospitals, senior care centres and medical tourism. Medical universities analysed linguistic needs of students from the healthcare sector with cooperation of Higher Education teachers who specialize in medical English. Other institutions used direct contact with professional

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healthcare staff. The Irish partner collected data directly from foreign healthcare staff working in the United Kingdom and Ireland.

Period of Analysis implementation start: October, 1<sup>st</sup>, 2014 end: March, 31<sup>st</sup>, 2015

The deliverable includes the results obtained and only feasible from close and efficient a cross-sectoral cooperation of partners closely related to Higher Education from different European countries - Spain (P1), Ireland (P2), Czech Republic (P3), Lithuania (P5), Poland (P6) and Slovakia (P7). Each one of the above mentioned partners prepared National Report of Needs Analysis and based on these National Reports the Work Package Leader: Slovak Medical University prepared following **Overall Report with reusable and transferable conclusions within the European Higher Education area.** 

The summary is provided thanks to SurveyMoz, the online information and communication technology tool we have used for collecting the data.

The objective of this intellectual output is to present the results and on the other hand to provide guidelines and tools (questionnaires) that other Higher Education institutions could use in order to collect relevant information for the further development of Higher Education syllabus and learning settings in the area of English for healthcare purposes. The provided tools can be easily adapted to each specific situation.

Another aim of O1 – Needs Analysis was to disseminate information about the beginning of HELP project among Higher Education institutions, professionals with connection to the field of healthcare, other interested parties and general public, to attract their attention to the issues tackled in the project and to the possible solutions.

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# **Conclusion, recommendations and transferable results**

The HELP survey provides feedback and information not only to the European partner consortium for further project implementation.

Due to the valuable results, we see for the research report much wider perspective. It is our wish that the tools, this means the well-designed questionnaires and the sound interpretation of the results provide substantial input to discussions and decisions concerning present and future learning settings in Higher Education.

We see potentials for transfer not only in the area of foreign language learning at HE level but relevance of results and conclusions for other HE studies as well, especially with regard to media use, flexible and motivating learning approaches and to widen access for HE studies.

At the beginning of this summary we want to highlight again, that **questions and the questionnaires can be easily transferred to other HE institutions and will allow an efficient analysis concerning the state-of-art in the field of HE studies concerning objectives, selection of contents, pedagogic-didactic approach, supporting media and assessment of learning results.** 

At the same time the analysis re-confirms the relevance of the project for all involved Higher Education institutions and the well-thought selection of project partners that are relevant for improvement in this field (Slovak Medical University in Bratislava, Slovakia; Palacký University in Olomouc, Czech Republic; Klaipeda University, Lithuania; and the Polish institution English in Medical Practice) as well as competent and experienced input-givers for media supported learning (Tecnalia, Spain and FIT Ireland) and didactics and intercultural input (pro-kompetenz, Germany).

Detailed information is presented after each question in the report. Having in mind priorities and contribution to the modernisation of Europe's Higher Education systems as outlined in the 2011 EU Modernisation Agenda this section summarizes important findings and suggestions that from our perspective should be considered for the qualitative development of HE studies to meet the challenges.

# 1. Relevance and reliability of the survey for Higher Education

Compared to other surveys that have been carried out in European projects, the number of 252 learners and 71 medical English teachers is high from our perspective. The number of participants and comparable results reflect in general the state-of-art in this field of HE in (Eastern/Central) Europe and could be only obtained by having the chance to cooperate under the Erasmus+ frame.

The majority of respondents were still directly belonging to the area of Higher Education, they had experience from Erasmus programme or internship abroad. In order to assess the quality of the finished Higher Education studies and to confront it with the needs in practise universities addressed former students that are now healthcare professionals employed in hospital, care or medical tourism. In the category of other experience from abroad we obtained valuable and interesting answers e.g. from professionals from military field hospitals, research in hospital, home care, etc.

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This means, that we consider results and suggestions to be relevant and transferrable for HE systems at least in the involved countries.

# 2. Relevance and transfer options of results under a wider European perspective

The survey shows for all involved Eastern/Central European Higher Education organisations an evident and strong need to develop learning material of English language dedicated to future and current healthcare staff. As this tendency is evident we see this for HE in the involved countries and **options for transfer to HE institutions in other European countries** with high degree of professional mobility in the professional field (e.g. Bulgaria and Romania). This consideration will influence dissemination and valorisation **strategies for further project implementation**.

The majority of interviewed teachers follow the criteria of **Common European Framework** of **Reference for Languages.** This is a very important finding for us as it confirms the relatively **high degree of comparability concerning standards** and results at European level in the field of foreign language learning. It is known that this level of comparability is higher than in other educational fields. Nevertheless, we clearly see that about 10% of teaching staff does not know or apply these standards. A transferable conclusion is that in teachers training this fact should find more consideration. The frame is sometimes not easy to handle and not always clear concerning practical implementation. We recommend that responsible stakeholders take up this issue for further planning.

Concerning the number of hours dedicated to B1 / B2 English learning for Healthcare in the HE studies answers show that there is not a homogeneous approach in the countries represented in the project consortium.

An interesting result from the survey answers is that our teachers teach students from nursing, midwifery, physiotherapy, urgent medical care, radiological science, general medicine, public health, emergency medicine and dietetics.

This establishes the challenge for the project consortium to create motivating and useful material that meets in the best possible way needs of students and professionals from all these fields of healthcare.

# 3. Need and approach to improve the linguistic preparation in Healthcare Higher Education studies

More than half of students and medical staff rated their English preparation from their universities as not sufficient. On the other hand teachers of English language for healthcare purposes rated as good (75,71%) the linguistic preparation from their English programmes in relation to the challenges in the workplace abroad.

This discrepancy would need further research that we could not provide within our analysis. **Detailed research in HE studies, not only for foreign language learning, concerning this issue is urgently needed**. HE has to meet the needs of professional life. If this is not the case, education is not satisfactory and responsible parties will have to examine reasons and to take action to initiate improvements.

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Our presumption was re-confirmed and an innovative English learning programme is strongly needed not only in the area of Higher Education but also for interested self-learners, graduates from healthcare programmes of the Universities. High quality preparation of English language is essential not only in the sector of healthcare but all other sectors of learning and training.

# We see a need to support the production and adaptation of Open Educational Resources in diverse European languages and contribution to the modernisation of Europe's Higher Education systems as outlined in the 2011 EU Modernisation Agenda.

About 80% of the interviewed students use online-resources for learning. The answers confirmed that we have to dedicate our attention, in frames of HELP project and in HE foreign language learning, to **production of online learning settings with a wider range of learning supporting options** (videos, pronunciations helps, different speed to choose for listening etc. to meet learners interests and needs, to have an impact on students learning motivation and for improvement of English language knowledge and skills.

YouTube is the most widely used resource for improving **listening skills**. Most students use YouTube lessons, Duolingo.com courses, medicalvideos.org and online lectures. In order to develop **writing skills**, students use Google translate, Oxford online dictionary, social networks and e-mail communication. Concerning **reading**, there was no exact preference of one outstanding resource. The answers show that for foreign language skills development daily language articles (newspapers) and professional articles are used. Our didactical approach will also consider both sides as both are important for successful communication with patients and colleagues. We also will focus on fostering to provide useful professional information in reading texts and **not to forget the emotional component by adequate content related and visual components.** We will also use the potentials of the platform and include articles and texts to our HELP learning platform for further reading to address current needs of learners and to provide them with valuable learning base to develop their knowledge and practical skills in the area of English language for healthcare purposes.

For **speaking** students favoured communication through Skype. Answers related to this question provide us and also third parties with valuable conclusion and impact and can be used again in other contexts. As a conclusion for HELP we are going to use this result for tasks designed for self-learners to encourage them to find learning partners via these tools.

Knowledge about the most preferred online tools for language learning certainly will be valid also for other environments of foreign language learning in Higher Education. All answers concerning listening, writing, reading and speaking provide us with public, reusable and transferable responses. We would like to highlight here the added value of the HELP project findings and conclusions, because they can be used also in other contexts.

Survey results reveal that learners like wide range of materials to learn or improve their English language skills. Textbooks, CDs, DVDs, Internet and e-learning materials, all are considered interesting ways of learning. As might be expected Internet is rated as resource number one.

The most suitable way to address the needs of our respondents is to provide them with written and online material. Based on this finding, one important conclusions of our survey is that we are going to prepare written material (with CD included in the publication) and online learning platform with the same content as the publication and with additional exercises as a bonus. The users will be able to print the material directly from the

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# learning platform. Additionally, for mobile devices, the learner will be able to use an app.

We would like to accent that our conclusions can be used also in different environments. Due to a strong - and as it seems sometimes exaggerated - focus on learning platforms the results show clearly that printed materials are not outdated. There is a tendency that training providers try to save costs by limiting learning options. There might be changes with growing use of Smart phones and other devices in future, giving less importance to printed materials. But this needs further assessment. So far, our **recommendation for learning options in Higher Education is to keep all channels open.** 

# 4. Linguistic preparations – content selection and presentation in Healthcare Higher Education Context

The survey shows that for the learners all selected HELP topics (hospital procedure, documentation, physical examination, hospital equipment, hospital wards and healthcare specifics at different places of work, human anatomy, body systems, diseases, drugs, wounds and injuries, taking care of patients, safety measures, healthy lifestyle and prevention, ethics, knowledge about specific intercultural differences, building of respect for diversity and differences and formation of behavioural flexibility) in practice are rated as very relevant and important. We had a previous discussion at partnership level to present these topics for selection / confirmation after research. We reached this objective with the provided answers that justify our selection of topics for the new learning programme.

Based on the results, in the prospective learning material should be included different tools to improve preparation for professional mobility in general. Learners expressed their willingness to improve their preparation through: tips and guidance for self-learning, availability of the modular sections for free download in pdf format, availability of audio materials in mp3 for free download, availability of video materials for free download, links to professional social network sites for exchange, platform for exchange with other students/professionals, each chapter of learning programme finishes with the "first aid"-key words and communicative units for practical use and availability of the learning programme for mobile devices and tablets.

Most presented criteria are transferrable to any new learning programme production after assessment. The importance given to these elements from the students is a transferrable result for consideration of any new learning programme design. Added value and transferability of our findings can be seen as guidelines for other parties.

#### Our presumptions were confirmed:

Higher Education teachers and other interested parties do not have in hand wellstructured material to allow a holistic and pedagogic-didactically well planned approach for English language learning for healthcare purposes. Here HELP will provide a major impact on quality in Higher Education. Well-structured modules that meet the most important medical contents for the target group, innovative approach with intercultural modules to foster and support mobility of students and staff abroad, audios and videos created in line with the presented contents to support learning, flexible learning environments to widen access to HE, variety of learning tools with printed or printable modules, learning platform and app – all these elements with open access for training staff and students – this way, HELP will create a new quality of

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# Healthcare English learning in HE. The results will be created by single partners in different European countries but the transfer has clearly a European perspective.

In order to reflect current needs, our project team will address all these challenges and will focus on preparing material covering above mentioned preferences of University English language teachers and learners. The presented quality criteria and the elements derived from the survey for modern learning approaches for foreign language learning settings are transferable results to further develop foreign language learning in Higher Education.

# 5. Higher Education has to prepare for working in a globalized work

Knowledge of intercultural competences is essential during studying or working abroad and we recommend that it has to find correspondent answers in Higher Education also concerning options for further education arrangements.

Our survey shows that intercultural preparation from English programmes at universities is low. As deeper analysis has revealed, **intercultural competence often has not been addressed so far in HE but preparation has been limited to learn some rules of behaviour and acquire some intercultural knowledge.** Also for other fields at HE we see the need to overcome simplified concepts concerning intercultural preparation: We need to raise awareness within decision makers and teaching staff, that **intercultural knowledge** is important but presents only a first step. Our world is too colourful and too complex so that the best material will not prepare for each thinkable situation.

What we therefore have in mind for the intercultural modules in our HELP programme is to create a basis for the **development of intercultural competence**. This means, to explain cultural concepts and cultural standards in order to understand and correctly interpret situations and behaviours and to be able to react in an adequate way. Our recommendation and the aim are not only to prepare learners to act competent in intercultural situations at the workplace but also to prepare the students to learn and to make profit from contacts with other cultures.

We could not identify any material that provides intercultural preparation in an adequate way for this target group. Based on the findings derived from the survey the European consortium decided to create learning programme combining linguistic and intercultural topics. In a substantial way it is an **innovative element and the transferrable concept to consider for syllabus development also for other HE carriers.** 

The intercultural modules developed in frames of HELP project will be principally completely transferable and reusable in any other discipline in HE or any other preparation course for Erasmus student before going abroad.

Explanations of cultural values and general intercultural standards that allow development of competences have not been sufficiently addressed.

Our new learning programme will cover also intercultural preparation in a wider and deeper way as it corresponds to requirement of studies in HE.

In more detail: The majority of learners (about 58%) consider their professional preparation adequate to manage situations arising from intercultural differences. The view of teachers is significantly more positive. More than 64% of English teachers consider the intercultural

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preparation from their university English programmes' as good. The discrepancy would need further research that we could not provide within our analysis. Possible reasons are that students see teaching approaches more critical. Experienced teachers might be convinced to apply successful and adequate approach. Another reason can be that there is a gap between the academic view on needs and the view of involved students and post graduates experienced in practise. There are certainly more and other possible reasons. But this shows clear conclusion that detailed research in HE studies, not only for preparation for mobility and an international workplace, concerning this issue is urgently needed.

Internationalisation is an issue that needs consideration in various university carriers. HE has to meet the needs of professional life. If this is not the case, education is not satisfactory and responsible parties will have to examine reasons and to take action to initiate improvements.

As a conclusion from the survey we want to **overcome presentation of single facts but to have a holistic approach.** This means that we plan to provide intercultural knowledge that helps to avoid mistakes in communication and action, but also to give wider background information, show how cultural standards are acquired and dominate our thinking and acting.

This will be a very important step in order not only to know single facts but **create a basis for competent acting in different and changing situations, to develop intercultural competence.** So far, we plan to have 14 healthcare modules next to 5 or 6 intercultural modules that the German partner will prepare and that will pass the same cross-check procedure as the healthcare modules to make the HELP learning programme user-friendly and guarantee high quality standards.

Most outstanding intercultural topics were detected in the field of communication, nutrition and body language, the later connected to communication in the same way as physical contact. These three before mentioned themes besides general introduction to starting points for intercultural competence (values, intercultural standards) will be given greater space in our new learning material in order to address preferences of future users of HELP project products.

Other Higher Education institutions and interested third parties in all kind of disciplines – economics, marketing etc. will be able to use these modules. In order to guarantee this, we plan to keep a healthcare focus but develop these learning units in a way that they can easily transferred to other HE disciplines.

The particular findings and related output, particularly the holistic approach to create a basis for the development of intercultural competence, we see as a great added value of our future material and also useful base for third parties in other contexts as well.

As a consequence, the HELP learning programme (based on these observations as well) will focus also on the area of intercultural competences in order to satisfy requirements that so far had no correspondent reflection in HE healthcare studies. We see great potential of use for third parties here, because intercultural issues have huge transversal potential. The responsible partner for the modules will have in mind to keep a balance between specific focus on topics related to care and healthcare and a more general approach to intercultural topics in order to allow easy transfer to other HE studies.

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# 6. Need to develop specific social skills in the professional field of Higher Education Studies

Hospital procedures, documentation, physical examination, hospital equipment, hospital wards and healthcare specifics at different place of work, human anatomy, body systems, basic diseases, drugs, wounds and injuries, taking care of patients, safety measures at work and health education are considered to be covered in the available materials for teaching English language.

Higher Education teachers in the field of healthcare consider following themes as lacking in the materials used for teaching English language: knowledge about specific intercultural differences, building of respect for diversity and differences, disabled and deepening of empathy, ethics and formation of behavioural flexibility.

These results are transferable or at least require consideration within the specific fields of English learning for the target groups in Higher Education. The results clearly have revealed a **gap concerning the development of social skills**. As a conclusion we are going to **consider giving space to these subjects in our new HELP learning programme**. Our Slovak partner will prepare a specific module on ethics. Communication, empathy, diversity, flexibility in behaviour, respect and conflict managements etc. will be addressed in the linguistic as well as in the intercultural modules. We think that this will be a good approach in order to meet the identified challenge and that this approach is transferrable.

# 7. Open resources for independent and motivated learning in Higher Education Studies

The development of online learning environments is in the focus of our HELP project. About 57% of respondents had or have Internet **access with mobile devices**. It means that online learning environments with possibility to learn through mobile devices will **widen learning options, make learning more attractive and improve learning access not depending on learning time and local** in order to improve English language and intercultural knowledge. Substantial part of students and healthcare specialists answered that they used Internet to learn English always (16,73%), frequently (33,47%) and sometimes (30,28%), in total 80,48%.

The answers confirmed that we have to dedicate our attention, in frames of HELP project and in HE foreign language learning, to production of online learning settings with a wider range of learning supporting options (videos, pronunciations helps, different speed to choose for listenings etc. to meet learners interests and needs, to have an impact on students learning motivation and for improvement of English language knowledge and skills.

Concerning teachers, IT tools can be normally used in the classroom. Nevertheless, as a conclusion, we consider as **too high the fact that almost 9% do not have regular access to Internet** in the classroom. Having in mind the Higher Education standards and future achievements and improvements within the area, we believe it is necessary to examine further the conditions to make Internet available in all classrooms. The results do not provide deeper information about reasons. Anyway, stakeholders and decision makers in HE education should further examine conditions to make Internet available in all classrooms.

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We will build our upcoming material and online platform on these findings in order to meet contemporary conditions and needs of the Higher Education students and teachers. Our learning programme will only reach full potentials if offline and online learning can be combined. Availability of Internet access therefore is a pre-condition.

The results reveal that more than 10 % of the teachers do not use Internet to teach English language (responses: never and almost never). This figure shows **the teaching in HE does not fully use potentials for motivating learning and support from this media**. It is known that language learning traditionally was based on audio-visual materials. We do not have information to what extend those materials are being still used instead of Internet. Nevertheless, attractive learning approaches such as videos and specific communication tools can be hardly used without Internet.

The figures clearly show that there is a task remaining to HE stakeholders for further **teacher training** to focus on the teachers that do not use those potentials. Our internal discussion about this issue when analysing the survey results has shown that Internet courses for teachers often are too complex. We suggest short courses to present only one topic e.g. the use of YouTube videos and to provide really sufficient time for practical exercises as many teachers seem to be afraid to find themselves in a teaching situation where they do not dominate the media. This does not only refer to elder teachers but also to younger colleagues.

We consider this again as a transferrable result of our analysis.

The remaining part of English teachers use Internet to teach English language sometimes (26,87%), frequently (31,34%) and always (31,34%). Having in mind that "sometimes" and "frequently" are not objectively defined categories, we think that these results strengthen the identified demand for further improvement of teachers' preparation for media use in Higher Education.

To develop **listening skills**, most students use YouTube lessons, Duolingo.com courses, medicalvideos.org and online lectures. YouTube is the most used resource also by teachers.

Obviously, this result delivers useful general information that is transferrable to other learning environments. For teacher training, as mentioned before yet, we recommend to focus on one topic with enough space for the learning teacher for practicing to gain confidence how to deal with the media tool. Due to the high relevance of YouTube further education about options for **efficient use under pedagogic and didactical aspects** is a recommendation for responsible staff in Higher Education.

Another task in order to make HE studies more effective can be to create a project in order to check YouTube for already existing videos related to specific HE topics that are convenient to support learning. There were correspondent catalogues for audio-visual materials in former times for educational purposes that teachers used for their training. Nowadays, teachers spend a lot of time in order to find useful media. In educational projects, involving students, a database for specific and long-term use of YouTube video clips could be created. Possible would also be to create specific channels for a scientific discipline where useful supporting videos will be stored with a short description. This can contribute to improve attractiveness and flexibility of Higher Education study offers. The conclusion of the HELP consortium from the survey is to consider such option for the HELP platform.

In order to develop **writing skills**, students use Google translate, Oxford online dictionary, social networks and e-mail communication while teachers prefer onestopenglish.com,

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PubMed, cambridge.org.br/for-teachers/English-for-specific-purposes. For transfer and input for improvement of HE studies the suggestions concerning listening are relevant also here. Valuable resources should be created overcoming individual development and use with risk to disappear when a teacher leaves. **Resources data bank** should be created step by step for all teachers of the same subject. This addresses the field of knowledge management that requires certain **coordination**, **a "knowledge worker"**. Experiences show that stimuli will be required to motivate to share work and results. Open sources materials should systematically prepared for HE learning purposes. **We think that HE is not efficiently using systematically very important resources so far.** 

As the possibilities for additional resources for the printed version of the HELP programme are limited, we discussed this topic and decided to have a section on the platform that we will call "Further learning resources" where we will store relevant links and materials.

Concerning **reading**, there was no exact preference of one outstanding resource. The answers show that for foreign language skills development daily language articles (newspapers) and professional articles are used. Our didactical approach will consider also both sides, the formal one and the informal one, as both are important for successful communication with patients and colleagues. There was no exact preference of one outstanding resource, neither among teachers nor among students and healthcare specialists. As a result we recommend for HE in the field of foreign language learning to use a great variety of text types professional articles, daily language texts, case studies etc. to address different motives and to develop reading skills. We also recommend focusing on general understanding and not on detailed facts in order to keep students motivated and to promote learning success.

We also will provide useful professional information in reading texts and not to forget the emotional component by adequate content related and visual components. We will also use the potentials of the platform and include articles and texts to our HELP learning platform for further reading to address current needs of learners and to provide them with valuable learning base to develop their knowledge and practical skills.

For **speaking** students favoured communication through Skype and also teachers use this tool. After discussion of the Survey results **the consortium decided to recommend Skype to the self-learners in order to find a communication partner. As already pointed out for the results presented before, we recommend and see the need to better explore pedagogic-didactically soundly based use of specific media.** We could not identify useful information e.g. about how to introduce Skype for learning purposes in Higher Education. Here we see a field for further research and improvement.

Knowledge about the most preferred online tools for language learning certainly will be valid also for other environments of foreign language learning in Higher Education. All answers concerning listening, writing, reading and speaking provide us with public, reusable and transferable responses. We would like to highlight here the added value of the HELP project findings and conclusions, because they can be used also in other contexts.

We see a particularly high interest in the new audio and video materials. As possible reasons we see that those topic-related materials can be found but they are A) not designed for the B1 or B2 level and well linked to preparatory exercises and cognitive content of the unit and/or B) not available as a free accessible resource for teaching staff and students.

# Without proper audio-visual material we do not only loose important channels for efficient learning but also an often underestimated component for learning – the

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affective-emotional side that is very important in the learning process. This site is even more important in learning settings that highly characterized by cognitive elements – medical, healthcare, technical disciplines. We would like to emphasize our approach as a transferrable element – not to forget in all HE disciplines that learning always had at least two sites – a cognitive and an emotional one and that media nowadays offer excellent chances to add the affective site to the learning process.

When making the first plans for the design of the new HELP learning programme we had longer discussion within the European team about how to reach a good **balance between focus on professional content and content that allows a more free focus on general linguistic content e.g. for speaking situations. We would like to point out, as an <b>important conclusion for other HE language learning arrangements that a balance is important.** Communication at the workplace needs specific professional terms but is always also communication between persons. We need to leave space for free and less professional language focussed on successful conversation. Research done on motivation for language learning shows that a grammar rates extremely high when talking about losing motivation for language learning. We decided to leave grammar completely out of the material for this reason and to use fully the available space for content related to our target groups. Internet is full of learning offers for grammar. We see also this approach as a result of sound discussion and input from the European expert team in the project that will be useful for other HE organisations.

We think our results can help also third parties to understand needs and preferences of our targeted groups. We will have them in mind when developing our upcoming public, transferable, innovative material and online platform with added value for the future users.

Usefulness is the most important learning motive. What we can see from the results students express a high focus on user-friendly presentation connected to audio-visual sources and mobile devices. From these results we conclude that we will provide additional learning assistance by recording key vocabulary and expressions for the learner. We conclude that we want to have listening's recorded as natural as possible using the potentials of natives and no natives as this is the common situation. We will try to have innovative audio materials available with different speed options to be chosen from the learner. We conclude to produce own videos to support learning. And – despite of additional efforts, to produce an app for mobile learning.

Higher Education needs to answer to the current priorities of supporting the production and adoption of Open Educational Resources in diverse European languages and contributing to the modernisation of Europe's Higher Education systems.

We would like to underline also a transferrable approach: We provide an instruction for learning in the students group and for most speaking skills also a suggestion for self-learners. This creates a high degree of flexible use and respects the growing target group of self-learners. Another transferable approach that we provide also for many speaking tasks is a key with ideas and possible model answers as an additional learning aid. Furthermore, we provide a section with tips for self-learners. All these elements contribute to make learning more successful and flexible, contribute to widen access for learners to HE study offers from outside university.

#### MOODLE

More than 60% of the learners are not familiar with the learning platform Moodle. Here we see a great challenge concerning creation of new attractive and user-friendly e-learning

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platform. More than 62% of Higher Education teachers are not familiar with Moodle at all. The use of Moodle is not limited to foreign language learning. That we have similar results seem to indicate, that there is no wider use in the HE learning environments so far. If teachers do not apply this tool the logical consequence is that students are not familiar with it. We think that this result is transferrable to the university environment as a whole with the consequences that we would like to present as follows to improve the situation.

The Moodle platform is nothing new. It has been widely used in different fields of education for many years yet. As it is **free and flexible** we also have decided to use it as a basis for the HELP learning platform after longer discussion of alternatives. There is a gap in the learning system we should address and create options to make learners familiar to use this free, well-known and tested learner-friendly platform. The HELP partner consortium was surprised by the results as we had expected a higher rate of practical experience among students and teachers concerning this tool. In discussion within the consortium we identified possible reasons: Some teachers are reluctant to give up their teaching plans that they have developed over the years. There is widespread reluctance to give up routines and to initiate new approaches. New ways require dedication, acceptance of insecurity and time. As Moodle is a technical tool, new skills and routines will have to be developed.

What do we recommend in order to improve the situation in Higher Education?

Teachers will accept more easily new approaches if these are convincing. Not general courses how to use Moodle but further education provided by a successful colleague from the educational field that is able to **show that learning will be more efficient**, **flexible**, **motivating and not more time consuming or insecure**. **Enough space for practicing to get familiar with the application**. Teachers then should set up courses but have options for consultancy for doubts and problems. Soft "pressure" or other "convincing" stimuli might be necessary in order to make progress in this field.

Results are very challenging and related gaps in teaching and learning have to be addressed. Partners are aware of this challenge for testing and our Spanish partner Tecnalia will have this in mind concerning requirements to handle our new learning platform developed in frames of HELP project.

Our project consortium will pay careful attention to create an attractive and user-friendly online platform for teachers, students and healthcare specialists. Moodle will automatically have to be an integrated part of the innovative English programme. This means, with the implementation of the new programme we expect also a considerable impact on the knowledge about and use of Moodle in HE organisations. We consider this to be another important contribution to foster education in HE. Project activity "testing", starting in September 2016, will organise workshops in order to present the new learning programme. These workshops will also have in mind to develop required skills to use the online tool.

## 8. Quality assurance and cross-European learning

Learner centred approach and variety of learning tools and channels is a pre-condition to produce innovative learning programmes.

The topic of learning for healthcare purposes is huge and sound selection of content if crucial. We need to be aware that for language learning for the professional purposes usefulness of content is the most important motive. But we will not manage to satisfy

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necessary pedagogic-didactic demands trying to design a language learning programme and a professional text book at the same time. Finding the right balance, sound selection and self-limitation, "living with the gap" is a need for everyone and any higher education organisation that initiates such project. And we must never forget having in mind the cognitive professional site, that only combination with affective-emotional elements will make learning attractive, motivating and successful.

For our project implementation approach we had in mind to foster new approaches within the learning material itself (healthcare and intercultural content, media, holistic approach) and when thinking about fostering access for HE learning – open source materials, downloadable of all elements, platform and app to foster informal learning and self-learning.

# THIS WAY WE HAD ALWAYS IN MIND TO MEET THE CHALLENGES FROM THE EU MODERNISATION AGENDA OBJECTIVES:

1.3. Flexibility of Higher Education studies:

- Higher Education institutions need to open up to flexible learning and to introduce more access routes.
- Greater flexibility of Higher Education studies is required both by the labour market and the wider society.
- Flexibility in Higher Education has also been enhanced by the ongoing development of new technologies.
- Providing a broader range of study opportunities for the mainly, though not exclusively, working adult population.
- Across categories, countries most often mention the concern for improving the overall quality of teaching<sup>1</sup>.

Our survey has shown that current healthcare trends, user-friendliness, appropriate number of communicative exercises, use of audio-visual tools, connection to Internet sources and possible use on mobile devices are lacking and there is need to address these gaps. Our new learning programme will cover these gaps and needs.

We see the need to use a **practise-related and efficient quality assurance** approach for adequate contents and motivating and user-friendly presentation. In order to reach this, we are going to use a multistep cross-check and final quality check of all products. This means, each learning module will pass a multistep check, based on a detailed check-list and done by a language learning teacher from another European country. This cooperation will **allow input and further learning at a European dimension**. After commenting and repeated improvements, each learning unit will pass a **final quality check** by the German partner before it goes for **proof-reading** to our Irish partner. We think that this approach to meet the challenges for innovation and quality are also a method valid for transfer and use in other organisations in HE.

As we can conclude, Higher Education sector needs to include more new and modern tools to the learning process to make it more flexible, motivating, accessible and related to requirements from the professional practise. We think that the trends that have become visible from the gathered results are transferrable to other foreign language learning settings in Higher Education and also to other fields of Higher Education. They confirm our project

<sup>&</sup>lt;sup>1</sup> http://eacea.ec.europa.eu/education/eurydice/documents/thematic\_reports/131en.pdf

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approach for the learning programme development: up-to-date and user-friendly presented professional content, focus on communication, use of audio-visual tools, Internet resources and provide app for external learning using the Smart phone.

OUR UPCOMING ONLINE OFFERS WILL BE IN COHERENCE WITH EUROPEAN PRIORITIES OF SUPPORTING THE PRODUCTION AND ADOPTION OF OPEN EDUCATIONAL RESOURCES IN DIVERSE EUROPEAN LANGUAGES AND CONTRIBUTING TO THE MODERNISATION OF EUROPE'S HIGHER EDUCATION SYSTEMS AS OUTLINED IN THE 2011 EU MODERNISATION AGENDA. THE ONLINE LEARNING FACILITIES WILL IMPROVE ACCESS TO HIGHER EDUCATION AND TO FURTHER LEARNING, MEETING THIS WAY CHALLENGES OF THE EUROPEAN COMMISSION. INTERNET IS A SUITABLE AND MODERN TOOL TO PROVIDE US WITH FACILITIES FOR FORMAL AND INFORMAL LEARNING AND WIDENS ALSO ACCESS TO HIGHER EDUCATION.

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# Students and healthcare professionals

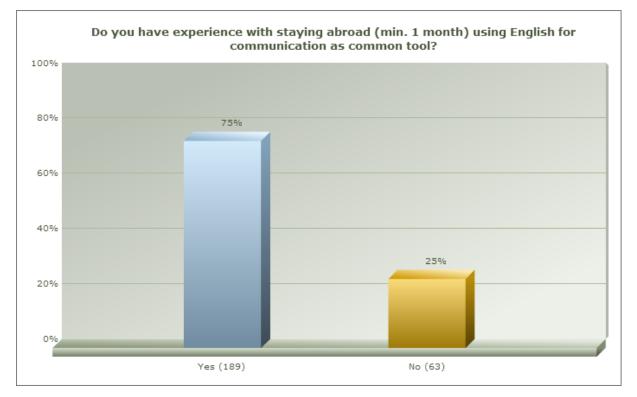
Results of the survey for students and healthcare professionals

Total number of respondents: 252

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## **Question 1:**

Do you have experience with staying abroad (min. 1 month) using English for communication as a common tool?



#### Answered 252

#### Skipped 0

HELP consortium focused this survey in the area of Higher Education on people with longer experience from abroad – min. 1 month. We addressed preferably Erasmus students and healthcare staff with experience from abroad using English for communication as a common tool, because we were looking for people with experience to question them and get more valuable opinions and answers concerning: quality and range of available learning materials from the field of English for healthcare staff and quality of preparation at Higher Education in the countries of origin in order to allow a comparison of educational syllabus and needs in the field of healthcare practise.

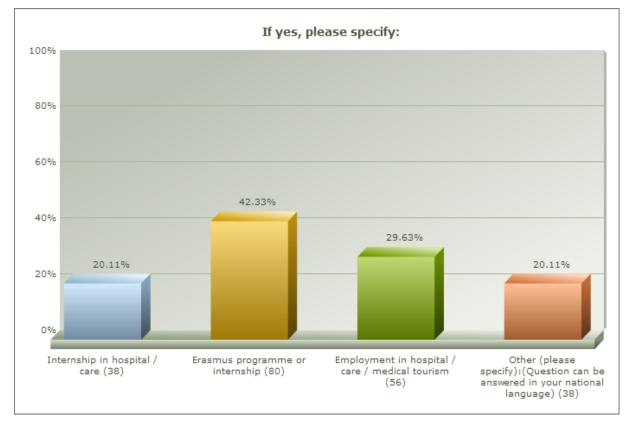
From the overall number of 252 respondents, 189 had experience with staying abroad using English for professional communication. 63 of respondents did not have experience staying abroad using English for communication as a common tool. Majority of these respondents were from Poland, which only proved our presumption, of a there is really strong need to develop learning material of English language dedicated to future and current healthcare staff not only in Poland, but for all interested learners in HE in the involved countries and for possible transfer to HE institutions in other European countries with high degree of professional mobility in the field (e.g. Bulgaria and Romania).

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## **Question 2:**

Do you have experience with staying abroad (min. 1 month) using English for communication as a common tool? If yes, please specify:



#### Answered 189

#### Skipped 63

Respondents had experience from stays abroad for different purposes. We reached wide scale of survey participants.

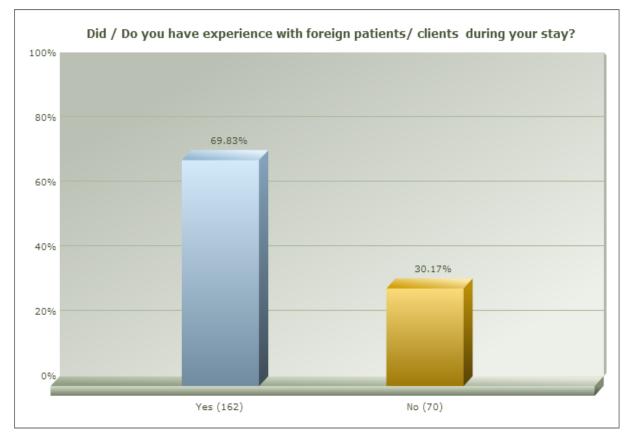
The majority of respondents were still directly belonging to the area of Higher Education, they had experience from Erasmus programme or internship abroad. In order to assess the quality of the finished Higher Education studies and to confront it with the needs in practise universities addressed lot of former students, now healthcare professionals, employed in hospital, care or medical tourism. In the category of other experience from abroad we obtained valuable and interesting answers e.g. from professionals from military field hospitals, research in hospital, home care, etc.

189 respondents answered question number 2 and we extracted 212 answers. Part of our survey respondents had more than one relevant experience from abroad, which proves again our focus on people with experience from foreign countries.

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# **Question 3:**



#### Did/Do you have experience with foreign patients/clients during your stay?

#### Answered 232

#### Skipped 20

Almost 70%, more precisely 162, of our respondents had experience with foreign patients/clients during their stay abroad.

This is not only indication that we obtained answers mostly from people with practical skills and know-how, but also it proves our presumptions that linguistic preparation and knowledge of intercultural competences is essential during studying or working abroad and has to find correspondent answers in Higher Education also concerning options for further education

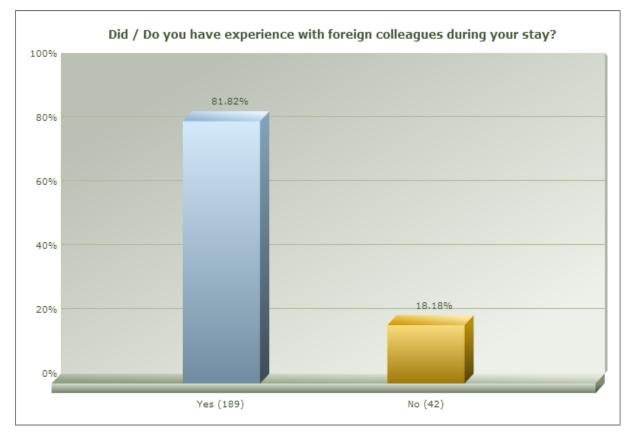
In order to interact in the multicultural globalized world we are currently living we need to be prepared and hence properly trained to communicate and understand each other.

As a consequence, the HELP learning programme (based on these observations as well) will focus not only on English linguistic preparation, but also on the area of intercultural competences in order to satisfy requirements that so far had no correspondent reflection in HE healthcare studies.

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## **Question 4:**



#### Did/Do you have experience with foreign colleagues during your stay?

#### Answered 231

#### Skipped 21

More than 80%, 189 respondents had or currently have experience with foreign colleagues. The charts are proving that we were looking for answers in the field of respondents in practice with intercultural environment.

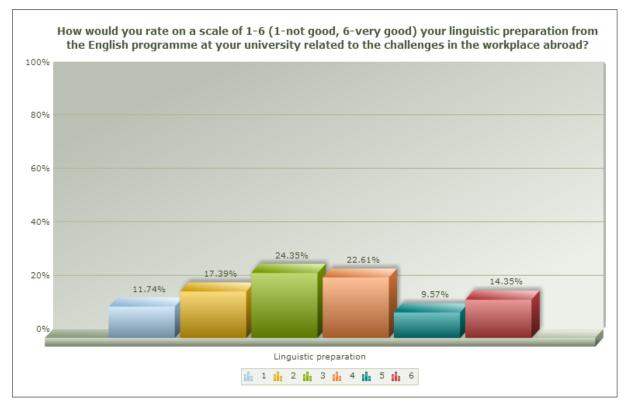
These finding confirm significant relevancy for the sector of Higher Education that we have to prepare our students and future graduates – healthcare specialists for challenges associated with interacting with foreign colleagues. Having in mind our focus on Higher Education, we believe that the best way to interact with foreign colleagues is to have good preparation from foreign languages combined with wide knowledge of intercultural competences, because these two areas are naturally entwined. These two areas are also combined in HELP project team. Our German partner pro-kompetenz worked on research about "Foreign language and intercultural competence for cooperation". This partner provided the desired and needed input for the development of the learning programme for Higher Education partners (Slovak Medical University in Bratislava, Palacký University in Olomouc, Klaipeda University, English in Medical Practice) and technical partners (Tecnalia, Spain and FIT, Ireland).

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# **Question 5:**

How would you rate on scale of 1 - 6 (1 - not good, 6 - very good) your linguistic preparation from the English programme at your university related to the challenges in the workplace abroad?



#### Answered 230

#### Skipped 22

At the beginning of this detailed analysis we want to highlight again that questions and the whole questionnaire can be easily transferred to other HE institutions and will allow an efficient analysis concerning the state-of-art in the field of HE studies concerning objectives, selection of contents, pedagogic-didactic approach, supporting media and assessment of learning results.

At the same time the analysis re-confirms the relevance of the project for all involved Higher Education institutions and the well-thought selection of project partners that are relevant for improvement in this field (universities in Slovakia – Slovak Medical University, Lithuania – Klaipeda University, Czech Republic – Palacký University in Olomouc and the Polish institution for Medical English education) as well as competent and experienced input-givers for media supported learning (Tecnalia, Spain and FIT, Ireland) and didactics and intercultural input (pro-kompetenz, Germany).

Concerning the question of linguistic preparation, more than 53% of survey participants rated their English preparation from their universities not very highly. They used scale from 1 to 3. The lower rates are representing not so high personal perception of English language preparation.

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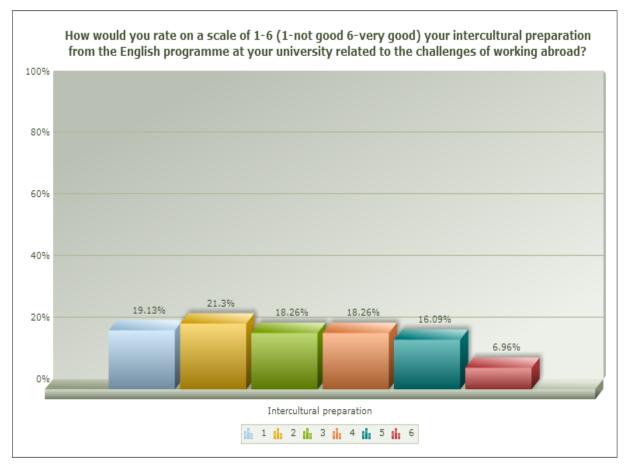
Our presumption was re-confirmed and an innovative English learning programme is strongly needed not only in the area of Higher Education but also for interested self-learners, graduates from healthcare programmes of the Universities. We believe these survey numbers contain noticeable degree of transferability and possibility of use in other contexts. English language became lingua franca in almost all areas, we think that high quality preparation from English language is essential not only in the sector of healthcare but all other sectors of learning and training to support the production and adaptation of Open Educational Resources in diverse European languages and contribution to the modernisation of Europe's Higher Education systems as outlined in the 2011 EU Modernisation Agenda.

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## **Question 6:**

How would you rate on scale of 1 - 6 (1 - not good, 6 - very good) your intercultural preparation from the English programme at your university related to the challenges of working abroad?



#### Answered 230

#### Skipped 22

We observe very similar results as in the question number 5. Exactly 58,69% of respondents rate their intercultural preparation from English programmes at universities as low. As deeper analysis has revealed, intercultural competence often has not been addressed so far in HE but preparation has been limited to learn some rules of behaviour and acquire some intercultural knowledge. Explanations of cultural values and general intercultural standards that allow development of competences have not been sufficiently addressed. Our new learning programme will cover also intercultural preparation as it corresponds to requirement of studies in HE.

Survey participants expressed strong interest in these topics. Our upcoming material will cover topics related to intercultural competences in a wider and deeper way keeping in mind a balance between specific focus on topics related to care and healthcare and a more general approach to intercultural topics in order to allow easy transfer.

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We see great potential of use for third parties here, because intercultural issues have huge transversal aspect and their knowledge is useful not only while learning and training but for example also in the area of medical tourism.

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### **Question 7:**

# While working/learning abroad, what resources have you used to improve your English skills and intercultural competence?

#### Answered 164

#### Skipped 88

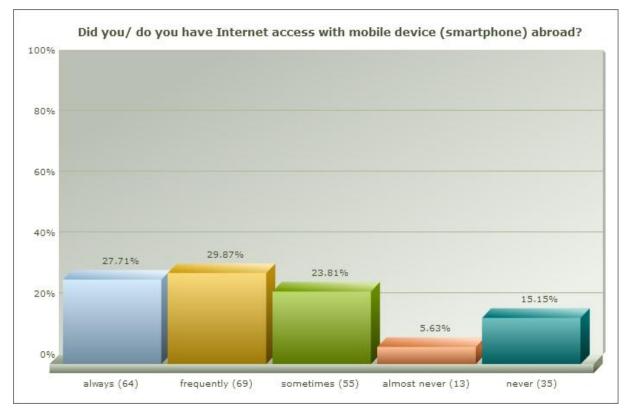
To improve English skills our participants used mostly: Internet dictionaries, face-to-face conversation with colleagues and patients/clients, reading books and scientific magazines, open online courses, e-learning websites, etc.

Intercultural skills were improved through day-to-day life, conversation with colleagues and patients/clients, social networks and interactive contacts.

In short terms our respondents mostly used non-formal education and online learning facilities. Development of online learning environments is one of the goals of our HELP project. Provided answers only ensured project partners, that learners are eager to make use of new online approaches. Our upcoming online offers will be in coherence with European priorities of supporting the production and adoption of Open Educational Resources in diverse European languages and contributing to the modernisation of Europe's Higher Education systems as outlined in the 2011 EU Modernisation Agenda. The online learning facilities will improve access to Higher Education and to further learning, meeting this way the strategies of the European Commission.

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## **Question 8:**



Did you/do you have Internet access with mobile device (smartphone) abroad?

#### Answered 231

#### Skipped 21

More than 57% of respondents had or have Internet access with mobile device. It means that online learning environments with possibility to learn through mobile device will widen learning options, make learning more attractive and facilitate access to learning not depending on time and local in order to improve English language and intercultural knowledge.

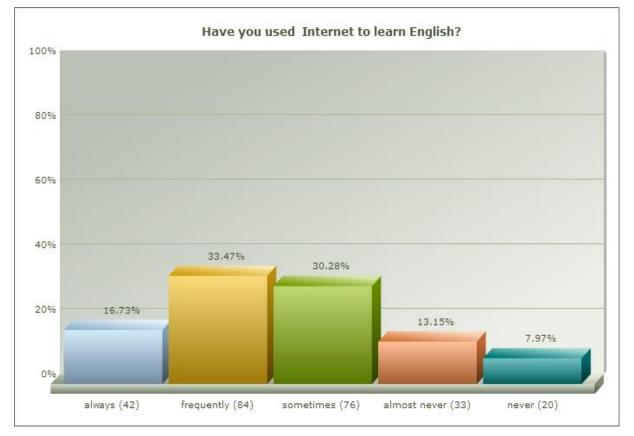
Here we can observe again significant relevance for Higher Education, in order to prepare more students-friendly form of learning. We should produce attractive tools and materials to engage our current, future a previous students.

One of the goals of our European partnership is to create an innovative standard learning setting for healthcare English language learners and professionals with primal focus on use within the Higher Education sector.

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# **Question 9:**



#### Have you used Internet to learn English?

#### Answered 251

1

#### Skipped

Substantial part of respondents answered they used Internet to learn English always (16,73%), frequently (33,47%) and sometimes (30,28%), in total 80,48%. Their answers confirmed that we have to dedicate our attention, in frames of HELP project, to production of online learning settings with a wider range of learning supporting options (videos, pronunciations helps, different speed to choose for listening etc. to meet learners interests and needs, to have an impact on students learning motivation and for improvement of English language knowledge and skills.

As we can see, there is high percentage of learners who will use this form of learning. Internet widens access to Higher Education and it is a suitable and modern tool to provide us with facilities for formal and informal learning. We have considered this option for our students but want to address also self-learners to use e.g. the free tool of Skype for speaking exercises. The results provide us with interesting information with clear transnational and transversal character, after modification, they are suitable for implementation by third parties.

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### **Question 10:**

#### If you use Internet resources for listening, please specify what you use and how?

Answered 157

#### Skipped 95

Most common answers were YouTube lessons, Duolingo.com courses, medicalvideos.org and online lectures

YouTube is the most used resource for improving listening skills. We can conclude that modern information and communication technologies are integral part of our day-to-day life and they should be used as tools how to deliver knowledge to the learners. These results are proving our presumption that creating open educational resource not only for Higher Education sector, but also for wider audience, is the right way how to contribute to the spread of education and learning. Thanks to transnational character of HELP consortium we would like to underline also the added value and innovation of our project. The knowledge about the most preferred online tools for language learning certainly will be valid also for other environments of foreign language learning in Higher Education.

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## **Question 11:**

#### If you use Internet resources for writing, please specify what you use and how?

Answered 131

#### Skipped 121

Most frequent answers were Google translate, Oxford online dictionary, social networks and e-mail communication. The knowledge about the most preferred online tools certainly will be valid also for other environments of foreign language learning in Higher Education.

Google Translate service is the most used tool to improve writing capacities. Again, here we have a proof that modern online technologies are the preferable choices when writing and translating. These answers only emphasize the quality of our results and their transversal format is, after modification, useful for third parties.

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### **Question 12:**

#### If you use Internet resources for reading, please specify what you use and how?

Answered 148

#### Skipped 104

Most common answers we obtained were medical articles and journals, scientific papers, PubMed publications and common newspapers.

There was no exact preference of one outstanding resource. The answers show that for foreign language skills development daily language articles (newspapers) and professional articles are used. Our didactical approach will consider both sides. Both are important for successful communication with patients and colleagues. We will focus also on fostering to provide useful professional information in reading texts and not to forget visual components and the emotional component by adequate content related. We will use the potential of the platform and include articles and texts to our HELP learning platform for further reading in order to address current needs of learners and to provide them with valuable learning base to develop their knowledge and practical skills in the area of English language for healthcare purposes.

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## **Question 13:**

#### If you use Internet resources for speaking, please specify what you use and how?

Answered 134

#### Skipped 118

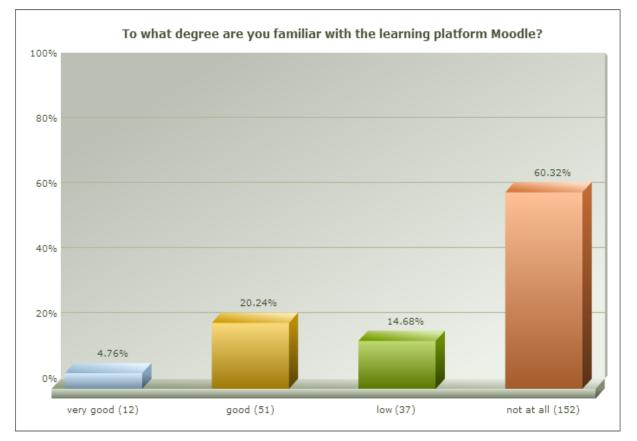
Outstanding answers were Google Translate service, social networks and Skype tool.

Our respondents favoured communication through Skype. Answers related to this question provide us and also third parties with interesting conclusion and impact and can be used again in other contexts. As a conclusion for HELP we are going to use this result for tasks designed for self-learners to encourage them to find learning partners via these tools.

All answers concerning listening, writing, reading and speaking provide us with public, reusable and transferable responses. We would like to highlight here the added value of the HELP project findings and conclusions, because they can be used also in other contexts.

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# **Question 14:**



To what degree are you familiar with the learning platform Moodle?

#### Answered 252

#### Skipped 0

More than 60% of our respondents are not familiar with the learning platform Moodle. Here we see great challenge concerning creation of new attractive and user-friendly e-learning platform.

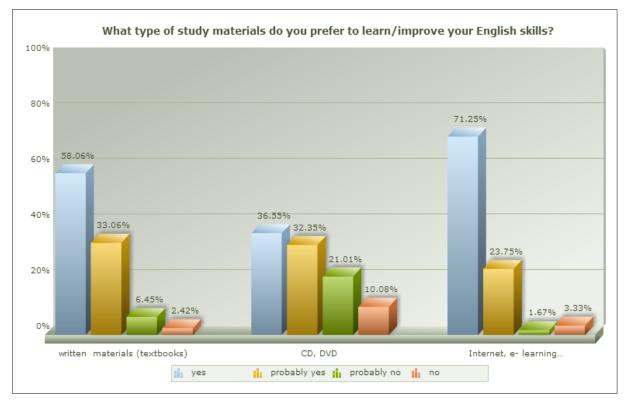
This result was little bit surprising for our project consortium and can interest also third parties. After modification, there is a great potential of usefulness of these conclusions in other contexts. There is a gap in the learning system we should address and create options to make learners familiar to use this free, well-known and tested learner-friendly platform. After discussion on this result and carefully looking at other options, the consortium decided to use Moodle in order to build the HELP learning platform.

Higher Education sector needs to answer to the current priorities of supporting the production and adoption of Open Educational Resources in diverse European languages and contributing to the modernisation of Europe's Higher Education systems.

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# **Question 15:**



What type of study materials do you prefer to learn/improve your English skills?

#### Answered 249

3

#### Skipped

Through these charts we can state that learners like wide range of materials to learn or improve their English language skills. Textbooks, CDs, DVDs, Internet and e-learning materials, all are considered interesting ways of learning. As might be expected Internet is rated as resource number one.

The most suitable way to address the needs of our respondents is to provide them with written and online material. Based on this finding, one of the most important conclusions of our Needs Analysis is that we are going to prepare written material (with CD included in the publication) and online learning platform with the same content as the publication and with additional exercises as a bonus. The users will be able to print the material directly from the learning platform. Additionally, for mobile devices, the learner will be able to use an app.

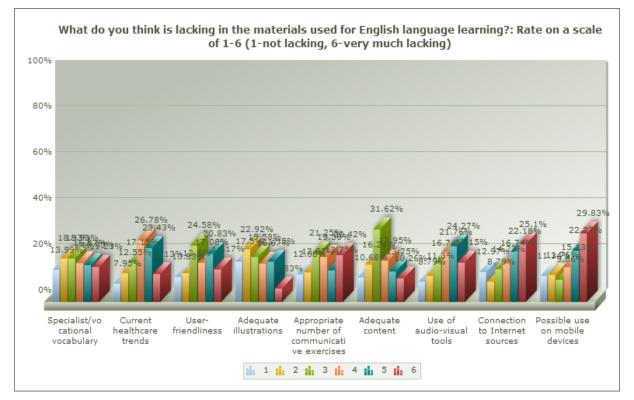
We would like to accent that our conclusions can be used also in different environments. Due to a strong - and as it seems sometimes exaggerated - focus on learning platforms the results show clearly that printed materials are not outdated. There is a tendency that training providers try to save costs by limiting learning options. There might be changes with growing use of Smart phones and other devices in future, giving less importance to printed materials. But this needs further assessment. So far, our recommendation for learning options in Higher Education is to keep all channels open. Added value of our conclusions from Needs Analysis is their transferable and transnational character.

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## **Question 16:**

# What do you think is lacking in the materials used for English language learning? : Rate on scale 1 - 6 (1 - not lacking, 6 - very much lacking)



#### Answered 244

#### Skipped 8

From the point of view of our respondents' specialist/vocational vocabulary, adequate illustrations and adequate content are not lacking in the available materials used for English language learning.

Our survey proved that current healthcare trends, user-friendliness, appropriate number of communicative exercises, use of audio-visual tools, connection to Internet sources and possible use on mobile devices are lacking and there is need to address these gaps. Our new learning programme will cover these gaps and needs. We see the need to check for adequate contents and motivating and user-friendly presentation. In order to reach this, we plan a multistep cross-check and final quality check of all products. This means, each learning module will pass a multistep check, based on a detailed check-list and done by a language learning teacher from another European country. This cooperation will allow input and further learning unit will pass a final quality check in by the German partner before it goes for proof-reading to our Irish partner. We think that this procedure to meet the challenges for innovation and quality are also a method valid for transfer and use in other organisations in HE.

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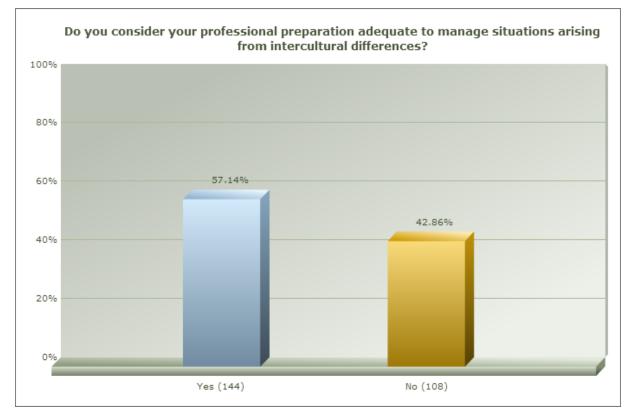
Usefulness is the most important learning motive. What we can see from the results students express a high focus on user-friendly presentation connected to audio-visual sources and mobile devices. From these results we conclude that we will provide additional learning assistance by recording key vocabulary and expressions for the learner. We conclude that we want to have listening recorded as natural as possible using the potentials of natives and non-natives as this is the common situation. We will try to have innovative audio materials available with different speed options to be chosen from the learner. We conclude to produce our own videos to support learning. And without any additional efforts to produce an app for mobile learning.

Our findings in this field have transversal character, after modification they can be used also by other interested third parties within and even outside the Higher Education sector.

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# **Question 17:**

# Do you consider your professional preparation adequate to manage situations arising from intercultural differences?



#### Answered 252

#### Skipped 0

Majority of our respondents, more than 57%, consider their professional preparation adequate to manage situations arising from intercultural differences.

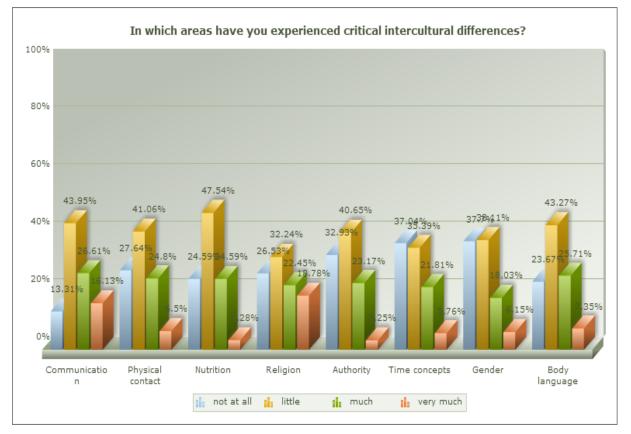
This is really welcoming condition, but we think it is very important to improve intercultural preparation, knowledge and skills of remaining more than 42%, which is no low number. As a conclusion from the survey we want to overcome presentation of single facts and have a holistic approach. This means that we plan to provide intercultural knowledge that helps to avoid mistakes in communication and action, but also to give wider background information, show how cultural standards are acquired and dominate our thinking and acting. This will be a very important step in order, not only to know single facts, but to create a basis for competent acting in different and changing situations, to develop intercultural competence. So far, next to 14 linguistic modules we plan to have 5 or 6 intercultural modules that the German partner will prepare and that will pass the same cross-check procedure to make it user-friendly and guarantee high quality standards.

These particular findings and related output, particularly the holistic approach to create a basis for the development of intercultural competence, we see as a great added value of our future material and also useful base for third parties in other contexts as well.

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# **Question 18:**



In which areas have you experienced critical intercultural differences?

#### Answered 250

#### Skipped 2

In general, survey respondents experienced mostly little intercultural differences in all relevant categories: communication, physical contact, nutrition, religion, authority, time concept, gender and body language.

Most outstanding intercultural topics were detected in the field of communication, nutrition and body language, connected to communication in the same way as physical contact. These three before mentioned themes besides general introduction to starting points for intercultural competence (values, intercultural standards) will be given greater space in our new learning material in order to address preferences of future users of HELP project products.

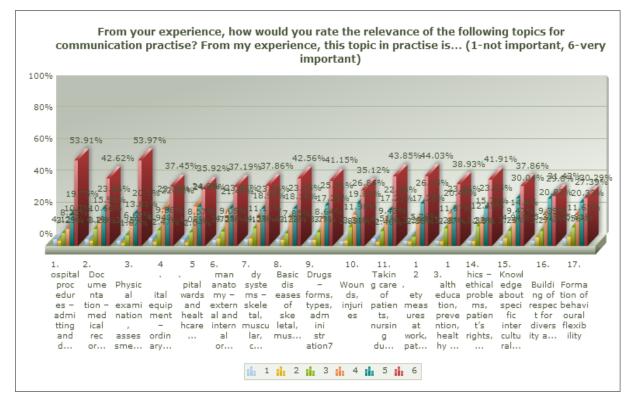
Other Higher Education institutions and interested third parties in all kind of disciplines – economics, marketing etc. will be able to use these modules. In order to guarantee this, we plan to keep a medical focus but develop these learning units in a way that they can be easily transferred to other HE disciplines.

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### **Question 19:**

From your experience, how would you rate, the relevance of the following topics for communication practice? From my experience, this topic in practice is... (1 - not important, 6 - very important)



#### Answered 246

#### Skipped 6

As you can see in the charts, all selected topics in practice are rated as very relevant and important.

Conclusion from this question is simple, there is a strong need to address all selected topics: hospital procedure, documentation, physical examination, hospital equipment, hospital wards and healthcare specifics at different places of work, human anatomy, body systems, diseases, drugs, wounds and injuries, taking care of patients, safety measures, healthy lifestyle and prevention, ethics, knowledge about specific intercultural differences, building of respect for diversity and differences and formation of behavioural flexibility. We had a previous discussion at partnership level to present these topics for selection / confirmation. We reached this objective with the provided answers that justify our selection of topics for the new learning programme.

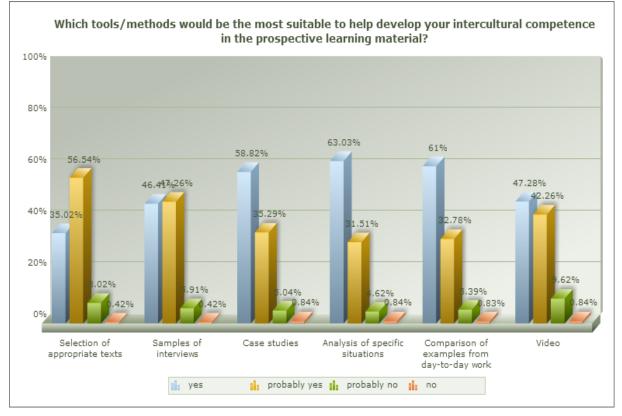
In our upcoming learning programme we will present these themes and develop them in order to meet the challenging situation we currently face. Learners not only from the Higher Education area but also healthcare specialists in practice wish to gain deeper knowledge from all above mentioned topics.

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# **Question 20:**

# Which tools/methods would be the most suitable to help to develop your intercultural competence in the prospective learning material?



#### Answered 243

#### Skipped 9

The answers yes or probably yes were chosen to all provided options of methods and tools how to help to develop intercultural competences in the prospective learning material.

Selection of appropriate texts, samples of interviews, case studies, analysis of specific situations, comparison of examples from day-to-day work and videos, all methods and tools are considered suitable to help to develop intercultural competences. Our new learning programme will be focused on these preferences of learners.

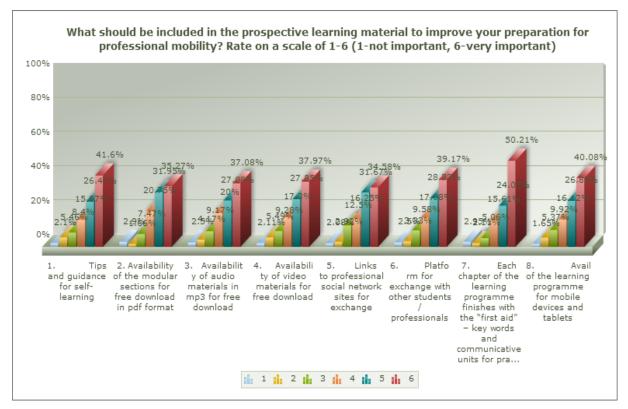
Our findings reflect the preference of learners concerning different elements in the pedagogic-didactic presentation of content. It refers to the intercultural module design but from our point of view these criteria and elements can be used also in other context to provide third interested parties with a clue concerning the favourite tools and methods of learners.

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### **Question 21:**

What should be included in the prospective learning material to improve your preparation for professional mobility? Rate on scale of 1 - 6 (1 - not important, 6 - very important)



#### Answered 242

#### Skipped 10

Based on the results, in the prospective learning material should be included different tools to improve preparation for professional mobility in general.

Learners expressed their willingness to improve their preparation through: tips and guidance for self-learning, availability of the modular sections for free download in pdf format, availability of audio materials in mp3 for free download, availability of video materials for free download, links to professional social network sites for exchange, platform for exchange with other students/professionals, each chapter of learning programme finishes with the "first aid"-key words and communicative units for practical use and availability of the learning programme for mobile devices and tablets.

We will tailor our material based on these findings to prepare user-friendly material responding to the preferences of learners. We also think that we can repeat our statement from the previous question here: Most presented criteria can easily adapted and are transferrable to any new learning programme production. The importance given to these elements from the students is a transferrable result for consideration of any new learning programme design. Added value and transferability of our findings can be seen as guidelines for other parties.

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### **Question 22:**

Any further comments to help us to prepare a useful learning programme for your needs?

#### Answered 58

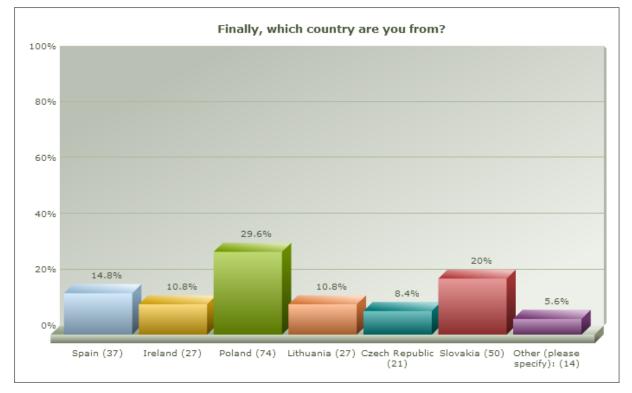
#### Skipped 194

Most common answers were interactive approach and user-friendliness. The highlighted replies represent the preferences of learners and in order to engage them and provide them with interesting material. Their priorities will guide our further work on the learning programme as a valuable contribution to improve Higher Education – in this specific field but having in mind the shown potentials for transfer – also as an impact to general further development.

As we can conclude, Higher Education sector needs to include more new and modern tools to the learning process to make it more flexible, motivating, accessible and related to requirements from the professional practise.

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# **Question 23:**



#### Finally, which country are you from?

#### Answered 250

2

#### Skipped

We obtained responses from different European and also non-European countries: Spain, Ireland, Poland, Lithuania, Czech Republic, Slovakia, Italy, Germany, Portugal, United Kingdom, Malta, India, Philippines and Nigeria.

The highest numbers of filled in questionnaires were reached in Poland and Slovakia but the overall number and comparable results reflect in general the state-of-art in this field of HE in Europe and could be only obtained by having the chance to cooperate under the Erasmus+ frame.

We are proud to reach respondents from so many countries and thanks to them ensure high degree of transferability and added value of our Needs Analysis. Our survey was focused on students from Higher Education sector and professional from the area of healthcare after having finished HE studies.

The primal goal was to provide us and third interested parties as well, with public, reusable and transferable responses and findings.

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# **Teachers**

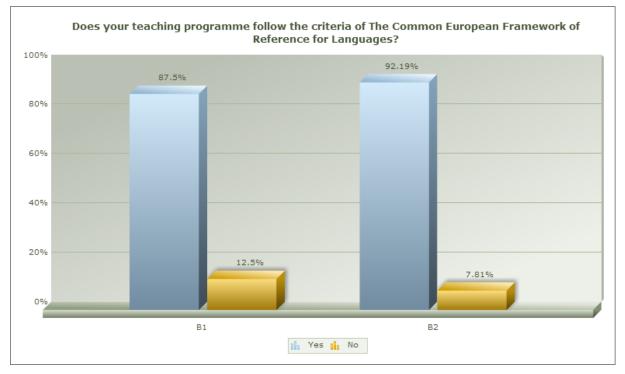
# Results of the survey for teachers

Total number of respondents: 71

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## **Question 1:**

# Does your teaching programme follow the criteria of The Common European Framework of Reference for Languages?



#### Answered 69

2

#### Skipped

We started our questionnaire for English language for healthcare purposes teachers with the basic question. Since we are developing the project focused on Higher Education, we decided that the most important information is whether our queried teachers and Higher Education institutions are familiar with The Common European Framework of Reference for Languages.

The majority of our respondents stated that their teaching programmes follow the criteria of Common European Framework of Reference for Languages. This is a very important finding for us as it confirms the relatively high degree of comparability concerning standards and results at European level in the field of foreign language learning. It is known that this level is higher than in other educational fields. Nevertheless, we clearly see that about 10% of teaching staff does not know or apply these standards. A transferable conclusion is that in teachers training this fact should find more consideration. The frame is sometimes not easy to handle and not always clear concerning practical implementation. We recommend that responsible stakeholders take up this issue for further planning.

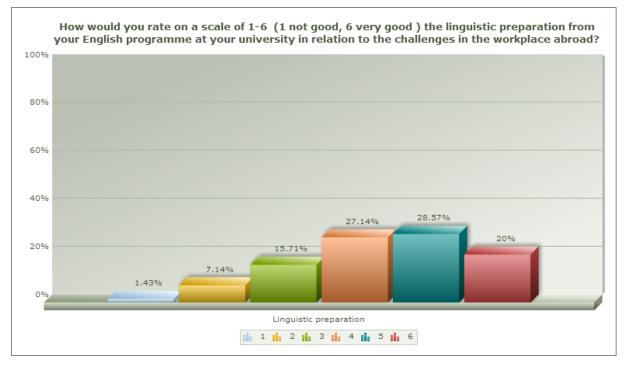
This result is also important for the partnership and other interested parties as it confirms that there is a very good chance to use and to transfer results of learning programme development in this field, developed in a European transnational team as in the HELP project or at national levels.

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### **Question 2:**

How would you rate on scale of 1 - 6 (1 - not good, 6 - very good) the linguistic preparation from your English programme at your university in relation to the challenges in the workplace abroad?



#### Answered 70

1

#### Skipped

Generally, our survey participants – Teachers of English language for healthcare purposes rated as good (75,71%) the linguistic preparation from their English programmes in relation to the challenges in the workplace abroad.

We would like to mention here, that on the contrary to the English teachers, our respondents from survey for students and healthcare professionals do not rate their English language preparation from Higher Education institutions very highly.

Sadly, we have to conclude that more than 53% of students and healthcare specialists rated their English preparation from their universities not very highly. They used the same scale as English language teachers. The lower rates are representing not so high personal perception of English language preparation.

The discrepancy would need further research that we could not provide within our analysis. Possible reasons are that students see teaching approaches more critical. Our survey indicated that they would like to focus more on media use than training staff does. Experienced teachers might be convinced to apply successful and adequate approach. Another reason can be that there is a gap between academic view on needs and the view of involved students and post graduates experience in practise. There are certainly more and other possible reasons. But this clearly shows that detailed research in HE studies, not only for foreign language learning, concerning this issue is urgently needed. HE has to meet the

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needs of professional life. If this is not the case, education is not satisfactory and responsible parties will have to examine reasons and to take action to initiate improvements.

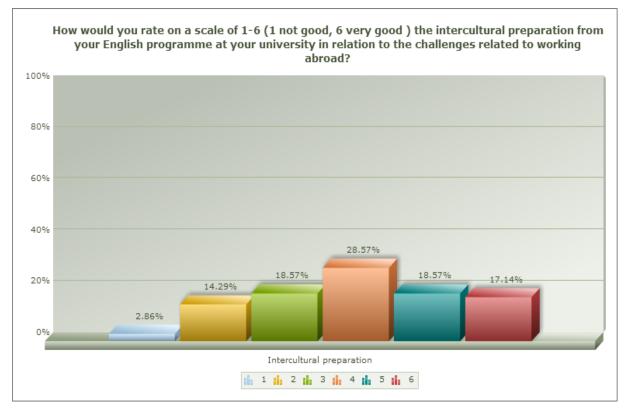
Common goal of our HELP consortium is to overcome this discrepancy and provide equally both sides of Higher Education institutions - the learners and the educators, with fresh new material focused on improving English language skills and intercultural competences.

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### **Question 3:**

How would you rate on scale of 1 - 6 (1 - not good, 6 - very good) the intercultural preparation from your English programme at your university in relation to the challenges in the workplace abroad?



#### Answered 70

1

#### Skipped

The intercultural preparation was considered good by more than 64% of respondents. However we can state that the rating of quality of intercultural preparation is not as high as a rating of language preparation.

We face similar situation and differences of perception to the previous question between students and healthcare specialists on one hand and the English language teachers on the other hand. More than 64% of English teachers consider the intercultural preparation from their university English programmes' as good, but students and healthcare specialists rate their intercultural preparation from English programmes at universities as low.

The discrepancy certainly requires further research that we could not provide within our analysis. Possible reasons are that students see teaching approaches more critical. Experienced teachers might be convinced to apply successful and adequate approach, but students' percept of their teaching approaches is different. Another reason can be that there is a gap between academic view on needs and the view of involved students and post graduates experience in practise. There are certainly more and other possible reasons. But this clearly shows that detailed research in HE studies concerning this issue, not only for preparation for mobility and an international workplace, is urgently needed.

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Internationalisation needs consideration in various carriers. HE has to meet the needs of professional life. If this is not the case, education is not satisfactory and responsible parties will have to examine reasons and to take action to initiate improvements.

Our goal is to ensure suitable learning and at the same time teaching material for teachers, students and healthcare specialists covering also topics of intercultural preparation. These themes are very important to meet the growing challenges at the intercultural workplace in the home country and abroad. We hope our findings will be used in future also by third parties as a reusable and transferable source with added value and transnational character.

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### **Question 4:**

# How many teaching hours (total number) of English language do you have with students from different healthcare sectors?

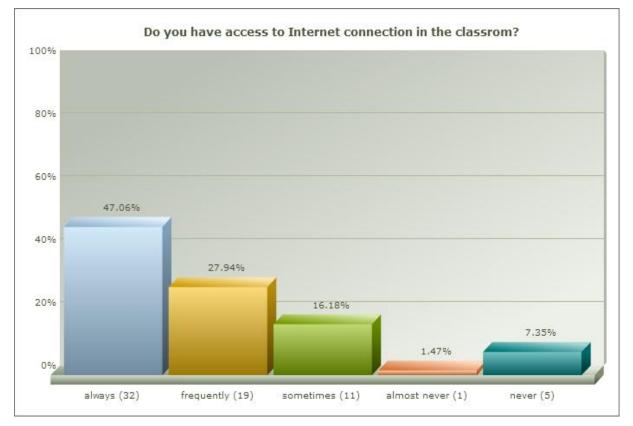
Sadly, we obtained no valuable answers for this question. These findings show us that in the European area of Higher Education does not exist a homogeneous approach concerning this matter. We think that HE at European level is far away to reaching this and we do not see an urgent need as the common European framework to assess language skills guarantees comparability of results that can be obtained by very different approaches and learning environments.

An interesting result from this question is that our respondents have English language with students from nursing, midwifery, physiotherapy, urgent medical care, radiological science, general medicine, public health, emergency medicine and dietetics.

This establishes for the project consortium the challenge to create engaging and useful material that meets in the best possible way needs of students and professionals from all these fields of healthcare.

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## **Question 5:**



Do you have access to Internet connection in the classroom?

#### Answered 68

#### Skipped 3

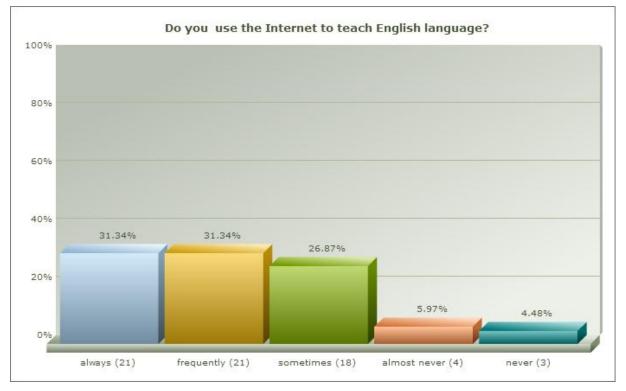
Almost the half of the survey participants (47,06%) have always access to Internet connection in the classroom. Another 27,94% have frequently access to Internet connection in the classroom.

These results are quite good and show us, that IT tools can be normally used in the classroom. Nevertheless, as a conclusion, we consider as too high the fact that almost 9% do not have regular access to Internet in the classroom. Having in mind the Higher Education standards and future achievements and improvements within the area, we believe it is necessary to examine further the conditions to make Internet available in all classrooms. The results do not provide deeper information about reasons. Anyway, stakeholders and administrative staff in HE should further examine conditions to make Internet available in all classrooms. We will build our upcoming material and online platform on these findings in order to meet contemporary conditions and needs of the Higher Education students and teachers. Our learning programme will be only reach full potentials if offline and online learning can be combined. Availability of Internet access therefore is a pre-condition.

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## **Question 6:**



#### Do you use Internet to teach English language?

#### Answered 67

4

#### Skipped

The results reveal that 10,45% of our respondents do not use Internet to teach English language (responses never and almost never). This figure shows the teaching in HE does not fully use potentials for motivating learning and support from this media. It is known that language learning traditionally was based on audio-visual materials. We do not have information to what extend those materials are used instead of Internet. Nevertheless, attractive learning approaches such as videos and specific communication tools can be hardly used without Internet.

The figures clearly show that there is a remaining task for HE administrative staff and stakeholders for further teacher training to focus on the teachers who do not use the potentials of Internet.

Our internal discussion about this issue when analysing the survey results has shown that Internet courses for teachers often are too complex. We suggest short courses to present only one topic e.g. the use of YouTube videos and to provide really sufficient time for practical exercises as many teachers seem to be afraid to find themselves in a teaching situation where they do not dominate the media. This does not only refer to elder teachers but also to younger colleagues.

We consider this again as a transferrable result of our analysis.

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The remaining part of English teachers use Internet to teach English language sometimes (26,87%), frequently (31,34%) and always (31,34%). Having in mind that "sometimes" and "frequently" are not objectively defined categories, we think that these results strengthen the identified demand for further improvement of teachers' preparation for media use in HE.

Substantial part of respondents from the category of students and healthcare specialists answered they used Internet to learn English always (16,73%), frequently (33,47%) and sometimes (30,28%), in total 80,48%. When discussing the results, all 7 European partners provided valuable input. Our German partner presented analysis results from a project promoted by the German Ministry of Education that they had accompanied. These results clearly show that the "internet-generation" is less prepared to use media for learning than expected and that skills are often limited almost to the daily communication by phone and WhatsApp. We think that this is also a transferrable result to consider for further HE development as it shows that empowerment for media use for learning has to be taken into account for students' preparation to make learning efficient.

Answers confirmed we have to dedicate our attention, in frames of HELP project, to production of online learning material for improvement of English language knowledge and skills for the benefit of teachers as well as students and healthcare professionals.

We will pay special attention to our forthcoming online platform. From the results we can see that learners and educators are interested in using Internet and other information and communication technologies to learn and teach English language.

HELP project team will prepare multimedia tools to address these preferences and possibilities.

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### **Question 7:**

#### If you use Internet resources for listening, please specify what you use and how?

Answered 51

#### Skipped 20

Most common answer for English for healthcare purposes teachers was YouTube videos.

The same answer was observed among students and healthcare specialists in practice. This is a very welcoming situation and we can conclude that the listening exercises we are going to prepare will be inspired by other videos we can find on YouTube.

Obviously, this result delivers useful general information that is transferrable to other learning environments. For teacher training, as mentioned before yet, we recommend to focus on one topic with enough space for the learning teacher for practicing to gain confidence how to deal with the media tool. Due to the high relevance of YouTube further education about options for efficient use under pedagogic and didactical aspects is a recommendation for responsible staff in Higher Education.

Another task in order to make HE studies more effective can be to create a project in order to check YouTube for already existing videos related to specific HE topics that are convenient to support learning. There were correspondent catalogues for audio-visual materials in former times for educational purposes that teachers used for their training. Nowadays, teachers spend a lot of time in order to find useful media. In educational projects, involving students, a database for specific and long-term use of YouTube video clips could be created. Another possibility would be to create specific channels for a scientific discipline where useful supporting videos will be stored with a short description. This can contribute to improve attractiveness and flexibility of Higher Education study offers. The conclusion of the HELP consortium from the survey is to consider such option for the HELP platform.

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### **Question 8:**

#### If you use Internet resources for writing, please specify what you use and how?

Answered 33

#### Skipped 38

Most frequent answers for teachers were downloading materials from Internet from e.g. onestopenglish.com, PubMed, cambridge.org.br/for-teachers/English-for-specific-purposes.

We can conclude that teachers prefer different resource to students and healthcare professionals who prefer Google translate, Oxford online dictionary, social networks and e-mail communication.

For transfer and input for improvement of HE studies the suggestions from previous question are relevant also here. Valuable resources should be created overcoming individual use with risk to disappear when a teacher leaves. Resources data bank should be created step by step for all teachers of the same subject. This addresses the field of knowledge management that requires certain coordination, a "knowledge worker". Experiences show that stimuli will be required to motivate to share work and results. Open sources materials should systematically prepared for HE learning purposes. We think that HE is not efficiently using very important resources so far.

As the possibilities for additional resources for the printed version of the HELP programme are limited, we discussed this topic and decided to have a section on the platform that we will call "Further learning resources" where we will store relevant links and materials.

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### **Question 9:**

#### If you use Internet resources for reading, please specify what you use and how?

Answered 40

#### Skipped 31

Again the most common tool for teachers was webpages e.g. onestopenglish.com, cambridge.org.br/for-teachers/English-for-specific-purposes and random articles.

Students and healthcare professionals prefer medical articles and journals, scientific papers, PubMed publications and common newspapers to develop their reading skills.

There was no exact preference of one outstanding resource, neither among teachers nor among students and healthcare specialists. As a result we recommend for HE in the field of foreign language learning to use a great variety of text types professional articles, daily language texts, case studies etc. to address different motives and to develop reading skills. We also recommend to focus on general understanding and not on detailed facts in order to keep students motivated and to promote learning success.

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### **Question 10:**

#### If you use Internet resources for speaking, please specify what you use and how?

#### Answered 37

#### Skipped 34

The answers of teachers were similar to the answers mentioned above e.g. onestopenglish.com, cambridge.org.br/for-teachers/English-for-specific-purposes and YouTube videos.

In comparison to teachers, students and healthcare professionals favour Google Translate service, social networks and Skype to develop their English speaking skills.

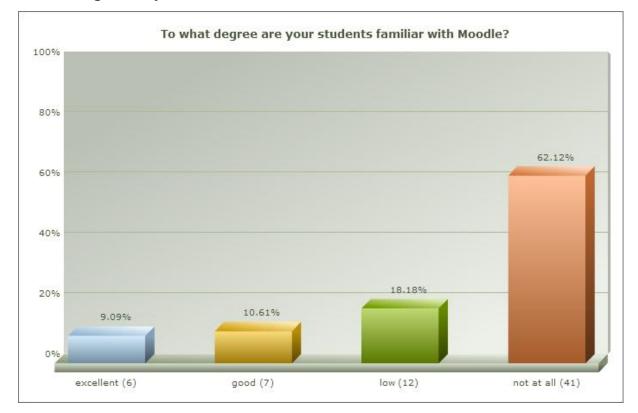
After discussing the Survey results the consortium decided to recommend Skype to the selflearners in order to find a communication partner. As already pointed out from the results presented before, we recommend and see the need to better explore pedagogic-didactically soundly based use of specific media. We could not identify useful information e.g. about how to introduce Skype for learning purposes in Higher Education. Here we see a field for further research and improvement.

We can also conclude that modern information and communication technologies are integral part of our day-to-day life and they should be used as tools how to deliver knowledge to the learners.

These results are proving our presumption that creating open educational resource not only for Higher Education sector, but also for wider audience, is the right way how to contribute to the spread of education and learning. Thanks to transnational character of HELP consortium we would like to underline also the added value and innovation of our project.

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# **Question 11:**



#### To what degree are you familiar with Moodle?

#### Answered 67

4

#### Skipped

More than 62 percent of respondents from the category of Higher Education teachers are not familiar with Moodle at all.

We face the same situation with students and healthcare specialists, more than 60% of them are not familiar with the learning platform Moodle.

The Moodle platform is nothing new. It has been widely used in different fields of education for many years yet. As it is free and flexible tool we have decided also to use it as a basis for the HELP learning platform after long discussion of alternatives.

We were surprised by the results as we had expected a higher rate of practical experience for students and teachers concerning this tool. In discussion within the consortium we identified possible reasons: Some teachers are reluctant to give up their teaching plans that they have developed over the years. There is widespread reluctance to give up routines and to initiate new approaches. New ways require dedication, acceptance of insecurity and time. As Moodle is a technical tool, new skills and routines will have to be developed.

What do we recommend in order to improve the situation in Higher Education?

Teachers will accept more easily new approaches if these are convincing. Not general course how to use Moodle but further education provided by a successful colleague from the

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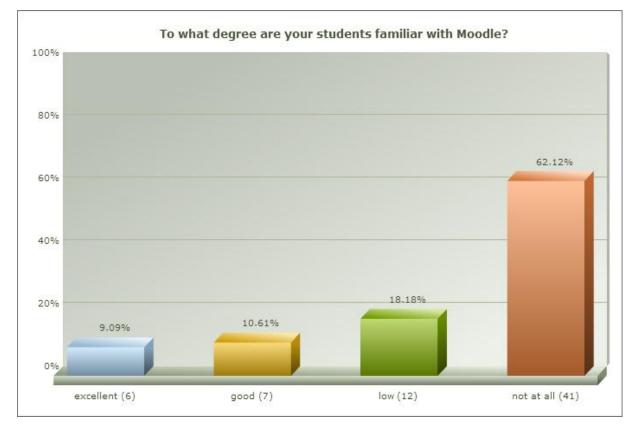
educational field that is able to show that learning will be more efficient, flexible, motivating and not more time consuming or insecure. Enough space for practicing to get familiar with the application. Teachers then should set up courses but have options for consultancy for doubts and problems. Soft pressure or other "convincing" stimuli might be necessary in order to make progress in this field.

In summary, these results are very challenging and related gaps in teaching and learning have to be addressed. Partners are aware of this challenge for testing and our Spanish partner Tecnalia will have this in mind concerning requirements to handle our new learning platform developed in frames of HELP project.

Our project consortium will pay careful attention to create engaging and interesting online platform for teachers, students and healthcare specialists.

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# **Question 12:**



To which degree are your students familiar with Moodle?

#### Answered 66

5

#### Skipped

More than 62% of students of questioned teachers are not familiar with Moodle. On one hand we can state that students and teachers face similar level of (un)familiarity with Moodle. We have already commented about our conclusions and suggestions for HE from the teachers perspective. The use of Moodle is not limited to foreign language learning. We have similar results and it seems to indicate, that there is no wider use in the HE learning environments so far. If teachers do not use this tool the logical consequence is that students are not familiar with it. We think that this result is transferrable to the university environment as a whole with the consequences that we have suggested under question 11 to improve the situation.

We consider this finding and the suggestions transferable and as well as applicable to other contexts. We had explained that a "soft pressure" might be necessary concerning teachers to "move on". The need to improve English learning for healthcare purposes at HE has been confirmed and proved several times before and during the implementation of the HELP project. This improvement will be provided with the project results by using open resources and new media. Moodle will have to be integrating part of the innovative English programme. This means, with the implementation of the new programme we expect also a considerable impact on the knowledge about and use of Moodle in HE organisations. We consider this to

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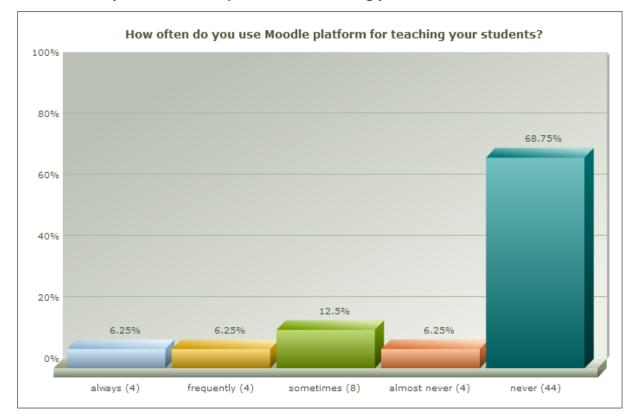
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be another important contribution to foster education in HE. Project activity "testing", starting in September 2016, will organise workshops in order to present the new learning programme. These workshops will also have in mind to develop required skills to use the online tool.

Obviously this goal is very important and actual. Higher Education sector and also other interested parties need to have access to new forms, methods and tools of teaching and learning to be able to interact and face challenges from contemporary society.

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# **Question 13:**



How often do you use Moodle platform for teaching your students?

#### Answered 64

7

#### Skipped

Since more than 62% of questioned Higher Education teachers are not familiar with Moodle at all and more than 18% state that their familiarity with Moodle platform is only low, we can conclude that the answers for our question number 13 are in line with the previous findings.

Almost 69% of University teachers never use Moodle for teaching English. From our point of view this is a really unfortunate situation given the possibilities of information and communication technologies we can currently use and add to the learning process.

We refer here to our conclusions and suggestions that we have presented for questions 11 and 12.

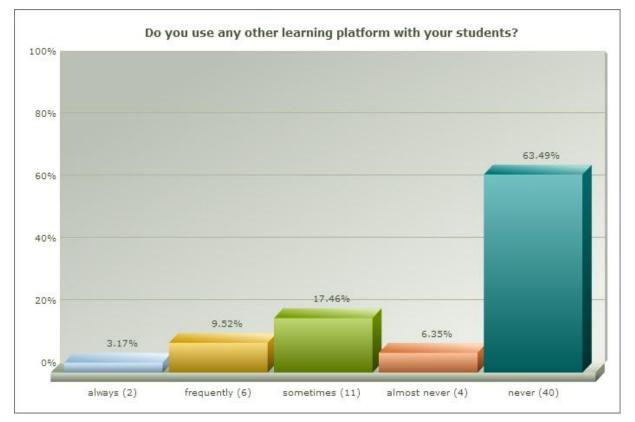
We, the HELP project consortium, are going to pay special attention to multimedia tools we are about to develop based on these findings, to help to fill the gaps in teaching and learning systems caused by non-use of e-learning methods.

Thanks to transnational and transversal character of our partnership we believe that our new material and online platform will be engaging and user-friendly tool and choice number one for learners improving their knowledge and skills in the field of English for healthcare purposes.

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# **Question 14:**



#### Do you use any other learning platform with your students?

#### Answered 63

8

#### Skipped

This question and the results were important concerning our decision on the HELP learning platform. Hypothetically, wide use of online learning platforms others then Moodle would have been possible. But results have shown that this is not the case. Therefore, we can start here at this level, with a proved and tested flexible platform and will not need to convince teaching staff to "give up" other tools that they use in daily practise.

This and the questions before are transferrable to allow HE organisations a fast overview about use of learning platforms and plan concrete measure for strategies for further education. The implementation of the HELP learning platform will provide a contribution to this development in HE. Having in mind the priorities of supporting the production and adoption of Open Educational Resources in diverse European languages and contributing to the modernisation of Europe's Higher Education systems, we have to pay big attention to our multimedia tools to engage future users without previous experience with e-learning platforms to start using HELP project free public products.

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### **Question 15:**

#### What materials do you use to teach listening?

#### Answered 65

6

#### Skipped

Major part of survey participants responded they use self-developed materials or parts of materials dedicated to students of medicine.

Our presumptions were confirmed. Higher Education teachers and other interested parties do not have in hand well-structured material to allow a holistic and pedagogic-didactically well planned approach for English language learning for healthcare purposes. Here HELP will provide a major impact on quality in Higher Education. Well-structured modules that provide the most important healthcare contents for the target group, innovative approach with intercultural modules to foster and support mobility of students and staff abroad, audios and videos created in line with the presented contents to support learning, flexible learning environments to widen access to HE, variety of learning tools with printed or printable modules, learning platform and app – all these elements with open access for training staff and students – this way, HELP will create a new quality of healthcare English learning in HE. The results will be created by single partners in different European countries but the transfer has clearly a European perspective.

Teachers of English for healthcare purposes are eager to substitute current materials by the innovative new English programme HELP with teaching tools developed especially for them and for their students and other interested self-learners.

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### **Question 16:**

#### What materials do you use to teach reading?

#### Answered 62

#### Skipped 9

Most common materials used to teach reading are articles downloaded from Internet and commercial textbooks, but what is interesting, only certain parts of commercial textbooks are used due to the fact commercial textbooks are primarily designed for teaching medical English for future or current medical doctors and there is no complex English material dedicated to other healthcare professions.

These answers reflected again the need for one material for teachers of English for other healthcare professions than physicians. In order to take care of patients in our multicultural world it is very important not only for medical doctors, but also for other healthcare specialists to be able to interact and communicate in English language. We neither could identify any material, which provides intercultural preparation in an adequate way for this target group. The decision that we derived from the survey to have such learning offer as an integrated part and in a substantial way is an innovative element and the concept transferrable to consider for syllabus development also for other HE carriers.

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### **Question 17:**

#### What materials do you use to teach writing?

#### Answered 58

#### Skipped 13

The responses concerning teaching of writing are similar to previous answers concerning teaching of listening and reading, the most commonly used materials are compiles of commercial and self-developed materials, due to inexistence of complex material covering English needs for other healthcare specialists than medical doctors.

In order to address the needs of Higher Education English teachers and their students and other healthcare professionals in practice it is necessary to develop programme for teachers of English for healthcare purposes and at the same time to provide useful tool to learn for all healthcare students and workers who are eager to amplify and increase their linguistic capacities.

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### **Question 18:**

#### What materials do you use to teach speaking?

#### Answered 62

9

#### Skipped

The obtained replies correspond to the previous ones. Again, we can see that most common materials used to develop speaking skills consist of combination of commercial and self-developed materials.

Teachers would appreciate one useful programme for University teachers of English for healthcare purposes, because the available materials are tailored for needs of future and current medical doctors.

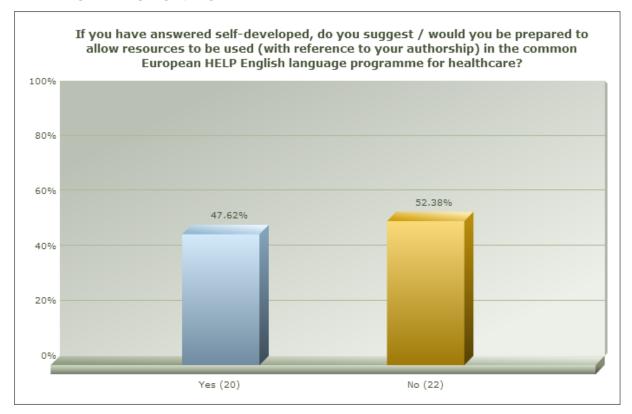
There is still a gap on the market we are filling in with our new complex public open online material and platform to satisfy learning and teaching needs in the area of English languages for healthcare purposes.

We also would like to highlight a transferrable approach: We provide an instruction for learning in the students group and for most speaking skills also a suggestion for self-learners. This creates a higher degree of flexible use and respects the growing target group of self-learners. Another transferable approach we provide through many speaking tasks, keys with ideas and possible model answers as an additional learning aid. Furthermore, we provide a section with tips for self-learners. All these elements contribute to make learning more successful and flexible, contribute to widen access for learners to HE study offers from outside university.

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### **Question 19:**

If you answered self-developed, do you suggest/would you be prepared to allow resources to be used (with reference to your authorship) in the common European HELP English language programme for healthcare?



#### Answered 42

#### Skipped 29

Based on the figures, we would like to thank 47,62% of questioned English teachers who are willing to provide their self-developed materials (with reference to their authorship) in the common European HELP English language programme for healthcare when asked for cooperation and contribution.

As an added value for other third interested parties and in order to provide public, reusable and transferable findings, we enclose, with their permissions, e-mail contacts to the most interested teachers:

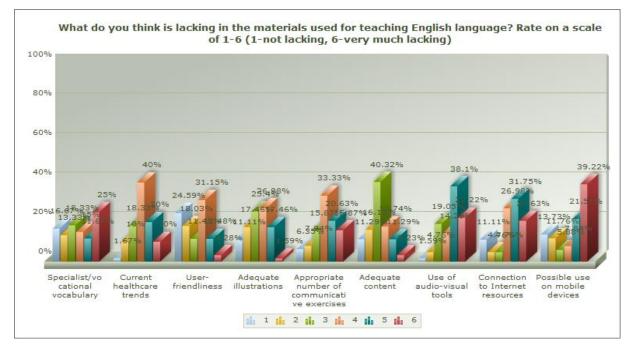
- in Poland (ewa.kocik@gumed.edu.pl, magdawarzocha@gumed.edu.pl, anna.zebrowska@uwm.edu.pl).
- in Czech Republic (vaclavikova@epol.cz, rbednar@med.muni.cz, petr.krcmar@upce.cz).
- in Lithuania (svetlana.markova@gmail.com).

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### **Question 20:**

# What do you think is lacking in the materials used for teaching English language? Rate on scale 1 - 6 (1 - not lacking, 6 - very lacking).



#### Answered 63

#### Skipped 8

Our respondents consider specialist/vocational vocabulary, user-friendliness, illustrations and content of materials currently used for teaching English language as adequate.

On the other hand, current healthcare trends, appropriate number of communicative exercises, use of audio-visual tools, connection to Internet resources and possible use on mobile devices are lacking (in some cases e. g. possible use on mobile devices – very much lacking) in the currently available materials used for teaching English language.

The majority of teachers' responses intermingle with preferences of University students and healthcare professionals who consider as lacking current healthcare trends, user-friendliness and appropriate number of communicative exercises, use of audio-visual tools, connection to Internet sources and possible use on mobile devices.

We think that the trends that have become visible from the gathered results are transferrable to other foreign language learning settings in Higher Education. They confirm our project approach for the learning programme development: up-to-date and user-friendly presented professional content, focus on communication, use of audio-visual tools, Internet resources and provide app for external learning using the Smart phone.

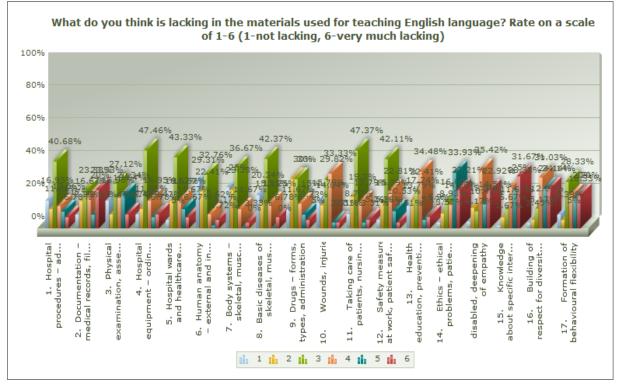
In order to reflect current needs, our project team will address all these challenges and will focus on preparing material covering above mentioned preferences of University English language teachers and learners. The presented quality criteria and the elements derived from the survey for modern learning approaches for foreign language learning settings are a transferable results to further develop foreign language learning in Higher Education.

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### **Question 21:**

What do you think is lacking in the materials used for teaching English language? Rate on scale 1 - 6 (1 - not lacking, 6 - very much lacking).



#### Answered 60

#### Skipped 11

Hospital procedures, documentation, physical examination, hospital equipment, hospital wards and healthcare specifics at different place of work, human anatomy, body systems, basic diseases, drugs, wounds and injuries, taking care of patients, safety measures at work and health education are considered covered in the available materials for teaching English language.

Survey participants – Higher Education teachers specializing in the field of healthcare consider following themes as lacking in the materials used for teaching English language: knowledge about specific intercultural differences (80%), building of respect for diversity and differences (79,2%), disabled and deepening of empathy (72,9%), ethics (71,4%) and formation of behavioural flexibility (58,3%).

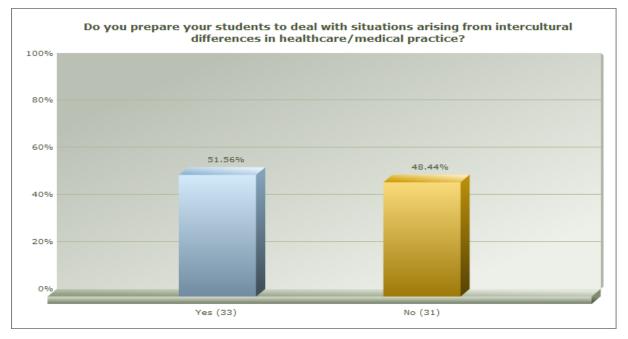
These results are transferrable or at least require consideration within the specific fields of English learning for the target groups in HE. The results clearly have revealed a gap concerning the development of social skills. As a conclusion we are going to consider to give space to these subjects in our new learning programme. Our Slovak partner will prepare a specific module on ethics. Communication, empathy, diversity, flexibility in behaviour, respect and conflict managements etc. will be addressed in linguistic as well as in intercultural modules. We think that this will be a good approach in order to meet the identified challenge and that this approach is transferrable.

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### **Question 22:**

# Do you prepare your students to deal with situations arising from intercultural differences in healthcare/medical practice?



#### Answered 64

#### Skipped 8

As we can see, both charts are quite similar. 51,56% of teachers are preparing their students to deal with situations arising from intercultural differences and 48,44% are not.

Having in mind the preferences of University students, healthcare professionals in practice and Higher Education teachers and taking into account that half of the University teachers are not preparing their students to deal with situations arising from intercultural differences in healthcare practice, the HELP consortium will allocate considerable part of the upcoming material and online platform to the topic of intercultural differences.

HELP project team thinks intercultural differences became increasingly important with each passing day and there is a strong need to work on this issue. In order to prevent misunderstandings and misinterpretations in our globalized world it is really necessary to acquire certain level of knowledge and skills. Also for other fields at HE we need to overcome simplified concepts concerning intercultural preparation: We need to raise awareness within the teaching staff, that intercultural knowledge is important but presents only a first step. Our world is too colourful and too complex so that the best material will not prepare for each thinkable situation.

What we therefore have in mind for the intercultural modules in our HELP programme is to create a basis for the development of intercultural competence. This means, to explain cultural concepts and cultural standards in order to understand and correctly interpret situations and behaviours and to be able to react in an adequate way. The aim is not only to act competent in intercultural situations at the workplace but also to prepare the students to learn and to make profit from contacts with other cultures.

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### **Question 23:**

# If you have answered yes to the previous question, how do you prepare them (your students for intercultural differences)?

### Answered 28

### Skipped 43

From the answers to the previous question we know that only the half of the University English teachers prepare their students for situations arising from intercultural differences. We asked these teachers, who actually prepare their students, about the ways how do they prepare them.

The most common answers were self-developed materials, articles from Internet and YouTube videos. As we can see, there is no complex material available nowadays covering this topic.

Having in mind the preferences of Higher Education students, healthcare professionals in practice, University teachers and other interested parties we can conclude that including the topic of intercultural differences into our upcoming material and online platform really replies to the future users' needs.

For more than 80% of University teachers are lacking the topic of intercultural differences in the publications currently used for teaching of English for healthcare purposes. The opinion of the Higher Education teachers is in coherence with the opinion of University students and healthcare staff in practice who consider the topic of intercultural differences highly relevant for their communication practice.

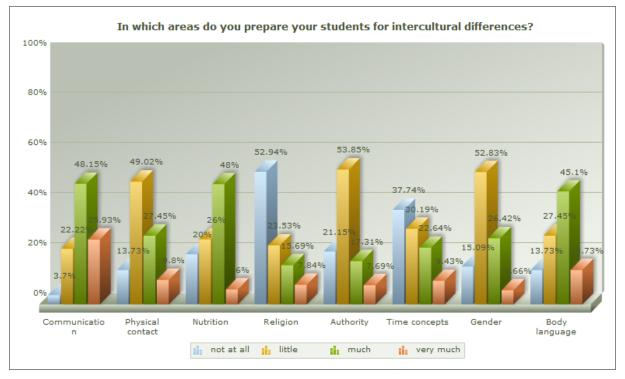
We repeat here again our concept from question 22: For foreign language learning but also for other fields at HE we need to overcome simplified concepts concerning intercultural preparation: We need to raise awareness within the teaching staff, that intercultural knowledge is important but presents only a first step. Our world is too colourful and too complex so that the best material will not prepare for each thinkable situation.

What we therefore have in mind for the intercultural modules in our HELP programme is to create a basis for the development of intercultural competence. This means, to explain cultural concepts and cultural standards in order to understand and correctly interpret situations and behaviours and to be able to react in an adequate way in different situations. And even more: The aim is not only to act competent in intercultural situations at the workplace but also to prepare the students to learn and to make profit from contacts with other cultures.

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### **Question 24:**



In which areas do you prepare your students for intercultural differences?

### Answered 56

### Skipped 15

We have to remember that only the half of the Higher Education teachers prepare their students for situations arising from intercultural differences. Based on our Needs Analysis responses we obtained, we can conclude that there are three outstanding areas in which our survey participants prepare their students for intercultural differences, namely: communication (74%), body language (58,8%) and nutrition (54%).

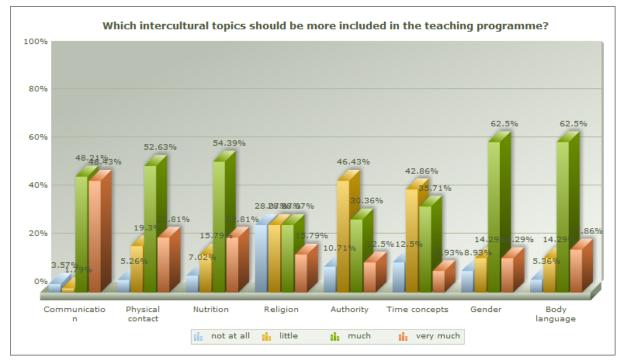
Body language is a specific aspect within the overall topic of communication. Also physical contact can be regarded under the aspect of non-verbal communication. Also religion has a reflection in communication. Therefore, Communication is the key for understanding and cooperation. So this approach generally is good and we will take it up for our module development. Nutrition is another important topic and we plan also to create a learning unit on it. Many conflicts, even between Europeans, arise from different ideas of time and punctuality. We are planning to address this topic too. After discussion of the survey results, we think that a very important field will be the understanding of relationship-oriented and result-oriented cultures.

As pointed out above, intercultural knowledge is a first important step for preparation. The HELP concept will have a wider approach to create basics to develop intercultural competence.

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### **Question 25:**



### Which intercultural topics should be more included in the teaching programme?

### Answered 59

### Skipped 12

We still have to have in mind that only the half of University teachers prepares their students for situations arising from intercultural differences.

The answers for this question were really surprising for us. Teachers who prepare their students in the field of intercultural differences claim they prepare them mostly in the topics of communication, body language and nutrition. Still, based on the results, following intercultural topics should be more included in the teaching programme: communication, physical contact, nutrition, gender and body language.

For our project consortium it means that even they are preparing their students in the area of communication, body language and nutrition, University teachers are still seeking for complex material covering these topics.

Body language is a specific aspect within the overall topic of communication. Also physical contact can be regarded under the aspect of non-verbal communication. Also religion has a reflection in communication. Therefore, Communication is the key for understanding and cooperation. We will take it up for our module development.

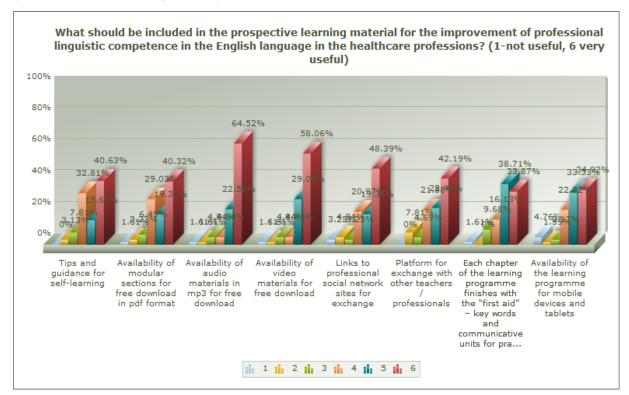
As pointed out above, intercultural knowledge is a first important step for preparation. The HELP concept will have a wider approach to create basics to develop intercultural competence. Our goal is to contribute to the modernisation of Europe's Higher Education systems through upcoming modules dedicated to the topics concerning development of intercultural competence for cooperation and learning in a globalised environment.

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### **Question 26:**

What should be included in the prospective learning material for the improvement of professional linguistic competence in English language in the healthcare profession? (1 - not useful, 6 - very useful)



### Answered 64

7

### Skipped

Answers to this question confirmed the presumptions of HELP project team.

All selected areas should be included in the prospective learning material for the improvement of professional linguistic competence in English language in the healthcare profession: tips and guidance for self-learning, availability of modular sections for free download in pdf format, availability of audio materials in mp3 for free download, availability of video materials for free download, links to professional social network sites for exchange, platform for exchange with other teachers/professionals, each chapter of the learning programme finishes with the "first aid" – key words and communicative units for practical use and availability of the learning programme for mobile devices and tablets.

We see a particularly high interest in the new audio and video materials. As possible reasons we see that those topic-related materials can be found but they are A) not designed for the B1 or B2 level and well linked to preparatory exercises and cognitive content of the unit and/or B) not available as a free accessible resource for teaching staff and students. Without proper audio-visual material we do not only loose important channels for efficient learning but also an often underestimated component for learning – the affective-emotional side that is very important in the learning process. This site is even more important in learning settings that are highly characterized by cognitive elements – technical and

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healthcare disciplines. We would like to highlight also our approach as a transferrable element – not to forget in all HE disciplines that learning always had at least two sites – the cognitive one and the emotional one and that media nowadays offer excellent chances to add the affective site to the learning process.

When making the first plans for the design of the new HELP learning programme we had longer discussion within the European team about how to reach a good balance between focus on professional content and content that allows a more free focus on general linguistic content e.g. for speaking situations. We would like to highlight, as an important conclusion for other HE language learning arrangements that a balance is important. Communication at the workplace needs specific professional terms but is always also communication between persons. We need to leave space for free and less professional language focussed communication task, learning needs also space for fun and successful conversation. Research done on motivation for language learning shows that a grammar rates extremely high when talking about losing motivation for language learning. We decided to use fully the available space for content related to our target groups. Internet is full of learning offers for grammar. We see also this approach as a result of sound discussion and input from the European expert team in the project that will be useful for other HE organisations.

We think our results can help also third parties to understand needs and preferences of our targeted groups. We will have them in mind when developing our upcoming public, transferable, innovative material and online platform with added value for the future users.

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### **Question 27:**

Any further comments to help us to prepare useful learning programme for your needs?

### Answered 11

### Skipped 60

We would like to thank all the University teachers specializing in English language for healthcare purposes that joined our survey and dedicated their free time to our questions.

In order to provide not only them, but also their Higher Education students, healthcare specialists in practice and other interested parties with valuable and engaging material we asked them for any other comments to help us prepare useful learning programme reflecting current needs and preferences.

We obtained some interesting and instructive suggestions we would like to share with the reader.

"The course needs to be integrated into the lifestyle of the student and it must respond as such."

"Don't beat about the bush. Be as concise and accurate as possible."

### "Self- training possibility and pdf download format are the crucial elements."

We highlighted the three most valuable comments for us. They appear to be something "understood" but we think that it is crucial to meet changing learning behaviour and have in mind how, where and when learning takes place nowadays. Starting from this consideration we avoid to have a product, nicely designed but not meeting the before mentioned criteria. Learner centred approach and variety of learning tools and channels is a pre-condition to produce innovative learning programmes.

The topic of learning for healthcare purposes is huge and sound selection of content is crucial. We need to be aware of that for language learning for the professional purposes. Usefulness of content is the most important motive. But we will not manage to satisfy necessary pedagogic-didactic demands trying to design a language learning programme and a professional text book at the same time. Finding the right balance, sound selection and self-limitation, "living with the gap" is a need for everyone and any Higher Education organisation that initiates such project. And we must never forget, having in mind the cognitive professional site, that only combination with affective-emotional elements will make learning attractive, motivating and successful.

For our project implementation approach we had in mind to foster new approaches within the learning material itself (medical and intercultural content, media, holistic approach) and when thinking about foster access for HE learning – open source materials, downloadable of all elements, platform and app to foster informal learning and self-learning.

This way we had always in mind and meet the challenges from the EU Modernisation Agenda objectives - Flexibility of Higher Education studies:

• Higher Education institutions need to open up to flexible learning and to introduce more access routes.

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- Greater flexibility of Higher Education studies is required both by the labour market and the wider society.
- Flexibility in Higher Education has also been enhanced by the ongoing development of new technologies.
- Providing a broader range of study opportunities for the mainly, though not exclusively, working adult population.
- Across categories, countries most often mention the concern for improving the overall quality of teaching<sup>2</sup>.

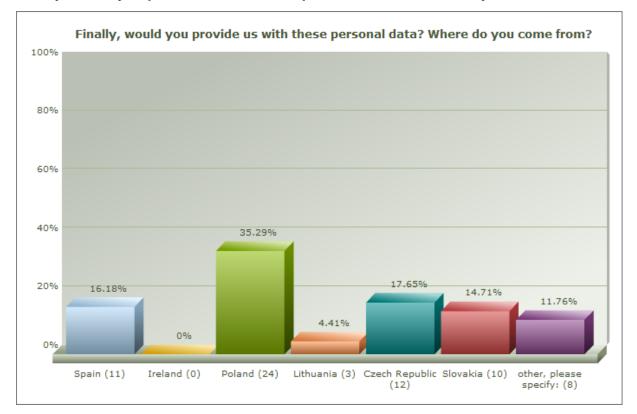
We will build our new learning and teaching programme based on above mentioned suggestions and needs to create new, fresh, public, innovative, transversal material and online platform to bring new impulses to learning and teaching of English for healthcare purposes and to provide an input for further development in Higher Education.

<sup>&</sup>lt;sup>2</sup> http://eacea.ec.europa.eu/education/eurydice/documents/thematic\_reports/131en.pdf

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### **Question 28:**



Finally, would you provide us with these personal data? Where do you come from?

### Answered 68

3

### Skipped

Our European partnership carried out the survey not only in the countries of partners of the project consortium, but also in other European countries.

The majority of our respondents was from Poland, more than 35%. Remaining respondents were from Czech Republic, Spain, Slovakia, Lithuania, Italy, Austria, England, Netherlands and Ukraine.

The respondents who joined our survey declared they feel the need for development of new learning and teaching material to secure innovative and engaging tool for University teachers, Higher Education students, healthcare professionals in practice and other third interested parties.

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### **Question 29:**



The total length of professional pedagogical practice in years?

### Answered 65

6

### Skipped

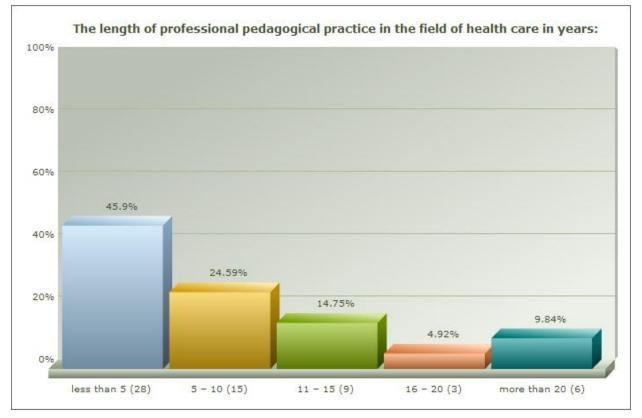
To get valuable results we asked our survey participants also concerning the length of their professional pedagogical practice.

Three most represented groups were current teachers of English for healthcare purposes with the total length of professional pedagogical practice for: 11 - 15years, 5 - 10 years and more than 20 years.

We are proud to reach respondents from so many countries and of them more than 63% with pedagogical practice longer than 10 years. Thanks to them, we ensure high degree of reliability of results, transferability and added value of our Needs Analysis.

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### **Question 30:**



The length of professional pedagogical practice in the field of health care in years?

### Answered 61

### Skipped 10

More than 70% of questioned teachers had 5 - 10 years or less than 5 years of professional pedagogical practice in the field of health care.

For our European consortium this finding means that there is a growing need in the Higher Education area for English teachers to teach specified English for healthcare purposes. The need for more teachers only reflects the reality that there are more interested Higher Education students and other healthcare professionals who are eager to acquire knowledge and skills in the field of English for healthcare purposes.

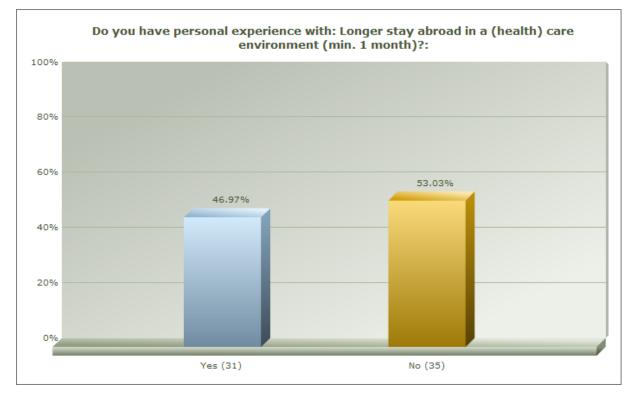
Our project goal is to provide all interested learners and educators with new, complex, transversal and innovative material and web platform to address their needs and promote the use of information and communication technologies in the learning and teaching process in order to contribute to the modernisation of Europe's Higher Education systems.

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### **Question 31:**

# Do you have any personal experience with longer stay abroad in health care environment (min. 1 month)?



### Answered 66

### Skipped 5

Clearly the best way how to learn language and improve linguistic and intercultural skills is to spend time in environment where the only choice how to communicate with others is to use foreign language.

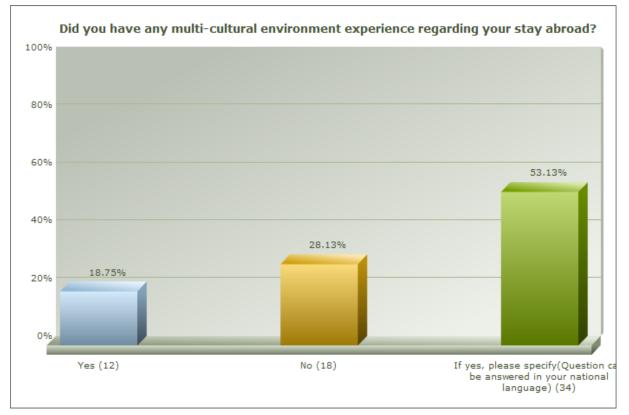
We asked our survey participants – University teachers of English for healthcare purposes whether they spent longer time abroad. The final figures are very similar, 46,97% of teachers have personal experience with longer stay abroad in healthcare environment and 53,03% have not personal experience.

In order to provide teachers without longer experience from abroad with valuable and useful material we will focus mostly on current healthcare trends, appropriate number of communicative exercises, use of audio-visual tools, connection to Internet resources, possible use on mobile devices, user-friendliness, availability of modular sections for free download in pdf format, availability of audio materials in mp3 for free download, availability of video materials for free download, links to professional social network sites for exchange of good practices and platform for exchange with other teachers/professionals. Our goal is to develop competitive and innovative material for wide scale of users.

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### **Question 32:**



Did you have any multi-cultural environment experience regarding your stay abroad?

### Answered 64

7

### Skipped

More than 71% of our respondents had multi-cultural environment experience regarding their stay abroad.

Their answers can be summarized as they had multi-cultural experiences while interacting and communicating with foreigners. What is more interesting for our project purposes is that University teachers often get questions from their students how to interact and communicate while dealing with patients from different environment and there are clear intercultural differences between patient and healthcare worker.

Our project goal is to fill in these gaps, provide answers and guidance for situation arising from intercultural differences and create innovative standard learning and teaching setting for healthcare English learners and educators.

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## Attachment 1:

Questionnaire for healthcare professionals and students with experience from working abroad or with foreign patients



### HELP HEALTHCARE ENGLISH LANGUAGE PROGRAMME Project No 2014-1-ES01-KA203-004735 Sept. 2014-Aug. 2017

# Questionnaire for healthcare professionals and students with experience from working abroad or with foreign patients

Dear Respondent,

We invite you to participate in a survey for the European Strategic Partnership Project HELP – Healthcare English Language Programme, promoted by the European Commission.

We need your experience and expertise in order to create an innovative and motivating standard learning programme to prepare healthcare professionals to meet the challenges at the workplace abroad and students for their Erasmus mobility and internships.

At the same time, healthcare specialists and students in Ireland, Spain, Lithuania, Poland, Czech Republic and Slovakia will help us to gather the data that we need to create a programme that meets your interests and professional requirements.

Filling out of the questionnaire is anonymous. The data will be used only for the purposes of the project. Please mark the answer that you consider correct.

Thank you very much for your cooperation and best wishes in all your future work.

Partners of HELP project

### 1. Do you have experience with staying abroad (min. 1 month)?:

Do you have experience with staying abroad using English for communication abroad as common tool?

Ves	lno
yes	110

If yes, please specify:

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Internship in hospital / care

Erasmus programme or internship

Employment in hospital / care / medical tourism

no

other (please specify) (Question can be answered in your national

language).....

1a Did / Do you have experience with foreign patients/ clients during your stay?

🗌 yes 🗌 no

### 1b Did / Do you have experience with foreign colleagues during your stay?

🗌 yes

2. How do you rate on a scale of 1-6 (1-not good, 6-very good) your linguistic and intercultural preparation from the English programme at your university related to the challenges in the workplace abroad?

	1	2	3	4	5	6	Remarks (Question can be answered in your national language.)
	no	t	gc	∙i ood	► V	ery	
2a The linguistic preparation is							
2b The intercultural preparation is							

3. While working / learning abroad, what resources have you used to improve your English skills and intercultural competence? (Question can be answered in your national language)

3a To improve my English skills I have used (please be as concrete as possible – which paper or online materials, urls):
3b To improve my intercultural competence I have used (please be as concrete as possible – which paper or online materials, urls):

### 4. Did you/ do you have Internet access with mobile device (smartphone) abroad?

always frequently sometimes

almost never

never

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### 5. Have you used Internet to learn English?

🗌 always

frequently

sometimes

🗌 almost never

never

# 6. If you use Internet resources, which activities do you use them for? (Question can be answered in your national language)

Listening	🗌 no	yes, please specify what you use and how
		······
Writing	no	geven yes, please specify what you use and how
		······
Reading	no	geven yes, please specify what you use and how
		······
Speaking	no	yes, please specify what you use and how
		·····

### 7. To what degree are you familiar with the learning platform Moodle?

very good

low not at all

### 8. What type of study materials do you prefer to learn/improve your English?

written materials (textbooks)	yes probably yes	probably no no					
CD, DVD	yes probably yes	probably no no					
Internet, e- learning	yes probably yes	probably no no					
Other, please specify (Question can be answered in your national language):							

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good

# 9. What do you think is lacking in the materials used for English language learning?: Rate on a scale of 1-6 (1-not lacking, 6-very much lacking)

	1	2	3	4	5	6
		not		4		
	very lacking					
Special/vocational vocabulary						
Current healthcare trends						
User-friendliness						
Adequate illustrations						
Appropriate number of communicative exercises						
Adequate content						
Use of audio-visual tools						
Connection to Internet resources						
Possible use on mobile devices						
Other, please specify (Question can be answered in your national language):						

# 10. Do you consider your professional preparation adequate to manage situations arising from intercultural differences?

□ yes □ no

#### 11. In which areas have you experienced critical intercultural differences?

Communication	verv much	□ much	□ little	□ not at all			
Physical contact	very much	□ much		□ not at all			
i nysical contact							
Nutrition	□ very much	□ much	□ little	not at all			
Religion	very much	🗆 much	🗆 little	not at all			
Authority	very much	🗆 much	🗆 little	not at all			
Time concepts	very much	much	🗆 little	not at all			
Gender	very much	🗆 much	🗆 little	not at all			
Body language	very much	🗆 much	🗆 little	not at all			
Other, please specify (Question can be answered in your national language):							
		·					

# 12. From your experience, how would you rate the relevance of the following topics for communication practise? From my experience, this topic in practise is... (1-not important, 6-very important)

Fro	From my experience, this topic in practise is					
		No	ot 🗲	_		•
		ve	ery			
				imp	ortar	nt
1.	Hospital procedures – admitting and discharging patients, history taking,					
	insurance					
2.	Documentation – medical records, filling in medical / nursing documentation					

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3.	Physical examination, assessment of the patient, possible symptoms and diseases			
4.	Hospital equipment – ordinary and special (surgery, emergency)			1
5.	Hospital wards and healthcare specifics at different places of work e.g. internal medicine, surgical, paediatric, obstetrics and gynaecology, intensive care unit (ICU), coronary care unit (CCU), geriatrics, palliative care, psychiatry			
6.	Human anatomy – external and internal organs, body cavities			-
7.	Body systems – skeletal, muscular, circulatory, respiratory, reproductive, lymphatic, nervous, digestive, urinary, endocrine, integumentary			
8.	Basic diseases of skeletal, muscular, circulatory, respiratory, reproductive, lymphatic, nervous, digestive, urinary, endocrine, integumentary systems; allergies, infectious diseases			
9.	Drugs – forms, types, administration			_
10.	Wounds, injuries			_
11.	Taking care of patients, nursing duties, hygiene procedures and patients' hygiene			
12.	Safety measures at work, patient safety, first aid			
13.	Health education, prevention, healthy lifestyle			
	Ethics – ethical problems, patient's rights, different types of patients – paediatric, elderly, disabled, deepening of empathy			
15.	Knowledge about specific intercultural differences			
	Building of respect for diversity and differences			
17.	Formation of behavioural flexibility			
18.	Other, please specify (Question can be answered in your national language):			

# 13. Which tools/methods would be the most suitable to help develop your intercultural competence in the prospective learning material?

Selection of appropriate texts	🗌 yes	probably yes	probably no no
Samples of interviews	🗌 yes	probably yes	probably no no
Case studies	🗌 yes	probably yes	probably no no
Analysis of specific situations	🗌 yes	probably yes	probably no no
Comparison of examples from day-to- day work	☐ yes	probably yes	probably no no
Video	🗌 yes	probably yes	probably no no
Other, please specify (Question can be answ	vered in you	r national language):	

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14. What should be included in the prospective learning material to improve your preparation for professional mobility? Rate on a scale of 1-6 (1-not important, 6-very important)

Besides relevant professional and intercultural content, I think this topic would be	1	2	3	4	5	6
		not		•		
			VE	ery		
			us	eful		
Tips and guidance for self-learning						
Availability of the modular sections for free download in pdf format						
Availability of audio materials in mp3 for free download						
Availability of video materials for free download						
Links to professional social network sites for exchange						
Platform for exchange with other students / professionals						
Each chapter of the learning programme finishes with the "first aid" –						
key words and communicative units for practical use						
Availability of the learning programme for mobile devices and tablets						
Other, please specify (Question can be answered in your national language):						

Any further comment to help us to prepare a useful learning programme for your needs? (Question can be answered in your national language)

Finally, which country are you from?

🗌 Spain 🗌 Ireland	Poland	🗌 Lithuania	Czech Republic	] Slovakia 🗌 other, please
specify				

.....

Thank you very much for your assistance!

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## **Attachment 2:**

Questionnaire for healthcare English teachers



### HELP HEALTHCARE ENGLISH LANGUAGE PROGRAMME Project No 2014-1-ES01-KA203-004735 Sept. 2014-Aug. 2017

### **Questionnaire for healthcare English Teachers**

Dear Respondent,

We invite you to participate in a survey for the European Strategic Partnership Project HELP – Healthcare English Language Programme, promoted by the European Commission.

We need your experience and expertise in order to create an innovative and motivating standard learning programme to prepare professionals to meet the challenges at the workplace abroad and students for their Erasmus mobility and internships.

At the same time, healthcare specialists, teachers and students in Ireland, Spain, Lithuania, Poland, Czech Republic and Slovakia will help us to gather the data that we need to create a learning programme that fulfils your interests and professional requirements.

Filling out of the questionnaire is anonymous. The data will be used only for the purposes of the project. Please mark the answer that you consider correct.

You can answer all open questions and make comments in your national language.

Thank you very much for your cooperation and best wishes in all your future work.

Partners of HELP project

- 1. Does your teaching programme follow the criteria of The Common European Framework of Reference for Languages?
  - B1 🗌 yes 🗌 no
  - B2 🗌 yes 🗌 no
- 2. How would you rate on a scale of 1-6 (1 not good, 6 very good) the linguistic and intercultural preparation from your English programme at your university in relation to the

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#### challenges in the workplace abroad?

	1	2	3	4	5	6	Remarks (Question can be answered in your national language.)
		not		ery bod			
2a Linguistic preparation is							
2b Intercultural preparation is							

3. How many teaching hours (total number) of English language do you have with students from:

nursing	
midwifery	
physiotherapy	
urgent medical care	
radiological science	
general medicine	
public health	
emergency medicine	
other medicine relate	d study programme ( please specify (Question can be answered in your national
language)):	

#### 4. Do you have an access to Internet connection in the classrom?

always frequently sometimes almost never never

### 5. Do you use Internet to teach English language?

always frequently sometimes almost never never

6. If you use Internet resources, which activities do you use them for? Question can be answered in your national language

Listening	no	yes, please specify what you use and how
Writing	no	yes, please specify what you use and how

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Reading	no	yes, please specify what you use and how
Speaking	no	yes, please specify what you use and how

### 7. To which degree are you familiar with Moodle?

excellent good low not at all

### 8. To which degree are your students familiar with Moodle?

excellent good low not at all

### 9. How often do you use Moodle platform for teaching your students?

always frequently sometimes almost never never

### 10. Do you use any other learning platform with your students?

always frequently sometimes almost never never If yes, please specify, what kind of platform and what for(Question can be answered in your national language)....

### 11. What materials do you use to teaching listening, reading, writing and speaking?

Listening	commercial (please, specify (Question can be answered in your national language))
	self – developed
Reading	Commercial (please, specify) (Question can be answered in your national language)
	self – developed
Writing	Commercial (please, specify) (Question can be answered in your national language)
	self – developed

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Speaking	commercial (please, specify) (Question can be answered in your national
	language)
	self – developed

If you have answered self-developed, do you suggest / would you be prepared to allow resources to be used (with reference to your authorship) in the common European HELP English language programme for healthcare?

no

🗌 yes

If yes, can you please provide your name and mail and the name of your institution (Question can be answered in your national language)?.....

.....

# 12. What do you think is lacking in the materials used for teaching English language? Rate on a scale of 1-6 (1-not lacking, 6-very much lacking)

	1	2	3	4	5	6
		not		•	$\rightarrow$	
			ve lacl	ery king		
Special/vocational vocabulary						
Current healthcare trends						
User-friendliness						
Adequate illustrations						
Appropriate number of communicative exercises						
Adequate content						
Use of audio-visual tools						
Connection to internet resources						
Possible use on mobile devices						
Other, please specify (Question can be answered in your national langua	age):					

# 13. What do you think is lacking in the materials used for teaching English language? Rate on a scale of 1-6 (1-not lacking, 6-very much lacking)

Fro	om my experience, this topic in practise is	1	2	3	4	5	6
		N	ot	•	-	ve	ry
				lack	king		
5.	Hospital procedures – admitting and discharging patients, history taking,						
	insurance						
6.	Documentation – medical records, filling in medical / nursing documentation						
7.	Physical examination, assessment of the patient, possible symptoms and						
	diseases						
8.	Hospital equipment – ordinary and special (surgery, emergency)						

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21. Body systems – skeletal, muscular, circulatory, respiratory, reproductive,       Image: Stelestal in the stelestal		 	 	
care unit (ICU), coronary care unit (CCU), geriatrics, palliative care,				
psychiatry       20. Human anatomy – external and internal organs, body cavities       20. Human anatomy – external and internal organs, body cavities         21. Body systems – skeletal, muscular, circulatory, respiratory, reproductive, lymphatic, nervous, digestive, urinary, endocrine, integumentary       22. Basic diseases of skeletal, muscular, circulatory, respiratory, reproductive, lymphatic, nervous, digestive, urinary, endocrine, integumentary systems; allergies, infectious diseases       23. Drugs – forms, types, administration       24. Wounds, injuries       25. Taking care of patients, nursing duties, hygiene procedures and patients' hygiene       26. Safety measures at work, patient safety, first aid       27. Health education, prevention, healthy lifestyle       28. Ethics – ethical problems, patient's rights, different types of patients – paediatric, elderly, disabled, deepening of empathy       29. Knowledge about specific intercultural differences       20. Safety measures at work, patient safety, first aid       27. Health education, prevention, healthy lifestyle       20. Safety measures at work, patient's rights, different types of patients – paediatric, elderly, disabled, deepening of empathy       21. Formation of behavioural flexibility       22. Structural differences       23. Drugs – formation of behavioural flexibility				
20. Human anatomy – external and internal organs, body cavities       Image: constraint of the systems of the system	care unit (ICU), coronary care unit (CCU), geriatrics, palliative care,			
21. Body systems – skeletal, muscular, circulatory, respiratory, reproductive,       Image: Structure         Image: Structure       Image: Structure       Image: Structure         22. Basic diseases of skeletal, muscular, circulatory, respiratory, reproductive,       Image: Structure       Image: Structure         22. Basic diseases of skeletal, muscular, circulatory, respiratory, reproductive,       Image: Structure       Image: Structure         22. Basic diseases of skeletal, muscular, circulatory, respiratory, reproductive,       Image: Structure       Image: Structure         23. Drugs – forms, types, administration       Image: Structure       Image: Structure       Image: Structure         24. Wounds, injuries       Image: Structure       Image: Structure       Image: Structure       Image: Structure         25. Taking care of patients, nursing duties, hygiene procedures and patients'       Image: Structure       Image: Structure       Image: Structure         26. Safety measures at work, patient safety, first aid       Image: Structure       Image:	psychiatry			
lymphatic, nervous, digestive, urinary, endocrine, integumentary       Image: specific diseases         22. Basic diseases of skeletal, muscular, circulatory, respiratory, reproductive, lymphatic, nervous, digestive, urinary, endocrine, integumentary systems; allergies, infectious diseases       Image: specific diseases         23. Drugs – forms, types, administration       Image: specific diseases       Image: specific diseases         23. Drugs – forms, types, administration       Image: specific diseases       Image: specific diseases         23. Drugs – forms, types, administration       Image: specific diseases       Image: specific diseases         24. Wounds, injuries       Image: specific diseases       Image: specific diseases       Image: specific diseases         25. Taking care of patients, nursing duties, hygiene procedures and patients' hygiene       Image: specific disease diseases       Image: specific disease diseases         26. Safety measures at work, patient safety, first aid       Image: specific disease d	20. Human anatomy – external and internal organs, body cavities			
22. Basic diseases of skeletal, muscular, circulatory, respiratory, reproductive,       Image: Structure         Image: Structure       Image: Structure       Image: Structure         23. Drugs – forms, types, administration       Image: Structure       Image: Structure         24. Wounds, injuries       Image: Structure       Image: Structure       Image: Structure         25. Taking care of patients, nursing duties, hygiene procedures and patients'       Image: Structure       Image: Structure         26. Safety measures at work, patient safety, first aid       Image: Structure       Image: Structure       Image: Structure         27. Health education, prevention, healthy lifestyle       Image: Structure       Image: Structure       Image: Structure       Image: Structure         28. Ethics – ethical problems, patient's rights, different types of patients – paediatric, elderly, disabled, deepening of empathy       Image: Structure       Image: Structur       Image: Structure       Image:	21. Body systems – skeletal, muscular, circulatory, respiratory, reproductive,			
lymphatic, nervous, digestive, urinary, endocrine, integumentary systems;       integration         23. Drugs – forms, types, administration       integration         24. Wounds, injuries       integration         25. Taking care of patients, nursing duties, hygiene procedures and patients'       integration         26. Safety measures at work, patient safety, first aid       integration         27. Health education, prevention, healthy lifestyle       integration         28. Ethics – ethical problems, patient's rights, different types of patients – paediatric, elderly, disabled, deepening of empathy       integration         29. Knowledge about specific intercultural differences       integration       integration         30. Building of respect for diversity and differences       integration       integration         31. Formation of behavioural flexibility       integration       integration	lymphatic, nervous, digestive, urinary, endocrine, integumentary			
allergies, infectious diseases       allergies, infectious diseases         23. Drugs – forms, types, administration       allergies, injuries         24. Wounds, injuries       allergies, infectious diseases         25. Taking care of patients, nursing duties, hygiene procedures and patients' hygiene       allergies, infectious diseases         26. Safety measures at work, patient safety, first aid       allergies, infectious diseases         27. Health education, prevention, healthy lifestyle       allergies, administration         28. Ethics – ethical problems, patient's rights, different types of patients – paediatric, elderly, disabled, deepening of empathy       allergies, administration         29. Knowledge about specific intercultural differences       allergies, administration       allergies, administration         30. Building of respect for diversity and differences       allergies, administration       allergies, administration         31. Formation of behavioural flexibility       allergies, administration       allergies, administration	22. Basic diseases of skeletal, muscular, circulatory, respiratory, reproductive,			
23. Drugs – forms, types, administration       24. Wounds, injuries       24. Wounds, injuries         25. Taking care of patients, nursing duties, hygiene procedures and patients'       26. Safety measures at work, patient safety, first aid       27. Health education, prevention, healthy lifestyle         26. Safety measures at work, patient safety, first aid       27. Health education, prevention, healthy lifestyle       28. Ethics – ethical problems, patient's rights, different types of patients – paediatric, elderly, disabled, deepening of empathy       29. Knowledge about specific intercultural differences       26. Safety measures at work, patient's rights, differences         30. Building of respect for diversity and differences       31. Formation of behavioural flexibility       31.	lymphatic, nervous, digestive, urinary, endocrine, integumentary systems;			
24. Wounds, injuries       Image: Constraint of the system o	allergies, infectious diseases			
25. Taking care of patients, nursing duties, hygiene procedures and patients'	23. Drugs – forms, types, administration			
hygiene       26. Safety measures at work, patient safety, first aid       27. Health education, prevention, healthy lifestyle       28. Ethics – ethical problems, patient's rights, different types of patients – paediatric, elderly, disabled, deepening of empathy       29. Knowledge about specific intercultural differences       29. Knowledge about specific intercultural differences       20. Ethics – ethical problems, patient's rights, differences         30. Building of respect for diversity and differences       29. Knowledge about specific intercultural differences       20. Ethics – ethical problems, patient's rights, differences         31. Formation of behavioural flexibility       29. It is the state of the	24. Wounds, injuries			
26. Safety measures at work, patient safety, first aid	25. Taking care of patients, nursing duties, hygiene procedures and patients'			
27. Health education, prevention, healthy lifestyle       Image: Constraint of the sector of the secto	hygiene			
28. Ethics – ethical problems, patient's rights, different types of patients –	26. Safety measures at work, patient safety, first aid			
paediatric, elderly,       isabled, deepening of empathy         29. Knowledge about specific intercultural differences       isabled, deepening of empathy         30. Building of respect for diversity and differences       isabled, deepening of empathy         31. Formation of behavioural flexibility       isabled, deepening of empathy	27. Health education, prevention, healthy lifestyle			
disabled, deepening of empathy	28. Ethics – ethical problems, patient's rights, different types of patients –			
29. Knowledge about specific intercultural differences	paediatric, elderly,			
30. Building of respect for diversity and differences	disabled, deepening of empathy			
31. Formation of behavioural flexibility	29. Knowledge about specific intercultural differences			
	30. Building of respect for diversity and differences			
	31. Formation of behavioural flexibility			
	32. Other, please specify (Question can be answered in your national language)			

# 14. Do you prepare your students to deal with situations arising from intercultural differences in healthcare/medical practice?

🗌 yes 🗌 no

If you have answered yes to the previous question, how do you prepare them (Question can be answered in your national language)?

What materials do you use? .....

What learning arrangements do you use? .....

Are there any specific media available for teaching that you use? (what?, what for?)

.....

#### 15. In which areas do you prepare your students for intercultural differences?

Communication	□ very much	□ much	□ little	□ not at all
Physical contact	very much	□ much	□ little	□ not at all
Nutrition	□ very much	□ much	□ little	□ not at all

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Religion	□ very much	□ much	□ little	not at all
Authority	□ very much	□ much	□ little	not at all
Time concepts	□ very much	□ much		not at all
Gender	□ very much	□ much	□ little	not at all
Body language	□ very much	□ much		not at all
Other, please specify(	Question can be answ	ered in your natio	onal language):	

### 16. Which intercultural topics should be more included into the teaching programme?

Communication	□ very much	□ much	little	not at all
Physical contact	very much	□ much		□ not at all
Nutrition				
	□ very much	□ much	Iittle	□ not at all
Religion	very much	□ much	little	not at all
Authority	very much	□ much	Iittle	not at all
Time concepts	very much	□ much	Iittle	not at all
Gender	very much	□ much	□ little	not at all
Body language	□ very much	□ much	little	not at all
Other, please specify(	Question can be answ	vered in your natio	onal language):	

# 17. What should be included in the prospective learning material for the improvement of professional linguistic competence in the English language in the healthcare professions? (1-not useful, 6 very useful)

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Besides relevant professional and intercultural content, I think this would be	1	2	3	4	5	6	
	not 🔶						
	very						
			use	əful		1	
Tips and guidance for self-learning							
Availability of modular sections for free download in pdf format							
Availability of audio materials in mp3 for free download							
Availability of video materials for free download							
Links to professional social network sites for exchange							
Platform for exchange with other teachers / professionals							
Each chapter of the learning programme finishes with the "first aid" –							
key words and communicative units for practical use							
Availability of the learning programme for mobile devices and tablets							
Other, please specify(Question can be answered in your national language):							

Any further comment to help us to prepare a useful learning programme for your needs(Question can be answered in your national language)?

Finally, would you provide us these personal data? Where do you come from? Spain Germany Ireland Poland Lithuania Czech Republic Slovakia other, please specify
The total length of professional pedagogical practice in years: $\Box$ less than 5 $\Box$ 5 – 10 $\Box$ 11 – 15 $\Box$ 16 – 20 $\Box$ more than 20 The length of professional pedagogical practice in the field of health care in years: $\Box$ less than 5 $\Box$ 5 – 10 $\Box$ 11 – 15 $\Box$ 16 – 20 $\Box$ more than 20
Do you have personal experience with: Longer stay abroad in (health) care environment (min. 1 month) ?: yes no Did you have any multi-cultural environment experience regarding your stay abroad? yes no If yes, please specify(Question can be answered in your national language)

Thank you very much for your assistance!

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