Building intercultural competencies for ambulance services: blended learning training
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BICAS is:

A transnational project, co-financed by the Erasmus+ programme of the European Commission. Its goal is the creation and piloting of an intercultural training course for ambulance services. The format of the training course is blended learning, consisting of an e-learning part accompanied by in-class training. Additionally, a mobile app which summarizes important information and gives support after the end of the training course will be developed.

Ambulance services and paramedics as well as other medical and emergency personal are confronted with situations where intercultural know-how is a prerequisite. Since it is lacking most of the time emergency services are increasingly overstrained, leading to inadequate communication with patients, massive complications based on cultural/religious differences, psychosocial challenges and high stress levels on both sides, which result in avoidable complications in emergency situations.

Intercultural Training Course Concept

Module nº 1: Intercultural Competence - 1.4 ECVET points

Module nº 2: Migrants & Health – different migrant groups, relevant ethnic minorities, their understanding of health and usage of health services - 1.6 ECVET points

Module nº3: Developing professional skills – methods, tools & strategies - 1.3 ECVET points

Module nº4: Recognizing and setting boundaries - 3.2 ECVET points

馀 E-learning: 4.3 ECVET
馀 Face-to-face teaching: 3.2 ECVET
TESTING PIECES OF TRAINING DELIVERED
TARGET GROUP
Nurses and social personnels in the health field (social workers)

Nº participants
6 women
21-64 age range
1 person student and with none previous work experience
2 people nurses and working in a psychiatric hospital with more than 35 years of experience
1 person nurse working in a hospital for 7 years
2 people as social workers, one of them with more than 17 years of experience in the health field and the other one in the situation of unemployment

TEACHER TEAM

❖ E-learning:
Alicia Ocon Fdez.: tutoring and complementary exercises

❖ Face-to-face teaching
Jose Miguel Morales: teacher
Edileny Tome Mata: teacher
Angel Madero Arias: teacher
Irene de la Morena: teacher
Elvira Perez de Madrid: teacher
Azahara Leal del Pozo: teacher
Aida del Valle Bellido: teacher
Elena Perez Rosa: teacher
Alicia Ocon Fdez.: teacher and coordinator

Learning material delivered
Face-to-face teaching

https://drive.google.com/drive/folders/1GlViuuqfa_OyQ4JrcJKxiDYOxMf1jYXz
The training was spread addressed to health personnel.

In order to expand the pilot group, the target group was extended to social personnel linked to the health system (the professional profile of paramedics doesn’t is recognized in the Spanish health system)

The information of the training, the required profile as well as the online and face-to-face contents was disseminated 1 month in advance, with different phases of reminder and promotion of participation

The training was disseminated through the social media of the entity, as well as through direct deliveries to agents of interest: health centers, training centers, professional associations, unions in the health sector, universities, hospitals, etc.

Posters were also used in universities and community social centers

We received 21 inscriptions. Finally, 9 people formalize their registration, and 6 people attended the training, mainly due to face-to-face learning was required beside the e-learning

The formative profile and experience of the group were adequate and in accordance with expectations, although it was finally smaller than expected
TRAINING DELIVERED & MAIN LEARNINGS

1. It is necessary both: the e-learning contents and also face-to-face contents

Although some people expressed that they prefer only online training (for being able to take part in this training anywhere), we believe that face-to-face classes are necessary.

2. It is necessary to focus also the training to the personnel that offers the first information in the health centers and in the emergency services

This staff is the one that offers the main information to migrant people about their right to access the Health System (in all its resources, not just emergency services).

If these people do not have the right information, they believe that migrant does not have the right to access health resources or believe that migrant is only entitled to access emergency services, this will be the information that they offer to migrant people and misinformation but also the fear to go to health services.

Even that, we know that it will be difficult to involve these staff in this kind of training.

Also is very important to include in this training to Social Workers included in the health system, due to they are also a key piece for the access to migrants people to health system services and emergencies services.
TRAINING DELIVERED & MAIN LEARNINGS

3. It is necessary to establish ways of collaboration with the university or with the system of continuous training of health personnel to offer this training in a formal system education like continuous training.

4. It is detected that the health staff does not have a priority interest for the training or for the topics that it works: could be a good option offer a short session of information (short training course) and the option to take part afterward in BICAS training.

5. It is necessary to adapt the contents to the group in a systematic way: this means working in a very participative way with the group and from their own selected current topics.
TARGET GROUP
Paramedics students in the second year of training

Nº participants
(2 training delivered)
21 women
30 men

18-40 age range
1-5 years of professional experience

The target group was the students who receive a three-year vocational training at the Die Johanniter school to become paramedics.

TEACHER TEAM
❖ E-learning and 🌲 Face-to-face teaching
Jana Goldberg
PIECES OF TRAINING DELIVERED & MAIN LEARNINGS

1. We will advertise further education much stronger in the future and more direct.

2. We also will offer the training to other organizations and also other Johanniter branches throughout Germany.
POLAND
TARGET GROUP

Paramedics working in emergency units taking care of patients in various emergency situations, accidents, sudden health problems. Nurses working in a hospital emergency unit. Their patients include people coming from different countries that live in Podkarpackie region and foreigners temporarily being in the area (tourist, businessmen).

Nº participants

6 women
6 men
32-43 age range
8-19 years of professional experience

TEACHER TEAM

🔗 E-learning and 🚀 Face-to-face teaching

Dorta Ozga, Aneta Ziolo-Dziak

One trainer teaching at Medical Department of University of Rzeszów, Institute of emergency services and one vocational trainer having experience in intercultural area from previous European projects and involved in the BICAS project development.
TRAINING DELIVERED & MAIN LEARNINGS

1. As the intercultural communication is not taught in any of the schools preparing paramedics, nor the vocational courses (except for projects like BICAS, which is a rather rare situation) are offered to them, the BICAS course is a good source of knowledge for paramedics.

2. Besides some minor issues connected with the visibility/presence of the course in the e-learning form, there are no improvements needed.

3. The training could be only in the e-learning form but if it takes blended learning form, the face to face session at the beginning is a good idea.
TARGET GROUP

Participants work in the field of preclinical emergency service and patient transports. They are responsible for taking care of sick, injured and otherwise help-seeking persons. They provide help at acute situations as well as basic life support if needed. Furthermore, they manage transports of special issues.

Nº participants

(2 training delivered)

9 women
7 men
25-55 age range
High professional experience

TEACHER TEAM

🌱 E-learning and 🎉 Face-to-face teaching

Nadine Sturm and Georg Aumayr
PROCESS TRAINING DELIVERED

The training was tested internal at the place of Johanniter for their paramedics, so there were no other stakeholder directly involved.

The training was advertised at a black board and in several internal portals as well as via newsletters and mailing lists. People could register voluntarily. 24 hours of further training are confirmed by the educational center after finishing the e-learning phase.

Unfortunately for the first pilot no one registered in the first 2 months of advertising. This was the original BICAS concept, containing 2 days in-class training in advance, a 3 months e-learning phase and a 2 days in-class training at the end. This emerged as far too extensive for this kind of training and far too less participants would have made the pilot impossible.

Thus we rescheduled the training and shortened it – which led to 7 registered persons. The training consisted of 2 days in-class and the e-learning phase.

24 hours of further training are confirmed by the educational center after finishing the e-learning phase.

The training was piloted again in December 2018 with the care department in a one day training + e-learning phase. This modus was appreciated and worked out really well for the participants and the trainer. It must be considered, that all of the participants had a high cultural awareness level already before the training.
PIECES OF TRAINING DELIVERED & MAIN LEARNINGS

1. Paramedics:

It is necessary to integrate the topic to the basic training of paramedics. The participants of our training were mainly interculturally competent and aware of different behavioural options if a difficult situation occurred. They had already enough knowledge and were interested in the topic. Thus we have not told them great news. Situations we discussed were solved in a good way by themselves. So they were rather interested e.g. in the Islamic background of behavioural rules. They wanted to get cultural specific input. Those “problems” we addressed are not affecting the people who voluntarily participate on an intercultural training. Therefore we also used them to reflect about the exercises and took a lot of feedback. The strategy now is to integrate the BICAS training in a short slot of 4 hours regularly to the basic training of paramedics. It is further necessary to be prepared to teach beliefs and cultural backgrounds – therefore factsheets need to be provided.
PIECES OF TRAINING DELIVERED & MAIN LEARNINGS

2. Care workers:

Another department has requested a pilot training: the emergency care services department. They provided exercises beforehand we could work on. The overall structure was kept, just the exercises needed to be changed. In the training, the participants had a lot of exercises we could work on. Through the process of a multifactorial analysis, they developed competent solutions for each situation. It was positively mentioned that the awareness on cultural issues was raised and that the training was very close to their professional reality. Lesson learned: Use the provided methods and the power of the group – they can find the solution as they are professionals and just need some hints to take cultural issues into account (or not).

Overall it can be recommended to use exercises from the very beginning and explain the different inputs or topic in the intercultural training along with the exercises. This makes the training very practically relevant.
TARGET GROUP

The target group involved in the training was composed by health professionals, such as doctors and nurses, LHA staff and cultural mediators. Some of the participants were born outside Italy, which became their country of residence only later in their life. Some other participants are the second generation of immigrant parents. The relevance and value came both from their professional status as well as their personal life and experiences as persons growing up being part of a minority or being themselves migrants.

Nº participants

10 women
1 man
27-65 age range

2 Participants had no previous experience on this field, 3 participants had less than 3 years of experience, 1 had 13 years of experience and 5 had more than 25 years of experience, with the highest range being of 38 years of experience on their profession.

PROCESS TRAINING DELIVERED:

Local health care and community social services, as well as NGOs working in the field of Cultural mediation and intercultural dialogue has been involved to support the recruitment process.

TEACHER TEAM

🌿 E-learning and 🗓️ Face-to-face teaching
Licia Boccaletti, Rita Seneca, Maria Cantiello, Manuela Tagliani
TRAINING DELIVERED & MAIN LEARNINGS

Regarding the target group, it must be taken into consideration that in Italy, paramedics are not a paid profession, this role is not existent in the health careers sector. Regarding first aid interventions, the function of paramedics is fulfilled by volunteers who are part of NGOs who operates on ambulances.

Therefore, the target groups slightly vary from staff working only on ambulances towards a more compressive group which was composed of doctors, nurses, social workers, and cultural mediators.

Our recommendation is to be more flexible in the professions included in the target group, in order to accommodate the different national systems regarding health sector careers.

Giving this training brought us the consciousness and awareness of never give for granted that health professionals can be only part of a majority and not composed by people part of a minority themselves.
The mixed cultural background of the participants highlighted some aspects that could improve the training course.

Given the composition of the class, we think it could be relevant for the improvement of the training to take in consideration, especially regarding the examples used in the case studies or in the exercises, that the participants could live minority stress on themselves, or can have migrant backgrounds.

With this information in mind, a suggestion could be to use more neutral examples in order to focus on intercultural competences in the widest sense possible.
BICAS PIECES OF TRAINING DELIVERED: STUDENTS EVALUATION COLLECTED
BICAS PIECES OF TRAINING DELIVERED: STUDENTS EVALUATION COLLECTED*

*The following results have been collected by Euro Project Lab in the broader report “Intercultural training course evaluation”
BICAS PIECES OF TRAINING DELIVERED: STUDENTS EVALUATION COLLECTED*

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LEVEL OF CONFIRMATION OF THE INITIAL EXPECTATIONS
(on a scale from 1 “worse” to 6 “excellent”)

<table>
<thead>
<tr>
<th>Country</th>
<th>Level of Confirmation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spain (5)</td>
<td>4.6</td>
</tr>
<tr>
<td>Poland (8)</td>
<td>5.75</td>
</tr>
<tr>
<td>Italy (8)</td>
<td>5.25</td>
</tr>
<tr>
<td>Germany (2)</td>
<td>3.5</td>
</tr>
<tr>
<td>Austria (7)</td>
<td>4.71</td>
</tr>
</tbody>
</table>
BICAS PIECES OF TRAINING DELIVERED: STUDENTS EVALUATION COLLECTED*  

LEVEL OF ACHIEVEMENT OF THE OVERALL BICAS COURSE AIMS  
(on a scale from 1 “worse” to 6 “excellent”)

<table>
<thead>
<tr>
<th>EFFECTIVENESS OF THE TRAINING ACTIVITIES IN…</th>
<th>AUSTRIA</th>
<th>GERMANY</th>
<th>ITALY</th>
<th>POLAND</th>
<th>SPAIN</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>…understanding the meaning and importance of intercultural competence in general</td>
<td>5,33</td>
<td>5</td>
<td>5,88</td>
<td>5,75</td>
<td>5,6</td>
<td>5,51</td>
</tr>
<tr>
<td>…realizing the importance of intercultural competence in the health sector</td>
<td>5,17</td>
<td>5</td>
<td>5,88</td>
<td>5,62</td>
<td>5,4</td>
<td>5,42</td>
</tr>
<tr>
<td>…realizing the importance of intercultural competence in the own working life</td>
<td>5</td>
<td>5</td>
<td>5,71</td>
<td>5,62</td>
<td>5,6</td>
<td>5,39</td>
</tr>
<tr>
<td>…stimulate a reflection on critically on own identity</td>
<td>5</td>
<td>5</td>
<td>5,75</td>
<td>5,50</td>
<td>4,8</td>
<td>5,21</td>
</tr>
<tr>
<td>…changing own cultural perspective</td>
<td>4</td>
<td>4</td>
<td>5,38</td>
<td>5,25</td>
<td>6</td>
<td>4,93</td>
</tr>
<tr>
<td>…increasing the awareness of own prejudices</td>
<td>5,5</td>
<td>5</td>
<td>5,38</td>
<td>5,50</td>
<td>5,8</td>
<td>5,44</td>
</tr>
<tr>
<td>…applying the intercultural competence in own professional life</td>
<td>5</td>
<td>5</td>
<td>5,75</td>
<td>5,25</td>
<td>5,4</td>
<td>5,28</td>
</tr>
<tr>
<td>…increasing the knowledge about migrants movements in my country</td>
<td>5,17</td>
<td>4</td>
<td>5,88</td>
<td>5,25</td>
<td>5,6</td>
<td>5,18</td>
</tr>
<tr>
<td>…increasing the knowledge about access and usage of health services of migrants in my countries</td>
<td>4,5</td>
<td>5</td>
<td>5,38</td>
<td>5,37</td>
<td>4,8</td>
<td>5,01</td>
</tr>
<tr>
<td>…taking into account different cultural conceptions</td>
<td>5,17</td>
<td>5</td>
<td>5,75</td>
<td>5,50</td>
<td>5,4</td>
<td>5,36</td>
</tr>
<tr>
<td>…improving inter and intrapersonal communication skills related to intercultural situations in daily work</td>
<td>5,17</td>
<td>5</td>
<td>5,75</td>
<td>5,37</td>
<td>5,4</td>
<td>5,34</td>
</tr>
<tr>
<td>…deriving action related to intercultural difficult situations</td>
<td>4,83</td>
<td>5</td>
<td>5,63</td>
<td>5,25</td>
<td>4,6</td>
<td>5,06</td>
</tr>
<tr>
<td><strong>AVERAGE VALUE</strong></td>
<td><strong>4,99</strong></td>
<td><strong>4,83</strong></td>
<td><strong>5,67</strong></td>
<td><strong>5,43</strong></td>
<td><strong>5,36</strong></td>
<td><strong>5,37</strong></td>
</tr>
</tbody>
</table>

*The following results have been collected by Euro Project Lab in the broader report “Intercultural training course evaluation”
The course topics (12 sentences): these reports come moreover from Polish and Spanish participants which appreciate mostly the possibility offered by course to deepen the topic of migration, the contents of psychosocial factors in migrants, the stereotypes that accompany foreigners people, the different types of identities and, in general, the information acquired that allowed participants to better understand the issues faced.

The climate in the classroom and the possibility to share personal experiences (6 reports mostly come from Italian course): this category includes the sentences of those have indicated as strength the positive climate within the working group, favoured by the lecturers and by the participants' experiences, but also the friendliness and competence of the speakers and the possibility of comparing and exchanging points of view.

The course structure (4 sentences): the people of this group appreciated the logical division of contents on particularly topics, the organization of the times, the possibility of playing a part in the classroom and an online part of practical exercises and self-reflection.

The effectiveness of the teachers (2 sentences): the last group include the answers of those indicated as strengths the competences and the style of teachers and seminar leaders.

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The presence of too much theoretical contents (5 reports): these sentences come mostly from Spain (4) and Austria (1) where some of the course participants highlighted as some modules have been too theoretical and -according to someone- not applicable to healthcare sector.

The duration of the course (2 reports): this (small) group include the answers of those considered the course structure too short to exhaustively explore all the contents addressed (in the participation and debate format, more time is required).

The lack of supporting materials (2 reports): some of the participants would have liked a little bibliography on which to work (articles, chapters, books, quotations and data ..) usable in the classroom and on which to work as a basis for the proposed exercises, instead, the delivery of paper or electronic material was missing.

The themes and the concepts faced during the course were “already know” issues: some of the models described during the course were already familiar to the participants, in particular to those work in health sector since long times.

*The following results have been collected by Euro Project Lab in the broader report “Intercultural training course evaluation”
SUITABLE TOPICS & REFLEXIONS FOR ALL PARTNERs COUNTRIES AND NEXT DELIVERIES
Promoting a positive and balanced image regarding migrants people and minorities

“...the training seems to be more focused on educating people who are not part of a minority, making it more difficult to be as much effective also towards professionals who are themselves part of a minority group”

“Positive yes. Balanced no. There should be much more information about the cultural background of the main migrant groups in the country. This should also include the religious background of actions. E.g.: a girl does not want to be examined by a paramedic without having her mother near. She does not want to look you in the eyes. She does not speak to you. What is the background? – if it is an Islamic background this has to do with the body concept, intimate areas, family honor, responsibility towards the own body and health, etc. Behavior that is culturally related and feels foreign for the training participants should be explained in detail with the cultural background – that is still missing in the BICAS training: Main rules of huge cultural communities such as the Islamic community (in Vienna for example). We always said it would lead to further stereotyping and stigmatization to tell about these things – this is not what we experienced. It would be even more respected if we can explain the cultural background in detail as the people are interested in it. If there is a reason for a behavior (even a very strange one) the behavior is much likely to be accepted and it is far easier for paramedics/care workers to deal with that and find solutions. We can assume that we have mainly humanity oriented persons in our groups that want to provide help and services to a patient – no matter what kind of background he or she might have. To give more options in actions of the paramedics and make them understand and able to deal with difficult situations, we should provide this information”
2. Being careful regarding the topics, tools, pictures which could induce some stereotypes or prejudices, generalizations or hurting people's feelings

“In some exercises the examples given in order to start a debate were referring to minority groups which could be in part or in its total, redirected to some of the participants. In those cases, we decided to leave those examples aside, using only intercultural situation or examples that could be neutral or equally distant from the participants”

“One person has expressed that talking about cultural peculiarities might lead to the creation of stereotypes and prejudices”

“…it is necessary to be absolutely careful and respectful, never to generalize and always add a `... it could be like that, some cases, some people…´ even to explain the cultural diversity and general human diversity”

“We all have prejudices and stereotypes, sometimes it is better to naturalize them and to be able to comment on them in some relaxed, distended, respectful debate or even talk about them with tools or group exercises, from a natural recognition our prejudices could be reduced or moderated, sometimes it is even concluded that they have no sense in a distended way”
3. Promoting critical thinking and reflection

“...it was expressed and could be recognized that people started thinking and reflecting about the topic even more then they might have done in the past”

4. Assuring the approach of gender equality, sexual identity, and equality of opportunities

“... especially for the languages where the words have gender, the text has to review carefully avoiding a sexist language“

5. Showing a broad diversity concept (broader than cultural diversity)

“it is important not to focus the whole debate and the contents from a cultural diversity approach, human diversity includes a broader approach and it is needed for this training”
6. Detecting any negative impact or some results not according to training aims and solve it and to include the learnings

“Some people have talked about negative experiences with migrants for which the training cannot give answers”

7. Detecting any positive impact or some results positive unexpected and include the topic, fact or contribution as training content

“...According to the feedback received the impact was positive for all the participants. Probably, an unexpected result consisted in the fact that some part of the training became more a dialogue/debate session, given the minority background of almost half of the participants. With half of participant living minority stress on themselves, there weren’t much we could teach them. They decided to share some of their personal memories or intakes on the issues that were being discussed, resulting in a peer-to-peer education moment rather than a top-down training”

“It has become obvious that many of the students are already quite open-minded and reflecting on the topic of migration and refugees”
8. Analyzing the positive, negative or useful feedbacks received for being able to keep in mind for other delivers

“According to our perception, the most interesting part seemed to be the idea that culture is made of different layers and that personal/individual experiences and histories can have a great impact on what we consider to be our cultural background, as much (if not more) of our belonging to a religious or ethnic community”

“…the mixed cultural background of the participants served as a vector for sharing experiences, ideas, exchanging of professional advice and open discussion among them”

9. Analyzing the main learnings the training delivered brings to teachers team and to the organization (knowledge management)

“It is difficult to get people to engage in e-learning”

“Shorter, more practical relevance, use examples as door opener to the overall topic and its categories. Make sure you do not address already very experienced paramedics – their intercultural competence might be too high to have any added value from the training. OR provide more detailed material”

“…we believe that the most important thing we have learned from this training is to not give for granted that health professionals are not part of a minority themselves”