



**EQUAL Project SPuK:**  
Language and Culture –  
Foundations for an Effective  
Health Care of  
Asylum Seekers / Migrants

## Curriculum for a “Qualification for Mediating Language and Culture”



## 1. Mediation of language and culture: the key for an effective health care?

A consideration related to both employment and health was the starting point for the idea of training mediators of language and culture. Its aim was the creation of an activity field in which asylum seekers have chances on the German labour market on the grounds of their specific potentials and in spite of reduced access and in which they at the same time would make their contribution to structural improvements in the health sector.

Refugees depend in a special way on medical care that is oriented at their life situation. This need cannot be met by regular services, especially if obstacles, like language problems, cultural differences, a lack of background information and insufficient awareness of the staff of regular services for the overall problems of those seeking help are not overcome. The instruments applied here show deficits.

Very often, close relatives or acquaintances will be consulted as translators, and they do not have the necessary distance and neutrality. Frequently, the use of professional interpreters fails for reasons of time or cost.

Barring exceptions, there is a general lack of knowledge on culture specific forms of expressing disease and health, on the expectations of those seeking help from different cultures, on treatment and advice, on specific pathogenous living conditions in the patients' past and presence in the health sector. Instead, cliches are regularly made use of.

As a rule, even living conditions concerning residence law and social law are hardly known, and therefore they cannot be taken into account when it comes to diagnostics.

On the other hand, the refugees fail to have information on the structure of the health supply in Germany, or on expectations they face as patient.



These deficits complicate or prevent the necessary built-up of confidence. Without such a confidence, topics that concern fields of embarrassment or shame will not be talked about. The consequences will be frequent changes of doctors, unnecessary multiple examinations and treatments, incorrect diagnosis and breaking off of treatments, which can lead to permanent damages of health, to a prolongation of suffering and to causing additional costs in the health system.

An improvement of this structure in deficit will be achieved via a professional mediation of language and culture.

By this paper we summarize the curricular approaches, well-tried in practice, in this field of activity. They can be transferred to other fields of care and they may be used for other target groups of migrants.

The curriculum was tried in the project of “SPuK: Language and Culture – Foundations for an effective Health Care”, lasting several years, in the framework of the EU community initiative EQUAL. This project succeeded in improving the health care of refugees by way of different models that were tried in practice. The project results have been documented in various publications.

We should be glad if the curriculum, that was tried in practice, will be further developed and improved that way, so as to establish the mediation of language and culture in the long term as a recognized field of activity in health care (and other fields).

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Norbert Grehl-Schmitt  
- Project Coordination -



## 2. Preliminary Curricular Notes

Mediation of language and culture in the health sector will be seen as “translation activity” in the setting patient – doctor or other persons working in the health sector, e.g. in hospitals or advice centres. The core of this service offer consists in the mutual transfer of information, including the mediation of background knowledge, which, in a broad sense, concerns cultural, legal matters and institutions.

The qualification covers a period of 27 months and it is subdivided into three consecutive yet separate constituents, the so-called modules.

The conception attaches value to a large range of variation of the single modules in terms of learning offers and possibilities. That way, the qualification in total provides a wealth of different levels, where learning and working can be done, ranging from learning languages via health topics, social and residence law, culture comparisons, IT, from translating in different settings via techniques of presentation and strategies of public relations to becoming acquainted with practical working fields in the health system. In the process, the possibility of differentiating interests and of self-organized learning will increase from one module to the next.

The selection of learning contents and lecturers covers a broad range of health topics and regional institutions. Experts from the regional health sector or the aliens registration offices and social authorities could be won as lecturers in the qualification. This employment increases at the same time the awareness of the target groups “refugees and asylum seekers” in the region.

The theoretical lessons will be completed by short time professional and observing visits in hospitals and by a traineeship, lasting several months, in the health sector.



Thus the participants will gain a deep insight into and an intense confrontation with different health topics and working fields, such as diagnostics, administration, or care.

In the third module the set-up of a SPuK contact office has been scheduled. Here the service of “mediation of language and culture” can be asked for and the skills learned can be used in practice. Financially supported by the local authorities a one-year employment relation between the participants and the carrier of the measure was concluded. This stabilisation of the personal situation is not compulsory, from a curricular point of view. However, in view of the learning effects - which are related to the practice - like the experience of regular work on a payroll, with aspects on the insurance laws and formal operational work organisation they must not be underestimated.

Modules I and II will be concluded with a certificate, Module III with an individual reference from the employer.

In the following the curricula of the individual modules will be documented. The curriculum for Module II was supplemented by a theme listing. The curricula shall be seen as guidelines, open for changes in the concrete performance – i.e. they depend upon the respective conditions of the participants and the framework conditions. Altogether, however, they have successfully been tested in practice and they offer an orientation framework for the forming of the modules as for contents, with this framework being of good use, especially in complicated phases of the lessons.

### **3. Curricula for Modules I and II**

#### **3.1 Teaching and Learning Conditions**

The whole training concept is oriented towards resources, experience and activity, i. e. any participant can contribute their knowledge, preferences and questions as specialist for certain fields. Here is the chance of using the reality of life, experienced in the different countries of origin, especially in the health sector, for a cultural exchange and comparison. Interest in unfamiliar new matters shall be awakened and the awareness and respect towards the strange and the unknown shall be fostered. In an ideal case, in the individual training phases everyone will be consciously learning and teaching at the same time, so that unexploited resources are rediscovered and made use of.

To achieve this, an open and safe atmosphere of learning, supported by mutual confidence has to be created. From the beginning, value shall be attached to the training of precise observation and good and directed listening, to the promotion of independent learning as well as to the development of personal learning strategies. And there will be openness towards learning wishes regarding health themes, especially in Module II. Expressing of the participants' personal preferences in terms of the topics and preferences of the participants has explicitly been asked for and will be considered in planning the lessons. Another central theme, which connects all the modules with each other, consists in the development of personal prospects and structural improvements, in order to enhance the employment chances of the target group.



### 3.2 MODULE I: Special Language Course “German Language in Health Supply”

Duration: 6 months, scope: 452 hours

Size of group: maximum of 12 participants (ideal: 2 parallel groups)

Conditions of participations: motivation and willingness to learn

Module I comprises an introduction to the German language with a distinct thematic focus on the health sector. This special language course will take into account the fact that the participants' individual education qualifications and previous knowledge of the German language are very different. The migration experiences, as well as experiencing strange surroundings and being a stranger form the common basis for the promotion of willingness to learn.

In principle the priorities in the mediation of language are at first hearing and understanding and the speech or making oneself understood, then there will be reading and understanding of written texts, only after that the correct use of complicated grammar rules and spelling will follow. It is the task of the teaching staff to prompt the learning persons again and again to speak in the German language and to teach them how to deduce the gist of the things heard from the respective context.

So it shall be essential that the participants learn to make their wishes, intentions, opinions clear and to understand the respective interaction partner in his or her statements. The grounds for the language level will be provided by “spoken” everyday language, which, however, primarily centers on word fields with the focus on “health” and “disease”.

#### **Teaching and Learning Objectives:**

The participants shall

- introduce themselves, their families, their friends in an adequate way, understand the corresponding questions, ask and answer those questions or be able to understand the answer,
- be able to make clear their wishes, intentions and respective condition, their troubles and disease processes in everyday speech situations (e.g. at the doctor's, in the waiting room,



- in the hospital, in the pharmacy) and to understand their respective interaction partner,
- be able to talk about everyday matters like food / diet habits, their life environment and compare them with living habits in their countries of origins,
- be able to name professions and their task in the medical field (specialist doctors, nurses...),
- be in possession of a technical vocabulary from the medical field: such as ‚Arbeitsunfähigkeitsbescheinigung‘(certificate on not being able to work), ‚Rezept‘ (prescription), ‚Krankenkasse‘ (health insurance), ‚Apotheke‘ (pharmacy), ‚Röntgen‘ (X-rays), ‚Blutentnahme‘ (extraction of blood),
- be able to name parts of the body and their functions,
- know idioms with physical/health semantic contents and be able to compare them with interpretations from their own cultural environments (e.g. ‚den Rücken freihalten‘, ‚Kopf hängen lassen‘, ‚an die Nieren gehen‘),
- recognize the culture specific ideas, obtained in images and metaphors and compare them with their own ideas, which are specific of the their country of origin (e.g. the heart as place of the feelings, eyes as windows to the soul; colour symbolism),
- have a general basic vocabulary from the fields of NUMBERS, FAMILY, FOOD, ACCOMODATION, CLOTHING, TIME and the corresponding basic vocabulary of verbs and adjectives at their disposal.

Since learning and understanding a language cannot be achieved without some knowledge about the structure of the language the following basic grammar knowledge will be introduced and exercised on the grounds of the contents stated above:

- conjugation of verbs in different tempora,
- use of modal verbs in the present and the past tense,
- declination of nouns with definite and indefinite articles,
- declination of the personal and the possessive pronoun,
- order of clauses: making questions; formation of main clause and subordinate clause with different conjunctions,
- comparison of the adjective,
- use of the prepositions.



### 3.3 MODULE II: Lessons with Practice Component “Introduction to Basic Fields of Health Care”

Duration: 9 months, scope: 680 hours

Size of group: maximum of 15 participants

Conditions of participation: knowledge from Module I indispensable

In Module II of the qualification emphasis will be attached to the understanding of information from the health sector and the comparison with conditions that are specific for the country of origin, and to the first practical experience as mediators of language and culture in services of the health support.

The participants' knowledge of the German language will be deepened and completed here, especially with regard to their translation competence. At the same time the mediation of knowledge on the health care system, on medical terms, and the confrontation with culture specific forms of expressing health / disease will be intensified.

The practical components will give the participants another insight into in the system of health care, and with the theoretic lessons they will create the conditions for participating in Module III, the practical phase.

#### Teaching and Learning Objectives:

The participants shall

- enlarge and deepen their knowledge of the German language in terms of the vocabulary, of grammar
- exercise their translation skills in role plays, e. g. in the setting doctor / patient / interpreter and on the phone,
- try out various translation possibilities (one to one, in a summarizing way, following the contents) and consider the advantages and disadvantages,
- train self-observation and precise listening,
- reflect body language and its cultural shaping; try out and assess gesticulatory and mimic forms of expression (e. g. with feelings like distrust, fear, goodwill),



- reflect upon their own roles in the different settings, examine their own patterns of interpretation and deal with (profession-) ethical requirements like pledge of secrecy,
- recognize interpretation processes of described aches and pains of the persons affected (manner of description, the involved assumptions, explanation attempts and reactions) and become aware of their interpretation assessment,
- become acquainted with and compare assumptions on “health” and “disease, that have been shaped by culture and specifics of the country of origin,
- recognize different therapy assumptions (integral orientation, orientation towards symptoms),
- distinguish culture specific forms of expressing disease, e.g. so-called “civilisation diseases” like diabetes, impairments of the back, allergies,
- recognize a connection between habits of eating and exercise and health / disease and compare with their own experience,
- compare Western conceptions of health awareness like jogging, training in the health studio with ideas from the country of origin,
- become acquainted with different forms of addiction (alcohol, tablets, drug consumption) in their effects and name certain disease risks like AIDS and name prophylactic measures,
- describe dealing with old age, death and mourning as well as with pregnancy and birth and make a comparison with own experiences,
- know the fields of activity and the scope of competence of specialist doctors,
- represent and understand typical psychic symptoms like traumata and posttraumatic stress disorders,
- compare the structure and the services of this country’s health system with those of the country of origin,



- become acquainted with legal framework conditions from the laws concerning asylum, aliens and social matters,
- acquire basic knowledge in the field of information technology. (introduction to the operating system of Windows, the application Word, using the Internet, design of Internet pages)

In principle the mediation of knowledge will always be coupled with the reflection of one's own experience, which has been shaped by culture, and the dealing with and becoming aware of one's own opinions, standards, preliminary assumptions regarding the respective subject. In the same way, the questions which have come up in the accompanying traineeships will have to be analysed and evaluated and reflected upon in the overall group.

### 3.4 Addition to the Curriculum of Module II

With the analysis and evaluation of Module II, the provisional schedule of teaching and learning has been refined in terms of topics. Especially with regard to their translation competences the participants' knowledge of the German language is to be deepened and completed. Another focus will be the dealing with information from the health sector.

The curriculum comprises the following groups of themes:

#### **Practise the Activity of Mediators of Culture and Language**

- deepening of knowledge about the German language
- translation in role plays
- training of self-observation and precise listening
- mediation of the basics of communication theory / body language
- reflection of the translator's role in different settings (problem of delimitation, neutrality)

#### **Anatomy and Theory of Illness and Disease**

- construction and functions of the human body
- chronic diseases, illnesses caused by civilization and infectious diseases,
- diseases of addiction
- psychic diseases, trauma
- children's diseases

#### **Methods of Treatment**

- different therapy assumptions
- medication
- psychotherapy, physiotherapy / occupational therapy

#### **Health Formation / Cultural Comparisons**

- health and disease in a cultural comparison
- first-aid course
- pregnancy / birth
- food / exercise
- old age / death



### **The German Health System**

- health insurance system and health reform
- structure of health supply (system of specialist doctors, hospitals, rehabilitation centres, etc.)
- advice centres and self-help organisations,

### **Legal Bases**

- asylum law and alien law
- social and labour law
- data protection / pledge of secrecy

### **Information Technology**

- introduction to the operating system Windows
- introduction to the applications Word, Excel
- introduction to the Internet

In principle, the mediation of knowledge is supposed to be connected with the reflection of (previous) experience that has been shaped by culture and the dealing with one's own prejudices and opinions, standards and preconceptions.

For the **observing and professional visits** in the hospital the following learning objectives are of significance:

### **The participants shall**

- become acquainted with an important area of the health system,
- be able to describe the structure and the functioning of a hospital,
- become acquainted with work processes in a part of the hospital,
- make use of and enlarge their medical vocabulary,
- know and be able to translate administration processes that are specific for hospitals,
- obtain an insight into everyday work,
- built up contacts with patients and staff,
- be able to explain the SPuK service,
- act as translators.



#### **4. MODULE III: Activity in the Mediation of Language and Culture**

Duration: 12 months, 910 hours (weekly working time: 19.25 hours)

Size of group: 10 participants

Conditions of participation: successful completion of Module II

In Module III the learned skills in the mediation of language and culture are to be used in practice. The establishment of a SPuK contact office as “mediation centre” for the service of “Mediation of Language and Culture” primarily serves for showing in a distinct way the participants’ activity as a service offer. The one-year employment relationship between participants and the carrier of the measure will support the stabilisation of the personal situation, and it creates space for additional and practice-related learning effects by way of experiencing regular work on a payroll with aspects of insurance laws and a formal operational organisation of work.

#### **Teaching and Learning Objectives:**

The participants shall

- be able to reflect their role as mediators of language and culture in different settings,
- deepen and complete their competences in the mediation of language and culture,
- fulfil agreed translation appointments,
- practise and perform translation tasks on the phone,
- set up a contact office independently,
- become acquainted with and be able to use all the procedures required for an office organisation like
  - agreement on and coordination of translation dates,
  - making of files, adress lists at the PC,
  - development and management of control patterns for inquiries,
- be able to publicly present the objectives and ways of working of the SPuK project,



- be able to offer the service “mediation of language and culture” in different areas of the health care sector in a deliberate way,
- become acquainted with the working ways of further institutions in the health sector by way of long-term traineeships,
- open up new ranges of application.

This will result in the following working focuses:

1. application of the things learned in acting as mediators of language and culture,
2. office organisation including handling of correspondence, dealing with e-mails etc,
3. become acquainted with and open up new fields of application in the health sector,
4. presentation of the service “mediation of language and culture” and of the SPuK project.

On one day per week all the participants, no matter whether they are involved in traineeships or in office service, will attend the lessons.

The following topics have been scheduled:

- training of mediation of language on the phone,
- introduction to media and public-relations strategies,
- carrying out of a concrete project in the field of public relations,
- practising adequate strategies and techniques of (self-)representation,
- introduction to the set up and management of an office,
- IT training in the field of office organisation,
- specialized and deepening questions in the field of health education.



The EQUAL SPuK Project: Language and Culture – Foundations For an Effective Health Care” was jointly carried out by the following carriers:

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- Förderverein Niedersächsischer Flüchtlingsrat e.V. (refugee council of Lower Saxony), Hildesheim
- University of Osnabrück

**Contact addresses:**

**If you want to know more about the qualification, please contact:**

Caritasverband für die Diözese Osnabrück e.V.  
**Anne Langewand**  
Johannisstraße 91  
D - 49074 Osnabrück

Tel: +49 (0) 541 – 99 89 316

eMail: [a.langewand@equal-saga.info](mailto:a.langewand@equal-saga.info)

**If you are interested in publications of the overall project, please contact:**

Caritasverband for die Diözese Osnabrück e.V.  
**Norbert Grehl-Schmitt**  
Joahnnisstraße 91  
D - 49074 Osnabrück

Tel.: +49 (0) 541 – 341 - 78

Fax: +49 (0) 541 – 341 – 991

eMail: [ngrehl-schmitt@caritas-os.de](mailto:ngrehl-schmitt@caritas-os.de)

Webseite: [www.spuk.info](http://www.spuk.info)

