

## LOCAL SEMINAR, REGGIO EMILIA 14 FEBRUARY 2020

### WORKSHOP 3 "PROJECT-BASED LEARNING THROUGH SIMULATION"

The local seminar was based on the training that was held in Trieste on 30-31 October 2019, and it was carried out at the AUSL-IRCCS of Reggio Emilia on 14th February 2020.

The seminar was attended by 22 intercultural mediators employed by the Synergasia Social Cooperative, a body that since 2015 has been providing linguistic and cultural mediation services to the health and social-health services of the AUSL RE after winning a tender. The contact person and coordinator of the linguistic and cultural mediation service of Synergasia, Clara Vassallo also attended the seminar.

The working and teaching group consisted of Antonio Chiarenza and Anna Ciannameo (AUSL Reggio Emilia), Mohamed Sabri and Philomina Ameyao Serebour, volunteer participants in the Oslo workshop and intercultural mediators at the aforementioned cooperative.

During the local seminar a summary of the contents discussed during Workshop 3 in Trieste was presented, alternating them with moments of interactive discussion with the aim of promoting a collective reflection on the contents in light of the peculiarities of the local context of Reggio Emilia and, specifically, of the services of care.

The 4-hour seminar was divided into 4 parts:

**INTRODUCTION:** Project-based learning through simulation

After an initial opening of the works, the TRAMIG project (objectives, activities, expected results, etc.) was presented and the rationale for workshop 2 was described

**PART 1:** "Codes of conduct and codes of ethics". The example of the Australian Institute of Interpreters and Translators was presented and discussed. Starting from the example of the Code of ethics of the AUSIT, the class was engaged in a discussion aimed to reflect on the main aspects of the professional behaviour of intercultural mediators working in the healthcare setting. Various points of convergence and divergence have been highlighted regarding some principles and behaviours of the interpreters with respect to cultural mediators.

**PART 2:** "How to design a ROLE-PLAY training session"

The ROLE-PLAY as a training tool was presented and discussed. It was explained how to design a ROLE-PLAY, how to prepare a script, how to assign specific tasks to the trainees and to the whole class. The focus was on identifying a set of training skills by designing simulated interactions and how to link them to evaluation.

**PART 3:** "Preparing and performing a ROLE-PLAY". The class was divided in two groups. Each group had to prepare the script of a ROLE-PLAY taking into account the type of patient, doctor, healthcare phase and setting; and to identify the training objectives and the "players". One of the two designed ROLE-PLAY was actually performed and taped.



PART4: “ROLE-PLAY assessment”. The three step model was presented and the roles of both trainees and the class were explained. Specific questions, discussion triggers and hooks were used to engage the class and the trainees in the assessment of the performed ROLE-PLAY. The model applied proved to be very effective and able to engage participants in a lively discussion enabling them to identify and analyse critical moves of the simulated interactions.

Finally a plenary discussion was held on the ‘possible assessment framework’ presented in Trieste, particularly on the general assumption that ‘equal access by all participants in the interaction to everything that is being said and done must be the interpreter and cultural mediator priority’.