

# Building an Integrated Workforce – an Innovative Education Program for Overseas Trained Doctors

Presentation to the 13<sup>th</sup> Prevocational  
Medical Education Forum  
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# Understanding the context

- High proportion (44%) of overseas trained doctors (OTDs)
- Wide diversity of background and experience
- Outer metropolitan / rural location
- Senior medical staff mostly VMO's

# Background to 2008 program

- AMC Graduate Mentoring Project Pilot Study in 2006
- 33 Doctors participated
- Six week program
- NSW Institute of Medical Education and Training DVD
- NSW Department of Health funding for program in 2008

# Key program themes

- Communication approach using modeled behaviour
  - Communication needs of the OTDs and the needs of the wider hospital community when working with OTDs
  - Using the clinical context to inform OTDs of the workings and organisation of the NSW system (eg referrals, services, culture, communication patterns)
  - Education and understanding of the medico-legal system (consent, not for resuscitation, court / police expectations)
  - Using a patient centred approach
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# Session content

- Initial focus group and needs assessment identified priorities:
  - Legal issues
  - Role of allied health staff
  - Talking with senior medical staff on the telephone
  - Dealing with families / communications / rights of families / doctors
  - Australian etiquette and non verbal communication

# Approach to sessions

- Evening commencement (3 hours)
- Session objectives and integrated content
- Formal clinician / clinical input
- Specific communication skills component using role play /active participation
- Different cultural meals
- Formal session evaluation


# Participant profile

- Trained predominantly in Asian sub-continent (78%)
  - Had specialist qualifications in own country (46%)
  - Less than 2 years in Australia (55%)
  - Spoke language other than English at home (90%)
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# Pre program baseline assessment

- Self reporting tool
- Likert items and scaling
- Impact on key communication skill areas of :
  - Australian medical culture
  - Australian social culture
  - Language issues

# Evaluation

- Generic session evaluation re quality and organisation
  - Session specific evaluation after each session
  - Program evaluation at the end of the program
  - Post program evaluation (currently in progress)
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# Learning outcomes

- Confidence in liaising with senior medical staff:
  - Participants considered that Australian Medical culture and language issues were high impacts on achieving this
  - 80% agreed at the end of the program they were better at case presentation

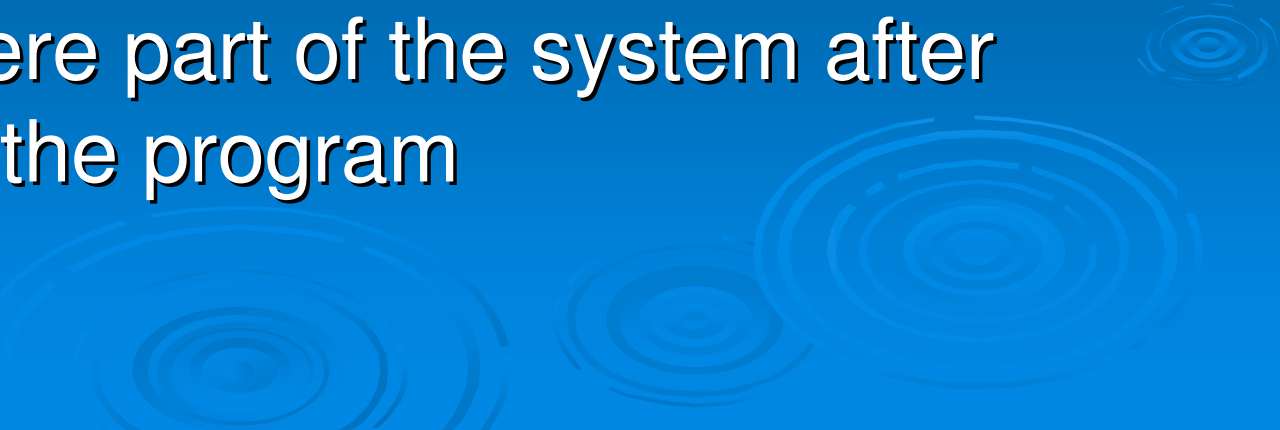
# Learning outcomes

- Confidence in communicating with patients / families
  - Participants identified Australian social culture and language as key impacts in achieving this
  - 87% agreed at the end of the program they were competent in understanding how to communicate with families

# Learning outcomes

- Understanding roles of allied health staff
  - Most trained in countries where these roles did not exist
  - Participants identified status and gender issues associated with these roles
  - 80% agreed that they better understood the roles at the end of the program
  - 87% agreed that they were better able to work effectively with team members after completing the program

# Understanding how the system works

- Multifaceted issue involving culture and language
  - 73% agreed they had a better understanding of acronyms used in the system at the end of the program
  - 100% agreed that they felt more strongly that they were part of the system after completing the program
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# What education strategies worked

- Discussion with speakers / facilitators (especially re clinical application)
- Presentations from topic specialists
- Role play
- Group interaction
- Watching video (simulations of how to communicate effectively) eg Advanced Life Directive

# What were the key program strategies that worked

- The program design
- Ensuring clinical relevance and application for sessions
- Having a key liaison point for the OTD program
- Cultural understanding and awareness
  - Valuing different experiences
  - Sharing with the group
  - Social support and encouragement (shared meals)

# What would we do differently

- Provide better information about communication expectations prior to employment
- Involve supervisors more in planning and active participation (eg modeling of case study presentation)
- Work more effectively to influence rosters to enable attendance of OTDs

# What would we add in the future

- Include more medico-legal sessions
- Develop a module on management of conflict and interaction with nurses
- Develop a module on communicating with patients on sexual health matters (eg STDs)