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How we developed Doctors Speak Up: An evidence-based language and communication skills open access resource for International Medical Graduates

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Abstract

Background: Some International Medical Graduates (IMGs) need to develop language and communication skills for patient-centred care but have limited opportunities to do so.

Aim: To develop an evidence-based, language and communication skills web resource for IMG doctors and supervisors, focussing on culturally challenging patient interviews.

Methods: Forty-eight IMGs participated in four practice OSCEs. We video-recorded the interactions and applied discourse analytic methods to investigate salient language and communication features.

Results: The findings from the OSCE workshops showed that many participants demonstrated aspects of patient-centred interviewing but were hindered by limited interactional competence to elicit information and negotiate behaviours as well as a limited repertoire of English grammar, vocabulary, and phonological phrasing for effective interaction. These findings guided the choice of content and pedagogy for the development of the web-based resource *Doctors Speak Up*.

Conclusion: Evaluation and uptake of the *Doctors Speak Up* website confirm the demand for a resource combining targeted communication skills and language instruction. Over 19,500 users visited the website between March 2012 and November 2013.

Introduction

Despite satisfying the English language requirements for provisional registration in Australia, many International Medical Graduates (IMGs) from non-English speaking backgrounds continue to face challenges communicating effectively with patients and colleagues (Pilotto et al., 2007). Similar concerns have been reported in the medical education literature in North America and in the United Kingdom. Currently, descriptions of the language dimension of the communication needs of IMGs are largely based on clinicians' perceptions of needs rather than on observed needs or analysis of doctor-patient interactions. Consequently, the reported language needs are predominantly readily identifiable issues such as problems understanding slang and vernacular language (Hall et al., 2004). Few studies report language needs associated with more linguistic features such as speech comprehensibility (Woodward-Kron et al., 2011) or discourse organisation (Dahm, 2011). While bridging courses for IMGs seeking registration can address language and communication needs (Hoekje, 2007), there are few opportunities for IMGs who are seeking full registration to deal systematically with concerns about both language and communication skills.

We report the outcomes of a project that sought to engage with the language and communication needs of IMG doctors seeking full registration in Australia. The outcome is a web-based resource, *Doctors Speak Up: Communication and Language Skills for IMGs* <http://doctorsspeakup.com/> (Melbourne, 2012), which is tailored for non-native English speaking IMGs working primarily as Hospital Medical Officers (HMOs) in Australian hospitals, and who are preparing for their Australian Medical Council (AMC) clinical examination. Stakeholder informants such as the Postgraduate Medical Council of Victoria and non-Western background IMG doctors

identify asking about culturally sensitive behaviours as challenging from a communication perspective. For this reason, we adapted four culturally sensitive topics from the AMC clinical examination as the resource's clinical content. The scenarios were: alcohol history, chronic pain management, sexual history and depression.

What we did

The project had both a research and a development phase. The focus of this paper is the development phase and the outcome; the findings of the research phase are reported in brief.

i) Research phase

We conducted four workshops involving the four clinical scenarios named above as OSCE stations using an innovative feedback methodology, which involved video-recording the interaction and the feedback from a language expert, a medical clinical educator, and the simulated patient (Woodward-Kron et al., 2011) at each OSCE station. The workshops were conducted at the University of Melbourne between May and October 2011. Forty-eight IMG doctors participated in the workshops. Our participants came from a range of countries, including India, Iran, and China.

The video-recorded feedback was transcribed and collated for each station under the two broad categories of 1) communication skills and culture, and 2) language features including grammar, vocabulary, and pronunciation and phrasing. These categories reflected how the observers differentiated and labelled their feedback to the participants, e.g. "*I'm going to focus on your communication skills*": the clinical medical educators primarily focussed on communication tasks, and some language aspects such as question formation; the language specialists focused

primarily on intonation, wording, phrasing, as well as discourse structure, that is, organisation of information. The simulated patients' feedback tended to focus on interactional aspects such as rapport and not feeling judged by the doctor. Comments about cultural appropriacy were made by all observer roles; however, this tended to be ad-hoc.

The interactions between the doctors and simulated patients were transcribed and analysed using discourse analysis. First we segmented each interaction by identifying the functional stages, for example greetings, gathering information, negotiating treatment, allowing us to identify problematic stages. With reference to the collated feedback for each station, we then examined the speech functions and speaker turn-taking as well as the phrasing. For example, if the simulated patient mentioned "*you didn't ask my point of view*", we examined the negotiating treatment phase, the doctor's choice of speech function such as an imperative "*give up drinking!*", compared to a question "*what do you think about reducing your drinking?*", and choice of wording. We also investigated where patients sought clarification due to the doctor's phrasing or wording. For a more detailed explanation of the analytical procedure, see Bow et al. (Bow et al., 2013). The project had ethics approval from the Medical Education Unit's Human Ethics Advisory Group.

ii) Development Phase

Content and pedagogical considerations: The findings of the collated observers' feedback and the discourse analysis in the research phase informed the content and pedagogical approach to the design of the online resource. Our labelling of the content areas into the domains of communication skills and culture, grammar, vocabulary, and pronunciation and phrasing was informed by i) the need to

foreground a communication skills framework (Silverman et al., 2005) as many of the participants had not had communication skills training, and ii) the need to provide linguistic labels that would be meaningful to the resource users. Our criteria for selecting communication and language tasks were multi-faceted: we prioritised impact of ineffective language choices on the interpersonal dimension of the interaction; language needed to elicit targeted information such as differentiating temporal information, that is, differentiating between the time of onset of symptoms and their duration; and frequency of wording or phrasing errors that impeded communication. Once we had prioritised the tasks, we then assigned these in the first instance to the clinical scenario for which they had the greatest relevance. We identified examples in the data to illustrate, for example, grammatical points, such as using the correct tense to elicit time course of symptoms in the information gathering stage of the interaction (e.g. onset: *when did you...?*; duration: *how long have you had...?*), or alternative culturally appropriate phrasings for formulations that received negative feedback from the patient. The four OSCE cases constituted the foundation of the resource; scripts developed for the resource were modified to reflect findings from the research phase, such as the inclusion of patient hints that the doctor should continue with a particular line of questioning and interactional strategies to do so.

Filming: Where possible, experienced IMG doctors took the doctor role with actors in the role of patient.

Educational technology considerations: The resource was developed as a stand-alone resource freely available online, including short videos with interactive tasks utilising drag-and-drop and multiple-choice activities. We sought to make the resource compatible with tablet devices for portability and access. All activities are designed to be completed online.

Results

The workshop findings showed that many participants demonstrated aspects of patient-centred interviewing but were hindered by interactional competence, including a limited repertoire of English grammar, vocabulary and phonological phrasing for effective interaction, particularly when the clinical scenario required a high level of communication skills to mitigate patient embarrassment, reticence or distress. The clinical scenarios chosen for the workshops – alcohol history taking, depression, a patient presenting with a vaginal discharge, and a patient living with chronic pain – all presented challenging communication scenarios for the participants. The foundation of the resource were the patient videos with the communication and language skills mapped as far as possible to support the effective realisation of the clinical task.

There are three activities for each of the four skill areas for each clinical scenario, creating a matrix of 48 interactive tasks: 12 for each case and 12 for each skill. We developed more than one task for those areas that were particularly problematic for the IMG workshop participants (e.g. phrasing). We also developed pathways for specific language groups, that is, speakers of Indian languages, and speakers of Chinese languages, to address common concerns such as intonation and sentence stress.

Evaluation We conducted an online evaluation of the resource using Survey Monkey at the beginning of 2012 after two communication skills workshops for IMGs at two Victorian public hospitals. Twenty-five participants completed the survey: they positively evaluated the usefulness and educational value of the site. Google Analytics data for the *Doctors Speak Up* website between March 2012 and November 2013

show that over 19,500 people visited the site; a quarter of these users were return visitors.

What to do next

Expand the project. From the evaluation we have conducted to date, the most common suggestion for improvement of the resource is to add more scenarios and exercises, including intra and inter-professional communication.

Develop pathways for IMGs working in other countries. The resource has proved useful for doctors in various English-speaking countries but several exercises relate directly to the Australian context.

Ongoing evaluation. As the resource expands, ongoing evaluation should seek to ensure that content remains useful and relevant for IMGs, supervisors and medical educators.

Conclusion

The ability to communicate well with patients is essential for healthcare providers. The opportunity to learn and practise communication strategies in a low-stakes and accessible manner can promote more effective interactions between doctors and patients. Developing educational resources from an evidence-base improves their relevance and utility.

Practice points

- *Doctors Speak Up* <http://doctorsspeakup.com/> is an open access English language resource for IMG doctors from non-English speaking backgrounds and their supervisors focusing on improving language and communication skills.
- The video scenarios, which feature IMG doctors interviewing simulated patients, are useful as triggers for discussion in face-to-face teaching; the

communication tasks highlight effective, patient-centred communication skills.

- IMG doctors can practise the language tasks in self-study mode while supervisors can gain greater awareness of the language aspects that pose problems for many trainees from non-English speaking backgrounds.

Declaration of Interest

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