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Work-based learning for clinical practice exams

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An essential requirement for medical practitioners is the ability to engage with a wide range of patients in the clinical environment. With the internationalisation of the medical workforce and the changing demographic of the Australian population, effective communication has become an increasingly important skill for both local and overseas educated practitioners. This paper describes an approach to communication skills assessment and work-based learning developed and piloted in 2006 by Adelaide to Outback GP Training Program in collaboration with staff from the University of Adelaide. It is intended that this pilot study will form the basis of a more intensive and integrated cross-discipline approach to inform the practice of Registrar education in their professional development.

Keywords: work-based learning, medical education, OSCI assessment

Introduction

Adelaide to Outback delivers training for newly graduated medical Registrars and is one of 21 regional training providers (RTP) of the specialty of General Practice in Australia. Its region spans metropolitan Adelaide and an extensive rural area including Flinders and Far North, Eyre Peninsula, Yorke Peninsula and the mid-north of South Australia. General Practitioner (GP) Registrars enrolled in the Adelaide to Outback GP Training Program (A2O) will typically complete three years of training, depending on their recognised prior learning, and usually spend their first year in the program working in the hospital environment gaining work-based experience across a number of specialty medical areas. Following this, they complete two years of community-based GP placements, in combination with attendance at a number of mandatory training activities. During this time Registrars can work in GP practice throughout the A2O region. Vocational registration for all Adelaide to Outback's GP Registrars requires successful completion of the A2O training program including the Royal Australian College of General Practitioners (RACGP) examination. One section of the RACGP exam includes an assessment of communication skills in the clinical context and, reflecting the increased importance of this, the development of communication and language skills has been incorporated into A2O GP Registrar training.

This paper examines the language and communication elements of the Learning Needs Analysis (LNA) developed jointly by The University of Adelaide and the Adelaide to Outback GP Training Program. The authors have been involved in the development of material and the implementation of the program over the past 12 months. This current investigation is intended to be a discussion of the first communication and language training course delivered in South Australia under the broader A2O program. The study is grounded in

the area of work-based learning (WBL), scholarship informing the discussion of communication in the medical context and also the communication assessment method.

Work-based learning and scholarship

In the context of Registrar education and the level of communicative competence required for GP registration, a WBL approach was considered more suitable than traditional lecture-style learning. The rationale is that WBL can more readily expose learners to uncertainties that can occur in the workplace (Raelin, 1997) and, in the context of the current Registrar education study, it is argued that WBL can provide an opportunity to mirror the diversity of patient encounters in general practice. Registrars come to understand that, when presented with a range of clinical situations with which they may be unfamiliar, a range of alternative communication strategies are possible. This is especially important in the context of contemporary healthcare provision, where there are no guarantees that the doctor and the patient have similar cultural backgrounds. While cultural diversity increases the potential for misunderstanding (Dogra, 2001; Lau, Stewart & Fielding 2001), experimenting with some of these challenges in a workshop environment can present learning opportunities that extend beyond the limitations of text-book scenarios.

An emergent issue for Australia's national healthcare agenda is the changing demographic of the medical workforce. A growing number of positions in the medical sector are being filled by overseas trained graduates (Hawthorne, 2007), and while graduates from other cultures may have different attitudes towards learning and teaching, the Western patient-centred approach to the clinical consultation may also be dissimilar to that of overseas educated medical graduates. Cultures vary not only in how illness is perceived but how it is expressed linguistically (Skelton, Kai & Loudon 2001), and also in terms of how power relations are played out in the clinical setting (Dogra, 2001). In response to these issues the present model for reaching understanding of communicative exchanges in the clinical context, strives to improve and extend the Registrar's repertoire of skills in the Australian healthcare environment.

Communication in the medical context

Effective communication is significant within the specialty of General Practice. Establishing rapport, showing empathy, and also recognising and responding to patient cues etc., are considered essential by patients who cite communication skills as the most important criterion used to select their doctor (Lloyd, Lupton & Donaldson, 1991). Moreover, recent evidence suggests that doctors' communication skills have a significant impact on health outcomes (Kaplan & Ware, 1989; Like & Zyzanski, 1987; McWhinney, 1989; Stewart, 1995). The range of explicitly related published articles appears limited although communication skills for GPs has emerged as an area with inquiry into topics such as; patient centered interviewing, giving and receiving feedback, asking for clarification and discussing difficult topics (see Bates & Andrews, 2001; Chur-Hansen, 1998; Chur-Hansen & Vernon-Roberts, 1999; Department of Health and Aging, 2004; Hall, Kelly, Do Jeiji, Byszewski & Marks, 2004; Vernon-Roberts, 1991). Importantly for GP Registrars in particular, communication skills is one of the areas assessed in the mandatory RACGP examination process. The current A2O program is also in response to a directive from General Practice Education and Training (GPET) whereby clinical skills and knowledge, as well as language and communication, must be assessed (AGPT, 2005).

A review of literature also suggests that limited data related to the assessment of communication skills and ongoing education and assistance for GP Registrars is available, in spite of the importance of this in the final RACGP exam. Reports of communication issues have been informal, opportune and made under non-standardized conditions. These limitations are problematic because the accuracy in terms of reliability and validity of the assessment is often questionable. Moreover, a number of assessments are not based in a medical context e.g., The Australian Tertiary English Screening Test; AUSTEST; GECCO (Kunzi, 2005). These limitations warrant consideration for two reasons. Firstly, in order to capture Registrars' attention and make the experience relevant, it is important for RTPs to recognise the learning needs of GP Registrars and to provide context-specific medical training. Secondly, programs such as A2O need to compensate for these limitations in their design and implementation because there is an assumption that effective communication is innate. However, while these skills are tested in the RACGP exams they are not explicitly taught to the level required in undergraduate medical programs.

The LNA process and assessment method

The lack of information in assessment of communication skills has prompted Adelaide to Outback to develop a Learning Needs Analysis (LNA) within which is an assessment framework for communication skills. The LNA explores a range of competencies i.e., clinical skills confidence, previous experience, preparedness for practice, clinical knowledge and also communication and language. This analysis is provided for all Registrars in the program with the express purpose of assisting to identify individual and group learning needs which are then addressed in a structured training program. The criteria informing Adelaide to Outback's LNA design are that it would:

- Be a safe, non-threatening and satisfactory learning process;
- Separate the concepts of language correctness, medical metalanguage and other aspects of communication such as non-verbal behaviours;
- Allow for assessment in a medical context;
- Draw upon pre-existing, validated tools as much as possible;
- Draw upon a number of ratings/ sources of feedback to ensure reliability;
- Use standardized conditions across participants;
- Provide a broad range of outcome data for an inclusive and useful set of feedback;
- Fit with the overall educational program.

The method for the LNA involves each A2O Registrar's participation in two Objective Structured Clinical Interviews (OSCI). During the interview observers include an actor (who role-plays a patient and provides written feedback) and also a Medical Educator. These interviews are based on medical scenarios ranging from prescribing a teenager the pill to a mild allergic reaction. Interviews are also videotaped for subsequent analysis by a linguistics expert. After the interview, the Registrar completes two written tasks – one is used to assess written language skills in the clinical context while the other is used for the Registrar to reflect on their perception of their own communication skills (see Figure 1).



Figure 1: Communication assessment process

Using a rating rubric developed by Cargill & Eira (2006), the Registrar's communication skills are viewed by a Linguist observing and assessing the OSCI. The observation is conducted as an integrated communication assessment, rather than rating grammar and the structural 'correctness' of language, which is treated as a separate element of the LNA. The intention of the communication and language part of the OSCI assessment is to examine features such as:

- The range of question techniques i.e., open, closed, leading;
- The range and appropriacy of information giving;
- Body language;
- Relationship related language i.e., back-channelling, tone of voice;
- Turn taking and directiveness;
- Responses to patient cues;
- The language level.

Upon completion of the OSCI all results, including the language and communication rubric, are tabulated into the LNA. These results are then discussed between a Medical Educator and the Registrar and a process undertaken to provide feedback, based on Raemer's (2005) pro-forma. A training and management plan is then developed for the Registrar which may involve their participation in the communication and language workshops. In order to review the Registrar's progress, a subsequent LNA is held approximately 12 months after the first, using the same process and rating scales.

The Communication and Language workshops

Cargill and Eira's (2006) rating rubric provides summative assessment and has helped inform the development of the workshops. The rubric categorises particular elements of communication and language, identified in the OSCI assessment, which are further explored in the follow-up workshops. Registrars are invited to attend the first of the communication and language workshops as soon as practicable after entering the A2O program, and upon completion of the LNA.

The program consists of two half-day workshops involving a range of medical context-specific tasks and activities. Participants actively engage in role plays and also observe and critique others. This process of observation and discussion contributes to the opportunity for Registrars to critically reflect upon their own level of communication and language competency in the clinical setting. Actors familiar with medical role-plays further assist in the creation of a learning environment that mirrors the western patient-centred clinical context.

During the workshops evaluations of the medical role plays are elicited from a range of perspectives – the participants, the Medical Educator and the language specialist. Specifically the clinician provides feedback regarding medical issues such as the consultation structure or elements related to clinical procedures and medical requirements. In contrast, the Linguist's evaluation is more often attenuated to how the Registrar's range of communication and language 'moves' i.e., discourse strategies and/or body language etc., may potentially impact upon the consultation. This discussion helps to inform the Registrar of particular elements that characterise their personal communication and language style.

Conclusion

This paper has discussed an approach to communication and language skills assessment for GP Registrars in the Adelaide to Outback GP Training Program. Effective skills in the area of clinical communication feature in the Royal Australian College of General Practitioners entrance examination and are now perceived as essential for GPs. The communication and language workshops offered to A2O GP Registrars is informed by the theory of work-based learning and this discussion is intended to form the initial stages of a broader cross-disciplinary study which aims to contribute the field of communication in the clinical context.

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