

Final Report: Collaboratively addressing language and communication challenges for International Medical Graduate (IMG) in Australian general practice

Background

Communication skills in medical training in Western countries, including Australia, emphasise the values of patient-centred care, patient autonomy, and a bio-psychosocial approach. This project builds on existing intercultural communication research and resources for International Medical Graduates (IMGs), including the research informed web-based communication resource, *Doctors Speak Up: Language and communication for International Medical Graduates* (2012), developed by the lead researcher and an earlier team. This resource remains the only communication resource for IMGs recommended by the RACGP and AMC on their respective websites, attesting to its longevity and innovative approach. The project team of medical educators and communication researchers addressed the RACGP research priority of supporting the IMG/ Migrant Doctor training pathway.

Aim and objectives

Our project aims were to i) identify challenges and effective strategies to navigate unfamiliar doctor-patient communication in general practice, ii) translate the interview and communication workshop findings into a digital communication resource, and to iii) support the RACGP team members to develop research capabilities. The resource was envisaged as including videos of doctor-simulated patient consultations involving sensitive communication for discussion, related communication and language activities, as well as reflections from participants on strategies for effective communication and transition. The resource was intended to support current and potential IMG GP trainees from culturally and linguistically diverse backgrounds (CALD), RACGP supervisors and medical educators. Our research questions were:

1. What are the language and communication interactional differences that IMG doctors encounter in Australian general practice compared to their previous clinical practice?
2. What are the interactional communication patterns of IMG GP trainees who need support?
3. What pedagogical approaches could support the development of language and communication for effective communication in Australian general practice?

Methods

Our project adopted an interpretivist-constructivist paradigm, using qualitative methodologies. Semi-structured interviews were conducted with doctors who had completed their first medical degree across diverse non-accredited pathway countries, including GP trainees, RACGP supervisors and medical educators. We also interviewed doctors in GP training leadership roles, supervisors and medical educators whose primary medical degree was undertaken in Australia, and RACGP English language specialists. These interviews were analysed inductively using reflexive thematic analysis (Braun & Clarke 2021). The data were also deductively analysed against the RACGP communication competency domains.

Workshops held via Zoom involved IMG trainees, medical educators, and simulated patients to trial the clinical scenarios developed from the interviews. The workshops generated interactional language for discourse analysis and reflexive discussion for thematic analysis. Researcher reflexivity occurred iteratively in team meetings, in data analysis and translation discussions (resource development phase), and through sense checking with the advisory group members.

Results

Interviews were conducted with 28 participants, 18 of whom gained their medical degree overseas and were either trainees, medical educators, or supervisors. These doctors completed their first medical degree in a range of countries: India, Sri Lanka, Philippines, India, Pakistan, Myanmar, Iran, and Egypt. The profile of the 28 participants is as follows:

- **Trainees or not yet fellows:** 8 IMGs; **Fellows:** 3 IMGs; **Medical educators (MEs):** 4 IMG MEs from Languages other than English (LOTE) backgrounds who had completed the PEP or FSP pathway; 3 IMGs from English speaking background countries, 5 Australian medical graduates; **Supervisors:** 3 IMG LOTE background; **English language specialists:** 2.

We mapped the participant interview responses about the differences in communication approaches in general practice in Australia against the RACGP competency **Domain 1: Communication skills and the doctor-patient relationship**. Trainee and educator responses centred on 1.1 *Communicate effectively and appropriately to provide quality care*. Responses on challenges clustered on core competency 1.4 *GPs provide the primary contact for holistic and patient-centred care*, with emphasis on 1.4.1 “appropriate to the needs of the patient”, and 1.4.3 “...identifying the patient’s agenda...patient centred management plans”.

We generated four themes from the interview data i) *Patient focused communication and holistic care*. Participants highlighted the need for exemplars, practice, and guidance to develop a tailored patient-focused approach. ii) *New content for consultation*. This theme refers to challenges with conversations about mental health, sexual health, and setting boundaries. iii) *Enablers for transition*. These environmental factors included peer support, the quality of the hospital experience, acceptance by the GP clinic and patients, and modelling of effective communication by Australian graduates and IMG Fellows/ medical educators. iv) *Societal factors impacting effective communication, including patient and staff prejudices*. This theme refers to factors that negatively impact the previous themes and references racism, which can lead to anxiety about, and during consultations.

The interview findings informed the development of three clinical scenarios: mental health, a depressed patient; back pain, pain relief and boundary setting; sexual health interview and screening. We trialled and refined these scenarios during workshops with IMG trainee participants. We conducted 4 workshops with a total of 12 participants and 3 highly experienced simulated patients. The interactional challenges and successes as well as the group reflections informed the structure, activities, and format of the resource. The resource is available at this link. [Language and Communication for Australian General Practice](#)

Discussion

The project findings about the differences in communication approaches and experiences of IMGs in Australian general practice enhance existing knowledge by providing IMG doctor perspectives and an explanatory lens. Further, the discourse findings from the workshop interactional data provide new insights, showing that the participants enacted patient-centred communication, yet faced challenges navigating sensitive discussions and complex communication tasks such as devising a shared management plan and setting boundaries. Reflexive discussions with workshops participants highlighted the value of observing modelling from more experienced colleagues, practising with a simulated patient, receiving tailored multi-source feedback, and having opportunities to refine their own approaches and receive feedback.

Implications and future research

These project findings had practical implications for the design of an educational communication resource for effective communication in general practice, including identifying clinical scenarios, related challenging communication tasks, and the linguistic strategies and repertoires needed to effectively engage in the identified scenarios. Participant reflections on enablers and supportive environments can further illuminate educational approaches.

There are several connected avenues for future intercultural communication research. These include: the linguistic and communication patterns of intercultural doctor-doctor interactions such as patient referrals and discharge; the translational aspect of mining the existing data for further resource development with stronger IMG doctor representation in the resource materials; and exploring intercultural communication in the context of doctor and patient linguistic and cultural diversity.