

## 1. School of Medicine and Public Health, Faculty of Health

**2. Project Title.** Enhancing success of medical students from culturally and linguistically diverse backgrounds (CALD) in doctor-patient interactions, particularly patient directed counselling and behaviour change competencies.

## 3. Project Synopsis

### Background

It is now well recognised that competence in communication skills is essential in providing quality health care. Poor communication by medical practitioners is implicated in patient dissatisfaction, increased litigation, more adverse events and poorer health outcomes for patients. It is also clear that there are different norms and standards within each culture about the way in which people relate to each other including expectations of the doctor-patient relationship.

Best practice within modern Western medical education dictates a participatory patient centred model rather than a doctor centred patriarchal model of interaction. A number of recent articles have questioned the appropriateness of this model for non-Western international medical students who will return to their homes. However while participatory doctor-patient models may not be appropriate in the students' country of origin (or even in the families and communities of CALD students), medical students must achieve the competencies required by Australian standards. The registering bodies, Australian Medical Council and NSW Postgraduate Medical Council explicitly identify these competencies.

Large numbers of international students, particularly from non-Western countries, are enrolling at the University of Newcastle, and there is an intention to increase enrolments. Increasing numbers of CALD students within the health professions indicates some success in positive action policies. There follows an equity issue in ensuring teaching and learning systems address the barriers to achieving equitable results.

In Australia, students (and foreign trained doctors) from CALD backgrounds struggle to achieve advanced interactional skills competencies such as those needed to engage in non-directive counselling: expressing empathy, developing a partnership approach with patients, motivational interviewing to enhance health behaviour change. In the Newcastle medical program CALD background predicts non-satisfactory results on compulsory assessment items which involve doctor-patient interactional skills in years 3, 4 and 5. In one 2008 examination, of nine students who failed, eight were of a CALD background.

The theoretical underpinning is based on Kolb's learning model moving from concrete experience through reflective observation, abstract conceptualisation to active experimentation.

### Aim

To develop an audiovisual resource that gives CALD students an opportunity to 1) experience real life scenarios involving culturally challenging situations; 2) provide practice in responding and 3) see demonstrations of best practice responses, in order to achieve required clinical competency.

### This project will consist of:

Step 1. Literature review of evidence for strategies to teach (and assess) culturally relevant interactional skills with non-Western students in health and other contexts.

Step 2. Skills Laboratories. Culturally diverse students who have failed an assessment in years 3, 4 or 5 or have been identified in formative assessments as being in danger of failing will be invited to attend an individual session with a tutor. A real life situation will be acted by the simulated patient, student responses (feelings, thoughts, actions) discussed with the tutor, role play practice filmed, feedback exchanged, learning (tutor and student) documented.

Step 3. Production of a DVD. Using the information collected in Steps 1 and 2 a DVD will be produced with a series of vignettes (eg emotional distress, unhealthy behaviour needing change, a sexual health issue and other personal health issues requiring non directive counselling). Written learning aids, including questions for reflection will accompany the DVD.

## Potential Value and Significance

Remedial action with the assistance of the audiovisual resource and associated learning strategies, will increase the level of competency of medical students from culturally diverse backgrounds resulting in more students gaining satisfactory grades in third, fourth and fifth years. As well as the potential positive impact on patients and the health care system, there is evidence that increased levels of confidence and competence can increase medical practitioner wellbeing and reduce burn out, thus having an impact beyond the student years. If successful, the project could later be adapted into a self paced interactive module using software such as Questionmark.

While this project will be developed with medical students, the knowledge and resources generated will be transferable to other culturally diverse students in the health professions such as nursing, pharmacy and physiotherapy.

The project team is leading a number of multidisciplinary teaching and learning initiatives (submitted and in progress) in interactional skills, and outcomes from this initiative may contribute to and strengthen those larger projects.

## 4. Project Coordinator

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## 5. Other Project Team Members and contact details

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NB Ms Julia Dennis, English Language Learning Advisor (CTL) working with Medical Program, is presently on leave but has been invited to be part of the project.

**6. Project Start Date:** May 2009

**Project Completion Date:** December 2009

## 7. Funding:

a. Total sought from the UoN Equity Initiatives Grants. **\$5000**

Part 1: Literature review - \$300

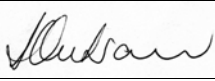
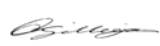
Part 2: Skills lab. Simulated patients (actors); trained research assistant to record and code student interviews with simulated patients - \$500

Part 3: DVD Production. Simulated patients (actors) - \$300; Production costs of DVD - \$3900 (quote from B JL Audiovisual Presentations).

b. No other funding is being sought for this project.

## 8. Undertaking to be Signed by all Project Team Members:

We agree to abide by the conditions set down in the *Equity Initiatives Fund Guidelines*.

Dr Sue Outram		6/4/2009
Dr Conor Gilligan		6/4/2009