Communication Skills Training Programs for IMGs

Effective communication is an integral component of the Accreditation Council for Graduate Medical Education (ACGME) general competencies for residents. Communication is most evident in the areas of patient care, interpersonal skills, and professionalism. However, effective communication skills are also critical for demonstrating individual skill sets in medical knowledge and systems-based practice.

According to the American Medical Association, international medical graduates (IMGs) comprised 20.9% of the total physicians in the United States in 1980; this number climbed to 23.3% in 2006 (1). Since 1970, the number of non-IMG physicians has increased 91.4% while the number of IMG physicians has increased 170.2%. Almost one-half of IMGs (48%) train in primary care specialties, compared to 33% of US medical graduates (USMGs). Eighty-five percent of IMGs currently practice patient care; 5% engage in medical education, administration, or research; and the remainder are not classified. In today's health care centers, patients who visit a physician have a one in four chance of seeing an IMG.

Considering that the average primary care physician conducts 25 patient-interviews a day, 110 a week, 5,400 a year, and 62,000 over a 10-year career (2), effective communication is a skill that cannot be overlooked. The quality of patient care is directly dependent on the ability of physicians to communicate effectively with patients. For example, the Joint Commission determined in 2002 that greater than 65% of hospital deaths and injuries and 55% of medication errors were due to communication factors (3). The communication issues encountered with medical professionals in culturally diverse environments provide new challenges that directly impact the outcome of quality patient care. Successful training programs must address underlying cultural and language communication issues of both the provider and recipients in the medical setting to provide effective communication.

Internal medicine residency programs must address the communication skills of both USMGs and IMGs. Residents speaking English as a second language encounter an additional challenge to obtaining effective communication skills that will enable them to master the six competencies. Accent modification is a major focus of communication training programs in the medical setting. Intonation and its effect on the health care provider-patient relationship are paramount. Misinterpretation of intent or of critical information, (such as 15 mg versus 50 mg) may have life threatening and potentially litigious ramifications. Clear pronunciation will also have a direct effect on the ability to state medical information accurately (such as “bleeding” versus “breathing”).

Language issues must also be included in communication training. The frequent use of idiomatic expressions and slang of American English language often presents barriers between IMGs and colleagues, patients, and patient families (e.g., “He’s out of the woods”). An understanding of the social expressions and conversational gambits will help IMGs integrate into the medical and social milieu. In addition, grammatical differences related to the IMG’s native language must be identified to improve both spoken and written communication.

Increased cultural awareness and diversity training is prevalent in medical education. The focus is typically on the diverse cultural backgrounds of the patient. The clashing of cultures between the provider and recipient of medical care cannot be underestimated. In the interview and treatment process, a relationship can be sabotaged by a lack of understanding of cultural values or beliefs as they relate to communication styles, decision making, hygiene, nutrition, medications, compliance to a medical plan, family consultations, and end-of-life decisions.

A comprehensive communication skills training program must integrate consideration of accent, language, and culture to help residents provide high-quality patient care and reduce any potential risk exposure. Coordination with the program director will result in establishing goals that are appropriate to the particular residency program. Measurable outcomes can be obtained by assessing pronunciation and intonation changes, charting patient compliance with medications or orders prior to and after communication skills training, and utilizing “report cards” for the residents.

Residents who speak English as a second language can be identified for communication skills training if their accent or communication style interferes with optimal patient care. Indicators of communication breakdown with residents are often quite apparent. Medical errors or confusion related to verbal orders (such as errors in prescriptions or communication errors between residents and allied health professionals) and dissatisfaction of patient or patient families related to the resident’s ability to relay critical information are but a few of the potential communication challenges for IMGs. In addition, if there is a compromise of accuracy in verbal orders, reports, dictation, prescriptions, or treatment plans due to a communication breakdown, the resident would benefit from individual or group communications training.

Many internal medicine residency programs conduct classes that address pronunciation of consonant and vowels, stress and intonation patterns, idiomatic speech, and interviewing skills and case presentations as well as other public speaking skills. A specialty within the field of speech and language pathology addresses accent modification and effective communication skills. Assessment and training materials targeting IMGs in the medical community have been designed for this unique group. Some trainers who have
specialized in accent modification for the medical community include Successfully Speaking (www.successfully-speaking.com), The Whittaker Group (www.prospeech.com), and LDS & Associates (www.ldassoc.com). Additional trainers can be located through the Corporate Speech Pathology Network (www.corspan.org).

Heightening resident awareness to strengths and weaknesses in communication as well as addressing areas in need of improvement will help residents master the six ACGME competencies and enhance their overall skills as a physician.

SIMPLE: CDIM Develops Simulated Patient Cases

To provide a set of interactive, Internet-based patient simulation cases that will augment clinical learning during the internal medicine core clerkship, the Clerkship Directors in Internal Medicine (CDIM) is partnering with the Institute for Innovative Technology in Medical Education (iInTIME) to create the Simulated Internal Medicine Patient Learning Experience (SIMPLE).

SIMPLE will comprehensively represent the CDIM-Society for General Internal Medicine (SGIM) Core Medicine Clerkship Curriculum. Each patient simulation case unfolds through a set of cards that provide information on the patient and prompt the student to use diagnostic and clinical reasoning skills to move forward and arrive at a final diagnosis. Each card may contain images, video, or audio that help students interview the patient and provide students with tips. Students navigate from card to card by answering questions and receiving feedback. According to iInTIME, cases that allow for questioning and feedback can be instrumental in encouraging student self-assessment while providing a safe, no-risk environment in which students can feel comfortable practicing.

CDIM designated four members to take leadership of the project by serving on the SIMPLE Project Development Group (SPDG) (Table). SPDG outlined 33 cases that will be included in SIMPLE. Examples of cases include angina, community-acquired pneumonia, acute renal failure, and AIDS with mycobacterium avium intracellulare. This fall, a group of CDIM members will author and review cases. After development, review, and pilot testing, the final product will be available for use in medical schools and teaching hospitals by July 2009. The per-student cost for using SIMPLE has yet to be determined.

During the past eight months, CDIM has created a partnership with iInTIME, a non-profit organization aiming to advance medical education through the collaborative development, maintenance, and research of innovative and comprehensive computer-based programs. iInTIME is responsible for the development of the Computer-Assisted Learning in Pediatrics Program (CLIPP), which is used in pediatric clerkships at more than 80 medical schools in the United States as well as a number of osteopathic, nursing, and international medical schools. Collaborating with iInTIME will ensure that SIMPLE is completed in a timely manner and is widely available through a familiar medium.

CDIM Educational Innovations Committee Chair and SPDG Member L. James Nixon, MD, commented, “SIMPLE, since it is created by CDIM members and is based on the CDIM-SGIM Core Medicine Clerkship Curriculum, will allow us to create the ideal set of simulated patients to supplement students’ clinical experiences on the medicine clerkship.” Creating SIMPLE supports CDIM’s goal to develop products that enhance medical student education in internal medicine. SIMPLE will join the CDIM-SGIM Core Medicine Clerkship Curriculum, American College of Physicians-CDIM Internal Medicine Essentials for Clerkship Students, and Medical Knowledge Self-Assessment Program for Students as resources the association offers to support the improvement of undergraduate medical education.

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A U T H O R

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