

Communication Skills Training Programs for IMGs

The Association of Program Directors in Internal Medicine Publications Committee has created this column to feature current trends in educational theory and research as well as to provide a bibliography of journal articles and texts that supply innovative curricular ideas for medical educators.

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 can not 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.lidsassoc.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. 

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