

# FAQ

## FREQUENTLY ASKED QUESTIONS



PODCAST



WEBINAR

## The Communication Toolbox: Supporting and Educating Overseas Trained Doctors (OTDs)

Overseas trained doctors (OTDs), also known as international medical graduates (IMGs), arrive at your practice facing many challenges you may not fully appreciate. Communication is at the heart of supporting and educating doctors from abroad to confidently transition to the Australian healthcare system, styles of medical training, and culturally appropriate ways of communicating with patients, staff and peers. These FAQs address the resources you can use in your communication toolbox to help overseas trained doctors have a successful career in Australian general practice.

### What is the difference between an international medical graduate (IMG) and overseas trained doctor (OTD)?

There is no difference. The term is used interchangeably, however this document will use the term OTD.

### Why is a focus on communication so important for OTDs?

More than 25 per cent of the Australian medical workforce are OTDs, and more than 40 per cent of the rural medical workforce are OTDs.

The Department of Health now requires non-AGPT (Australian General Practice Training) overseas doctors to be engaged in a practice-eligible pathway or an independent pathway, so these policy triggers indicate that it is important to be supporting non-AGPT trainees and doctors towards fellowship.

OTDs have many pressures to deal with when moving and practising medicine in a foreign country, so helping them to develop their communication skills in the Australian general practice setting will support their transition and best practice enormously. Likewise, you need to help them learn to adjust to the medical style of learning and examination technique required to fellow as a GP in Australia.

### What general practice pathways are available to OTDs?

The pathways to GP fellowship are:

- AGPT – RACGP or ACCRM
- RACGP Practice Experience Pathway (PEP)
- RACGP – Other pathways
- ACCRM independent pathway

### What are the common challenges faced by OTDs?

To understand what pressures OTDs face when stepping into your practice, consider the following scenarios:

- Living in a foreign culture.
- Separation from family and friends.
- Finding accommodation.
- Finding new schools for children
- Finding job and support networks for partners.
- Communicating professionally and personally in a second language.
- Adjusting to the 'medical culture' of Australia.

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### What common characteristics about OTDs should I keep in mind when supporting and educating OTDs?

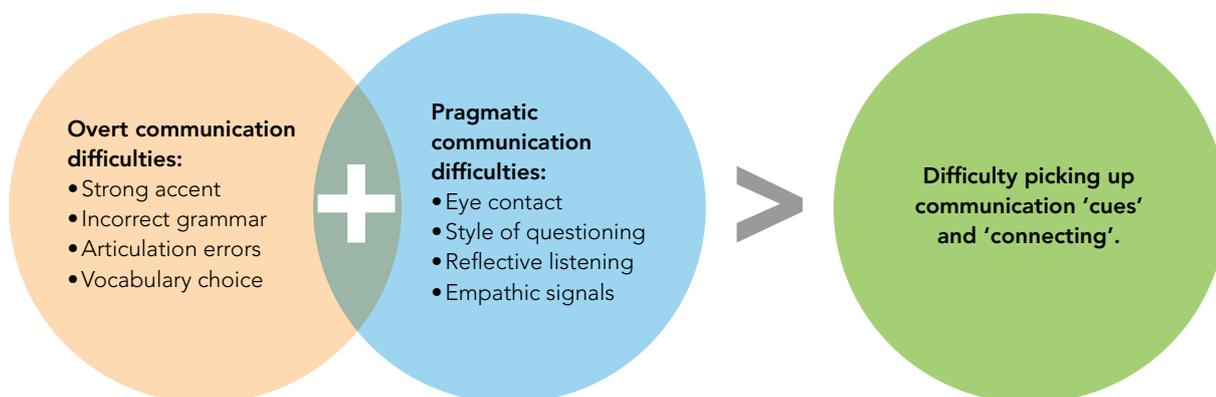
For Australian trained doctors mentoring OTDs, there is a potential to take for granted the learning experience, competencies, and cultural values and perceptions of OTDs in regard to clinical care. However, you need to appreciate each OTD's training experience could be vastly different to Australian trained doctors.

It is important not to take your OTD's medical and cultural characteristics for granted; be mindful where the OTD gained their primary medical qualification may impact their professional and personal confidence as they learn about the medical systems and structures in Australia. Their training background, learning style and career experience will determine their varying levels of competencies.

Also ask yourself, has the OTD come from a Socratic or Confucian concept of teaching and learning? Add to these variables, communication difficulties such as grammar, articulation, vocabulary and cultural appropriateness which may make it difficult for an OTD to pick-up on cues and connect with patients.

These challenges can become even more complex in difficult consultations (e.g. mental health, children with behavioural difficulties, domestic violence presentations, etc), particularly if where culturally these presentations have been managed differently in your doctor's country of origin/medical training.

### HOW DO CULTURAL VALUES AND PERCEPTIONS IMPACT ON CLINICAL CARE?



### What communication difficulties may I encounter with my OTD?

Examples of communication difficulties supervisors report encountering with OTDs include:

- Command of English
- Talking at rather than with the patient
- Self-confidence
- Boundaries
- Australian context
- Clinical knowledge and/or skills
- Being reflective
- Documentation/written skills
- Medico-legal scenarios
- Ethical issues

### What are the key concepts I need to consider when teaching and supporting an OTD in attaining their fellowship in Australian general practice?

You need to understand how the OTD has been taught medicine (Socratic or Confucian method) and their stage of competence. These concepts may highlight differences to an Australian trained doctor with the same amount of training, under a different training model and healthcare system.

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### What is the difference between Confucian and Socratic teaching principles?

#### COMPARISON: SOCRATIC VERSUS CONFUCIAN

Confucian Conceptions	Socratic Conceptions
<ul style="list-style-type: none"> <li>• Teacher as organiser.</li> <li>• Hierarchy, face and respect are important.</li> <li>• Listener/reader has the responsibility for communication.</li> <li>• Learning takes place through practice and memorisation.</li> <li>• Teaching and learning is measured by the organisation.</li> <li>• Collective consciousness</li> <li>• Knowledge is acquired from an authority.</li> </ul>	<ul style="list-style-type: none"> <li>• Teacher as a model or centre.</li> <li>• Equality, informality are important.</li> <li>• Speaker/writer has the responsibility for the communication.</li> <li>• Learning takes place through interaction and construction.</li> <li>• Teaching and learning is measured by performance.</li> <li>• Individual orientation.</li> <li>• Skills in learning are deemed important.</li> </ul>

Source: *Culture of Learning: Why, What, Whether and How?* Dr Anwei Feng, School of Education, Durham University. Education Conference, 14/9/2007

### Which countries use a Socratic model of medical teaching and learning?

Australia, New Zealand, Canada, America, Great Britain, Ireland, South Africa, and some southeast Asian countries now use the Socratic method of learning. (Note: Most southeast Asian countries adhere to the Confucian styles of learning).

### Has the Socratic problem-based learning approach always been used in Australia?

The Socratic method replaced Confucian method in Australia about 20 years ago, so many of our senior supervisors will have vivid memories of learning under a Confucian teaching and learning model.

### Why is it important to understand the differences between Socratic and Confucian conceptions of teaching and learning?

It is difficult to unlearn what you become used to and familiar with. Most countries train their medical students in Confucian models of teaching and learning. The concept of problem-based learning and self-reflection do not exist in Confucian models, where the learner is taught to remember and practise medicine in a prescriptive manner.

If you are supervising or mentoring an OTD, it is important to appreciate that if they are not used to learning under a problem-based learning and clinical reasoning framework, their learning strategy will be largely memory based – like following a recipe.

Learners from Confucian models are used to prescriptive, authoritative, lecture-style teaching and can answer questions based on the teacher's pre-taught script. It is therefore confusing for a learner from a country whose medical teaching model relies on the Confucian model to be asked to problem solve without a script.

A Socratic problem-based learning approach will often feature multiple strands of different pieces of information that do not necessarily lead in a linear 'recipe like' path for the learner.

So, when an Australian supervisor asks an OTD from a Confucian-based learning culture a problem-based question using a Socratic model of teaching and learning (i.e. informal, interactive approach), it can be confronting and confusing for both parties. It can be met with silence, which to an Australian supervisor may be interpreted culturally as a lack of knowledge, disengagement or disrespect. Importantly, what is likely occurring in these instances is not a lack of knowledge, engagement or respect, rather the learner has no 'script' to draw on to give the 'right' answer, even if they have many years of experience.

Similarly, the Socratic method is more informal; there is more equality between the teacher and the learner, and learning takes place through interaction. So, if you have a Confucian-trained OTD significant effort will need to be made to inculcate them into the less formal, problem-based, Socratic method of teaching.

One of the key concepts of Socratic learning that Australian doctors are used to is watching senior doctors practise. Therefore, Australian trained doctors see a lot of modelling, whereas often doctors who have trained overseas have never

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had the opportunity to sit in with another GP, and another GP has never sat in with them. While role modelling is regarded as a rich learning experience in Australian general practice, introducing this concept to an OTD may at first be a threatening concept for them.

If you are supervising or mentoring an OTD, it is important to explain to them that this type of modelling is a normal process in teaching and learning in Australian general practice, and prepare them for the value of case-based discussion or mini external clinical teaching (ECT) visits. Encourage your OTD to embrace modelling and case discussion as a valuable learning tool which will benefit their practice and exam preparation.

### What do learners from countries where a Confucian model of teaching need to know about the Australian Socratic model of teaching and learning that will assist them to prepare for exams and more broadly as a clinician?

Australian college examinations test a candidate's clinical reasoning. Therefore, in order to pass the college exams and practise effectively in the Australian healthcare system, your OTD will need to become comfortable with the Socratic problem-based learning methodology.

Some OTDs are resistant to this, which is the root cause of their difficulties in passing Australian college exams, despite sometimes having many years' experience in their training

country of origin.

In helping your OTD train for their exam, you need to help them understand that Australian college examiners are not looking for memorisation, but application of your OTD's medical knowledge to clinical reasoning.

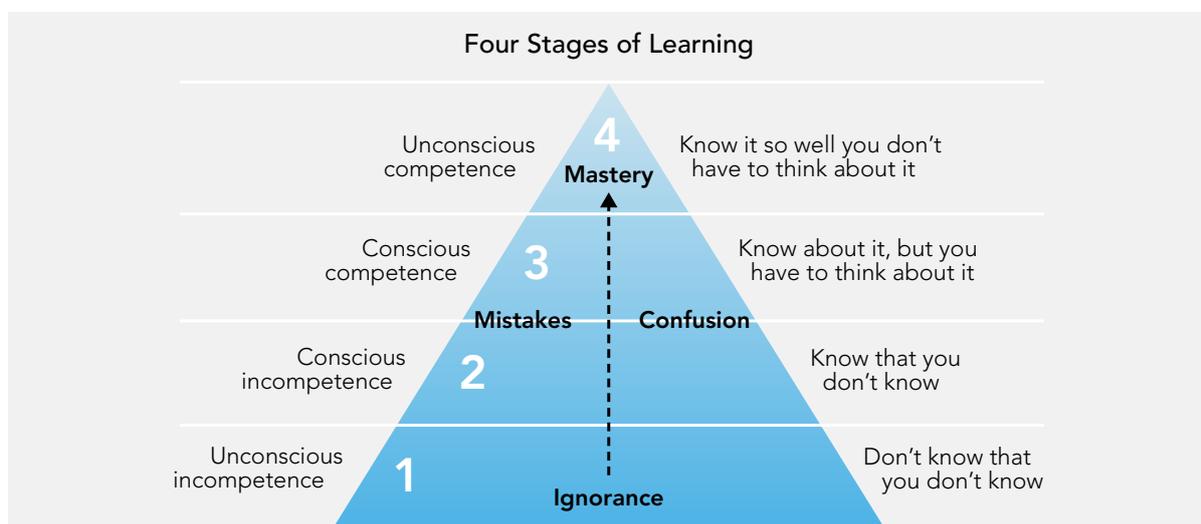
### What do experienced OTDs find most challenging in written exams such as the Key Features Problems (KFP) and Applied Knowledge Test (AKT)?

The core of the KFP and AKT is to test clinical decision skills; that is, to test hypothetico-deductive reasoning. Experienced OTDs who sit the exam with pattern recognition as the core of their practice, may find it difficult to decipher the stem of the question appropriately.

### What are the stages of competence I need to consider when supporting and educating OTDs?

The stages of competence, which also relate to Australian trained doctors, are reached at different stages, according to a doctor's medical training and experience. Determining your OTD's stage of competence in clinical reasoning and problem based learning will help refine how you go about supporting and educating your OTD.

#### STAGES OF COMPETENCE



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### What communication resource does GPSA provide which will help me support and educate an OTD?

The Communication Skills Toolbox was developed for GP supervisors and medical educators to assist doctors, particularly those that had trained outside of Australia, to work in the Australian healthcare system. This includes an appreciation of:

- The organisational structures and systems in which we work.
- The learning and teaching techniques that we utilise.
- The cultural, societal and communication considerations that contribute to patient care.

**INTRODUCTION - TEACHING AND LEARNING**

**1 MODULE ONE - ORIENTATION TO MEDICAL PRACTICE IN AUSTRALIA**

**2 MODULE TWO - STRUCTURE OF THE CONSULTATION**

**3 MODULE THREE - CHALLENGING CONSULTATIONS**

**4 MODULE FOUR - LANGUAGE COMPETENCY**

**5 MODULE FIVE - WRITTEN LANGUAGE**

**GPSA**  
GENERAL PRACTICE SUPERVISORS AUSTRALIA

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[The Communication Toolbox](https://gpsupervisorsaustralia.org.au/communication-skills-toolkit/) provides ideas and techniques, guidelines, readings, worksheets and references. The toolbox is available on the GPSA website under the Educational Resources tab, or go directly to the resource at <https://gpsupervisorsaustralia.org.au/communication-skills-toolkit/>

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**I've looked at the toolbox, and discovered it is a comprehensive resource which can help me support both Australian trained doctors and OTDs. How can I save time in finding resources specific to supporting OTDs?**

There are six comprehensive sections in the toolbox:

- Introduction
- Module 1 – Orientation to Medical Practice in Australia
- Module 2 – Structure of the Consultation
- Module 3 – Challenging Consultations
- Module 4 – Language Competency
- Module 5 – Written Language

**TIME-SAVER:** When searching for individual worksheets within a module, click on any subsection, and then click on the Resources link (to the right of screen) for a list of hyperlinks. This saves time when you are not needing to work through each worksheet within that module. You can also click on the hyperlinks for the top 10 recommended worksheets/ information sheets (below) for you to look at with your OTD.

### TOP 10 COMMUNICATION TOOLBOX SHEETS TO SUPPORT OTDS

- Module 1 Orientation to Medical Practice in Australia
  - R1.2 Previous Medical Education and Practice Experience
- Module 2 Structure of the Consultation
  - R2.10 Structure of the Consultation Part 2:
- Gathering Information
  - R2.3 Structure of the Consultation Part 3: Talking with Patients
- Module 3 Challenging Consultations
  - RC3.7 Relationships Beliefs About Gays and Lesbians
  - RSE.3 Sexual Health Taking a Sexual History
- Module 4 Language Competency
  - R4.15 Practising Word Stress Medical
- Terminology
  - R4.17 Australian Slang Dictionary
  - R4.18 Slang Terms in the Consulting Room
- Module 5 Written Language
  - R6.3 Language Hints and Examples
  - R6.9 Teaching Session Guide: Referral Letter Review



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### How will these top 10 recommended resources help me support and educate an OTD in my practice working towards fellowship?

## 1

### MODULE ONE - ORIENTATION TO MEDICAL PRACTICE IN AUSTRALIA

#### Worksheet [R1.2 Previous Medical Education and Practice Experience](#)

How often do you ask a doctor who comes into your practice *“What was the learning system in which you undertook your medical training?”* What if the way you like to teach is different to the way they like to learn?

This worksheet gives you and your registrar the opportunity to identify and discuss differences in the Australian and (their) overseas' curricular models, instructional methods, cultural and socioeconomic conditions, and national organisation of the healthcare system. You and your OTD could fill out the questionnaire individually, and then discuss a learning plan to help your OTD be successful in obtaining fellowship under the Australian system of teaching, learning, and assessment.

## 2

### MODULE TWO - STRUCTURE OF THE CONSULTATION

#### Worksheet

#### [R2.10 Structure of the Consultation Part 2: Gathering Information](#)

This worksheet also looks at different words and techniques that you can discuss with your OTD to help them proceed through a consultation in Australian general practice.

Whether your OTD arrives at your practice with minimal or extensive medical experience, this worksheet will help you teach communication skills relevant to practice in Australia. This worksheet covers consultation questioning and listening techniques, facilitative responses, and understanding the patient's perspective. It covers phrasing and non-verbal communication that as Australian trained GPs we may take for granted.

Examples of useful phrases found in this worksheet include:

- Exploration of the patient's problems – *“Tell me all about it from the beginning...”*
- Clarification of the patient's story – *“When you say dizzy, do you mean that the room seems to actually spin around?”*
- Internal summary – *“Okay...(then name or list the points the patient has made) is that right?”*
- Understanding the patient's perspective – *“What are you concerned it might be?”*
- Responding emphatically – *“I'm sorry to hear that.”*
- Picking up and checking out verbal cues about a patient's feelings – *“You said you felt miserable. Could you tell me more about how you've been feeling?”*

#### Worksheet

#### [R2.3 Structure of the Consultation Part 3: Talking with Patients](#)

This worksheet will help you teach your OTD skills to help build a relationship with patients, looking at the six intervention categories in which a doctor can influence a patient's behavioural change. These categories are:

- Doctor Centred Interventions
  - Prescriptive (doctor makes explicit recommendation).
  - Informative (doctor imparts knowledge or information).
  - Confrontation (doctor challenges patient's thoughts or actions).
- Patient Centred Interventions
  - Cathartic (doctor helps patient explore and express emotions).
  - Catalytic (doctor encourages patient to say more).
  - Supportive (doctor helps and encourages the patient to cope with the stress of illness and life crisis).

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#### MODULE THREE - CHALLENGING CONSULTATIONS



##### Worksheet [RC3.7 Relationships – Beliefs About Gays and Lesbians](#)

This worksheet is a good prompt for discussion with your OTD about gender diversity, and how to take a sexual history. It is worthwhile as a teacher, also doing this worksheet yourself to bring the Socratic concept of learning to your OTD's learning experience.

- In addition, the GPSA Doctor Talk and Shades of Grey Ethical Dilemma flash cards can be used as complementary resources in role plays with your OTD to test and strengthen their communication skills in challenging consultations. Download or purchase these resources at <https://gpsupervisorsaustralia.org.au/flash-cards/>



##### DOCTOR TALK FLASH CARDS

A great communication resource available to run through with your GP registrar as an in-practice teaching session. These are currently available to download or you can purchase your own set. Pick one of the 50 cards and discuss the issues which should be considered when dealing with this type of consultation.



##### SHADES OF GREY FLASH CARDS

MDA National reports that advice sought about ethical dilemmas is a common reason for member contact. The Ethical Dilemma flash cards are a great resource available to run through with your registrar as an in-practice teaching session. These are currently available to download or you can purchase your own set.

### 4

#### MODULE FOUR - LANGUAGE COMPETENCY



##### Worksheet [R4.15 Practising Word Stress Medical Terminology](#)

While not all OTDs will need support with linguistics, this worksheet is a useful resource for those that do. It looks at common words OTDs have trouble with. By looking at this worksheet with your OTD, you can model how these words sound. In doing so, you support your OTD in having a stronger ability to develop rapport with patients, as well as avoid misunderstanding words in the exams.

- In addition, using the Emotion and Feeling Wheel (on page 9) will help expand your OTD's competence in emotional vocabulary. This is a valuable resource in helping your OTD negotiate empathetic responses in the English language, and also in understanding the nuances of emotion which will help them in their OSCE preparation.





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#### MODULE FOUR - LANGUAGE COMPETENCY



##### **Worksheet** [R4.17 Australian Slang Dictionary](#)

You will have a lot of fun looking at this list of uniquely Australian slang with your OTD, and most likely learn some new terms yourself!

##### **Worksheet** [R4.18 Slang Terms in the Consulting Room](#)

This worksheet will help you introduce to your OTD some of the unique and bizarre words and phrases that Australian patients may use to describe body parts, sex and sexual health, illness, recovery, vomiting, urination, defecation, constipation, diarrhoea, skin ailments, concerns about genitals, stress, flatulence, alcohol, time off work, etc.

### 5

#### MODULE FIVE - WRITTEN LANGUAGE

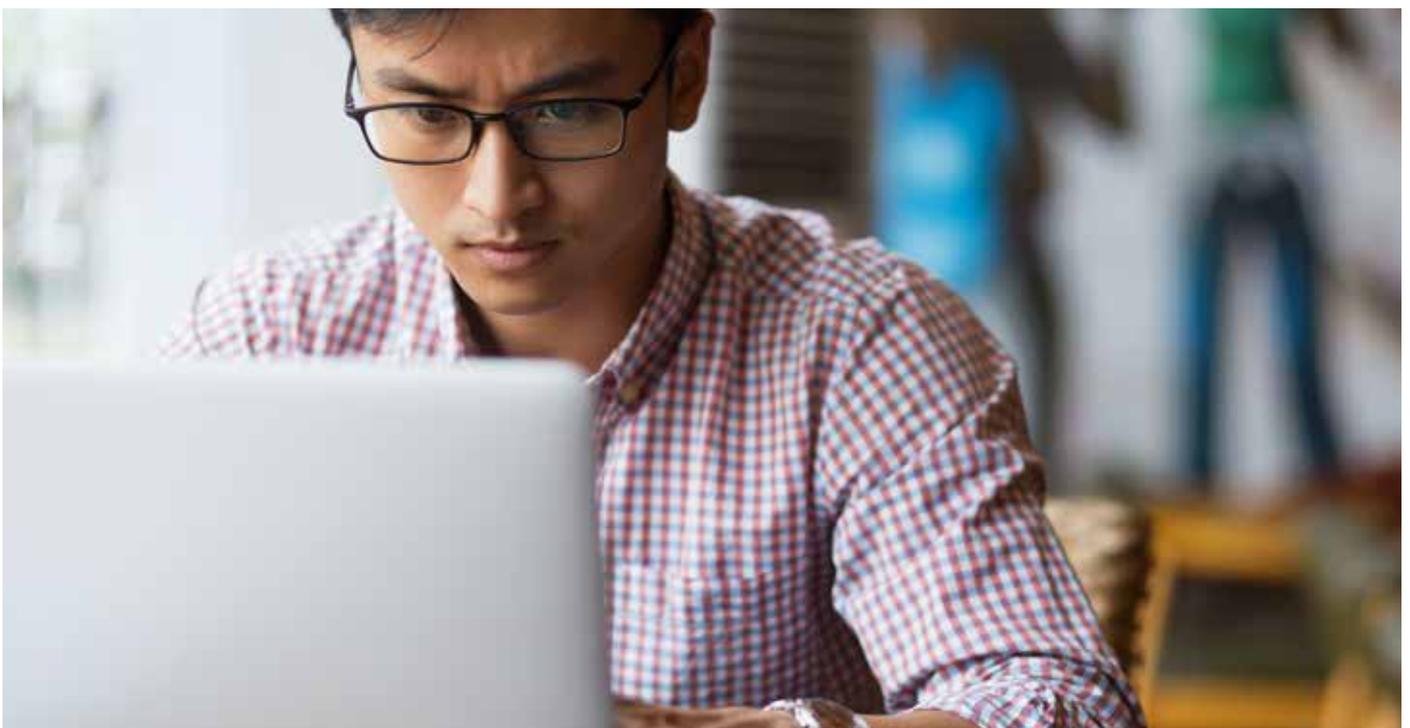


##### **Worksheet** [R6.3 Language Hints and Examples](#)

This worksheet provides tools on how to formally write a structured case history. It provides writing tips and examples for a referral letter and formal reports (medical and legal).

##### **Worksheet** [R6.9 Teaching Session Guide: Referral Letter Review](#)

This worksheet will give the supervisor prompts to use with their OTD to provide feedback about the content and quality of their referral letters. It also provides prompts on stimulating discussion about when to use a specialist and specialist services available in the area.



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### Are there any video resources which I can include in my communication toolbox to support and educate OTDs?

The Doctors Speak Up website at <http://doctorspeakup.com> is an excellent multimedia resource which you should also add to your communication toolbox when supervising/mentoring an OTD.

This website was developed by the Medical Education Unit at the University of Melbourne, with support from the Victorian Department of Health and the Postgraduate Medical Council of Victoria.

[Doctors Speak Up](#) as case-study videos (click on the Navigate tab) of doctor-patient interactions and explores some of the communication and language issues. The videos are complemented with a range of activities and explanations you could incorporate into teaching sessions with an OTD. There are also transcriptions of the videos: print them out for your OTD and highlight communication teaching examples. For example, "That's a really good way of saying that, etc."



After watching the short case study videos with your OTD ask (and then offer your view) on the following:

- "What should the doctor keep doing?"
- "What do you think the doctor should do more of?"
- "What do you think the doctor should do less of?"
- "What should the doctor try?"
- "What sections/handouts from the Communication Toolbox could be useful?"

If your OTD is happy to be videoed in a consultation, you could watch these videos together and have a similar discussion. For example:

- "What do you think you should do more of?"
- "What do you think you should do less of?"
- "What do you think you should keep doing that you are doing well?"
- "What are some things you can try?"
- "Let's find some activities in the Communication Toolbox which will help follow-up on that activity and make it more useful."