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IMG education program – A community of practice framework for IMGs and clinical observers

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Abstract

International Medical Graduates (IMGs) are faced with unique educational needs and challenges during transition to Australian healthcare setting. Although IMGs' issues have been well identified in the literature, limited interventions were done to overcome the gaps. The aim of this study is to provide a platform of learning and to improve confidence in IMGs to work more competently and independently in Australian healthcare system. At Northern Health we applied the community of practice (CoP) framework to establish an education program for IMGs and Clinical Observers. Our findings show that 'IMG Education Program' is highly regarded by IMGs and clinical observers; 87% are satisfied with IMG education sessions and 93.5% regard digital communication platforms highly. This program provides the opportunity for IMG JMOs and Observers to engage with their community; share information, improve skills, build relationships and develop a repertoire of shared resources to enable a smoother transition to the Australian medical workforce.

Keywords: IMG, transition, highly regarded, JMOs

Introduction

A community of practice (CoP) is a useful way for sharing, developing and disseminating knowledge. It is made of a group of people or a learning team who work together to gain and share the knowledge and expertise (Wenger *et al.*, 2002). Participating members interact on a regular basis aiming for improving their level of practice (Nemec and LaMASTER, 2014, Edwards *et al.*, 2017) [8,2].

The concept of CoP has been applied in a variety of fields with successful outcomes (Pogrund, 2019, Barnett *et al.*, 2012, Gandamihardja, 2014, Lin and Sherbino, 2015) [10, 1, 4, 6]. In this paper we have applied a CoP in International Medical Graduate (IMG) community at a teaching hospital in the northern suburbs of Melbourne, Australia and investigated its implications and benefits. The hospital provides a Clinical Observer program as an orientation for IMG's to the Australian Health system.

Australia's medical workforce is heavily reliant on IMGs to provide health services especially in rural areas that struggle to recruit local graduates. Working in a new healthcare system in a different country with linguistic and cultural differences may be extremely challenging for IMGs, especially those from non-western countries. IMGs may face huge amount of mental stress and pressure which results in low self-esteem, isolation and low life satisfaction in the beginning (Fiscella *et al.*, 1997) [3]. Amongst some of the common issues are cultural isolation, inadequate communication skills, insufficient orientation to Australian healthcare system and Australian culture and variable medical knowledge and clinical skills (Spike, 2006, Pilotto *et al.*, 2007, Holt, 2008) [11, 9, 5].

An IMG CoP can provide the opportunity to share and learn one another's concerns and experiences and consequently may stimulate and facilitate learning process. The aim of this study is to investigate whether IMG CoP and professional social networking (Yarris *et al.*, 2019, McLoughlin *et al.*, 2018) [13, 7] could benefit IMGs to better overcome challenges and improve their learning resulting in quicker entry into specialty training.

Methods: 'IMG Education Program' commenced in September 2018 within the hospital environment led by an enthusiastic and experienced IMG and supported by the Medical Education Unit.

The program included fortnightly 1-hour teaching sessions mainly focused on unfamiliar topics such as roles and responsibilities of allied health team, goals of patient care and patient centred approach, breaking bad news, palliative care, and clinical documentation in the Australian healthcare system, training pathways in Australia, CV and cover letters workshop for job applications and essential clinical topics. At the end of each session, program was evaluated using the Likert scale on the usefulness of the session, the best and worst aspect as well as open text for comments and suggestions on future topics.

Additionally, an electronic communication platform was created via email, WhatsApp and social media. These platforms included the working IMG JMO's and Clinical Observers and provided excellent opportunity to facilitate communication regarding specific education needs. IMGs working shifts and across campuses who were unable to attend teaching session in person were able to benefit from the social media platform.

IMG Education Program was evaluated in 12 month-time by all IMGs involved in the program. A survey questionnaire was launched in Oct 2019 to assess the overall IMG satisfaction of the program. This survey was conducted under ethics approval number ALR No: 49.2019, from Northern Health ethics committee.

Results

Table 1: IMGs demographics at Northern Hospital

Gender	Male	Female	Other	
	29%	71%	0%	
Age group	18-24	25-34	35-44	45+
	0%	74%	26%	0%
Current position	Registrar	PGY 3	PGY2	Observer
	3%	26%	39%	32%
Registration status	General	Provisional	Limited	Not registered
	23%	41%	13%	23%
Country of graduation	East Asia	South Asia	Middle East	Other
	19%	32%	42%	6%
Clinical experience	< 2 years	2-5 years	> 5 years	
	19%	55%	26%	
Training program	Basic Physician Training	Obstetrics & Gynaecology	General Practice	None
	7%	3%	6%	84%

Table 2: Feedbacks on IMG education program

Relevance of topics	Strongly agree	Agree	Neutral	Disagree
	42%	45%	13%	0%
Attendance rate	< 25%	25-50%	50-75%	> 75%
	23%	53%	17%	7%
Barriers to attend	Busy schedule	Night shift	Off-site rotation	Other
	77%	57%	40%	17%
Benefit from digital platforms	Strongly agree	Agree	Neutral	Disagree
	42%	52%	6%	0%

Discussion

IMGs are integral to the delivery of medical services in metropolitan and rural areas of Australia. As per Medical Board of Australia, there are three major pathways of registration to practice medicine in Australia for IMGs: a) Competent Authority pathway, b) Standard pathway, and c) Specialist pathway. IMGs on competent pathway (graduated

from UK, US, Canada, NZ and Ireland) usually made the transition seamlessly into Australian Healthcare due to comparable medical training conditions. However, IMGs on standard pathway face unique challenges during assimilation process in Australian healthcare workforce from the unfamiliarity with the new system. Previous research into the challenges that IMGs face have mostly focused on recognizing the issues but not many talk about concrete solutions (Holt, 2008, Spike, 2006, Pilotto *et al.*, 2007)^[11, 9, 5].

To improve integration of IMG workforce, the hospital conducted various programs. The Clinical Observership program provides the opportunity for IMGs to gain valuable insight into Australian health care system. It includes placements for three weeks on a general medicine unit and three weeks in the emergency department. The program also allows attendance at hospital education sessions for up to one year, (including weekly intern, HMO and unit specific education sessions where available).

To enhance further learning, a dedicated IMG Education Program was set up in September 2018 led by an enthusiastic IMG based on community of practice (CoP) framework. The aim of the program was to provide a trusted platform of learning and to improve confidence in IMGs to work more competently and independently in Australian healthcare system. Initially, sessions used a didactic teaching methodology with presentations on specified topics that are unfamiliar for IMGs. However, it evolved into a platform for IMGs and Observers to engage with one another, created a sense of belonging and support and the opportunity for peer and reflective learning. Meetings expanded into interactive sessions and a social media group was created to enable better and more meaningful communication. This approach has helped IMGs to share their unique experiences, obtain information about expectations in their upcoming rotations and more importantly to informally discuss the challenges they face amongst their peer group, issues which they may be reluctant to share with senior doctors. Not all IMGs were still part of the original group but the shared stories and resources created over the year gave the meetings a sense of continuity and purpose. New members were warmly welcomed into the “community”, and some stepped up by requesting certain topics for education and initiating personal discussions. The group is small but the effect is large. Some IMGs met face to face and others communicated via social media.

An unexpected outcome from the CoP was the transfer of tacit knowledge “practical know how”. Polayni 1969 said “we can know more than we can tell” acknowledging that knowledge stored in our brain cannot be expressed out to others easily. For IMGs tacit knowledge of the workplace is difficult to convey and taken for granted by Australian doctors as it is a form of expertise that lies subconsciously over a period of time. The CoP communication facilitated the discussion of tacit knowledge and allowed IMGs to step back and process day to day decision making and how to avoid errors and make culturally acceptable decisions. The CoP digital platform in particular was very effective in sharing tacit knowledge. Questions such as how do night shifts work, what are expectations of a particular, including does and don't and where to find the Cardiology registrar were shared among the IMG cohort and good news stories which motivated IMGs to get more involved in the health

service.

Explicit knowledge was also shared among the IMGs such as how to complete registration paper work, an area notoriously difficult to navigate. This mutual sharing helped IMGs transition and anecdotally increased their sense of wellbeing. Venting was also encouraged with highs and lows of the day discussed including how to approach a difficult colleague or situation. Social media discussions also facilitated three IMGs being recruited into research projects.

Conclusions

Using the CoP framework to establish an IMG Education Program may lead to better learning outcomes, creates a dynamic support network for IMGs and Observers and a better prepared IMG workforce. It also establishes a purposeful, organisational wide approach for IMG and Observer education and is a replicable methodology than can be applied to any healthcare service.

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