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Learning the system; The role of critical reflection for international medical graduates and new doctors

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Central Question for Educators

- How can IMG's be best supported and facilitated to make the transition from their past knowledge and experience to effectively work in the Australian Health system?
1. What is the nature of the learning and adjustment that IMG's must undertake when beginning work in a (metropolitan/rural) hospital/private practice?
 2. What behaviours, attitudes and skills are required to successfully learn/adjust?
 3. What mechanisms or design principles should managers consider when fostering these adaptive behaviours ?
 4. **What did we do?**

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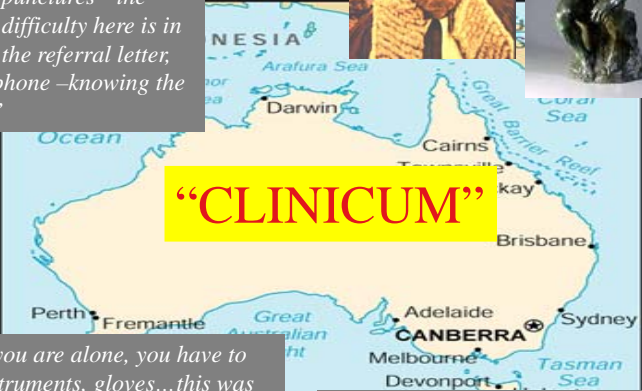





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"In Vietnam, I do 5 tracheotomies per day and lumbar punctures—the biggest difficulty here is in writing the referral letter, on the phone—knowing the system"

"Here you are alone, you have to find instruments, gloves...this was hard in the beginning. In Sri Lanka you are like a king"

"It doesn't matter if you are overseas or not. It just matters how fast you become part of the team—you have to change, to modify"

Dr Anna Harris 2009: learning the system

1. What is the *nature of the learning* for IMGs

Socially mediated

- Takes place in informal learning communities (Eraut 2004);
- Relies on social interaction (Price and Felix 2008) and
- Occurs or is situated in the workplace (Hodkinson et al 2008),



1. What is the *nature of the learning* for IMGs

Individual

- Recognise and make connections between their own experience, values and beliefs and the systems of the host country

Critical Reflection

- Self awareness
- Self confidence
- Reflection in and on practice



2. What are the *skills and dimensions* of behaviour required for *socially mediated critical reflection*?



Van Woerkom et al 2002
Critically reflective working behaviour

What does reflection look like in the workplace?

Individual reflection

1. Reflection on oneself in relation to the job
2. Learning from mistakes
3. Awareness of employability.
4. Experimentation

Social dimensions of reflection

5. Vision sharing
6. Challenging group think
7. Asking for feedback
8. Sharing knowledge.

Van Woerkom et al 2002



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Critical reflection as a form of adult learning

Adults learners are:

- Self directed
- See the purpose of learning
- Develop their own goals

(Knowles 1984)

Adult learning requires integrity and persistence, so...

- The learning environment needs to be inclusive *and to foster*
- A strong sense of personal agency and identity

(Montgomery 2006)



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A fundamental feature of Critical Reflection in Action is...

- Asking (critical) questions (Brooks 1999).
- “*Learning by doing*”

“*Learning by speaking*”

3. What mechanisms or design principles are necessary in order for these dimensions to flourish?

- Discuss cases selected from their own practices
- Views are exchanged about how members struggle with specific cases
- Diversity is actively sought
- Group think actively prevented
- Participatory and exploratory discussion style
- Members ensure commitment within the community
- Members may observe first without participating



De Groot et al 2011
Social affordances that promote Critically
Reflective Work Behaviour

3. Mechanisms or design principles influencing CR

Intrinsic Factors

- Social integration:
- Professional autonomy:
- Competence;
- Balance between security and challenge.
- Self efficacy

Workplace factors--negative

- Work pace and workload
- Task obscurity

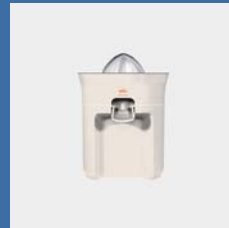
Workplace factors--positive

- Autonomy—more control
- Participation
- Information
- Cooperation
- Communication
- Coaching
- Organizational climate for learning

Van Woerkom et al 2002

Industrial design principles

1. Is innovative
2. Makes a product useful
3. Is aesthetic
4. Makes a product understandable
5. Is unobtrusive
6. Is honest
7. Is long-lasting
8. Is thorough down to the last detail
9. Is environmentally friendly
10. Is as little design as possible



Dieter Rams

Transition in practice Pilot program

1. Facilitate new doctors to develop insights about their role and the role of those with whom they work
2. Increase their confidence to participate within the hospital and act in the best interests of their patients
3. Develop capacity for both doctors and other health staff within the hospital to assist future new doctors in similar transition programs.

Lave and Wenger 1998



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Transition in practice program

Based on:

- The nature of learning when making transitions to a new area of practice
- Gaps in current orientation programs that are removed from the fabric of everyday practice

Recognises that IMGs...

- Bring expertise and experience from their previous practice and education
- Are educators and learners
- Learn through communication with a range of staff



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Transition in Practice Program

1. Radiology referrals

- How do you present a case?
- Presenting referrals?
- Comparing experiences?
- Experiences with?

2. Working with physiotherapists

- Who are they?
- How to make referrals?
- When to make referrals?
- Comparing roles?
- Experiences with?

3. Discussing documentation with Medical Records staff

- What is expected?
- Who reads your notes?
- What style is appropriate?
- Who to ask when you have questions?

4. Pharmacy in the hospital

5. The Role of the Social Worker

Ground rules for discussion

- Do not be tempted to solve problems
- Be open minded
- Contribute wholeheartedly
- Be non-judgmental
- Disclosures within the process of reflection are confidential
- Each person has the right to privacy

Reflection steps Step 1: New doctor experience

1. What is the problem/challenge/clinical topic being discussed?

In pairs, or within the whole group discuss new doctors' experience of the clinical area of practice

The listening partner or facilitator asks the following questions:

What is your experience of (clinical practice area)?

Why did you practice in this way?

What was the context?

How does it differ from the local hospital experience?

What questions does this experience raise for your practice in this hospital?

Facilitator lists the experiences and different understandings about this clinical area of practice on a whiteboard



Step 2: Local health experience

2. The visiting speaker/local practitioner is invited to provide information about this area of practice from their perspective and experience

All participants are invited to ask questions about this 'local' knowledge

The facilitator lists the key features of the 'local' practice on the board and invites all participants to note the different approaches to this clinical area of practice from the participants' perspectives and experiences.

Questions for discussion and reflection

- How do the practices and approaches differ?
- What are the reasons for the difference?
- What is a problem/challenge for 'new doctors' in this area of practice ?
- Why is the problem/challenge important to them personally and to their health practice?



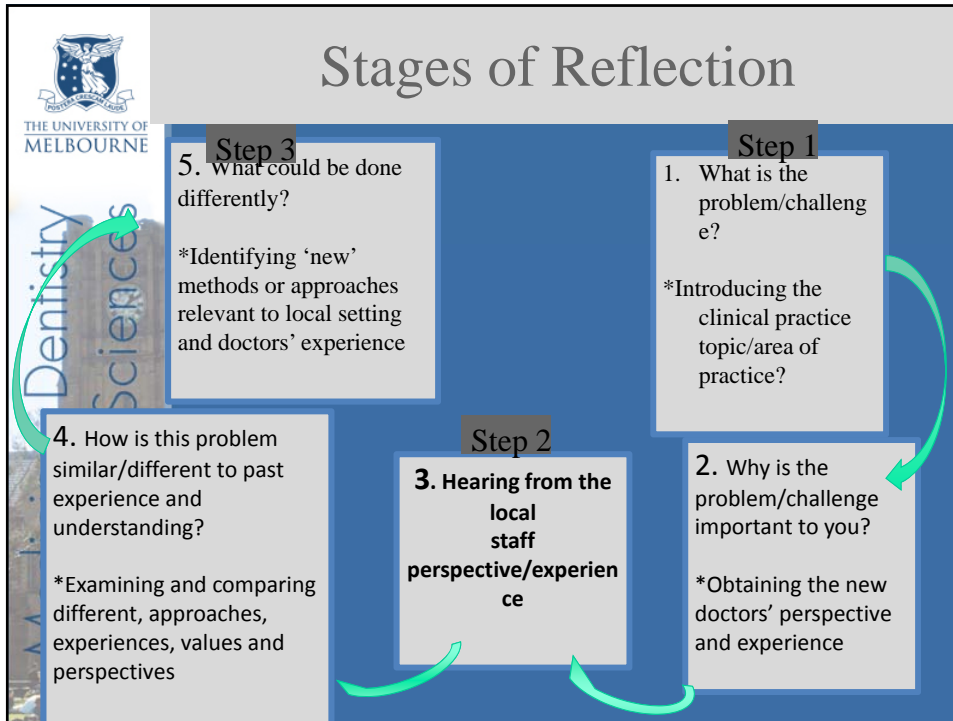
Step 3: Insights from reflection

3. How is this problem similar/different to other situations?

Examining and comparing different, approaches, experiences, values and perspectives

The listening partner/facilitator asks the following questions:

- How is this problem similar/different to past experience and understanding?
- Can you identify 'new' methods or approaches relevant to the local setting
- How will you integrate your past' experience with this new knowledge
- **What will you need to do to understand and be able to practice competently in this area of practice?**



Evaluation

- Thoughts about today's meeting (e.g. new understandings, perspectives, other comments)
- Ideas about topics for the program (i.e. other aspects of 'the system' you would like to see addressed) ...
 - I am happy to share these thoughts with the group
 - I give my consent for this to be included in reports or articles



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Findings

1. Awareness and familiarization

Actually the system is different. Very important to know that a doctor and a pharmacist work as a team and in a way protect each other. Although there is lots restrictions and rules you have to follow in that system which may frustrate those without experience.

2. Different ways of learning

- *Even after my IMG training here I wouldn't have any idea of how and when to refer to a physio.*
- *Sharing idea is very good experience*
- *It's always good someone from the system involved to talk about the system*

3. Recommendations about the program

- *Learning practical tasks*



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3. Recommendations about the program

- *Learning practical tasks*

1. Hospital management,
2. Legal and insurance issues,
3. Ordering blood products,
4. Dealing with family members,
5. Interactions with nursing staff--particularly Nurse Unit Managers,
6. Writing specialist referrals,
7. Understanding hospital guidelines,
8. Ethical issues such as informed consent,
9. The process of discharging patients,
10. The roles of general practitioners,
11. Rehabilitation medicine,
12. Palliative care,
13. Occupational therapy



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Summing up—our program

Provided a forum for doctors to critically reflect upon their observations of differences in practice, between their past and present work environments

Doctors feedback:

- **Found** the meetings useful and practical for their current or future hospital work
- **Recognised** the importance of learning from other IMGs and local staff in terms of sharing ideas, experiences and a means of learning.
- **Valued** their active part in shaping what they considered to be the system that they needed to learn.
- **Increased** confidence to ask more questions in the workplace of various staff members, who were seen as "friendly, helpful and capable"
- **Developed** a range of practical strategies helpful for their everyday tasks.

Enabled socially mediated critical reflection



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Thankyou

Questions?

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