



Developing rapport in inter-professional communication: Insights for international medical graduates



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ABSTRACT

Many Western countries including Australia have become reliant on international medical graduates (IMGs) to strengthen their medical workforce. In Australia, the majority of IMGs are now from non-English speaking backgrounds and work in medical and communicative environments in which they were not raised or trained themselves. They therefore face the challenge of understanding unfamiliar hospital systems and guidelines, and a new set of cultural and communicative parameters. In this paper, we report findings from a pilot study investigating the communicative challenges that IMGs face in simulated medical handovers in an Australian hospital context. Using a case study approach and tools from applied linguistics and intercultural pragmatics, we analyse the discourse of two doctors to identify some of the discourse features that native English-speaking and expert medical practitioners use to establish and maintain rapport with colleagues. We draw on the distinction between the pragmalinguistic and socio-pragmatic aspects of the inter-professional context to illuminate the different areas of communication that might be tackled explicitly and systematically as part of IMG preparation for practice in Australia. In this way we illustrate how discourse data can contribute to an evidence base from which principled approaches to communication training for IMGs may be developed.

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1. Introduction

1.1. English for specific purposes: focus on communication for international medical graduates

As professionals become increasingly mobile, it is common to find doctors practising through languages and in cultures in which they did not train. Such international medical graduates (IMGs) form an important part of the medical workforce in many developed countries around the world, often taking on positions that locally-trained doctors are reluctant to fill (McGrail, Humphreys, Joyce, & Scott, 2012). Australia is no exception, with some 39% of the Australian workforce trained overseas (House of Representatives Standing Committee on Health and Ageing, 2012). The majority of IMGs now come from countries such as China, Egypt, Malaysia or India (Hawthorne, 2012) where healthcare may not be routinely delivered in

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English or the variety spoken may be very different from that used in Australia. As such, they find themselves working in medical and communicative environments in which they were not raised or trained themselves and where they not only face the challenge of understanding new hospital systems and guidelines, but also a new set of cultural and communicative parameters (e.g., Dahm, 2011b; Pilotto, Duncan, & Anderson-Wurf, 2007).

Moreover, any communicative difficulties that arise can have serious real-world consequences not only for patients but also for the career prospects of the IMGs themselves. However, there is still little systematic understanding of the kinds of difficulties they face or how to address them. While interactions between medical professionals and patients from culturally and linguistically diverse backgrounds have received some attention in recent years (see e.g., Schouten & Meeuwesen, 2006), inter-professional interactions involving IMGs with a focus on English for specific purposes (ESP) have been relatively under-studied, despite the crucial role that effective communication between professionals plays in the achievement of efficient teamwork, productive longer term working relationships and ultimately quality patient care (Leonard, Graham, & Bonacum, 2004). Moreover, the communication challenges faced by IMGs tend to be based on anecdotal reports rather than analysis of interactional data. In a bid to investigate what might happen in naturally-occurring interactions, some recent studies have investigated the performance of IMGs on objective structured clinical examinations (OSCEs; e.g., Cordella & Musgrave, 2009; Dahm, 2011b; Wette & Basturkmen, 2006). In these examinations, candidates rotate through a series of stations which require them to demonstrate various clinical skills as well as an ability to apply theoretical knowledge to clinical problems.

Interpersonal pragmatics research from an ESP perspective, however, has generally focused on doctor–patient rather than inter-professional interactions (e.g., Hoekje, 2007). There has been very little work on how IMGs establish and discursively manage rapport with nursing staff and other colleagues during common interactions such as handovers, where a healthcare professional or team communicates with another healthcare professional or team who will be continuing the care of a patient (but see Dahm & Yates, 2013; Pryor & Woodward-Kron, 2014). This means that the database from which we can develop ESP training materials appropriate to the specific needs of IMGs is very limited. Moreover, the few communication training modules currently available for IMGs in Australia do not systematically incorporate specialist insights from language professionals with expertise in issues for second language users (Woodward-Kron, Stevens, & Flynn, 2011). As a result, feedback on communication can be too generic to be of immediate practical help (Dahm, Yates, Ogden, Rooney, & Sheldon, 2015; Wette & Basturkmen, 2006) or too remedial (and insufficiently proactive) in nature.

In this paper, we report findings from a pilot study involving medical professionals currently practising in Australian hospitals and IMGs preparing for practice in Australia, with a focus on their approach to a clinical handover interaction with a native English speaking registered nurse. Handovers in healthcare settings are a ubiquitous type of interaction which Iedema et al., (2009, p. 291) characterise as representing “the intersection between shifts, units, organizations, professions, ranks, and different professional functions, including teaching, caring and curing.” As Jorm, White, and Kaneen (2009) point out, much of the day-to-day clinical communication that occurs between health professionals is, in fact, a form of handover. Using tools from applied linguistics and intercultural pragmatics, we identify in the data some of the discursive devices that native English-speaking and expert medical practitioners use to establish and maintain rapport in a collegial teamwork environment. In this way we hope to contribute to an evidence base from which principled approaches to communication training informed by ESP research may be developed specifically for IMGs.

1.2. *Inter-professional communication issues for IMGs*

As noted above, we focus in this paper on the communication needs of doctors as they liaise with other professionals, an area of ESP that has received little attention to date (Pryor & Woodward-Kron, 2014). Specifically we focus on those interactive features which help speakers to develop and maintain rapport in medical teamwork settings, and concentrate on communication with nurses in handovers as one such interaction. Handover interactions are crucial for patient safety and continuity of care, and occur frequently in both intra- and inter-professional settings, for example within wards upon shift change, or between paramedics and emergency department doctors and nurses (Bomba & Prakash, 2005). Despite their clinical importance, handovers routinely suffer from communication failures (Jenkin, Abelson-Mitchell, & Cooper, 2007; Jorm et al., 2009). Such communication difficulties are likely to be magnified where handovers involve IMGs or other professionals from different language and cultural backgrounds who may have different cultural expectations of roles, rights, and obligations in inter-professional interactions. Research focussing on the discourse of clinical interactions can help to uncover IMGs’ expectations of themselves and their colleagues, and how these are reflected (often unconsciously) in the way that language is used.

Research suggests that IMGs can have difficulty with the “‘subtle’ and pragmatic aspects of language interaction” (Pilotto et al., 2007, p. 226). These include interpersonal communicative strategies such as building rapport, picking up on verbal or non-verbal cues or style-shifting (see also Dahm, 2011a; Cordella & Musgrave, 2009) which are crucial in highly dynamic and complex interactions such as handovers (Bomba & Prakash, 2005, p. 69). Even those who have studied medicine through the medium of English may have difficulty with pragmatic aspects of interaction since they vary not only across languages, but also across varieties of languages. Furthermore, in countries where English is not widely spoken in the community, medical training may focus on the use of English for specific technical purposes, rather than on day-to-day interpersonal clinical communication. Thus even doctors with high levels of technical proficiency and a facility in the use of formal English can find

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