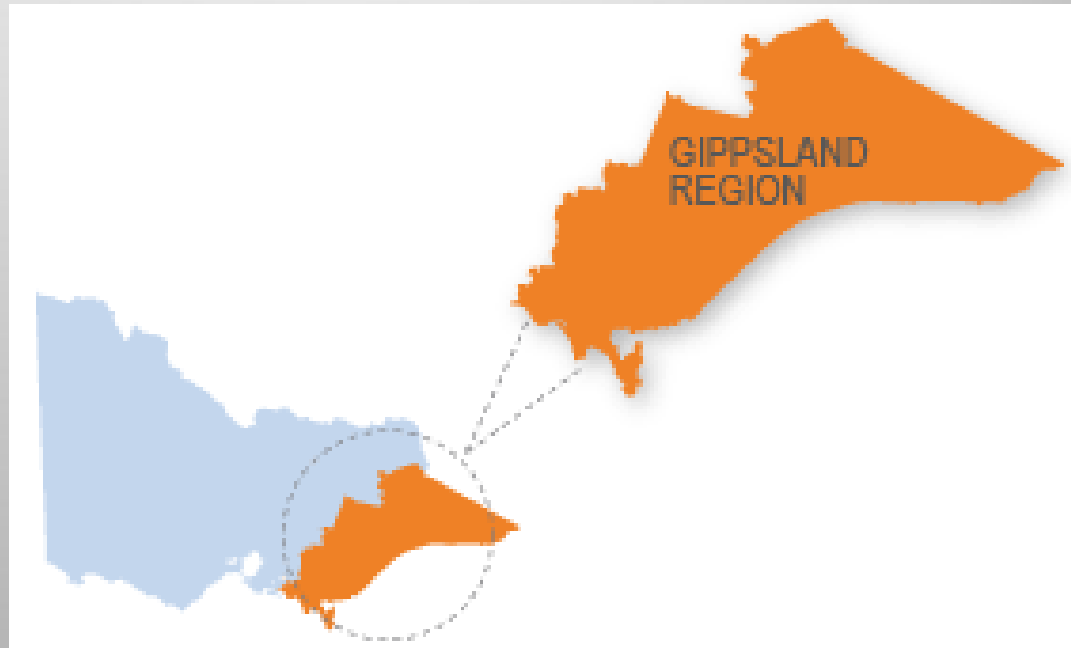


Evaluation of an educational  
program to support international  
medical graduates in rural Victoria,  
Australia

Wright A, Haigh C, Regan M, Sundjeri I,  
Vijayakumar P, Smith C, Nestel D.

# GIPSIE

- **G**ippsland
- **I**nspiring
- **P**rofessional
- **S**tandards  
– for
- **I**nternational
- **E**xperts



# Partnership

- Gippsland Medical School (Monash University)



- Gippsland division of GP training



- Regional Health Services



## What does the literature say?

- Personal challenges
- Recertification
- Hospital Sub-culture and learning
- Existing programs

# Literature: Personal challenges

- Culture shock
  - Loss
  - Disorientation
  - Acceptance/ Rejection
- Language and communication
- Financial stress
- Adequacy of medical knowledge, clinical skills

# Literature: Recertification

- Difficulty finding a job
- Training entry requirements
- Exam process

# Literature: Hospital Sub-culture and Learning

- Australian graduates have at least 4 years to learn how the hospital system works.
- IMGs often spend considerable time out of the workforce.
- Learners from some cultures not encouraged to challenge ideas.
- Evidence based medicine.
- Learning styles.
- **X factor** critical for success ?

## Literature: Existing programs

- Many are highly valuable
  - Most specifically targeted
  - Often not well evaluated
  - Little consistency at a national level
- **Orientation ??**
- **Professionalism??**

# Aims of GIPPSIE

- To provide doctors working in Gippsland with opportunities to improve their clinical knowledge and skills by coaching the concept of deliberate practice.
- To develop individual doctor's self-awareness of strengths and areas for development
- To promote Gippsland as a region regarded as supportive of doctors in training
- To evaluate the effectiveness of the intervention

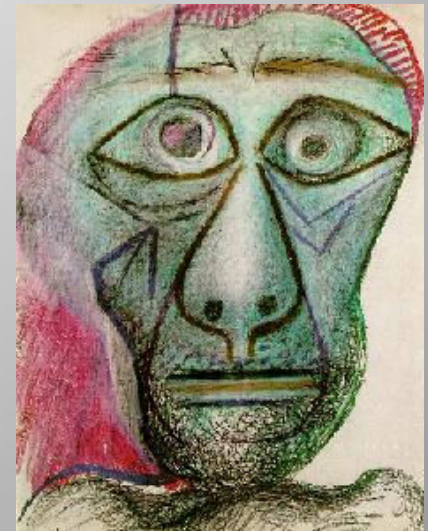
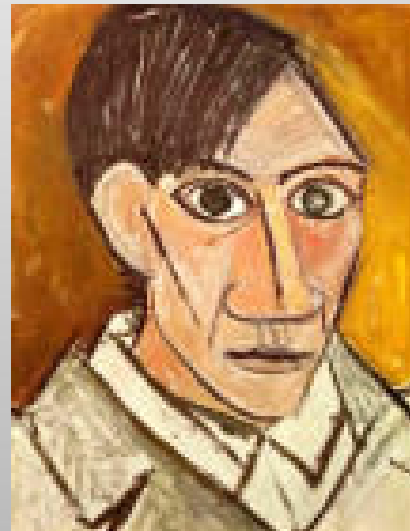
# Method

- Design and implement a 'distributed' learning program
- 2 pilots
- Evaluation

# GIPSIE program

- Educational theory
  - Expertise
  - Situated learning
  - Experiential learning
  - Reflective practice
  - Adult learning principles

# Pablo Ruiz



# John Dewey

- We learn by doing and realizing what we did.

Multisource feedback



2-day workshop  
12 hours  
Learning needs analysis



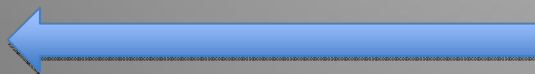
Evening sessions  
4 x 3 hours



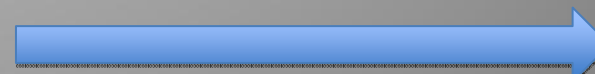
Observed clinical practice  
~ 3 hours



Multisource feedback



GIPSIE website



# Session structure

- Website quiz results
- Clinical practice discussion
- Learning objectives
- Educational activities
  - Knowledge, skills or activity based
- Written reflection
- Session evaluation

# Educational methods

- Lecture based
- Discussion groups
- Website
  - Repository
  - Interactive
- Written reflections
- Audiovisual review
  - Mini i-pods
  - Discussion
- Simulation
  - Role-play
  - Simulated patients
    - Communication
  - Hybrid simulations
    - Procedural skills
  - Manikins
    - Teamwork
    - Leadership

# Example



# Evaluation methodology

- Survey
  - Commencement
  - Learning needs analysis
  - Expectations
  - Demographics
- Multisource feedback
  - Pre- and post-intervention
  - Validated 13-item form
- Sessions evaluation forms
  - Post-session
  - Learning objectives
  - Educational methods
  - Statements of learning
- Website use
  - Frequency of log-in
  - Length of stay
  - Timing
  - Activity
- Individual interviews
  - 3 months post-intervention
  - Semi-structured
  - Response to GIPSIE
  - Perceived impact

# Analysis

- MSF
  - Wilcoxon signed ranks test
- Post session evaluations
  - SPSS 17.0
  - Descriptive statistics
- Interviews
- Free text comments
  - MS word
  - Thematic analysis

# Results

- 15 participants from 6 towns
- Self-report
  - High levels of satisfaction
  - > knowledge, skills, professionalism
- Workplace based observations
  - Ability to describe and implement communication skills
- MSF
  - No statistically significant changes
- Personal observation
  - Improved communication skills and professionalism

# Results

- Appreciated and valued
  - Learner-centeredness
  - Resource allocation
  - Simulation (role-play)
  - Feedback (real time and detailed)
- Disparate views
  - Purpose of program
  - I-pod review
  - Website (accessibility and time)
  - Knowledge component

# Conclusion

- Provided opportunities for doctors to improve their clinical knowledge and skills
- Developed individual doctor's self-awareness of strengths and areas for development
- Promoted Gippsland as a region regarded as supportive of doctors in training
- Qualitative data strongly supportive of a successful program

# Discussion points

- Loved role play, simulation, communication skills, feedback.

but....

- Knowledge based activities poorly received
  - Wrong subject matter? Wrong level? Poorly explained? Pride?
- Resource intensive
  - Needs long lead time, Increased administrative support.
- Confusion re purpose
- Mixed response to IT/ Website
- Is MSF a flawed assessment tool?