

## General description form for teaching tools


In order to have a comprehensive general description of the teaching tool, please try to follow this format (see table below):

1. The **title** of the tool.
2. For which **audience**? Is it for students? Which level?
3. The **goals and objectives** of the tool (operational)
4. The **methods**: small group with facilitator, lecture, discussion, video, role play, sp, etc.
5. General short **description** (sequence, time table, facilitators needs,...)
6. **Practical** implementation advice such as the materials needed, length of session, faculty/facilitator needs, preparation needs, etc.
7. A description of how the material has been successfully deployed including common **pitfalls**, tips for **success**, etc.

It would be very useful for us if you could provide us with the original materials/tools even if it is not in English! We are trying to get funding to have all the materials translated in a professional way.

Besides this, you can also send us video- and audio-materials and other didactic materials.

We would like to thank you for your cooperation! Please follow the progress of our work at [www.each.eu](http://www.each.eu)

<b>Teaching Tool description</b>	Language and intercultural communication web-based resource for International Medical Graduates (open access) <a href="http://doctorspeakup.com/">http://doctorspeakup.com/</a>
Title	<i>Doctors Speak Up: Communication and language skills for International Medical Graduates</i>
For whom? (pregrad, postgrad, residents...)	Primarily International Medical Graduate doctors preparing for their registration examination in English speaking countries (eg Australia, New Zealand); components of the resource are also relevant for pregrad and residents (ie the videos and activities on communication skills).
Goals/educational objectives	- to enhance the language and communication skills of junior doctors from non-English speaking backgrounds seeking medical registration in English speaking countries. The approach is an integrated one embedding language development (interaction, grammar, vocabulary, pronunciation) with medical interviewing skills
Methods <small>(small group, lecture,...)</small>	This resource is adaptable for both group and independent use. There are interactive activities throughout for doctors working independently. The resource can be used in training prior to practice OSCEs on similar cases (ie alcohol history, sexual history, chronic pain, mental health) or post OSCE practice for reflection and discussion). The video scenarios can also be played in lectures and discussed.
Short Description	 <p><i>Doctors speak up</i> includes four videos of doctor-patient interactions as well as interactive tasks on communication, grammar, vocabulary and pronunciation tailored to the four video cases. There is a dedicated pathway for doctors whose first language is an Indian or Chinese language; this pathway is for users who wish to address some of the language aspects which can transfer from their first language into English which can impede understanding. The resource includes links to other communication resources and a guide for educators.</p>
Practical Implementation Advice	Users have responded well to the videos and have benefited in analysing the videos' strengths and weaknesses as well as reflecting on their own practice. While doctors who consider themselves native speakers of English but who have different interactional speech patterns to local populations eg Australian born, may resent advice about language, the embedded nature of the language and communication activities make this approach (ie via the videos) less confronting. In other words, doctors who may have problems communicating due to language background are more likely to engage with an embedded approach like this one.
Tips for success  Pitfalls	(success) try and provide teaching contexts where users can view and engage with the videos and activities, then practice the cases with simulated patients and receive feedback  (pitfalls) hospital firewall restrictions need to be overcome to allow the video content to be played in hospital settings. Fast broadband is also important
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