

BACKGROUND

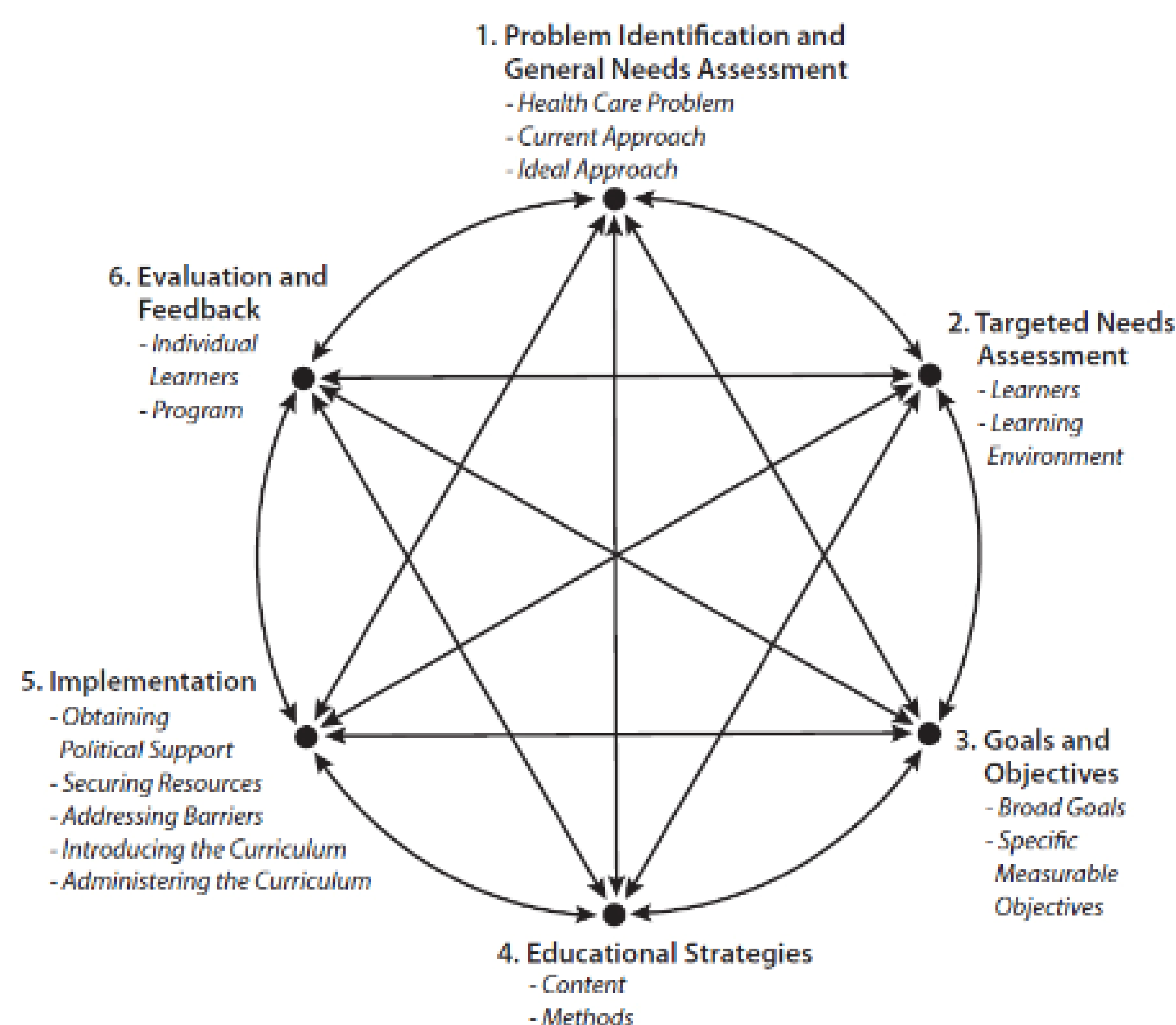
- The Saskatchewan International Physician Practice Assessment (SIPPA) is a competency-based readiness assessment program for international medical graduates (IMGs)
- Many of the SIPPA physicians go on to provide essential family medicine services in rural and underserved areas of Saskatchewan.
- Retention of IMGs in rural communities is influenced by professional support, mentorship, community integration, and financial incentives .
- Gaps in emergency readiness and referral consultation have been identified among some SIPPA physicians. To provide the necessary professional support to fill these gaps, SIPPA has introduced a comprehensive orientation and longitudinal curriculum, including a 3-hour virtual consultation simulation as a key educational component.

OBJECTIVES OF CONSULTATION SIMULATION

- Demonstrate an effective telephone consultation through virtual simulation
- Use System Flow Coordination Center (SFCC) processes to access consultants
- Describe strategies for dealing with difficult consultants

DESCRIPTION OF THE INNOVATION

This education innovation was developed using the Kern and Thomas' 6-step Model of Curriculum Development.

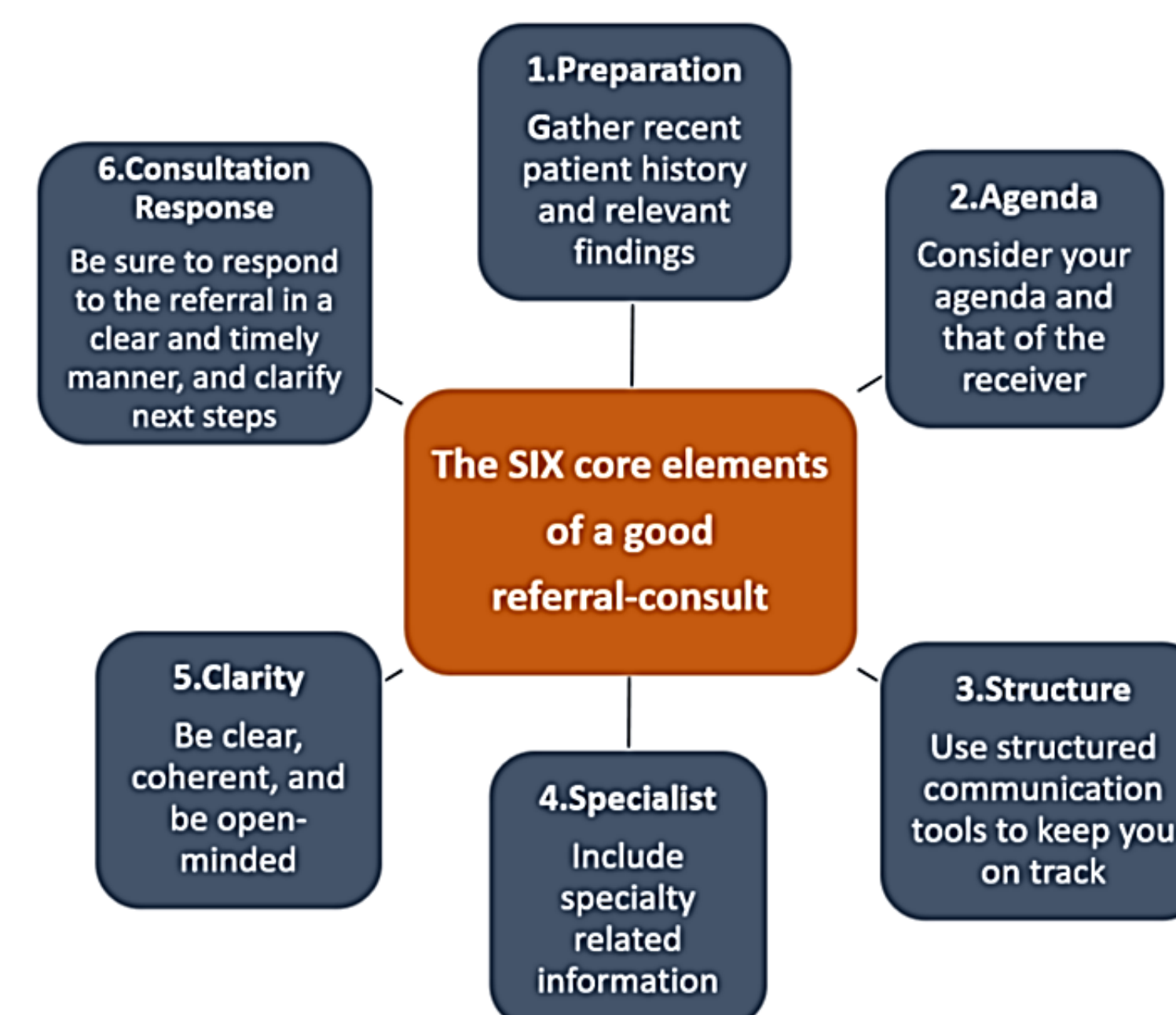


Key:

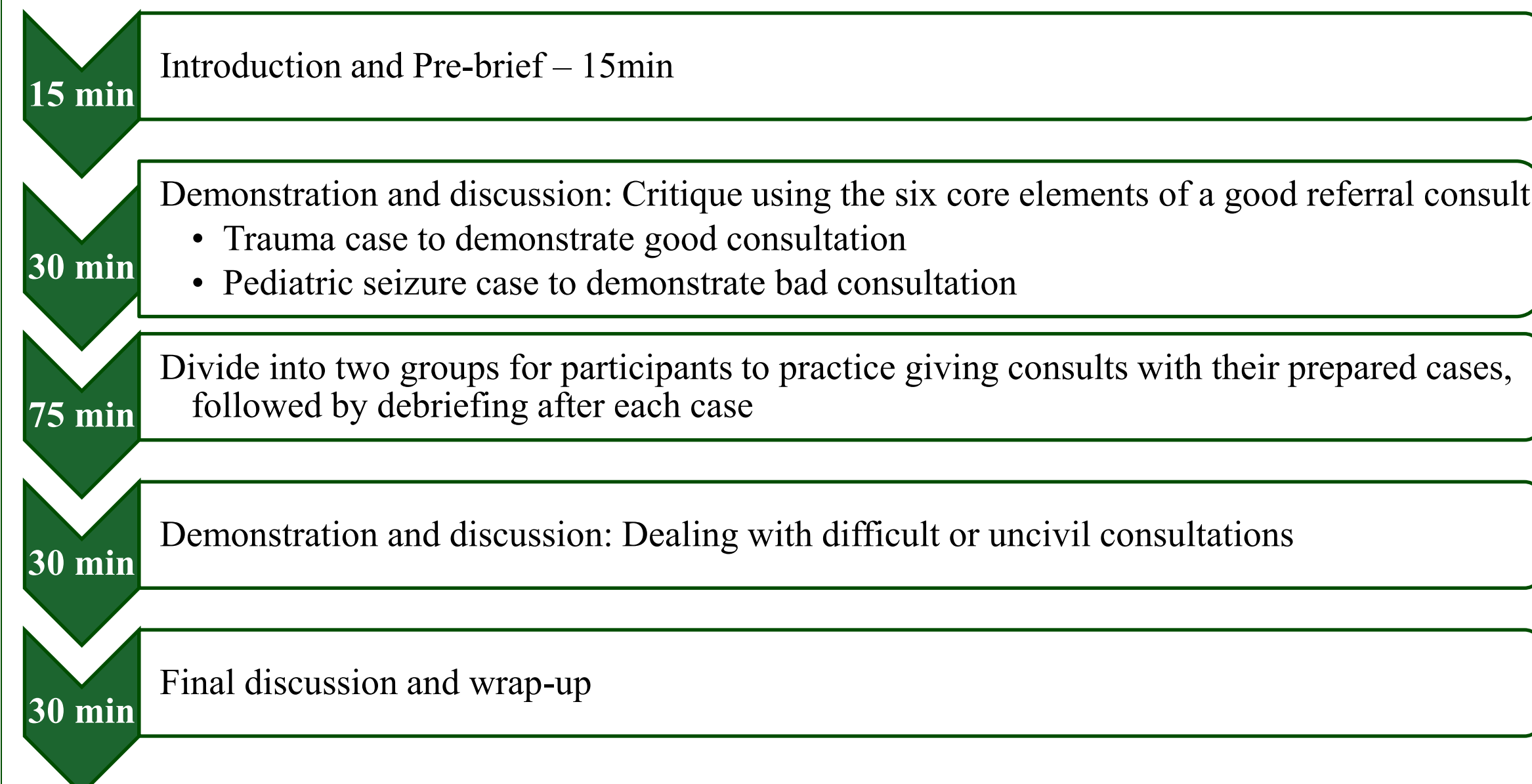
DESCRIPTION OF THE INNOVATION

- Each participant would have attended a didactic lecture on effective telephone consultations and participated in the PGME Quality Referral and Consultation Education module, developed by the College of Medicine, University of Saskatchewan. This is followed by a three-hour Zoom session with two facilitators, one confederate, and approximately 15 participants

Six Core Elements of a strong consultation communication



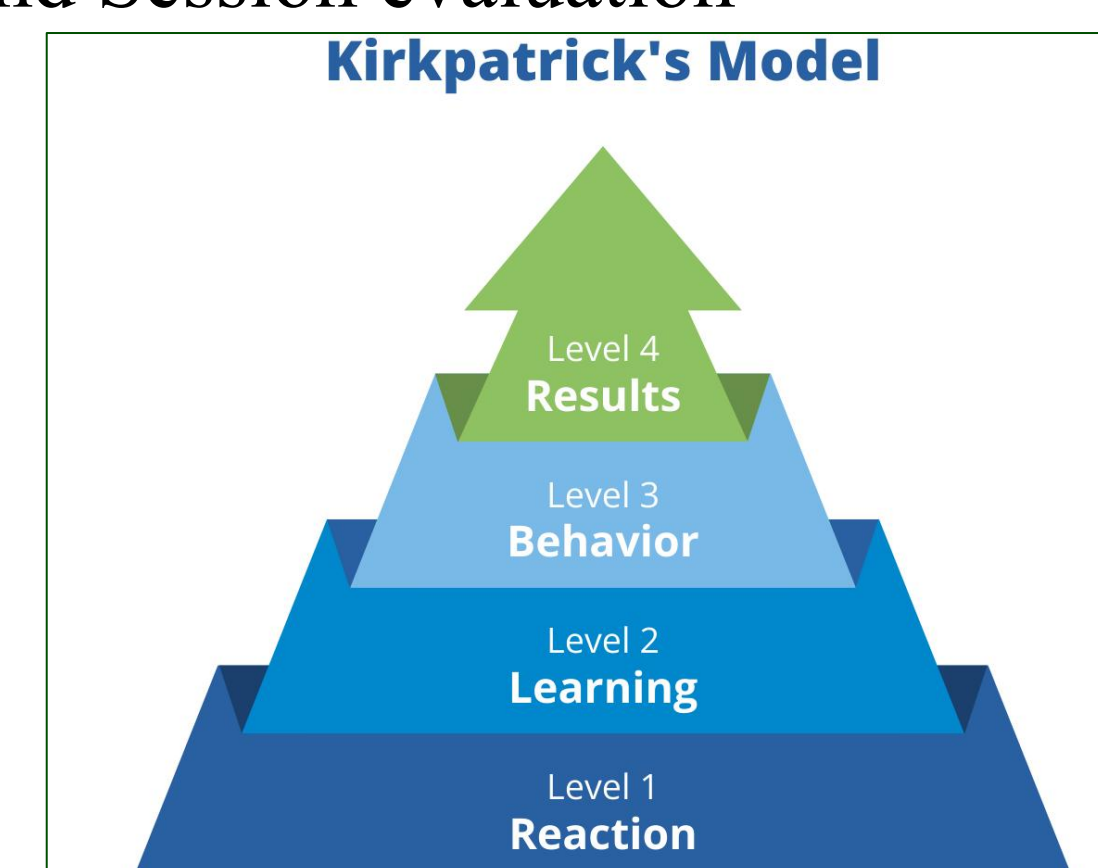
SAMPLE SCHEDULE



EVALUATION OF INNOVATION

Based on Kirkpatrick's 4-level model of evaluation of the effectiveness of a training program

- 1. Reaction-** Engagement and Participation
- 2. Learning-** Direct observation and Session evaluation
- 3. Behavior –** Future step
- 4. Results –** Future step



SUMMARY OF COMMENTS FROM SESSION EVALUATION

- Participants appreciated the interactive breakout sessions and the opportunity to observe and practice consultation techniques using real-life cases
- The direct, constructive feedback on real cases was highly valued and seen as beneficial for future decision-making
- Session praised for being focused, supportive, and well-organized, with special recognition given to the facilitators for their teaching
- Learners highlighted the importance of preparation, clarity, and structure in effective consultations, which were reinforced during the simulations
- The sessions were informative, engaging, and enjoyable, with requests for more time to practice additional consultation scenarios

CONCLUSIONS

- SIPPA prepares IMGs for family practice through a competency-based assessment and an orientation program
- SIPPA developed a robust curriculum that includes a 3-hour virtual consultation simulation to address identified gaps in rural readiness and referral consultation
- This simulation aims to enhance communication with specialists, navigate the System Flow Coordination Center (SFCC), and manage challenging consultations
- The curriculum was designed using Kern and Thomas' 6-step model and is evaluated through Kirkpatrick's 4-level framework.
- Based on Kirkpatrick's 1st two levels of assessment, Participant feedback highlighted the session's interactivity, practical relevance, and the value of real-time feedback and mentorship.
- Curriculum development is a complex task that requires established frameworks.

REFERENCE

- Cameron PJ, Este DC, Worthington CA. Physician retention in rural Alberta: key community factors. *Can J Public Health*. 2010;101(1):79-82.
- Thomas PA, Kern DE, Hughes MT, Tackett SA, Chen BY, editors. Curriculum development for medical education: *A Six-Step Approach*. Johns Hopkins University Press, 30 Aug 2022.
- Singhal, Dishaa. "Mastering Kirkpatrick Model: Effective Training Evaluation." *CHRMP*, 22 Aug. 2024, www.chrmp.com/kirkpatrick-model/.

ACKNOWLEDGEMENTS

The authors would like to acknowledge SIPPA Physicians, USASK, CPSS, SHA, SMA, CFPC and other SIPPA Collaborators.