

Cultural Safety and Widening the Scope

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It doesn't matter where you are coming from. All that matters is where you are going.

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Differential Attainment



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- The average exam pass rate for **all UK** medical graduates is 71%
- This rises to 75.8% for those who are **White**
- This falls to 63.2% for **UK BME** medical graduates
- This falls to 41.4% for **International Medical Graduates**

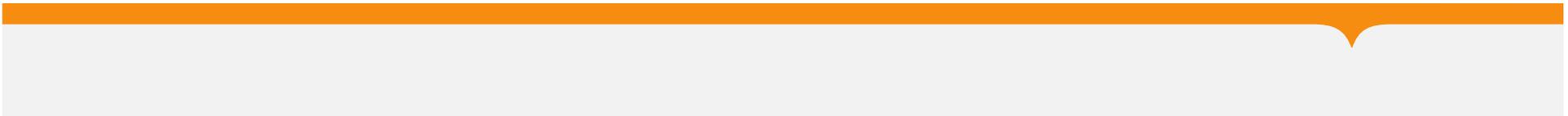


Differential attainment

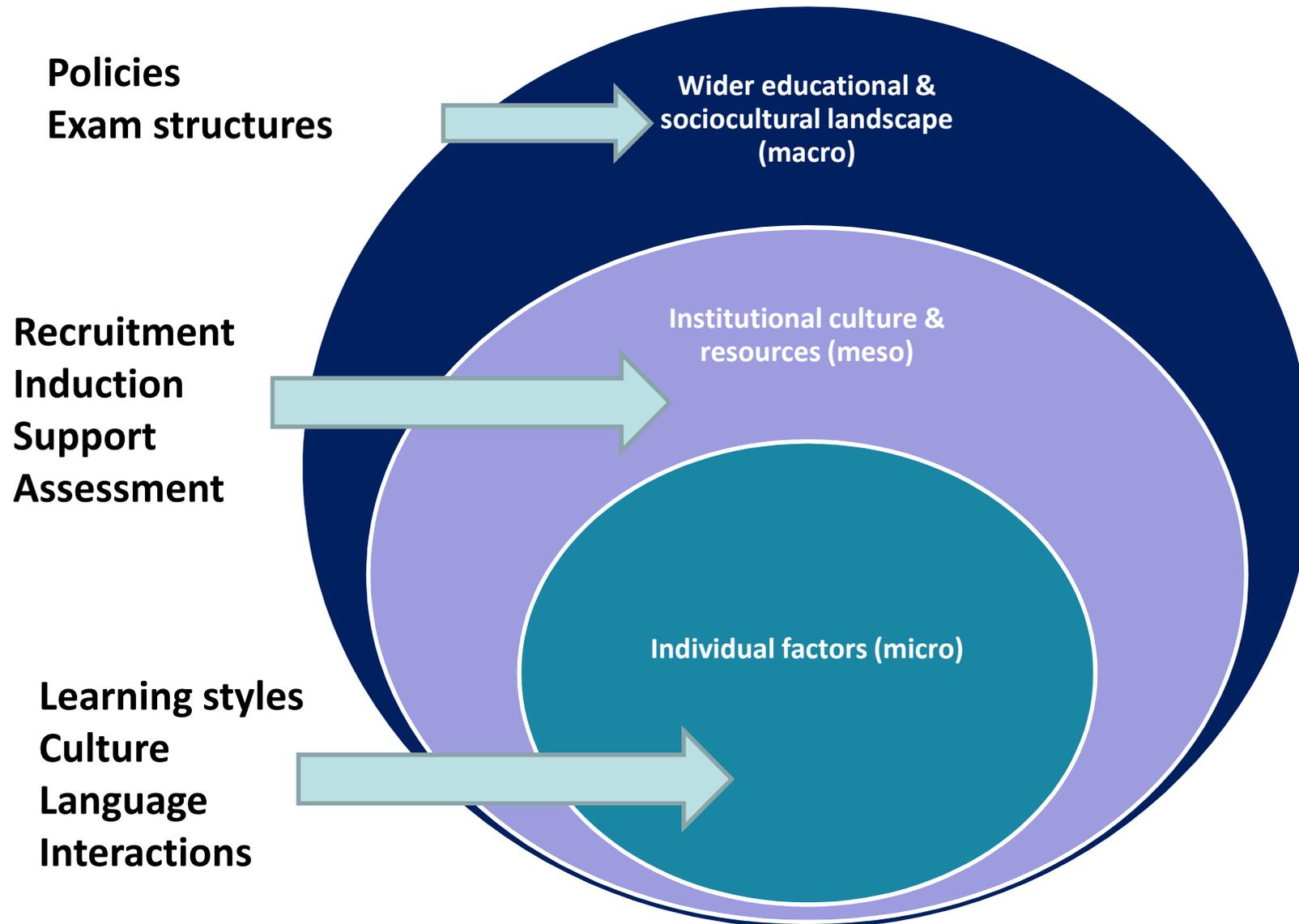
- Unexplained variation in attainment between groups who share a protected characteristic and those who do not share the same characteristic
- In broad terms, across ARCP, Recruitment and Exams the following groups tend to perform less well
 - Male
 - Older
 - Black, Asian and Minority Ethnic (BAME)
 - International graduates

Understanding Differential Attainment

- Differential attainment is a symptom not a diagnosis
- Causes are complex and multifactorial
- What are your thoughts?



Understanding Differential Attainment



Effect of unconscious bias on behaviour

- Subtle and we're not always aware
- May lead to micro-behaviours/inequities, for example:
 - Paying a little less attention
 - Addressing someone less warmly
 - Less empathetic towards those not similar to us

Biases are activated by...

- Stress
 - Time constraints
 - Multiple demands
- So how can we address them?



Cultural Intelligence

- Need to discover our biases
- Need to be honest with ourselves
- They do not survive when we put a spotlight on them



Stressors: supervisors

Harassment and discrimination (Fnais et al, 2014):

- Verbal harassment (consultants most common source followed by patients and families)
- Discord with superiors
- Dissatisfaction with emotional support received from supervisors
- Educational neglect from supervisors

Ethnic minority doctors more likely to feel bullying is linked to their identity

(Paice & Smith, 2011)

Influence of Culture on Learning and Performance

Overseas Trainees confronted by a:

- new culture - “culture shock”
- different educational system
- different learning and teaching styles

Psychological Safety

“Psychological safety is a shared belief that the team is safe for interpersonal risk taking”

(Amy Edmondson)

“Staff feel confident in speaking out about errors, problems and uncertainties and feel empowered and supported to develop and implement ideas for new and improved ways of delivering services.”

(Michael West)

Is there psychological safety for your team and your learners?

Cultural Safety

An environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together

Williams (1999)

Cultural Competence



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Ability to interact with people from different cultures and respond to their health needs

–Individuals and Organisations

Creating a working culture and practices that recognise, respect, value and harness difference for the benefit of the organisation and individuals

This can be limiting though...



Cultural Humility

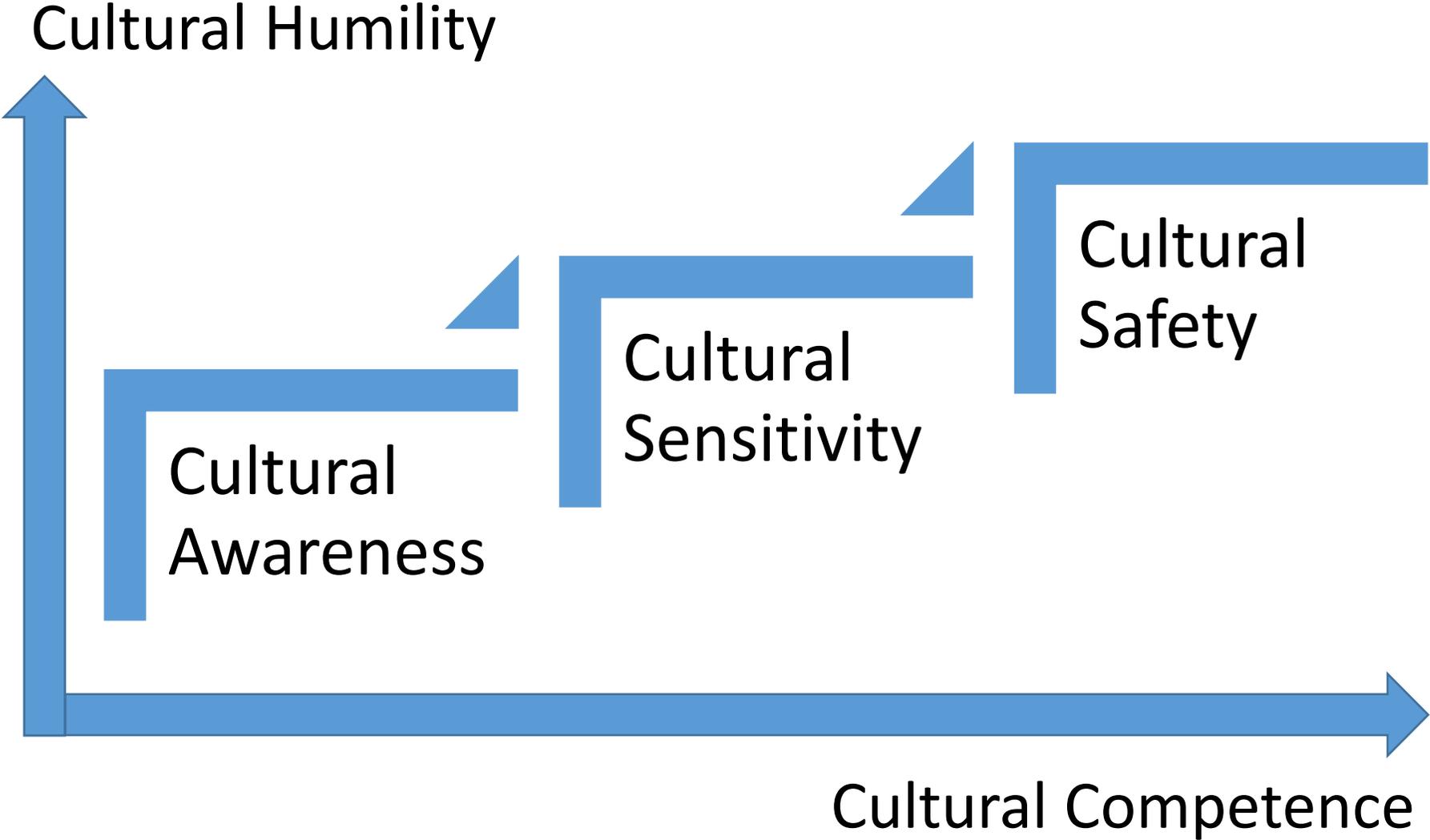


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- Understanding that culture is an expression of self
- Process of learning about each individuals' culture is a lifelong endeavor, because no two individuals are the same
- Each individual is a complicated, multi-dimensional human being who gets to say “who I am”

Melanie Tervalon (1998)

Developing Cultural Safety



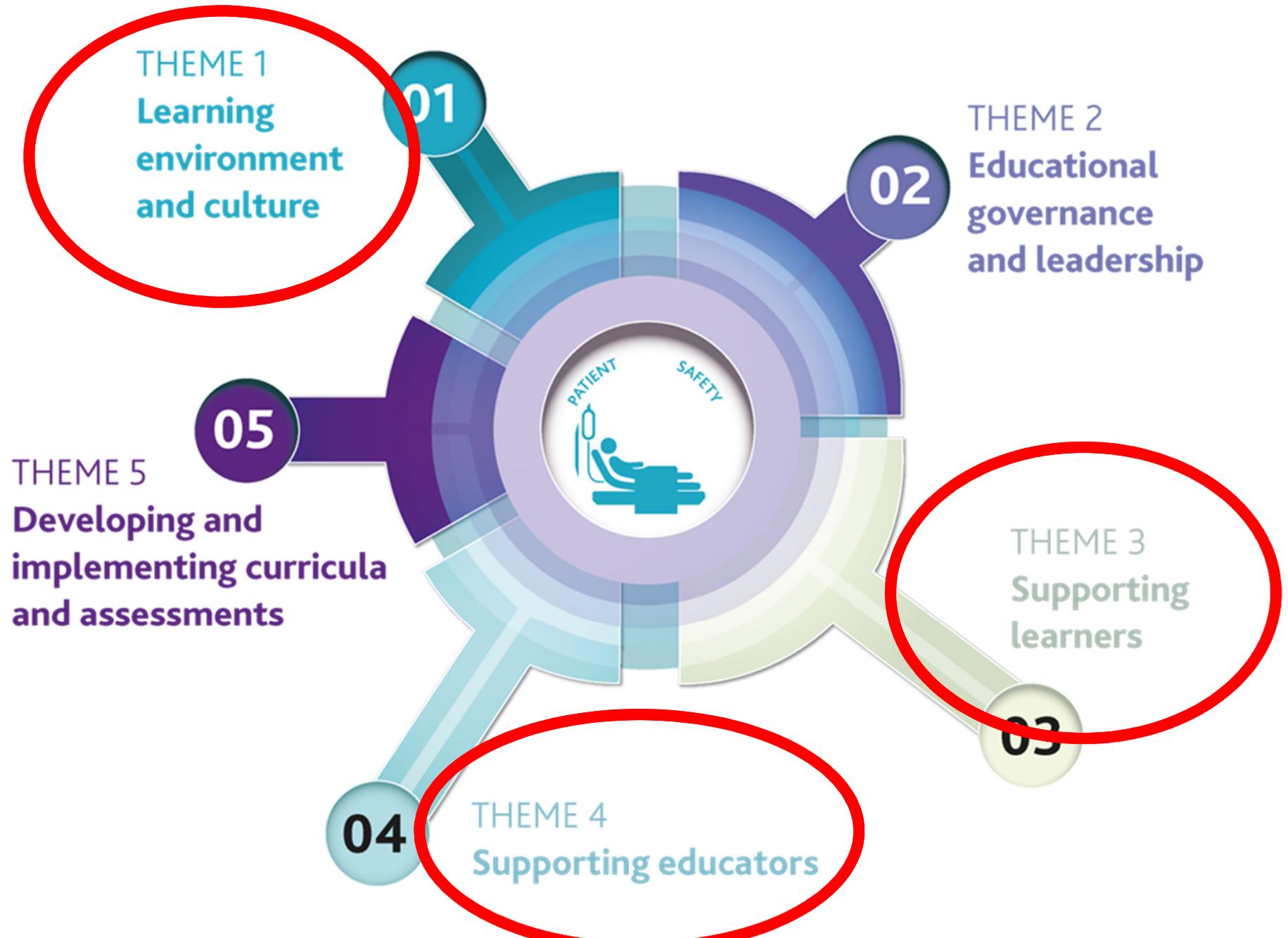
Cultural Safety



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- Recognising and challenging **power imbalances** for respectful partnerships
- Working to establish and maintain respect is essential in all healthy and productive relationships
- Institutional accountability — organisations need to model these principles as well
- Micro > Meso > Macro practice

GMC Promoting excellence: standards for medical education and training



Supervision



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- Faculty development
- McKimm (2009) suggests building in 10 minutes of 'talk time' at the beginning or end of supervision
- Trainee is invited to talk about any personal issues that may be causing concern
- This approach acknowledges and validates the interplay between 'work' and 'life'
- Detailed and constructive feedback for learners
- Role models

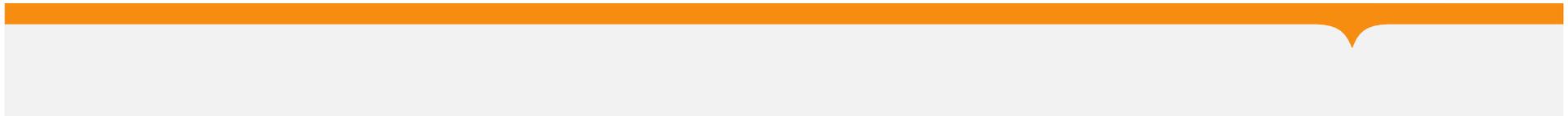


Learning environment



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- Increasing supervision when starting a new post
- Rest breaks and safe travel home
- Sleep deprivation
- Improved access to food and drink 24/7
- Rotas that promote work-life balance
- Tackling bullying, harassment and discrimination
- De-briefs and Schwartz rounds
- Encourage support outside work

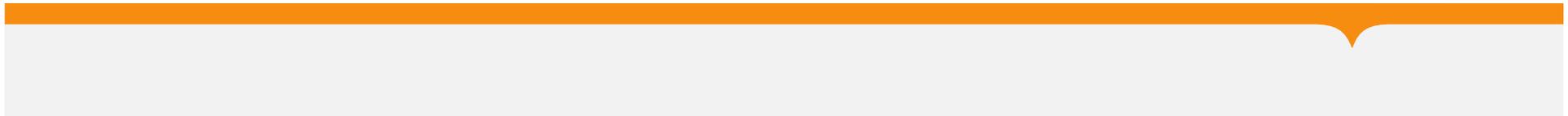


Supporting learners



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- Effective Professional Support Well-being service
- Learning plans and career advice based on individual needs
- (Cultural) Induction
- Communication skills support
- Early warning systems to identify trainees who may face difficulties in training
- Tailored support systems available for all and trainees



Professional Support Unit

- Psychological support
- Occupational Health
- LTFT/ OOPC
- Placement transfer
- Supernumerary placement
- Rotations to reduce travel times
- Tackling bullying, harassment and discrimination
- Exam Support
- Communication Skills
- Emotional Intelligence testing
- Dyslexia Screening
- Careers coaching
- Coaching and Mentorship
- Support for Educators

Take home messages



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- Some doctors face significant hurdles to progression, includes IMGs and UK BAME graduates
- Doctors in training do not all start from the same place and have different trajectories: support to remove barriers or overcome them will provide more **equity** in training
- The whole system needs to introduce change at national and local levels
- *What will you do ?*

