

Helping overseas doctors achieve their potential

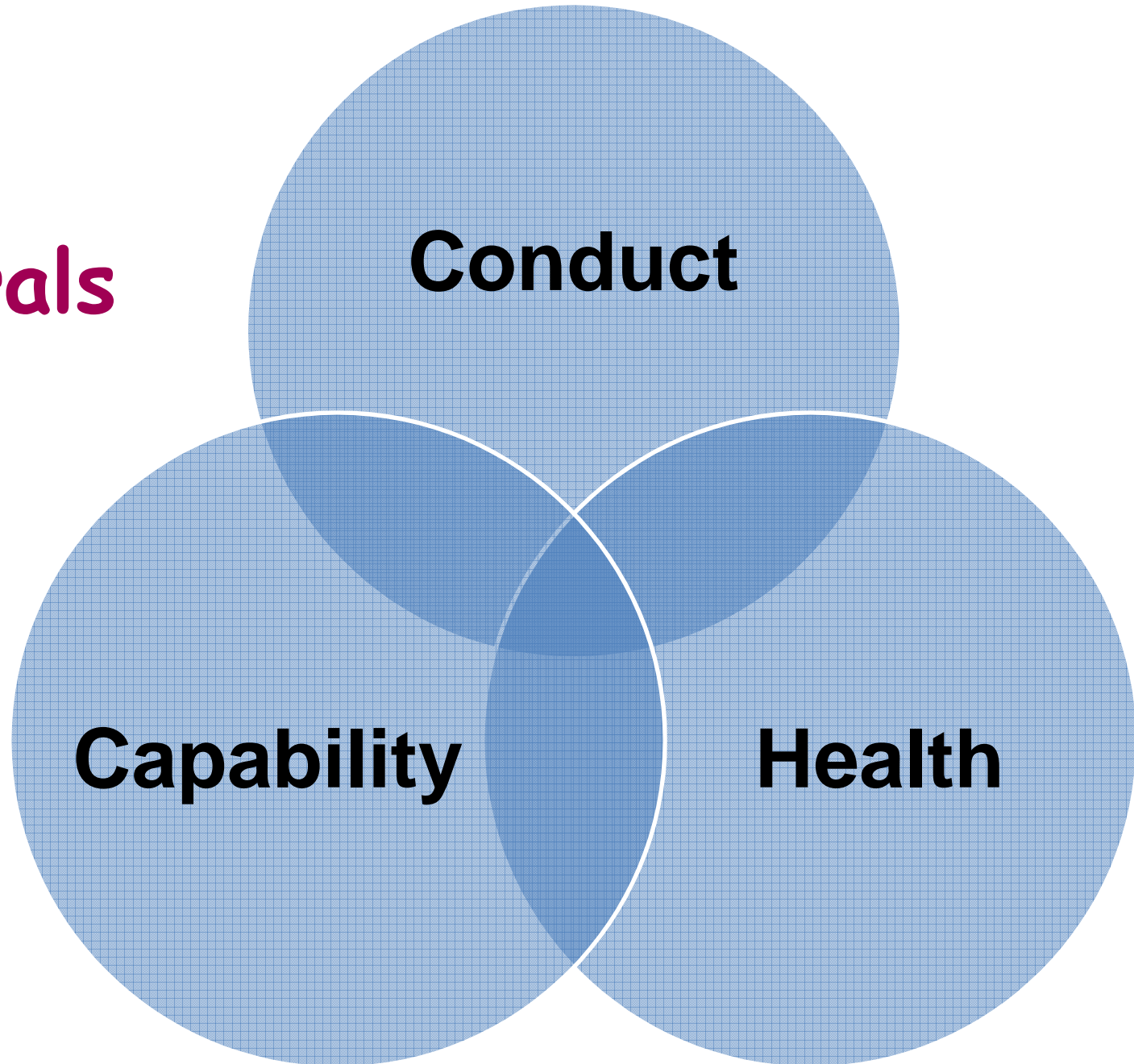
Vijay Nayar March 2017



Developing people
for health and
healthcare

www.hee.nhs.uk

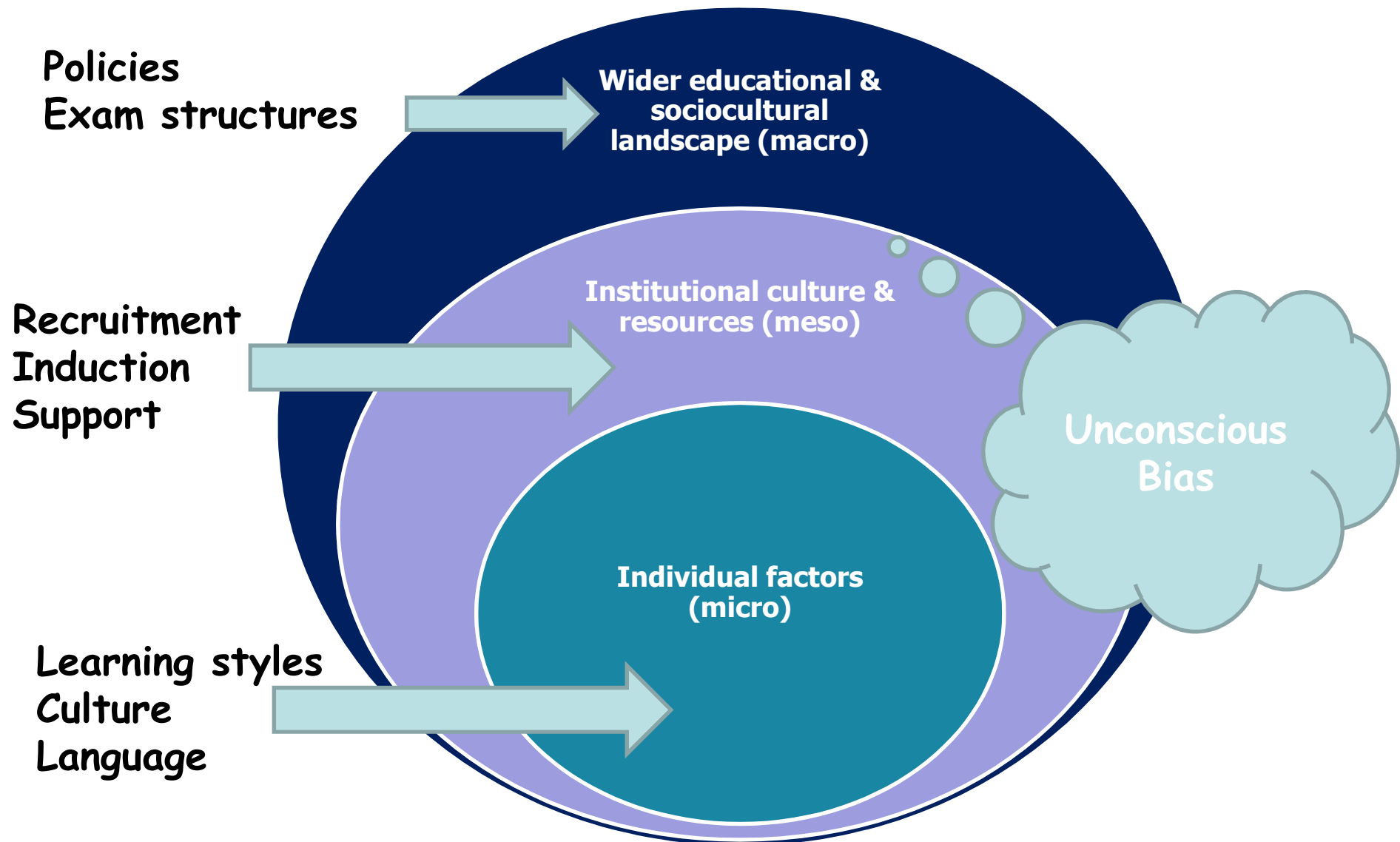
**PSU
Referrals**



Understanding Differential Attainment



Differential Attainment: What do we know now?



Perceived causes of differential attainment in UK postgraduate medical training: a national qualitative study

Woolf et al (2016)



Conclusion

- Overseas doctors face additional difficulties in training which impede learning and performance

Themes



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- Relationships with senior doctors crucial to learning but perceived bias make these relationships more problematic
- Perceived lack of trust from seniors so look to IMG peers for support
- WPBA and recruitment were considered vulnerable to bias
- IMGs had to deal with cultural differences



Themes



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- Success in recruitment and assessments determines posting
- Work-life balance often poor and more likely to face separation from family and support outside of work
- Reported more stress, anxiety and burnout
- A culture in which difficulties are a sign of weakness made seeking support and additional training stigmatising

Understanding Differential Attainment

- Differential attainment is a symptom not a diagnosis
- Causes are complex and multifactorial
- Differential access to the curriculum
- Perceived bias
- Level of support
- Cultural factors

Influence of Culture on Learning and Performance

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Overseas Trainees confronted by a:

- new culture
- different educational system
- different learning and teaching styles

<http://geert-hofstede.com/countries.html>

the hofstede centre[©]

Strategy ↔ Culture ↔ Change



THE HOFSTEDE CENTRE ▼ CERTIFICATION COURSES ▼ CULTURAL DIMENSIONS ▼ CULTURAL TOOLS ▼ PUBLICATIONS ▼

Select a Country ▼

Please select a country in the dropdown menu above to see the values for the 6 dimensions. After a first country has been selected, a second and even a third country can be chosen to be able to see a comparison of their scores. To compare your personal preferences to the scores of a country of your choice, please purchase our cultural survey tool, the [Culture Compass™](#).

Please note that **culture is defined as the collective mental programming of the human mind which distinguishes one group of people from another**. This programming influences patterns of thinking which are reflected in the meaning people attach to various aspects of life and which become crystallised in the institutions of a society.

This does not imply that everyone in a given society is programmed in the same way; there are considerable differences between individuals. It may well be that the differences among individuals in one country culture are bigger than the differences among all country cultures. We can, nevertheless, still use such country scores based on the law of the big numbers, and on the fact most of us are strongly influenced by social control. Please realise that **statements about just one culture on the level of “values” do not describe “reality”; such statements are generalisations and they ought to be relative**. Without comparison, a country score is meaningless.

The scores used for the fifth dimension are based on the research of Michael Minkov as published in the 3rd and latest edition of *Cultures and Organizations, Software of the Mind* (2010), pages 255-258.

#WhatsYourStory

#WhatsYourStory?

Learn to understand
cultures.

Upcoming Events

[Certification in Intercultural
Management](#)

Dimensions of National Culture

- Power Distance Index
- Individualism versus Collectivism
- Masculinity versus Femininity
- Uncertainty Avoidance Index
- Long Term Orientation versus Short Term Normative Orientation
- Indulgence versus Restraint



Power distance

- In some cultures - quite large power distance teacher to student, led by teacher, not contradicted or criticised
- In others - increasingly more self directed, encouraging to challenge knowledge
- Potential implications - no experience of challenging or debate therefore unable to unpack the knowledge, difficulty with SDL

Individualism vs. Collectivism

- Think of themselves as an individual with a focus on 'I'
- Individual excellence is nourished and celebrated
- Learn to intuitively think of themselves as part of a group/family focusing on 'we'
- Unquestioning loyalty is expected and assumed

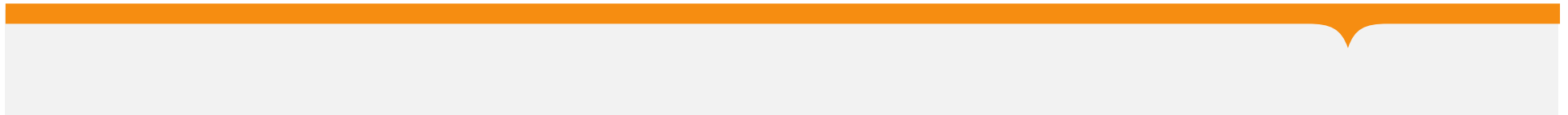
Culture is not an excuse for poor performance but may put it into context

Biases



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- We need to accept that we all have biases
- Deeply held beliefs and assumptions
- Influence our decisions and how we work with other people
- Form due to previous experiences and media
- Base decisions on this knowledge and experiences
- Conscious or Unconscious



Unconscious Bias



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- bias that we are unaware of
- happens outside of our control
- happens automatically
- triggered by our brain making quick judgments and assessments of people and situations
- influenced by our background, cultural environment and personal experiences'



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

Cultural Competence



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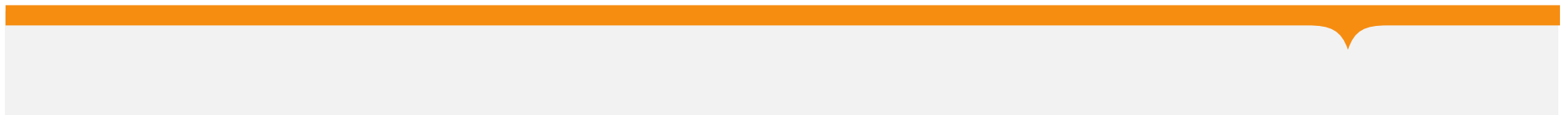
Ability to interact with people from different cultures and respond to their health needs

–Individuals and Organisations

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

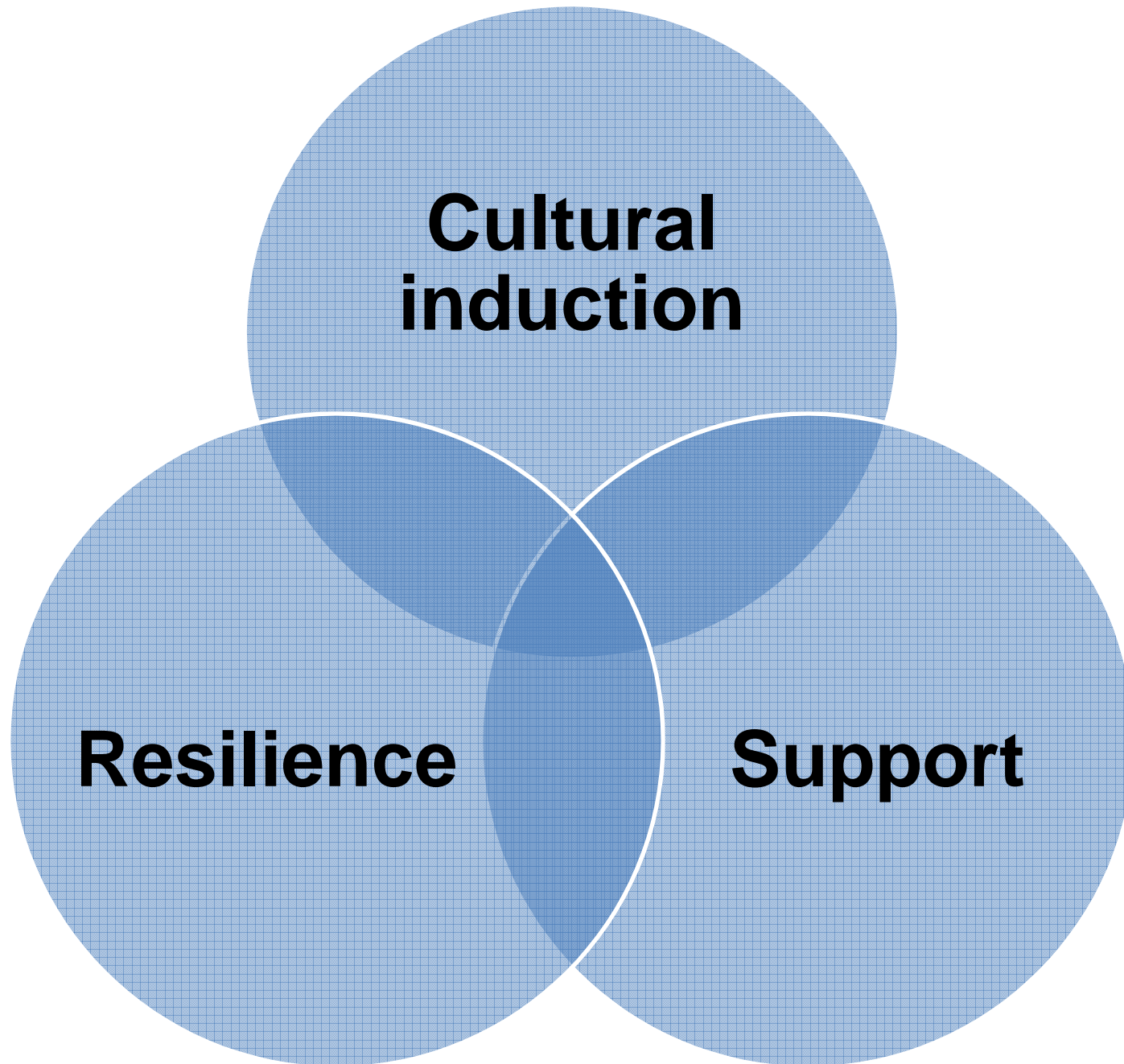
Cultural Competence

- Self-awareness of own culture
- Assumptions
- Stereotypes
- Biases and their impact



Implications for Educators





1. Cultural Induction



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- Raise awareness of culture
 - its effects on learning
 - its effect on performance
- Discuss models of learning
- Requirements of exams
- Educational contract - this is not prejudice



Cultural Induction



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- Self Directed Learning
- Reflective practice
- Professionalism
 - GMP
 - Confidentiality
 - Dr-Patient relationship
 - Leadership
 - Teamworking
 - Compassion
- Communicative capability

Communicative capability

- May make people appear awkward or difficult
- Lack of English can make someone appear less intelligent, or lack sense of humour
- Misinterpretation

Barriers to communication

- Language
- Accent
- Nonverbal cues misinterpreted
- Cultural assumptions and stereotypes
- Preconceptions
- Attitude towards another culture
- Ethnocentricity
- Unconscious bias

Aspects of communicative competence

- **Linguistic competence:** grammar, vocabulary, pronunciation, fluency
- **Sociolinguistic competence:** pace, volume, intonation, body language, turn-taking, interactive style, cultural influences ('manner')
- **Applied language competence (consultation skills):** question forms, signposting, summarising, sequencing, explaining, negotiating etc

Communication skills:

- Interpersonal skills
- Verbal and non-verbal cues
- Subtleties and nuances of language

Idioms

- fish out of water
- pulling your leg
- egg on your face
- putting the cart before the horse
- low-hanging fruit
- pull your socks up



2. Resilience

- Optimism
- Coping skills
- Reflective practice
- Role models
- Supportive network
- Feedback on performance-good and bad
- Correct performance problems as they occur
- Work-life balance



HALT

Team
working and
supportive
network

Promote
Work-Life
balance

Role models
Mentorship

RESILIENCE

Reflective
practice
Problem-
solving

Graded
challenges with
high
challenge/high
support

Set goals

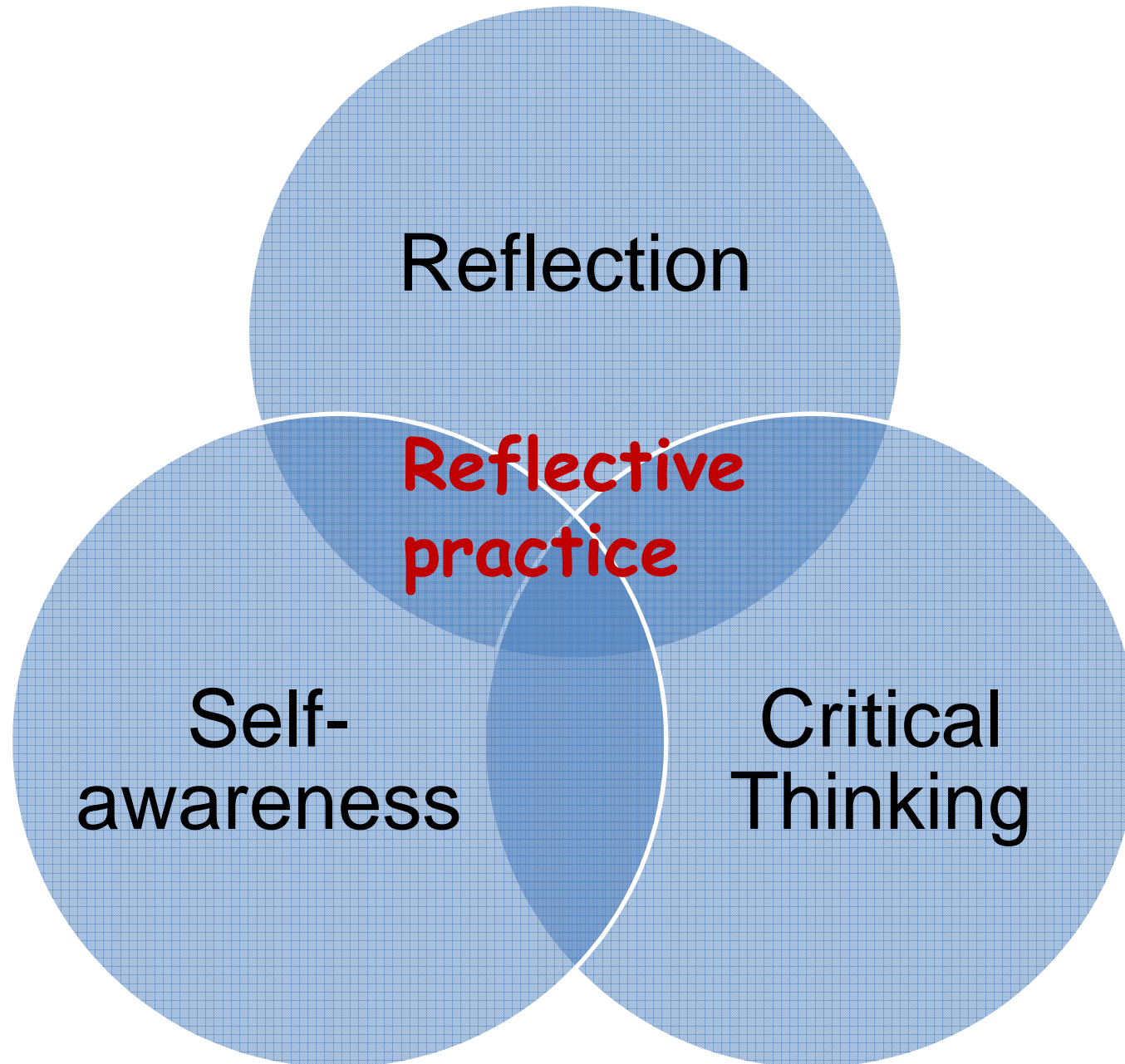
Emotional
Self-
awareness

Reflective practice



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- Reflection plays a vital role in helping doctors to learn from clinical experiences
- Acquiring reflective learning skills helps learners
 - to identify their learning needs
 - stimulates learning that focuses on comprehension and understanding



Reflection

Reflective
practice

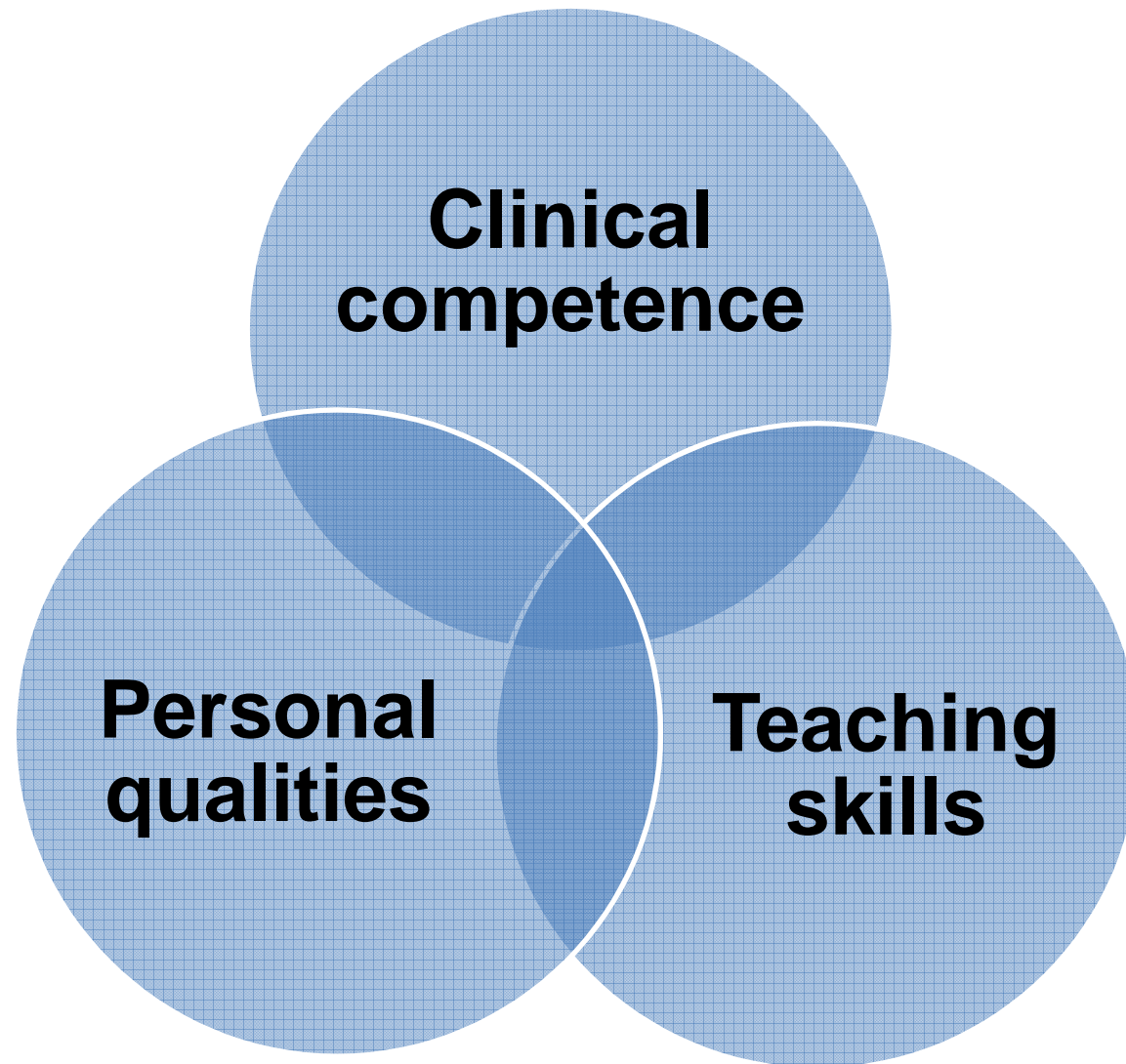
Self-
awareness

Critical
Thinking

Facilitating reflective learning

- Provide challenges
- Give explicit attention to reflection
- Reflect on what made an action successful - just as valid as learning from a mistake
- Ask questions rather than give answers
- Ask questions that stimulate concreteness (what did you do? what did you want to find out?)

What makes an
effective role model?



Role modelling

- Role models inspire and teach by example
- Learning from role models occurs through observation and reflection
- Mix of conscious and unconscious activities

Effective feedback



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- **Meaningful**
 - Descriptive of the behaviour not the personality
- **Accurate**
 - Give specific examples
- **Timely**
 - Given as close to the event as possible
- **Encouraging**
 - Sensitive to the needs of the receiver
- **Reflective**
 - Directed towards behaviour that can be changed

3. Support

- Help their frustration and other emotions
- Fear of failure/criticism
- Exam support
- Trainee-Trainer relationship
- Mentorship
- PSU
- Induction days
- ARCPs

Key principles

When the challenge increases, so must the support

Emotional bank balance - withdrawals cannot be sustained without credits in place first

It does not allow either party to downplay strengths or to duck difficult issues

