Professional Support Unit

NHS

Health Education
North Central and East London

SUPPORTING SAFE TRANSITION FOR INTERNATIONALLY EDUCATED HEALTH PROFESSIONALS (IEHP) WORKING IN THE NHS IN LONDON

CASE STUDIES ON EDUCATIONAL APPROACHES TO SUPPORTING IEHPS DURING TRANSITION: BEST PRACTICE AND LESSONS LEARNT

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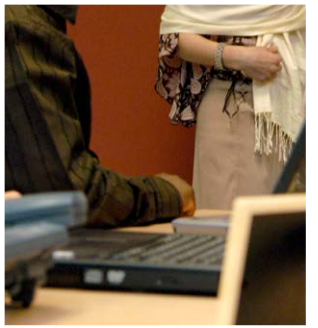
Contents

Representatives across HENCEL from Trusts, Higher Education Institutions (HEIs) and the Professional Support Unit (PSU) have documented their experiences of using educational approaches to supporting IEHPs during transition.

Short case studies are presented sharing lessons learnt and best practice.



CASE 1: BARNET AND CHASE FARM NHS TRUST – LEARNING FROM EXPERIENCE

Natasha Pradhan | Royal Free London NHS Foundation Trust, Chase Farm Hospital

Barnet and Chase Farm NHS Trust recruited a large cohort of approximately 50 Spanish and Portuguese registered nurses to vacant posts in late 2013. This was the first major international recruitment campaign that the Trust had undertaken and the processes implemented during this period provided both positive and negative experiences for all those involved, including the nurse recruits.

The nursing education department worked closely with the clinical and non-clinical training and development teams to ensure that the nurses had access to a development programme upon their arrival. This included English language lessons and sessions on important aspects of service delivery and clinical practices within the Trust. This close working relationship between the training teams led to the formation of strong support networks for the Spanish and Portuguese nurses within the Trust, enabling them to learn more about clinical practice in the NHS as well as to feel supported and valued by their new colleagues.

However, the nurse education team was not involved at an early stage in the recruitment process. A subsequent lack of coordination meant that there was little time to research and create an appropriate development programme to meet the specific needs of Spanish/Portuguese recruits. Even trying to find rooms to host training sessions and nurse facilitators to lead workshops was challenging. Consequently, in an effort to provide some form of orientation, the recruits were placed on a modified version of the Trust's newly qualified nurse preceptorship programme. However, this was not as useful as it could have been, as the international graduates were all experienced, technically competent practitioners. While English lessons were also provided and were well received by the nurses, the education team later realised that the Spanish and Portuguese nurses' main developmental needs were in how to use and understand English within the acute clinical care setting.

An important non-educational issue that the Trust failed to anticipate was the creation of NHS email accounts and electronic clinical application passwords for the cohort, in readiness for their ward/unit start dates. This oversight led to unnecessary delays in the nurses being able to function independently within the clinical setting in the months after their employment.

Without being actively involved in the recruitment process, the education teams were not able to assess the language learning needs of the new recruits in a timely manner, nor were they able to coordinate with Human Resources to ensure that practical issues such as setting up email accounts could be arranged in time. Lessons learnt from this experience will, however, inform modifications to future approaches to recruitment so that similar challenges may be avoided.

CASE 2: THE HOMERTON SIMULATION AND CLINICAL SKILLS CENTRE WORKSHOPS ON: 'WORKING WITH CULTURAL DIVERSITY: COMMUNICATION FOR NURSES'

Val Dimmock | Homerton Simulation and Clinical Skills Centre
Penny Morris | Professional Support Unit, Health Education North West London

The Homerton Simulation and Clinical Skills Centre recognises that internationally educated nurses constitute a significant proportion of its nursing workforce, and appreciate the considerable expertise they bring to clinical practice. It became apparent, however, that cultural differences in communication could hinder effective clinical practice. Working with Health Education North West London's (HENWL) pan-London Professional Support Unit (PSU), the Homerton's Clinical Skills Unit designed a series of pilot workshops in 2014, for senior nurses to review their clinical communication skills. The course was advertised throughout the Trust on a first come first served basis. A total of 25 nurses, almost all of whom were internationally educated, and came from a variety of specialty areas and cultural backgrounds, took part in two pilot workshops. The nurses were mainly in band 7 and above posts, from a variety of fields of practice including senior ward sisters, nurse practitioners, practice nurses and midwives. The workshops offered participants the opportunity to examine their use of communication models, observe and practise fresh ways of communicating about difficult matters, receive and give individual feedback from patient, family and colleague perspectives, deepen their understanding of how language and culture affect everyday communication and devise next steps in a personal development plan for improving communication at work.

Using experiential and participatory methods, facilitators helped participants discuss potential causes of misunderstanding, reflect on how intentions are filtered through one's own cultural expectations and use of language, and share examples of when something they said seemed to have unintended effects on another. Smaller groups then worked on their own examples of difficult conversations with patients and families, colleagues, managers and students. They practised personal communication, observation, debriefing and feedback skills, with reflection and feedback from specialist role players and facilitators. They also had regular opportunities for general reflection on progress with their personal aims for the day. Finally, participants were encouraged to consider what steps each could take to help implement changes to promote better communication in their practice.

PARTICIPANTS' LEARNING FROM THE WORKSHOPS INCLUDED:

Greater awareness: 'how different words bring a whole new meaning to what is being communicated'; 'be mindful of the words to use'; 'in our unit to explain things in terms for parents to understand rather than speaking in jargon';

Understanding: 'better understanding of how peoples' values impact on their communication'; 'learned different aspects of communication from diverse people'; 'how to solve problems in a timely manner'; 'how to use feedback to change the way I explain information to parents'; 'how to be more assertive and confident … not to be intimidated out of my own beliefs'; 'better understanding of how others communicate/perception of communication';

Flexibility: 'my other colleagues have different approaches to the same situation which is very helpful'; 'the course had made me reflect more on my real-life dilemma on the ward. I have learnt more ways to handle this situation';

Resilience: 'It has helped me stop putting blame on myself and will help improve my job role';

Communication of empathy: 'allowing silence'; 'show understanding for both staff and patient in situation'; 'to be calm and slower'; 'listening and empathy'.

The workshops were enthusiastically received and highly evaluated. Longer-term follow-up evaluation is under way.

CASE 3: NORTH MIDDLESEX UNIVERSITY HOSPITAL TRUST AND MIDDLESEX UNIVERSITY: A BLENDED LEARNING LANGUAGE SKILLS PROGRAMME

Janet Saldiray and Sumeshni Naidoo | North Middlesex University Hospital NHS Trust
Alexandra Pitt | Middlesex University

The Barnet, Enfield and Haringey (BEH) 2013 Clinical Strategy aims to improve healthcare facilities and patient outcomes, and ensure positive patient experiences. In order to respond to the strategy, North Middlesex University Hospital Trust has significantly expanded and now has approximately 500 beds. The expansion has led to a comprehensive recruitment drive to employ over 450 additional staff across the organisation.

As part of this extensive recruitment drive, the hospital appointed a number of qualified, highly skilled nurses from Spain and Portugal. The recruitment process included an English language assessment – however, when the new recruits started work they expressed concern about the challenges of communicating in English. Middlesex University were therefore asked to design and deliver a bespoke course to help the nurses improve their English.

To plan the course, Middlesex University asked the newly recruited nurses, training leads, and managers about the communication areas which had been problematic. They identified clinical handovers, interactions with patients, with colleagues in one-to-one situations and group settings, understanding verbal instructions and comprehending what is required. Existing staff appeared frustrated by the communication difficulties and developed inaccurate perceptions of the new recruits' clinical competence and abilities. In some instances this led to the new recruits losing their confidence.

To help respond to these issues, Middlesex University designed a blended learning language skills programme that would be accessible to those working shifts. The programme focused on developing language skills, particularly skills for listening, language comprehension and oral expression, as well as developing specific language skills for use in clinical settings. The programme also aimed to enable the nurses to develop effective coping strategies for dealing with difficult language situations. The objectives therefore were to both improve language and communication skills as well as enhance the new recruits' confidence, and facilitate their ongoing professional development.

The programme they designed included face-to-face sessions and access to online resources over a three month period, followed by an assessment one month later. During the programme the nurses were encouraged to engage in self-study tasks. They were supported by a tutor-led online forum, and provided with individual feedback. Participants found the flexible learning methods and individual feedback very valuable. In terms of content of the programme, participants commented that specific work on phonology, the study of how sounds are organised in language, helped them to improve the listening and pronunciation skills they needed for both face-to-face and telephone conversations. Most of the nurses on the programme felt they had been helped to improve their language skills, and that they subsequently became more confident in their roles. Some participants, however, felt that the course needed to focus more on conversational English as they found clinical terminology relatively easy to work with due to its Latin roots. Nurses working in a supervisory capacity with the new recruits also observed that while the new recruits had transferable clinical abilities they initially struggled with the conversational nuances.

Building on the experience of designing and delivering this programme, future initiatives will aim to promote flexible blended designs, with modifications to the content as required. Recognising that 'one size does not fit all', new recruits will also be signposted to other complementary resources such as English language courses offered by local councils.

CASE 4: INDUCTION & REFRESHER SCHEME FOR DOCTORS
PROFESSIONAL SUPPORT UNIT (PSU), HEALTH EDUCATION NORTH WEST LONDON (HENWL)

Dr Naureen Bhatti | Professional Support Unit, Health Education North West London

The PSU has led on the development of schemes to allow the safe induction of overseas trained doctors into NHS practice, particularly with the development of schemes for those who will work as independent contractors, such as GPs, but also for other groups, such as refugees, where support is needed to ensure they can gain competencies to work and compete for posts with UK trained doctors. The schemes developed by the PSU recognise that clinical practice is shaped to a very great extent by its context – societal, cultural and organisational. Those who train in general practice in the UK are required, through robust assessment processes, to demonstrate that they have highly developed clinical and communication skills and a detailed knowledge and understanding of today's NHS. Given the contextual issues, many aspects of NHS clinical practice will be unfamiliar to those who have only trained and/or worked elsewhere.

Two examples of schemes provided by the Professional Support Unit, which have been designed to help such doctors, are the GP Induction and Refresher (I&R) Scheme and the Clinical Apprenticeship Placement Scheme (CAPS).

The GP Induction and Refresher (I&R) Scheme

I&R schemes have been recommended for all GPs returning to practice in England after a break of more than two years since 2006. The aim of the schemes is to ensure that doctors are fit to work as GPs, with a working knowledge of the NHS and an appreciation of UK patient expectations across the broad curriculum of UK general practice, as well as ensuring those doctors whose first language is not English have a level of linguistic competency compatible with safe practice.

The success of the GP I&R Scheme is based on its approach to dealing with known challenges faced by doctors who have not been practising in the NHS. These include clinical knowledge and skills deficits, difficulties applying clinical knowledge and skills to new contexts (where diverse cultural and population health issues add complexity), lack of confidence and low self-esteem.

GPs applying for the scheme need to complete validated assessments that include an MCQ assessing clinical knowledge and situational judgement skills, and a simulated surgery looking at knowledge and communication skills.

In London, each applicant works through a detailed learning needs assessment with the Associate Dean for the scheme, who is an experienced GP and educator. Together they review the doctor's previous clinical experience and results of the entry assessments so that an individually tailored supervised practice placement, within a GP training practice or with a GP educator, can be arranged. The length of the placement is based on the outcome of the assessments. Doctors on the scheme are encouraged to access other services in the PSU that may help them to meet individual learning needs. Communication Skills Resources that include short courses and one-to-one learning needs assessment on specific communication issues are often found to be particularly beneficial. The Coaching and Mentoring scheme can also be of great value to individuals to help them consider wider factors influencing transition, including coping with social and family issues that may arise when working in a new context.

A recent evaluation of the GP I&R Scheme in London has shown high levels of satisfaction with the scheme and associated placements. The evaluation demonstrated that the scheme allowed a safe and supported return to clinical practice or induction into the NHS, with time to build confidence as well as knowledge of local systems including guidelines and clinical pathways.[4]

The Clinical Apprenticeship Placement Scheme (CAPS)Professional Support Unit (PSU), Health Education North West London (HENWL)

Among refugees seeking to build a new life in the UK, many are healthcare professionals. The NHS workforce aims to meet the needs of the communities it serves and refugee doctors have the potential to make important contributions to the NHS, benefiting patients. However, refugee healthcare professionals face enormous challenges and difficulties returning to employment in their chosen professions, as, in the main, their specialty qualifications are not recognised in the UK, and given the competition in many specialties it can be difficult to get work without knowledge of the system and networks.

The PSU works closely with refugee organisations, including the Refugee Council, to provide a Return to Practice Programme for refugee doctors. The Clinical Apprentice Placement Scheme (CAPS) arranges for a paid supervised clinical placement at Foundation Year 2 level for refugee doctors who have passed the Professional and Linguistic Assessments Board (PLAB) exam. The placement allows supervised workplace-based learning, supported by targeted training to support a safe transition, protecting both doctors and their patients. It also aims to enable foundation competencies to be signed off so that doctors completing the placement are eligible to apply for specialty training. Additional benefits of the scheme include access to PSU courses and services.

Feedback from participants who have completed the CAPS programme suggests that ring-fenced supernumerary posts with intensive educational support greatly enhance the numbers who are able to gain employment in clinical posts or places on training programmes through normal routes.

CASE 5: COMMUNICATION SKILLS RESOURCES PROFESSIONAL SUPPORT UNIT (PSU), HEALTH EDUCATION NORTH WEST LONDON (HENWL)

Penny Morris | Professional Support Unit, Health Education North West London

The Communication Skills Resources team is part of the PSU. The team provides tailored and targeted intensive learning experiences for healthcare professionals to review their communication with patients, families, carers and colleagues. Sessions in groups and one-to-one settings focus on reflection and self and cultural awareness in the context of participants' everyday work with multicultural staff and patients, using personal, detailed feedback, and paying attention to communication systems as well as interpersonal communication. Internationally educated health professionals can access specific support for linguistic and cultural challenges. The ethos is to listen to professionals' concerns and support and sustain them in self-development in the context of recognised complex communication challenges; to foster their personal communicative capacities and build on their strengths to address areas to improve; to rehearse and evaluate alternatives; and devise their next steps in progressing a personal development plan.

Evaluation studies have found this approach, developed with doctors but now open to other professionals, useful for learning how to communicate more effectively.[1-3] Positive effects are seen for professionals' sensitivity to others and the effects of their own behaviour, feelings of confidence and communicative competence and changes in interactions and management of systems. Details of courses can be found at: http://www.lpmde.ac.uk/professional-development/communication-skills/course-information

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