Professional Support Unit

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

1st edition
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Contents

INTRODUCTION

This is the first edition of the framework for supporting the safe transition for internationally educated health professionals (IEHPs) to working in the NHS in London. The framework recognises the valued contributions that IEHPs continue to make to the NHS, diversity and the need to ensure equality, and the challenges that IEHPs may face as they transition into the NHS. The overall aim of the framework is to enable clinical managers, educators, and supervisors, to reflect on and further develop their own practice in order to more effectively support the safe transition of IEHPs to working in the NHS in London. It also aims to be of interest to IEHPs themselves. The framework's objectives are to promote effective:

- assessment of the challenges that may be faced by IEHPs as they transition into the NHS;
- assessment of specific communication, cultural and contextual learning needs related to safe clinical practice and practitioner health and wellbeing;
- planning and evaluating appropriate supervised practice and educational activities to meet identified learning needs;
- identification of changes that colleagues and organisations can make to aid safe transition
- access to resources to promote resilience.

The content of the framework and the resources that accompany it have been designed to raise awareness of managers' and educators' own deeply held cultural values and related assumptions that may lead to misinterpreting the behaviour or reactions of others. Such awareness can help to create more opportunities to foster the positive contributions that values from different cultures bring to clinical practice.

The framework provides a review of available evidence identifying the need for ongoing support for IEHPs as they transition into their roles in the NHS. It is based around five domains:

- Communicative and cultural capability
- Clinical capability
- Professional culture
- Developing resilience
- Teaching and learning

An example of a professional development portfolio is provided that can be used by IEHPs independently or with assistance from their supervisor, mentor or coach. (See Appendix 1.)

Guidance is provided to help understanding of how reflective practice can be used to aid transition. Additional online resources include:

- Podcasts sharing the experiences of health professionals from Iraq, Sierra Leone and the Philippines who have adapted to working in the NHS and living in the UK.
- Case studies sharing best practice and lessons learnt from educational approaches used in London to support IEHPs during their transition.
- An online tool for supervisors, mentors or coaches to assess how they can further develop their skills to support safe transition more effectively and to enable IEHPs to assess specific learning needs they may have.
- Links to related online resources.

This first edition focuses on nursing, midwifery and medicine. Future editions are planned that will aim to address the needs of allied healthcare professionals and healthcare scientists. Feedback on this edition is most welcome and will be used to inform future iterations of the framework.

RATIONALE
WHY A FRAMEWORK MAY BE USEFUL

Internationally Educated Health Professionals (IEHPs) continue to make significant contributions to providing high quality patient care in the NHS.[1-2] Many clinical areas depend on IEHPs to meet their staffing needs. While the place of origin and numbers of IEHPs recruited will vary depending on demand and changes in policy, ensuring that IEHPs are adequately supported as they transition to working in the NHS remains an important consideration.[3] Adapting to working in a complex healthcare system and living in a new country can present many challenges. There is considerable diversity of experience amongst IEHPs and their preparedness for working in the NHS. Many will be able to make the transition without encountering notable difficulties. However, common themes have been highlighted by research in this field, suggesting particular issues that may be a source of challenge during initial orientation, often extending to the early years of clinical practice in a new context.[4]

Regulators including the GMC and NMC, along with other professional bodies and employers, recognise that the transition for IEHPs to working in the NHS can be problematic and have led varied responses ranging from reviewing assessments used to gain entry to professional registers[5-7] to promoting tailored adaptation or induction programmes.[8-9] Debates continue regarding the appropriateness and effectiveness of such responses. The aim of this framework is not to resolve these debates, but rather to provide broad guidance on strategies that can be used to support safe transitions and the ongoing professional development of IEHPs, which are mindful of the complex nature of the challenges involved.

Health Education England's (HEE) mandate from the Government recognises the importance of supporting all new staff by ensuring that they have the "right training to perform their roles efficiently and effectively".[10] HEE acknowledges the significant role educators working in clinical practice play in supporting staff, as well as the educators' need for professional development if teaching is to succeed.[10] Evidence suggests that appropriate ongoing support from colleagues and clinical educators who have well-developed culturally sensitive supervision skills can make significant contributions to promoting safe and effective transition[11-12] as well as enabling team members to recognise valuable contributions made by IEHPs working with the NHS.[3]

SCOPE OF THE FRAMEWORK

The framework for this first edition will focus on nurses, midwifery and medicine as these are currently the main disciplines that are recruiting IEHPs. The principles and related materials however are likely to be relevant to other IEHPs and their supervisors.

The framework will address clinical educators who will be supporting IEHPs, including nurse mentors, preceptors, practice teachers, education and clinical supervisors (medical), and supervisors of allied health professionals. Links to specific tools and resources have been included that will be of interest to IEHPs themselves.Others may also find the framework useful, such as clinical colleagues, managers, administrators and employers.

EVIDENCE/SCHOLARSHIP INFORMING THE FRAMEWORK

Common challenges faced by IEHPs

Common challenges have been identified by research and scholarship in this field. IEHPs may encounter linguistic difficulties, despite meeting the language requirements of relevant regulators. Difficulties may include the need to adjust communication style and phrasing according to the listener or situation, a lack of familiarity with colloquialisms and regional accents, and pronunciation or comprehension issues.[2, 13, 14] Less easily recognised are the potential difficulties non-native speakers may have in interpreting and conveying nuances of non-verbal behaviour, voice tone and norms of interaction. Sociolinguistic challenges such as these can arise when patterns of communication from a speaker's first language are unconsciously transferred into the second, and they are often judged more harshly than basic language mistakes.[15] Sociolinguistic difficulties may be particularly challenging in the wider, multicultural context of UK society, reflected in ever greater diversity amongst both patients and staff in the NHS.[11, 14]

Individual IEHPs may have different levels of knowledge or experience regarding commonly occurring conditions they encounter in the NHS.[2] Recognising and adapting to patient-centred approaches to care and multiprofessional teamworking, where relationships with colleagues may be less hierarchical than in the country where they trained, can be challenging.[2, 3, 11] Understanding the ethical, legal and professional frameworks that inform practice in the NHS can be difficult to interpret and understand.[11] Contextual factors that influence approaches to patient care across specialties or within community, primary or secondary care settings create added layers of complexity.[14]

Particular difficulties may be experienced if IEHPs are placed in clinical settings where existing staff feel under pressure and are less able to be supportive[16] or where tensions can lead to lack of appreciation of the skills that IEHPs bring.[4] Concerns have been expressed in the literature that in some situations IEHPs may experience racism or discrimination[3] including institutional racism.[17] IEHPs can also experience social isolation if they are unsupported by family or friends outside of the workplace.[18] Some may face financial difficulties.[2]

Where IEHPs have predominantly experienced didactic approaches to teaching and learning in their professional education, the expectation to actively engage in critiquing patient care in discussions with senior colleagues or engaging with critical analysis for academic assignments or for reflective portfolios may be challenging.[19] Clinical educators may lack sufficient understanding of the cultural issues that influence learning as they, for example, misinterpret IEHPs' perceived lack of assertiveness in discussions as unwillingness to participate when it may reflect a culturally informed response demonstrating respect for senior figures.[12] Role modelling by clinical educators and colleagues can be an effective means of helping IEHPs learn, although poor role models can have an adverse effect, especially as it may be more difficult for IEHPs to appreciate the nuances of clinical practice.[3, 19]

Understanding the influence of culture on transition to working in the NHS

For educators, developing awareness of the ways in which cultural differences can impact on performance is central to identifying and addressing IEHP learning needs. Culture has many varied definitions but can be summarised as "the constellation of values, norms and behaviours members of a community" have learned through socialisation.[20] Cultural values that determine behaviour and shape expectations are often the result of early socialisation and may be so deeply held that individuals have limited awareness of them. Consequently, when people from different cultural backgrounds communicate, even in a shared language, the intent behind the message may be very different from the effect it creates. Unfortunately, these breakdowns in communication may be superficially misinterpreted as resulting from behavioural or attitude problems.

Scholars, such as Hofstede[21] and Trompenaars and Hampden-Turner,[22] have proposed various dimensions or models through which cultural values may be compared. These dimensions describe how cultural groups may differ in their approaches to concepts such as:

- Status: the relative importance of hierarchy and the degree to which unequal distributions of power are accepted
- Individualism or collectivism: the extent to which ties between individuals in society are seen to be loose, compared to collectivism, where being a member of cohesive groups such as an organisation or family is given prominence.
- Uncertainty avoidance refers to how cultures manage uncertainty and ambiguity. In cultures with a tendency to avoid uncertainty, strict rules and clear philosophies or beliefs can be used to try and reduce or minimise the unpredictable. In cultures that are more accepting of uncertainty there are likely to be fewer rules and greater tolerance of a range of views.
- Use of time: how cultures approach time from the perception of time as linear, fixed and sequential, to understanding time as multifaceted, flexible and loose.
- Emotional display: how emotions are expressed in cultures where variation can range from encouraging the direct and open expression of feeling to expectations that feelings are controlled and indirectly conveyed.
- Masculinity or Femininity refers to the distribution of emotional roles and the value placed upon them in cultures with, for example, roles that require assertiveness and competitiveness being valued in 'masculine' cultures whereas roles that are associated with modesty and caring are more likely to be valued in 'feminine' cultures.

Any model that is used to understand culture is likely to have limitations. Critiques of the use of dimensions often focus on their origins in research on multinational companies. Other critiques refer to tendencies to oversimplify differences.[23] as, for example, binary distinctions without recognition of complexity between, across and within dimensions. If, however, awareness of such limitations can be taken into account, cultural dimensions may be useful starting points from which to explore and better understand cultural differences. Morrow et al, for example, found examining cultural dimensions helped to identify particular challenges that internationally educated doctors experienced in communicating with patients and interacting with colleagues, and explained differences in approaches to teaching and learning.[12]

In comparing cultural differences, it is important to remember that such dimensions refer to group behaviour or broad tendencies, not individual behaviour. Equally it is important to resist reliance on stereotypes, and to bear in mind that individual behaviours may not conform to established cultural norms. Similarly, educators of IEHPs might find it helpful to monitor their reactions and interpretation for assumptions of similarity, and to develop an awareness of their own culturally-based preferences.

FRAMEWORK AREAS (DOMAINS)

The framework is based on five domains that relate to key areas of learning for IEHPs and their supervisors.

The domains relate to key areas of activity:

Communicative and cultural capability

This domain refers to the promotion of effective and professional communication in the clinical context (by individuals and groups), raising awareness of linguistic and cultural factors that impact on communication, adapting language use in clinical practice, clinical literacy (reading and writing), numeracy and prescribing, and communication in a multi-cultural context.

Potential areas for professional development for the practitioner	Supporting strategies for supervisors/ mentors and others
Recognise culturally specific factors and related values that influence verbal, non-verbal and written communication: • Gender roles • Country/region of origin • Religious beliefs • Age • Attitudes to the elderly • Concepts of status/hierarchy – use of titles, limits of responsibility • Time/punctuality • Concepts of professionalism • Approaches to teaching and learning • Manners – what is polite • Emotional display • Patient expectations	Provide supportive opportunities to discuss with individuals and teams specific cultural factors that may influence verbal, non-verbal and written communication in clinical practice. Identify own deeply held cultural values and assumptions that may lead to misinterpretation of others. Encourage use of educational strategies including promoting reflective practice, peer feedback, one-to-one supervision to help colleagues consider how differences between their cultures/values and expectations related to day-to-day clinical practice may be managed. Encourage discussion of the positive contributions that values from different cultures can make to clinical practice.
Be aware of the potential impact of linguistic and cultural differences in verbal communication: • Voice – tone, volume, pace • Pronunciation of individual sounds, word and sentence stress • Vocabulary – range, appropriate word choice, formality, use of colloquialisms • Grammatical accuracy – how far 'mistakes' impact on clarity • Degree of directness • Turn-taking/interruption • Use of silence • Structure/organisation of discourse • Professional models of clinical communication skills	Provide opportunities for discussion and reflection on the effect of difference in verbal communication on clinical practice for individuals and groups. Encourage role modelling of effective clinical communication and explanation of 'what works and why' in this context. Explain the meaning of colloquialisms. Provide access to self- assessment tools and online learning tools for clinical communication skills development. Provide access to clinical communication skills development e.g. workshops, use of clinical skills labs. Provide access to specific linguistic skills development if needed e.g. pronunciation.
Be aware of multicultural differences in non-verbal communication: • Body language • Head movement • Eye contact • Gestures • Personal space • Touch	Provide opportunities to discuss with individuals and groups multicultural difference in non-verbal communication and the potential impact on clinical communication. Provide access to self-assessment and online learning resources. Provide access to communication skills development e.g. workshops, use of clinical skills labs.
Be aware of multicultural differences in written communication: • Styles of writing – individual preferences e.g. for descriptive/objective/reflective approach • Structure and organisation of text • Extent and relevance of content • Relative significance/attention given to accuracy (grammar, spelling) and clear presentation • Differences in clinical terminology • Use of abbreviations • Numeracy	Provide guidance on expectations regarding clinical record keeping, in context of patient safety and continuity of care. Explore the concept of reflective practice, how this differs from traditional learning, and the role of written reflection in professional development. Clarify understanding of audit and how to present data. Emphasise importance of accuracy in presentation for safety and professional credibility. Provide clear guidance on clinical approaches to numeracy e.g. calculating and recording administration of medicines. Provide guidelines explaining use of abbreviations and commonly used clinical terms.

Clinical Capability

This domain refers to ensuring patient safety, related to competence and professional behaviours.

Potential areas for professional development for the practitioner	Supporting strategies for supervisors/ mentors and others
Recognise that staff new to the UK will be unfamiliar with NHS processes and systems.	Ensure local induction includes safety strategies which focus on: • The patient • Communication • Leadership and reporting responsibilities • Safety culture • Teamwork • Work environment
Be aware that the context of care may be different depending, for example, on the age of the patient, specialty, whether care is provided in community, primary, secondary or integrated care settings.	Ensure contextual factors are discussed and made explicit including, where relevant, wider services that may be involved in the patient's on-going care e.g. social services, education or the third sector.
Understand local and national clinical standards in area of practice.	Identify and provide access to contemporary clinical policies and guidelines to support adaptation to the area of practice.
Recognise potential differences between previous interpretations of professional standards and clinical practice and requirements within the NHS and specific areas of practice.	Ensure that skills are valued and cultural differences appreciated by creating supportive learning environments within which to explore and explain differences between clinical practice in the UK and that previously undertaken in other contexts.
Understand key concepts that influence approaches to clinical practice including patient-centred care, safeguarding and the reporting of concerns about patient safety, and recognising potential cultural differences.	Appreciate possible cultural differences that may exist concerning patient-centred care and assist with fostering respect, honesty and dignity for patients and their relatives. Ensure that clear guidance and explanations are given on standards required for patient-centred care, safeguarding and reporting concerns.
Recognise potential differences between technical/practical clinical skills required within the area of practice in the NHS and previous roles.	Provide opportunities to develop, learn, or refine technical/practical clinical skills that are required for competence within the current area of practice. Recognise clinical skills/expertise that could be applied within the area of current practice that may have been developed in a different context and support adaptation to current role where appropriate.
Understand and apply principles of multidisciplinary working to clinical care.	Appreciate where cultural differences may affect the expected partnerships between doctors, nurses, midwives, allied health professionals and other members of the multidisciplinary team. Support opportunities to learn about approaches to multidisciplinary clinical teamworking within the area of practice by providing: • Clear guidance on clinical teamworking • Information about clinical roles • Opportunities to meet and/or shadow multidisciplinary team members
Understand and apply principles of evidence-based practice (EBP) to clinical care.	Provide access to EBP learning resources: • Online learning to update EBP knowledge • Workshops to explore principles of EBP • Peer review journals, library services and journal clubs
Appreciate the role of clinical audit, reflection, appraisal and revalidation as governance mechanisms to ensure the delivery of safe, quality clinical care.	Ensure that clear clinical governance and personal development guidance is available to aid understanding of how principles can be applied to clinical practice.
Appreciate roles and responsibilities regarding supporting and supervising junior colleagues.	Ensure that supervision is only provided by staff who have appropriate up-to-date clinical and supervisory skills for the area of practice.

Professional Culture

This domain relates to professional identity and its relationship to working with patients and colleagues.

Potential areas for professional development for the practitioner	Supporting strategies for supervisors/ mentors and others
Recognise cultural differences and commonalities between individual identity as a healthcare professional and that of colleagues.	Create safe, supportive opportunities to explore cultural differences in professional identities between individuals and within teams.
Utilise differences as opportunities to improve professional practice.	Identify the strengths and opportunities that cultural difference can provide as well as the challenges.
Appreciate how cultural differences in professional identity may lead to: • Misunderstanding regarding roles and responsibilities between colleagues • Tensions in working relationships • Challenges in establishing appropriate professional boundaries between colleagues, with patients and their relatives • Difficulties establishing trust and demonstrating integrity with colleagues, patients and their relatives	Provide access to specific support when cultural differences lead to challenges. Such support may include: • Access to coaching and mentoring • Educational team facilitation • Workshops on key issues • Online learning to update knowledge
Understand and apply principles of patient-led care.	Provide opportunities for individuals and teams to discuss the challenges they experience in applying principles of patient-led care and how cultural identities may influence approaches to clinical practice. Ensure that clear guidance is available to explain how the principles of patient-led care are applied in the clinical workplace.
Appreciate how concepts of equality and diversity are applied to working with colleagues, patients and their relatives.	Ensure that supervisors/mentors are up to date with training on equality and diversity. Provide opportunities for clinical teams to discuss challenges they may be experiencing in applying equality and diversity principles in practice and to identify practical strategies to help address issues raised.

Developing Resilience

This domain relates to protecting our own welfare as healthcare professionals to ensure we practise effectively and safely.

Potential areas for professional development for the practitioner	Supporting strategies for supervisors/ mentors and others
Recognise that the transition to the UK may involve the loss of family support structure and difficulty with accessing financial/ childcare advice, etc.	Ensure opportunity for social networking and team integration, HR support and connection with agencies such as Citizens Advice.
Appreciate that UK systems and the new work environment will differ and during the period of adjustment may act as a stressor.	Ensure that local workplace-based induction provides opportunities to explore new systems, with supervision.
Understand that during the adaptation period, balancing work, friendships and social networks may be challenging, impacting on wellbeing.	Ensure that health and wellbeing employer screens identify staff requiring adjustments and additional workplace-based support. Emphasise the necessity for staff to self-report concerns about their own wellbeing and health.
Recognise that stress and fatigue may impact on health and wellbeing and ultimately on patient safety.	Appreciate that cultural differences may influence recognition of and/or response to personal triggers for stress and willingness to seek treatment or care.
Recognise the need to self-report and seek support in regard to concerns about own wellbeing and health.	Establish additional support mechanisms such as a local buddy network or mentoring to assist with the transition. Work in partnership with the OH department to explore additional support and reasonable adjustments where appropriate. Ensure awareness of how to access confidential health services and support.
Recognise that our experiences in personal and professional lives have an emotional impact which affects reactions and can impact on decision-making.	Actively promote a supervisor/mentorship network which fosters good relationships, emphasises a supportive ethos and recognises the influence of cultural differences on responses to stress.
Identify personal triggers for stress, when it is appropriate to take 'time out', and suitable coping mechanisms/ways of 'recharging'.	Ensure that the local supervisor/mentor network regularly provides opportunities for dialogue in the workplace to identify where further support is required.
Identify a peer/colleague to discuss challenges and experiences with as well as constructive responses.	Ensure awareness of how to access coaching and mentoring schemes such as those run by Professional Support Units and the National Leadership Academy.

Teaching and learning

This domain refers to cultural approaches to teaching and learning in the NHS.

Potential areas for professional development for the practitioner	**Supporting strategies for supervisors/ mentors and others**
Recognise possible differences between previously experienced approaches to teaching and learning and those promoted in the NHS.	Create safe, supportive opportunities, both formal and informal, to explore cultural differences in approaches to teaching and learning (including in induction).
Identify and appreciate the strengths and opportunities in both previously experienced and new approaches to teaching and learning.	Conduct needs analysis with individuals or groups and plan to address specific needs, followed by regular review of progress.
Recognise the range of activities in the workplace that offer opportunities for teaching and learning.	Provide information on what opportunities are offered for teaching and learning, and how and why those opportunities are considered useful for teaching and learning
Appreciate how cultural differences in approaches to teaching and learning may lead to: • Different expectations of levels and types of participation in learning and teaching activities • Incorrect assumptions about levels of clinical knowledge and skills based on responses to teaching and learning opportunities • Misunderstandings about attitudes towards teaching and learning • Difficulties in collaborating with colleagues in teaching and learning opportunities	Make expectations of learner participation clear in teaching and learning activities, whether in individual or group learning situations. Provide access to specific support when cultural differences lead to challenges. Such support may include: • Access to coaching and mentoring • Online learning support • Observation and feedback • Workshops
Appreciate and identify specific challenges that may occur while learning to use English in clinical practice.	Provide information on development opportunities regarding use of English in clinical practice available in Higher Education Institutions and Professional Support Units.
Understand and apply principles of critically reflective practice and develop the ability to question yourself and others, including more senior colleagues.	Provide opportunities for discussion on what is meant by reflective practice and how it is demonstrated in practice, both verbally and written. Provide examples of what is expected.
Develop the ability to seek out information from a variety of sources (including digital sources), critically evaluate it and apply it appropriately.	Provide structured opportunities for individuals to investigate issues relevant to their current practice, particularly using internet resources, and critical discussions of what is discovered.
Understand and apply the principles of continuing professional development and lifelong learning, by recognising that it is not possible to know everything initially, and therefore identifying and exploiting suitable learning opportunities.	Provide guidance, with the aid of the portfolio, on possible learning opportunities, and opportunities to discuss concerns around expertise.
Understand the importance of inter- and multi-professional learning and seeking opportunities to learn from other health professionals.	Demonstrate good inter- and multi-professional working and identify opportunities for IEHPs to learn from others.
Understand that learning through mistakes is important and the role of formative assessment and feedback in supporting this.	Discuss the role of formative and other assessment and the importance of giving and receiving feedback.
Understand the links between approaches to teaching and learning and patient-led care and seek opportunities for patient feedback.	Provide reading material (e.g. research) on effectiveness of teaching and learning approaches.
Be able to apply appropriate teaching and learning strategies to the education of others.	Provide opportunities for individuals and groups to discuss what they find challenging and to explore how this affects patient care. Provide training on educating others and opportunities to observe and discuss appropriate teaching and learning strategies.

Profession-specific considerations

The domains underpinning this framework can be mapped to key standards governing professional practice in Nursing, Midwifery and Medical. As an example we have mapped the NMC Code [24] and Good Medical Practice[25] to this framework (see table below). Practitioners may wish to include documentation of learning related to this framework in professional development portfolios as contributions towards meeting profession-specific requirements for CPPD and/or revalidation.

NMC 'The Code'	Framework for supporting IEHP	GMC Good Medical Practice
Provide a high standard of practice and care at all times Be open and honest, act with integrity and uphold the reputation of your profession	Clinical Capability Professional Culture Teaching and Learning	Domain 1 Knowledge , Skills and Performance
Work with others to protect and promote the health and wellbeing of those in your care, their families, and the wider community	Clinical Capability Developing Resilience	Domain 2 Safety and Quality
Make the care of people your first concern, treating them as individuals and respecting their dignity	Communicative and Cultural Capability Professional Culture Teaching and Learning Clinical Capability Developing Resilience	Domain 3 Communication, Partnership and Teamwork
The people in your care must be able to trust you with their health and wellbeing (covers all elements of the code).	Communicative and Cultural Capability Clinical Capability Professional Culture Developing Resilience Teaching and Learning	Domain 4 Maintaining Trust

RESOURCES

This section provides links to online resources designed to support the safe transition of IEHPs to working in the NHS.

All resources can be found at www.lpmde.ac.uk/professional-development/iehp

Resources include:

- Voices from the front line: a series of podcasts where doctors and nurses who have come to work in the NHS from Iraq, Sierra Leone and the Philippines talk about their experiences of transition.
- Case studies sharing best practice and lessons learnt from educational approaches used in London to support IEHPs during their transition.
- An online self-assessment tool kit designed to enable IEHPs and their supervisors to assess specific communication, cultural and contextual learning needs related to safe clinical practice and practitioner health and wellbeing.

OTHER USEFUL LINKS

Links to online resources to promote resilience:

- NHS Employers health and wellbeing resources for staff and managers: www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/health-work-and-wellbeing
- ***and***
- www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/health-work-and-wellbeing/keeping-staff-well/stress-and-mental-health
- Professional Support Unit e-learning modules: http://www.lpmde.ac.uk/professional-development/elearning-support-and-self-review-modules

Links to professional organisations that can provide support and/or guidance:

- BMA http://bma.org.uk/practical-support-at-work
- RCN http://www.rcn.org.uk/support
- Royal Medical Benevolent Fund www.rmbf.org
- Unison http://www.unison.org.uk/get-help/
- GMC General Medical Council (GMC) http://www.gmc-uk.org/doctors/WelcomeUK.asp
- Nursing and Midwifery Council (NMC) http://www.nmc-uk.org/About-us/

Links to the websites of organisations that may offer courses and workshops for skills development that are available in London:

- Professional Support Unit www.lpmde.ac.uk/professional-development/professional-support-unit

Links to resources related to improving clinical practice in the NHS:

- E-learning for healthcare: e-learning modules on a variety of healthcare related topics. http://www.e-lfh.org.uk/home/
- The Health Foundation on patient safety and person centred care resources www.health.org.uk/?gclid=CMCgy5WOmsECFY_MtAodmicA2g
- National Institute for Healthcare Evidence www.evidence.nhs.uk/
- NHS England on improving patient experience www.england.nhs.uk/ourwork/pe

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Royal National Orthopaedic Hospital NHS Trust

Institute of Education, London

Professional Support Unit, Health Education North West London

WE VALUE YOUR FEEDBACK

Feedback on the framework and its online resources is most welcome. Suggestions for improvement and the inclusion of links to other relevant resources will be considered and added where possible.

Please send your feedback to: iehpfeedback@nwl.hee.nhs.uk

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APPENDIX

A PROFESSIONAL DEVELOPMENT PORTFOLIO FOR INTERNATIONALLY EDUCATED HEALTH PROFESSIONALS

1. INTRODUCTION

AIM: TO SUPPORT YOUR ADAPTATION TO WORKING WITHIN THE NHS, BY PROVIDING YOU WITH OPPORTUNITIES TO REFLECT ON AND MONITOR YOUR PROGRESS.

The portfolio helps you identify your learning needs, reflect on your practice within the NHS and plan your ongoing professional development.

The portfolio is built around the five domains identified as being key areas of learning in adapting to work in the NHS (see page 5 for full description of the domains):

Communicative and cultural capability

This domain refers to use of language in the clinical context by individuals and groups, adapting language awareness and language use in clinical practice, clinical literacy (reading and writing), numeracy and prescribing, communication in a multicultural context, approaches to self-review, and lifelong learning.

Clinical capability

This domain refers to ensuring patient safety related to competence and professional behaviours.

Professional culture

This domain relates to our professional identity and our relationships with patients and colleagues.

Developing resilience

This domain refers to protecting patients and colleagues from any risk posed by your health, maintaining your health and wellbeing, and adapting to a new country and environment.

Teaching and learning

This domain refers to cultural approaches to teaching and learning, and specifically approaches to teaching and learning commonly used in the NHS.

GUIDANCE IN COMPLETING YOUR PORTFOLIO

The principles underlying this portfolio relate to reflective practice, continuing professional development and lifelong learning. These may or may not be concepts familiar to you from your previous experience.

Reflective practice refers to an approach to your professional work that involves ongoing reflection on what you are doing. By reflection we mean taking time to think critically about what you do as a health practitioner and its impact on patients, colleagues and yourself, in order to continuously improve your work as a professional (see section 8 for further guidance on reflective practice and cultures of learning).

Reflection is more than just recalling and describing an experience. Instead it requires both an analysis of the experience, identifying what knowledge and skills you have gained from that experience, and also an exploration of the attitudes and values you hold that underpin your responses to that experience in the workplace. It involves considering what you do well and what you do not do so well, and what you need to work on to improve your practice.

Reflecting in this way is an intentional and conscious process that requires dedicated time and effort, and the aim is to lead to change in your practice, in your understanding and perspectives on your work and potentially your understanding of yourself as a health professional.

Such reflective practice therefore requires certain attributes:

- A willingness to question yourself and to be questioned
- A commitment to the process of reflection
- A desire to improve and come to a better understanding of yourself as a healthcare professional
- A willingness to live with uncertainty and try new approaches to your work
- A willingness to be honest with yourself and others about what your strengths are and what you need to work on
- A willingness to act on the insights gained from reflection

It is important to remember, in reflecting on your practice, that the aim is not to tell others what you think they want to hear, but genuinely to explore in some depth the experiences you have, be critical of your role within them, and learn from those experiences to improve your practice.

You may be unfamiliar with these ideas and may initially find it uncomfortable to discuss with others things that do not work so well, or to admit that you are struggling with an aspect of work. We hope this portfolio will make that process easier, as it is an important part of your adaptation to working in the NHS and your development as a healthcare professional to recognise how you can improve and to learn to ask for help when you need it. Your supervisor and colleagues also undertake their own reflection on their own work and can therefore offer advice and support on how to approach this.

You will be asked to reflect both verbally, in discussions with your supervisor and colleagues, and in writing in the portfolio.

Continuing professional development and **lifelong learning** refer to the need to seek opportunities within your work to extend your knowledge and skills, as well as the importance of seeing your work always as an opportunity to learn. So although you may have reached a particular level of qualification in your field, within the NHS it is considered important not to be satisfied with reaching a particular level, but to develop the desire to continue improving and learning. This involves both an attitude of wanting to learn at every opportunity whilst at work and also developing specific plans to develop your abilities, such as undertaking training, or seeking out particular work experiences.

The portfolio requires you to discuss with your supervisor what your particular needs are in relation to your adaptation to working in the NHS and to plan specific activities to address those needs (such as attending a workshop on a particular issue, for example) within agreed time frames.

HOW TO USE THIS PORTFOLIO

Your supervisor/mentor/coach will be a valuable support in your adaptation to working in the NHS. Ideally you should meet with them at the beginning of your time and agree an overall time frame working on this portfolio. Then you should agree to meet regularly to discuss your progress and the activities that you record in this portfolio.

The portfolio has some activities to do as you begin working in the NHS, which you should then review at regular intervals. It also includes some activities that are designed to be done more than once. These will offer you a chance to see how you progress.

GUIDANCE FOR SUPERVISORS/MENTORS/COACHES

Your role is important in supporting the adaptation of IEHPs. You will need to make yourself familiar with the content of the portfolio and arrange to meet with individuals as they begin working in the NHS, to introduce them to the portfolio and discuss how you will work. IEHPs may or may not be familiar with this type of portfolio and so the initial meeting should also include a discussion about what is involved. It would be helpful to check how they understand reflective practice, teaching and learning, feedback, etc. so that you can understand their previous experiences of teaching and learning. If you have examples that you can show them this will also be helpful in illustrating the types of activities and writing that this portfolio encourages. You will also need to agree an overall timeline and regular times to meet to review their progress and make plans for any developmental activities you think will be helpful.

2. PERSONAL INFORMATION

Name .....

Specialty .....

Department .....

Workplace address .....

Phone .....

Email .....

DESCRIPTION OF YOUR CURRENT ROLE

Please use this space to provide information on your current role and any other activities in which you are involved. These may include activities undertaken for professional bodies, such as examining; for other organisations, such as undergraduate teaching; or Trust-based activities undertaken within work-based teams.

Description of current role
Other activities

PRIOR QUALIFICATIONS AND EXPERIENCE

Please use this space to list your prior qualifications and experience as a health professional. Please include details of where this experience took place and when.

Qualifications	**Date and place**
Experience	**Date and place**

3. IDENTIFYING EXISTING STRENGTHS AND AREAS FOR FUTURE DEVELOPMENT

WHAT DO I BRING TO MY ROLE IN THE NHS?

Please use the following table to identify what you think you bring from your previous experience listed above that will be beneficial in your new role within the NHS. Consider the full range of knowledge, skills and attitudes that you have developed which you think will be transferable and relate them to the five domains.

We suggest you do this at the beginning of your time working in the NHS and review it periodically. We have added a space for you to add additional thoughts that occur to you as you review.

	Knowledge	**Skills**	**Attitudes**	**Additional comments after review**
Communicative and cultural capability				
Clinical capability				
Professional culture				
Developing resilience				
Teaching and learning				

WHAT DO I NEED TO DEVELOP FOR MY NEW ROLE IN THE NHS?

Please use the following table to identify what you think you need to develop for your new role within the NHS. Consider the full range of knowledge, skills and attitudes that are listed within each of the five domains, and identify particular areas which you think you still need to develop.

We suggest you do this activity initially after completing the activity above. But we also strongly recommend that you revisit this activity as time goes on and add additional information into the table. It would help to agree a plan for this with your supervisor/mentor/coach.

	Knowledge	**Skills**	**Attitudes**	**Additional comments after review**
Communicative and cultural capability				
Clinical capability				
Professional culture				
Developing resilience				
Teaching and learning				

4. INCIDENT ANALYSIS

One way in which reflection on practice can be effectively approached is to take a particular incident and analyse it. This helps make the reflection more concrete and specific. Choose an incident where you were aware that things had not quite gone the way you anticipated, and you were left with a feeling of needing to think about it or of not quite understanding what happened. Remember to choose an incident in which your role needs consideration, rather than one where you reflect on what other people need to do differently. Reflection is most effective when it is relevant and meaningful for the person reflecting. We suggest you do this activity at least three times during your first year of working in the NHS, as this will help you see your progress more clearly.

This section provides you with an opportunity to record your reflections on particular incidents. You may like to use a model to help with this, though this is not obligatory. An example of how reflection on a critical incident could be written up is included in section 8.

Moon provides a useful perspective on learning and the role of reflection in leading to deeper levels of learning.[26] In her book 'Reflection in learning and professional development' she offers a map of different stages of learning, what these look like, and how reflection helps learners to move from one stage to the next.

The stages are:
1. Noticing
2. Making sense
3. Making meaning
4. Working with meaning
5. Transformative learning

The first two stages are what could be described as 'surface' learning, involving memorising and presenting what has been memorised, and reproducing ideas, but without linking them in any particular way. The third to fifth stages could be described as 'deep' learning where learners are increasing the degree to which they investigate meaning. So in 'making meaning' a learner will link ideas and integrate them. 'Working with meaning' involves reflecting on what meaning has been attributed to the linked ideas and 'transformative learning' involves restructuring ideas as a result of reflecting on meaning, being creative and arriving at individual interpretations.

Moon suggests that the first two stages happen usually at the point of engaging with some learning material, and the last three stages happen after that event, when the learner is re-processing. So for example a learner may notice and remember and reproduce ideas from listening to a lecture, or watching a fellow professional on a ward round. But it is the thinking and reflection afterwards which leads to the deeper levels of learning. Each stage represents an attempt by the learner to understand at increasingly deeper levels. The deepest level may also involve quite a strong emotional response as it may change how the learner thinks about an issue or even about themselves.

Below are some suggested questions you can ask yourself in analysing an incident through each of Moon's suggested stages of learning.

Noticing: 'What do I remember of the incident?' 'What happened?' 'What did I do?' What did others do?'

Making sense: 'What do I think was happening in that incident?' 'What are the issues that arise for me in that incident?' 'Why did I choose this incident to reflect on?'

Making meaning: 'How does this incident relate to my previous experience?' 'How does it fit with what I learned in my previous training?' 'What is similar and what is different?' 'What do others think might explain what happened?'

Working with meaning: 'What might be the reasons for the differences with my previous training and experience?' 'What might explain how others responded to me in this incident?' Why did I do what I did?' 'What other issues that did not occur to me earlier might help explain what happened?'

Transformative learning: 'What have I learned about the assumptions I make as a professional in these types of situations?' 'What values am I demonstrating?' 'What have I learned about how I relate to others?' What have I learned about how I see myself as a health professional?' 'How do I feel about what I have learned?' 'What do I need to change as a result of answering these questions?' 'What support do I need to do that?'

Please identify which of the five domains you think the incident addresses and the key learning points for you within those domains, as well as the actions you will take as a result.

Please write up your incident here
Please list the domains covered by this incident, and the key learning points
Please list the actions you plan to take, including details of the time frame for those actions

5. TRAINING COURSES AND OTHER DEVELOPMENTAL ACTIVITIES

Please summarise any developmental activities undertaken in relation to your adaptation to working in the NHS and tick the domain to which they relate. Activities may relate to more than one domain. Activities should include anything that is developmental, such as conversations with supervisors/mentors, reflective activities (such as thinking about particular incidents), discussions with colleagues, self-study, etc. – all of these are important. Formal courses can also be useful. We suggest you discuss any choice of courses with your supervisor/mentor to ensure you choose the best ones for you.

Date	Description of activities taken	Communicative and cultural capability	Clinical capability	Professional culture	Developing resilience	Teaching and learning

6. PERSONAL DEVELOPMENT PLAN

This is to be completed in discussions with your supervisor/mentor/coach. We recommend you agree a timeline with them, bearing in mind there is evidence that effective adaptation can take over a year.[4] A longer time frame will give you more opportunities to reflect and to come to a deeper understanding of you and your role within your new setting. Remember to develop your plan with reference to the five domains.

What strengths have you identified?
What areas for further development have you identified?
How will you set about addressing these?
How will you know whether you have achieved the goals that you have set yourself?
By when do you intend to have done this?

7. SIGN-OFF

N.B. This declaration and sign-off is optional. If you wish to use this portfolio as a formal record of your learning and progress, we recommend you complete this section.

I confirm that this is an accurate summary of my learning and developmental needs to date.

Your name: .....

Your signature .....

Date: .....

I have discussed the contents of the portfolio on a regular basis with the health professional concerned and can confirm that this is an accurate summary of their learning and development needs to date.

Supervisor/ Mentor/Coach's name: .....

Supervisor/ Mentor/Coach's signature: .....

Date: .....

8. REFLECTIVE PRACTICE AND CULTURES OF LEARNING
FURTHER GUIDANCE

Reflective practice is an area which has been written about a great deal and you may be interested to learn more about it alongside working on this portfolio. This appendix offers some definitions of reflection from the literature and some thoughts on how reflective practice might link to cultures of learning.

DEFINITIONS

Schön defines reflective practice as "the capacity to reflect on action so as to engage in a process of continuous learning".[27]

Bolton states that reflective practice involves "paying critical attention to the practical values and theories which inform everyday actions, by examining practice reflectively and reflexively. This leads to developmental insight".[28]

Boud, Keogh and Walker consider that "reflection is an important human activity in which people recapture their experience, think about it, mull it over and evaluate it. It is this working with experience that is important in learning".[29]

Jasper's definition is: "Reflection helps professionals develop autonomy, develop and retain expertise, self-directed. Therefore helps with quality of care, personal and professional growth and linking theory and practice".[30]

BENEFITS OF REFLECTION FOR HEALTHCARE

There are a number of writers who focus particularly on the benefits of reflection to those working in healthcare. Price suggests that it helps you understand yourself, your attitudes and feelings about dealing with patients and clients.[31] It can give you a fresh perspective on situations and make you question your usual thoughts and responses. It can therefore help you consider how to approach your work differently.

Davies suggests the benefits include [32]:

- Increased learning from an experience
- Promotion of deep learning
- Identification of personal and professional strengths and areas for improvement
- Identification of educational needs
- Acquisition of new knowledge and skills
- Further understanding of own beliefs, attitudes and values
- Encouragement of self-motivation and self-directed learning
- Could act as a source of feedback
- Possible improvements of personal and clinical confidence

Mann, Gordon and Macleod identify some similar benefits [33]:

- analysing our practice: what we do well, what we need to improve, why we do what we

do, how it links to theory
- more open-minded and flexible in approaching practice
- make individual decisions about our practice and how we want to develop
- increased collaboration with colleagues and learners
- sense of expertise and valuing of our professionalism, maintaining 'competence'
- help challenge structures, ways organisations work
- increased focus on moral and ethical considerations of our practice

CULTURE OF LEARNING AND REFLECTIVE PRACTICE

One of the potential challenges with reflection is understanding the cultural assumptions that may influence this of way of working. There are a number of issues which some learners find challenging if reflective practice is a new way of working for them; they are outlined below. Approaches to understanding culture, mentioned earlier in the framework, can also be a useful starting point to considering ways in which cultural differences and commonalities may influence how learning is approached. Issues that learners may find challenging include:

Questioning

Reflection involves questioning your own actions and those of others, including those who may be superior to you. In many cultures this is not considered acceptable, particularly in very hierarchical systems and situations. Questioning of others can seem like trying to criticise others and point out what they do wrong. In fact, questioning as part of reflection is not intended to link to apportioning blame, but to understanding incidents. This understanding can help everyone make decisions about how to deal with similar incidents in the future.

Making and admitting mistakes

Reflection does ask you to consider your own role and in many cases, such as this portfolio, to document or tell someone about what you did. This can seem very uncomfortable if you are not used to talking about things you find difficult, in front of others. Again the aim here is not to provide evidence of your lack of knowledge or skill, but to understand how you respond, how you use your previous knowledge and skills, and importantly to identify what new knowledge and skill you might need or like to gain. Without analysing incidents it can be hard to know what would help you improve as a health professional beyond your existing levels of knowledge and skill. Within the theories of learning that underpin ideas of reflection, mistakes are considered an important and necessary part of learning. When something does not go quite right we feel we want to improve and we are likely to learn more about how things work from these examples than when things are perfect.

Not knowing everything

Reflecting on incidents also raises the possibility that you may not know everything and that those you are working with and discussing your reflections with, will also realise that you do not know everything. For some people this 'loss of face' can be very uncomfortable. However, again, the value in identifying what you do not know is that someone can offer you support to help you gain that knowledge or skill. If we do not reflect and identify those gaps, then we are more likely to have more difficulties in the long run with patients and colleagues.

Emotions and learning

Not all people and not all cultures find the expression of emotion in public acceptable. Deep reflection of the transformative nature advocated by Moon[26] and others requires conscious consideration of how you feel about your work with patients and others, and how you feel about yourself. Again this can be uncomfortable to think about and to talk about with others. However, sometimes the incidents or examples that have caused us the most emotional reactions lead to the best learning. When we realise for example that we have been thinking about things in an unhelpful way and we have to re-consider our values or attitudes to others, it can feel quite upsetting, particularly if we feel others have responded negatively to us. However, it can lead to a change which is permanent and a completely new and better experience of work.

And finally … remember!

Everyone you are working with is also expected to reflect on their practice, consider how they can improve, discuss with others what they need to learn – even your most senior colleagues. No one is a perfect professional and everyone can learn more about themselves and how they work with patients and colleagues.

Those helping you reflect as part of your integration into the NHS will also be reflecting on how well they are helping you with that process and how well they are practising as a healthcare professional. You may even want to discuss with them how they think the process of helping you is going, and offer them your insights into how they can support you.

EXAMPLE OF A CRITICAL INCIDENT ANALYSIS (ADAPTED FROM THE EXAMPLE RESOURCES IN MOON [34])

Please write up your incident here

This analysis is about an incident on the ward that has concerned me. I have thought about it a lot and each time I see it differently, so I have also discussed it with my colleague, X, to see what they thought. (Level of reflection – noticing)

This incident involved a discussion over discharging a patient and a difference of opinion with my junior colleague. I felt the patient could be discharged, but my colleague was worried about support at home and felt we should be checking that before making a decision. I decided that this was not an issue, discharged the patient and found out later that the family members actually lived quite a distance away from the patient and would not be able to help her out over the first couple of days at home. In fact, thinking back to the incident, it might be that the daughter was trying to explain that to me. (Level of reflection – making sense)

I can see that the problem involved a number of things that all came together. The first is that I was tired, at the end of a long shift, and there are a lot of things I need to sort out, having only just moved to the UK. So my concentration is maybe not what it should be, or would have been at home. The second is that I was surprised my junior colleague spoke up, even though it has been explained to me that hierarchy works differently here than at home. I was busy responding to the fact that she volunteered an opinion and therefore was not really listening to the content of what she was saying. Similarly I had made assumptions about family life and responsibility for care and hadn't picked up on the signals that the daughter was trying to get my attention. I had not thought to ask about family circumstances. Clearly my colleague was much more used to those interactions with patients. (Level of reflection – working with meaning).

What also has troubled me is that I am not sure how to broach the subject again with my junior colleague and talk about my misunderstanding of the situation, my difficulty in anticipating the social circumstances of patients. Talking to junior colleagues about mistakes is something I am not used to. I worry therefore that she thinks I am not a good doctor.

When I talked it over with X, he helpfully suggested that maybe I was more concerned with demonstrating my clinical knowledge than listening to both the junior colleague and the patient's family. I am feeling that I do need to 'perform' well as I am new here. It does create more pressure than I would be feeling at home. He suggested that maybe I was underestimating the emotional responses I might have in adjusting to working here. He also suggested I do speak to my colleague and thank her for her advice and explain that I am getting used to how the system works, and that I can see she is a useful source of information about dealing with patients. He suggested asking her if I minded calling on her if I was not sure of something. I will try this though it is not something I am used to doing. (Level of reflection – transformative learning).

Please list the domains covered by this incident, and the key learning points

This covers the following domains: 'Professional culture' and 'Developing resilience'

What have I learned from this?

- I need to be more aware of the social aspects of discharging patients and to make sure these are considered
- I am less able to deal with the things that are different when I am tired.
- I am feeling under pressure to perform well and am anxious about how colleagues perceive the quality of my work, and this can lead to not listening well to others.
- I have been told how things work differently here, but that does not totally prepare me for experiencing it.
- It is easy to make assumptions about how society and culture works and it is difficult to anticipate everything that I might not be aware of. So I need to make a point of asking junior colleagues if they have anything to add, as they are likely to anticipate issues that would not have occurred to me.
- It is useful talking things over with someone else rather than worrying about things. So I need to make a point of raising issues with my supervisor or someone else when they happen rather than waiting until I have got too anxious.

Please list the actions you plan to take, including details of the time frame for those actions

- I plan to talk to my junior colleague within the next week.
- Each time I feel anxiety building over a situation I will talk to a more experience colleague that I trust about it.
- I will arrange with my supervisor to undertake two case based discussions on discharge and patient safety
- I am going to make a point of asking junior colleagues and family members for their views in the next three consultations and review my progress with my supervisor when we meet at the end of next month.
- The above actions also present a level of reflection that involves transformative learning.

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