**Knowing You, Knowing Me-Intercultural Dialogue**

A. Social Experience:

* What is their name and what does it mean?
* Where are they from? Upbringing- schooling, parent’s occupation, expectations, values, siblings.
* Why did they come here? How long have they been here? Are they past the ‘Culture Shock’ phase?
* What religion do they follow? And how does that influence things for them here? Do they need time and space for prayer? Be aware of Ramadan.
* Family structure – who’s here, who is still ‘back home’, who’s elsewhere in the world?
* How many languages do they speak? Which is their mother tongue? And which do they now speak at home? Are they comfortable with English (spoken and written?)
* What is their attitude to the other gender? Any issues about the role of women? (relevant for a female trainer with a male trainee)
* Social experience? Hobbies? Sports? Exercise? Do they understand stress and resilience? Any current stress and anxiety and how they cope? Any buddy/mentor (mixed groups)

B. Previous Medical Experience:

* Where did you train in medical school?
* What was the format of your medical school training? (For example, was it large group, lecture, small group learning, or some other form of training?)
* Have you had training beyond medical school? If so, what was the content and format of that training?
* What type of exposure to patients did you have throughout your training? Did you have the opportunity to interact with patients on a regular basis? Please tell me about some of the groups or types of patients you typically saw?
* Did you have direct patient contact with patients of all ages and both genders?
* Did you practice medicine after you finished training? If so, what type of practice did you have?
* Any concerns re UK General Practice? Have you changed specialties and if so what are the reasons? Have you accepted this change?

 C. Previous Learning Experience:

* What did you see as the role of the teacher in your training? Teaching methods
* And what is your role as a learner? Learning Styles
* What experience do you have of identifying learning needs and establishing goals in order to meet these needs?
* How has your performance been evaluated in previous learning situations?
* What type of feedback are you familiar with? For example, have you been provided with feedback from direct observation of your patient interactions? Have you had feedback on history taking, physical examination, etc.?

**PRACTICAL SUGGESTIONS:**

Supporting international medical graduates’ transition to their host-country: realist synthesis A Kehoe

1. **Organisational Factors:**

* Intercultural awareness amongst all staff
* Practice needs to be understanding of vulnerabilities and demonstrate acceptance towards IMG’s (favourable impact on professional development and performance) Supportive environment is highly valued by IMG’s
* Be their buddy or mentor throughout training and if not identify someone who can. Buddying or Mentoring helps Acculturation. (Think of Social integration)
* Do not make assumptions EITHER WAY! (Culture or capabilities)
* Learning environment where opportunity to build on previous learning rather than unlearn everything
* Leadership and commitment to helping IMG’s will help (Enhanced Induction-STEP in Scotland)
* Set aside time and resources to support IMG’s acknowledge extra work and seek expert input if required
* It helps to orient IMG’s with the local community (Remote vs Inner city)
* Environment- CULTURAL HEALTH CAPITAL (wellbeing, resources, resilience and optimism)
* Lack of support and cultural awareness amongst colleagues may lead to a risk of stereotyping, prejudice and discrimination
* Role modelling- Hearing other IMG stories, journeys and transition helpful

1. **Individual Factors:**

* Individual needs assessment would help point in the right direction (hidden curriculum). Carry out an ‘individualised’ learning needs assessment Intercultural dialogue (Kiddy Ring) and Culture Shock (where are they?)
* Appreciative Enquiry (Armson and Crutcher 2006)- Deficit Vs Asset based model (knowledge of rare diseases, managing with limited resources, mature life skills, dealing with patients from other culture
* Genuine non judgemental interest (Kleinman), examine own cultural attitudes, knowledge. Use culturally sensitive interview tools; foster an open, sensitive approach. Most members are happy to talk about their own culture
* Learning styles, reflection and Feedback may need adjusted
* Experiential learning e.g. role play, simulation creates better participation and application of knowledge
* Explore questions that would help define cultural awareness- If you see an elderly patient and they do not agree with your suggestion, how will you challenge them? If you think the Consultant on call is perhaps not giving clear instructions, how will you interact with them?
* Engagement often better in small groups and one to one
* Female IMGs may have slightly different needs
* Support network should involve mixed groups to allow improvement in ‘social capital’. Ethnic ‘HOMOPHILY’ is a risk factor.
* Deep learning was associated with understanding whereas superficial learning was associated with memorising (often seen in IMG’s). REFLECTION SKILLS
* Feedback is welcome, should be early, constructive and directly linked to goals.
* Language issues: try using the Interviewer Rating Scale (Russell 2006) to explore learning needs. LINGUISTIC SUPPORT
* Perception of unconscious bias and fear of being labelled as ‘problematic’- vulnerable, confidence and morale