**Curriculum evaluation focused on the experience of IMG trainees in Yorkshire and the Humber - March 2010**

**Summary of findings and implications**

**Communication**

This is the single biggest issue and underlies many of the other problem areas.

Although language and culture are intimately related, it may be helpful to consider them separately.

**Language** problems

* These include colloquialisms, pronunciation and accents. Each of these needs special attention.
* Learning stock phrases is not helpful in the long term, as it sounds formulaic and insincere, and doesn’t help the doctor to learn to adapt their language to the patient
* Non-verbal skills are also an issue. Many non-verbal and para verbal aspects of language vary considerably between cultures, leading to misinterpretation by both doctor and patient.

**Cultural** problems in communication

* IMGs, and doctors used to hospital practice in any country including the UK, may have difficulty learning to explain their thoughts and plans to patients.
* This issue is not confined to IMGs and many of the problems could apply to any doctor and patient communicating across language and cultural barriers.

**Working with colleagues**

Cultural differences are central in this area – between the IMG’s home culture, both social and medical, and those in the UK.

* Most IMGs come from a more hierarchical medical culture than that in the UK. Adapting to the more egalitarian culture here can be very stressful as it may involve a disorienting sense of loss of role.
* To enable IMG trainees to develop and flourish in UK general practice, cultural learning must be two-way. It is as important for the team to understand the IMG’s culture as it is for the IMG to understand the local culture. This is enriching for all concerned.
* We are all ambassadors for our cultures. Lessons learned from colleagues can have a great influence on how we perceive and interact with others from the cultures they represent.

**The holistic approach**

* It is inappropriate to think that IMGs do not understand a holistic approach to patients. However, their holistic understanding is in the context of the extended family system typical of most of the cultures they come from.
* Psychological illness is stigmatised in some cultures, which may make some doctors reluctant to explore this dimension.
* Doctors from countries with fee paying health services may have been conscious in their earlier training of the cost of their time to the patient, who may see psychosocial enquiry as irrelevant and time-wasting.
* Moving from a biomedical to a holistic approach is a culture shift experienced by UK trained doctors moving from hospital to GP as well as by IMGs.

**Clinical management**

* Different approaches to clinical management may be determined by the patient expectations the doctor is used to, or by the range of management options available.
* Another important factor is the incidence of different conditions in different countries, and the implications of the same symptoms and signs – e g fever suggesting possible life threatening infection in the tropics, probably minor illness in the UK.
* Cultural factors in communication may create difficulties in clinical management in consultations where sensitive issues need to be discussed, perhaps particularly between a male doctor and female patient.

**Managing medical complexity**

* This competency is one which many trainees (of all backgrounds) find difficult to grasp at first.
* IMGs may find it particularly hard because of their lack of experience earlier in their career of elderly patients with many co morbidities, of an NHS type primary care system, and of the idea of health promotion as integral to a GP’s work.

**Professionalism**

* Values vary between cultures. This includes the ethical values which underlie professional codes of practice such as the GMC ‘Duties of a Doctor’.
* Apparently ‘unprofessional’ behaviour can reflect lack of familiarity with the professional codes current in UK practice and the values underlying them, so doctors’ views and actions need to be understood and explored in this light.

**Teaching methods**

* The student-teacher relationship differs markedly between cultures. Most IMGs will be used to the expectation that teachers should be given unconditional respect and not challenged.
* Not only the concept of self-directed learning, but also the skills needed for it, may be unfamiliar to IMGs.
* It is important to remember that IMGs, like all learners, have individual learning styles and preferences. Understanding the educational culture they have come from is only one of the factors needed for the educator to design an appropriate teaching programme.

Adapted from IMG survey: summary of findings (Maggie Eisner – Health Education Yorkshire and the Humber)