**Interview 2 - How to be a successful IMG**

In this video a trainee (Fiola) discusses starting her first post in general practice and the importance of the trainer-trainee relationship.

**Suggested Learning or Discussion Points for Educators and Trainees**

* Challenges of starting the first GP post.
* The importance of a good induction programme.
* Introducing the multidisciplinary team. Do staff need training and support to understand issues affecting IMGs?
* Differing healthcare systems worldwide.
* Examples of how a trainer can build a strong educational relationship with trainees.
* ‘In the UK we don’t do things like that.’... Is this a reasonable thing to say?
* Doctor centred versus patient centred approach.
* Discussing ideas, concerns and expectations.
* The successful giving and receipt of feedback.
* Identifying learning needs, strengths and weaknesses, SWOT analysis, Honey and Mumford...

**Resources:**

* Bradford VTS website:

<http://www.bradfordvts.co.uk/great-websites-for-trainees/>

<http://www.bradfordvts.co.uk/helping-international-medical-graduates/>

* Web Chapter 1: Induction (The Essential Handbook for GP Training and Education): <http://www.essentialgptrainingbook.com/web-chapter-01.php>

Difficult conversations – summary of discussions from PD conference 2011:

What are difficult conversations?

* Generally negative feedback
* Often breaking bad news
* May be related to trainer or trainee
* Examples – dealing with complaints, trainer not being approved
* Difficult conversation with other peers – e.g. consultants
* When dealing with personal issues e.g. BO
* When dealing with cultural issues
* When dealing with probity issues e.g. lying, criminality
* When dealing with conflict
* Possibly around appraisals

What are the difficulties?

* Dealing with issues alone, feeling isolated.
* Dealing with escalating situations.
* Having to continue on-going relationship following the difficult conversation
* Dealing with differing judgements/assessments of an individual/situation (by multiple assessors), leads to uncertainty/conflict.
* Dealing with situations with unclear boundaries/criteria/interpretations.
* Differing agendas of the participants of the difficult conversation.
* Varied power dynamics e.g. having to deal with 5 hostile people by yourself.
* Person you are having conversation with lacks insight.
* Person you are having conversation with unwilling to compromise.
* Having to sort everything out at one meeting when issue (s) may be too big.
* Having to deal with someone face to face as we don’t want to upset them.
* Uncertainty re the reaction we will receive
* Being empathic

Observed behaviours during role play of difficult conversation

* Many of the same strategies as when dealing with BBN
  + Checking understanding - ‘so how did it go’
  + Warning shot – ‘were there any difficulties?’....’I’m afraid we are going to have to disappoint you’.
  + Giving the news straight - ‘I’m afraid you aren’t being signed up’.
  + Explaining what happens next – ‘you’ll be able to continue as a clinical supervisor but ...’
  + Arranging follow up – ‘when we meet again in 3 months’
* Other helpful strategies included
  + Paraphrasing the other person’s words
  + Remaining objective and giving specific examples of failings
  + Remained resolute – not swayed by the other person’s attempts to argue the case.
  + Remained calm
  + Praised positive actions
  + Gave ‘hope’ with specific and constructive examples of what to do next.
  + Use of ‘we’ – lends authority as an assessor, but also when discussing what would happen next, feeling of partnership in going forward.

Solutions

* Remaining non-judgemental – try to use objective evidence.
* Use of time – splitting up meetings to maintain on-going relationship and also opportunity to build bridges again.
* Prepare – try to anticipate specific Qs or problems and think about how to deal with them e.g. taking a colleague with you.
* Explore ideas of other person involved.
* Emotional intelligence – monitor your own feelings - possibly may need to keep them in check – in other situations may be helpful to share them
* Minute the conversation.
* Imagine yourself in the other person’s place – how do they feel?