

## Working Together in Education

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The annual Hull Education and Training (HEAT) event 2024 theme was 'Working Together in education'. The first presentation was titled: Code Red simulation - policy into practice. It described the use of simulation for training in the high acuity low occurrence ('HALO') skills, which occur during so-called 'Code Red' situations. The purpose of the 'Code Red' simulation training was to have a specialist senior doctor in the resuscitation room, to practice haemostatic resuscitation and damage control resuscitation. The simulation practice in the 'HALO' allows for the team training, the individual training and the evaluation of the psychomotor skills. The idea is to use a high fidelity simulation, which allows for an immersive experience. This form of simulation training allows for challenging but supportive environment for learning. To achieve this a protected time of around 40 minutes and a protected environment such as the resuscitation bays were established on a regular basis. The training was based on the use of the 'Code Red' action cards, which allowed for all the team members and the team leader to be able to understand their roles and expectations.

Each session was followed by the debriefing to address issues such as the human factor skills. This approach permitted for a regular 'Code Red' training using the simulation based approach. This allowed training for high acuity trauma, which occurs rarely, therefore allowing the teams and the individuals to gain experience in a safe environment. The success in the 'HALO' and the 'Code Red' simulation training was founded on the careful planning and design but also based on the close partnership and 'working together' approach.

The next presentation was titled 'Supervising and Supporting Transcultural Trainees'. The NHS relies on the international medical graduates to help to deliver the services. The international medical graduates are remaining an important part of the NHS workforce. There a number of challenges for the international medical graduates such as the social and cultural differences, knowledge, skills, experience and attitudes and behaviours. Working with the individuals from the different cultural backgrounds affects a number of aspects including differences in leadership, communication and evaluation styles, trust levels and many more. For example, leadership cultures could be divided into different subtypes such as the egalitarian style, the 'top down' style, the consensual and the hierarchical styles. The leadership styles in different cultures have an impact on the performance of the trainees. This may also affect their communication and may result in misunderstanding issues. There are different communication styles such as the emotionally un-expressive, the emotionally expressive, the confrontational and the avoiding confrontation style. In addition, there is non-verbal communication that also requires to be taken into consideration. Other aspects that may affect our interactions include the low context or the high context communication. The

low context communication is clear and focused on the results. In contrast, the high context communication is implicit concentrating on the context and feelings. One suggestion put forward was that in the multicultural teams the default feedback and communication should be that of low context. Thus, everything should be stated clearly and explicitly and in writing to reduce any possibilities of confusion or misunderstanding. The workforce within the NHS therefore, should benefit from the good understanding by the individuals of the cultural intelligence. The cultural intelligence is the understanding of the diverse attitudes, beliefs, behaviours and differences in the communication patterns of the particular group of peoples. For example, Hofstede's cultural dimensions examined peoples' values in a workplace and looked at issues such as the power index, masculinity, femininity, individualism and collectivism, the uncertainty avoidance index, indulgence or restraint and long term or short term normative orientation (1).

Effective supervision therefore would rely on the supervisors' understanding of the intercultural issues of the trans-cultural trainees. Therefore, the healthcare workers should understand how their own personal biases and their values influence communication with the trainees, co-workers and the patients. The ways to facilitate communication across the cultural boundaries would depend on the self-awareness, recognition of differences, acceptance of ambiguity, acknowledgment of concerns and avoidance of judgement. This could be achieved by increasing our in awareness, calling out bad behaviour, acceptance of the changes in the culture or norms, by defining acceptable behaviour, having the role models or through the training in assertiveness. This is of particular importance in the context of the

clinical and educational supervision. When supervising trans-cultural trainees we need to define the goals in a clear and transparent manner. This could be best achieved by starting with a face to face meeting, which would allow to establish trust and rapport. The trainers should also aim to improve the cultural intelligence and maintain open attitudes towards the cultural diversity. Therefore, the overall better understanding of the transcultural issues within the NHS would result in better training and improved supervision.

The next presentation was titled: 'Medical Leadership'. Good medical leadership improves patients' safety, staff morale and reduces the risk of burnout (2). Good medical leadership protects against burnout and psychological morbidity. The report from The King's Fund Commission on Leadership and Management in the NHS addressed issues such as engagement, team building, defining the roles and work load, designing systems to improve day to day working and patient care, learning from mistakes and the role of appraisal (3). There are many examples of good leadership. Moreover, many physicians are developing particular interests in medical leadership. In fact, there is evidence that the quality scores are a quarter higher in physician run hospitals (4). Currently, medical leadership is not part of the medical schools' curriculum. In fact, a proportion of doctors in leadership posts do not have accredited training in leadership. Therefore, there is a need to invest in medical leadership training and development. This in turn would help to build a compassionate, resilient and regenerative workforce. For this reason, the NHS has produced a number of documents such as the 'Five components of NHS IMPACT', 'Our NHS people promise', 'the NHS patients safety strategy', all of which address the issues of medical leadership (5,6,7). One of the concepts

of medical leadership is so called 'compassionate leadership' model. This was introduced by Michael West who described a leadership model centred on the approach to leadership based on inclusivity and compassion (8). Conversely, Giles Hutchins and Laura Storm described a concept of regenerative leadership, which goes beyond reducing harm and maintaining a 'status quo' (9). This concept embodies a mind-set of repair and generating sustainability long term. The regenerative approaches in medicine extends from the need to combat illnesses to the rebuilding and regeneration of lives affected by chronic diseases (10, 11). In order to improve the leadership training our organisation introduced the 'Aspiring Specialist' programme. The 'Aspiring Specialist' programme involves five face-to-face interactive teaching sessions covering leadership insights, motivational leadership, personal resilience. The aspiring specialists programme concentrates on the following aspect: clinical leadership, career development, personal resilience, continuous learning, safety culture, making connections. The participants for the 'Aspiring Specialist' programme were the senior higher trainees, the specialty and specialists doctors and the new consultants. Following the completion of the first cohort of the 'Aspiring Specialist' programme the overall feedback and evaluation were excellent and of a very high standards.

The final presentation was titled: 'Enhancing Generalist skills by working together'. Generalist skills are required by healthcare professionals to manage the individual patients with the multiple comorbidities and health issues. Generalist behaviour approach shows a deep understanding of 'whole' person-centred care and health care needs and priorities of the population. Health Education England's 'Future Doctor' report highlighted the pivotal role of

generalist skills in empowering health and care professionals to respond to the evolving population needs in the changing health and care landscape. For these reasons, the new medical curricula concentrate on the general professional capabilities. Capability is defined as the ability to integrate and apply multiple competencies in novel and changing circumstances. General professional capabilities include professional values, professional skills, professional knowledge, health promotion and illness prevention, leadership and team working, patient safety and quality improvement, safeguarding vulnerable groups, education and training, research and scholarship. General contextual capabilities include person-centred practice, complex multi-morbidity, population health, systems working, social justice and health equity and environmental sustainability. The chief medical officer report (2021) highlighted the problems of the old age, costal population structure and their effects on health. Coastal areas were shown to have both the older and the more deprived populations ([12](#)). This document highlighted the importance of reducing health inequalities by addressing the health priorities such as poverty, deprivation and other social agendas. It also raised issues of adapting and developing strategies for addressing multi-morbidity. The most important aspect for achieving this would be the maintenance of the generalist skills and organisation of the services around the patients' needs ([13](#)). The NHS long-term workforce plan (2023) also recognised the importance of more generalist approach and recommended that it is introduced to medical education and training. One such example of this idea includes the 'Enhance' pilot programmes, which provide a shared placement and the multi-professional learning in the teams across the primary and secondary care ([14](#)). This approach

to training may lead to improved patients' experience and outcomes as well as benefiting the healthcare professionals and the wider health and care systems.

The NHS England's Enhancing Generalist Skills (Enhance) programmes, offered in three forms (enable, explore and engage) with varying levels of engagement, are delivered via a combination of complementary approaches including face to face and online learning sessions, field trips, and self-directed learning. These programmes offer an immersive experience and provide opportunities to engage in multiprofessional learning, quality improvement and interaction with the local integrated care systems (ICSs). The 'Enhance' programme became available to all foundation doctors from August 2023 and the modules are aligned with each year of foundation training. The Enhance programme explores application of learning in a specific way tailored to a health professional including an option of a period of community placement. In addition, it incorporates protected time for the regional training days. The examples of the 'Enhance' programmes include in some regions the 'LIFT' placement, separate community placement, tailored structured programmes with protected time or the 'trailblazer' enhance explore programmes. The Enhance explore programme in the Yorkshire and the Humber area is composed of 7 modules over the 12 months period, with each module lasting 7 weeks. There are six core modules and one applied module of which examples include oral health, frailty, prison health and many more. For each module, there is one interactive workshop for knowledge acquisition, four sessions for the self-directed learning, one field trip outside the usual work environment and one wrap up session using action-learning sets to share learning. The Enhance programme fosters

multi-professional learning and team working. In addition, the Enhance programme encourages diverse discussions, challenges pre-conceived ideas and the conscious and unconscious biases, increases skills, problem solving and addresses health inequalities. The Enhance programme relies on the sponsors who support the trainees. The Enhance programme aims to improve the understanding of the health systems in order to provide a good quality patients' centred care. Moreover, the 'Enhance' programme allows the healthcare professional to develop the ability to work with individuals, their families, carers, advocates and network of healthcare professionals to ensure that care is co-ordinated across the teams, organisations and the care systems.

In conclusion, the 2024 Heat conference provided a wide range of presentations that illustrated how to work together in education. The presentations highlighted the importance of understanding the cultural, communication and leadership differences. This approach can be applied in the simulation training settings. The particular understanding of the different cultural and communication approaches can improve our work within the NHS diverse workforce. This approach can also be adapted into the different and novel leadership approaches. Moreover, idea of working together fits very well with the concept of 'generalist' training, which is important from both the educational and the patients' care perspectives. Overall, the meeting highlighted the importance of working together in order to deliver better medical education, patients care and the NHS workforce.



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