

# Supporting a multicultural workforce

## *Creating cultural safety*

Tista Chakravarty-Gannon

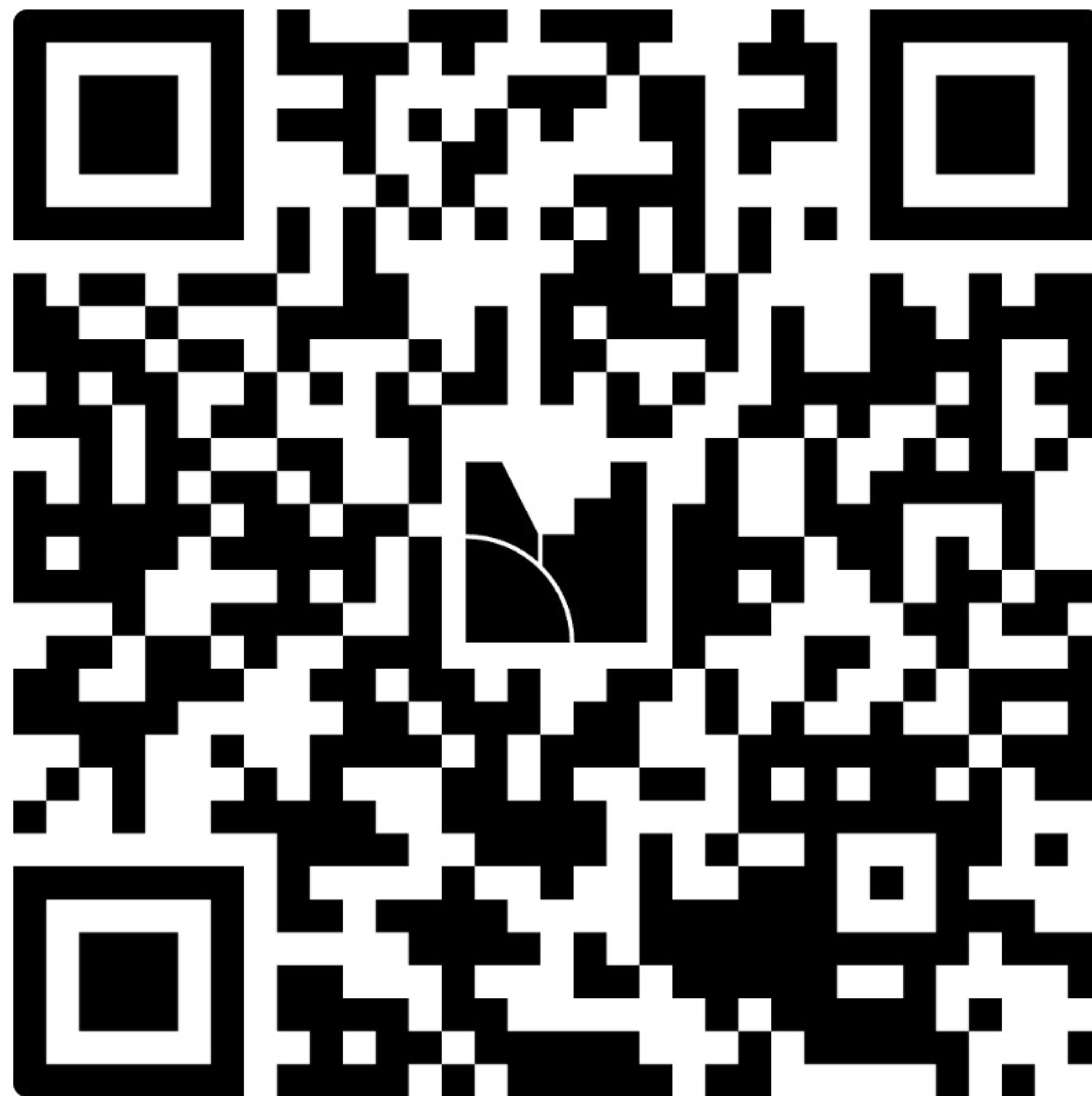
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@tcgannon



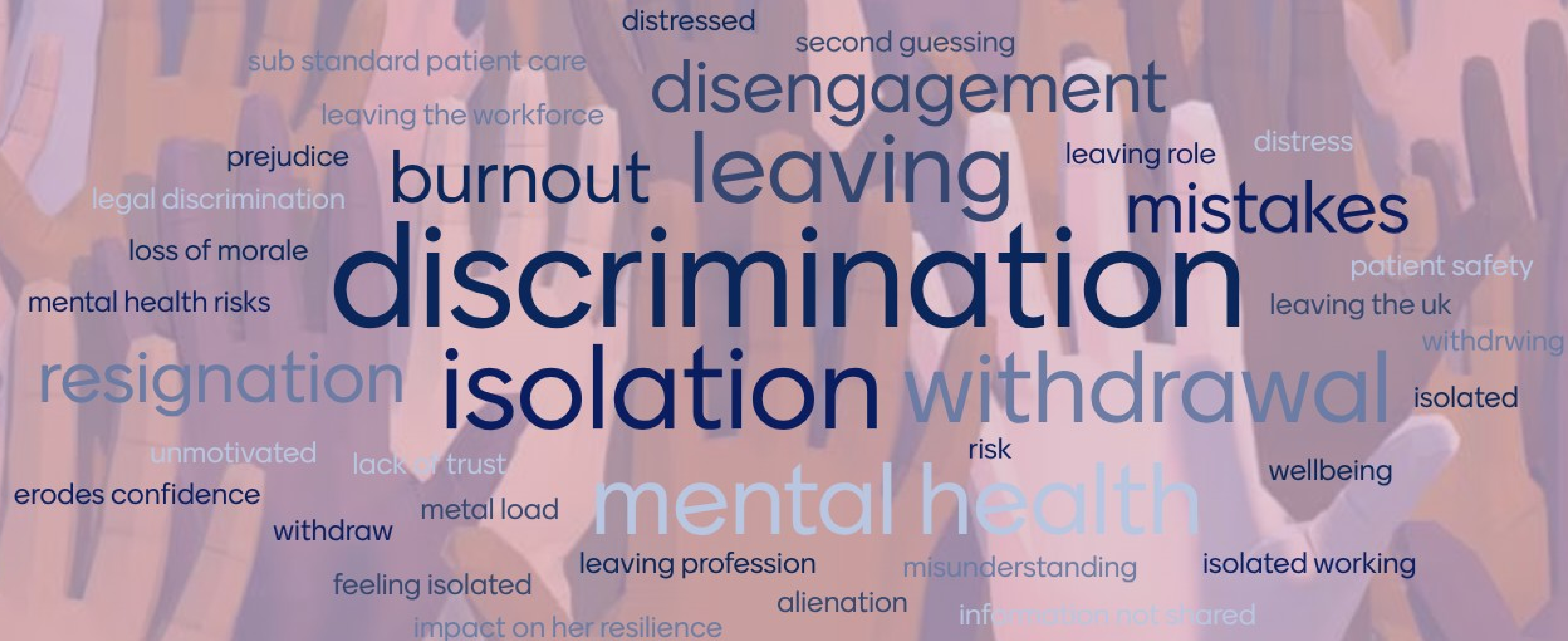
# I'm just overthinking, right?

- Reprimanded for staying late, male colleague praised as 'conscientious' for staying late
- This is NOT how we are taught things here Dr Nicky!
- Never invited for group socials
- Leave refused





In one or two words, given Nneka's experiences, what risks can you foresee?

A word cloud centered on the slide, featuring various terms related to professional risks and personal experiences. The words are in different sizes and colors (shades of blue, purple, and pink) against a background of many raised hands in various skin tones. The most prominent words are 'discrimination', 'isolation', 'withdrawal', 'disengagement', 'leaving', 'burnout', 'mistakes', and 'mental health'. Other visible words include 'distressed', 'second guessing', 'sub standard patient care', 'leaving the workforce', 'prejudice', 'legal discrimination', 'loss of morale', 'mental health risks', 'resignation', 'unmotivated', 'erodes confidence', 'lack of trust', 'metal load', 'withdraw', 'feeling isolated', 'impact on her resilience', 'leaving profession', 'alienation', 'information not shared', 'misunderstanding', 'isolated working', 'wellbeing', 'risk', 'withdrawing', 'isolated', 'leaving the uk', 'patient safety', 'distress', and 'leaving role'.

discrimination  
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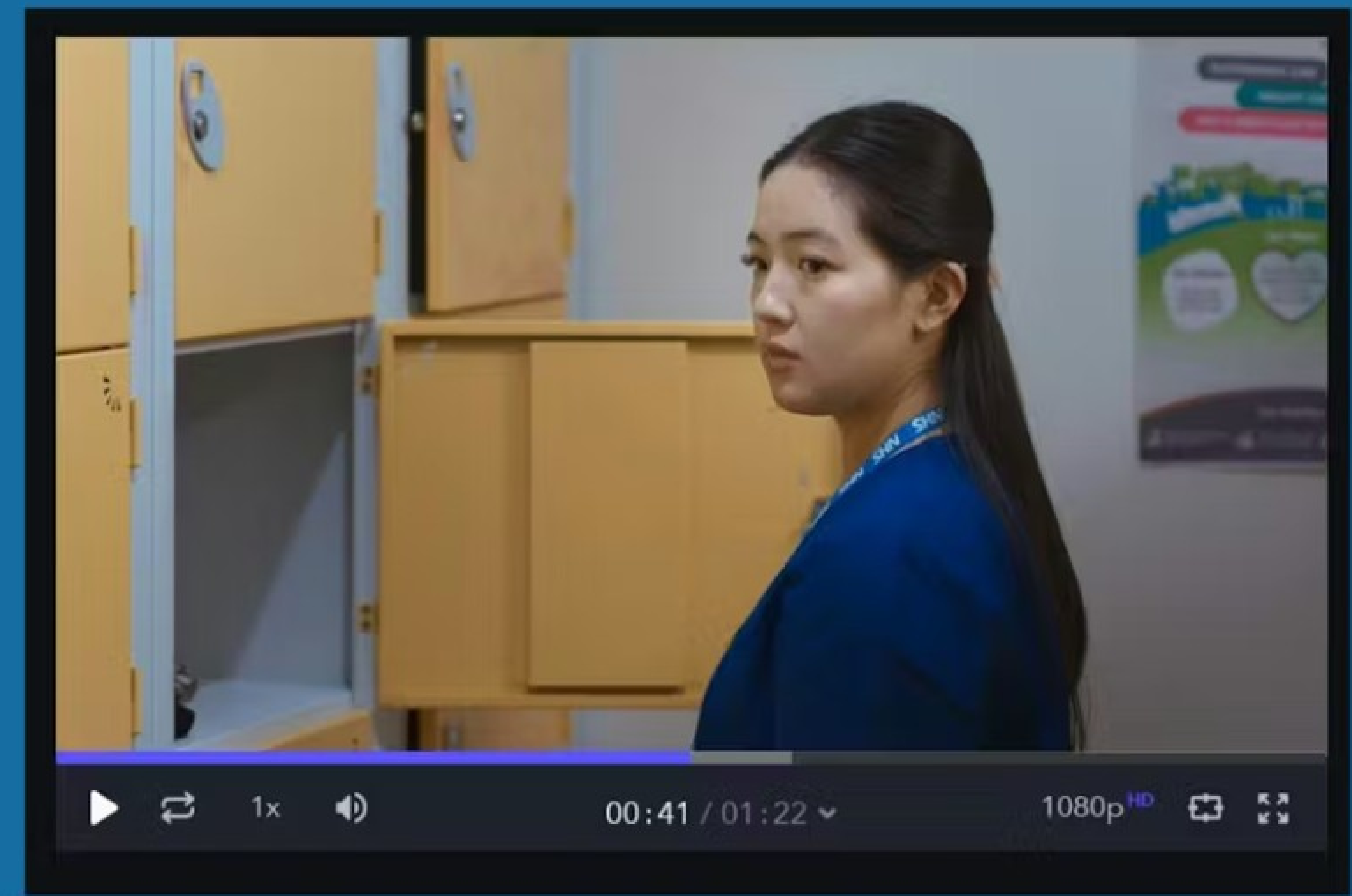
# Protective factors beyond induction



# Anti-discrimination workshops

General Medical Council

General  
Medical  
Council

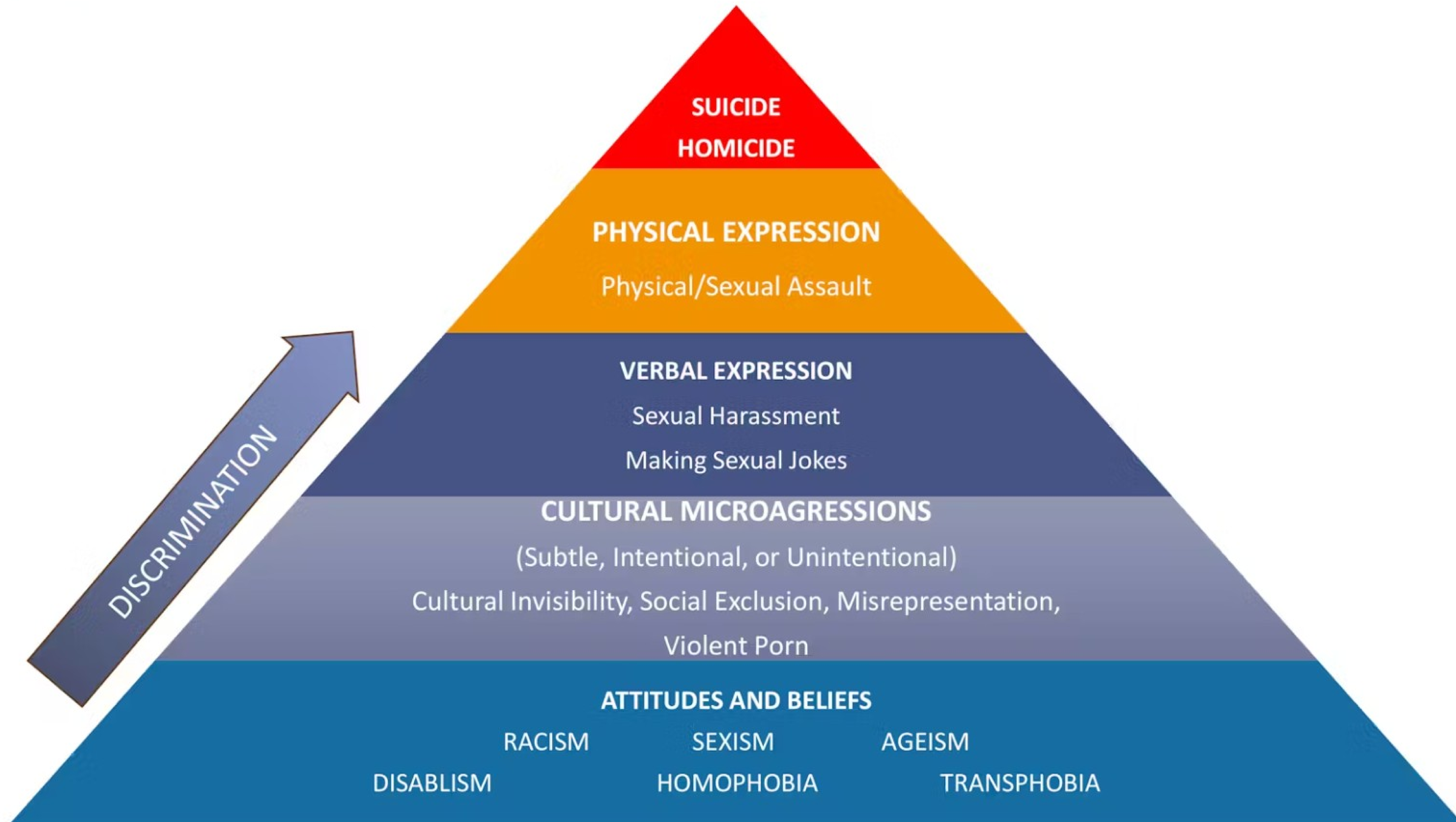




# Early warning signs



# Why? Pyramid of Discrimination and Violence



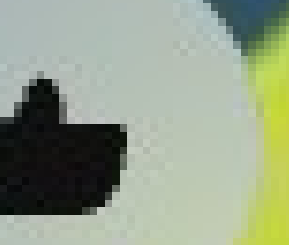
McMahon & Banyard, 2012 DOI: 10.1177/1524838011426015



## Calling in and calling out – practise words and phrases

- Your name's too hard to say!
- Oh, everyone is a bit autistic
- Divya's ideas aren't being given credit
- It's just a joke!

Countering microaggressions should become the norm; microvalidations can also help





# Supporting a multicultural workforce – a workshop for supervisors

- Drawing on Erin Meyer's work and in collaboration with Prof Sujesh Bansal
- Rooted in cultural humility and cultural intelligence
- Aim to increase supervisors' skills in supporting IMGs and preventing escalation due to misunderstandings and miscommunication







What the British say...	What the British mean...	What the Dutch understand...
I hear what you say.	I disagree completely.	They accept my point.
With all due respect ...	I think you are wrong.	They are listening to me.
Oh, by the way ...	This is the primary purpose of this discussion.	This isn't very important.
I'll bear it in mind.	I won't do anything about it.	They will use it when appropriate.
Perhaps you could give this some more thought.	Don't do it, it's a bad idea.	It's a good idea. Keep developing it.
Very interesting.	I don't agree/like it.	They are impressed.
Could you consider some other options?	Your idea is not a good one.	They haven't decided yet.
That is an original point of view.	Your idea is stupid.	They like my idea.
I am sure it's my fault.	It is your fault.	It is their fault.





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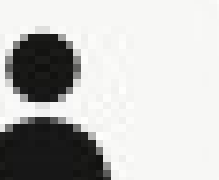


# Mapping Leadership Cultures

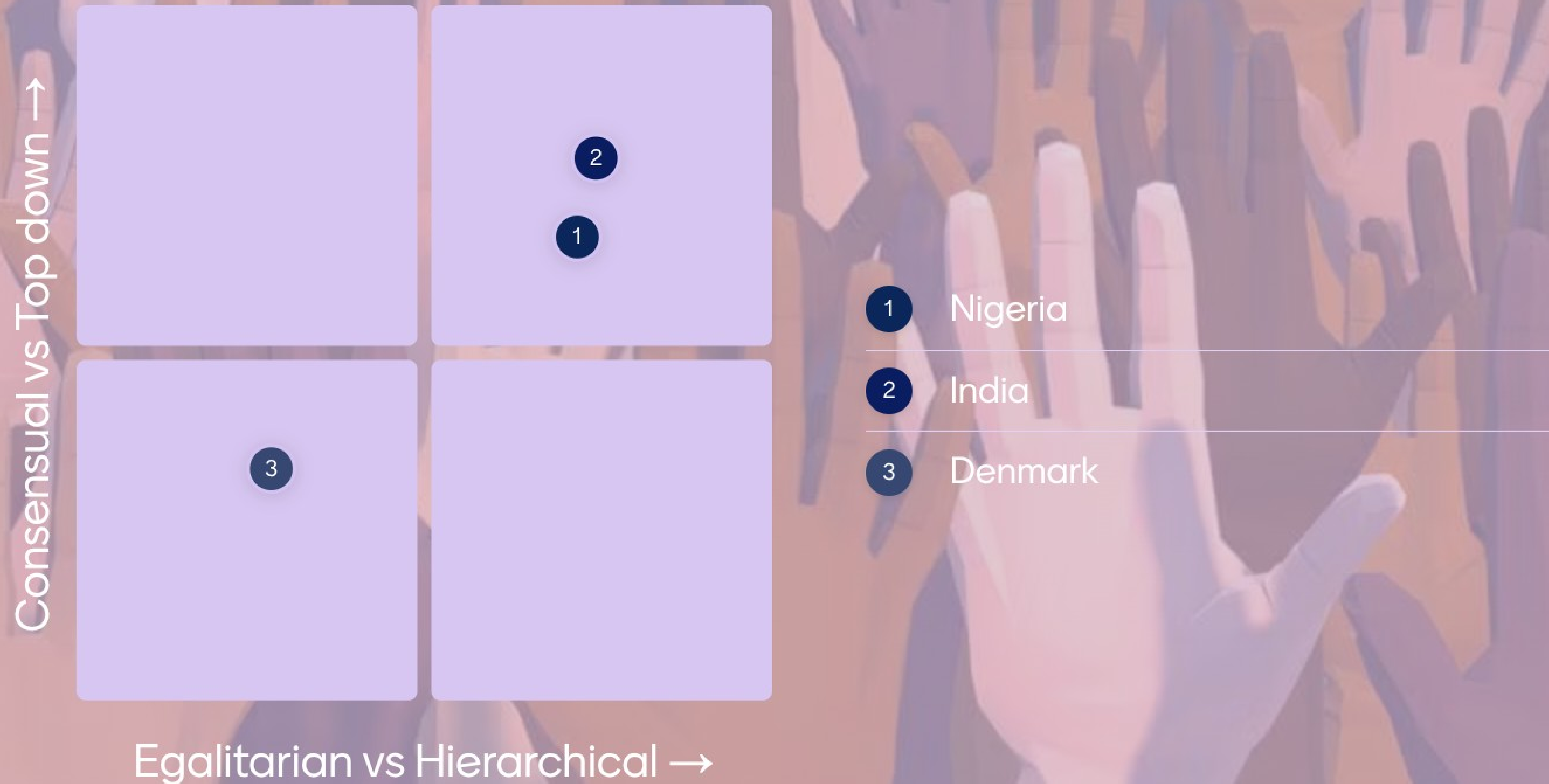
*(Decisions & Actions)*



Where would you place India,  
Nigeria and Denmark?



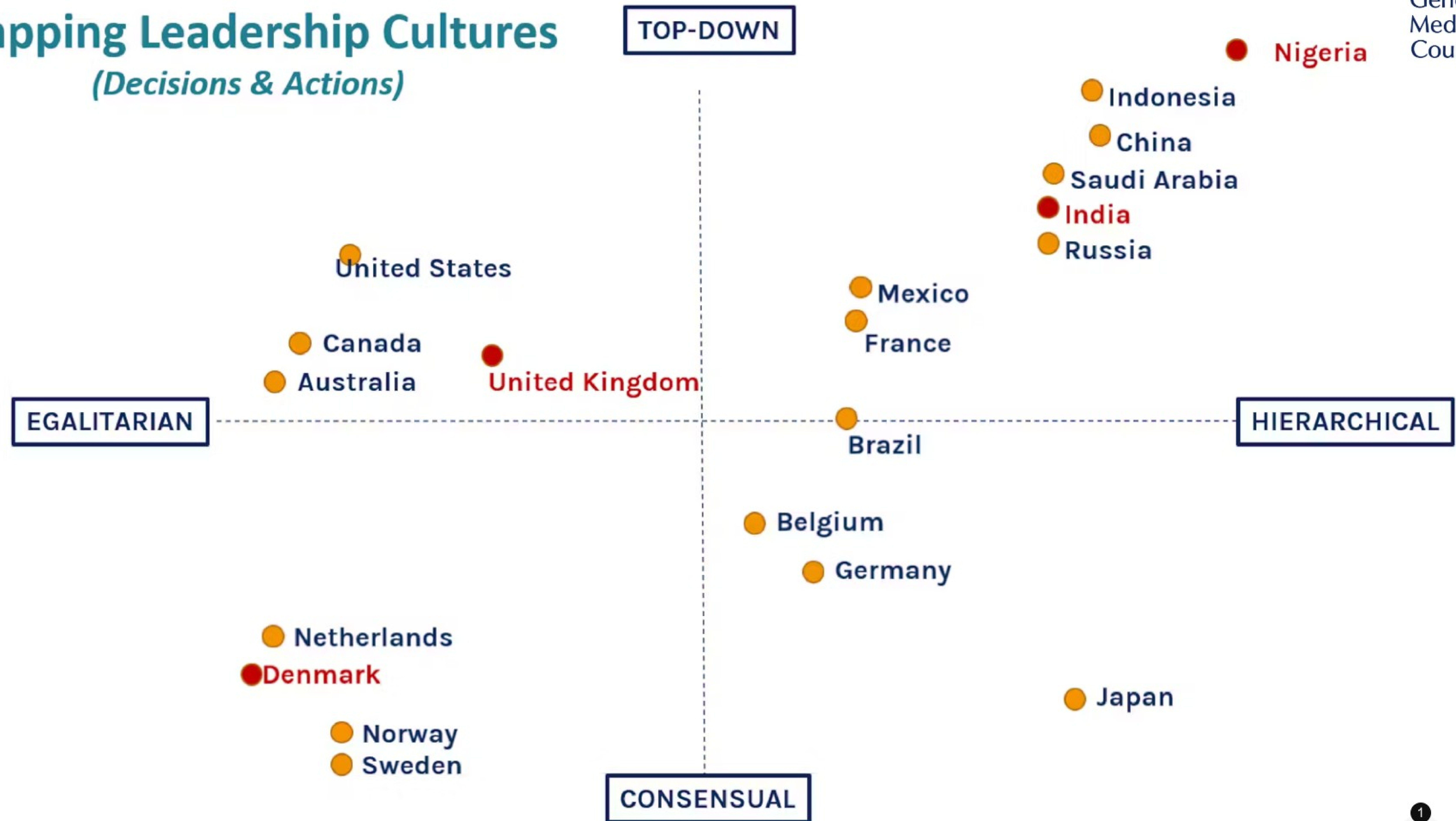
# Map the workplace cultural norms for Nigeria, India and Denmark





# Mapping Leadership Cultures

*(Decisions & Actions)*





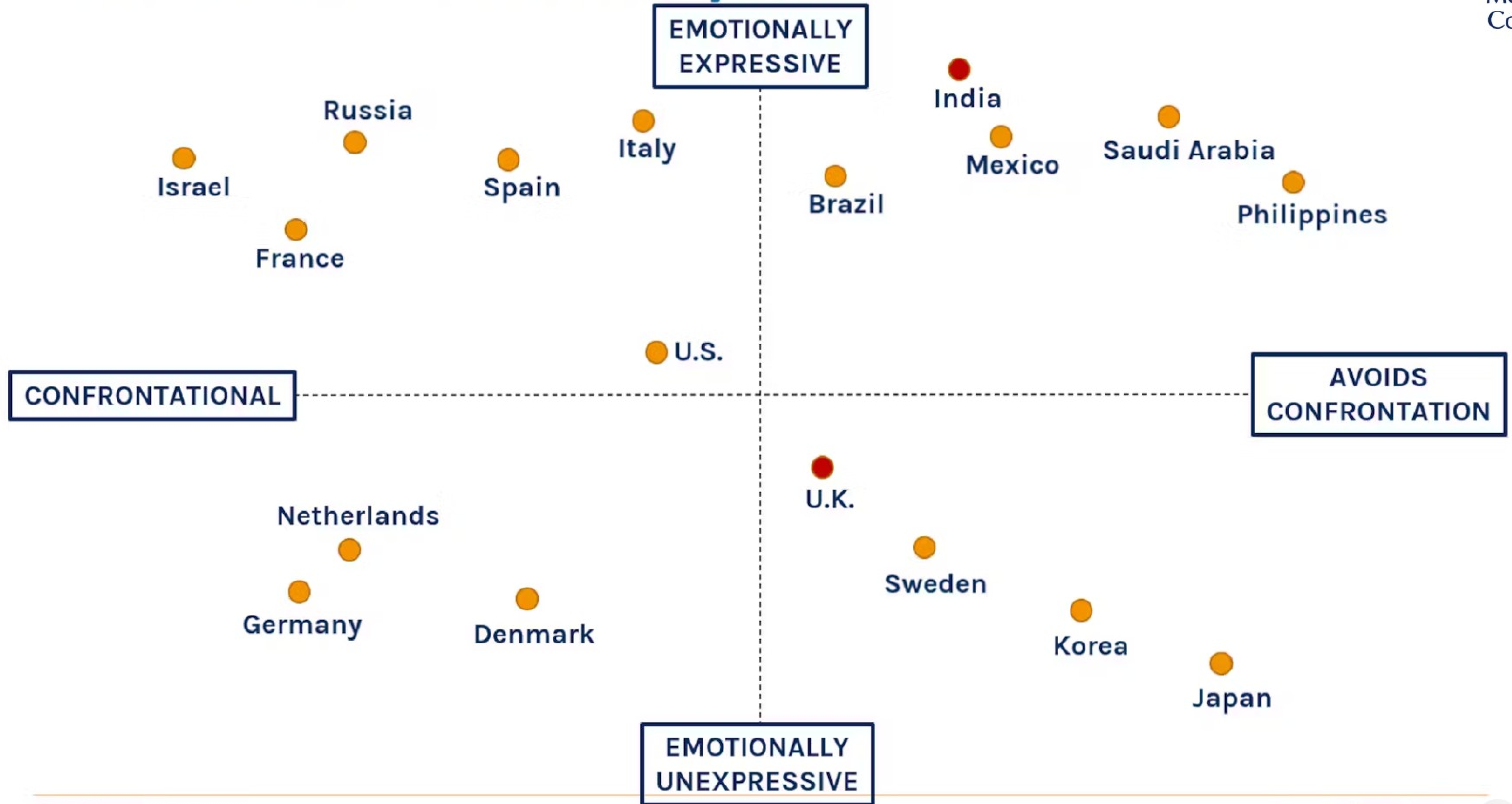
# He's great with patients but..

- Dr A is a new IMG trainee. He is friendly, clinically competent and keen to learn, however team members have approached you with concerns about his probity.
- There have now been a handful of occasions where Dr A has said he's done something when asked, however it's later become clear that he completed the task later.
- What cultural issues could be at play here? If unchecked, how could this escalate? What protective factors could help?





# Cultural communication styles



Supervisor to trainee after a near miss:

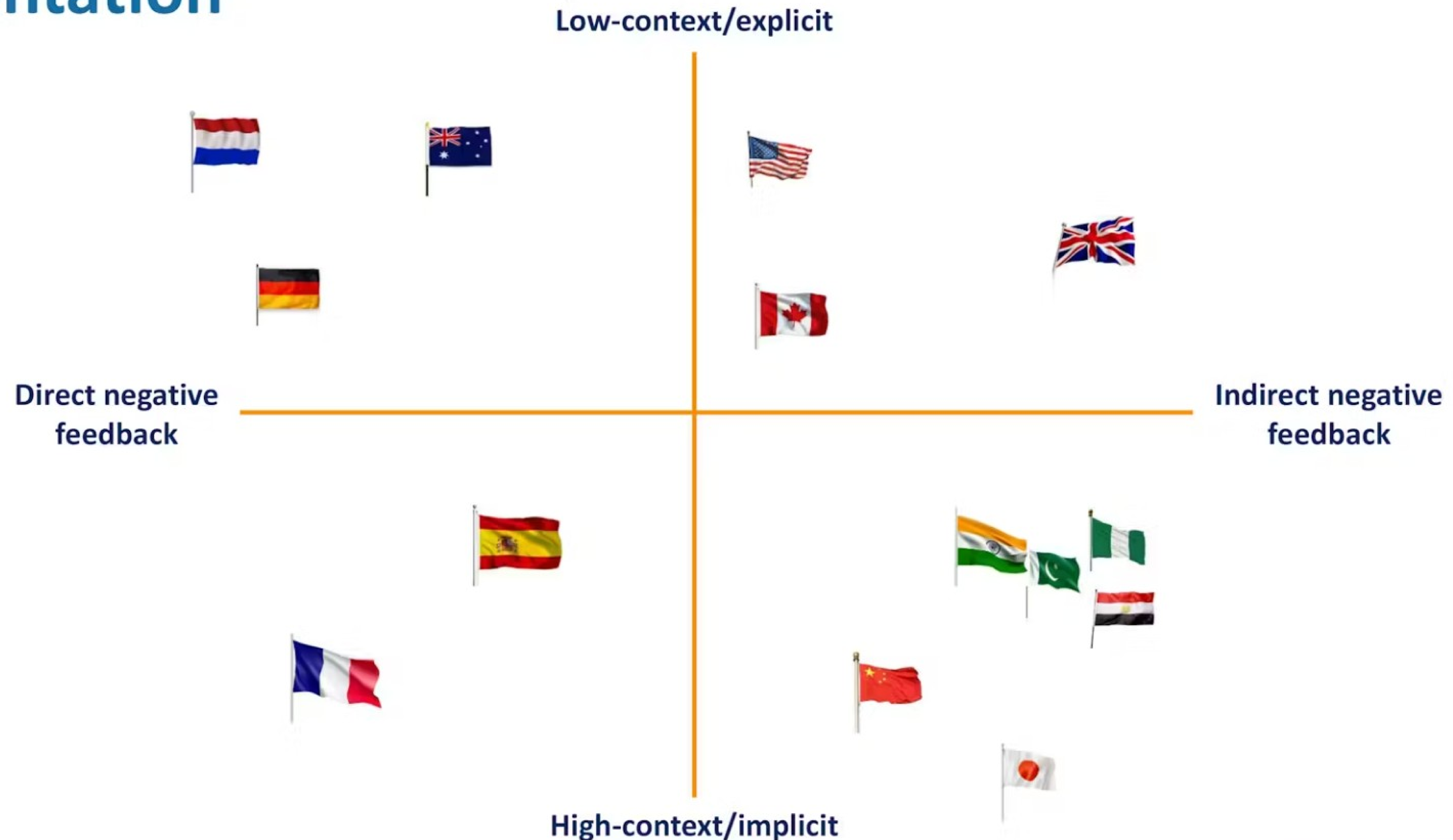
*Well, that was a bit tricky wasn't it.*

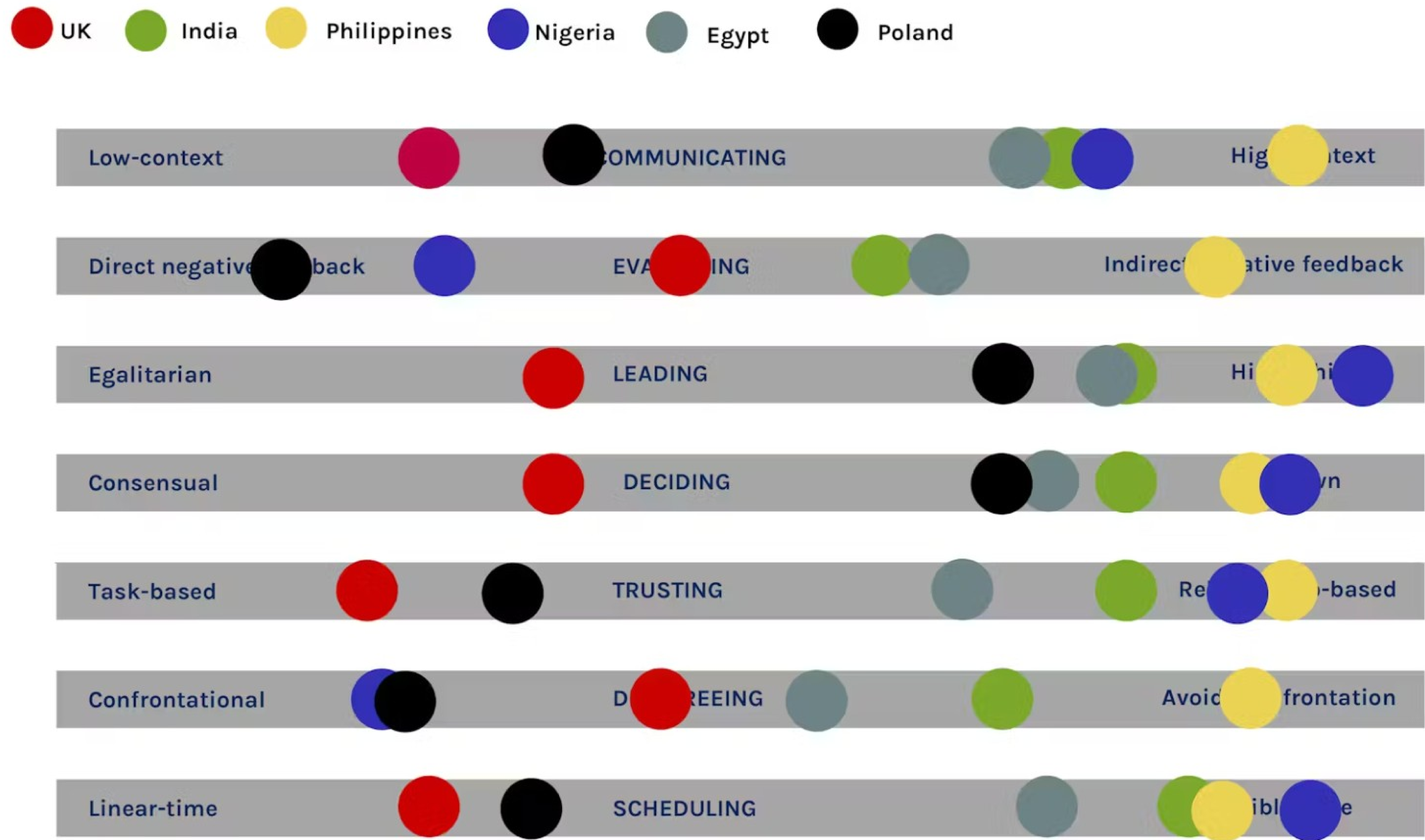
*So, shall we go for a coffee and a chat?*





# Other layers beyond emotional expression & confrontation







# The impact of the session

353 doctors completed a survey after attending a workshop

Will your practice  
change as a result of  
information gained in  
this session?

**100%**

Has your knowledge of  
the GMC, its role and  
standards improved?

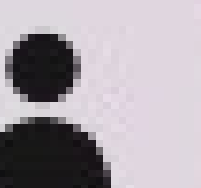
**>99%**

Would you recommend  
this session to your  
colleagues?

**>99%**

Plans to pilot delivery at scale through centrally delivered online workshops, directly inviting educators. Intend to use Kirkpatrick model – however feedback from organisations may be challenging in the current environment.

We have an implementation gap and no regulatory remit to mandate. How do we get this rolled out?





Thank you & questions

