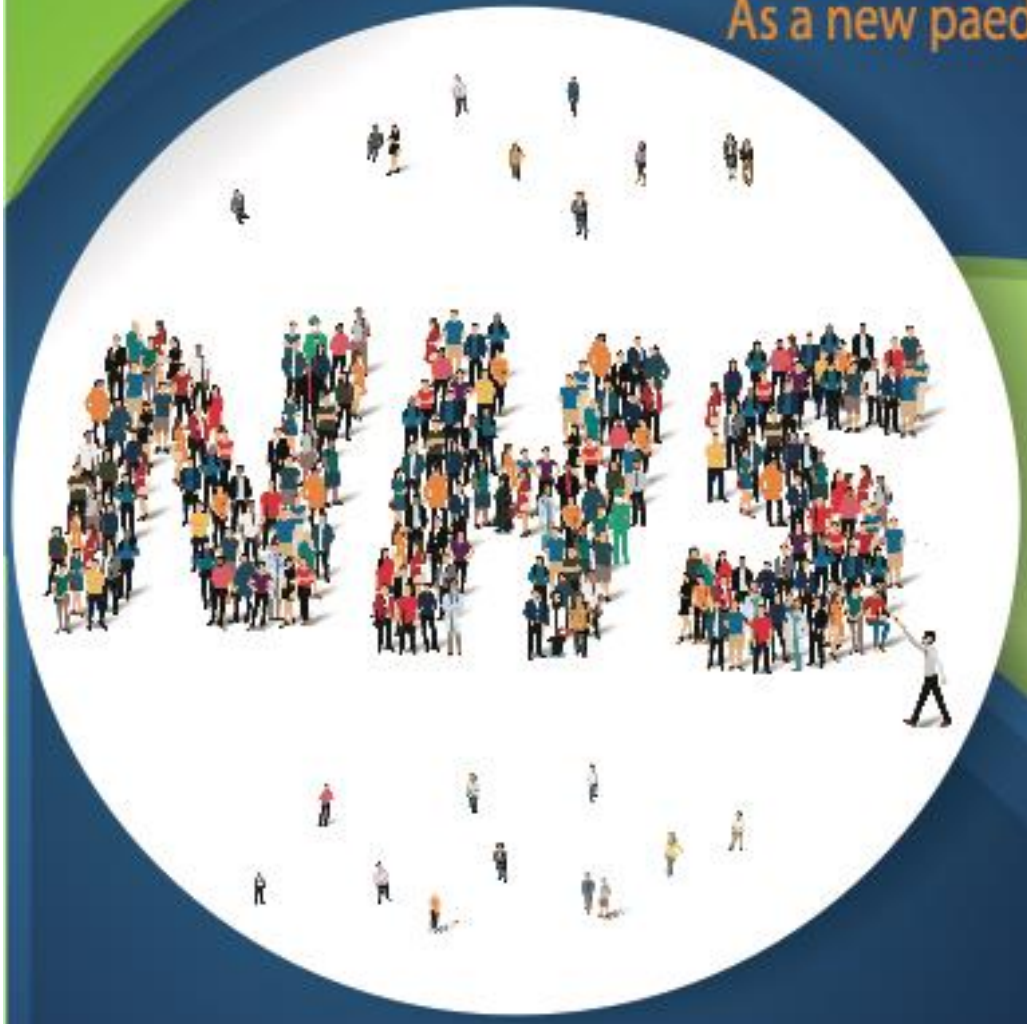
BSAPCH

FIT IN

As a new paediatric IMG in the NHS



First Edition

2022

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Life in the UK - Accomodation, schools admission, Bank account, driving licence,Indemnity, payroll

NHS at a glance- Appraisal, Supervisor Role, Nursing colleagues, Procedural skills.

Typical SHO and registrar day, communication, feeling overwhelmed.

This is the first edition of FIT IN © 2022
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Disclaimer

This book is intended to help IMG paediatricians with little to no prior experience of working in the NHS. Although the authors have made every effort to ensure this book is accurate and up to date, the authors assume no responsibility for errors, omissions, inaccuracies or any other content within the book.

This book is not designed to explain medical conditions, their diagnosis or treatment, rather it aims to outline the basic structure and dynamics of the NHS. The book is strictly for education and orientation purposes and is not intended to advertise or recommend any particular product or company. Although the majority of the information within this book is generic and applies across all NHS trusts, it is recommended that you check local policies and guidance specific to your hospital and adhere to these where there are discrepancies.

This book does not serve as an alternative to any local induction program carried out when you start your job in the NHS and we recommend you attend induction before every new job. It should be used as a supplementary source of useful information for both junior and senior paediatricians in the various roles within the profession, whether in specialty training or otherwise.

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The authors of this book are members of the British Sudanese Association of Paediatrics and Child Health (BSAPCH) which is a non-governmental, non-profit, professional, and educational organization primarily devoted to assisting members in developing their careers and coordinating efforts to enhance service delivery to children and children's health.

Glossary

ACP: Advanced care Practitioner.
ANP: Advanced Nurse Practitioner.
APLS: Advanced Paediatrics Life Support.
ARCP: Annual Review of Competency Progression.
BMA: British Medical Association.
BSAPCH: British Sudanese Association of Paediatrics and Child Health
CAT: Children Assessment and Treatment
CAU: Children Assessment Unit
COAU: Children Observation and Assessment Unit
CBD: Case Based Discussion
CPRR: Child Protection Recognition and Response
CT: Core Training
DGH: District General Hospital
DOP: Directly Observed Procedure
DVLA: Driving and Vehicles Licensing Agency
ESR: Electronic Staff Record
FY: Foundation Year
GCSE: General Certificate of Secondary Education
HMRC: His Majesty Revenues and Customs
IMG: International Medical Graduate
LP: Lumbar Puncture
NAI: Non-Accidental Injury
NI: National Insurance
NICU: Neonatal Intensive Care Unit
NLS: Neonatal Life Support
PAU: Paediatrics Assessment Unit
PDP: Personal Development Project
PEWS: Paediatrics Early Warning Score
PICU: Paediatrics Intensive Care Unit
SAT: Standardised Assessment Test
SHO: Senior House Officer
ST: Specialty Training

Meet the Authors

Hi everyone. My name is ***Bouran Khalifa***, I'm a paediatric trainee in West Yorkshire, and a member of the academic office of BSAPCH, the sponsor of this book.

I moved to the UK in 2017, started my journey as a clinical fellow for a couple of years before joining paediatric training. Undoubtedly, my journey would have been easier if I had a written document to read before or soon after I joined the NHS. In this book, it wasn't easy to write about some of my own struggles and imperfections, but I strongly believe that the new IMGs deserve to know that such difficulties and imperfections are normal and common and that they shouldn't be disheartened. They are going to learn every day and will end up doing things without any burden. The other two authors and I hope this book will be a valuable guide for the IMGs starting their first job as paediatric doctors in the UK. Enjoy your paediatric career in the NHS!

Hi! My name is ***Safeeldeen Elfaki***, I'm a paediatric trainee in West Yorkshire.

With no prior experience in the NHS, I moved to the UK in 2019, and was in for a very rough start. I was very unfamiliar with the NHS and not aware of how the system works and who to approach for support. This made my first two years quite stressful and, admittedly, hit hard my confidence and affected my settling into the UK. This motivated me to help in delivering inductions, orientation, and mentoring programmes specifically for IMGs. It was an easy decision to write a guide for IMGs, which I strongly believe would have made my journey much more straightforward have I had one when I started my first post. I believe this book will significantly help everyone who is new to the NHS to find their feet and smoothly begin their careers as NHS doctors.

Hi there! My name is ***Mohamed Abdoun***, a paediatric trainee in East Yorkshire. My undergraduate was in Red Sea University in Sudan. I am the last of the authors to have arrived at the UK and I was blessed to find supportive groups who guided me through various step before landing. That motivated me to start my first job in UK as a trainee. Without the massive support and encouragement of individuals and groups such as BSAPCH and Soft Landing, none of this would have been possible. Besides my training, I am a member of the academic office at BSAPCH, and I am looking forward to deliver an induction program that will ease IMGs' transition. In this book, the authors do not merely outline IMGs' work, but address different facets of life that IMGs might be unfamiliar with. Have a great journey! Pleased to be contacted at: m.osman9@nhs.net

Introduction and Preface

Working in the NHS and being trained in the UK is an aspiration for many international medical graduates (IMGs) but it has its own challenges and difficulties. Moving between different healthcare systems as a healthcare professional can be challenging. These difficulties can be attributed to several factors. Differences in cultural beliefs, premade assumptions and prejudice, rigid ideas, different working environment and ways of doing things as well as failure of coping mechanisms to name a few.

As an IMG myself, I almost packed my bags and decided to leave after only two months into my first NHS post. I was struggling on several aspects related to the job while at the same time trying to settle in and adjust to the new lifestyle. I had problems with communication, sitting in the morning handover not having a clue what people were talking about or why they laughed (not understanding jokes).

I was also very slow and hesitant compared to other colleagues and the expectations were high. It was only by chance that I got to know about professional indemnity, and it was a battle to open my first bank account. The stress levels were high, and I felt unable to cope and on the brink of break point.

One of the reasons I struggled is that I had no mentor or reference to go back to that could have guided me through those tough times. There were a number of colleagues that I approached with queries, and they were actually nice but the way they responded was incomplete as they always assumed that I know something about the subject, while in fact I wanted someone to take me through from A to Z. So, I had to learn things the hard way.

I wish I had this book in hand when I landed in the UK, or even prior to that. This book was written and prepared by three IMGs based on their personal experience and encounters. It was made with the aim of making your journey as a new starter in the NHS as smooth as possible and hustle free.

This book covers several topics related not just to work, but it also provides guidance on aspects of life in the UK to help you settle. This can be anything from buying your daily groceries and using the post office to getting your driving license and bank account sorted. It gives an overall idea of how the NHS works, the role of different professionals and goes into details of how to interact with certain colleagues. In addition, it guides you through the steps of

getting your first NHS post up to having your first appraisal.

A detailed account of what a typical day in the life of an NHS doctor looks like is provided for different levels of seniority which will be of great assistance in understanding what is expected from you.

One of the most important chapters in the book is the one on communication skills. This, I consider, is one of the big hurdles that needs tackling as it paves the way to make your life easier and less stressful. The book provides a guide to get you through it, supported with examples and advice from personal experience.

I am honoured to have the opportunity to write a preface for this book which provides an invaluable guide to new IMG starters in the NHS. I would strongly recommend having a copy once you start planning to come to the UK. This guide was created so you don't have to experience the same suffering and agony that the authors have been through. I wouldn't say that its contents are exhaustive of all that you need to know, but it's with no doubt an excellent induction guide that will assist you to navigate through your new beginning as well as providing links to other useful resources.

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Vice President of BSAPCH

BSAPCH
BRITISH SUDANESE ASSOCIATION OF PAEDIATRICS AND CHILD HEALTH

Unit 1

LIFE IN THE UK

Moving to and living in the UK without the warmth of your extended family and close friends circle can be challenging. However, there is a lot of information which can make your journey much easier if you know beforehand.

The following section of this book provides some guidance on how to cope with your eventful early days in the UK. Some words have been linked to useful website for Further information

Chapter 1

Accommodation

Hospital accommodation

The vast majority of trusts have accommodation occupied by medical staff, trainees, and students. For singles, shared room within flats and houses are the most common type of accommodation. A few houses and flats are self-contained for married couples. Most of the hospital accommodations are furnished, so all you need to bring are your personal belongings. Places are offered on a first come first served base, so contact the department as early as possible. The contact information of the accommodation department can be found on the trusts' website or by calling the switchboard directly.

Private accommodation

Many prefer to rent an accommodation privately. There are several web applications that can help you find a house and get a sense of what the surrounding schools and facilities are like, such as Rightmove and Zoopla. Having no bank account or references, however, might make renting your first house in the United Kingdom difficult. In these circumstances, hospital accommodation, if available, could be a good alternative until you meet the requirements for private renting.

Private renting process

The process of renting a house in the UK can take between two to four weeks. As a result, you may have to stay in a hotel for few weeks before your rental paperwork is completed. Airbnb might be a good option in this case. When choosing a house, consider factors such as safety in the neighbourhood, nearby schools, distance from your workplace , availability of general transport, council taxes rates and the house's condition and cleanliness.

Before signing a rental agreement, pay attention to the details. Request an inventory of the property from the agency and take your own video or pictures. You should receive a copy of the contract as well. It is also essential to return the accommodation in a good condition.

A deposit is kept in a tenancy deposit protection scheme which is approved by the government (3rd party) in case some work needs to be done on the house after you leave the property. Nowadays, the deposit is worth 5 weeks of your rent. Please note that initially you will need to pay both the deposit and a month of rent in advance, which makes a total of around 9 weeks rent money.

We have met some colleagues who have managed to rent houses before physically arriving in the UK. Since none of the authors of this book have done this before, we didn't feel comfortable writing about it. Paying your rent and utilities by standing order in your bank account will help you not forget your bills and keep your credit score high.

TV License

Please, if you watch TV, online TV streaming, BBC or any recorded TV program, make sure you pay the TV license fees. It is something that many of us haven't encountered back home, but it is a law here that you need to comply with.

Chapter 2

Bank Account

Why a Bank account?

- To provides your employer with information about where to pay you,
- keeps your bills paid and improves your credit score (important in UK).

With hundreds of bank branches and ATMs throughout the UK, you'll have many options when it comes to opening an account. It is important to do your research before choosing a bank since some have interest rates, fees, and incentives. UK based bank account usually requires your physical presence inside the country to open, as a UK address is one of the requirements.

You can open the bank account online through the bank's website, or face to face. Requirements differ from bank to bank, but all agree on:

- ID (such as: passport or driving license)
- Proof of address in the UK (Tenancy agreement, council tax bill or utility bill)

Opening a bank account before you land in the UK

There are plenty of online banks that allow you to open an account while you are outside of the UK. Once opened, you can use it for the transfer of a limited amount of money before your arrival in the UK. These are online accounts, but there are no correspondent bank buildings for it in the classic way. Personally, I've used WISE and transferred some money into it and used it for travel as well as getting my first NHS salary there. Revolut is also used by others as an online bank account.

Chapter 3

School Admission

The Basic British education consists of two parts: Primary school, which begins at the age of four to five and secondary school which ends at the age of sixteen. Educating children in state schools is free and the schools are regularly rated by an inspection system called Ofsted. Here you can find what school year your child should be admitted in. The curriculum is national with optional lessons depending on the level of the pupil, such as religion and sex education. A pupil will be assessed twice through a national assessment tool (SAT) in primary school and will prepare in secondary school for the General Certificate of Secondary Education (GCSE).

The school year runs from September to July, Monday through Friday. Among the school holidays are the summer holiday in July/August, 2-3 weeks in December for Christmas and 2-3 weeks in April for Easter. Schools consider the religious background of students, and you can discuss a holiday over Eid Al-Fitr and Eid Al-Adha where Muslim students are usually allowed a day off as an authorized leave. Please check with the school if you embrace a different faith, generally school's managers are very respectful of the different needs that diversity brings along.

How to choose your child's school?

It really depends on many factors, including where you live and what you are looking for in the school. It is understandable that some parents prefer their children to attend only outstanding schools with an Ofsted rating of 1. The admission process, however, has rules. To have your child/children admitted to any school, you must live within its catchment area if it is a highly competitive school or a very popular choice. Housing rent prices are high around outstanding schools because of this reason. You can see the catchment area by going to your city council website and searching your school's name. It is not the only factor that needs to be met before granting admittance. Children with special needs and those with siblings attending that school are prioritised on the waiting list for admission.

Putting in mind these factors and the long waiting lists for some

outstanding and good schools, it is vital that you, at least, fulfil the first condition of living within the catchment area before beginning the application process. We suggest avoiding schools that need improvement or that are inadequate (Ofsted ratings 3 and 4 respectively).

Most applications are handled by the city/town council. Call them and then schedule a meeting, they will most likely ask you to bring your children, will give you some forms and then promise to contact you with their findings in few days. As far as we are aware, we have never handled admission directly from a school; it always goes through the local council.

Appeal

It is common for a school that you applied for to not have any space for your child. In this case, the council will offer you a place at another school, and you must accept or withdraw the offer. As the council needs to ensure that all children are enrolled in education, you must have a good reason for refusing a school's place. A positive note to remember is that you have the right to appeal or ask for a reversal of the decision.

All appeal forms can be found on the city council's website. Fill out the form and email it to the council. The appeal process involves a hearing session with parents and the school that denied your child admission followed by a jury decision. Having appealed twice, I didn't have to go to the hearing sessions both times, as the schools managed to admit my children before the hearing.

Chapter 4

Payment / Salary

Payroll

Most new doctors join the NHS in service posts. These posts are known by many names, including clinical fellow, trust doctor, specialty doctor and others. It is crucial to check what these jobs are equivalent to and what their responsibilities are. These could be equivalent to:

- Foundation Year program (FY) which is comparable to an internship. However, it is a two-year program in the UK with varying levels of responsibility.
- Senior house officer (SHO). This is equivalent to ST1/ST2/ST3 for junior doctors.
- Registrar which is equivalent to ST4+ in paediatrics (Or ST3 in other specialties)

In the NHS, salary calculation is a complex process. To better understand salary, let's take a closer look at what it includes. For full time contract, the basic salary covers 40 hours of work during normal day hours before taxes. The normal shift hours are from 7 a.m. to 9 p.m. Based on your level of experience, the basic salary may differ Make sure you negotiate a fair contract and prove that you have experiences. Most jobs require more than 40 hours of work per week. The salary will increase as a result. Hence, the total salary for a job is composed of the basic salary and the additional pay for the extra work. These extra tasks could be over 40 hours of work a week or weekend and night shifts/Unsocial hours (**Table 1**).

The calculation of the net pay or take-home salary is complex. If you feel your take home salary is not right, call His Majesty's Revenue and Customs (HMRC) to get explanation of the way they calculate your net pay. Your salary will show 3 kinds of deductions:

- PAYE: This is the income tax
- NI: your national Insurance contribution
- Pension: It is a non-compulsory scheme. In a simplified explanation money is generally taken from your salary and

returned to you (with benefits) after you retire. Every time you join a new job you will automatically be re-added to the pension scheme even if you have left it before.

If you chose to leave this scheme, all the money you paid into it will be returned to you after taxing. Be aware that this only applies if you have stayed in the scheme for less than two years.

The table below shows an approximate basic salary (BMJ)

Table1: Junior Doctor Basic Pay, BMJ

Grade	Stage of Training	Nodal Point	Salary (£)			
			England	Scotland	Wales	Northern Ireland
Foundation Doctor Year 1	FY1	1	29,384	26,462	25,563	23,553
Foundation Doctor Year 2	FY2	2	34,012	32,822	31,708	31,708
Specialty Registrar (StR) (Run-Through Training or Higher Training) **Specialist Registrar (SpR)**	ST1 / SpR1	3	40,257	34,901	33,883	33,883
	ST2 / SpR2			37,037	35,955	35,955
	ST3 / SpR3	4	51,017	40,020	38,851	38,851
	ST4 / SpR4			41,823	40,603	40,603
	ST5 / SpR5			43,998	42,712	42,712
	ST6 / SpR6	5	58,398	46,173	44,826	44,826
	ST7 / SpR7			48,351	46,938	46,938
	ST8 / SpR8			50.526	49,051	49,051

Pay slips/ P60/P45

These are important documents that you need to keep copy of for many reasons and below are some examples:

- Payment for subsequent jobs
- Credit score and if you need to apply for mortgage or a loan
- Paperwork for Leave to remain if you stayed 5 years in the UK.

So should you change your job make sure you have a copy of all your pay slips from the Electronic Staff Record (ESR).

P45 is a document issued by the employer when employee leaves work so make sure you have received that in your post. Your new employer will ask you to send them a copy of the P45 certificate.

P60 (End of Year Certificate) is a statement issued at the end of a tax year.

Pay slips your monthly pay and usually will be available in the ESR few days before pay date, so you need 12 pay slips for each year you work. Before signing the contract for any job make sure you know exactly your annual wage as mistakes can happen and you may get paid much less.

Chapter 5

Indemnity & professional insurance

In most trusts, malpractice insurance is provided by NHS indemnity. The coverage is limited and in the majority of cases it covers negligence. Sometimes however, things go wrong, or a patient suffers harm as a result of maltreatment. Therefore, it is crucial that you as a doctor have adequate and appropriate insurance before you start working. Regulatory and medico-legal advice may also be provided if necessary. Furthermore, they provide educational materials and resources that can help you familiarise yourself with the NHS policies.

There are different indemnity bodies in the United Kingdom, each of which displays a different fee depending on the type of work you do. There are no huge differences between them, so choose the best offer you receive. Some examples are MDU , MDDUS or Medical protection. The fees are usually less for those in training posts as compared to their peers on service posts. Obviously, the costs become higher as you become more senior in the career ladder.

The British Medical Association (BMA) is another association that offers employment advice, rota ,contract support and can be contacted with any question if you are a member. They are extremely helpful if you have a conflict with your employer or if you need advice related to your rota or working hours. Please note that BMA is completely different to the above-mentioned indemnity companies.

Chapter 6

Transport and Driving

Transport

The availability of public transport throughout the UK makes it very easy to go from one place to another. The entirety of the UK is well connected by a network of trains and buses. You need to download the relevant applications for trains or buses to enable you to access timetable information and to get tickets online. The applications might also offer good deals and discounts. Some hospitals have good deals with local bus companies for their employees. Ask HR or your colleagues.

It's very easy to navigate through Google maps and go to wherever you please. Transport applications (such as Trainline, Moovit, etc) helped me a lot before buying my car. I still enjoy travelling by train, especially in summer.

Driving License

You need to have lived in Great Britain (England, Scotland and Wales) for at least 185 days before you can apply for the UK's driving license. Good news, for the first year you don't need a UK license to drive if you have a valid international license from the country you moved from. For some countries, (United Arab Emirates is an example) you can exchange your license.

The more detailed process of applying for a UK driving license can be found on the government website:

https://www.gov.uk/apply-first-provisional-driving-licence.

I personally recommend purchasing a car to make life much easier for shopping and going out for different reasons. You will find many recognised websites and apps not only to buy a car but also to check its history (Auto trader is the most famous one).

Chapter 7

Groceries, shopping & post office

Groceries & shopping

Big companies have branches in almost all towns and cities, with the most typical architecture, presentation and prices. Beware of noticeably variable prices from one company to another. Aldi is very famous for its competitive prices, but many prefer to shop from other supermarket chains (such as ASDA , TESCO, etc.)

Diversity makes it easy to find different food preferences, including halal, in the areas of multicultural populations. There is a special consideration for these preferences in hospitals' canteens, many nice dine-in restaurants and a couple of apps (such as Just eat , Uber eats ,etc.) for food delivery.

Post office

Have you used post services much in your home country?

You need to know about the fantastic system here which facilitates all your governmental and non-governmental interactions (Letters from home office, your GP, local council, utility bills, DVLA and fines from anywhere). All the above will reach you through your letterbox.

You can order almost everything online and get it delivered to your house. You can pay your utility bills through the post office, but we recommend doing that through a standing order in your online bank account. The post office is also your go to, should you wish to exchange currency.

Beware of scammers

Personal information like home address, your date of birth, your bank details and definitely your bank card details should never be shared with someone you don't trust, as you might easily get scammed. I remember being late for a hospital shift and in the last minute I get a call from someone who claimed that he is from the HMRC office. He asked me to pay the whopping amount of one thousand pounds otherwise I will go to jail. I believed that!
The real government would contact you through a formal letter via post, scammers will only email you and/or call you.

Unit 2

WORKING FOR THE NHS

Our goal in this unit is to summarise the different paediatrics jobs, Level of NHS hospitals and dynamics of the work to make your transition easier.

Some words have linked to useful website for Further information

Chapter 1

Jobs

Finding your first job in the NHS

In my opinion, it is not difficult to find a paediatric job in the NHS, but I will try to explore what post and what grade you should consider. Many people (including myself) think that if you are a senior paediatrician (with more than 5 years post foundation), then it is better to go for a registrar job (middle grade), while if you are a junior or have no prior general paediatric experience, then an SHO post would be the best choice. Many others prefer SHO posts regardless of their previous experience abroad as they feel adjusting to the system and developing their communication skills will be easier, since SHO positions are less stressful. Therefore, it is a matter of personal choice.

Having said what both groups might advise you, the authors of this book feel that if the hospital you are joining is willing to offer you a generous shadowing period, and if you have already worked as a registrar in another health system, then joining the NHS as a registrar is a reasonable choice.

Tertiary Vs DGH post?

This is not an easy question to answer, and I don't believe there is a right or wrong response as it differs remarkably from one person to another. However, here are some thoughts. For those who have worked in a subspecialty (oncology, neonatology, etc.), I feel it would be less stressful to start in the same specialty. If you would like more orientation on the dynamics of the NHS, a DGH can be beneficial. Speak to your colleagues and friends in the UK, but before that, think about yourself, and what job would suit you most.

How to find a post

The NHS jobs website is an easy and straightforward site to navigate. You need to type your favourite search words, press on the search button and tens of jobs will come up. Please note that the NHS Scotland jobs is on a separate website.
LinkedIn is a professional platform to present yourself and make good connections with agencies that might offer you many opportunities.

Chapter 2

NHS at a glance

The NHS is a huge integrated multidisciplinary system. Hence, you might take some time before you understand its dynamics. This chapter is meant to give you an overall idea about some of the components of the NHS, however, it's very simplified; there are other resources to give you more information.

District General Hospital (DGH)

Every small geographical area (town) will have DGH that provides secondary level health care. The majority of DGHs have a common emergency department where acute problems are treated, a general paediatrics ward, a High Dependency Unit (HDU) with 1 to 4 beds and outpatient clinics for follow up of non-urgent patients.

What are you expected to do in a DGH?

- Manage children and young infants on the paediatric ward.
- Handle and stabilize emergency and acutely unwell patients before referring them to a tertiary hospital if the need arises.
- Attend deliveries and neonatal emergencies (if you have a neonatal unit as well, which is mostly 28 weeks and above for level 2 NNUs).
- Assess children and young infants referred to the children's outpatient clinics and those on regular follow-up.
- Support the ED by seeing paediatric patients there, especially during high seasonal influxes. Respond to crash calls immediately.

Children Assessment Unit CAU

This is part of the paediatric inpatient services, but it is more of a transition between the ED and the paediatric ward. At CAU, the team receive patients from the paediatric ED, GPs, patients who have direct access to the children's unit, community midwives and other community-based teams including social services. Once the patients have been assessed and stabilized, you decide whether to admit or

discharge them. Registrars at CAU are expected to answer calls from parents and bleep from GP. Before providing any medical information, please review the patient's notes, especially when giving test results or management plans.

Tertiary hospitals (TH)

Children are referred to tertiary hospitals if they have complex or serious medical problem requiring intensive care or subspecialty units. Following completion of such care, the child will return to their DGH.

Tertiary hospitals are geographically distributed to serve larger areas than the DGHs. In turn, this allows the NHS to provide medical care efficiently.

General Practitioner (GP) surgeries

You will probably be in contact with GPs more than any other specialty in the NHS. Medical checks, routine blood tests, vaccinations, and children with acute but not severe illnesses are usually treated by their GP. Sometimes GPs call the Children Assessment Unit (CAU) for advice or referral of a sick child. When you discharge a child from the hospital following completion of treatment, a copy of the discharge summary will be sent to the GP. In this letter, you might ask the GP to prescribe more medicine, to follow up, to do blood tests, etc. if more care is needed.

Community Paediatric Teams

These are community-based clinics that provide medical care to children with long term problems such as neuro-disability, children in foster care, adopted children or patients with behavioural disorders. In some trusts, they do assessments of paediatric Non-Accidental Injuries (NAI) if the child is not acutely unwell (child protection medical reports). Often, you will email or send discharge letters to them if any of their patients get discharged from an inpatient ward.

Outreach teams

They are usually community nurses providing follow-up care at home such as ambulatory IV antibiotics. Check your local service for more information.

A health care visitor is responsible for the baby's care during the first week of life. Usually, they visit on the second day after delivery. You might receive calls from all these teams when they are concerned about their patients.

Lastly two points to highlight when it comes to referrals :

1. You might need to refer patients to physiotherapy, dieticians, or SALT teams in the community and usually it's the nurses who make these referrals, otherwise you need to do it.

2. The referral to the children outpatient department OPD differs from hospital to hospital, it is worth checking your local hospital policy.

Chapter 3

Appraisal

The GMC has introduced appraisal as a way to revalidate non trainees' registration. Every 5 years, every practitioner must have at least 4 appraisals (ideally 5) before their license to practice is renewed by the GMC. This excludes trainees as they would have the ARCP as a substitute to appraisal. Different trusts have different electronic systems to appraise their doctors. Examples of these systems are L2P and MARS. Appraisal is very much like the ARCP assessment that is done annually by the LETB to assess trainees. For appraisal, it is done by the trusts themselves. The main aim of the appraisal is to guide your daily practice to chase a pre-set goals and objectives.

The trust assigns an appraiser for every doctor. The appraiser will typically not be your supervisor and may not be a consultant from your department either..

In your introductory meeting, the appraiser and you will agree on a personal development plan (PDP). This doesn't have to be very ambitious, especially in your first year at the NHS. You need to make your PDP and goals very specific and realistic (SMART) so, at the end of your working year and at your appraisal time, you will be able to tag the majority, if not all, of your PDPs as done or achieved. Examples of PDPs that are commonly set by newbies to the NHS are:

- Do the mandatory courses, APLS, NLS and CPRR. These are mandatory courses yet can form part of your PDPs.
- Improve written communication skills through refining clinical letters and discharge summaries. This is a goal that you can tag when you do a clinical letter and enter it in your portfolio. Then, ask your consultant or senior to approve it for you and tag it in your appraisal.
- Familiarise with the NHS working dynamics and understand the role of allied health professional. To achieve this you may tag a CBD when a dietician or a health visitor was involved, or where you referred a patient to another discipline of the MDT.
- Improve procedural skills. You can then tag a DOP where you had successfully cannulated a child or done an LP.

If you started your first year PDP by speaking about chairing an MDT, you may not be able to fulfil such a goal. If you manage to do it, you will make it difficult for yourself to reach a higher PDP for the following year.

Multi Source Feedback MSF

It is part of your appraisal/ARCP. Some units may not ask you to do it in your first year of NHS career, but many do. You are required to gather feedback from at least 7 of your colleagues, preferably (but not a must) including members from the nursing team. It must also include a contribution from a consultant or two.

The interesting reality about MSF is that when you generate the report to read the comments of those who have filled it, you won't be able to know who wrote what about you. It is not uncommon to be surprised by unexpected or sometimes unpleasant comments about your performance, behaviour, attitude, courtesy and your engagement with the team.

In my first MSF, all comments mentioned how knowledgeable and hardworking I was. One colleague commented on me being submissive and subtle in reacting to chats in the unit. I knew it was the language barrier that led to that submissiveness, but after that MSF, I started to try and engage more with my colleagues at my workplace. My following MSF was utterly different, in a positive way.

Our advice is to be careful in selecting your colleagues whom you invite to fill in your MSF. You also need to be professional and not do MSF with friends only, as it wouldn't open your eyes to your true performance. You need to be very open minded and positive about all that is said in your MSF and reflect on it.

Chapter 4

Clinical and Educational Supervisor

Supervisor role

Having a supervisor can be a totally new thing to some IMGs who join the NHS. Luckily, this is the norm of practice here in the UK. Practically, doctors on non-training posts would usually have a clinical supervisor (CS), while trainees will get both a clinical and an educational supervisor (ES), but hospitals may vary. In some instances, for trainees, it can be the same consultant acting as both the clinical and the educational supervisor. Trust grade doctors get a new clinical supervisor every time they change their job and so is the case with the trainees. Whereas the educational supervisor for trainees remains the same for the same level of training which may span 2-3 years of practice. Many trainees retain their same ES throughout their training.

You are expected to meet up with your clinical supervisor within 2 weeks of starting your job and 3-6 monthly thereafter. Your supervisor is the consultant, who you need to speak to regarding your career plans and your Personal Development Plans (PDPs). They would usually, but not necessarily, be from your same unit. Your supervisor is your point of contact to:

- Discuss your career plans and where you see yourself standing. They may set up with you short and long-term plans to work towards, then in your next meeting, review them and see how things are going. This may overlap with your appraiser's role, but your appraiser is mainly an assessor while your supervisor is expected to help you towards achieving your goals, especially if they work in your same unit.
- Your supervisor is expected to help and guide you career wise, e.g., if you need to do an audit, tell your supervisor. They are expected at least to tell you whom to speak to and so on.
- Upgrade or downgrade of your current post.
- Your supervisor is expected to be one of your references if you need one, and the one to sign your competency form for training or whatever purpose.

- Discuss any complaints raised against you with your supervisor before responding to it.

- Talk to them about the mandatory courses that you need to do. They may go the extra mile and show you how to preserve your seat or book the courses (mainly APLS-NLS and CPRR).

Please exercise your judgement regarding whom to speak to, e.g., for rota issues and annual leaves speak to the rota coordinator.

Chapter 5

Nursing colleagues

Nurses are the backbone of the NHS. There is no place in the NHS for the superiority of some medics over others. All work together towards one goal; patients' welfare.

Nurses play a vital role in medical facilities. They have many duties, including caring for patients, communicating with the MDT, administering medications, and checking vital signs. They are a great source for understanding how the NHS works and where to find guidelines locally. They are also extremely helpful to guide you on how to reach out for the other allied health professional.

The nurses may not do cannulation or blood extraction. If they are trained, licensed and not busy at the time, they might help you with blood sampling and blood gases if you ask them politely.

Each patient on the ward has a nurse that cares for them. They have the advantage of having closer and longer contact with patients. This makes their observations about the patient and their clinical progress invaluable. When doing your ward round, it is preferable to speak to this nurse before seeing the patient (of course only if the nurse is not busy and the patient is stable). "Do you have any concerns about this patient?" "How do you think they are doing?" These are simple ways to ask. It can prove indispensable in helping you manage your patient and save you time, especially in non-computerised systems. An example, a child with VIW, on nebulised salbutamol, is due a review. A quick question to his caring nurse will give you an idea whether your patient is improving or not. You definitively must look at your patient's observations and examine them. This also applies to having a general idea about the patients on your ward e.g., in preparation for handover after a busy night shift. The nurse in charge of the ward or in CAU/PAU will let you know the sickest patients and those who need more attention.

After you review your patient, it will be good practice to update the nurse with your plan. Explain in broad lines your plan and check if the nurse is happy with it, especially in plans relating to fluids, feeding, nebulisers and pain medications.

Humans like to be appreciated. I go over the moon when my

consultant thanks me at the end of a busy shift. Please thank your juniors including nurses for their hard work. You might sometimes wish to bring some snacks for all.

It will be good to know your team members' names. To my luck, all team members wear a tag with their names written.

Tips for an efficient teamwork with the nursing team:

- Have a respectful communication manner when speaking to nurses.
- Be available whenever you are needed. Answer your bleeps with a smile.
- Have a clear plan for every patient you see and be timely filling necessary paperwork including discharge summaries.
- Appreciate their concern when asking you to review a sick child and don't underestimate the Paediatrics' Early Warning Score they follow (PEWS) and their clinical concerns.
- Please do a huddle with the nursing team before starting the ward round and after finishing. It is a professional and a polite practice to let them know your management plan. These huddles will be of use to you as well as to the nursing team , as it's in this huddle, the in charge nurse will tell you about the most sick patients, those who might be ready for discharge and children with safeguarding concerns.
- British English is a very polite language with a treasure of words to express praise, gratitude and humbleness, use them! Adding words like lovely, beauty, etc. would be a bonus when asking for a job to be done for your patient. An example: Hi darling, would you please give me a hand putting a canula for this patient? Hey love, may I update you with my plans for this patient? I changed his nebulisers to 3 hourly.
- Remember, nurses do really respect a competent and safe doctor, be one of those.
- Whenever you are free, ask them if they need any help.
- Don't forget to not take more than one job at a time. Patient's safety is a priority.
- Before finishing your shift, ask them if they have a job related to your patients that remains unfinished. You can simply then hand this over to the next shift if it is a lengthy job.
- We, as doctors, are not as thorough and good with documentation as nurses, their documentation can really back you up in the case of an adverse event.

Advanced Nurse Practitioners (ANPs)

They are professionals who have a nursing background and then studied and get trained for specific medical specialties (such as neonates, PICU, dialysis, general paediatrics, etc).

They are blessed with a beautiful combination of skills that results in a fantastic team member in the NHS. I worked in a busy tertiary neonatal unit, and I felt they are the backbone of the unit by providing medical care to babies and supporting junior doctors doing procedures.

Some ANPs work as senior house officers and some senior ANPs work as registrars.

Chapter 6

Procedural skills in paediatrics

One of the major differences in practice between the NHS and other health systems (Sudan and the Gulf countries), is the procedural skills that doctors need to master, namely cannulation and blood gas sampling. It is the doctor's duty in the NHS to do the cannulas, blood sampling and blood gases. The nursing staff will help if they are license, glad to do it and if they are available.

Cannulation

There are many cannulation courses, but they are mostly theoretical. The best way to learn is hands on! Soon after you decide to join NHS, start practice doing more cannulas at your current workplace. Do as many as you can. Start by doing your reading and looking at the anatomy; where the veins are expected to be. Watch as many videos about this as possible. Many are very helpful and gives valuable tips.

I found this one indispensable:
https://www.youtube.com/watch?v=bu5zgfZFViY
Further brilliant tips in this clip:
https://www.youtube.com/watch?v=rYyj4v-edic

Observe your colleagues while they are doing cannulation and ask them about their tips for a successful procedure. Prepare your cannulation tray. It is not the nurse's or your junior's job to prepare this for you. Please also dispose all after you finish. Make sure to discard the sharps in the sharps bin. Be patient when looking for a vein. This is the most important part of your cannulation, don't rush it.

Tourniquet will be of help to engorge the veins and make them more visible and palpable. Please make sure not to do this for long as not to cause harm. Clean the skin. Besides being an essential part of the process, it helps in visualising the veins. Gently pat the area that you choose. This may help the veins to 'pop up'.

Start your practice by doing easy cannulas. Please bear in mind that we sometimes fail the easy ones, don't be discouraged! If available in your department/unit, you can use the vein finder. Many are very helpful; however, some may show the veins but not the depth.

Generally speaking, an SHO is allowed two attempts, if failed you need to call for help. We advise you to exercise common sense in judgment. If you can't see the vein, please call for help even if you haven't consumed your two chances. Whenever the procedure isn't urgent, give the patient the benefit of having the topical anesthetic (lidocaine cream) which is available across NHS or the magic spray/cold spray if the cannulation is more urgent. The cream needs 30-45 minutes to exert good effect.

Please refrain from fishing for veins. If you can't see one, call for help. It's not uncommon to need help from anaesthesia or interventional radiology colleagues to cannulate a child, especially when long lines (PICC Lines) are needed. No shame!

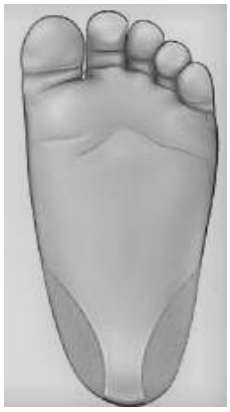
A new trend in some units is to provide a small and portable Ultrasound machine to help. Hopefully this will become more popular sooner than later.

Capillary blood tests

Blood gas sampling and heel pricks might be new to many of you. The younger the infant, the more common bloods for laboratory testing are taken by a heel prick, as long as only a few tests are requested, and no cannula is needed for medications. The most common indication for a heel prick is when you need to do a blood gas. Again, YouTube will be of great help in this.

It is not a difficult procedure, but you need to be positioned well to obtain good samples. Please be aware that tests like coagulation profile need a free-flowing venous sample. In the picture below, the dark zones are the prick sites where you will best be safe and away from nerves.

Be aware of air bubbles when obtaining a sample for blood gas creates an error in the gas machine and you won't get an accurate result.



The following website has a comprehensive explanation of this procedure. In older children, you may do it from a finger or the big toe as the heel will not be as soft as in infants.

https://www.clinicalguidelines.scot.nhs.uk/nhsggc-guidelines/nhsggc-guidelines/neonatology/capilliary-blood-sampling/

Intubation

Generally speaking, but not a rule of thumb, neonatal intubation is done by the paediatric team. The older the child the more chance that the anaesthetic team are going to be the one to intubate, as long as the child is not in PICU. Personally speaking, I had minimal exposure to neonatology so when I started here in the NHS, one of my nightmares was dealing with an extremely premature patient. I was very anxious and nervous as time was passing without working in a tertiary neonate prior to joining the training program.

My advice is to look for a job in a tertiary NICU as soon as possible, not only because that is one of the prerequisites for getting a training job (at ST4 level), but also because you will encounter 26 preterm babies even if you work in a DGH.

Personally, I believed I was terrible and clumsy with intubation and because of this belief I failed two consecutive attempts. I am certain I failed because of my mindset. I was very stressed for no reason. Therefore, I planned to apply for a neonatal job to get experienced. My goal was to do 10 successful intubations in a one-year contract. It only took me four months to reach this goal.

The practical tips and advice I can give is:

- YouTube videos help a lot by providing real scenarios of what you can see, anticipate, and properly solve common problems (such as secretions, vigorous babies, poor view, desaturation, etc.)

- Relax and believe in yourself.
- Have a good look and gentle lift of the mandible to view the cords and get the laryngoscope out slowly and under control.
- A big laryngoscope blade is usually better than a small one.

Intubation is a lifesaving procedure and relatively very easy to do but we have to accept that occasionally and unexpectedly can't intubate even if we are a very skilled. Here are useful tips, then:

- Master mask ventilation so you and the team are reassured that even if you cannot intubate, you can ventilate. Thus, the team will trust your skills and abilities (able to do a good seal, have a good chest rise, and monitoring oxygen saturation rather than being nervous and shaky even when getting the tube in (which can happen by pure chance!).
- Make yourself familiar with the local policy and strictly follow the basics. You will find details, steps, roles, tube sizes, checklist, ventilation settings, etc. on your local hospital guidelines.
- Communication is crucial during, before and after the procedure. Appreciate any concern or advice from one of your team members.
- Make sure you are comfortable with the resuscitaire height and the baby position (I recently realised the significance of a small roll beneath the baby's shoulder)
- Please learn to talk during the procedure even with simple words (gentle cricoid pressure please, I can see the cords now or suction please etc.)
- When you are done, don't wait for the team to suggest having a glass of water or a piece of chocolate.

Good luck

Unit 3

EXPERIENCE-BASED FITTING IN ADVICE

Enjoy our summary of paediatric SHOs and registrars' daily work, processes and tips.

Here is also some advice on communication, social life, and wellbeing.

Chapter 1

Typical SHO day

Typically, at 09:00 (08:30 in some hospitals) all members of staff gather in the handover room to receive patient information. Your work will vary depending on the area you cover. In most cases, after the handover, the consultant and the registrar split a patient's list between them as well as the SHOs i.e., some SHOs will join the consultant, and some will be asked to join the registrar. Along with the nominated senior, you will write the notes, orders, and care plan. Once the round is finished, the team will gather in the handover room to discuss the round events and the patient's needs as well as update the chief nurse of the ward on the latest information. In some units, the medical and nursing team do a huddle before and after the ward round to exchange updates about the patients' clinical progress.

The SHOs divide the jobs between them. Among these are cannulation, blood draws, medication updates, or writing discharge letters/TTOs. Meanwhile, liaise with your teammates to arrange your break and lunch. Later, you will return to complete the remaining tasks, such as writing a referral letter, having a consultation, or addressing nursing or patient concerns. By the end of the day, you should update the handover sheet and print enough copies for the next shift with the help of the registrar. Regarding updating the handover sheet, some prefer to do it as they go, e.g. they discharged a patient, they go to the handover list, and remove the patient from it. Others do it around 16:00 when all jobs are done, in many other units, people update the sheet contemporaneously during the handover.

Some members of the team who will continue working as a long day, from 17:00 – 21:00. After that, the night shift will commence from 21:00 (or 20:30) to 09:00.

Every unit has a schedule for their departmental activities spread throughout the weekdays. They mostly include teaching sessions, clinical governance, Morbidity & Mortality meetings and grand rounds. These usually happen in the afternoon time. Please make sure to try and attend as much as you can of these as they will enable you to get your head around how the NHS works and the amount of quality improvements happening in your department.

If you have a meeting with your supervisor, an appointment or

anything that you need to do during the working day, tell your team at the beginning of the day so that they can manage the jobs between themselves while you are away. For anything that's more that 30-60 minutes, tell the rota coordinator in advance.

Good computer and typing skills will assist you in your documentation as many hospitals now use electronic system for clinical notes, so do your best to master these skills before starting. Keep in mind that patient care is a teamwork. As a result, you should always seek advice and guidance whenever you are uncertain.

When you need to ask your senior or another team for help, make sure you gather all the relevant information beforehand. It is a common mistake to call for help without knowing much about your patient. Here are two examples: calling radiology team: You might anticipate that this is going to be a quick call just to book a CT as urgent, then the radiologist ask you many questions and find that you don't know your patient well. Another example is calling microbiology for antibiotic choice advice, then they ask you about the temperature or the previous antibiotic your patient had.

The morale is: You are very welcomed to seek help. Just do some homework first especially if you are going to speak to another team.

Please have a look at the communication chapter, to read more about how to document the ward round events and how to efficiently handover.

Chapter 2

Typical registrar day

The registrar has an important role in the ward during the day and out of hours. You will assess patients, carry out clinical jobs generated from the ward round, perform procedures, manage the team, and attend emergencies. Therefore, a good leadership, organisation, teamwork, and communication skills are essential in managing the ward.

Morning handover

The day starts with a handover of the patients on the wards, the night's events, and any prospective admissions from the night team. You must be punctual in order to facilitate the efficient running of the handover and relieve the night team.

Ward round

In District General Hospitals which make up a significant number of hospitals in the NHS, the consultant and registrar will review all patients daily in the morning. The consultant will usually see any new patients as well as the sickest patients. The registrar will see other patients and might join the consultant round if able to. Normally other members of the team such as nurses, sometimes pharmacists, dieticians and other allied health professionals will join you on the ward. The medical team will document the review from the round and any jobs generated. An important part of the ward round is updating parents on the patient's progress and the plan going forward.

Having nurses on the ward round is invaluable as they often provide continuity between the different allied health professionals and medical disciplines involved in the patient care. They also closely care for the patient over the shift and thus are able to give you accurate and up to date information on the patient. After the end of the ward round the medical team will meet and catch up on the progress of the patients and discuss the plans going forward, this is a good time to discuss any queries with the consultant and rest of the team and also to have a cup of tea. The remainder of the shift is spent accomplishing the jobs generated from the ward round and any

new reviews or jobs that arise over the course of the day.

Important tips for efficient ward round

- Take the time to review investigations, drugs charts and the observations charts of each patient as you see them.
- Clearly document your review in detail, including examination and the management plan. This will help you and your colleagues later when they re-evaluate the patient to understand whether the patient's clinical picture has changed, what actions have been taken and what the subsequent plan is.
- You may be asked to complete tasks for a different patient than the one you are reviewing. Unless it is time critical or the patient is critically unwell, you should politely request to wait until you have completed your review.

The Children Assessment Unit (CAU) or also called Paediatrics Assessment Unit (PAU) have variation in the size depending on the size of the hospital and its local population, but they are usually 6-12 beds. This is where children, new-borns and young adults with illnesses requiring acute specialist care will be referred to by GP's, emergency department, community midwives, social care, and other outpatient children's health services. Sometimes children will also attend for elective procedures such as ambulatory antibiotics, nasogastric tube change, blood tests or other investigations.

Depending on the size of the unit, as the registrar, you might cover both CAU and the ward, or there may be a separate registrar to cover the CAU. Junior doctors will usually clerk patients first and do the initial work up then discuss the case with you. If the patient is critically unwell you should attend and assess them immediately.

Invasive procedures such as blood tests and cannulas can be distressing for children, so they should only be done if clinically necessary. If the patients are requiring support, it should be arranged with the members of the play team, nurses, or health care associates to help distract and soothe the child during the procedure.

Open Access

If a patient is well enough to be discharged home but you are concerned that there may be a change in their clinical picture over the next 24-72 hours, you can grant them open access to CAU which allows them to directly return to CAU or seek advice without being referred by their GP. This can help reassure them and act as a safety

net for the parents.

Good tips for CAU:

- Prioritise patients and manage them according to how long they will wait and how long they have been waiting. Please be particularly vigilant with newborn babies.
- Document clearly, contemporaneously and in detail in each child's notes after seeing them so you don't forget any details
- Communicate clearly and politely explain the rationale for your management plans and clinical reasoning to aid communication and understanding.

Please have a look at the communication chapter, to read more about how to document the ward round events and how to efficiently handover.

Long days & On-calls

At the end of the day (1630-1700) you will hand over your patients to the on-call team who will manage the ward until the night team take over (2045-2100).

This is the time you need to prioritise your medical jobs because you may be the only senior doctor on the floor, as the consultant on call may leave the building. You will have scheduled weekends and nights in your rota during which you will be covering the inpatient ward and acute admissions.

Chapter 3

Communication

Good communication is your key to having a smooth and flawless landing in your new workplace. Speaking about communication can be lengthy as we feel it is the aspect that hinders many IMGs from having easier start in the NHS.

Verbal communication

You may be surprised in your first few weeks that you are not able to understand a lot of the conversations around you. This happened to me. I was someone who didn't struggle with IELTS and always considered myself as good in English, so I was shocked when I landed in the UK that I couldn't understand a lot and missed many phrases. That led to huge anxiety. To avoid being embarrassed and caught not understanding what's being said, I used to hide at the back of the handover room and pray that no one notice me or asks me any question. A kind consultant in the unit noticed me and started asking me to come forward and sit in the front seats. My heart used to beat fast at these times but in few weeks, I started getting better at understanding the accent. The words and phrases began to make sense to me.

Some language tips

- Writing in capitals is perceived as shouting.
- You alright? You, okay? These are informal ways of saying good morning/ good afternoon, not because you look unwell. You can answer back by saying I'm good, how are you? or with whatever response you feel is appropriate. In my first working day in NHS, and when I was greeted by you alright, I thought it meant I looked tired, so the next day, I applied more make up! Then again, I was greeted the same way. This time I thought I looked unconfident or confused (because I really was). It took me a while to find out it's just a way of saying Hi.
- If the consultant tells you, if I were you I would do so and so. This is a polite way to tell you to do so and so. It does not

mean a commitment from their side to do it themselves and it is not a suggestion!

- Please, excuse me and thank you are profusely used in the UK, they show politeness and appreciation.
- Instead of saying: what do you need? you can say: How can I help. The first, which is a direct translation of how we offer help in other languages(Arabic in particular), is not a polite way of the same in the UK.
- Learn to listen well to patients, their parents, and care providers. It is important to introduce yourself to every patient when you see them: good morning/afternoon, my name is XYZ, I'm one of the children's' doctors or I'm a member of the team taking care of your child today. Of equal importance is to explain to the parents/care provider and the nurse what your plan is.
- Refrain from including religious or faith-related words in your talks. Many people are non-religious and may feel offended by such.
- Answering the phone was another challenge or honestly a nightmare for me. I consider it a skill by itself. One day the person on the other end of the call hanged up on me as I was asking him repeatedly to repeat what he was saying. It is difficult. At the same time, you are expected to answer any ringing phone on the wards if you are the nearest to it. Be patient, you will end up understanding the talks on phone calls.
- In my first few weeks, and to avoid embarrassment, I pretended on a few occasions that I understood some of what I was told. A friend of mine, who is another IMG, advised me to refrain from doing this. If things are not clear, politely ask the speaker by saying:

    - *Say that again please*
    - *Come again*
    - *Can you repeat that*
    - *Sorry, I didn't get that*
    - *Pardon*

- Please if you don't understand something, don't ask by saying

what? It is considered rude! I know! I found this out after a few years of asking using “what”. It is better to use: come again, pardon or please repeat that.

- Speak slowly, this will help you to say your words clearly and to think of your coming phrase.
- Learn the art of saying no. If you are busy and at the midst of a job, if you’re asked to do another less urgent job, politely explain that you will finish what you are doing first before getting to the other job.
- You will be surprised to see many of your colleagues kneel down or sitting on their tip toes when speaking to children if that is needed given the situation. You will learn that. Not very much a verbal tip, but it’s body language communication.

Accent

Please don’t feel embarrassed about having an accent. If anything, British people are very respectful of others with an accent and of anyone who speaks more than one language. In other words, don’t feel pressured to speak like a native, nobody cares as long as your words are clear. Pay attention to your voice tone and body language. Please avoid speaking in a loud voice or quick pace, both are not very popular here.

Written communication

In patient’s notes, you are expected to write the discussions generated during the ward round. If it is not a readymade form/sheet, you can do that as follows:

- Write the date and time, the consultant’s name.
- Situation (the recent diagnosis).
- Medical background.
- Investigations of note and medications.
- On Examination: document the clinical examination findings including the observations and vital signs,
- Ward round discussions with the attending parent/care provider/nurse, see below
- The plan.

In the ward round discussion part, you are expected to write the

ward round discussions in a concise yet informative way. For example; no nursing concerns, both parents present, the consultant updated mom about the latest results, the wheeze plan was reviewed with dad and the blood results were reviewed, etc. Please document all your sensible conversations with your patients. You should also log all the procedures you conducted, e.g., cannulation or LP in the patient notes. The same applies if you are writing the ward round events while accompanying your senior.

Many units have what they call the jobs book. This is a copybook in which the team members write, contemporaneously during the round, all the jobs that they need to do for every patient. When the ward round is done, they sit together and agree on who should do which job. The jobs that are done are then shaded when completed.

SBAR is the recommended way to document your ward round events and handover your patients in your daily unit handover, referrals and transfer. It stands for **S**ituation, **B**ackground, **A**ssessment and **R**ecommendations.

In daily ward Handover:

An example following **SBAR** will be:
MM is 5-year-old who is being treated for aspiration pneumonia **(S)**
He has a complex medical background as known to be a CP child who is NG fed **(B)**
Over the night the patient needed oxygen at 0.2 liters, remained afebrile, currently on IV co amoxiclav. His CRP came down from 211 to 130. **(A)**
I feel, we can shift him to oral antibiotics as he is now tolerating NG feeds and is afebrile for >24 hours. Please also wean down oxygen as tolerated **(R)**

If you are handing this patient over the phone, or if you are calling the on-call consultant, make sure to start your conversation by introducing yourself and telling the person on the other end what you want them to do. For example, I'm XYZ, the paediatric on call registrar and I'm calling as I need some advice regarding the following patient or because I need you to come and see the following patient as I'm worried about them. This can be considered your **S** of the SBAR in case of phone calls and phone consultations. Then you do the rest of your handover as per SBAR.

This can also apply to other phone calls such as calling the lab for some results. The best way again is to introduce yourself, I'm XYZ, from the paediatric unit and calling to chase a result or to discuss a blood culture. And so on.

Social attitude in the hospital

- Please don't start your job with feeling low, inferior, or targeted.
- Enjoy being part of the team, the vast majority of workplaces are welcoming and supportive.
- In the NHS, consultants are very humble and down to earth, learn this from them and curb your ego as appropriate.
- Your team may opt to go out for drinks occasionally. Feel free to join them or not, no judgement is made either way.
- Speak to all, help all and greet all. This will make your life in your working place easier and happier. By all we don't mean medics and nurses only. Porters, HCAs, phlebotomists, and your ward clerks are all your team members.
- Pay attention to your own bias; it is normal human nature to feel more comfortable speaking to people of your same background or with whom you share things in common e.g. culture, but please make sure not to limit your interaction with other colleagues.
- Offer to help your juniors and the nurses. Praise them for their hard work.
- Some IMGs might naturally be so physical and very much into hugs and contact. This is not the norm in the UK. Please respect other people's personal space.
- You might be surprised that people have their tea and lunch during midday handover. If you are preparing yourself a cup of tea, ask others if they would like you to prepare theirs also. Also help others in washing mugs and kettles. Please remember to clean your own mug and spoon afterwards!
- It is very common for the staff to share biscuits and sweets with the team no matter home-made or shop bought. It is a lovely practice and I feel it shows that you care to share good times with them. You will be surprised by the large

number of chocolates shared in Christmas days. I like to share some on Eid days. Some bring something on weekends, on-calls or in their night shifts. It can be as simple as a one-pound sweets to cupcakes and pizza. No Pressure!

Chapter 4

Feeling overwhelmed

You are not alone.

It is completely normal to feel lost and overwhelmed in your first few weeks or months. Some of us needed few years to familiarize with things here. Many new relocators find it easy to settle in the UK and do really well in their new workplace. We need to learn from them! Personally, I found it hard, but things soon eased up in the following months.

The work environment is completely different to what you're used to in your home country or other health systems. You are not only adjusting to a new workplace and a different health system, but you have also relocated to a new country and settling with all what this brings with it. Feeling lonely may not help a lot in dealing with the first few week's anxieties, especially if you are here on your own. All of us need to surround ourselves with supportive and positive people in order to pass safely through this period. These can be friends, family, workmates, or neighbours. It is a blessing in this time that video calls are available 24/7 for us to communicate with our loved ones.

Communication and accent differences are crucial factors that may contribute to this difficulty and emotional toll. When you don't understand fully what people around you are saying, you may choose to withdraw yourself from conversations, become submissive or lose your confidence as you might think that you look dumb and stupid. Please don't drag yourself there. I did it and completely regret it. Don't assume things. Ruminating your working day events after you go home won't change things. It will only cause you insomnia that might lead to further mistakes the next day.

So, what can you do to avoid such situations and how can you tackle this emotional rollercoaster?

Our advice will be to firstly do your part of the homework:

- Ask for a shadowing period at the beginning of your contract. Don't be shy to ask. Shadowing means to be supernumerary in the rota for a time. You will be allowed to follow and help

another member of the team (an SHO if you join as a SHO or a registrar if you joined as such) in your daily working shifts.

This will clearly help you to understand the system and familiarise yourself with your workplace, without being in the fight and flight nerves mode. Some hospitals offer this for all overseas new joiners, but some don't. A friend of mine was allowed 6 months as a supernumerary while I wasn't given any. The average is 2-4 weeks.

- Negotiate with the rota team to defer your night on-calls as back as they can to give you time to familiarise with the system before doing any out of hours shift. Of course, this only applies if you weren't given the generous shadowing period mentioned above. It shows your keenness to be effective in your shift.

- Make sure you are aware of your job description. In your first few weeks, prioritise fulfilling your duties rather than putting the bulk of your effort on trying to be the most shining doctor in the room!

- Communicate clearly with your team. Listen and be a good observer. If you don't understand anything, flag it up. Please do not pretend that you get it especially if it is a conversation about a patient or your jobs. Look at communication section in this book.

- Ask your team members if they have a WhatsApp group for the unit doctors (usually includes SHOs, registrars, ACPs, ANNPs, and PAs). These groups are a way to check workflow during the working hours, ask work related queries and sometimes share some giggles

- Be patient, things will improve.

- Help your teammates, they will help you.

- Talk to your supervisor. Please read the supervisor role chapter.

- Get a mentor. Please look for a mentor to help and guide you through your journey. A mentor is a senior doctor in your same specialty so that he/she will understand the difficulties you are

going through. BSAPCH, among many bodies, has a mentorship scheme, you can contact them through their email info@bsapch.ac.uk . Soft landing team is another leading organization helping IMGs and they offer mentoring. Please have a look at their website: www.soft-landing.org

- Remind yourself that you are valuable and intelligent enough to be able to contribute. You passed all your exams and cleared many obstacles before, this is just another step in your way to shine.
- In your first few weeks, you need to focus on being a safe doctor. All your team members are expecting you to ask many questions. You are new to the system, and the more you ask, the more it reflects your keenness and willingness to learn and work safely.
  - You might be faced with someone who may not welcome your questions, but it is your right and your patients' right to be answered. Please don't be discouraged or disheartened by their response or attitude. You are not a slow to learn. You are new, and an accent barrier may make your learning slower than in your home country. This is normal. Don't forget that there are natural differences between people in attaining new skills or getting used to a new workplace.

  - Get immersed and involved in some social groups with people of your same interests, this will help you share experiences with them.

  - Part of your communication skills is to know your managers well and how to contact them. This doesn't mean you are ready to complain about everyone, but you should know that not everyone is supportive and not every workplace is ready to help you reach your optimum.

  - Show respect to your team members. They are your backup and make sure to take respect also. If you face any harassment or bullying, please make sure to be assertive in rejecting it. In every hospital, there are channels to report bullying. If you experienced such behaviour, please discuss it with your supervisor and report it in accordance with the local hospital's policies.

  - Feedback is one of the unique work aspects in the NHS. If you

get any negative feedback, please take it responsibly. Sit with yourself and think about it, work on getting better. Denial is not going to help you to improve.

- Please don't let yourself down by unnecessarily comparing yourself to the juniors at F1 and F2 level. They are juniors, but they were born and bred in this system, and they don't have that accent barrier. You have the knowledge, and by learning from everyone, you will get there and become an asset to the NHS.

- Have you heard about Imposter syndrome? This in short is when you feel less than your colleagues at your level. It's a common feeling among IMGs. If you feel it is overwhelming you, you can join a course named: Imposter syndrome, it proved very helpful for many.

Rarely, some of you may become overly stressed or get depressed or anxious. Please if you feel you need help, reach out for it. You can:

- Speak to your supervisor. If you feel their support is not enough, you can speak to the departmental head or clinical lead.
- NHS has a well-established psychological safety help scheme; refer yourself to occupational health and they can lead you.
- Your GP can be another source of help to guide you to the proper mental health support channels.
- Check your local trust policy regarding stress leave. Some trusts offer it for 2 weeks.

Please be aware mental health disorders alone aren't a cause to strip you off your job. We have worked with colleagues who are diagnosed with depression and bipolar disorders. The trust adjusts their work schedule to match their needs.

Check these two websites, they have a plethora of information to help:

https://www.england.nhs.uk/supporting-our-nhs-people/support-now/wellbeing-apps/headspace/

https://www.england.nhs.uk/supporting-our-nhs-people/support-now/wellbeing- apps/unmind/

Good Luck!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