

**SECTION 3:  
STARTING  
WORK**

## **REST (if you can), ACCLIMATISE and take stock before you start!**

### **Accommodation**

- Make your accommodation your 'home' while respecting the local culture and customs

### **Getting to know your new environment**

- Arrange a guided tour of your local area
- Accept invitations from local people to have dinner, go on an outing – might feel like hard work at first but will definitely help with the process of fitting in, learning the language and making friends
- Watch and listen e.g. learning people's names

### **Local telephone with emergency numbers**

- It will probably be cheapest for you to buy a local mobile sim card and a Pay As You Go contract. Your sim may need to be registered with the police and you may need to return it before you leave the country.
- Always carry a list of essential contacts and their phone numbers, such as the contacts at your organisation and local emergency numbers

### **Be discreet with personal possessions**

- Be discreet with expensive possessions. Be considerate when using your camera, laptop, iPod etc. as not everyone is able to afford such items. In fact lock away possessions if at all possible. One hostel manager said "Don't tempt our girls" However, taking photos provides one of the opportunities for giving back. Our colleagues, clients and their families may really appreciate having copies of photos. **ALWAYS GET CONSENT BEFORE TAKING ANY PHOTOS.**

### **Look after yourself**

- Look after your physical and mental health; seek help earlier rather than later.
- Treat yourself to luxuries sometimes – but be discreet about doing things that cost a lot in a poor country.
- Be a smart traveller with a heightened awareness about security risks
- Once In-country read the local daily papers. This will help you understand your context and especially the security situation.
- Very early on visit your local Embassy or High Commission if possible. Make sure you know where they are and how to contact them and that they know who you are, where you are and how to contact you. Let them know when you leave (or will be away for extended

periods). They are there for you to go to in an emergency. They also have a duty to look after you if a security situation arises, which can happen very quickly.

### **Encountering challenging financial issues**

Need to consider

- Do patients and relatives pay for care, food and hospital accommodation in public and private settings and how much?
- Is there a culture or expectation of 'money changing hands'? This may occur when seeking permission to run projects for example. The British Government strongly advises against this practice.

Care and local information when recommending equipment or tests e.g. hearing test, wheelchair, such as:

- Are there adequate testing facilities available?
- Do families have to pay and how much?
- Is the family able to pay and how to discuss this with them?
- Do you have good local support to address these issues?
- What do solutions cost? E.g. Cochlear implants may cost US\$ 20, 000
- What is the availability of appropriate post- operative support?
- How will equipment be maintained? Who will pay for this? An example may be a donated hearing aid which becomes useless when the batteries cannot be replaced because of the cost to the family.

### **Expectations**

- Pace yourself and be realistic about how much you can achieve.
- Be aware of cultural and communication issues e.g. passive audience/ lack of feedback
- Be positive about speaking and learning the language, it all takes time
- Find a mentor who will help and advise you about cultural, work and personal issues
- Keep positive and be patient – it can be very hard to appreciate why things are done a certain way but it is important to reserve judgment and remember that you are a visitor.
- You will have dilemmas to resolve but remember your professional standards and ethics.

For example, if you use photographs/videos of clients ensure you have their *informed* consent for the way you use the material. Similarly, if you take your own photographs/videos of clients/colleagues ensure you have their informed consent for the

intended use of the material. You would do this at home and it is no less important when you are working abroad. “Informed consent” will require you to explain the way you intend to use the material and what for – e.g. in a local information leaflet / on a website to promote an activity or organisation / to train people locally / as evidence of your work to the funder / for future fundraising. You will need to be confident that your subjects understand this and understand any disadvantages as well as advantages.

- Have fun! Make sure you plan some time to take a break and travel while you’re there.
- Enjoy life! You are so lucky to be a wanted visitor with skills that are needed in another country.

## **Additional considerations:**

**Sustainability of role**

**Cultural Awareness**

**Your attitude and approach**

**Child Protection**

**Transferring skills through training**

**Working in a Multi-Disciplinary Team**

**Developing a Service Model**

## **Sustainability of Role**

To make your trip both useful and enjoyable you will want to feel that what you are doing is worthwhile. It is also important to think about how the work that you carry out will continue after you have left. (See also: transferring of skills through training)

See below a suggested form for AHPs to record achievements, innovations, challenges so when a volunteer leaves a placement, there is a record (for future volunteers) things have already been tried so that the wheel is not always being reinvented. This form has been used in India and has proved helpful.

## Summary of Volunteer Input

Name of Volunteer:

Date of volunteering:

Type of mission: (PT, OT, SALT.):

Objective of your mission:

Of your input into the programme, what do you think worked?

Why?

What did not really work?

Why?

What helped?

Limiting factors/problems?

Resources left?

Suggestions for the future

Date:

## Cultural Awareness and Safety

When planning to work outside of the UK, some of the most frequently asked questions relate to understanding the context of a new working environment as well as accepting different ways and methods of working.

It is important to be prepared but in reality, you only begin to understand what it is like to be in a different environment and culture when you are there. When working outside of your cultural framework it is interesting to look at things through different eyes and this provides for a stimulating and challenging experience. The more aware we are of the cultural context we live and work in, the more meaningful our work is.

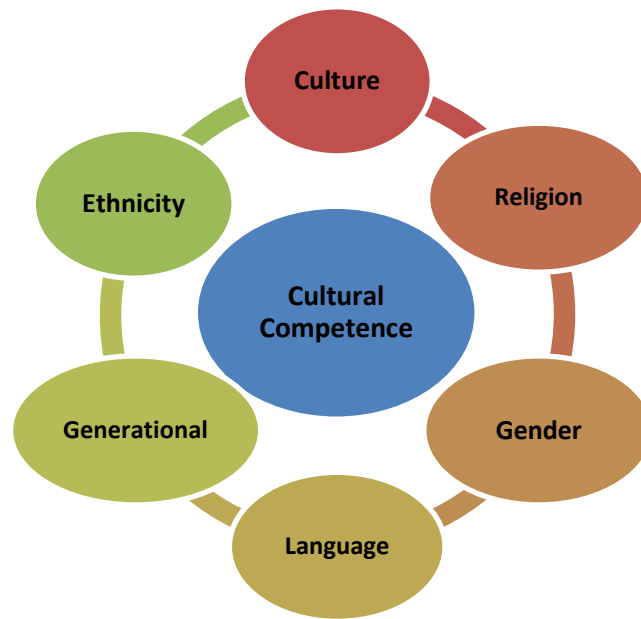
Often the first barrier to cross is to put aside opinions and misconceptions based on our own life experiences. Keeping an open mind helps but this must not compromise the professional status or standards of the work, which sometimes come as difficult issues to resolve.

### **Culture can be defined as:**

**'The shared sets of values, attitudes, beliefs, and behaviours that help to define us as individuals and that refer to the shared attributes of one group. Comprises of all the things we learn as part of growing up including:**

- Language
- Religion
- Traditions

Being **culturally competent** implies having the skills and capacity to work effectively with culturally diverse clients.



***Diagram to show topics related to building cultural competency***

If we look at working in the field of rehabilitation and disability in different locations, whether urban or rural, developed or developing, whether low, middle or upper income levels, our starting point is to observe and make an assessment of the environment we are working in.

**Some challenges:**

- Working in areas where the local community is suspicious of you and the work you do
- Working in isolated areas, without close support or a mentor
- Working in areas with limited understanding of rehabilitation
- Working where there has never been a physiotherapist, occupational therapist or speech and language therapist
- Working with therapists from a different training or cultural background. A number of expatriate therapists find themselves working alongside therapists of their own profession who have trained in other countries. Significant clinical tensions sometimes arise and are not resolved by sincere efforts at resolution and good clinical reasoning. It is important to be aware that there may be differences in the underlying science and evidence taught in various countries.
- Working where you have to make all your equipment with local materials

- Working where few people understand your language
- Working with interpreters. Does the interpreter understand technical terms/introduction to a new concept? Does he/she translate what you say or what he/she finds acceptable to translate?

Many issues faced in working and living abroad are the same as those found by people working in the UK.

**Physiotherapy** - The CSP has useful resource packs on working in the UK, parts of which can be applied for working overseas. The CSP Managing performance issues website on <http://www.csp.org.uk/documents/managing-performance-issues-cultural-competence> shares points relevant to any cultural context and can be applied overseas.

WCPT 60th anniversary publication is now available on <http://www.wcpt.org/publications>. It is an interesting report in this context as shows background of the evolution of the physiotherapy profession abroad and gives a professional perspective to the on-going work this 'field'. There are a lot of professionals who provide support for fellow colleagues throughout the world to help them with their problems.

Ethnicity and Disability Fact Book has some useful sections to look through on <http://www.mdaa.org.au/publications/ethnicity/information.html>. This document looks at some particularly relevant issues, such as the role of culture, religion and disability, with references to superstition, informal and formal belief systems and looks at the cultural dilemmas of stereotyping and labelling and misconceptions on disability, which affect the way to work in different settings.

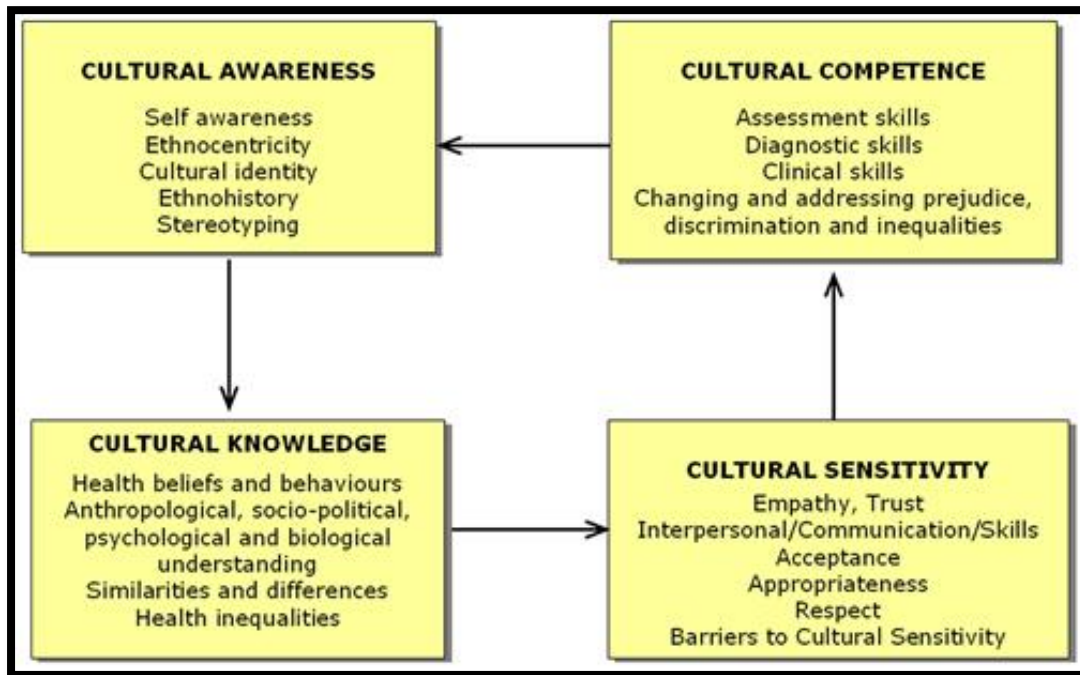
Our culture shapes how we see the world and make sense of it. Culture influences all of our behaviours and interactions. Our culture also mediates how we make sense of disability and respond to people with disability.'

'Culture is not static - it is constantly changing and responding to shifting environments and circumstances. Within each culture there are many subcultures, which means that beliefs, values, attitudes and behaviours are often not fully shared amongst all the people from a culture.'



Papadopoulos, Tilki and Taylor cultural competence model is well used in training nurses and breaks down cultural competence into 4 sections:

See this link: [www.ieneproject.eu/download/Outputs/intercultural%20model.pdf](http://www.ieneproject.eu/download/Outputs/intercultural%20model.pdf)



This model highlights that cultural competency comes, evolves and changes over time – it is an ongoing process.

More on Papadopoulos's model: [http://www.ieneproject.eu/learning\\_intro.php](http://www.ieneproject.eu/learning_intro.php)

So to summarise:

- Cultural proficiency comes from being culturally aware.
- Cultural competency looks not only at culture, but ethnicity, religion, gender, language, impairment and generational issues
-



- Critical awareness relies on knowledge, skills development and organisational support
- Basic skills needed – respect, communication, understanding and engagement
- Developing cultural competence requires: an open attitude, self-awareness and awareness of others, cultural knowledge and cross cultural skills and to be able to adapt in any context.

## **Cross cultural communication**

Another important issue, to consider building up a better understanding of the cultural context, is the methods of communicating. The list below may be of interest to help build up a repertoire of communication skills. Often you are working through an interpreter, so communication has to be direct, to the point and structured to make sure that you get the main points across and likewise the main points are translated back to you.

- Ask questions and listen to the answers – obvious but often it does not happen!
- Distinguish perspectives – are you looking through the same window!
- Build self-awareness – be comfortable with what skills you want to offer and how you want to deliver them
- Recognise the dynamics of the place you are based – other issues come into play in the planning of your work – low staff motivation and salary, a community that is suspicious

of you, poor transport for people, poverty of families, endemic bribery and corruption in many countries etc.

- Beware of stereotyping people – e.g:
  - ‘All therapists from ‘Brumbak’ have no experience’*
  - ‘Most families have no interest in their children’*
  - ‘Most of the injured are too lazy to follow their rehabilitation programme’*
- Respect differences – e.g. therapists may have done the same treatment for years and when you introduce something new, there may be a conflict of ideas; there needs to be a compromise and not a denouncing of the way they worked previously.
- Try to be honest – give praise when it is due – not all the time
- Be flexible – the patients do not come for their appointment but all come at the same time – work around this as maybe they have walked for 3 hours to see you
- Think twice – be prepared for the unexpected as it often happens, so useful to have a plan B and C

## Cultural safety

It is important to practice in a culturally safe way. The aim of treatment is that patient’s feel “culturally safe” that is they feel that their engagement with therapy will be consistent with their practices, rather than those of the therapist.

### **An approach for minimising misunderstandings.**

“**Cultural assessment**” is an approach which should help a therapist understand

- a. how the patient perceives their illness / disability and
- b. what their expectations of therapy are

The following questions can be used to help gain a deeper understanding of their views and expectations:

- What is the problem/condition?
- What caused the problem/condition?
- What course do they expect it to take?
- What are the expected consequences?

- How do they expect it can be addressed through healthcare and what outcomes are they hoping for?

**A mutually acceptable treatment plan if the therapist and patient have different views.**

Having listened to the patient's perceptions the therapist can outline his/her perceptions and expectations for the patient. Then a plan which makes sense to both the patient and the therapist can be agreed. This may involve a degree of accommodation on the parts of both the patient and the therapist.

**Our overseas host colleagues are probably our best cultural mentors and brokers.**\_\_They will be able to explain the local culture to you. They are also able to explain to patients how rehabilitation therapies work.

**Approaches to help us make sense of our confusion or feelings of conflict.**

You are likely to encounter incidents or situations which you either struggle to make sense of or which seem to you to be simply "wrong". The natural reaction may be to regard the incident / practice as wrong and work to correct it. Changing an approach may sometimes be the appropriate response.

***A considered response is preferable to an unconsidered reaction.*** It is important to be aware your own cultural biases including the values and the assumptions that you bring to the situation. By changing your perspective to the local context you may then see that the situation makes sense in context and that it is we who need to adjust, or having given the situation consideration, we may still feel that this is something which needs to be changed. At least if we then opt for the change scenario it is a considered response, rather than an unconsidered reaction.

**Reflective logs are an ideal way of approaching these disorientating situations.**

## Your attitude and approach.

- Wherever you go you will be working alongside local colleagues who are more knowledgeable than you are about the local situation. Take advantage of this and learn from them.
- Find out who has been doing the jobs relevant to your work. Be careful not to undermine them by stepping in and taking over. Your job is to support them and help them and their colleagues / bosses to value the skills they have, as well as to help develop them further.
- Try and learn some of the local language. No one will expect you to be perfect. But they will appreciate you making an effort.
- Be prepared to broaden your focus beyond your professional role and understanding of disability and health issues. You may have to take on different roles and tasks that you had not anticipated. Although it could be daunting at first, it will enrich your experience.
- Being flexible in your approach will help you to be accepted and work more effectively as a team member.
- Be sensitive to disparities in income and opportunities between you and co-workers, families, etc.
- Be prepared to say 'I don't know'. Don't feel you have to be an expert all the time. But show that you can think on the job and try to find out the answer or try out possible solutions!
- Remember to seek advice from your colleagues.
- Try to find someone you can be honest with and who will be honest with you.
- For most people, you will take away more than you leave behind.

**Hopefully you will be working in a team, or at least with one other person. You will obviously have prepared yourself for the project. But it is important to remember the following.**

- Take time to observe and find out. Don't jump in!
- Try to ascertain the needs of the project and the people involved
- Be prepared to modify your goals and activities and be flexible.
- Keep learning, keep listening and discussing. Remember you are in a partnership.
- Start where the organisation is and try to move forwards together;

## Child and Vulnerable Adult Protection

Whilst Child protection may be at its infancy in many countries organisations such as UNICEF often lead in promoting policy changes at government level. The key questions are:

- Is child protection enshrined in law and how well are the laws implemented and monitored at the front line? Professionals should be prepared to encounter situations that can be very difficult and have no easy solution especially if Social work is in its infancy or non-existent. Possible issues that may arise include:
  - No regulation of health or education professionals in place.
  - No foster or adoption systems in place
  - Vulnerable adults or children living on the streets without protection
  - Vulnerable adults being married as a solution to long term care where no welfare system exists
  - Institutionalised care for children and/or adults with disabilities (possible associated attitudes of shame towards disability amongst local populations).
  - Unhelpful or dangerous practices e.g. 'local healers';

Reporting any concerns can be problematic. It is vital to know who to report your concerns to from the outset of the project. Who is your line manager? Sometimes the foreign health professional can be seen as the 'problem' and asked to leave or be deported.

Finding local solutions and local relationship building is key.

Be prepared for situations which may be dealt with in a very different manner than you are used to and also not being able to do very much about them.

Whatever you do, document all your actions.

## Transferring skills through training

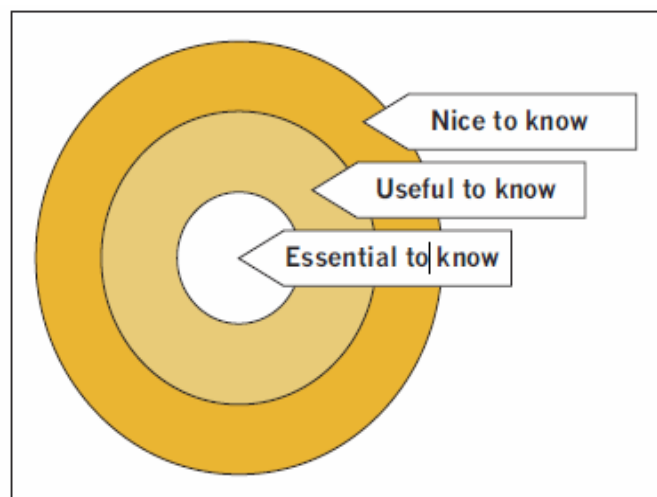
**From day one you should be thinking about what will happen when you leave. The project needs to be able to continue without you whether you are there for two weeks or two years.**

Training as mentioned previously is only useful if the people you have trained can use it without you.

- Which people will you be passing on skills/knowledge to and how will they use their new skills and knowledge?
- What teaching and learning methods are they accustomed to, what do they feel comfortable with, and what works? There may be different answers to these questions! For example, didactic approaches in a formal training room may be customary, but they may not work. Informal workshops and group work may also feel threatening unless very tightly structured to some of the participants.
- If you deliver training, it usually is a good idea to provide certificates. They are valued by trainees and it enables you to clarify the specific topic and level of training and the competencies your learners have demonstrated. This can help to reduce confusion later.
- Be ready to transfer skills “on the job”. Demonstration and learning ‘in situ’ often gains the best results. Don’t worry about teaching in a “cook book” approach. In other words you may sometimes need to teach someone what to do in a practical way without too much of the detailed theory. Try to think of a local analogy for what you are suggesting.
- Always work with your colleagues to think about how they will actually implement any training. As an outsider it’s impossible to understand many of the barriers that prevent changes in practice.

### **Imagine a foreigner coming in to the NHS and trying to change things!**

- Try to be aware when any change you suggest may go much deeper than you might at first think – e.g. asking people to give feedback in particular way might be counter to all their previous experiences and be very challenging. Ask local people how they usually do this – is your way really any better for meeting their needs? If you are sure it is, allow time to provide the support needed to use it. Agreed ownership of any change is a key ingredient for any change to take place.
- Think carefully about the appropriateness of what you teach and transfer. Ask yourself, is it relevant to the local situation, and is it likely to be used when I have gone. The



following diagram can be useful to help you remember this.

- It is very important that the methods, content and materials you use are culturally appropriate. E.g., some cultures may not be as familiar with using pictures, or toys.
- Be practical. It may not be possible to carry around a lot of equipment or to carry out formal assessments.
- Use local resources; develop resources with your co-workers
- Don't work in isolation. Talk about what you are doing and use every opportunity to transfer skills.
- Understand what local facilities and resources already exist and make sure they are being utilised; help people to access them and to lobby for improvement.
- Strengthen existing links and make new ones with other local organisations and individuals who will be useful to the project. If they do not exist already, set up networks between local groups.
- Don't promise to do things for the project after you have left that you don't think you will realistically be able to ( e.g. very long term financial support), do the things you do promise – e.g. sending materials or information etc.
- Try to make sure that disability services are linked in with other types of services locally such as health and education and social services, employment and inclusion programmes.
- Be aware it may take time for a local colleague to give an honest answer as they may not wish to give offence or 'lose face'. Local colleagues may be reluctant to admit they have not fulfilled certain tasks (e.g. taking a medical history) or that they do not fully understand what is required because of 'losing face'.

## **Working in a Multi-Disciplinary Team**

**In its usual guise multi-disciplinary working means working in a team with other professions bringing together of different skills, knowledge, opinions and practices to provide comprehensive and holistic care for the patients we work with.**



The most familiar model of multi-disciplinary team (MDT) working is probably one where the team is made up of individual professions each with fairly well defined disciplinary boundaries and awareness of their own role within that team. However, the idea of multi-disciplinary working in low resourced settings takes on different dimensions compared to other settings, for example multi-disciplinary may go beyond the traditional disciplines and include community health workers, family members or traditional medicine practitioners. It is important to consider the role that these people may play in healthcare provision and how we can work effectively with them.

Being able to be clear about our scope of practice may be severely tested in low-resourced environments, potentially bringing up ethical questions about whether it's OK to go beyond our usual scope of practice in situations where your best may be better than nothing. There may also be issues of cultural understanding that impact on how the team operates, language issues, wealth differentials within the team, and it may be harder to define your role within that team in a different cultural context, and to know what is expected of you. Are you supposed to be the expert in the team, but where does that leave the knowledge and contributions of local staff – do they feel side-lined by your presence?

Make sure you have a united vision amongst your team and decisions are supported. Be aware of group dynamics especially when they may be culturally different from your own. As an example, in some cultures, younger colleagues may not be able to contribute their ideas when senior colleagues are present but can do so in a one to one situation. There may be gender disparities that are not apparent to begin with. Make sure everyone has a chance to contribute and feel part of the team.

Perhaps the other extreme of working in a low-resourced setting is the absence of a MDT, of being isolated from professional colleagues. Or perhaps the MDT is geographically spread and you have colleagues to call on via email or Skype – what are the challenges associated with this type of relationship and for your own practice?

The process of being part of an MDT anywhere brings challenges and lots of successes, but being part of an MDT in low-resourced settings produces different dynamics and new things to think about, and highlights the need to be reflective in our practice.

Learning the local language can greatly help team integration as you show you are trying to understand and be part of the local culture. It has been called the 'hand of friendship'.

Choose your battles: what is important and what can you let go? Remember no project or situation is perfect. You may be in the MDT for a very short time, so think carefully how you can 'make a difference'.

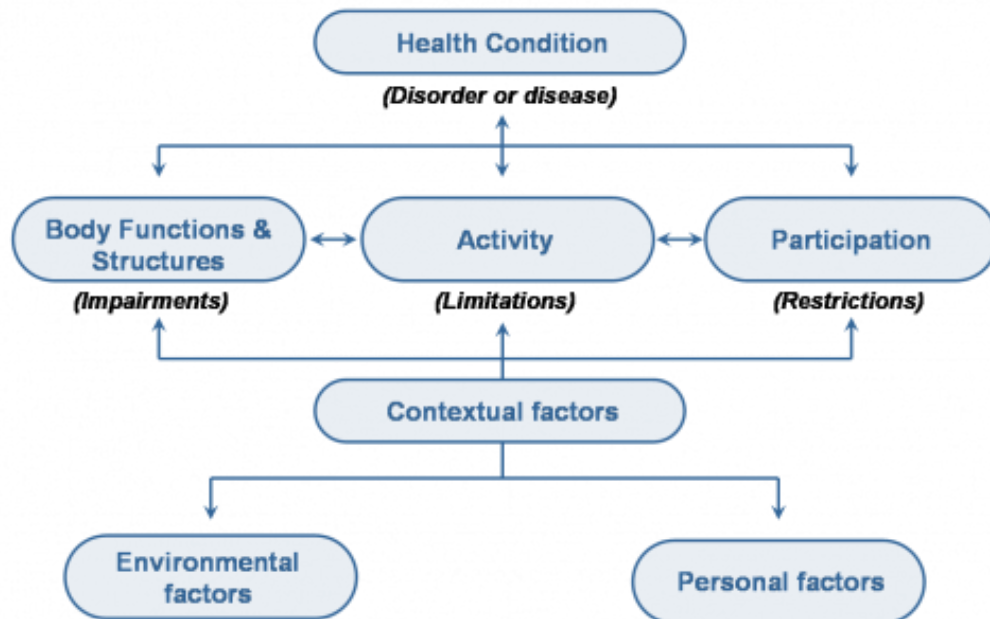
There is an excellent video on YouTube (35 mins) on working in a MDT in a less resourced setting. It is well worth studying as it is applicable to all.

[https://www.youtube.com/watch?v=W7eB\\_KGKBjw&feature=youtu](https://www.youtube.com/watch?v=W7eB_KGKBjw&feature=youtu)

## Developing a service model

- Understand your hosts' service objectives and how you can contribute towards these in your work.
- Remember to agree your targets with local partners, to ensure they are relevant and that local partners have a stake in them (so increasing likelihood of sustainability)
- Be mindful to use only locally available and affordable materials and equipment that local artisans have the wherewithal to repair or replace.
- If you have ideas for service development ask your hosts how they might be incorporated into the department's operation.
- Avoid using a medical (purely impairment focussed) model or too much technical vocabulary. Consider the needs of the client in a more holistic approach using a social model of care. Increasingly the ICF's psychosocial model is being used as a way of structuring intervention worldwide

<http://www.who.int/classifications/icf/en/>



- Remember that many of your clients/clients' relatives may not have received much schooling and may not understand concepts of anatomy or physiology let alone the specifics of your professional discipline. Find out how functional processes are described in the local language and how difficulties are traditionally explained. Use this information as a starting point for talking about your work.
- Take into account other potential factors affecting priorities in the community that may influence the delivery of your programme (e.g. gender, age, poverty or power issues, stigma, local politics, etc.). For example our western society strongly values individual autonomy. Many other societies have collectivist world views in which the family or community decision about something like treatment aims takes precedence over an individual's wishes.
- Don't be prescriptive. Needs will change and evolve.
- Ensure that your way of working fits in with local practice such as whether or not people make appointments, whether practical / hands-on work is not appropriate for colleagues of certain rank/gender.
- You will need to be able to respond to what is asked of you even if you do not agree that this is the best idea/approach. Diplomacy is of the essence. . Work out if there are some things with which you cannot /will not comply and be able to give your reasons tactfully but clearly. Check it out with a trusted local colleague first.

- Be prepared to develop ideas on a day to day basis.
- Understand how your joint work with your partners will be evaluated and how that will be communicated to stakeholders such as department colleagues, service users, and managers and who will communicate it.
- Consider how to get honest feedback. Be wary if local partners agree to everything you suggest: it could be because they don't want to offend you or because they don't want to turn down any offers of support, even when these are not appropriate.
- Be careful about suggesting a home visit as culturally this may be a new concept and may be viewed with suspicion/hostility. In these circumstances it's probably safest to avoid altogether unless you have a trusted local colleague who can negotiate and explain the reason for the visit appropriately.
- In some cultures it is inappropriate for a single man to visit a home if the husband is away whilst in others a woman may visit a woman but only if the man leaves the house.



**Key Messages:**

- **Be realistic what you can achieve**
- **Always think how your work will carry on after you leave**