

The Phoenix Project: Healthcare Professional Leaflet

**Registered Charity No: 1191100** 

This leaflet is intended for the use of displaced healthcare professionals living in the UK, who are hoping to become qualified to work as healthcare professionals. It includes information about The Phoenix Project, and details of how our support may be useful to you. This leaflet was put together by Tabitha Ashley-Norman and Hannah Gleeson, Co-founders of The Phoenix Project, Leeds. Last Updated 07/01/2021.

# **Contact Details**

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## Our aim:

To support displaced doctors and healthcare professionals in their journeys to qualifying for practice in the UK.

# The story behind The Phoenix Project:

TPP was set-up by Molly Kavanagh and Jonathan Bowley in 2019, medical students at Nottingham university. There are 33 medical schools in the UK, with over 40,000 medical students between them. We believe this is a largely untapped resource and one that could be of huge benefit to the displaced medical community. The Phoenix Project utilises the increased free-time of students, their expertise in medical education, and the resources they have access to at university, and connects students with displaced doctors. In 2020, TPP became a registered charity and expanded to the University of Leeds, with plans to continue setting up branches across the country.

### Who are we?

The Phoenix Project is run by a group of medical students from Nottingham and Leeds universities.

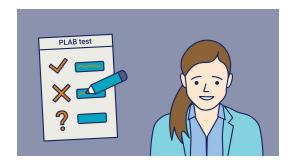
### What we do:

- Provide regular sessions and mentoring to our participants to help them prepare for exams and to familiarise themselves with the UK healthcare system.
- Run group sessions, which link our participants to others in their position, providing a motivational and supportive community.
- As medical students, we have an up-to-date and personal insight into medical training, allowing us to give relevant teaching
- It must be noted that our main focus is providing support in relation to english speaking and medical knowledge. Logistical aspects such as obtaining a visa or right to work is not something that we focus on as a charity.

## Who we teach:

- We aim to teach displaced healthcare professionals (doctors, nurses, pharmacists etc) who have qualifications from their country of origin, but are not yet qualified in the UK.
- The people that we teach are typically working towards the Occupational English Test (OET), or the Professional and Linguistic Assessments Board (PLAB) 1 or
   2.
- These examinations are a requirement for professional qualification in the UK.





### Our sessions:

- Session structures are tailored to the participants, and mostly centre around practicing writing, listening, speaking, and reading skills in medical contexts.
- We run separate sessions for people preparing for the OET and the PLAB 1 or 2.
- In sessions, we also discuss aspects of the UK medical system.
- Sessions allow participants to practice skills for their exams as well as gain valuable insight into the National Health Service.
- An example of a 'Speaking' session is appended to this leaflet. In a speaking session, the participant will be given time to read through the scenario and then run through the scenario with the medical student volunteer.
- There is a big focus on giving feedback for improvement.

### How COVID-19 has impacted on our work:

Prior to COVID-19, The Phoenix Project operated from Nottingham University medical school. Participants would travel on-site and attend face-to-face sessions. However, in light of the developing situation, TPP has moved **completely online** until further notice. Our sessions take place on MicrosoftTeams, and are generally smaller/ one-to-one, due to the limitations of on-screen teaching. So far, this move has been a successful one. In the future, we hope to move to have both online and face-to-face teaching, as we have seen the benefits of online teaching in terms of travel time and costs for the participant.

## How you can get support from The Phoenix Project:

 Depending on whether you are local to Nottingham or Leeds, please email the relevant team, explaining who you are, what type of healthcare professional you were qualified as in your country of origin, and what stage you are at in terms of qualifying in the UK (for example, have you taken the OET, or are you new to the process). Please also leave your mobile or phone number if possible. - We will get in contact with you by email/phone and have a chat about how we can help you!

# Thank you for taking the time to read this leaflet.

#### References:

GMC, 2021. Professional and Linguistic Assessments Board. [Online]. [Accessed 07/01/2021]. Available at: <u>https://www.gmc-uk.org/registration-and-licensing/join-the-register/plab</u>

OET, 2021. Occupational English Test. [Online]. [Accessed 07/01/2021]. Available at: https://www.occupationalenglishtest.org

### Example speaking exercise: Atrial Fibrillation

Written by Rohan Bassi, Nottingham University, 18th May 2020.

The medical student will be using the patient card:

#### PATIENT CARD

Setting: GP practice

**Patient**: You are a 72 y.o female retired teacher who has come to the GP practice for your routine medication review for your hypertension. You feel generally well in yourself however you have been experiencing occasional palpitations and you have to 'catch your breath' more often on your long walks. You are worried about your risk of having a heart attack and being admitted to hospital as your father died of a heart attack aged 78. You have a past medical history of hypertension managed well with ramipril (10 mg O.D). Ten years ago you had a right total hip replacement due to hip osteoarthritis, occasionally taking paracetamol for pain. You live at home in a bungalow with your husband and are very much independent around the home. An ex-smoker (gave up 10 years ago) and a social drinker (glass of wine with dinner at weekends), you are now very health conscious.

The healthcare professional will be using the candidate card:

# CANDIDATE CARD

#### Setting: GP practice

**Doctor:** This 72-year-old female is attending the practice for a routine blood pressure medication review; however she also complains of some palpitations and breathlessness. She is worried about having a heart attack and being admitted to hospital. You have done a physical examination and measured their radial pulse to be 108 bpm and irregularly irregular. The nurse in a side room undertakes ECG assessment and you are presented with a trace suspicious of a diagnosis of atrial fibrillation. There is no indication for echocardiography. Given their medical history of hypertension, this patient's CHA<sub>2</sub>DS<sub>2</sub>-VASc score is 3 so she **does** need anticoagulation therapy. Her bleeding risk is low.

#### Task:

- Find out about the patient's current symptoms and take a brief medical history.
- Find out about what the patient is worried about and reassure them.
  - She is not having a heart attack and does not need to be admitted to hospital
  - Explain your likely diagnosis of atrial fibrillation and that it is treatable
- Explain to the patient that starting medication is recommended and the reason for:
  - Anticoagulation (to minimise future risk of stroke, "thinning the blood")
    Rivaroxaban 20 mg O.D
  - o Rate-limiting drugs (beta-blocker as she is tachycardic)
    - Atenolol 50 mg O.D
  - Explain the benefits and risks of anticoagulation:
    - Anticoagulation outweighs the bleeding risk for most people
    - o Rivaroxaban is a once-daily medication and can be taken at night
  - Safety net:
    - If they have any further breathing difficulties or chest pain tell them to seek help.
    - o Offer a patient leaflet on atrial fibrillation.