

**Station: International Medical learners: unique challenges and opportunities****Facilitators: Dr Lisa Bonang and Dr Abir Hussein****Key Messages**

- ★ IMGs are a diverse and heterogenous group
  - Includes medical students, recent graduates or physicians who have had established careers
  - Individuals have a wide range of reasons for leaving their home countries, including political, economic, or educational reasons
  - Varied cultural and religious backgrounds
  
- ★ Increased stressors/challenges are experienced by this heterogenous group, and include:
  - Process of adapting to a new social culture as well as a new medical culture
    - Patient Centered Approach not common
  - Language and communication style may be very different
  - Working in a team/collaborative setting may be a novel approach
  
- ★ Social, cultural isolation may be experienced as well as racism
  
- ★ Key role for the preceptor is to provide a thorough orientation that includes assessing the individual learner's needs, prior work experience or training, exposure to Canadian system, etc as well as asks about and understands cultural norms as appropriate
  
- ★ Preceptor should ensure that IMG or IM student has adequate support or mentor in place, direct learner to supports as needed

**Background Info and References**

**Chen P, et al. *Professional Challenges of Non-U.S.-Born International Medical Graduates and Recommendations for Support During Residency Training. Acad Med. 2011;86:1383–1388.***

(1) Respondents must simultaneously navigate dual learning curves as immigrants and as residents

- (2) IMGs face insensitivity and isolation in the workplace
- (3) IMGs' migration has personal and global costs, and
- (4) IMGs face specific needs as they prepare to complete their residency training.

**Gozu A, et al. *Similarities and Differences Between International Medical Graduates and U.S. Medical Graduates at Six Maryland Community-Based Internal Medicine Residency Training Programs. Acad Med. 2009; 84:385–390.***

A study of IM residents in Baltimore comparing USMG and IMGs:

"The IMGs in our cohort were older, more likely to be married with children, spoke English as a foreign language, and were less likely to have debt related to their medical school training.

Our data show that IMGs suffered less fatigue, felt higher self-esteem, and experienced more personal growth than their USMG counterparts. Perceived stress was not statistically different between the groups"

Prior published articles about the training experiences of IMGs have recounted the following struggles:

- (1) residing in an alien environment,25,44,45
- (2) working in an unfamiliar health care system,24,44
- (3) struggling with language barriers,36,37,45–47
- (4) experiencing incongruence between personal and American medical values or philosophies,46,48 –50
- (5) lacking knowledge of American culture,25,43,50 and
- (6) fearing discrimination.34

Hall P, et al. "*Communication skills, cultural challenges and individual support: challenges of international medical graduates in a Canadian healthcare environment*" *Medical Teacher*, Vol. 26, No. 2, 2004, pp. 120–125.

Study in Ottawa gathered input from IMGs in residency programs – themes that emerged were:

1) more training in Communication skills and patient-centered interviewing were lacking in medical education prior to moving to Canada for residency training, and would be helpful to the IMG.

2) Team work

"All groups identified a need for IMGs to better understand the functioning of a healthcare team and the roles and responsibilities of the team members. The majority of IMGs had only worked with nurses, who rarely questioned a physician's request or opinion. IMGs were not familiar with the roles of other healthcare team members, in particular social workers, or the role of the physician on a team. The Canadian health system is less hierarchical in its organization than the system where the IMGs trained. Issues related to gender, hierarchy and power were suggested to be important factors contributing to IMGs' challenges in teamwork. The IMG respondents felt discriminated against by some allied healthcare professionals, faculty and patients."

3) understanding the system – both Canadian healthcare system, discharge planning, homecare as well as ethical and legal issues

4) Cultural issues – patient-centered care model, heterogeneity of Canadian culture and religion;

"Being prepared for unexpected reactions to their customs and culture by their Canadian colleagues, patients and families was listed by IMGs as the third most important issue to address in a communication skills education programme. One IMG stated: "I didn't feel that I am different—except when people treat me different ...." "

5) Support Issues

"Experts, allied healthcare professionals and IMGs identified a need for faculty and staff to better understand the clinical experience and training of the IMGs as well as to appreciate at least some of their behaviours, attitudes and values which have been culturally defined and may cause some misunderstandings."

**Kalra G, et al. *Identifying and Addressing Stresses in International Medical Graduates. Academic Psychiatry* 2012; 36:323–329.**

**TABLE 2. Sources of Stress for IMGs in the Process of Moving From the Native Country to the Host Country**

Pre-Migration	Migration	Post-Migration
<ul style="list-style-type: none"> <li>• Managing finances to fund frequent trips and complete education</li> <li>• Dealing with entrance and qualifying processes and examinations</li> <li>• Waiting for the results</li> <li>• Gaining admission into a higher ranking institution</li> <li>• Waiting period until the next admission session if unsuccessful the first time</li> </ul>	<ul style="list-style-type: none"> <li>• Undergoing the formalities of migrating, such as visas, etc.</li> <li>• Clearing through the immigration process</li> <li>• Separation from family and loved ones</li> </ul>	<ul style="list-style-type: none"> <li>• Migratory stress</li> <li>• Culture shock and acculturation problems</li> <li>• Lack of social support</li> <li>• Drastic change in education and health systems</li> <li>• Language barriers</li> <li>• Ethnic-minority prejudice and discrimination issues</li> <li>• Managing finances</li> <li>• Dealing with competition</li> <li>• Adjusting to “psychiatric culture” of the host country</li> </ul>

**Mok P, et al. *Comparison of Canadian Medical Graduates and International Medical Graduates in Canada: 1989–2007. Acad Med.* 2011;86:962–967**

**Yao DC, Wright SM. National Survey of Internal Medicine Residency Program Directors Regarding Problem Residents. *JAMA*. 2000;284(9):1099–1104.**

Residents who were older than 35 years, international medical graduates (IMGs), and those of an underrepresented minority (this term was not defined in the survey instrument) were considered to be at greatest risk of being identified as a problem resident. Based on the perception of the program directors, these 3 factors were significantly more likely to be associated with being identified as a problem resident ( $P < .05$  for each) compared with other characteristics, such as single marital status, male sex, or being a parent. However, the correlation test results showed that as the percentage of older residents, minorities, and IMGs increased within programs, program directors were less concerned about the potential for poor performance of these residents. Furthermore, IMGs were significantly less likely to be identified as problem residents in programs with high proportions of IMGs ( $P = .008$ ).

## International Medical Graduates and Students: challenges and opportunities

### Case 1

Dr S is a 25-year-old, Canadian born IMG who studied in Ireland. He went to Ireland for his undergraduate degree and completed the integrated 6-year medical training which incorporates the undergraduate pre-medical training as well medical school training. Dr S is happy to be back in New Brunswick, as that is where he grew up. He found the training in Ireland to be rigorous and quite lonely at times, being so far from his family and friends. He had an episode of depression which was effectively treated with medications and therapy and a brief leave from school. Most of his clinical rotations were in Ireland and he has not had the chance to practice medicine in the Canadian system, except for a summer experience he had shadowing his old family doctor in the small town he grew up in. Dr S is worried that he is not at the same level of preparation as his residency classmates.

**What are some of the background issues unique to the International medical education experience that may make the transition to studying and working in a Canadian program more challenging?**

### Case 2

Ahmad is a Med 3 Dalhousie Medicine clerk. He completed his first 2 years of medical school in Malaysia and has joined Dalhousie for his clerkship years. He has never been in North America. English is his second language, however his first two years of medical training were in English. He has just started clerkship at Dalhousie and has been placed with you for his first clinical rotation in your family medicine clinic. He will be with you in clinic for 3 weeks.

**What might be some important topics to review during his orientation with you?**

**What might be some unique challenges for this learner?**

**How might you best support him during his 3-week rotation?**

### **Case 3**

Dr K is a 42-year-old physician from Iran who had trained and worked as a surgeon before moving to Canada. Dr K has 3 teenage children and a husband who is an engineer. Dr K wishes to continue her medical career and has spent several years completing the necessary exams and observerships and was able to apply to Canadian residency programs. She was successful matching to Family Medicine at a rural site in Nova Scotia. Dr K has just started her residency training with you at your site.

**What are some of the background issues unique to the International medical education experience that may make the transition to studying and working in a Canadian program more challenging?**

**What might be some social or personal stressors that may be relevant?**

**What might be some protective social determinants?**

**What strengths might Dr K bring to her training program and preceptors?**