

So you have an IMG??... What now??

What you need to know

- I Have no conflicts of interest,
financial or non financial disclosures
- BIAS : I AM AN IMG !!

Learning Objectives

- Describe the Unique challenges that IMG's Face
 - Recognizing common barriers IMG's encounter
 - Differences in medical practice, communication, culture and previous work environments
- Practice Strategies for Effective Mentorship
 - Techniques to support IMG's in clinical decision Making skills
 - Goal setting for IMG and setting preceptor expectations
- Develop an effective approach to IMG integration
 - Areas where they need more guidance
 - Creating a plan that fosters independence , provides constructive feed back , and a positive working/learning experience

Supporting IMG'S in Residency
training !!!

Common Barriers IMG's encounter

- Licensing and Credentialing : By the time they get to you, they have already completed a multitude of exams, MCCEE, MCCQE1, MCCQE2 and the NACOSCE, TDM - Since the pandemic these guidelines have changed and they are only required to write MCCQE1 and the NACOSCE possibly the TDM. Think about how much more preparation they have to do coming from where they trained for these exams.
- Limited Residency spots:
 - Often there are no spots for IMG's in specific programs
 - Competition is incredibly high
 - Certain countries and programs are favored more than others
 - Often doctors with specialties in their home country will apply for the speciality that has the higher number of available positions to increase their chances of matching- requiring them to retrain a different specialty
- Language and communication : English is often not their first language- This presents challenges in communication.
- Bias and higher scrutiny : IMG's always feel the need to prove that they are competent and over come stereotypes that they are less than because of where they trained . This leads to a sense of inadequacy and can often induce anxiety and fear .

Differences in medical practice

- **Clinical decision - making skills**

- More physician autonomy VS Paternal style practice
- Patients often defer decisions to the physician
- Canada has a more team based approach with a lot of allied health professionals that are not available in certain practice areas

- **EMR/ Documentation**

- Some may not have prior experience - orientation to the EMR and time to practice its use is **PARAMOUNT** .
- Most physicians are not dictation trained -they have not been required to do this before and need time and the freedom to do it in a safe and encouraging environment

- **Billing**

- EVERYONE is at a disadvantage here, but especially people coming from a place where they are salaried , it is vital that we have discussions about billing and provide resources .

- **Scope of Practice**

- Larger scope in northern communities
- Direct access to specialty care does not exist- this can be hard for foreign doctors to grasp where often specialist referral are initiated by the patient to the physician of their choice

Differences in communication and cultural expectations

- Patient centered care model vs paternal care model - FIFE ! Not often something that's practiced abroad.
- Interdisciplinary collaboration - there is a greater emphasis on the importance of a team based approach with allied health professionals in Canada vs other countries
- Cultural sensitivity
 - Unfamiliar with gender roles
 - Breaking bad news
 - Palliative care
 - MAID

Practice strategies for Effective mentorship

- Case based learning is the most effective, walking your IMG through the whole scenario focusing on HOW TO, WHEN TO, WHERE TO
 - How to order a test or do a referral
 - When to order a test or do a referral
 - Where to order a test or do a referral
- Directly observe patient interactions to help guide IMG's with their approach to breaking bad news, discussing palliative care and MAID .
- Allow IMG's to Identify the areas where they wish to improve and focus on connecting them with the right people to help achieve that goal. Follow up with them or the person you connected them with to ensure they are not facing barriers.

GOAL SETTING

- Short term goals
 - Master the EMR - ideally they would have formal training and dedicated time.
 - Learn what resources are available in the community - A handbook outlining services they can refer to will reduce questions
- Long term goals
 - Independent patient management
 - Confidence and increasing scope of practice
- SMART Goals Framework
 - Set specific, measurable , achievable, relevant , time -bound goals

Preceptor Expectations

- Define your expectations - Be here on time, check the list the day before , familiarize yourself with the patient load , be prepared to answer some questions .
- Recognize that there will be a comparison , you will hear the words “ well back home we did this...” accept this - prepare for it , respond with understanding and guide them to the guidelines. Remember these are already trained physicians in a new environment. (System challenges)
- Start with observation, then supervised tasks, then autonomy - may not apply to all your residents or PRA candidates.
- Check in's : how are they doing, what do they want to work on , where do they feel they need more training, who do they need to connect with .

But you're Canadian, right?" Yes, but I am not eligible to apply to all open positions.

"And you've passed all the exams." I've been a Licentiate for eight years now and my name is on the register of Canadian Doctors. I have done specialty and fellowship training as well.

"We need doctors!" Unfortunately, I'm not qualified to treat people.

These conversations have always been painful as I explain the intricacies of the licensure process. IMGs are viewed as "less than" notwithstanding previous medical education, training and years of work experience. **Being an IMG in Canada has often been a demoralizing experience and has required a great deal of resilience.**

Dr. Jennifer Garcia - FM resident -University of Alberta

Patience

Appropriate ORIENTATION

Take away

- Your IMG has worked REALLY hard to get here so get to know them , learn about their struggles and the path they took to get here.
- Remember most of them are highly trained in other areas of medicine, some of them are cardiothoracic surgeons in their home countries, and are now retraining in specialties such as family medicine and internal medicine. It is a ERY big transition.
- Remember it is not easy for them, they may be away from their support systems and they won't complain they are just happy they are able to be here and thankful for finally getting an opportunity
- They are afraid of making a mistake , they are unfamiliar with what the consequences are, what the collage expectations are. Guidance here is crucial.
- They want to feel part of the community:
 - Actively introduce them to colleagues, medical teams and allied health professionals.
 - Insure their input is valued
 - Celebrate milestones and achievements
 - Social inclusion

Citations

- Licensing pathways for IMG's In Canada : Medical council of Canada Pathways for international graduates , <https://mcc.ca/credentials-and-services/pathways-to-licensure/pathways-for-international-medical-graduates/>
- Journal Article: Freeman,T.,& McDonald, R. (2020). Integrating international medical graduates into the Canadian healthcare system: Challenges and opportunities. Canadian medical association journal ,192(8), E189-E195.
- From International medical graduate (IMG) to Canadian resident. Professional association of residents in Alberta : Dr. Jennifer Garcia, <https://www.para-ab.ca/publications-resources/blog/recent/from-international-medical-graduate-img-canadian-medical-resident-83/>