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A qualitative study of the international medical graduate and the orientation process

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This article has been peer reviewed.

Introduction: International medical graduates (IMGs) play an important role in physician resource planning in many countries and are heavily relied on to fill vacancies in underserved communities. New IMGs may experience difficulty with understanding how medicine is organized in new countries. Effective orientation processes can assist new IMGs in making successful transitions to medical practice in their new countries, reducing professional isolation and enhancing the integration of IMGs and their families within their new communities. The purpose of this qualitative study was to explore perceptions of, and experiences with, orientation processes for new IMGs.
Methods: A stratified sample of IMGs and senior administrators of medical services from each of the regional health authorities in Newfoundland and Labrador was invited to participate in semistructured telephone interviews.
Results: Thirteen general practitioners/family physicians, 6 specialists and 4 administrators were interviewed. New IMGs need to learn about the health care system and the peculiarities of the specific practice context in which they will be working. Orientation needs to include opportunities for reflecting on one's own cultural biases and for learning about the cultural background and beliefs of a new patient population. Mentoring and effective integration within the community also emerged as important components of effective orientation processes.
Discussion: Our findings suggest that orientation processes for new IMGs must be attentive to both professional and personal needs, comprehensive, multifaceted and sustained. Orientation that is responsive to the various needs of new IMGs and their families may contribute to enhanced retention.
Conclusion: Effective orientation processes are an important means of reducing professional isolation and supporting new IMGs in the transition to medical practice in their new communities.

Introduction : Les diplômés de facultés de médecine étrangères (DFMÉ) jouent un rôle important dans la planification des effectifs médicaux dans beaucoup de pays et on compte énormément sur eux pour combler des postes vacants dans les communautés mal desservies. Les nouveaux DFMÉ peuvent avoir de la difficulté à comprendre l'organisation de la médecine dans un nouveau pays. Des processus efficaces d'orientation peuvent aider les DFMÉ à réussir le passage à la pratique de la médecine dans leur nouveau pays, réduisant ainsi l'isolement professionnel et améliorant l'intégration des DFMÉ et de leur famille dans leur nouvelle communauté. Cette étude qualitative visait à explorer les perceptions des processus d'orientation des nouveaux DFMÉ et leurs expériences à cet égard.
Méthodes : On a invité un échantillon stratifié de DFMÉ et de cadres supérieurs de services médicaux de chacune des régies régionales de la santé de Terre-Neuve et Labrador à participer à des entrevues téléphoniques semi-structurées.
Résultats : On a interviewé 13 omnipraticiens-médecins de famille, 6 médecins spécialistes et 4 administrateurs. Les nouveaux DFMÉ doivent être renseignés sur le système de santé et les particularités du contexte où ils travailleront. L'orientation doit inclure des possibilités de réfléchir à ses propres préjugés culturels et de s'initier et aux

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antécédents culturels d'une nouvelle population de patients. Le mentorat et une bonne intégration dans la communauté sont aussi apparus comme des éléments importants de processus efficaces d'orientation.
Discussion : Nos constatations indiquent que les processus d'intégration des nouveaux DFMÉ doivent être attentifs aux besoins tant professionnels que personnels, et être complets, à facettes multiples et soutenus. Une orientation à l'écoute des besoins des nouveaux DFMÉ et de leur famille peut contribuer à améliorer le maintien en poste.
Conclusion : Des processus efficaces d'orientation sont un moyen important de réduire l'isolement professionnel et d'aider les nouveaux DFMÉ à effectuer la transition vers la pratique de la médecine dans leur nouvelle communauté.

INTRODUCTION

Many countries depend on a regular supply of international medical graduates (IMGs) or doctors trained overseas to join national medical workforces.[1,2] In Canada, designation as an IMG refers to the place of medical education and the term refers to a physician who received a medical degree outside a Canadian medical school (accredited by the Committee on Accreditation of Canadian Medical Schools), or outside a US medical school (accredited by the Liaison Committee on Medical Education).[3] An IMG may be

- a Canadian citizen or permanent resident who went abroad to study medicine;
- a Canadian citizen or permanent resident who studied medicine abroad before immigrating to Canada;
- a citizen of another country who studied abroad and is visiting Canada temporarily to study, teach or do research; or
- a citizen of another country who studied medicine and lives abroad.[3]

An IMG may also be referred to as a foreign medical graduate, an internationally trained physician, a foreign-trained physician, a foreign medical doctor, a foreign-trained doctor, an internationally trained medical doctor or a physician practising outside of Canada.[3] These physicians may also have a wide range of backgrounds. They may

- have several years of independent practice experience in their country;
- have just recently completed medical school;
- have completed a residency training program;
- have gone directly into practice with no requirement for a residency;
- be from a country with a medical education system similar to Canada's; or
- be from a country whose medical education system is very different from Canada's.

Each province or territory in Canada has responsibility for the regulation of the practice of medicine in its respective jurisdictions. As a result, the process for registration to practise medicine in Canada varies from each province or territory for IMGs. This licensure process has many stages and can seem complex to those not familiar with the Canadian approach. Depending on the province or territory, licensure may involve the following:

- a series of exams (eligibility, program selection, qualifying, certification);
- language proficiency tests;
- credentialing;
- postgraduate training and assessment;
- return-of-service agreements (practising in an underserviced community for an agreed upon period of time).[3]

In the province of Newfoundland and Labrador the shortage of physicians is particularly problematic in rural communities, and IMGs represent an important resource for bridging this shortfall.[4] In 2005 alone, Newfoundland and Labrador provided new employment sponsorship to about 100 new physicians; however, less than 50% will settle in the province for a period greater than 2 years.[4] Previous work in the area of physician retention suggests that a variety of personal, cultural, organizational and familial factors influence physicians' decisions to leave or remain.[5,6] For IMGs, immigrating to a new country means adapting to differences in disease patterns, levels of technology, treatment options, forms of health care delivery, language, culture, lifestyle, gender roles and, in some ways, status.[7] IMGs have reported feelings of alienation, anger and isolation when entering new medical workforces, and may have difficulty familiarizing themselves with the administrative aspects of a new medical practice.[8] Inadequate orientation has been cited as a real concern by new physicians establishing practices in rural communities.[9]

Grimshaw[10] suggests that current orientation models assume that a new physician can immediately jump in and be successful; however, these models don't quite work. It takes longer for new physicians to become oriented and to feel like an integral part of the practice. It has been suggested that effective orientation that builds both professional and personal relationships, and enhances understanding and integration into the new working environment is key to the retention of IMGs.[1,7] Across a number of commonwealth countries (e.g., the United Kingdom, Australia and New Zealand) there have been calls for better orientation to national health care systems and the workplace, and for improving communication with patients and other health care workers.[2,11,12] Different approaches to IMG orientation have been reported, including centralized induction courses, supervised attachments, and mentoring and peer-support programs.[2,8,13,14] The Canadian Task Force on Licensure of International Medical Graduates[15] has recommended the development of orientation programs that highlight the cultural, ethical and legal organization of medicine in Canada.

Han and Humphreys[5] suggest that what facilitates and inhibits the integration of overseas-trained doctors and their families into rural communities, and how, is not well known. Kearns and colleagues[6] suggest that the concept of "experiential place integration" is relevant to the retention of rural doctors as it highlights the relationship between a rural practitioner's strength of feeling part of a community (i.e., feeling "in place") and the degree of integration with his or her host community. According to Kearns and colleagues[6] it might be speculated that the more rural practitioners are integrated into a community, the less likely they are to leave, and hence, the greater the contribution to a positive retention rate.

The purpose of our qualitative study was to explore the perceptions and orientation experiences of IMGs who practise or have practised in Newfoundland and Labrador. Health and community services in the province are provided through 4 regional health authorities and, at the time of our study, a variety of approaches to IMG orientation were reported to exist. Staff orientation workshops are typically offered by each regional health authority throughout the year. New physicians are provided with tours of the facilities in which they will be working and medical directors often provide an overview of the regional health authority, the organization and delivery of medical services. Upon arrival, it was reported that new physicians are provided with checklists for self-directed orientation and (or) a list of scheduled appointments with colleagues and resource people in various divisions or departments. A variety of documentation is provided during orientation, including copies of relevant policies and procedures.

IMGs have also been required to participate in an orientation from the College of Physicians and Surgeons of Newfoundland and Labrador, which included information on understanding Canadian medical practice. It was reported that some regional health authorities and practice sites arranged specific orientation activities. In some instances, the IMG may have received a social/community orientation and one region reported the use of community representatives to help ease the transition into the community for the IMG and his or her family.

Within the province, the Clinical Skills Assessment and Training (CSAT) program is also available to IMGs. The CSAT program operates from the Western Memorial Regional Hospital in Corner Brook, NL, and is governed through the Professional Development Department, Faculty of Medicine, Memorial University of Newfoundland. The CSAT program is designed to assess core knowledge, skills and competencies of physicians in a general/family practice setting. It provides specific, individualized training, as prescribed by the assessment process and evaluates the effectiveness of the training through in-training evaluation and, in some situations, a reassessment. This program is regarded as a "best practice" approach to integrating orientation with clinical skills training. Physicians entering the CSAT program referred by the College of Physicians and Surgeons of Newfoundland and Labrador must be sponsored by a health authority. This sponsorship may be in the form of financial assistance for the CSAT program for which a return-of-service agreement is then required.

Audas and Vardy[16] conducted a survey of physicians who practised under a provisional licence in Newfoundland and Labrador during the years 1995 through 2004. The findings suggest that IMGs continuing to practise in the province were more likely to have reported participation in an orientation upon entering practice. Most of those reporting participation in an orientation reported they had also received an orientation to the health facilities in which they worked and to relevant policy. However, most of the IMG respondents also reported they had not received any orientation to the Canadian, provincial and (or) regional health system or orientation to the community in which they would be practising or living. Spousal orientation was also

reported as a missing component of the orientation received by most IMGs.

Effective orientation practices would appear to be an important element in enhancing retention of rural physicians. An exploration of the perceptions of IMGs and their experiences related to orientation programming is a useful step in identifying ways to improve orientation and retention strategies for new IMGs.

METHODS

A stratified sample of IMGs recruited within 24 months of the study start date and of IMGs who had relocated from their original practice location in the province to another practice location, either in the province or elsewhere in Canada, within 48 months of the study start date were invited to participate in semistructured telephone interviews. Stratification was based on the original practice location of the IMG within the regional health authority organizational structure. The goal was to recruit a sample of IMGs from across rural communities and regional health authorities within the province. Senior administrators of medical services from each of the regional health authorities in the province were also invited to participate in semistructured telephone interviews. Interview questions for IMGs dealt with specific experiences with orientation practices at professional and personal levels, as well as suggestions for improving the IMG orientation experience. Medical services administrators were asked to comment on perceptions of effective orientation practices and ways to improve orientation experiences for new IMGs. Interviews were conducted between Aug. 3, 2006, and Oct. 16, 2006, and were audiotaped, transcribed and coded using Ethnograph 7.0 software (Qualis Research). Data were analyzed using the constant comparative method[17] and ethics approval was received from the Human Investigations Committee, Memorial University of Newfoundland.

RESULTS

Thirteen family physicians and 6 specialists were interviewed, and time practising in the province ranged from 11 months to 8 years. The respondents' country of origin included countries in the regions of Africa, South Asia and the Middle East, and years of practice experience ranged from 1 to 31 years. Four senior administrators of medical services, one from each of the regional health authorities in the province, were also interviewed.

Orientation to the Canadian health system and practice context

Orientation was described as a particularly important process for IMGs and "meeting colleagues" and "touring facilities" were highlighted as important components. Orientation to the Canadian health system was identified as essential and included learning about the organizational structure, policy and procedures in which new IMGs would be practising:

> From the professional perspective, they need to know how to fit into the system and make sure that they've got all the necessary contact information to practise professionally. — Regional health authority senior administrator of medical services

Orientation to the Canadian health care system also included awareness of culturally acceptable medical practices and patient expectations. The cultural background of an IMG was believed to have a strong influence on the type of medical practices he or she was comfortable performing:

> It's part of the cultural thing ... we need to be aware of what are the types of things that these new physicians may find different in their practice, and particularly when it comes to women's health issues ... where they've come from, a lot of this is done by a female physician or a female of some other sort of health profession. So when they come here, we're coming with certain expectations and they have not done these things in their day-to-day activities. So, unless they're familiarized with Canadian culture and the Canadian system, they might not even be able to identify them because they may not see them as issues themselves. — Regional health authority senior administrator of medical services

An enhanced understanding of the population, sociocultural values and beliefs, and awareness of population health characteristics were also considered to be important components of orientation for IMGs:

> ... especially when you're talking about rural practice. It's a little bit different because there are a lot of challenges, and I didn't discover them until I actually started working; some focus should be on the local issues pertinent to that area. — IMG, general practitioner, relocated, current practice in Newfoundland and Labrador

Language and communication skills were identified as important issues to address as part of the orientation process:

> They need to understand as well the culture that they're going into. Language, in particular, has been cited as an issue sometimes, and particularly in rural areas where we have some interesting dialects and that can be a real challenge sometimes ... it's important to get a sense of what that individual's communication skills are in the orientation process. — Regional health authority senior administrator of medical services

Cultural sensitivity

Cultural sensitivity emerged as an important theme and had implications for new IMGs as well as medical and health staff with whom IMGs were working. Cultural sensitivity needed to be fostered throughout the organization, and respondents felt it was important that staff were sensitive to different cultural values and beliefs, and respected such differences through their working relationships:

> There probably needs to be some focus at some point during the year on the richness of the multicultural community that we do have in our physicians. I don't think we actually celebrate that in any way, and it may be helpful for some sort of process that recognizes, appreciates, complements the diversity that we do have and lends itself to mutual respect in a variety of cultural practices. — Regional health authority senior administrator of medical services

Mentoring

Mentoring also emerged as an important component of a responsive orientation process for new IMGs:

> I think one of the ideal things that we could do with an IMG, particularly sending them out to a rural area where they're alone and operating in a solo practice, is if there could be a way to have a buddy system and have them placed ... with another physician for a period of time, just for the introduction to the health care system in Canada. — Regional health authority senior administrator of medical services

A number of respondents discussed the importance of the provincial CSAT program as a means for new IMGs to receive such mentoring and to enhance clinical skills and understanding of the Canadian health system. Respondents with prior CSAT experience generally reported more positive perceptions of mentoring and mentoring relationships:

> I think the main thing would be the CSAT program because during that program ... it's a full program of orientation. So they walk you through different practices ... and during that time you will be with a mentor and he will guide you through the processes. — IMG, general practitioner, relocated, current practice in Newfoundland and Labrador

Orientation to community and place

Orientation to the community in which one would be living and the range of amenities and services available was identified as another important component of an effective orientation process. Information about banking, housing, schooling and recreational opportunities was identified as an important need for new IMGs. Support for spouses was also described as an important component of orientation:

> A lot of priority should be given to helping physicians and their families adjust and settle in these parts and that, of course, goes into help with schools for the kids and jobs for the spouses if they are so inclined to work and especially with housing. — IMG, general practitioner

Facilitating sociocultural connection within the community and with others from the same cultural background was also identified as an important factor in fostering integration into community and place. An administrator described the use of "community representatives" as one way to facilitate the transition for IMGs and their families:

> We arrange community linkages. We do have some community reps in various areas that will actually take physicians and families out and give them tours of the area, introduce them to the services offered with respect to day care programs for children and things like that. And we also try to link them with other members in the community, whether they're physicians or not, of the same culture, race, religion ... so they can develop a contact with their culture when they come initially. — Regional health authority senior administrator of medical services

Respondents felt it was important to include colleagues from similar backgrounds in the orientation process as well as groups that offer support for new Canadians (e.g., the Association for New Canadians).

Time for transition

Time for transition emerged as an important theme with overarching significance for orientation for new IMGs. Respondents perceived the need for more time for orientation and greater support over a prolonged transitional period for new IMGs entering practice in the Canadian health system:

> I think there needs to be some sort of transition period in which people have a chance to acquire those skills because all of a sudden they're staff and that's not a good transition for them, and I know several of us have been quite stressed with that. — IMG, general practitioner

DISCUSSION

Several prominent themes related to orientation at professional and personal levels for new IMGs emerged from our study. On a professional level, respondents felt it was necessary for new IMGs to receive relevant orientation to the Canadian health system. The influence of an IMG's own cultural beliefs on his or her medical practice as well as an understanding of the cultural background and

beliefs of the population he or she would be working with were highlighted as being important. Cultural sensitivity emerged as a significant theme and was believed to be something which needed to be fostered throughout health organizations. Orientation to the community and mentoring were also identified as important components of effective orientation. Minimizing the experience of "isolation" meant paying particular attention to helping IMGs adjust and integrate within their new communities.

Hall and colleagues[18] found that IMGs studying in Canada needed to learn about how to work in the Canadian health care system, including a better understanding of legal and ethical issues. The Canadian Task Force on Licensure of International Medical Graduates[15] has identified the following topics as being important for new IMG orientation:

- Canadian medical system;
- principles of medicare;
- provincial health care system;
- provincial health care insurance plans;
- nature and structure of national and provincial licensing and registration requirements;
- liability coverage;
- professional associations and memberships;
- practice support;
- practising medicine in Canada; and
- Canadian context of practice.

Whelan[7] suggests that some IMGs may carry a cultural perspective, including cultural biases or misperceptions. A poor understanding of cultural differences between the IMG and his or her patients and colleagues can cause distress and have a negative impact on medical practice and workplace relationships.[2,18] Orientation programs that help to facilitate cultural adjustment related to the perceived discrepancies between the culture of medicine in the country of origin and the new place of practice are important.[11,19,20] A better understanding of the English language, particularly the use of idioms, nuances and vernacular terms and the more common or ordinary terms used by patients and families is also important.[11,18]

Sociocultural integration is an important retention concern with respect to IMGs in rural communities and includes such things as the acceptance of the practitioner by the community, the spouse's happiness in the community and the availability of religious support structures.[6,21] Maintaining cultural and religious values, as well as relationships with respective ethnic communities, is important to overseas-trained doctors.[5] Carlier and colleagues[1] suggest that information on how to obtain food peculiar to the IMGs country of origin, arranging links with families from the same ethnic/religious background and support from a local mentor family can also help.

Our findings suggest that orientation processes for new IMGs must be needs-based, relevant, comprehensive, multifaceted and sustained. Different IMGs arrive with different needs, and in some instances it may be necessary to individualize specific aspects of orientation. Orientation must include information that is relevant to the type of practice in which the IMG will be working. Orientation processes must be attentive to both the professional and personal needs of the IMG and his or her family. Factors that influence physicians' decisions about locating and remaining in rural practices are often rooted in the community. Successfully integrating new IMGs into rural communities not only reduces their loneliness and isolation, but also enhances the prospects for their long-term retention.[5] Addressing community issues should be part of orientation and retention strategies, and effective integration of the community and health care into these efforts increases their success.[22] Orientation must also be approached as a process that occurs over time. During this time of transition it is important to maintain an ongoing system of support for the new IMG to ensure effective integration on professional and personal levels.

Topics that would be of practical value in orientation programming for new IMG practitioners include the Canadian health system, organization and structure of medical services within the community or region of practice, relevant rules and policies of the practice site, and cultural idiosyncrasies and language uses of the community/region of practice. Mentoring programs that enable the new IMG to be supported by a colleague familiar with the work site and the community would also be useful. As well, an emphasis on spousal and familial support to assist with integration into the community would also be helpful to new IMGs and their families.

CONCLUSION

IMGs play an important role in addressing health human resource shortages in rural communities across Canada. Effective orientation processes that address the professional and personal needs of new IMGs and their family members are important in supporting the transition to medical practice in a new country, reducing professional isolation and enhancing the successful integration of the IMG and his or her family within the community. Orientation programs that address these varied needs in a

comprehensive manner are more likely to be successful in improving retention of IMGs in rural communities.

Acknowledgements: We would like to acknowledge the physicians and senior-level administrators who participated in the interviews for this study.

Funding: This study was funded through the Internationally Educated Health Professionals (IEHP) Initiative, Health Canada.

Competing interests: None declared.

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CORRECTION

In a recent off call article,[1] Linda Johannson's email address should have been listed as ljohannson@yahoo.com. We apologize for the error.

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1. Johannson L. Very rural obstetrics. *Can J Rural Med* 2008;13:84-5.