

Experiences of non-US born International Medical Graduates in Primary Care



Robert Wood Johnson Foundation
CLINICAL SCHOLARS

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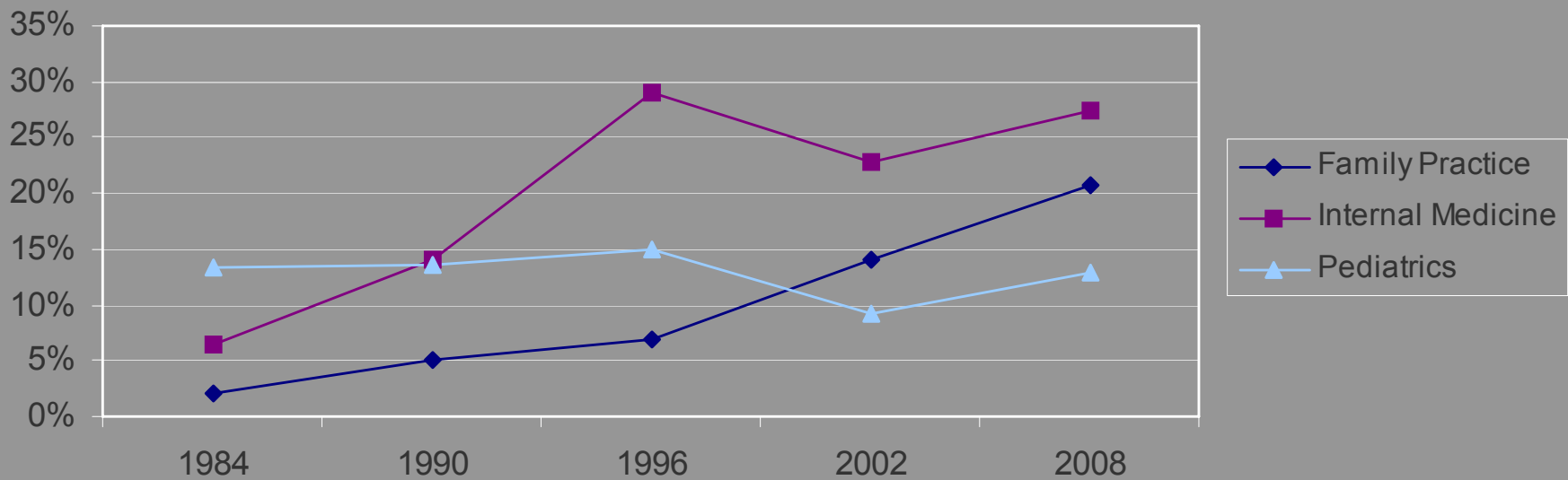


Migration



Non-US-born IMGs have a significant role in the US physician workforce, particularly in primary care fields

Non-US Born IMGs in First-Year Residency Positions



Source: NRMP Data 1984-2008

Objective

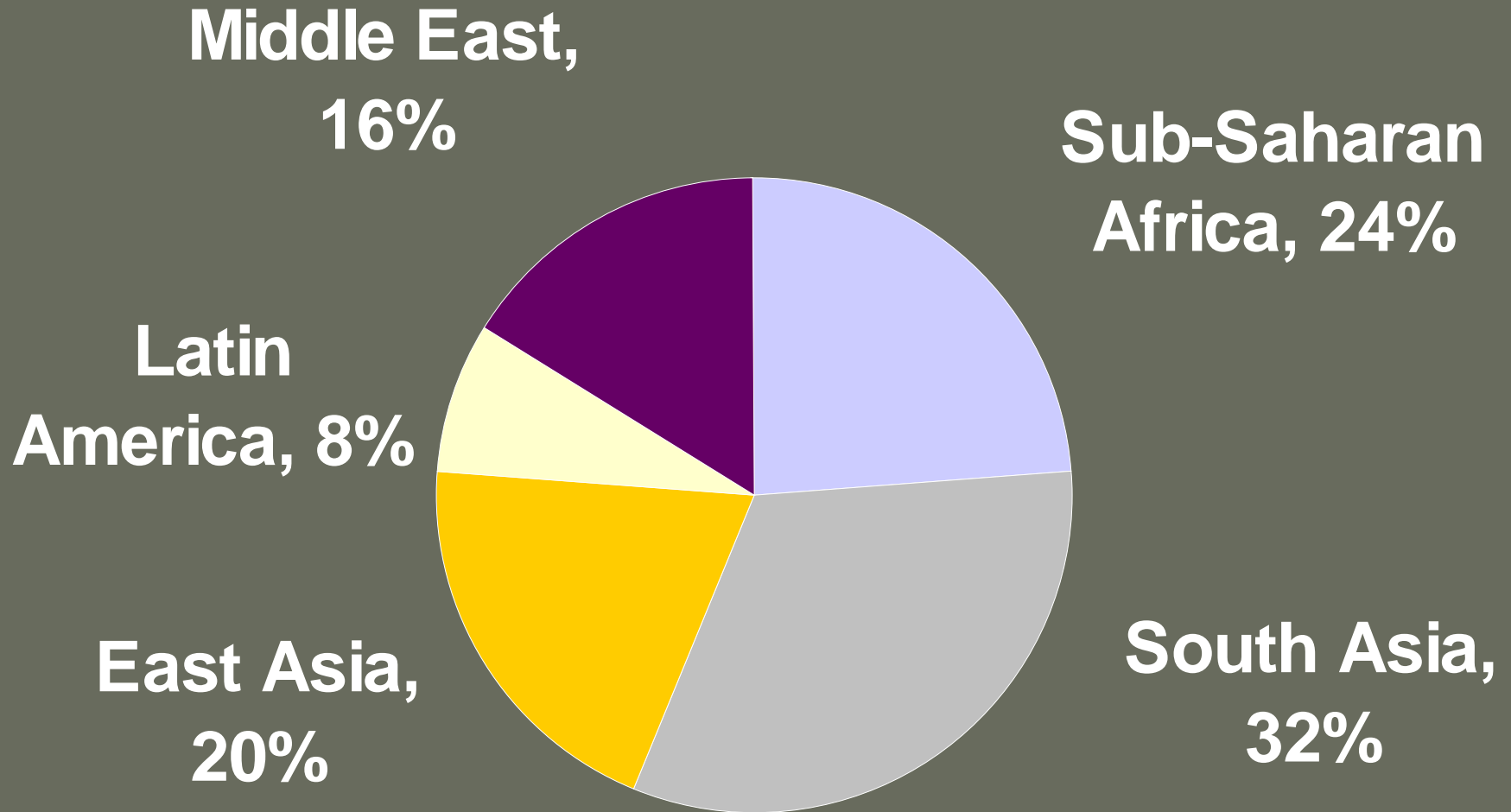
To characterize the professional experiences of non-US-born international medical graduates (IMGs) currently practicing as primary care physicians in the United States

Methods

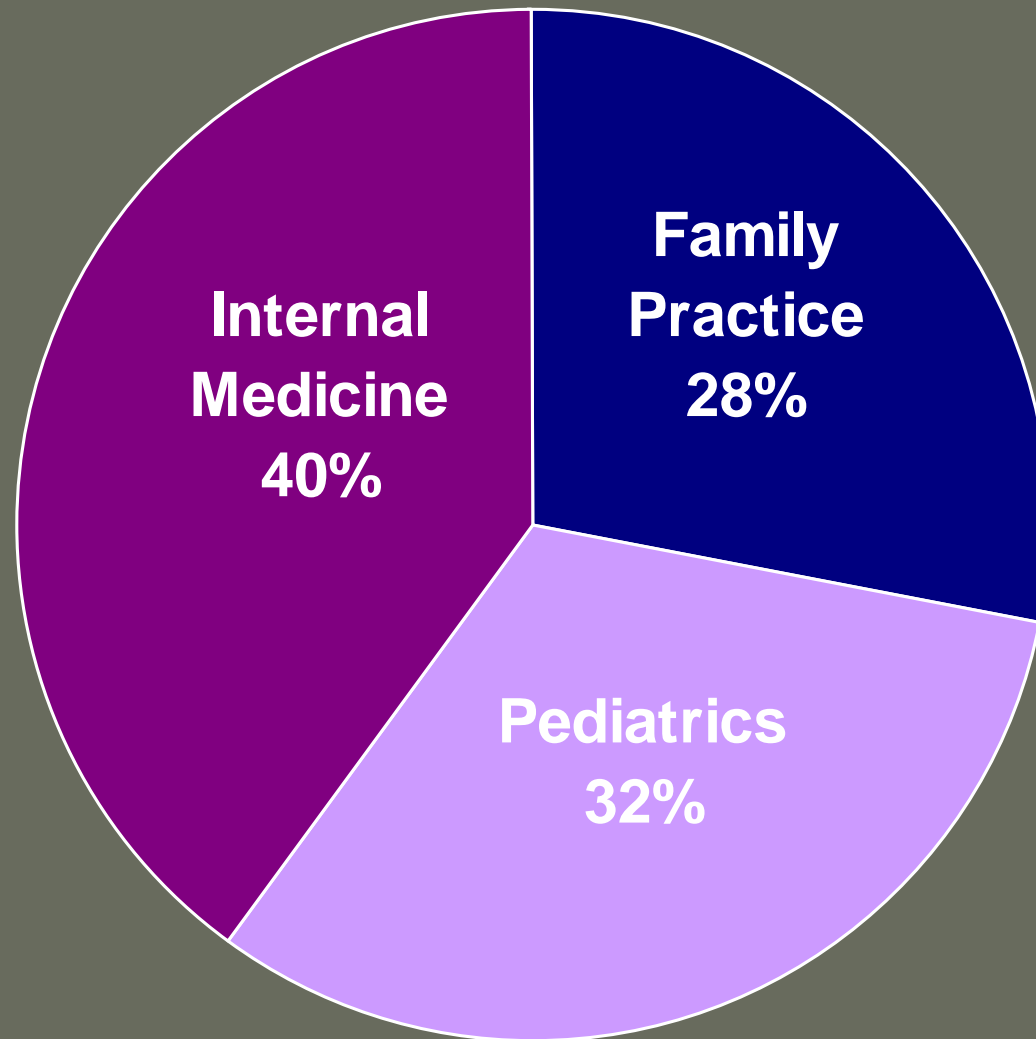
- In-depth, in-person interviews
- Currently practicing primary care physicians
 - NY, NJ, CT
- Countries with ≤ 2 physicians / 1,000 population
- Purposeful sample of key informants

Demographics

•N=25



Demographics



Analysis

- Multidisciplinary team (5 members)
- Constant comparative method
- Generate recurrent themes and hypotheses
- Facilitated by Atlas.ti software

Theme 1

- **Theme 1:** IMGs report challenges in the transition to the culture and practice of medicine in the US

Challenges in the transition

“ ... most of our cultures ... we’re very paternalistic ... we have a preformed conception of how we would like to treat the patient. And we sometimes don’t even disclose the other option that might be available ... sometimes [we] just tell them, this is how we are going to treat you. Period. And they accept it because they understand that ... you are a physician and you are trying to take be their advocate. Once you have to switch to the model in America that you have to give them extra choices and more, sometimes it is challenging.”

– Internist, Latin America

Theme 2

- **Theme 1:** IMGs report challenges in the transition to the culture and practice of medicine in the US
- **Theme 2:** Professional opportunities are limited as a result of being an IMG

Limited Professional Opportunities

“ ... even if you are accepted, you are not validated in a lot of systems ... Though you have done your residency here, your training here ... if you go into big hospitals, big organizations ... top level people [are] still not international medical people.”

- Family Practitioner, South Asia

Theme 3

- **Theme 1:** IMGs report challenges in the transition to the culture and practice of medicine in the US
- **Theme 2:** Professional opportunities are limited as a result of being an IMG
- **Theme 3:** Workplace interactions are affected by status as an IMG

Workplace Interactions

Colleagues

“Sometimes the nurses ... look at you ... because you’re a stranger. Sometimes they treat you not that nice. They kind of like feel jealous that you are coming from a third world and you are making a good living ... I don’t think patients does it but we see it from our system... hospital staff sometimes don’t look at you with respect. You can see it in their face and read it in their face.”

- Internist, South Asia

Workplace Interactions

Patients

“It is not that you ... empathize more with people from your same background, but ... sometimes you can help them better and be ... their advocate because you know how they think ... what priorities they have ... especially minorities... you can empathize sometimes how they struggle to get through ... the system, and how they are perceived. I don't think you give them special treatment, but you try to find ways to be effective.”

– Internist, Latin America

Theme 4

- **Theme 1:** IMGs report challenges in the transition to the culture and practice of medicine in the US
- **Theme 2:** Professional opportunities are limited as a result of being an IMG
- **Theme 3:** Workplace interactions are affected by status as an IMG
- **Theme 4:** IMGs report competing and sometimes conflicting duties

Duty

Burden of Representation

“You feel like... if you step out of this residency, you are just screwing it up for the person who is coming behind you... Once somebody quits or ... moves out, they say ... oh, this other one is coming from the same school, maybe they will do the same thing... But ... if you work hard ... they will say, oh, look, this one came from the school that so and so graduated from, maybe he will be the same way.”

– Family Practitioner, Latin America

Duty Ambivalence

“I still have mixed feelings. I mean I don't feel proud of myself for having left when finally the country was having a democratic election but, you know, you've got to make some decisions. So part of our heart is certainly definitely there, but brains said this is probably the right place to be.”

– Pediatrician, Sub-Saharan Africa

Duty Responsibility

“I take the chance to contribute my knowledge ... to the local Chinese community ... They have no problems in English, but ... they do have trouble with medical terms and with expressing themselves sometimes ... I see it as an obligation. We don't have a lot of Chinese doctors in this area so I try to help ... I think it is a responsibility of immigrants to find ways to be able to serve the communities that they come from.”

– Internist, East Asia

Theme 5

- **Theme 1:** IMGs report challenges in the transition to the culture and practice of medicine in the US
- **Theme 2:** Professional opportunities are limited as a result of being an IMG
- **Theme 3:** Workplace interactions are affected by status as an IMG
- **Theme 4:** IMGs report multiple competing and sometimes conflicting duties
- **Theme 5:** IMGs have experienced or can envision supportive structures and systems

Supportive Structures and Systems

“[People say] ’now we match very good because ... all the residents are American grads’. That is another way you should be more sensitive ... There are people in there who are not American grads, and they will feel bad when you say that ... you can’t stop it on the individual level ... but at least on an administration level ... they should make the foreigner feel as welcome as anybody else.”

- Pediatrician, Middle East

Themes

- **Theme 1:** IMGs report challenges in the transition to the culture and practice of medicine in the US
- **Theme 2:** Professional opportunities are limited as a result of being an IMG
- **Theme 3:** Workplace interactions are affected by status as an IMG
- **Theme 4:** IMGs report multiple competing and sometimes conflicting duties
- **Theme 5:** IMGs have experienced or can envision supportive structures and systems

Next Steps ...

- Expansion of Sample
 - IMGs working in rural areas of the country
- National Survey
 - Constructs of job satisfaction in IMGs
- Focus on Brain Drain
 - Individual-level factors

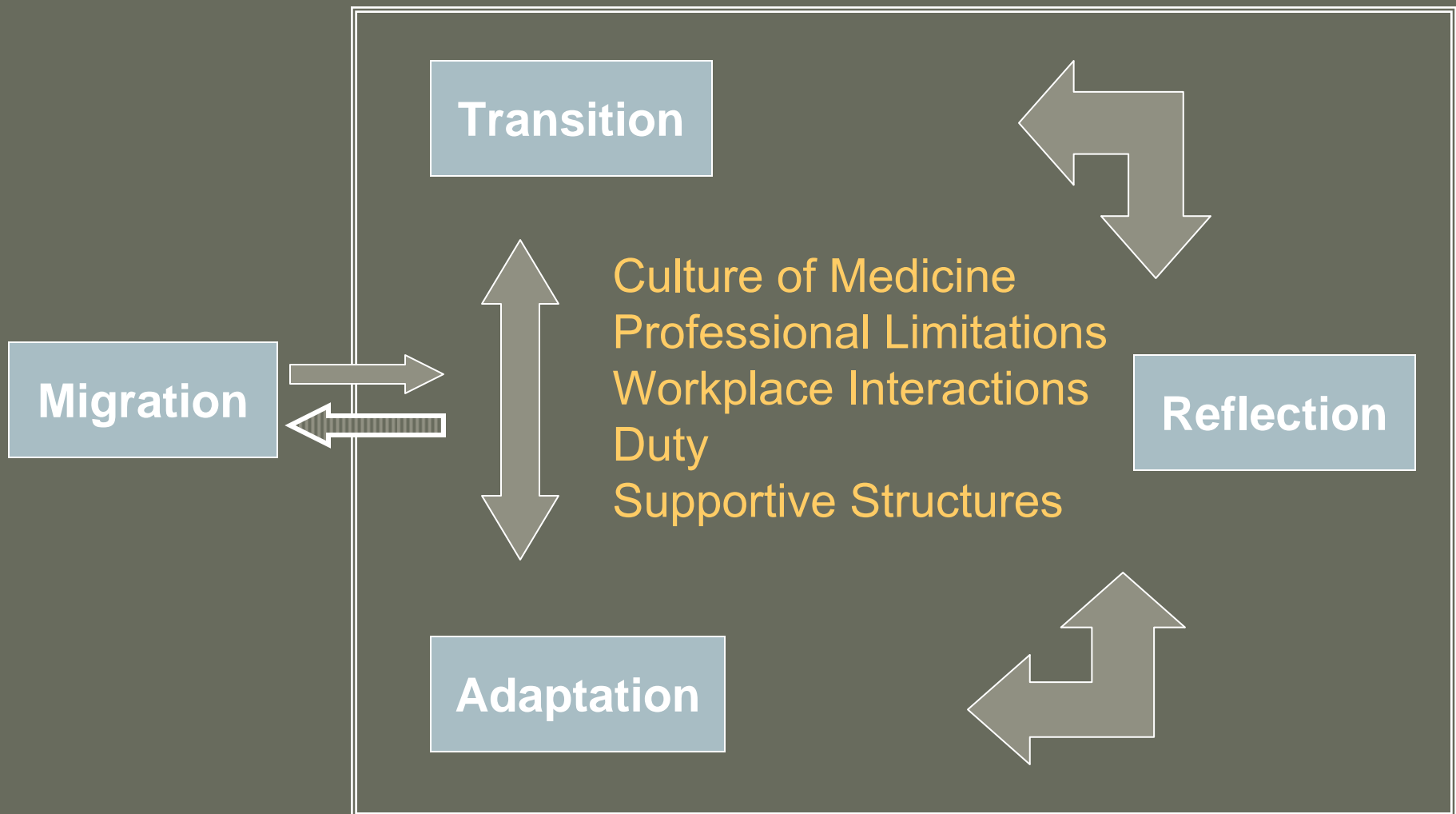


Extra Slides

Comparison with other nations

- UK, Canada, Australia depend on IMG physicians for 20-30% of physician workforce. Studies demonstrate:
 - Institutional racism
 - Perception of being exploited
 - Lack of professional advancement opportunities
- These studies have resulted in:
 - Attempts to abolish/mitigate structures enabling discriminatory hiring practices
 - Improved information on career advancement pathways
 - Codified mentoring relationships

Conceptual Model



Limited Professional Opportunities

“After my interview... _____ calls and says, look ... they are going to interview an American, so you know what, you had better pray ... if an American wants the job, you know you can forget about it. That’s the official way.” – Pediatrician from Sub-Saharan Africa

Challenges in the transition

“... just the way you interact during an interview is different ... if you're a professor and I'm sitting here interviewing with you, looking up in the eyes is actually not too respectful ... you always have to keep your eyes down. Here it would be interpreted as, this guy is hiding something ... It would be interpreted in a different way and that immediately disqualifies you”

– Family Practitioner, Middle East

Duty

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Interview Guide

- Tell me about your experiences working in the United States as an IMG physician
- Could you talk a little about sources of support during training and throughout your career?
- How are your professional relationships (with patients, other physicians, support staff) affected by your status as an IMG physician?

Interventions: lessons from the UK

- IMGs reported financial/emotional hardship
 - Long periods of unemployment
 - Inability to register with the General Medical Council (GMC) prior to obtaining a posting
- October 2007, changes in the GMC
 - Automatic registration after passing appropriate exams