The Risks and Benefits of a Medical Education Abroad

BY DAWN ANTOLINE

For me, foreign medical school was my only option," said William Clark, MD. "I didn't want to go for a masters degree. I'd met a few people who had gone to medical school abroad, and they were pretty successful, so it seemed like a realistic opportunity for me."

When Dr. Clark was not accepted to any of his US medical school choices, he applied to—and was accepted at—the American University of the Caribbean, where he earned his MD.

"Getting exposed to different medical systems and hospitals was probably the best part of my medical education. I studied two years in the Caribbean and a year in London."

Students in Dr. Clark's position are increasingly turning to foreign schools for training. This trend is reflected in the percentage of US citizens applying for residencies in this country as international medical graduates (IMGs): 22 percent of applicants in 2001 as compared to 6 percent in 1996. Additionally, the number of US citizen IMGs has increased 172 percent in the past six years.¹

However, the varying quality of foreign medical schools, IMGs' low overall pass rate on the US certification exams, and the limited number of US residencies available result in a 30 percent success rate of becoming a practicing US doctor.² As more US students attend foreign medical schools, the quality of those schools will have an increasing impact on the US physician pool.

Why the Trend Toward Foreign Medical Schools?

A principal attraction of foreign medical schools is that they are less selective than US schools. Each year, over half of all applicants to US medical schools are not accepted.³ As a result, many turn to foreign medical schools, which accept many students who are not accepted at US schools.

There is, of course, a trade-off. Although costs vary by school, foreign medical education can be more expensive than a public medical education.
in the United States, and only limited federal aid is available.²⁴

Living outside the United States can also provide a culture shock. “A lot of the schools are located in developing countries, so you have to live without all the modern conveniences,” said Dr. Clark. “At my school, the weather was bad, often hot, and to get there, we had to fly on little commuter airlines.” However, he frames this as a character-building experience. “I am more able to handle crises and hardships in general,” asserted Dr. Clark.

Compounding these challenges is the lack of a central accrediting entity or a standard international curriculum, which results in a mixed level of educational quality at foreign medical schools. This directly affects the IMG’s chance of becoming a physician. For instance, although Ross University, located in Dominica, and St. George’s University, located in Grenada, post USMLE step 1 pass rates of 82-92 percent and 94 percent, respectively, for first-time test takers, the average IMG USMLE pass rate for first-time test takers was only 65 percent in 2000.³⁷

**Overcoming Accreditation Obstacles**

U.S. residency and fellowship programs require IMGs to be certified by the Educational Commission for Foreign Medical Graduates. This includes successful completion of parts I and II of the USMLE, the Clinical Skills Assessment (CSA), and an English language proficiency test, as well as verification of certain medical education criteria. The USMLE is offered worldwide, and is also required of US graduates.

However, the CSA, added to the list of requirements in 1998, sparks controversy. It was implemented to complement US curriculum changes emphasizing clinical skills training. It costs $1,200, is only offered in Philadelphia, and is currently required only of IMGs, many of whom wonder why US students are exempt from clinical skills testing.

“I think US graduates would have a lower pass rate than most of the foreign students,” said Dr. Clark. “Typically, the clinical skills of those trained abroad are superior to those of the US students...because they don’t have the technology that we have here to diagnose a lot of things.”

However, the Federation of State Medical Boards and the National Board of Medical Examiners just authorized the addition of the clinical skills exam to the USMLE, and it is expected that this change will be instituted within two years. Standardized patients will be used for this exam.

David Stevens, MD, co-secretary of the Liaison Committee on Medical Education (LCME), the accrediting agency for programs of medical education leading to the MD in the United States, believes the CSA and the standardized patient examination are both steps in the right direction. “They are important additions to the whole assessment picture for students and residents,” said Dr. Stevens, who is vice president for the AAMC’s Division of Medical School Standards and Assessment. “The next step might well be the assessment of some of the ‘softer’ competencies, such as communication, professionalism, and the ability to function well in a team.”

**The Citizen Controversy**

Despite its difficulties, this path to a medical education is taken by an increasing number of US students each

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Even Higher Hurdles: When Both Your MD and Passport Are from a Foreign Country

In the 1950s, several laws were passed allowing international medical graduates (IMGs) to fill empty medical training slots in the United States. Since that time, IMGs have continued to apply for US residencies and training, despite the difficulties involved. Here are just a few of the challenges non-citizen IMGs face:

Obtaining a visa
The J-1, or traditional student visa, requires students to return to their native country for at least two years following their training or to work in an HHS designated "health professional shortage area."

The H-1B visa, originally intended for foreign professionals with exceptional abilities, was altered in 1990 to include foreign medical students, and has no service requirements.

Obtaining a residency
In 2001, over 5,000 non-citizen IMGs applied for residencies in the United States; only 45 percent found residencies through the National Resident Match Program. Fifty-two percent of the 1,999 citizen IMG applicants, and 94 percent of the 14,621 US-trained allopathic medicine applicants found matches through the same program.

Differences in training
Many foreign countries have a hierarchical educational system, where the student asks few questions and interacts minimally with the teacher. In contrast, US residencies rely on interaction, participation in discussions, and question-asking. IMGs not used to this system can be perceived as less able to participate in group discussions, and may not ask questions when they misunderstand.

Language barrier
Even though they speak English, IMGs are often unfamiliar with idioms, slang, and other socialized language not taught in traditional English courses. Furthermore, some medical terms often used in the United States, such as “DNR” and “living will,” may not be common in an IMG’s native country. Finally, body language, which differs greatly between cultures, is a significant part of communication between the doctor and patient, but is hard to teach and requires careful observation to learn.