



# International Medical Graduates Within the Canadian Cultural Medical Context

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## Introduction

- International medical graduate (IMG) residents are a heterogeneous group of learners with distinctive ethnic, religious, and cultural backgrounds.
- IMG residents come from various countries with differing medical education standards, societal values, and professional codes of conduct.
- Research is lacking on the strengths and challenges that IMG residents encounter when transitioning to the medical culture of Canada.

## Purpose

To examine the strengths and challenges that IMG family medicine residents encounter in becoming culturally competent within the Canadian medical context, as perceived by those who teach and work with them.

## Methods

### Design

Qualitative, exploratory study employing focus groups and interviews.

### Participants

- Academic and community-based family physicians involved in training IMG residents.
- Allied health care professionals (nurses, quality coordinators, clinic staff, etc.) working within the family practice setting.
- Family medicine residents (Canadian graduates and IMGs).

### Setting

Departments of Family Medicine at the University of Alberta and University of Calgary.

### Focus Groups and Interviews

- Separate focus groups were conducted with academic/community-based family physicians, allied health professionals, Canadian-graduated family medicine residents, and IMG family medicine residents.
- Interviews were conducted with those who were unable to attend the focus groups.
- All focus groups and interviews were audiotaped and then transcribed by a professional transcriptionist.

### Data Analysis

Thematic analysis was conducted by four of the study investigators who independently analyzed each transcript by coding and identifying themes. The group met on a regular basis and reached a consensus on the themes.

### Ethics

The study was approved by the Health Research Ethics Board (Health Panel) at the University of Alberta and the Conjoint Health Research Ethics Board (CHREB) at the University of Calgary.

## Acknowledgements

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## Results

27 study participants: • 10 family physicians • 2 IMG residents  
• 13 allied health professionals • 2 Canadian-graduated residents  
6 focus groups and 7 interviews were conducted

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### Strong Clinical/Medical Knowledge and Experience

- Possess previous clinical training and practiced as specialists
- Knowledgeable about infectious diseases and tropical medicine

*"A lot of IMGs are coming from diverse backgrounds where they've had significant patient care experiences. They've seen a lot of conditions at a different part of illness spectrum than many Canadian physicians..."*

### High Education Level

- Highly educated, multiple degrees
- Specialist knowledge
- Canadian preceptors learn from IMG residents

*"I've worked with a number of IMGs that were anesthesiologists, one was an infectious disease doctor, one was a surgeon and one was an emerg doctor back in their home country."*

### Richness of Cultural Perspective

- Speak multiple languages
- Aware of different cultural perspectives
- Compassionate and understanding to minority groups and underserved populations

*"And then there's that little lady who speaks their language that for the first time she's so excited, she can actually tell them everything she wants them to know. So that's a huge strength when you have a resident with their same language...That is kinda nice."*

### Positive Personal Strengths

- Bring their life experience, knowledge, skills and maturity to clinical practice
- Determined, confident and hardworking individuals

*"...who tend to be older and tend to have families, tend to have children, especially in the family medicine context, tend to understand that. Also, they will understand relationships and families and that sort of thing..."*

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### Language/Communication

- Lack of fluency in the English language, heavy accents
- Grammar/spelling challenges
- Nuances of the English language not readily understood
- Difference in norms of speech volume and tone
- Differences in the use and expression of humor
- Eye contact
- Medical jargon, medical slang, medical abbreviations/acronyms

*"...[some] are so soft-spoken, you combine that with the accent and then they don't make the good eye contact, it's a huge challenge to really figure out what they're saying, both from a colleague perspective or a patient perspective."*

### Cultural Differences

- Differences in gender roles
- Challenges with working in multidisciplinary teams
- Non-essential touching of opposite sex may not be permitted (handshaking)
- Personal/individual space
- Boundary issues (gift giving)
- Limited cultural competency skills

*"...we have people who will not shake hands with patients, so male physicians who won't shake hands with women, women physicians who won't shake hands with males."*

*"They're very giving...wanting to give you gifts. As Canadians, I'm not used to that."*

### Personal Struggles

- Financial pressures, stress of writing Canadian exams
- Some loss of professional identity/confidence
- Limited or no extended family support
- Issues related to later stages of life

*"I think IMGs too, the hoops that you have to jump through...it's such a huge financial toll in terms of not just the exams..."*

### Clinical Practice Challenges

- Tend to look for diagnoses that are rare in Canada
- Knowledge/training in caring for the opposite sex may be lacking
- Lack of exposure to LGBT patient population
- Cultural differences toward mental health issues and lack of prior exposure to patients with mental health conditions
- Differences in names and types of diagnostic tests, procedures, medications

*"...first rotation assigned was obstetrics...on that first night in obstetrics he was on call and he called the friend who was not on call...he was in tears saying he did not know what to do, he'd been sent into the delivery room ... and he had never even seen a lady with her clothing off and here he was expected to do a delivery."*

### Learning Challenges

- Self-directed learning and critical thinking challenges
- Some areas of clinical and procedural deficiencies
- Unwilling to question or challenge preceptor/supervisor
- Uneasy with receiving feedback on performance
- Limited computer/IT skills
- Informed decision making by patients
- Different ethical norms

*"...often they've been taught a lot of...memorization and much less around critical thinking..."*

*"The style of many medical training systems abroad is...so hierarchical that you end up not caring to either question what is said...or ask a question of someone that's teaching you, and you're expected just to watch and not touch."*

## Conclusions

- IMG family medicine residents bring the strength of diverse perspectives and experiences.
- When transitioning into the Canadian medical context, IMG family medicine residents are perceived to face a broad range of challenges, including those related to cultural differences between their home country and western culture.
- An understanding of these challenges can facilitate the development of teaching resources to make the transition easier.