



Wellness Needs of Residents From Different Cultures

The Forum
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WVU and UND Presenters



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Outline

- Review of IMG literature
- BREAK OUT GROUPS (Challenges)
- Address IMG wellness challenges
- BREAK OUT GROUPS (Solutions)
- Address IMG wellness solutions
- Final discussion

Presentation Objectives:

- **Attendees will be able to:**
 - 1. Identify specific IMG challenges that affect physician wellness
 - 2. Identify the 3-phase model of adaptation and how these may be affected by a variety of issues
 - 3. Identify strategies for assessing the needs of IMGs
 - 4. Identify specific methods to assist IMGs with adaptation to residency and community

Welcome to West Virginia and North Dakota!



Demographics

	United States	West Virginia	North Dakota
Total Population:	311,591,917	1,855,364	683,932
White	78.1%	94.1%	90.40%
African American	13.1%	3.5%	1.30%
Native American	1.20%	0.2%	5.50%
Asian	5.0%	0.7%	1.10%
Pacific Islander	0.20%	0.0%	0.10%
Bi-Racial	2.3%	1.40%	1.70%
Hispanic/Latino	16.70%	1.30%	2.20%

2010 Census Data - <http://quickfacts.census.gov/qfd/states/54000.html>

WVU Family Medicine Residents



Area of Origin

Egypt – 1

Illinois - 1

India – 4

Iran – 1

Libya - 1

Pakistan - 2

Philippines – 2

West Virginia - 6

Current UND-CFM Minot Residents



Area of Origin

Canada – 3

Guernsey - 1

India – 9

Malaysia - 1

Nepal – 2

Syria – 2

Since 2000

Of 77 residents, 35%
US (1/5 Native
American), 65% IMG
representing 14
countries



Pertinent Literature on Wellness

Literature Review

- International Medical Graduates (IMG)
 - Fulfill an important role in medicine and particularly in primary care professions
 - More likely to enter PCP practices than specialty care practices
 - Estimated 25% of PCP positions are held by IMG's
 - Since 2007, estimated 49-51% of FM residency positions have been filled by IMG's
- The psychological impact of adjusting to a different culture can have negative consequences
 - Personal: New community/society
 - Professional: New medical community
- Wellness needs (personal growth and personal self-care) are often secondary to their role as residents and are often neglected

3 Phase Model of Adaptation

- **Loss:**

- Personal: Personal identity, financial autonomy, ability to fulfill family roles, sacrifices
- Professional: Professional identity, status

- **Disorientation:**

- Personal: Feel like outsiders, unsure about social relationships and peers/supervisors
- Professional: Redefinition of role within new medical setting, new status in medical hierarchy overall, different approaches to treatment, different ethic and legal expectations, different organizational systems (medical records, insurance, etc.)

- **Adaptation:**

- Personal: Blend in with new culture, develop new friendships and activities
- Professional: Stay out of trouble, cognitive reframing (good learning, necessary to achieve long-term goals)

3 Phase Modal of Adaptation

- IMG's identification of key points for success:
 - 1. Support from designated faculty mentors for IMG's
 - 2. Peer support from other IMG's in training
 - 3. Sufficient time spent in the training program

Definition of Wellness?

- Wellness is defined differently by everyone.
 - What is your definition of wellness?
- Merriam-Webster:
 - The quality or state of being in good health especially as an **actively sought goal**
<lifestyles that promote *wellness*>
- How could this definition be even better?

Literature Review: Wellness challenges

Personal:

Loneliness

Social isolation, few social supports

Discrimination

Concerns for family members at home,
decreased contact with family

Decrease in social status

Lack of financial resources

Misinterpretation by others

Verbal and non-verbal language deficits

Dietary restrictions and lack of access to
specific foods

Clothing issues

Transportation issues

Difficulty asking for assistance

Professional:

Individualistic vs collectivistic
cultures

Rigid hierarchical medical training

Electronic medical records

Lack of knowledge/experience with
physician/patient relationship in US

Differences in medical training and
skill level



Specific Challenges

Small Group Activity

- Please break up into groups and assign a note-taker
- Generate a list of potential challenges to the wellbeing of our IMGs.

Challenges: Communication

- For most IMGs, English is a second language
- Medical education likely occurred in English but they may have difficulties with less formal English language skills
- Furthermore, regional idioms, dialects, variations in pronunciation, accents, and intonation complicate less formal English language skills
- Sarcasm may be misinterpreted as seriousness
- IMGs may try to use these less formal English language skills but have difficulties using them appropriately without guidance

Challenges: Discrimination

- IMGs often encounter discrimination in professional and public realms
 - Patients, colleagues, and supervisors
- Discrimination occurs overtly and covertly
 - Ranging from racial and ethnic slurs to private conversations
- Discrimination occurs within a context of knowledge deficit from others
 - Assumptions made based upon region, gender, religion, etc.
- Religious discrimination

Challenges: Religious/Faith

- Lack of access to places of worship locally
 - Regular celebrations (daily, weekly)
 - Major celebrations (annually)
- Difficulty accessing places of worship at appropriate times due to call schedule
- Difficulty celebrating religious views publically
 - Clothing, dietary, etc.
- Lack of transportation to places of worship

Challenges: Social Skills

- Differing social expectations
 - Based upon class standing, gender, etc.
- Differing mannerisms:

Verbal:

Appropriate and non-appropriate
topic areas

Expressing empathy

Polite ways to make requests and
express gratitude

Timing of issues/topic areas

Sharing talk-time, verbal
reciprocity, not overtalking, etc.

Variability in tone and quality, clear
voice, inflection, loudness, etc.

Non-verbal:

Eye contact and smiling

Proximity to others, personal space

Shaking hands

Monitoring non-verbal reactions

Difficulty understanding others
non-verbal cues

Head nodding, leaning in to person,
open body posture, welcoming
stance, standing straight

Appropriate gestures

Challenges: Support Network

- **Personal:**

- May have left families behind in country of origin
- Limited contact with families due to work responsibilities and time conflicts
- Possible family hardships
- Have not developed social relationships locally
- May have difficulty with development of peer relationships
- May become isolated/withdrawn from others
- Family demands regarding marriage and childbearing

- **Professional:**

- Uncertain of professional boundaries
- Difficulty navigating the development of collegial relationships



Challenges: Faculty and Professional Issues

- Attitudes towards pain management
- Precepting challenges
- Provider/patient relationships
- Documentation, insurance, and litigation

Challenges: Conflict

- Conflict management difficulties
- May perceive conflict differently given home country medical hierarchy and fewer medical teams
- Poor peer/supervisor negotiation skills

Challenges: Intrapersonal and Practical

- Having to care for oneself for the first time.
 - Cooking, laundry, housework
- Disconnect from familiar culture
 - Food, music, smells, entertainment
 - Feeling like ones culture is not valued
- Practical Challenges
 - Social security card, credit to get an apartment or buy a car
 - Driving/public transportation



Specific Solutions

Small Group Activity

- Please break back up into your groups and come up with a list of potential solutions – your group will be assigned two of the following:
 - Communication
 - Discrimination
 - Social Skills
 - Professional Issues
 - Conflict
 - Intrapersonal and Practical Challenges
 - Support Network



DISCUSSION

Solutions: BEFORE arrival

- **Ask IMG residents what would be helpful and then locate these services for them:**
 - **Social Security Office**
 - Religious places of worship
 - **Ethnic food market locations**
 - Clothing stores
 - **Motor vehicle office**
 - Developing credit
 - **Housing**
 - Local cultural clubs/organizations
 - **Email communications with big buddies early**
 - Banking
 - **Visas, embassy's**

Solutions: UPON Arrival

- **What can you do to help them WHEN they arrive:**
 - Ask them to arrive early so they can learn their way around town
 - Pick them up at the airport!
 - Help them move in to their residence
 - Drive them to places to get basic needs
 - Host a dinner at your house to welcome them – make foods from their region
 - Grant them leeway as they transition

Solutions: AFTER Arrival

- Build time into orientation for them to complete personal needs and not just professional needs
- Help get them to places they need to be
- Include throughout orientation the importance of maintaining wellness and suggestions on how to accomplish this need, get them to brainstorm how to accomplish this personally
- Increased contact with faculty advisor who can address these specific wellness needs
- Conduct specific needs assessments
- Allow them time to adjust (and maybe a little leeway during this time?)

Solutions: Communication

- Offer a crash course in national and regional slang
- Encourage residents to speak and learn less formal English language skills
- Course in English as a medical language
 - Also incorporates less formal ways patients describe symptoms
- Start a movie night and review slang, intonation, sarcasm, etc.
- Offer English as a Foreign Language (EFL) classes if desired by IMG
- Provide accent reduction strategies (speak slower, more clearly, inject humor into everyday interactions, substitute terms)

Solutions: Discrimination

- Ask them how they would like to be supported!
- Education to patients and others regarding IMGs qualifications
 - Brag session!
 - Discuss CV's, training, research, publications, etc.
- Provide psycho-social counseling to IMG's on a regular basis

Solutions: Social Skills

- Provide direct, specific, and immediate feedback coupled with the purpose of the feedback – to **HELP!**
- Offer monthly presentation on medical social skills
 - Patients, peers, support staff, and attendings
- Stress and teach the importance of non-verbal communication skills
 - Eye contact, body position/stance, head nods, etc.
- Encourage resident involvement in social events

Solution: Support Network

- Personal:
 - Encourage them to see their families as much as possible
 - Encourage them to join a local group for fun and socialization
- Professional:
 - Support group specifically for residents from different cultures to assist with work and non-work related issues
 - Expand beyond immediate residency to entire hospital?
 - Encourage entire team to organize for fun!

Solution: Conflict

- Address conflict early – don't let it fester!
- Approach conflict as an opportunity to grow
- Teach peer/supervisor negotiation skills
- Teach self-evaluative skills that leave the relationship intact if not enhanced

Solutions: Faculty and Professional Issues

- Faculty mentor IMG bootcamp for advisors prior to mentee's arrival
- Not all IMG's are the same and they will have different needs and levels of acculturation
- Not all will ask for assistance when needed, you may have to continuously ask or monitor and let them know you are concerned
- Increased contact early on in training and more frequent opportunities for feedback with specific suggestions for altering behaviors



Solutions for intrapersonal and practical

- Make connections with a bank, develop plan to help residents with practical issues
- Talk about self and home care, cooking, etc.
- Encourage connection with other residents and community cultural groups.



WVU Solutions

WVU Solution: Orientation month

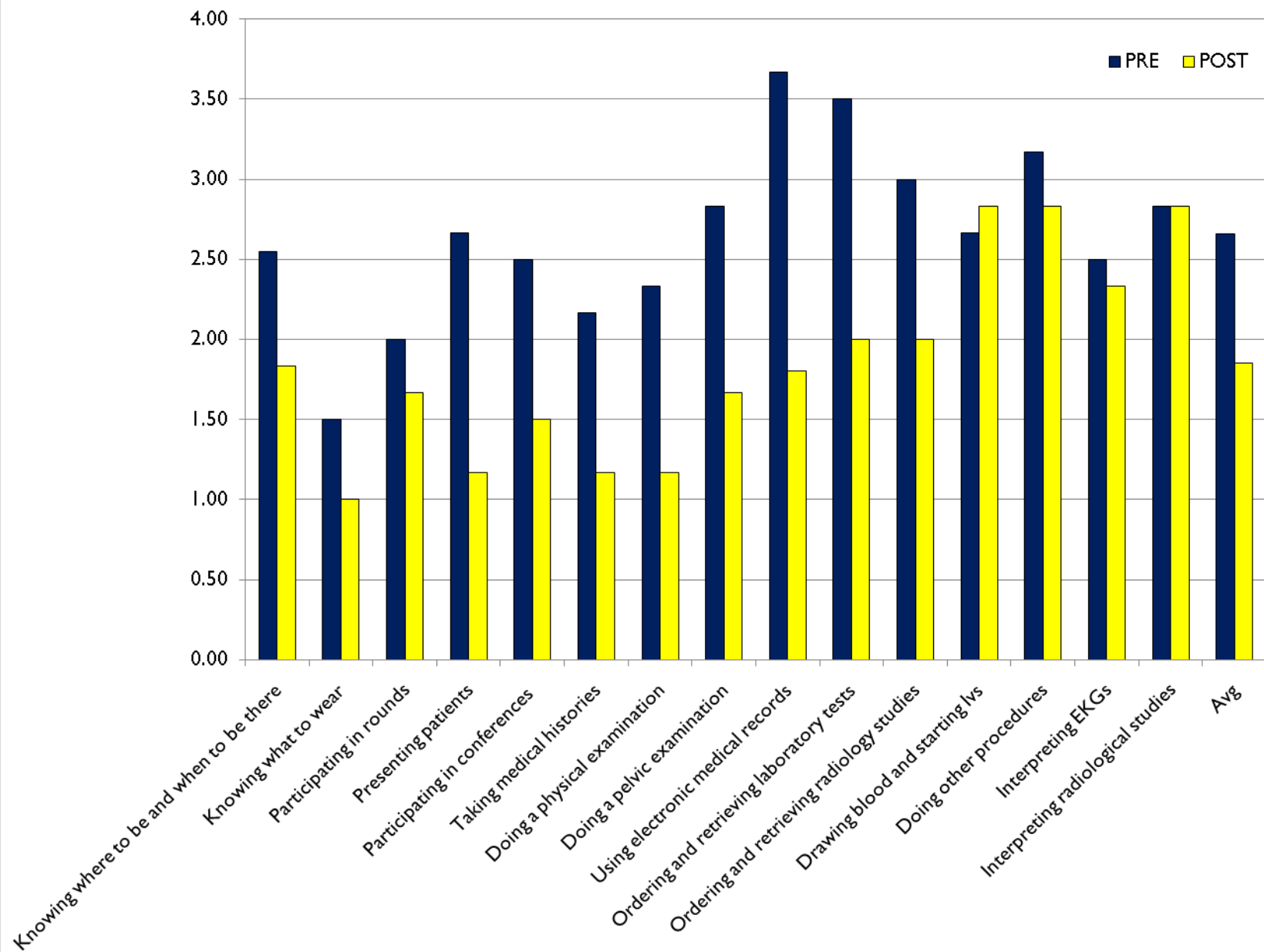


- Didactics
- Simulation workshops
- 1/2 day Wellness retreat
- 1 day off site for team building and WV hx
- Scavenger hunt
- Inpatient/Clinic
- Electronic health records
- Home visits
- Street rounds

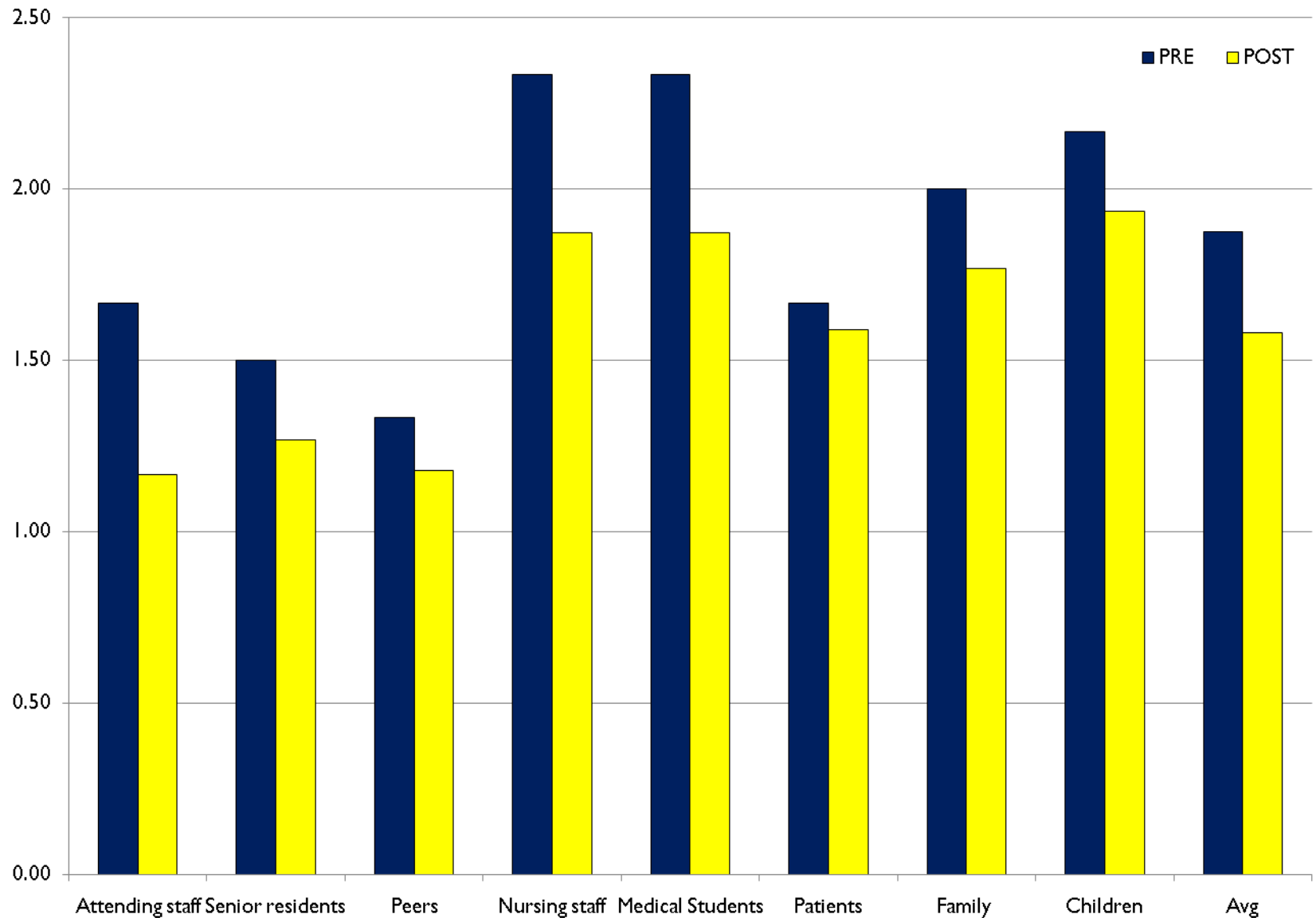
Resident Self-Assessment

- Describe assessment and training
- Scoring:
 - 1 = I have **no** questions of concerns
 - 2 = I have **some** questions or concerns
 - 3 = I think I am **comfortable** with this area
 - 4 = I have **significant** concerns and questions
 - 5 = I am **very** concerned about this area

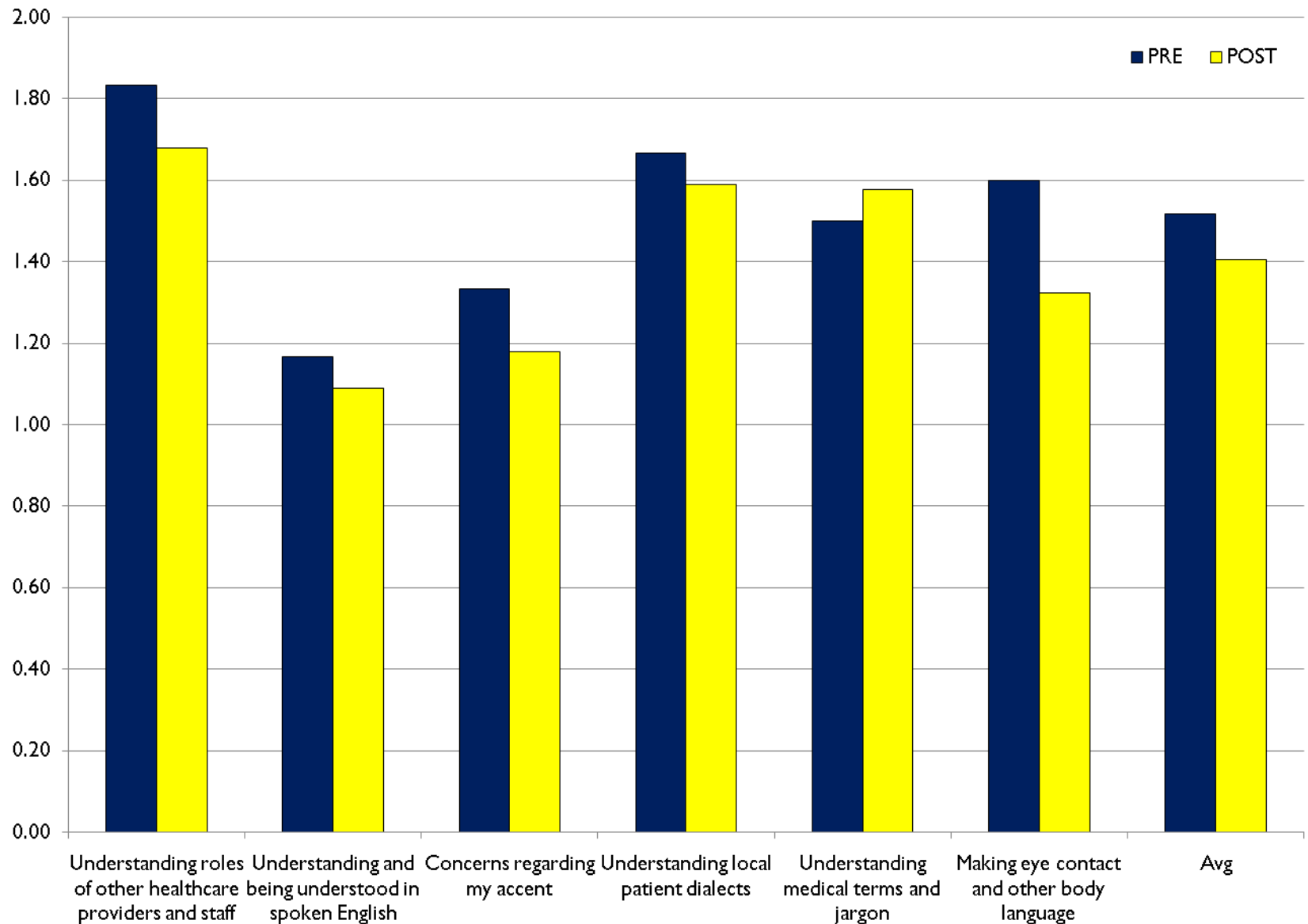
Getting Settled Professionally



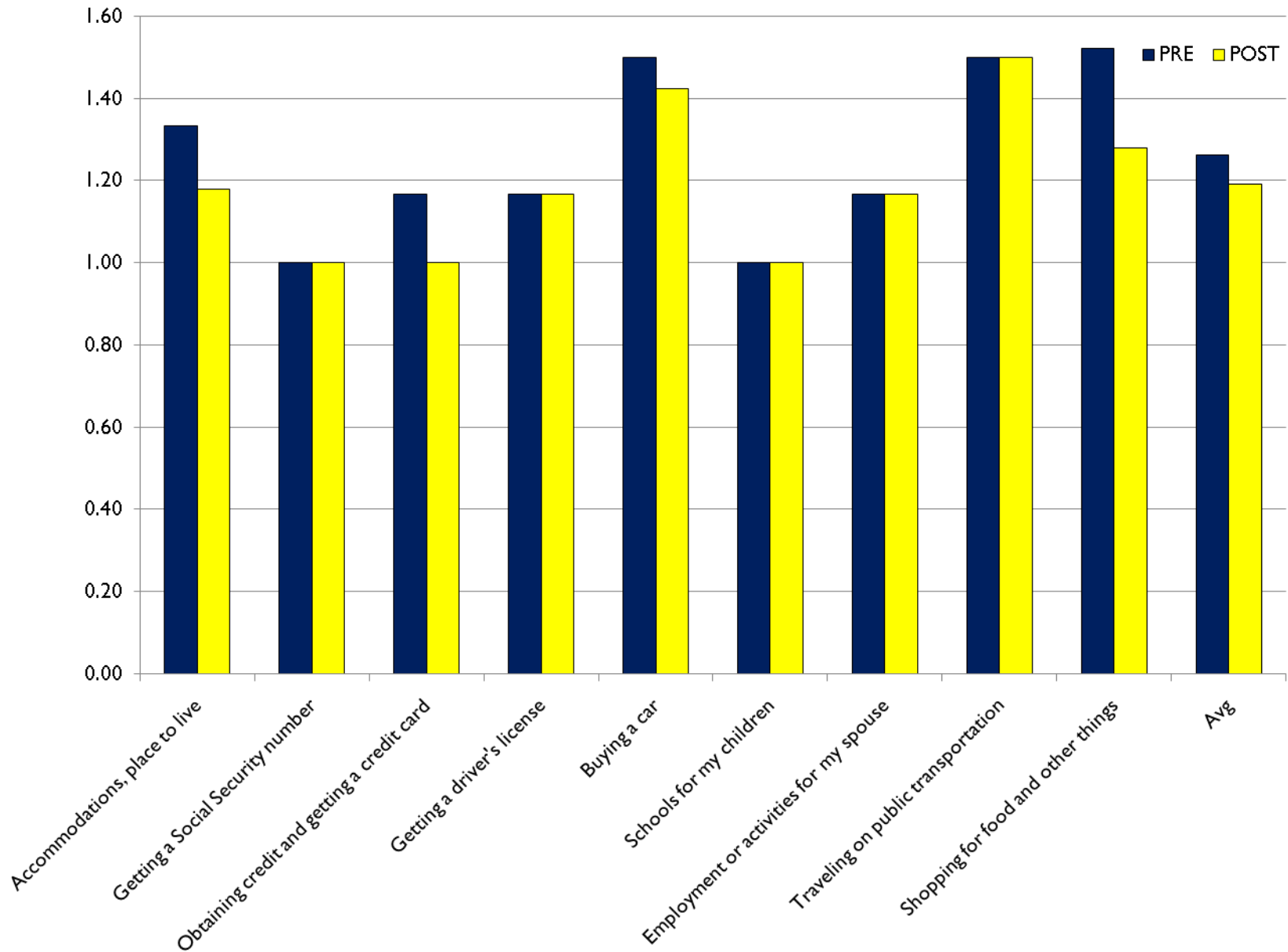
Professional Interactions



Language and Communication



Activities of Daily Living



Ethnic picnic at program director's house – late July

- Resident evaluation of orientation:
 - *Best: Lectures* (Pain, teen SUD, bites/stings)
 - Socializing
 - Team building
- More: Sim + Inpatient
- “Essential” “Blessed”
- “Welcomed” (IMGs)
- -Pre: 35 items 4 or 5
- -Post: 5 items 4

More to come...

- Dissertation 2012-2013 Sue Jarquin
- Difference between USMGs & IMGs in behavioral science training and use of behavioral/mind-body interventions to treat chronic diseases
- Survey intended for residents in primary care residency programs
- Please leave an email address where student can reach you with link to very brief, web-based survey
- Your support of this research will be greatly appreciated!

CFM-Minot Solutions: Orientation month

- Lengthy orientation with time to visit the social security office, DMV, etc.
- Welcome emphasizing appreciation of diversity
- Introduction to American culture and American medicine in the context of retreat.
- Shadowed and Video Clinic patient experiences
- Begin PGY-I meetings

Welcome to Residency



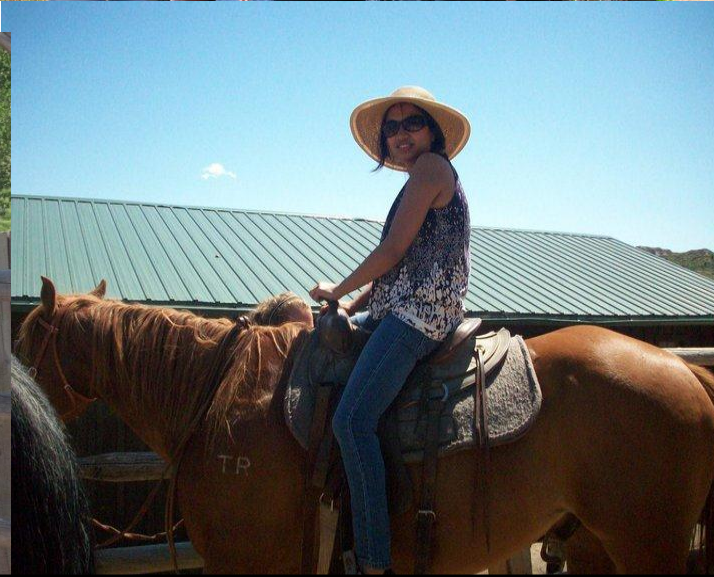
Azreen Ali
Ez-reen Eh-ke (Ellie)
M. Karam Baaj
Ka-ram Ba-aj
Monika Moni
Moe-knee-Ka Moe-knee
Prashant Morolia
Presh-ahnt Moe-row-ke-a
Prince Pannu
Sanju Mahato
Sahn-jew Mah-ha-toe



Be proud of where you
come from potluck



First Year Retreat – American culture, the wild west, families and medicine



Embrace Culture!

- Host cultural potluck suppers regularly at faculty members homes
- Have residents present on cultural holidays regarding origin of traditions
- Have cultural movie nights
- These are teaching moments and self-reflective exercises!
- Value cultural diversity to enhance diversity education

Support and Celebrate Milestones





Things we still haven't found a way to manage

- Resident requests for lengthy vacations
- Other ideas?

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Reading Resource

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