International Medical Graduates (IMGs): Building Cultural Competence into the Curriculum

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The Education Commission for Foreign Medical Graduates (ECFMG) certifies the readiness of international medical graduates (IMGs) to enter accredited residency training programs in the United States. Recently, the ECFMG addressed some of the special needs of these students, stating that:

> *There continues to be obstacles and challenges for IMGs and those with whom they interact with respect to their full integration into American culture, American medical culture and the American healthcare system.*[1]

Recognizing these and other educational needs, the Department of Medicine at Albert Einstein Medical Center (AEMC) has instituted a 3-year curriculum devoted to *Communication and Cultural Competence*. Topics covered include: Improving Communication, Literacy, Informed Consent, Techniques for Negotiating Issues influenced by Culture, and the Clinician's Cultural Attitudes and their Impact on Patient Care. The curriculum also includes explanatory models for gathering patient information--including that of Arthur Kleinman, MD[2]-- and guidelines, such as the *Culturally and Linguistically Appropriate Services* (CLAS) standards.[3] Similar curriculae have been introduced by other training programs across the country; for example, White Memorial Family Medicine Residency Program in Los Angeles, California and UMDNJ-Robert Wood Johnson Medical School, New Brunswick, New Jersey.

Though all AEMC medical residents participate in this curriculum, we designed a special orientation for IMGs to provide additional support and to demonstrate that the institution is sensitive to the challenges of practicing medicine in a cultural milieu inherently different from

their own. The orientation includes a discussion about the diversity of AEMC's patient population, staff, and programs.

More importantly, this special session focuses on the IMGs themselves—on who they are as individuals, as representatives of their diverse cultures, and as medical residents at AEMC. The essentials--names, countries of origin, reasons for coming to America and to AEMC—are easy to determine. The discussions become richer when talk turns to whether or not the IMGs wish to be seen as representatives of their own cultures... some have sought to avoid being perceived in this role.

When conversation focuses on the IMGs' expectations of America and AEMC, most recognize that they had made assumptions about American medicine. Parsing the various opinions in the group, including those related to the culture shock experienced upon arrival, leads to the identification of issues for further discussion.

The combination of the IMG orientation session and the curriculum has fostered an understanding that there is an institutional approach to cultural issues, which assumes that they are central to the manner in which care is to be delivered. The program has allowed IMGs to feel safe both in accepting and offering help with culturally-based concerns. For example, several IMGs have been tutored in English usage or pronunciation by staff interpreters. Residents have asked for assistance in finding personal counseling provided within a specific cultural context. And some IMGs offered their services to mediate patient-staff conflicts that centered on cultural issues.

All residents at AEMC eventually work with staff interpreters, culture brokers, members of the multi-faith chaplaincy team, and residents in Clinical Pastoral Education. Many of these encounters provide insights into attitudes toward differences and approaches to decision making. These encounters also hone the resident's ability to respect his or her own personal values while offering support to a patient with a completely different value system. Some of these encounters

validate that being "different"-- coming from another country and having received one's medical training in another culture--can affect patient interactions positively.

Last year, the AEMC network provided interpreters for patients speaking 58 different languages. It has proved to be invaluable that the house staff includes many representatives of the same countries as the patients. The benefits can be measured in patient care and in the sharing of insights during discussions with peers. For example, talking with an IMG whose personal experience has included being a refugee adds depth to class discussion of the differences between being an immigrant and a refugee. In another instance, an IMG whose background provides direct knowledge of the cultural attitudes surrounding female circumcision adds a dimension to a case-study review that no amount of library research can match. While anecdotal changes have been shared, a formal curriculum evaluation tool is presently under development to assist in measuring attitudinal and behavioral changes.

Cultural competence is vital to the personal and professional growth of all AEMC residents and in the delivery of patient-focused care that is culturally appropriate.

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[1] Memo from Gerald Whelan, M.D., Director, IMG Acculturation Program, Education Commission for Foreign Medical Graduates. February 3, 2006

[2] Kleinman A, Eisenberg L, Good B. Culture, Illness, and Care: Clinical Lessons from Anthropologic and Cross-Cultural Research. *Ann Intern Med.* 1978;88:251-258.

[3] U.S. Department of Health and Human Services, Office of Minority Health. *National Standards for Culturally and Linguistically Appropriate Services in Health Care: Final Report.* Washington, DC: March 2001.