

Helpful Hints for International Medical Graduates (IMGs), their Supervisors, their Colleagues and their Friends.

Amongst our medical staff in Dumfries we have many doctors who completed their undergraduate studies in parts of the World far from the UK. Those of you who qualified outside the UK will know that you face challenges which are often different from the challenges facing UK graduates, but in our multi-cultural society, we hope that you will also help us to learn about the cultures from whence you came. We have been working to try to ensure that we help our IMGs to face the challenges of working in a country with different language, and cultures from those which they have previously experienced.

We have developed a programme of language, and communication skills training for doctors wishing to take part; and as part of this work have developed this pamphlet, which lists the specific problems that have been encountered by IMGs in Britain. We hope that this will be of value not only to our colleagues from abroad, but also to their supervisors, colleagues and friends; and will help us all to develop a better understanding of one another.

In developing these hints we have drawn from the unpublished work of Dr Mhairi Jamieson of NHS Education Scotland with IMGs in General Practice training; the studies by the Yorkshire and the Humber Deanery, published on their web site http://www.yorksandhumberdeanery.nhs.uk/general_practice/IMGs/; and the experience of our local educational supervisors.

Type of Issue	Specific difficulty	Suggestions
Language	Pronunciation, speed of speech, and strong accents may make the IMG difficult for patients to understand	<ul style="list-style-type: none"> • Watching UK TV • Acknowledge the issue with patients and colleagues, and invite them to request clarification. • Ask colleagues to help
	Grammar, particularly gender, tenses of verbs, word order, singles and plurals	<ul style="list-style-type: none"> • Watching UK TV • Acknowledge the issue with patients and colleagues, and invite them to request clarification • Ask colleagues to help
	Use of medical terms not understood by patients, and difficulty explaining things in non-medical terms	<ul style="list-style-type: none"> • Practice • Shared surgeries • Acknowledge the issue with patients and colleagues and invite them to request clarification
	Addressing patients – to be formal or familiar?	<ul style="list-style-type: none"> • It is even more difficult today than it was 30 years ago to advise IMGs on how to address patients, one option is to ask the patient how they would like to be addressed. • Colloquial terms best avoided
	Use of colloquialisms can be difficult for IMGs to understand, and if they use them may sound odd. Similarly use of stock phrases can sound artificial	<ul style="list-style-type: none"> • Seek explanations for unknown terms • Avoid stock phrases
	Humour can be difficult for someone from a different culture to understand, and to use in consultations	<ul style="list-style-type: none"> • Seek explanations for humour that is not understood
	Telephone calls, without visual clues working in your second language can be even more difficult, this can be particularly difficult when seeking assistance	<ul style="list-style-type: none"> • Make sure that both parties are clear about what is being requested at the end of a telephone call

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Communication	IMGs can feel they are ambassadors for their own country's medical schools, so keen to demonstrate good knowledge, and reluctant to ask for help.	<ul style="list-style-type: none"> • Address the issue of differences early and ensure that trainers and trainees feel comfortable to share difficulties
	Desire to demonstrate high knowledge can also inhibit ability to deal with uncertainty when consulting, encouraging responses which demonstrate knowledge rather than admit knowledge gaps.	<ul style="list-style-type: none"> • Trainers need to encourage trainees (from all backgrounds) to be honest about knowledge gaps. • Use of CbBs to explore handling of medical uncertainty
	Expectations of what constitutes a good doctor vary around the World. IMGs may have had little training in patient centred consulting, and may come from more paternalistic medical cultures. This may make identification of patient's agenda, reaching understanding of a patient's health beliefs, and agreeing a management plan difficult.	<ul style="list-style-type: none"> • Frequent discussion of patient views and understanding in CbDs
	Psychological illness may be stigmatized in some cultures. Also IMGs from systems where patients pay may be reluctant to spend "valuable" time on psychological issues	<ul style="list-style-type: none"> • Discussion of psychosocial aspects in CbDs
	Some IMGs find body language difficult to interpret, and use - eye contact, posture	<ul style="list-style-type: none"> • Discussion of these issues, joint surgeries, videotaping consultations
Culture	Many IMGs come from hierarchical medical cultures, and can find adapting to a culture where trainees can challenge teachers difficult and stressful	<ul style="list-style-type: none"> • Encourage discussion between trainer and trainee • Openly explore expectations of trainee and supervisor
	Many IMG have been used to being taught in a teacher centred structure and not learned skills for self directed learning	<ul style="list-style-type: none"> • Supervisors should encourage development of skills by helping trainees identify their own learning needs, and encourage them to identify means for meeting these.
	Ethical dilemmas can be difficult if the ethical issues are different in the doctor's home country	<ul style="list-style-type: none"> • Understanding can only be developed by open discussion
	IMGs are often keen to discuss the issues around having trained elsewhere, but there may be a reluctance amongst trainers to discuss what they feel are sensitive issues.	<ul style="list-style-type: none"> • Supervisors should discuss the issues and difficulties early in training
Language communication and culture	All of the above	Developing language skills and cultural understanding takes time and effort, all of these skills will develop more quickly with more practice. Socializing, and studying in groups of mixed ethnicity will maximize opportunities, and help avoid reinforcing problems.

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Clinical	IMGs from some countries are not familiar with dealing with patients who have multiple complex pathologies	<ul style="list-style-type: none"><li data-bbox="927 243 1370 275">• CbDs useful to explore the issues
	The range of common pathologies may vary in UK from in a doctors homeland	