

**A Faculty Development Program for  
Teachers of International Medical Graduates**

**INTRODUCTION AND PROGRAM OVERVIEW**

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## INTRODUCTION

*We must understand gaps produced by cultural differences so that we can address these gaps.* (Steinert, 2003, p. 20)

*We must carefully assess skills and foster an individualized approach. Teaching and learning should be problem-based.* (Steinert, 2003, p. 23)

International medical graduates (IMGs) form an important component of the Canadian physician workforce. Approximately 25% of practicing physicians in Canada and the United States are IMGs (Buske, 1997; Huang, 2000), and they represent a diversity of views that can be an invaluable asset in the provision of patient care. IMGs have much to offer the Canadian health care system, the patients they see, and the residents and teachers with whom they interact, and we must prepare them effectively for their professional work in their new communities of practice.

Although IMGs are often viewed as a single homogeneous category, they are not.<sup>1</sup> Moreover, while many IMGs may express the same learning needs as Canadian residents, their medical training, culture, language, life and work experiences often differ, and teachers and supervisors<sup>2</sup> must take these individual experiences and differences into account. This program has been designed to help teachers work with IMGs in a more effective manner. IMGs face many unnecessary barriers to licensure. We believe that teachers and supervisors need to be better prepared for their work with IMGs so that they will not become an “unnecessary barrier”.

## PROGRAM GOALS AND TARGET AUDIENCE

The goals of this *Faculty Development Program for Teachers of International Medical Graduates* are twofold: to help prepare teachers in diverse settings to work with IMGs in an effective and collaborative manner; and to enhance the learning – and practice – experience of IMGs.

Moreover, although this program has been written primarily for teachers of IMGs, these materials can benefit all teachers working with Canadian-trained physicians and other internationally educated health care professionals. All of the modules contain teaching and learning content and strategies that can be used in diverse settings with learners at all levels of the educational continuum.

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<sup>1</sup>IMGs are physicians whose basic medical degree was awarded by a medical school that is outside the jurisdiction of either the *Committee on Accreditation of Canadian Medical Schools* or the *US Liaison Committee on Medical Education* but is listed in the *World Directory of Medical Schools*, published by the World Health Organization. Canadian-born citizens with international medical degrees are IMGs; citizens of other countries, with international medical degrees who are in Canada on work visas, are IMGs; and immigrants to Canada seeking to re-establish their medical profession are IMGs (Watt, Lake, Cabrnock, & Leonard, 2003).

<sup>2</sup>For the sake of simplicity, and to promote consistency throughout this program, we have chosen to use the word “teacher” to refer to all individuals involved in the teaching of IMGs (e.g. clinical supervisors; preceptors) and “learner” to refer to students, residents and IMGs.

A number of the modules can also be used directly with teachers of all internationally educated health care professionals (e.g. *Educating for Cultural Awareness*). Other modules can easily be adapted to meet the needs of other health care professionals, including nurses, physical and occupational therapists and pharmacists (e.g. *Assessing Learner Needs; Delivering Effective Feedback*). Some modules contain materials that can be used directly with IMGs (e.g. *Orienting Teachers and IMGs*), and others contain content and resources that are relevant to teachers of medical students and residents in a variety of settings (e.g. *Promoting Patient-Centred Care and Effective Communication with Patients; Untangling the Web of Clinical Skills Assessment*).

In summary, this program has been written for diverse audiences and is appropriate for use by:

- Individuals who are responsible for faculty development or facilitate faculty development activities.
- Residency program directors, IMG program directors, and individuals with an interest and/or expertise in medical education.
- Teachers “in the trenches”, in both university and community settings.

## PROGRAM OVERVIEW

This program, which has been funded by Health Canada and is part of a larger initiative designed to prepare teachers of all internationally educated health care professionals, is the result of an earlier report entitled *Building on Diversity: A Faculty Development Program for Teachers of International Medical Graduates*. This report was commissioned by the Canadian Task Force on Licensure of International Medical Graduates and is included at the end of this introduction (**Appendix A.**) *Building on Diversity* included a multi-dimensional environmental scan of current Canadian practices, needs and available resources for teachers working with IMGs, and described a series of recommendations to guide faculty development in this area. More importantly, the content and format of this faculty development program is the direct result of the recommendations and suggestions made by key stakeholders and educational leaders across the country. IMGs were also asked to review many sections of this program, and their feedback and suggestions have been incorporated into each module.

This program consists of four main sections:

- I. Orienting Teachers and IMGs
- II. Educating for Cultural Awareness
- III. Working with IMGs – A Faculty Development “Toolbox”
- IV. Guidelines for Site-Specific Activities: Faculty Development Principles and Strategies

The module on *Orienting Teachers and IMGs* consists of two parts:

- Part A, *Orienting Teachers: Understanding the IMGs’ World*, focuses on developing an understanding of the IMG as a learner and as a physician. The goal of this part of the program is to provide a glimpse into the world of international medical graduates so that supportive learning environments and appropriate teaching strategies can be developed.

- Part B, *Orienting IMGs: Understanding the Canadian Health Care System and Learning Environment*, highlights the features of the Canadian system that may differ from the IMGs' previous learning and medical background and provides teachers and IMGs with information, resources and strategies to address these differences.

The module on *Educating for Cultural Awareness* provides a cultural diversity training program for teachers of internationally educated health care professionals. The goal of this module is to enhance the cultural awareness and responsiveness of teachers of internationally educated health care professionals, including doctors, nurses, physical and occupational therapists and others.

The faculty development “toolbox”, entitled *Working with IMGs*, consists of four distinct modules:

- *Assessing Learner Needs and Designing Individually Tailored Programs*, which examines the learning needs of IMGs and suggests strategies and tools that can be used to devise individualized learning plans.
- *Delivering Effective Feedback*, which suggests specific opportunities, strategies and tools that can be used by teachers to deliver feedback to IMGs.
- *Promoting Patient-Centred Care and Effective Communication with Patients*, which highlights the skills and strategies needed to promote patient-centred care and effective communication among IMGs.
- *Untangling the Web of Clinical Skills Assessment*, which addresses selected clinical skills that are frequently noted as posing difficulties for IMGs when adapting to the Canadian medical culture, including the physical examination, evidence-based medicine and literature searching, and medical literacy.

## PROGRAM STRUCTURE

Each module, including those in the *Faculty Development Toolbox*, has been organized into six sections:

- Preface
- Module Rationale
- Key Concepts
- Key Teaching and Learning Strategies
- Key Faculty Development Strategies
- Module Resources

The *Preface* provides an overview of the overall goal and structure of each module along with specific suggestions as to which sections are most useful for teachers who work directly with IMGs and which sections are most pertinent for individuals who are responsible for faculty development or other educational programs.

The *Module Rationale* highlights the importance of the particular subject matter and situates the topic in the context of teaching and learning. The section on *Key Concepts* outlines the core content and theoretical background for each module, based on a review of the relevant literature.

The section on *Key Teaching and Learning Strategies* describes strategies that teachers of IMGs can use to help IMGs acquire the necessary knowledge and skills in a particular domain. These strategies may include one-on-one discussions with the IMG, direct observations of clinical encounters, case discussions and presentations, chart reviews, narratives and portfolios.

The section on *Key Faculty Development Strategies* is specifically written for individuals who are responsible for faculty development, or facilitate faculty development activities, and wish to prepare their colleagues for work in this area. Suggested strategies include the explicit use of role modeling, peer coaching, and workshops. This section also provides suggestions on how to conduct an effective workshop and highlights the educational methods that can be used to facilitate experiential learning and reflection. The final section in this program, entitled *Guidelines for Site-Specific Activities: Faculty Development Principles and Practices*, also offers a description of the different educational methodologies used in this program as well as more detail on how these modules can be used.

The *Module Resources* provide resources that can be used by the individual teacher, faculty developer, or program director. We have included a wide variety of resources for each module, including workshop outlines, video scenarios and PowerPoint slides, narratives and case studies, role play scenarios and group exercises, fact sheets and tools for teaching and learning. Four of the modules contain narratives written by IMGs. These stories are particularly moving and well-written, and should be read by anyone interested in better understanding the IMGs' experience.

As the reader will note, each module has been designed to be used as a "stand alone" faculty development activity. However, each module can also be incorporated into an ongoing faculty development program or can be used for independent study, with one caveat. Although independent study is useful for knowledge acquisition and reflection, group activities (that include interaction, practice and feedback) are best for addressing attitudes and promoting skill development. Whenever possible, teachers should consider using these materials in a group setting, building on their collective knowledge and experiences.

## **UNDERLYING PRINCIPLES**

This program was designed with a number of underlying principles in mind (Steinert, 2003):

1. *The content and process of a faculty development program for teachers of IMGs is not fundamentally different than one for teachers of all learners. However, certain topics may be encountered more frequently – or become more pronounced – when working with IMGs.*

Crutcher (2001) has noted that the challenges teachers face in supporting an IMG in a learning role are not fundamentally different than the challenges we face in any learning encounter, as each learner has their own unique blend of strengths and weaknesses and the skillful teacher must help all students identify their individual strengths and gaps. Thus, the need for faculty development for teachers of IMGs is not fundamentally different than that for teachers of all residents, though some of the issues become more pronounced at different moments in training.

2. *A “deficit-based approach” to understanding learner differences must be avoided.*

During the consultation process (Steinert, 2003), Heather Armson observed that the literature on IMGs starts from a “deficit perspective”. That is, the majority of articles and studies primarily highlight IMGs’ deficits in knowledge base, clinical skills, and medical experience. It is imperative that we work to overcome this trend, and that we approach each IMG, prepared to acknowledge their strengths and address their weaknesses. As Armson has suggested, “we must carefully look at each IMG’s strengths and encourage a spirit of ‘appreciative inquiry’ that acknowledges what is going well. We must honour and respect the IMGs’ previous experiences and learn from them.”

3. *Opportunities for training IMGs should be used to benefit all learners.*

A corollary of the above is that IMGs bring with them a wealth of knowledge, traditions and experiences that can be enriching for all. Providing IMGs with opportunities to describe their own undergraduate training and cultural expectations can enhance the experiences of all learners and teachers, and can help to promote a more learner-centered approach. It is important to remember that whatever we develop in this context will have a positive impact on all teachers and learners.

4. *All educators must recognize - and acknowledge - that each IMG is a unique individual.*

As stated earlier, we cannot assume homogeneity among IMGs, as each person comes from a different socio-cultural context, learning environment and individual background. The definition of an IMG also varies greatly, and the issues encountered will differ according to personal backgrounds and experiences. As a result we must tailor the teaching and learning program to individual needs, and we must remember that “one size does not fit all”.

5. *All educators must recognize - and acknowledge - that each teacher is a unique individual, different from his/her colleagues.*

Just as we cannot assume homogeneity among IMGs, clinical teachers and supervisors differ significantly from each other, and as one respondent in *Building on Diversity* (Steinert, 2003) noted, we must consider teacher variables (e.g. teacher’s gender, years of experience, cultural biases and prejudices) in the development of any faculty development program. A number of respondents also suggested that faculty members should possess certain “core competencies” (e.g. cultural sensitivity; experience with post-traumatic stress), and that they should be selected according to their mastery of these competencies. Whereas this may be a controversial suggestion, the importance of assessing teacher skills and competencies cannot be underestimated in the design of any faculty development initiative.

6. *Principles of effective faculty development must be applied equally in this context.*

For faculty development programs to be effective, they must: match the institution’s culture; be responsive to individual and institutional needs; promote buy-in and joint ownership; offer diverse programs and activities; incorporate principles of adult learning and other pertinent conceptual frameworks; remain relevant and practical; work to overcome common problems; and demonstrate effectiveness (Steinert, 2000; Steinert, 2005). Clearly, the design of any faculty development initiative for teachers of IMGs must follow these principles and ensure that educational research informs practice.

*7. Faculty development can include faculty development, faculty orientation and faculty support.*

Although this document primarily addresses faculty development and orientation, faculty *support* should be considered by all programs. Support can take on various forms: resources for teaching; “protected” time for working with IMGs; and expert consultation. In *Building on Diversity* (Steinert, 2003), many teachers commented that teaching IMGs requires significantly more time because of differences in learning styles, awareness of the Canadian medical system, and the need to identify – and deal with – gaps in content and skills (Armson, 2002). Thus, teachers need to be freed up to do this work and appropriate resources must be invested. A number of respondents also commented that without additional resources (e.g. in-house peer support and consultations), they cannot teach IMGs effectively. To help with the task, several individuals suggested that we become more creative in the use of former IMGs as teachers for IMGs and “coaches” for clinical supervisors. More senior, or experienced, teachers could also serve as advisors or mentors. Although these systems recommendations lie outside the scope of this program, they should be reviewed and discussed with educational administrators and leaders.

## **CONCLUSION**

In conclusion, it is important to remember that faculty development is but one component in the process of improving teaching and learning for IMGs. To be successful, a number of systems issues must also be addressed; this may require all those involved in teaching IMGs to advocate for the resources and support that are needed to ensure their successful integration into medical practice in Canada.

Bates and Andrew (2001) have said that the inclusion of IMGs into postgraduate training can, through spirited dialogue, enhance the cultural basis of clinical practice in North America as well as the requirements of delivering culturally appropriate care to patients of differing ethnic origins. We hope that this program will enhance teaching and learning for all learners and teachers.

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