

Harlem Resident International Medical Graduate Experience of Sharing Serious News: A Qualitative Assessment

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Research Question: What are the barriers to communication and strategies for success that International Medical Graduates (IMGs) residents in the U.S. experience when sharing serious news?

BACKGROUND

IMGs make up a substantial portion of physicians living and working in the United States. Studies have been published exploring the IMG resident experience as they matriculate and learn in the US healthcare system.^{1,2} Barriers and successes of IMGs have been described in these studies as they learn to navigate new cultures, surroundings, languages, and communication skills. However, little to no work has been done investigating the challenges experienced and strategies employed by IMGs when sharing difficult or serious news with patients and families, which is an essential aspect of clinical practice.

DESCRIPTION OF ORGANIZATION

NYC Health + Hospitals/Harlem is a public hospital and the largest hospital in Central Harlem. Harlem hospital has over 90 specialized ambulatory care services and is a Level 1 Trauma Center.³ The residents at Harlem hospital are primarily IMGs, which is part of the reason this site was chosen for recruitment.^{4,5} The hospital serves a diverse community of citizens, primarily Black and Latinx, and immigrants, especially those from Africa, the Middle East, and Latin and South America.

Funded by: Columbia University Vagelos College of Physicians and Surgeons Program for Global and Population Health

Acknowledgments: First, we would like to acknowledge and thank all the residents who participated in this research for their time and willingness to share their experiences. Additionally, we would like to thank Harlem Hospital, the Chief Residents of Pediatrics and Medicine, and Dr. Sundari Periasamy, Director of the Pediatrics Residency Program, for all of their support and assistance with our project.

TABLES

Theme I - IMGs are still physician trainees: "I also feel that our training in particular does not cover that aspect [of giving bad news]... I think, briefly it's been spoken about, but I don't think there is enough training dedicated to delivering bad news. So, I wouldn't say I felt prepared. I just did the best I could in that situation."

Categories

1. Respecting patient/family's choices
2. Collaborative approach to care
3. Inherent communication challenges
4. Communication strategies

- "So it was comforting that she had that much faith and wasn't really taking the news horribly. But at the same time, it was a little concerning that her reality seemed distorted in the fact that she was saying..."You should try everything, because if God wants him to be fixed, he'll be fixed." ...she was very reasonable, but at times it was a fine line between wanting to tell her like, 'Listen, there's reality and it's great that you have faith, [but] this is what the odds are medically.' And just letting her have that hope, which I think is important for families... So you have to let them be somewhat positive."
- "I did struggle with a choice of words, but I do not think they were from a linguistic perspective. It was more about, to find the right thing to say... Especially in the moment of delivering the news, [like] 'what can I say, or what should I not say...or did I say too much, or did I say too little?'... But not necessarily the language."

Theme II - The unique challenges of diverse IMGs: "Most

international, foreign true medical graduates...[are] usually more book smart and they know what to do clinically faster than the American trained students. Because a lot of them were either attendings back home or had to do a year of residency...So the clinical and the board type question stuff, they pick up way quicker. But the interactions with patients is almost a culture shock to some of them...[In] the Harlem ED, in one day you're going to see six, seven different ethnicities, cultures, languages, and the expectations are way different."

Categories

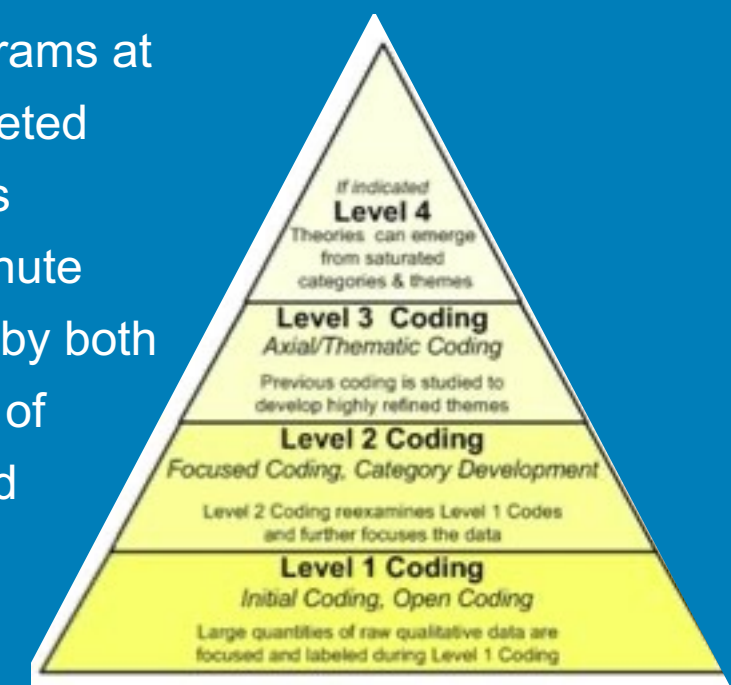
1. IMG experience
 - Speaking/hearing accents
 - English difficulty
 - U.S. vs. Other country
2. Ideas to improve

- "I really feel very stressed. When I need to [give bad news] by myself... Of course, the English skill is not good... I'm not native English speaker, and I'm afraid, there is some miscommunication or misunderstanding only because of lack the lack of some vocabulary or the skills of telling the serious things...the communication is the most concerning point when I need to do that things...I don't have a good skill to explain everything clearly in short and broad sentences."
- "As soon as they speak, just the accent or the fact that their fluency is a little less, puts patients on the wrong foot or their parents on the wrong foot. And we've had cases here, unfortunately, where they didn't want to deal with a specific doctor because it took them five minutes to explain what a very common thing was."

Table 1. Themes and categories with example quotations from participant interviews

METHODS

Participants were recruited from three residency programs at Harlem Hospital. All participants are IMGs who completed medical school training outside of the US. Participants participated in a semi-structured qualitative, 30-60 minute Zoom interview. A common interview guide was used by both interviewers. Using the constant comparative method of grounded theory, interviews were then transcribed and coded using Dedoose software.



FINDINGS

6 interviews were completed with 5 residents from the pediatrics department. 35 codes were organized into six categories and two general themes (Table 1). The respondents discussed that delivering serious news is challenging for all physicians, while also highlighting the unique challenges many IMGs face due to cultural and language differences, especially for non-native English speakers. They also offered several ideas to improve the preparation of IMGs when sharing serious news, particularly role play.

DISCUSSION

Delivering serious news to patients and families is a challenging experience for all physician trainees. However, IMGs, especially non-native English speakers, face unique language and cultural challenges and could benefit from increased training opportunities both prior to and during residency. The ideas provided by the respondents can be used to develop a formal communication training curriculum for IMGs.

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