The Long and Winding Road:
A Navigational Route for Internationals
Transitioning to Residency

and a Case Report of an Official USCIS Surprise Visit

Kimberly Cornwell, C-TAGME
Immigration Liaison and Program Manager

Stacey J. Smith, MD, FACP
Vice Chair Education and Program Director

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Objectives

- Consider reasons to include IMG applicants in your Rank List
- Basic review of immigration visas appropriate for GME
- Identify challenges faced by internationals relocating to the United States for residency training;
- Discuss best practice models to provide optimal advantage for an international to start “on time”
- Outline specific checklists to assisting IMG’s with relocation and acculturation;
- Prepare for surprise USCIS visits by immigration officers
But first, a little bit about us...

Kimberly Cornwell, C-TAGME
- 15 Years in GME
- Former Institutional Coordinator
- Residency Program Manager
- Immigration Liaison for GME
- "Chief Mother Hen"
- Mother of 2
- Keeper of Critters

Stacey J. Smith, MD, FACP
- LVHN Residency
- Primary Care Physician
- Program Director
- Vice Chair of Education
- Husband - Father of 4 – Son
- Super Colleague
- an inspiration to many!
Who We Are

• 8 Campuses
• 1 Children’s Hospital
• 160+ Physician Practices
• 17 Community Clinics
• 22 Health Centers
• 16 ExpressCARE Locations
• 45 Rehab Locations
• 81 Testing and Imaging Locations
• 18,000+ Employees
• 2,005 Physicians
• 834 Advanced Practice Clinicians
• 4,208 Registered Nurses
• 69,346 Admissions
• 274,879 ED Visits
• 1,838 Acute Care Beds
## Overview of LVHN Categorical Program

### Percentages of Medical School Demographics

<table>
<thead>
<tr>
<th>Intern Year</th>
<th>Osteo</th>
<th>LCME</th>
<th>Non-LCME</th>
<th>IMG</th>
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<td>2012</td>
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<td>63%</td>
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First APDIM Conference

A. YES
B. NO

50% 50%
Who’s Our Audience

A. New Program – No IMG Experience

B. Established Program – Some IMG Experience

C. Other
Who’s Our Audience

A. Program that sponsor only J-1 visas
B. Programs that sponsor multiple visas including H1B
C. Other
Which Best Describes Your Program

A. Community Hospital
B. Community Hospital w/ University Affiliate
C. University Hospital
D. Stand Alone Program
E. Other
The Role You Play

A. Assoc./Asst. Program Director
B. Chief Medical Resident
C. DIO
D. Faculty
E. Program Coordinator/Manager
F. Program Director
G. Other
Did the current Executive Order Affect Your Rank List?

A. No Influence Whatsoever
B. Did not rank IMGs for that reason
C. Yes - avoided the countries of origin on the EO list
D. Only ranked J-1 applicants
E. Prefer Not to Comment
F. Other
## Realities of GME

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Realities of GME

### Chart 1: Active Applicants in the 2016 Main Residency Match by Applicant Type

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<th>Degree</th>
<th>Unmatched</th>
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<td>MD</td>
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<tr>
<td>DO</td>
<td>18%</td>
</tr>
<tr>
<td>US IMG</td>
<td>45%</td>
</tr>
<tr>
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<td>47%</td>
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Chart 1 shows the number of active applicants (applicants who submitted rank order lists of programs) by applicant type in the 2016 Main Residency Match. A total of 35,476 active applicants participated in the 2016 Main Residency Match. Non-U.S. citizen students and graduates of international medical schools constituted 21.0 percent of all applicants in the Match, the second largest group after U.S. allopathic medical seniors. U.S. citizen students/graduates of international medical schools accounted for 15.0 percent of the applicant pool.
ACGME Review and Comment for Common Program Requirements

- The program, in partnership with its Sponsoring Institution, must engage in 142 practices that focus on mission-driven, ongoing, systematic recruitment and 143 retention of a diverse workforce inclusive of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community. (Core) 145 146

- Background and Intent: It is expected that the Sponsoring Institution will have developed policies and procedures related to recruitment and retention of underrepresented minorities in accordance with the Sponsoring Institution’s mission and aims. The program’s annual evaluation must include an assessment of the program’s efforts to recruit and retain a diverse workforce, as noted in V.C.2.a).(5).(c).
NRMP IMG Friendly States

- New York (1,395 IMGs)
- Michigan (491 IMGs)
- Pennsylvania (437 IMGs)
- Florida (411 IMGs)
- New Jersey (411 IMGs)
- Illinois (381 IMGs)
- Texas (375 IMGs)
- Ohio (366 IMGs)
- Massachusetts (261 IMGs)
- California (251 IMGs)
Characteristics of Matched IMG’s

USMLE Step 2 CK: 239

USMLE Step 1: 234

Averaged 5.4 work experiences

Averaged 3.4 volunteer experiences

Average of 2.2 research experiences, 65% reporting at least one research experience

Increased frequency of advanced degrees compared with US candidates
Benefits of an IMG

- More diverse experience
- Work Ethic
- Maturity
- More language proficiencies
- Strong medical knowledge

Physical diagnosis
Procedural skill
Practical experience
Benefits of an IMG

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- Strong medical knowledge

Physical diagnosis

Procedural skill

Practical experience
Benefits of an IMG

- More diverse experience
- Work Ethic
- Maturity
- More language proficiencies
- Strong medical knowledge
- Higher education level
- Physical diagnosis
- Cultural perspectives
- Procedural skill
- Practical experience
Potential Stumbling Blocks

- Communication skills
- Language nuances
- Accents
- Speech volume
- Eye contact
- Directness of communication

The only difference between stumbling blocks and steppingstones is the way in which we use them.
Potential Stumbling Blocks

- Communication skills
- Language nuances
- Accents
- Speech volume
- Eye contact
- Directness of communication
Potential Stumbling Blocks

- Clinical Practice
  - Comfort with the opposite sex
  - Familiarity with mental health
  - Familiarity with common US conditions
Potential Stumbling Blocks

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Potential Stumbling Blocks

- Learning challenges
  - Understanding of the health system
  - Patient centered care
  - Ethical principles
  - Unease with self directed learning
  - Unease receiving feedback
  - Taking direction from “juniors”
Potential Stumbling Blocks

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Potential Stumbling Blocks

- Cultural differences
- Gender roles
- Personal space
- Boundary issues
- Hygiene
- Religious differences
Potential Stumbling Blocks

- Cultural differences

- Gender roles
- Personal space
- Boundary issues
- Hygiene
- Religious differences
Potential Stumbling Blocks

- Personal Struggles
- Electronics
- Cursive
- Dietary
- Credit and banking
- Transportation
- Social support
People Worth Remediating

PGY 1:
• Cultural integration
• Interpersonal skills
• Communication
• Multitasking
• Efficiency
• EMR
People Worth Remediating

Remediation:

• Accent reduction
• Cognitive testing
• Video tape review
• Communications counseling
• 1:1 mentor rotations
• Mentoring sessions
• Direct patient feedback
• Schedule with graduated supervising roles
• Extension of residency
People Worth Remediating

PGY 3:

- >95% on in-training exam
- Received a Performance Commendation Award from the Competency Committee
- Identified in peer evaluations as “The best senior resident I have ever had!”
- Nursing supervisor recognition as “The best peer role model of his class.”
Fifth Avenue gets the message about the Beatles

The ‘BUGS’ ARE HERE!

MORE BRITISH TROOPS FLY TO CYPRUS

Olympic non get jail sentence
MATCH – NOW WHAT?

Make Contact ASAP
Confirm Appropriate Visa
  – Know Institutional Policy
  – Dedicated Immigration Council
  – TPL Appt. ECFMG

Begin Immigration Process
  – With Signed Contract in Hand
  – Process defined by Visa Type
Visa Talk – Do You Know the Difference?

- **J-1**
  - ECFMG Sponsored
  - No cost to institution
  - Two Year Return Home Requirement
  - 7 year limit

- **H1B**
  - Work Permit
  - Institution must bear cost of legal fees*
  - 6 year limit

- **F-1**
  - School Sponsored
  - Ensure dates line up with residency
  - Cannot be renewed
  - Good path for 1st year then moving on to H1b/J1

- **PR - EAD**
  - Status NOT A VISA!
  - Pending Applications for PR will result in renewal of H1b – make sure applications is clearly represented

- **TPS**
  - Temporary Protective Status

- **Asylum**
  - NOT A VISA but should have counsel

- **TN**
  - Canadian/Mexican Citizens

- **O-1**
  - Exceptional in Field
BE AWARE OF IMMEDIATE CHALLENGES

- **KNOW YOUR HIRING PROCESS**
  - Lack of SSN can hold up onboarding process
  - Distance can impede ability to meet requirements at the norm
- **Consulate Meetings must be scheduled weeks in advance**

**PLAN TO INVEST MORE TIME ASSISTING THIS COHORT**
- Establish Resources to Ease Transition
  - Banking
  - Pre-Approved Housing Options
  - Automobile Dealerships
  - Host Physician or Resident Contact
  - ECFMG Website *
Potential Delays and Detours

- Plan ahead to minimize delays
  - Suggest International Driver’s License vs In-Country License
    - Secure Physical Appt. on their behalf
    - Arrive ahead of start date – waiting period for SSN – visa dependent
    - Ensure resident has transportation and living arrangement
      - Many secure rental agreements before arrival with pre-payment
    - DMV for State I.D. Card and driver’s license
      - Enroll in driving school
      - Obtain
      - Apply for Background Checks/ Fingerprint as soon as SSN received
EMOTIONAL INVESTMENT

- Leaving all things familiar to the unknown and insecure
- Emails and words of encouragement go a long way
- Be a lifeline 24/7 – If not you, then who?
  - safe landing and arrival; basic needs met
- Go the extra mile
  - Settling in – home furnishings – acquiring services – utilities
- Host gathering to welcome early arrivals ahead of orientation
- Set up meeting with Chief and Program Director ASAP on arrival
- Provide Resources to meet them at their point of need
Tips for Acculturation

- Have an IMG mini-orientation or individual meeting
- Early Osce’s
- Address hygiene, language and accent early
- Address EMR familiarity early
- Be frank getting them to engage the help of their colleagues
- Set up a graduated schedule
- Peer Mentors
- IMG faculty mentors
- Highlight their strengths- medical knowledge
- Be early and firm with expectations, delays, etc… Resistance to negative feedback.
Acculturation Examples

- It was a syncope patient and the resident asked ‘What happened?’ The patient said, ‘I passed out,’” Dr. Rajput reported that the patient had died.

- It didn't help when the patient elaborated on his history, explaining that before he passed out, he had thrown up. Throwing up was more new vocabulary for Dr. Rajput. He reported the patient had jumped up vigorously before dying.
Considerations for the Time Crunch

- Visa requirements cause late starts and delay graduation
- The challenge is the ABIM NOT the ACGME
- ABIM requirements for board eligibility:
  - 36 months of IM training
  - 24 months must be in a role requiring them to supervise PGY1 residents
  - No more than 1 month off per year
  - Not recommended that you withhold resident PTO to keep them on track for timely graduation
Considerations for the Time Crunch

- Visa requirements cause late starts and delay graduation
- The problem is the ABIM NOT the ACGME
- ABIM requirements for board eligibility:
  - But…
    “For deficits of less than one month in required training time, ABIM will defer to the judgment of the program director and promotions or competency committee in determining the need for additional training. With program director attestation to ABIM that the trainee has achieved required competence, additional training time will not be required. Trainees cannot make a request to ABIM on their own behalf.”
Meet Dr. Aleem – Talk about a rocky road!

- Late Start due to Hiring Process
  - Could not start clinically until resolved
- Passport paperwork – FNU status
  - Caused bigger delay with SSN issue
- Surprise USCIS Visit – A first at LVHN
- H1b Approval Challenged in Year 3
- Landed a GI Fellowship and thanks to APDIM “consideration” will start close to “on time”
- To Be Married in April!
“As an International Medical Graduate aspiring to practice medicine in the US, one of the biggest concerns is obtaining a residency spot in a good training program.”

“After arrival in to the US, I was faced with a few hurdles that delayed my start. During that period of delay, Ms. Cornwell and Dr. Smith, our wonderful and very kind program director, were checking on my welfare regularly, offering words of support and encouragement.

Excerpts from a letter written by Abdul Aleem, MD, March 2018
This was just the beginning. As I transitioned from being an intern to a senior resident I realized that I was not just a resident of a residency training program but a part of a large family.”

“Having come from a different country and being trained in a different health care system transitioning into the US healthcare system was definitely challenging but was also one of the most exciting and fruitful moments of my clinical career. The program has always stood by me.”

Excerpts from a letter written by Abdul Aleem, MD, March 2018
Meet Dr. Geverchand Jain – Sacrifice to Success

- Left husband and young child behind to train in U.S.
  - Homesick and missing her baby boy - paralyzing
- CMR became a chauffeur
  - Here’s where we learned why Intn’l license is important!
- Belittled at auto dealership
- Taxi cab took her for a ride
- Almost gave up
- Held up at consulate on home visit
  - Pushed her off cycle
- Son came to live with her final year of residency
- Successfully graduated and took a hospitalist position in Washington State.
The Best Complement

“I am sure you know — I cleared my boards! I was thinking of you when the results came out. You know what I went through and I am happy I listened to you and continued to fight. Thank you for everything.”

Excerpts from an email received by Deepika Geverchand Jain, MD, December 2017
This is the Interactive Part!
Case Report of Surprise USCIS Visit

- It was a normal, busy Thursday morning . . . .
It was just another phone call . . . . . AND THEN
SURPRISE INTERVIEW
Immigration Officer

- Onsite Officer on site to conduct USCIS interview to verify identity and credentials of randomly selected resident.
  - Yes, I’m sitting in the parking lot of the Cedar Crest site.
  - “Just tell me where I can find him”

- “Our first responsibility is to Protect the Homeland”
SURPRISE INTERVIEW
Immigration Officer

- Establish meeting place to verify USCIS credentials
- Alert Immigration Counsel and Program Director
  - Petitioner has the right to be present with resident
  - Petitioner can also request presence of counsel
- Set up private meeting space
- Contact Resident to invite him to meeting
  - Assurance of routine visit – everything is in order
  - You will not be alone
SURPRISE INTERVIEW
Immigration Officer

- Identification of Resident and Petitioner verified by officer
  - Presented Driver’s License and Hospital ID
  - Asked resident to recite PD’s phone number – weird
- Introduced Program Director who petitioner invited to attend
  - Was able to speak to clinical experience and performance
- Officer asked identifying questions
  - Exact duties and responsibilities
  - Payroll questions *
- Review of Documents and Information Requested on first contact
Ever-Ready Checklist for Surprise USCIS Inspections

- Evaluation Report
- Current Schedule
- Most recent w-2
- Last two pay stubs
- Hospital Description
- Bed Count
- Aggregate Count

- Total # Residents/Fellows
- Evaluation Report
- Current Schedule
- Most recent w-2 *
- Last two pay stubs *
- Hospital Description
- Bed Count
- Aggregate Count Residents and Fellows
LEHIGH VALLEY HEALTH NETWORK

BE PREPARED!

Ever-Ready Checklist for Surprise USCIS Inspections

• Evaluation Report
• Current Schedule
• Most recent w-2
• Last two pay stubs
• Hospital Description
• Bed Count
• Aggregate Count Residents and Fellows
• Total number of visas
Add an IMG Checklist to onboarding instructions

Keep in touch with candidates to encourage and build positivity over the rough patches

Create a Resource List to help with basic needs. Provide a life line – emergency contact info 24/7

Create preparedness file with checklist and documents in the event of USCIS visit
Questions?
Thank you for your time, interest and participation!

Kimberly Cornwell, C-TAGME
Program Manager and Immigration Liaison
Kimberly.Cornwell@lvhn.org

Stacey J. Smith, MD, FACP
Vice Chair Education and Program Director
Stacey_J.smith@lvhn.org
The Long and Winding Road:

A Navigational Route for Internationals Transitioning to Residency
What Do We Fail at IMG Resident Selection?

- Good predictors of IMG performance:
  - Clinical experience within the last 2 years
  - Age<35
  - Female gender (surgery residents)
  - USMLE scores (board pass rate not rotation performance!)
  - *Clinical skills performance
  - Language skills
  - Behavioral interviewing!
  - US rotations

**PHYSICIAN REFRESHER/RE-ENTRY PROGRAM**

Drexel’s Physician Refresher/Re-entry program offers a range of activities (education and assessment programs) for physicians who intend to return to active clinical practice, want to enhance their focus or area of interest, or want to prepare for admission to U.S. graduate medical education training programs.

We recommend certain programs depending on a physician’s goals. Participants may include:

- Returning Physicians
- International Physicians
- Physicians Seeking Residency
What Do We Fail at IMG Resident Selection?

- Of *no* value in predicting IMG performance:
  - Medical school transcript
  - LOR’s from non-US sources
IMG Interviewing Tips

- Assessment goals during Interview
  - Communication/language barrier
  - Personality profile/"fit" for your program
  - Delve into quality of work/training experience
  - Pursue questions/"red flags" from MSPE/LOR’s
  - Interpret USMLE scores: time delay, CS failures
  - Identify/explain gaps in training
  - Assess clinical judgment?
IMG Interviewing Tips

- Situational Interviewing
  - Provides interviewer with further information regarding the applicant’s
  - Language and communication skills
  - Personality profile/”fit” for your program
  - Problem-solving abilities
  - Teamwork skills
Knowledge-Specific Interviewing

- Traditional Medical Knowledge Case:
  - 68-year-old M with acute change in mental status
- Tests knowledge, but only one “cross-section”
- Tests at the right level?
- Evaluates problem-solving and communication skills
- Assesses applicants’ ability to handle stressful situation
- Many IMG applicants dislike being given a case (demeaning, arbitrary)
- Possible coaching by current residents or applicants
IMG Interviewing Tips

- Clinical Scenarios
  - Discharge planning/medication reconciliation
  - Role Play
  - Review of an adverse clinical event
  - Elderly man with pneumonia and sepsis dies within 24 hr of admission. QI/PS review of a case
  - Patient counseling/motivation: Role Play
  - Office visit for a woman with a new diagnosis of DM: applicant asked to deliver the diagnosis, provide education, counseling, and initiate treatment
• 67 year old M admitted for CHF exacerbation secondary to dietary non-compliance
• Applicant is asked to reconcile admission and discharge medications and discuss follow up
• Key points: disease-specific education, new medication side effects, discussing dietary adherence
• Communication skills, medical knowledge, problem solving