

Foreign-Trained Healthcare Professionals Assets and Needs Assessment: A Focus Group Study

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**Foreign-Trained Healthcare
Professionals: Assets and Needs Assessment**

A Focus Group Study

Commissioned by

African & American Friendship Association for Cooperation &

Development (AAFACD), Inc.

Funded by

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EXECUTIVE SUMMARY

Although, the state of Minnesota values the contributions immigrants make to this State, challenges to licensure or accreditation can make it difficult for qualified Foreign Trained Health Care Professionals (FTHCPs) to contribute on a professional level. Minnesota is not ranked among the top 5 States that attract FTHCPs. Foreign qualified physicians and nurses enter Minnesota with different levels of knowledge and practice ability. Some are experienced licensed professionals (in their home country) with a good command of the English language while others may be licensed or unlicensed and have language barriers that prevent them from working in Minnesota. Several recommendations point to establishing an effort to examine and focus on assisting FTHCPs meet the challenges of licensure process.

The purpose of this initiative was to assess the needs of United States (US) unlicensed FTHCPs by identifying the challenges and solutions that would allow them to successfully attain licensure as physician or nursing professionals in Minnesota.

The project's objectives were to:

- Identify personal and existing institutional challenges that are encountered during the licensure process;
- Identify opportunities to overcome those barriers/challenges so FTHCPs can continue to work in their specific medical field after immigrating to Minnesota, USA;
- Develop recommendations addressing the challenges identified;
- Identify System adaptations and changes that would be feasible to assist the FTHCPs to work in the profession of their choice; and
- Disseminate the project findings to stakeholders; including CURA and the immigrant community-based organizations with whom strategies for implementation of the recommendations will be formulated.

A summary of the challenges of the licensure process follows:

- Access to information; information needed by the accreditation bodies from foreign colleges proves to be difficult especially if one is the US as a refugee;
- Total disregard of the past professional experience and requirement to be retrained or commit to externship/volunteer work;
- Information of the whole licensure process needed to be sought from different sources;
- Transportation problem; some participants had no drivers license or money to afford a car;
- Information provided to the applicant was not always understood and was impacted by language, geography and cultural differences;
- Costs associated with the licensure process limit some from participation;
- Studying all over again; some participants experienced personal stress emanating from this process- they had to work odd jobs, spend time revisiting what they had learnt many years before;
- Computer illiteracy- all the licensing exams are computer based; and
- Applicants required coaching, advocacy, family and peer support.

The following is an overview of the recommendations:

- Formulate strategies that provide advocacy, peer and mentor support; form support groups with other healthcare professionals pursuing their licensure;
- Support research endeavors that address the transition of FTHCPs to the Minnesota Health Care system;
- A scholarship fund should be set up to assist with licensing fees and studying costs
- Hospitals should allow IMGs to do rotations at hospitals for exposure to the US medical system;
- Universities should allow IMGs to have audit privileges to appropriate classes to satisfy their knowledge
- AAFACD in collaboration with other stakeholders and funders should create an office to serve as a liaison to guide new FTHCPs. For example New York has Medical Society of the State of New York (MSSNY) IMG Committee. MSSNY is a non-profit organization committed to representing the medical profession as a whole and advocating health related rights, responsibilities and issues;
- IMG Committee representatives should be created to see how IMG community can become more involved in the bodies that oversee licensing activities;
- Create a one stop shop website that cites all the available resources for FTHCPs seeking licensure in Minnesota;
- IMGs should be allowed to work as physician/medical assistant but not as nursing assistants; and
- IMGs and nurses should be assessed for skills and knowledge to get temporary relevant and appropriate jobs in the healthcare industry (e.g counselors, health educators, community healthcare workers, health administrators among others) while they complete the requirements for their licensures.

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INTRODUCTION

Background of the Study

In as much as the Foreign Trained Health Care Professionals (FTHCPs) play a critical role in filling the US health care workforce, they endure a complicated set of education and licensing requirements to practice in the US. There are a lot of FTHCPs who have lost touch with the changes in health care industry. They have seen their dreams disappear hence some have given up or decided to retrain themselves for other health care jobs such as nursing assistants, physician assistants, nurses, therapists and research assistants. These jobs require a different set of skills, pay less and may require several additional years of education. In addition, even while doing this, they must take national certification exams in those fields, all on their own time and at their own expense. This has led to many FTHCPs hop from job to job, State to State, in unpaid volunteer jobs called externships or observerships.

Purpose of the Study

The purpose of the study was to talk directly to FTHCPGs to identify the barriers that prevent them from practicing in their professions and contributing meaningfully to their new society in Minnesota. The paper correlates the literature review findings with information provided by individuals in the focus group sessions conducted. In particular, the study examined the various problems encountered at various stages of the licensing process ranging from the assessment of credentials, cultural issues, discrimination, financial, communication and others. Further, this study looked at the extent to which the identified barriers were influenced by race, country of origin and language competence. On the basis of the findings from the focus group study, specific recommendations on ways of improving access to the profession will be disseminated to stakeholders.

Literature review summary

FTHCPs are an important component of the US physician workforce. In 2002, the International Medical Graduates (IMGs) constituted 23% of the U.S. physician population and 24% of resident physicians¹. In the same year, of 874,589 physicians, 198,703 IMGs received medical degrees from 127 different countries, accounting for 22.7% of the total physician count. The heaviest concentrations of Foreign-Trained Medical Graduates (FTMGs) are in New Jersey (40.3% of the workforce), New York (40.2%), Florida (33.1%) and Illinois (33.7%). Almost half of all FTMGs (48%) train in primary care specialties vs. 33% of U.S. graduates.²

In Minnesota, approximately 41% of the 2002 IMGs completing Graduate Medical Examination (GME) were U.S native born or naturalized U.S citizens or permanent residents, while 55% held J1 visas. Of all physicians re-licensed through the state in of Minnesota in 2000 only 62.3% reported that they actively use their license and are employed in Minnesota³. Almost one quarter (23.7 %) report an active license, but practice in another state. Roughly 6% of these physicians practice in a state bordering Minnesota. Another 10% do not currently hold an active license to practice medicine here in the US.

Recent research suggests that African American and Hispanic physicians see significantly more African American and Hispanic patients than other physicians.⁴ Increasing the numbers of minority physicians and nurses from these groups and the diversity of the healthcare work force overall, will help improve access to care, with the longer term benefit of improving minority health status. People

with the same backgrounds, cultural norms, experiences, and values are more likely to feel comfortable with each other and to communicate well.⁵ There is some evidence that minorities who can choose their own physicians will choose one who is a member of the same minority group, even after adjusting for geographical proximity.⁶ Good communication leads to good care thus if the medical workforce does not reflect the anticipated demographics, then the delivery of quality care can be compromised leading to broader public health implications.

Overall, IMGs practicing in underserved areas receive high marks from hospital administrators. In 2002, the University of Minnesota's Rural Health Research Center conducted a survey focused on the performance of foreign-born IMGs serving in critical access hospitals. The 388 CEOs who participated ranked IMGs' clinical skills an average of 4.35 on a scale of one to five (five being the highest); the interpersonal skills of IMGs averaged 4.02. Fifty-eight respondents added "unreservedly positive" comments⁷.

Registered nurses (RNs) fill a variety of roles in health care settings, including patient advocate, health educator, direct care provider, and health care administrator. In 1999, being a registered nurse was the largest health care occupation in both the nation and the state with over 2.2 million jobs nationally and 44,500 jobs in Minnesota. In Minnesota and across the nation, the current shortage of RNs presents a unique dilemma, especially as the demand for RNs continues to outpace the available supply of nursing professionals. In the past, the shortage of RNs could be addressed principally through an expansion of nursing education programs. Due primarily to the aging of the RN workforce, stagnant graduation trends and heightened employer demand for RNs, the current and future shortage of RNs will likely not be as easy to address. As a result, policy makers, health care employers and nursing educators have expressed concern about the State's ability to meet the demand for RNs⁸.

In response to these concerns, the Minnesota Legislature directed the Minnesota Department of Health to examine one innovative nursing workforce approach, the Magnet Nursing Services Recognition Program, and develop recommendations for incentives that may be implemented to increase the number of magnet hospitals in Minnesota. In October 2001, the Minnesota Department of Health convened a panel of nursing workforce experts and health care providers in order to identify magnet hospital incentives.

Methodology

Project and Steering team

The project director (AAFACD) and the researcher from the University of Minnesota provided the initiation and motivation for the project. Both have been actively committed to the status of immigrant people from a variety of occupational backgrounds (health in particular) and thus brought an expertise to the process.

Method

Since the literature review on this subject had already been written by this research team, the study objectives were achieved through the use of Focus Group discussions with FTHCPs (Physicians and Nurses).

Participant Recruitment

Participants were recruited from KAPLAN (Test Preparation Center), University of Minnesota and Minnesota International Institute (Refugee Resettlement Agency). The letters requesting participation were mailed to individuals by AAFACD, Inc.

The focus group discussion

The questions for the focus groups were developed by the Project Director and the Research Assistant in collaboration with the Minnesota Center for Survey Research (University of Minnesota). Questions used for the focus groups and the interviews focused on assessing opinions about the licensing process, impressions of how they are treated, need to expand reduce the barriers to licensing and a components addressing the professional work experience information.

Focus group discussions were conducted in Fall 2005. The data was collected from 24 participants in 4 focus groups held at AAFACD offices in St. Paul, Minnesota. Most focus group participants were US unlicensed nurses, and physicians who had consented to be contacted for the discussion. An explanation of the purpose of the focus group discussion and consent for participation preceded the discussion. Confidentiality of personal identification was also assured.

The various steps of the licensure process and the challenges encountered by the participants guided the direction of these focus group discussions and suggestions for recommendations were sought.

Significance of the Study

Foreign-born and foreign-trained professionals play an important role in the delivery of health care in Minnesota and the US as a whole. The need for physicians and nurses, particularly among under-represented minorities, continues to grow. There is compelling evidence for the need to increase diversity within the physician and nursing workforce to ensure high-quality medical education, access to health care for the underserved, advances in research, and improved business performance⁹. To have enough physicians and nurses to meet the future needs of the general public, as well as of minority citizens, the health care professional recruitment must be from diverse populations. Addressing shortages requires inventive efforts to counter obstacles created by the anti-affirmative action movement, as well as strategies to encourage institutions to become more engaged in diversity efforts.

This study is especially relevant in Minnesota, which does not rank among the top States in the US that attracts FTHCPs. Minnesota has seen a large influx of immigrants and hence the sore problem of meeting the needs of the multicultural and multi-racial population; this fact directly justifies the utilization of the expertise of foreign-trained immigrants in the healthcare profession.

Currently, there are non-comprehensive studies or programs addressing the issues that exist for unlicensed FTCHPs (Physicians and Nurses) employed in unprofessional jobs in Minnesota, who wish to return to the physician profession.

Informal information collected from focus group participants indicates that they face multiple barriers, both personal and institutional, and are isolated with little job satisfaction with their present employment. The common outcry from foreign trained physicians when they come to the US is that they have to come to terms with becoming "Nursing Converts" i.e. most start with working in nursing homes as nursing assistants. To make matters worse, one must take a six week nursing assistant

course to qualify to be a Certified Nursing Assistant. Some hospitals recruit nurses and doctors from some developing countries like the Philippines and Nigeria and train them in the US to enable them get their licensure and also employ them while nurses from these same countries living in the US are ignored.

The current shortage of registered nurses in most health regions in Minnesota has prompted employers to examine a number of strategies to address this¹⁰. While funding to nursing schools has increased,¹¹ there will be a time lag before the difference will be noted in the workforce. The Minnesota Hospital Association expects the gap between supply and demand of RNs to reach more than 8,000 by 2020¹². There are a number of unlicensed foreign qualified physicians and nurses in Minnesota who fell off the system and have indicated a wish to meet the new requirements for registration in Minnesota. In order for employers of nurses to access this potential pool, it is necessary to examine the challenges and barriers they face in attaining licensure.

Notable Quote

“It would be a shame if people lost sight of the need to keep the focus on the problem,” said John Manning, communications director for the Minnesota Hospital Association. “There certainly is a nursing shortage.”

“While employers continue to run ads, offer signing bonuses and recruit in other states, these activities only shift the problem around. We need to grow and retain more nurses right here” said Erin Murphv, Executive Director of MNA

Limitations of the Study

Number of participants

As is often the case with mailed focus group invitations; the number of non-responses reduced the number of focus groups originally intended. The initial goal was to conduct a total of six focus group sessions (3 for physicians and 3 for nurses) each with 8 participants; the study proceeded with 4 sessions each with an average of 6 participants.

Study perception: Some individuals were not optimistic about the ability of this study to have an impact on the barriers to the licensing and employment of foreign-trained medical and nursing professionals. Some individuals may have been suspicious of the intentions of the study while others were disillusioned about the licensing process and thus deemed participation unnecessary.

Scheduling issues: Conflicting schedules made it difficult to get potential participants together for the focus group sessions. The first two sessions had to be re-scheduled due to cancellations. Some individuals preferred day time meetings while others preferred evening times.

Transportation factors: Lack of driving license or private transportation played a major role in the focus group turnout. Even though public transportation is available, some potential participants were not able to attend the sessions due to the long commute from their residential or work places.

Recruiting limitation: Issues regarding privacy prevented some agencies from providing names and contact information for potential participants.

Status of the foreign-trained professionals: The recently licensed nurses or physicians did not play a role in this study. All the participants were unlicensed and the desire to accomplish their goal of securing the license was the driving force for participation.

RESULTS OF THE FOCUS GROUPS

Differences between the Physicians and Nurses

Both the physicians and nurses had minor differences regarding their experiences with the licensure process. The major difference identified between the two groups is the fact that foreign trained physicians must meet residency program requirements. After certification, physicians who wish to practice medicine in the US must complete an accredited residency training program in the US or Canada - this process will take at least three years. The physicians have to complete a residency program regardless of the training they have received overseas. Many medical graduates are placed in residency programs through the National Residency Match Program, www.nrmp.org.

Letters of recommendation are required before a foreign trained physician gets residency. This is not a requirement for the foreign trained nurses seeking US licensure. While letters from overseas schools are important and may provide more insight into your background, they are not very helpful since international medical school standards vary and often are not comparable to those in the U.S. Therefore, the best way for IMGs to get letters of recommendation is to get some experience working in a U.S. health care facility before applying for a residency slot. It is particularly important to get experience in a facility with a teaching program. Unfortunately, getting this experience can be a difficult task. Hospitals have no formal programs for IMGs to get experience. Therefore, it is largely up to individual IMGs to go out and find opportunities through their own initiative.

Often it's advisable to contact every hospital in the immediate area and volunteer services (externship). The physicians can offer to work nights, weekends, or whenever needed in any capacity that is available. Even a short exposure in this atmosphere will be able the physician to bet both a letter of recommendation and some experience working in a U.S. facility. A letter from someone who has seen the individual perform in a clinical setting will set one from other applicants and will often get the individual an interview. If one is absolutely unable to find a clinical experience in a teaching hospital, he/she should try to obtain a research position in a hospital laboratory to have a mentor who will be able to write a letter of recommendation. Conducting research at a hospital will often give individuals an entry into the hospital and may allow one to eventually observe clinical activities.

Almost all applicants are asked to provide letters from the dean, which are basically used to see that there were no major overall problems with their performance in medical school. Other acceptable letters are from professors, residents, etc. who can attest to an applicants abilities and future as a physician in the U.S.

The second difference between the foreign trained physicians and nurses seeking licensure in the US is that the physician licensing process is more costly and in most cases takes longer as compared to the Nursing licensing procedure.

Licensing Fees for physicians¹³

The ERAS application process requires four separate fees:

- a. USMLE Step 1 \$685 + \$150*
- b. USMLE STEP 2 Clinical Knowledge (CK) \$685 + \$165*
- c. USMLE STEP 2 The Clinical Skills Assessment (CS) fee \$1,200

- d. ECFMG Token Fee \$75
- e. NRMP Application Fee \$90
- f. ERAS Processing Fee \$60
- g. USMLE™ Transcript Fee \$50
 - Total \$3,160
- h. USMLE STEP 3 varies between \$625 - \$775

Licensing fees for Nurses

Below is a list of major costs involved in obtaining nursing licensure in the United States.

Exam related fees¹⁴

- \$295 for CGFNS Qualifying Exam (Excludes English test)
- English Language test
 - \$130 for TOEFL (Test of English as a Foreign Language)
 - \$125 for TSE (Test of Spoken English)
 - TWE (Test of Written English) costs may vary (generally \$150)
- Training: Preparation for the English language exams
- Travel for the CGFNS exam,
- Travel for the NCLEX-RN exam,
- Transcript and course descriptions translation into English fee (approx. \$65+)

Licensing fees

- Fees to foreign nursing schools and licensing authorities
- Fees for state licensing charged by U.S. nursing boards (**\$200-\$300**)
- Transcript evaluation by a Credential Evaluation Service (CES) A fee (approx. **\$120-\$170**)-
General report or detailed report respectively
- Licensure by examination fees are \$105 for Registered Nurses and Licensed Practical Nurses.
- The fee required with each request to retake the examination is **\$60**.
- A permit to practice nursing (for applicants waiting for the license processing). The permit fee is **\$60**.
- The fee for licensure by endorsement for registered nurses and licensed practical nurses is **\$105**
- The cost of the NCLEX exam is **\$200** and changes are allowed at a **\$50** per change¹⁵.

The third difference is that physicians have a much more difficult time with the issue of being “Nursing Converts” because they were not trained to be nurses in their home countries.

The following common barriers were stated by focus group participants from both the Nursing and Physician groups.

Prior Licensing Information

There is a need to provide accurate information to foreign-trained healthcare professionals on credential assessment and licensing processes. Many participants admitted that they did not know the specific steps required to complete the licensing process. Most foreign-trained immigrants come to USA without prior information about the licensing requirements in their profession. This means that they would stay for a longer period sifting through materials to guide them. Some participants suggested that prior licensing information was essential in determining which state they went to live in, for instance, Florida and New York are viewed as immigrant friendly as compared to Minnesota.

Below are some quotes from responses provided by the participants:

“When we come here in the US we think it is the land of opportunities and that we can make it easily. There is a lot of information that we do not know. It is very shocking the things we find out when we get here. Getting licensure whether is difficult for both foreign trained nurses and physicians.”

“I did not know upfront how much the licensing fees were and the specific steps requires for complete the licensing process. I was surprised that the process is very long and takes longer when one has to work first to get the amount required to pay the fees”

Accreditation issues (Credential Evaluation Results)

Barriers related to the recognition of foreign credentials stand in the way of a smooth integration into US healthcare jobs for most immigrants. FTHCPs are required to have their foreign credentials evaluated by US accrediting bodies. Most participants complained that it took longer than indicated to get the credential evaluation results. Participants from war-torn countries had difficulties providing information and documents requested by credential assessment agencies. The accrediting agencies required that their home country colleges send transcripts directly to them. This was a difficult exercise since some of the college records had been mutilated or displaced. The accrediting bodies would not accept the personal copies the individuals had. Another participant stated that the lack of electronic forms of document storage was a hindrance in tracing their academic records from their countries of origin.

Others stated the following:

“I am a foreign trained nurse and it is six months since I sent in my documents. I am still waiting for the results of the process. I cannot do anything else before then.”

“The process is longer for others and shorter for some. I do not know why even though we give similar required material”

Financial Limitation

The licensing process for both physicians and nurses is costly; there are costs associated with the accrediting bodies, study preparation material. Many participants, both foreign trained physicians and nurses used the KAPLAN Test Preparation Center as a resource to prepare their respective exams. One physician participant complained in 1998 that when he studied at KAPLAN it cost \$2,700 for the

three month program and almost \$10,000 for the nine month program. In addition, others stated the following:

“Financial limitation is a major problem. First I have a wife and three children. I cannot even pay for my exams even if I want to because I have a family to feed.”

“I wish there was a way that we could get loans right away. Everyone says that I do not have a credit history so I have to get someone to cosign a loan for me. No one wants to cosign a loan for me .It would be nice if there were scholarships”

Computer illiteracy and Internet Access

Computer illiteracy is a major barrier in the licensing process for both foreign trained physicians and nurses. All licensing exams for both physicians and nursing are computer based in the United States; the majority of focus group participants indicated that they had no computer literacy prior to coming to the United States. In addition, the students indicated that they did not have access to a computer at home as they could not afford to buy one; many students rely on the libraries to gain access to the internet.

“I never used the computer in my country; it was difficult for me at first and I am very slow when I use it. I am getting better; I have to because the exams are all done on the computer

Language barrier

Some FTHCPs come from countries where English is not the official language; this is a major hindrance in the licensure process because the licensing exams for both nurses and physicians are written in English. The language barrier has prevented some individuals from attempting the licensing process and giving up their dreams of becoming US licensed Nurses or Physicians.

“I come from West Africa, Senegal where French is the official language. Taking the TOEFL exam was very difficult because I take time to read and to understand. It will be worse for me when I take my Medical Exams”

“I am well versed with English but I am told that I do not speak well all the time; it is very frustrating. I think that it is because of the language issue that we get discriminated against”

Transportation Problems

Lack of a one stop information center on certification and licensing procedures is one of the greatest obstacles to receiving accreditation; most participants cited that Information of the whole licensure process needed to be sought from different sources. Not having a driver’s license or motor vehicle is a major challenge to those FTHCPGs who are going through the licensure process.

“I do not have a car and have to rely on the bus to go to work and other places. It makes it difficult for me to go the library to get books or to use the computer. I rely on friends to drop me at KAPLAN but at times I do not get a ride. If I had a car, my life would be much easier but I cannot afford it.”

“I have a car but I also have two jobs; running around from one job to another and then to KAPLAN is very difficult. It would have been good if there was one place where one could get all the information they needed.”

Time required to prepare for the licensing exams

Many students complained that they did not have sufficient time to study for their exams. Most of them could not study 100% because of family pressures odd working hours. In addition many students had to work more than one job to enable them meet their domestic needs. The IMGs complained that working in group homes meant working odd hours and extensive forced overtime hence they are not left with enough time to study.

“I wish I was only studying and not working. Working and having a family makes it hard to get enough time to study”

“Back in West Africa, the extended family is very helpful with babysitting; here there is not help from anyone. You have to do everything for yourself with no help at all. Sometimes I wish I did not come here; it is the war that brought me here. I was a well respected doctor and here they are making me take an exam to prove myself.”

Working in unrelated professions

Issue of being “Nursing converts”

Some of the students wanted to practice medicine in the United States but are on the verge of giving up their dream after realizing the time and money it would take to pass medical board exams and complete residencies. Foreign trained doctors from other countries are forced to turn to odd jobs as they struggle to meet the varying standards and training required to practice in US. Working in nursing homes as nursing assistants or home aids was a common complaint among the foreign trained physicians. The students felt that they were being wasted as untapped resources as they continued to work in the nursing homes instead of working at the hospitals and clinics. Working as nursing assistants was very demoralizing and humiliating to these foreign trained physicians some of whom had up to fifteen years of medical practice. Here are some quotes from participants.

“I am physician and I work as a nursing assistant; it is very humiliating given that I worked in my country for a long time as a physician. I was not trained to be a nurse and I do not want to be a nurse”

“I have lost all my pride working as a nursing assistant and I know that I am a doctor. I am ashamed to tell my colleagues in my country what I am doing. I was a well respected doctor in my home country”

Lack of access to information about test preparation centers (KAPLAN)

Most participants indicated that they did not have upfront information regarding available test preparation centers. It took them a while to know about the test centers; it is through networking that they finally knew about KAPLAN. One participant, who had taken the test without going through the test preparation at KAPLAN, lamented that had he known about KAPLAN he would have probably done better than he did in his exams.

“I did not know that KAPLAN even existed until a friend told me. I registered with KAPLAN and passed the Step 1 of the medical exams. If I knew about the center, I would have enrolled much earlier.”

Discrimination

Discrimination at the work places was a major employment barrier. One fact that was expressed by some of the participants was the difficulty of getting employment despite being eligible. Participants had to work to support their families and to raise the money required to pay for their licensing costs.

Other participants felt that the problem was related to the fact that employers were not confident about the quality of foreign credentials. Participants suggested that public education on health disparities as well as sensitization programs on immigrant issues would help reduce the problem of discrimination.

One hurdle expressed by most foreign-trained physicians who participated in the focus group was that for them to get a reputable reference source for their residency application, they needed to be from a US based person or company. This meant that they had to meet this need by volunteering in their fields. The participants who complained about “forced volunteering” or externship felt that it was exploitative, since they had to meet the transport expenses and also create additional time over and above the jobs they were holding. Nevertheless, the consensus was that volunteering or externship was an easier way of getting into the system and acquiring a reference.

“I feel that I am treated differently where I work because I am a black person from Africa. I have Asian friends who do not have the same problems of discrimination.”

RECOMMENDATIONS

Below are generalized findings from IMGS and nurses; specific quotes from both groups are stated in the appendix section.

The focus group findings from nurses suggest that it is essential that the Minnesota Hospital and Healthcare Partnership, the Minnesota Nurses Association and other interested professional organizations, along with the Minnesota Department of Health, formally approach the American Nurses Credentialing Center (ANCC) with proposals to create free nursing refresher classes. This will help nursing students as they prepare for the licensing exams.

Information dissemination; The participants interviewed for this report agreed that, in general, little is known in Minnesota about licensing process. While the licensing process has existed for a number of years, it has been slow to take hold in Minnesota. A notable example is the lack of database that monitors all foreign-trained immigrants who have attempted the licensing process and either succeeded or decided to fall off. Since the benefits of FTHCPs seems clear, it seems likely that if more hospital administrators, nurse executives, and hospital boards clearly understood the difficulties in the licensing process itself, more policy makers would choose to treat this matter with seriousness.

To maximize the potential for successfully becoming licensed, the employing organization should consider supporting NCLEX-RN preparation classes and scheduling mentor/observation time with RNs within the organization. The time needed will vary based on the Foreign Nursing Graduates (FNGs) prior experiences and ability to adapt to the new environment¹⁶.

To develop a sense of belonging and promote retention within the organization, FNGs should be partnered with preceptors and mentors at the employing organization. These individuals will:

- Assist the FNG in orientation to the health care organization;
- Provide opportunities for the FNG to learn about unions and professional associations;
- Help in the clarification of state laws and local policies; and,
- Aid in the process of acculturation to Minnesota.

Employees best suited for these roles are those who demonstrate their appreciation of the contributions of all workers, show patience and communicate in an honest and respectful way.

The focus group findings from IMGs suggest the following:

(1) Increase postgraduate training positions for IMGs given that IMGs come from a medical environment that is different from the US one.

(2) Develop a consortium to work with AAFACD and to plan the Center component that will have resources for Foreign Trained Healthcare Professionals. The center will have the following:

- A database directory
- Personal case management and Counseling
- An outreach unit
- Resources for example computers and other educative literature related to the IMG licensure process
- Mentor workshops

(3) Facilitate familiarity with Minnesota Health Setting and procedures: Develop guidelines to encourage IMGs to engage in observation of patient care in a clinical setting with members of the Medical School.

Suggestions from medical focus group participants to other New IMGs

- *“If your first task is financial sustenance, be psychologically prepared to work with mentally retarded individuals in group homes”*
- *“If you are not prepared do not attempt the exam”*
- *“Have a prepared mind; it not an easy road and requires alot of patience”*
- *“Do not be in a hurry; I took the exam without reading and failed, I thought that I could pass the exams without preparation given my 15 years of practice as a medical doctor in my home country”*
- *“There are certain things one must do without; forego leisure activities (movies, family visits, expensive things) to spend much time on exam preparation”*
- *“Ask questions and interact with immigrants who have successfully got their US licensure”*
- *“Tie your heart, a student cannot financially help everyone back home; if you do not have a steady income”*
- *“If you are looking for a regular job, keep your MD qualification off your resume”*

Concluding Remarks

The purpose of this project was to identify the challenges faced by unlicensed FTHCPGs seeking to acquire licensure to practice as physicians and registered nurses in Minnesota. It is also the intent of the initiative to seek systems solutions and possible changes in the broader context to assist facilitating this process.

Previous exploration on this issue has not received enough attention in Minnesota as it has in other states like New York. It is particularly relevant to act on this issue as one strategy in addressing the present and future shortage of nurses in Minnesota, as well as assisting in creating a quality workplace for FTHCPs in general.

This recommendation suggests that the State with ethno-cultural groups and races would benefit from the importance of a diverse health care workforce in terms of reducing health disparities by utilizing these FTHCPs. For example, FTHCPs can be utilized to reduce the following health disparity issues;

Perceived Discriminatory Attitudes; among populations of color, approximately 30% of adults and 18% of parents think that their race, ethnicity, or nationality causes their health care providers to treat them unfairly.

Language, Religion and Cultural Barriers; Hispanic/Latino, Hmong, and Somali indicate that misunderstanding of their particular language, culture, or religious beliefs causes problems when getting health care services; these barriers are particularly important for Hmong and Somali immigrants.

Problems with patient-provider communication; the communication is critical for the delivery of appropriate and effective treatment and care. Communication problems stem from

a lack of cultural understanding on the part of white providers for their minority patients. For example, patient health decisions can be influenced by religious beliefs, mistrust of Western medicine, and familial and hierarchical roles, all of which a provider in the US may not be familiar with.

Provider discrimination; health care providers either unconsciously or consciously treat certain racial and ethnic patients differently than they treat their white patients. Some research suggests that minorities are less likely than Whites to receive a kidney transplant if on dialysis or to receive pain medication for bone fractures.

The above examples provide a validation for the implementation of this project's recommendations.

Finally, it was a privilege for the research team to learn of the experiences of the participants in the project. They are dedicated foreign-trained nurses and physicians, who are very committed to the possibility of caring for patients, with health concerns in Minnesota. The study would have greatly benefited if the focus group discussions would have involved both licensed and unlicensed FTHCPs.

APPENDICES

Invitation Letter

AAFACD
1821 University Ave W
St. Paul, MN 55104

International Institute of Minnesota
1694 Como Ave. City, State,
St. Paul, MN 55108.

Dear Health Care Professional:

We need your help with an important project. The African and American Friendship Association for Cooperation and Development (AAFACD), Inc., in collaboration with the University of Minnesota Center for Urban and Regional Affairs (CURA) and the International Institute of Minnesota, are currently conducting research to learn about the experiences of foreign trained health care professionals with the licensure process in the United States. The information gathered will be used to develop strategies for helping health care professionals with the licensure process.

As part of this research project we are conducting group research discussions. We are looking for participants who are foreign trained nursing professionals whose licensure does not transfer to the United States. The participants may be undergoing or have completed the licensing process.

If you wish to help with this important project we would ask you to participate in a 90 minute evening research discussion session. You will have a choice of several discussion dates during the first week of August 2005. The discussion will be held at the International Institute of Minnesota (see address above). At the conclusion of each session we will provide an ethnic dinner and also will have a drawing for \$100. (There will be 8-12 people at each session, so you would have about a 1 in 10 chance to win a small cash prize.)

If you are interested in participating in one of our group discussions, or if you have any questions about the project, please contact either of us. In addition, please feel free to share this letter with other foreign trained health care professionals in the Twin Cities area and ask them to contact us at the email addresses or phone numbers below.

Thank you very much for your help with this important project. If you have any questions or would like additional information, please contact us.

Sincerely yours,

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Explanation of the Focus Group Discussion

Before the group begins:

1. Have people put on a name tag (first name only)

When the group is ready to start:

Good evening and thank you for accepting our invitation to participate in our discussion. My name is (moderator's name,) and I'll be facilitating the group. This is (assistant's name), who will be assisting with the discussion tonight.

Purpose:

The purpose of tonight's discussion is to learn about your experiences with the (medical/nursing/health care) licensing process in the United States. The information we gather will be used to help other health care professionals with the licensing process.

Guidelines for how the group works together:

To help us work well together, there are some guidelines I'd like to mention:

1. Please participate freely in the discussions and share your opinions with us. Receiving feedback and ideas from each participant is very important. We are particularly interested in your views because you are representative of other health care professionals.
2. There is no right or wrong answer. Every opinion is valuable, even if they differ.
3. If you have any questions or things you are uncertain about at any time during the discussion, please feel free to ask.
4. This is strictly a research project. Everything you say here is completely confidential. We are taping the discussion only so that we don't miss anything; we want be certain that we accurately record what was said. We will be recording several other groups just like this one, and we will be reporting what each group says as a whole. Your name will never be attached to the results of the study, or to any papers or reports.
5. The discussion will last about an hour and a half; there will be no formal break.

Beginning the discussion:

Okay, to start. First, let's get acquainted by going around the room and introducing ourselves, one at a time. Please just give your first name, and also tell us (what country you are from / what your area of specialty is / how long you have been in the health care field).

Focus Group Questions

Focus group facilitators asked approximately nine questions in each of their sessions. A copy of the focus group guide with the full set of questions is included in Appendix A.

1. (IF NOT ASKED DURING INTRO) How long have you practiced medicine / nursing / been in the health care field?
2. Why did you come to the United States?
3. When did you decide to obtain a license to practice medicine / nursing / health care in the United States?
4. What has been your experience with the licensing process here in the United States?
5. (IF NOT MENTIONED) What problems have you had with the licensing process?
(LIST THE PROBLEMS ON A FLIP CHART)
6. What have you done to overcome these problems? (LIST THESE ON CHART NEXT TO PROBLEMS)
 - 6b. (IF NEEDED) What resources have you used that helped you to overcome these problems?
7. How useful have these resources been?
8. What other suggestions do you have for health care professionals who are seeking licensure?
9. Do you have any final comments or thoughts about the licensing process?

Findings from each of the seven question areas are summarized below.

Some Specific responses from IMGs to focus group questions

How long have you practiced medicine been in the health care field?

- *“Between 1989-2004”*
- *“Between 1998-2001 as a General Practitioner (Madras)”*
- *“2 years”*
- *“6 years as a Pediatrician (India)”*
- *“15 years”*

Why did you come to the United States?

- *“See how to get into residency”*
- *“Re-unite with family”*

- *“War instability in home country lead to participant coming to the US sooner than we had expected.”*
- *“To study Epidemiology”*
- *“Get the US Medical Licensure”*
- *“Civil war led to individuals fleeing the country”*

When did you decide to obtain a license to practice Medicine in the United States?

- *“Started searching for opportunities right away”*
- *“Tried exam right away but got discouraged and quit”*
- *“After my wife had a baby”*
- *“After I saved up some money after driving the cab for a while”*

What has been your experience with the licensing process here in the United States?

- *“A lot of frustration/stress”*
- *“I did not know where to start”*
- *Lack of support from other students*
- *Lack of knowledge about the licensing process*
- *Discrimination –Foreign trained professionals are treated differently because they talk differently”*

What problems have you had with the licensing process?

- *“Financial constraints”*
- *“Visa limitations/ Immigration status”*
- *“Issues regarding time to study”*
- *“Finding a job”*
- *“Family- can be another distraction”*
- *“VISA limitations/ Immigration status”*
- *“Transportation issues”*

“Most students come to the US without prior driving license and may take a while before getting a drivers license or car. Those who use the bus may even have two hour commutes making it difficult to move from one place to another (KAPLAN or Library). KAPLAN for example is open between 10.00 am and closes at 9.00 pm. This makes it difficult for some students to register with KAPLAN.”

What have you done to overcome these problems?

- *“Borrowed money from friends to help with financial problems. New immigrants coming to the United States have no credit history and cannot borrow money from lending institutions”*
- *“Formed a study team and also borrowed books from friends”*
- *“Nothing, I just quit; there is no hope”*
- *“I joined a study group with some friends”*

(IF NEEDED) What resources have you used that helped you to overcome these problems?

- *“Kaplan”*
- *“Learnt about Kaplan from a friend”*

KAPLAN was used for test preparation purposes

- *In 1998, the types of services offered by KAPLAN included:*
- *A 3 month program was about \$2,700*
- *A 9 month program –was about\$10,000. KAPLAN is very expensive and I cannot afford it again.”*

How useful have these resources been?

- *“KAPLAN was the most useful for test preparation”*
- *“The International Institute of Minnesota played a major role in my getting a job”*
- *“I am not happy with the resources available; it would be nice to get some free services. Everything is costly”*

What other suggestions do you have for health care professionals who are seeking licensure?

Resources Needed:

- *“Studying 100% for the licensing exams”*
- *“Scholarship fund for licensing candidates”*
- *“The opportunity to do rotations at the hospitals to get exposed to the US environment”*
- *“Library access at the University to borrow books”*
- *“Financial aid for green card holders”*
- *“Opportunity to audit classes at the University of Minnesota*
Make suggestions to the University to give students Audit privileges.
This can only work if the students are not working full time. Most students work in order to support their families and therefore do not get enough time to study for their exams.”
- *“Mentorship should be provided”*
 - *Personal Advisor*
 - *Guide students with making decisions*
 - *Prepping for interviews*
 - *Resource guide*

Do you have any final comments or thoughts about the licensing process?

- *“Due to the difficulties that foreign trained medical graduate experience, it is essential for every individual to be self motivated.”*
- *“It is hard to depend on other people for support given that people have different work schedules and everyone is busy. It is very hard to get people together to meet as a team and help each other study. This is very different from the experience immigrants have in their foreign countries.”*
- *“Many foreign trained medical graduates get surprised by the licensing process and are not prepared for it when they come to the US. They longer they take to start the process, the more likely they will drag behind and complete the process. Starting the licensing process right away is important because given that the process takes longer than expected”*

Some Specific responses from Nurses to focus group questions

How long have you practiced nursing the health care field?

- *“2 years as general nurse”*
- *“5 years practicing as a Mid-wife”*
- *“1 year as a general nurse”*
- *“6 years as Pediatric nurse”*
- *“2 years as a community nurse who did vaccinations, Pap Smear Tests”*
- *“25 years as a charge nurse in a community hospital”*
- *“8 years as a Nurse in Kenya”*
- *“6 years as a Nurse in Botswana”*

Why did you come to the United States?

- *“Civil war issues led to refugee status in the US”*
- *“To join spouse”*
- *“To practice nursing in the US”*
- *“To get a better life for my family”*
- *“I do not want to talk about it”*

When did you decide to obtain a license to practice nursing in the United States?

- *“Immediately”*
- *“After having a baby”*
- *“After husband got a job”*
- *“Financial constraint may prevent the start of the licensing process”*

What has been your experience with the licensing process here in the United States?

- *“Very bad experience”*
- *“No one cares”*
- *“No one gives direction”*
- *“Mostly negative”*

What problems have you had with the licensing process?

- *“Financial”*
- *“Visa limitations/ Immigration status”*
- *“Issues regarding time for study”*
- *“Finding a job”*
- *Family constraint and working many hours limits study time”*
- *“Language problems”*
- *“Transportation issues”*
- *“Passing the TOEFL exam”*
- *“The part that requires evaluation of credentials was the most difficult part for me. I come from a war torn country and records cannot be found”*

What have you done to overcome these problems?

- *“Made an effort to learn about the nursing licensing process. I was very ignorant about the process.”*
- *“I am not able to overcome my financial problems”*
- *“I got a job in a nursing home after getting my CNA certificate”*
- *“There is very little hope for me”*

What resources have you used that helped you to overcome these problems?

- *“Minnesota International Institute”*
- *“The internet”*
- *“The Veterans Nursing Home”*
- *“Word of mouth”*
- *“Century College”*
- *“St. Paul Technical College”*
- *“Friend have been very helpful with information”*

How useful have these resources been?

- *“KAPLAN is expensive”*
- *“Not much can be done about the financial limitation; so it is hard to find KAPLAN useful if you cannot afford it”*
- *“Talking to other friends has helped because you learn that you are not alone”*
- *“The International Institute of Minnesota has been the most helpful”*

What other suggestions do you have for health care professionals who are seeking licensure?

- *“Plenty of patience is needed”*
- *“One must know what the process requires”*
- *“One cannot do much without money”*
- *“One must work; maybe have more than one job if one has a family”*

Do you have any final comments or thoughts about the licensing process?

- *“Getting a job that you like is not easy; one must be patient”*
- *“Make sure you get your credentials evaluated right away”*
- *“Start the process as soon as you can”*
- *“Take refresher courses”*
- *“Being computer literate is a must”*
- *“It is hard to accept being a Nursing Assistant”*
- *“Having a good relationship with workmates at the places of work is important”*

Endnotes

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