



# Quick Tips for International Medical Graduates Considering Practice in Newfoundland and Labrador

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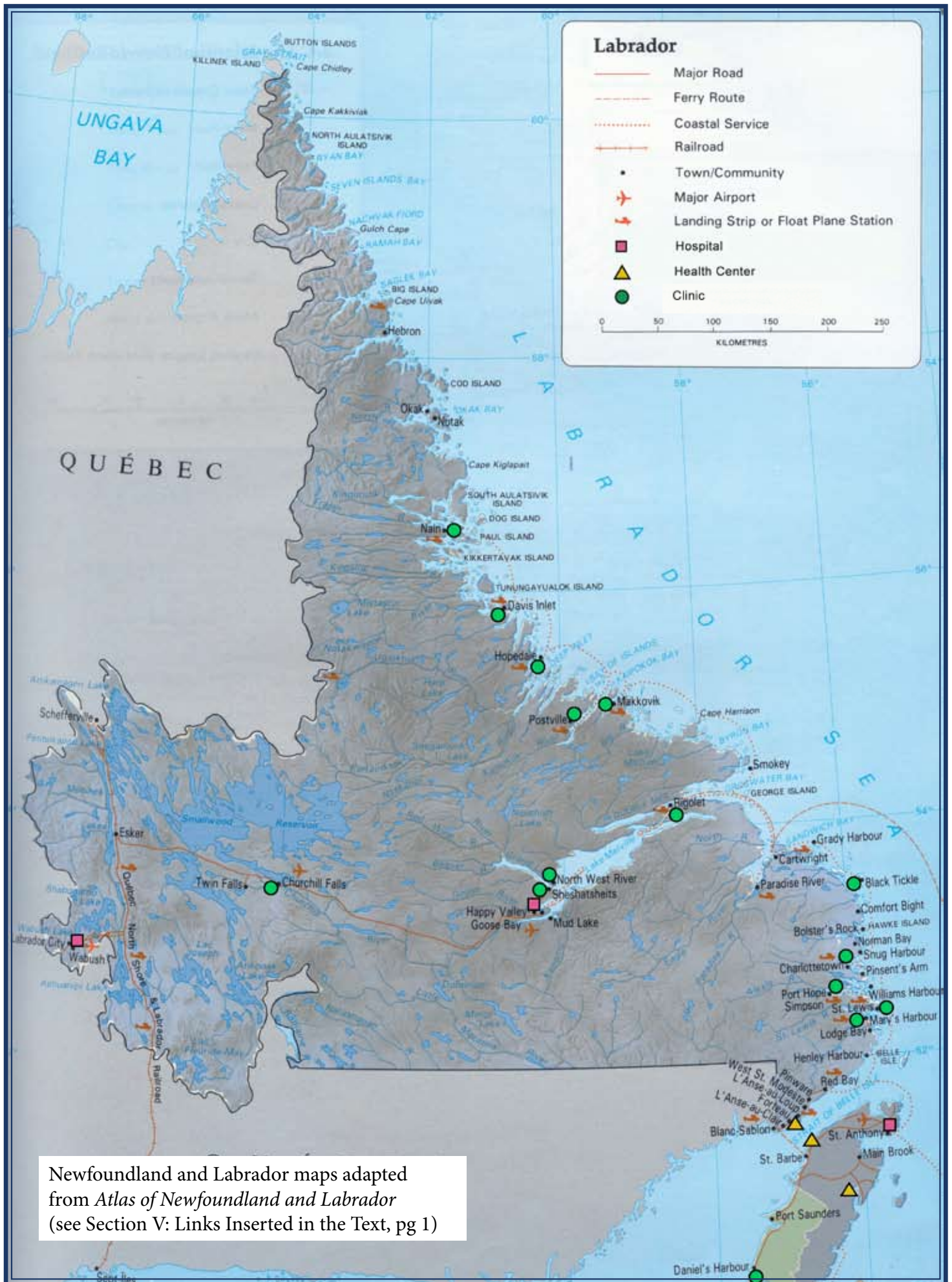


**Health and Community Services**  
Government of Newfoundland and Labrador - Canada

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Newfoundland and Labrador maps adapted from *Atlas of Newfoundland and Labrador* (see Section V: Links Inserted in the Text, pg 1)





## Let Us Welcome You!

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The people of Newfoundland and Labrador appreciate the significant contributions made by international medical graduates (IMGs) to our medical services, especially the support provided in many of our rural communities throughout the province. We value the new perspectives and innovative ideas that IMGs bring to our province and we appreciate that only people from many cultures can bring such welcome diversity.

Consequently, the provincial government has a [strategy](#) aimed at increasing the number of immigrants to the province, with particular interest in improving the retention rate of those who arrive. In fact, this year we launched [Newcomer](#), a newsletter that reports on our progress in improving the immigration experience to this province.

In addition, the province provides considerable help with the immigration process through our [“Provincial Nominee Program”](#). This year also introduces a new service hosted by the Association for New Canadians, a “Resource Development Officer”, whose role is to assist physicians and their families to become established in our communities.

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*Harbour Breton, Newfoundland.  
One of the province's many small  
scenic communities.*



*Street in Lewisporte, a town in  
Notre Dame Bay.*

## QUICK FACTS

### About the place Newfoundlanders and Labradorians call home:

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- Resource-rich and strategically located, Newfoundland and Labrador became Canada's tenth and most easterly province in 1949. It consists of the island of Newfoundland and a section of mainland Canada called Labrador.
- According to the 2006 [Census Canada](#) report, NL has a total population of 505,469 people. *The Atlas of Newfoundland and Labrador* tells us that the province's landmass is 405,720 Km<sup>2</sup>, slightly larger than that of Japan, 337,801 Km<sup>2</sup>. Approximately 250,000 people currently live on the Avalon Peninsula where St. John's, the capital city, is located. Other concentrations of residents are in:
  - Central Newfoundland (Gander, Grand Falls-Windsor)
  - Western Newfoundland (Corner Brook, Stephenville)
  - Labrador (Happy Valley-Goose Bay, Labrador City-Wabush).



The remaining people are distributed in smaller, mainly coastal, centres that reflect a history of involvement in fishing and marine industries. *(In Canada, a "smaller centre" can be a smaller city, a town, or a rural area with a population ranging from 2,500 to 250,000 people. In NL, most rural communities represent the lower end of this range.)*

A recent Royal Commission Report, [Our Place in Canada](#), demonstrates our ongoing contribution to Canada since becoming its tenth province in 1949. For example, NL has:

- One of the world's most lucrative multi-species marine fishing resources,
- Powerful Churchill River hydro-electric resources in Labrador,
- Massive iron ore deposits in Labrador and the world's largest nickel deposit,
- Substantial forestry resources on the Island and in Labrador, and
- Significant off-shore oil and gas resources within our coastal zone's two hundred mile limit.



#### **An IMGs Voice**

*"People don't always know about Newfoundland. I try to tell colleagues at home that it is just like anywhere in Canada. It is important that people know that the transportation and communication systems are good. There is electricity, the roads are good and that everything is fine."*

In Newfoundland and Labrador:

- There are good systems of roads, ferries and air services that connect cities, towns and small communities throughout the province.
- Even very small NL communities have access to electricity, telephone and internet services, clean water, good roads and a good system of public education, health care facilities, legal and financial services, and libraries.

- Government-funded health care consists of hospitals, clinics and nursing stations that work in cooperation with private-practice physicians and other health care professionals and supporting services.

**Experienced IMG Voices**

*“I must say that I enjoyed working in Newfoundland and I still may go back”*

*“I enjoyed my practice there a lot. It was very good. I wouldn’t have wanted to change a thing, in fact I go back often to work in emergency and visit”.*

*“I was happy with my colleagues and with my environment. We had a very good experience”.*

- Public education spans the primary, elementary, junior high and high school levels (for all children from approximately 5 to 17 years of age).
- [College of the North Atlantic](#) (CNA) offers post-secondary education and trades programs from seventeen campuses throughout the province. There are also many private colleges offering training.
- [Memorial University of Newfoundland](#) (MUN), the largest university in Atlantic Canada, has many faculties and schools including: medicine, nursing, pharmacy, social work, engineering, science, art, education and business, as well as many related research centres and facilities.

## About our Wonderful People

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As Newfoundlanders and Labradorians, we . . .

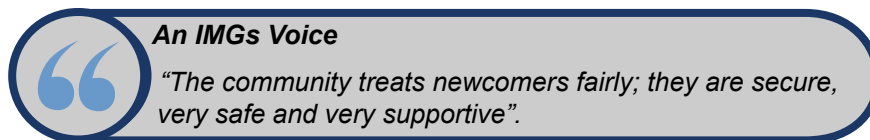
... have a unique identity. Once an independent country, our distinct culture distinguishes us from the rest of Canada, even though we have been part of the country since 1949.

... consider ourselves blessed with a sense of place and a sense of belonging as a result of deep-rooted feelings that the province is the best place in the world to work, live, and raise a family.

... have a passionate appreciation of our [cultural and artistic heritage](#), and enjoy the strong sense of connection to the land and the sea.



... are warm, friendly individuals who are proud of our rich history and diverse and vibrant culture. We are independent-minded and are known to understate our achievements



... are a traditional people with a gritty sense of humour, a strong family orientation, and an understanding that the fate of each member of a community affects everyone else as well.

... are known throughout Canada for our unique sense of humour. This is simply part of our culture, to look at things differently, it is our "gift" to treasure and celebrate. There is also an unspoken sensitivity about the delivery of Newfoundland humour that IMGs may find confusing at first.

... have strong family ties that can extend over generations of relationships. This is especially true for those of us who live in smaller centres.

... do not consider it disrespectful for young people to use first names when addressing older people whom they know well. Even in medical settings, you may see this type of familiarity between generations.



*Local performers entertain at a summer festival*

... may need some time to feel comfortable and trust a new physician. In some communities, clients may feel apprehensive about new physicians and even continue to see physicians in neighbouring communities until a new physician becomes more established.

... may over-generalize the friendship of small community life and feel comfortable approaching a physician with a medical problem at any time- even when you are shopping walking or attending a local event. You will need to decide on an appropriate response.



*YMCA, Grand Falls-Windsor*



*Cobb's Pond Rotary Park, Central Newfoundland*

... often speak in Newfoundland dialects that may not be familiar. Give yourself time to fully understand local expressions, accents and manners of speech. Ask for clarification when expressions are used that you don't understand. A ["Dictionary of Newfoundland English"](#) has been written to document words, phrases and humour you will soon enjoy. For example,

Newfoundland Colourful Sayings	Standard English
"He smokes like a tilt".	Tilt – a temporary shelter built in the woods and occupied only when the men go inland to cut wood.
"You are like a fish out of water".	Not at home in your environment.
"You'll do it in the long run".	Eventually you will succeed.

### As a doctor you may also hear...

"What ails me doctor?"	Whats wrong with me?
"My joints are acting up"	My joints are hurting.
"My toe is festered"	My toe is infected.
"My arm is black and blue"	My arm is bruised.
"My leg feels like it's gone to sleep"	My leg is numb.
"I should put a poultice on it"	Poultice - a moist bread mixture wrapped in cloth and applied warm.
"She's barren"	She can't bear children.
"When will she be better?"	When will she have her baby.
"I finds my leg"	My leg hurts.
"I have awful pain right through me"	I have pain in my chest.
"I have problems making my water"	I have trouble urinating.

### About our lifestyle and the influence of our location

- Enjoy activities such as skiing, snowshoeing, snowmobiling, golf, tennis, sport fishing, hunting, photography, canoeing, kayaking, hiking, camping, and whale and bird watching.
- Experience nature at its finest with our clean air and open spaces in a safe and secure environment.



- Value our strong sense of community, our low crime environment and a balance between the joys of work, family and friends
- Appreciate the clinical experience and access to research support, healthcare resources, and [Continuing Medical Education \(CME\)](#) available through our [provincial medical school](#).

- Practice in well-maintained, well-equipped, well-staffed work environments where solutions have been found to the challenge of our geography using state-of-the-art communications including [Picture Archiving and Communication System](#) (PACS), [Telehealth](#), virtual classrooms, on-line [Continuing Medical Education](#) (CME), computerized health records and distance education

**An IMGs Voice**  
*“Rural NL provides a very comprehensive type of practice. You can learn a lot and you have different scopes of practice. As a general practice experience, I would definitely recommend it because it has been a very positive experience”.*

- Experience a [health-conscious society](#) where smoking is not permitted in public offices, schools, hospitals, stores, shopping malls, restaurants or pubs in NL.
- Compete in organized sports and join in our competitive spirit by accessing the wide range of [recreational, educational and social](#) activities.
- Enter an economy where citizens can still expect to own their own homes based on one of the most reasonably-priced [real estate](#) markets in Canada. Websites of many individual real estate services can also be found using the search phrase “real estate newfoundland and labrador”.



## SECTION II: THE CANADIAN APPROACH TO HEALTH CARE



### 1. How Are Health Care Services Organized in Newfoundland and Labrador?

Primary Health Care is the model of choice for the future in Newfoundland and Labrador. That means that we are building teams who work in collaborative partnership with clients to determine the most appropriate health service providers required to meet their needs. In our model we are establishing evidence-based services to promote health, prevent illness/injury and diagnose/treat episodic and chronic illness and injury. The entire plan is described in a document entitled:

[Healthier Together: A Strategic Health Plan for Newfoundland and Labrador](#)

The delivery of our health services is mandated to four regional health authorities whose boards are responsible for both hospital and community services. More information about each Regional Health Authority can be found at:

- [Eastern Regional Health Authority](#)
- [Central Regional Health Authority](#)
- [Western Regional Health Authority](#)
- [Labrador/Grenfell Regional Health Authority](#)



*Central Newfoundland Regional Health Centre*

The [Newfoundland and Labrador Health Boards Association](#) (NLHBA) operates as a central agency that offers programs and services to use the collective size of the health and community services system to achieve efficiencies and cost-savings in areas such as physician recruitment, collective bargaining labour relations, human resource planning, group purchasing and others.

The NLHBA represents the four Regional Health Authorities that address health promotion, disease prevention, community corrections, rehabilitation, mental health and continuing care. Maps on pages ii and iii of this book show geographic location of hospitals and clinics administered by each authority.

### 2. How is Canada's National Health Insurance Program Implemented?

Canada's national health insurance program, often referred to as "[Medicare](#)", is designed to ensure that all residents have reasonable access to medically necessary hospital and physician services on a pre-paid basis. Instead of having a single national plan, we have a national program that is composed of 13 interlocking provincial and territorial health insurance plans, all of which share certain common features and standards of coverage. In NL this is the Medical Care Plan (MCP). The Canada Health Act describes the underlying values of our federal health insurance. The following has been selected from information provided on the [Government of Newfoundland and Labrador](#) and [Canadian Information Centre for International Medical Graduates](#) websites.



*Connaigre Peninsula Health Centre,  
Harbour Breton*

Roles and responsibilities for Canada's health care system are shared between the federal and provincial-territorial governments. Provincial and territorial governments are responsible for the management, organization and delivery of health services for their residents. The criteria and conditions of health care services must be satisfied by the provincial and territorial health care plans for the province to qualify for their full share of the federal cash contribution available under the [Canada Health Transfer](#) (CHT).

Within the NL government structure, the Department of Health and Community Services' [Medical Services Division](#) is responsible for the provision of medical services, disease control, epidemiology, environmental health and pharmaceutical services.

Our physicians often work within a regional health authority or they set up independent practice in a private clinic. Private practice physicians are granted hospital 'privileges' by the Regional Health Authority. As NL has a medical school, interested physicians precept medical students, clinical clerks, residents, and students completing the [Clinical Skills Assessment and Training Program](#) (CSAT). As well, there are many opportunities to contribute to other health professionals through our schools of pharmacy, nursing, social work, psychology and others.

### 3. What is the “Code of Ethics” of the Canadian Medical Association?

The [Canadian Medical Association's](#) (CMA) “Code of Ethics” can provide insight into physician responsibility in the Canadian system. It lists your fundamental responsibilities as a physician, including your responsibilities to the patient and the patient-physician relationship. It provides guidance on such things as communicating with the patient, decision-making about care, and the need for patient consent. The right to privacy and confidentiality are discussed, as well as, a physician's responsibility to society, the profession, and oneself.



OR, Central Newfoundland Regional Health Centre

#### IMGs put it simply:

“My meeting with the registrar provided information of the ethics of practice, how to prescribe medications safely and prescribe in the right way for narcotics and many other things like when is the right time to consider switching to fee-for-service”.

“When I came here looking for a sponsorship for my CSAT program, these people were very good to me. They took me around the hospital and I spoke with different professionals, borrowed their car to visit the satellite clinics in the region. I had good interactions with the staff and the public too.”

It is important for new physicians to understand how the openness of the Canadian culture is interpreted in terms of ethics, rights and responsibilities. Physicians need to know the legal and regulatory requirements that govern medical practice, such as:

- Inform your patient when your personal values would influence the recommendation or practice of any medical procedure that the patient needs or wants.

- Be aware in providing medical service that a physician cannot discriminate against any patient on such grounds as age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or socioeconomic status. This does not abrogate the physician's right to refuse to accept a patient for legitimate reasons.
- Respect the right of competent patients to accept or reject any medical care recommended
- Recognize the need to balance the developing competency of minors and the role of families in medical decision-making. Respect autonomy of those minors who are authorized to consent to treatment.
- Respect the patient's reasonable request for a second opinion from a physician of the patient's choice.
- Be considerate of the patient's family or partner and cooperate with them in the patient's interest.
- Be aware of the patient's rights with respect to the collection, use, disclosure and access to their personal health information; ensure that such information is recorded accurately.
- Be willing to teach and learn from colleagues, residents, medical students, and other health professionals.
- Be willing to participate in peer review of other physicians and to undergo review by your peers
- Collaborate with other physicians and health professionals in the care of patients and the function and improvement of health services. Treat colleagues with dignity and as persons worthy of respect.
- Communicate clearly to avoid being misunderstood as
  - coercing patients into accepting or rejecting a particular course of action;
  - imposing treatment without regard to patient wishes;
  - deceiving, misleading, lying or not telling patients the truth;
  - failing to treat patients in similar situations equally.



*New mother recovering after giving birth*

#### 4. Is Malpractice Insurance Important?

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In Canada, all practicing physicians must have malpractice insurance with the [Canadian Medical Protective Association](#) (CMPA). This application is usually organized at the time of licensure with the College of Physicians and Surgeons. The CMPA is a mutual defense organization for physicians who practice in Canada. The primary purpose is to protect a physician's integrity by providing services for legal defense, indemnification, risk management, educational programs and general advice. As a not-for-profit organization for physicians, by physicians, it has a membership which comprises about 95 per cent of the doctors licensed to practice in Canada.

## 5. What is the Difference between a College, an Association and a Union?

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Many organizations exist to provide professional services and support for physicians. These entities can generally be grouped as Associations, Colleges, or Unions.

### 5.1 Associations

There are many national and provincial associations that address specific health care issues. They provide a means of organizing the business and advocacy needs of a professional group and provide easy access to current information in their area of responsibility or expertise. For example, the [Canadian Medical Association](#) is the national association of physicians practicing in Canada while the [Newfoundland and Labrador Medical Association](#) (NLMA) is a provincial association that also takes responsibility for negotiating contracts with the government of Newfoundland and Labrador on behalf of our physicians.

### 5.2 Colleges

Each province has its own College that verifies credentials and determines the eligibility of physicians and surgeons to practice in the province. Their primary role is to protect the public and maintain standards. The [College of Physicians and Surgeons of Newfoundland and Labrador](#) (CPSNL) is our medical regulatory body.

### 5.3 Unions

A “union” is the organization responsible for representing workers in negotiations with their employers on salary, working conditions, annual leave, health and dental coverage and pensions. In NL, there are a number of unions in health care, such as the Association of Allied Health Professionals and the Newfoundland and Labrador Nurses’ Union. As previously mentioned, physicians are unique in that they are represented to the government by their medical association, the NLMA.

## 6. How do Physicians Relate to Clients and other Health Care Professionals?

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In Canada, people receiving health care services are considered “clients” who expect to participate in decision-making. To facilitate communication, physicians often elicit patient perceptions and expectations in order to incorporate them into the plan of care.

Consultation between physicians is common practice. You will find that physicians acknowledge to clients when they do not have the information required and either seek it out or refer the client to an appropriate colleague. A referral is usually requested by writing a letter to a colleague and by scheduling an appointment on behalf of the client.



*Health Care professionals consulting.*

Postgraduate Residents carry considerable responsibility and are held accountable for the care they provide. They are expected to be able to develop the doctor-patient relationship and communicate with patients

who have educated themselves about their specific health issue. Their role is to openly discuss their plans and decisions with senior physicians.

The collaborative “team” concept of inter-professional care has become the Canadian standard. You will find that there is a collegiality expected and enjoyed among health professionals. Nurses, physiotherapists, pharmacists, occupational therapists and other health professionals expect to provide input into client care decisions. This “client-centered care” contrasts with the more traditional “medical model” most physicians know so well. Physicians, who have trained and practiced in a more authoritarian system, may be challenged by this approach as they expect to make the decisions and direct the interventions of other health care providers.

Canadian nurses are very well trained and are required to take action if they do not agree with an order. Similarly, other colleagues can also question a physician’s decision and action as you can theirs.

*An IMG comments*  
“I feel nursing leadership is an important part of the new physicians orientation. After all, the main interactions are often with nurses and their input is really helpful.”

## 7. What is the Peer Review Process?

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Peer review is a routine part of the Canadian work environment. Teaching techniques used in Canada almost always include an element of self-assessment as well. It is important for you to understand these approaches and become familiar with the experience. For instance, videotaping and role-playing exercises using “standardized patients” are common. One example of peer review methodology is described on the [Atlantic Provinces Medical Peer Review Process](#) website. You may be expected either to give or receive feedback using these tools.

**THE VOICE OF A NL EMPLOYER**  
“Whenever there is a difference in practice experience because of cultural background, we work with the physician to provide any necessary training. For example, the medical training in some countries does not include practical obs/gyn experience. Physicians need to be prepared to meet the service needs of an area and we as the employer are prepared to help our physicians make that transition.”

## 8. How Important is Medical Literacy?

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Many IMGs quickly recognize the challenges of medical literacy within the Canadian medical system. Initially, you may struggle to communicate medical information, the related reasoning, and your conclusion in a concise and coherent way. The [Subjective Objective Assessment Plan](#) (SOAP) is recognized as the most appropriate way to document medical information.



*Accurate records are an important aspect of health care.*

## 9. Is Infection Control a Priority?

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The need for strict [infection prevention and control measures](#) has probably never been more apparent to the general public and to the medical community than they are today. Our hospitals enforce standardized disease prevention and infection control policies and procedures. You will also notice wide spread “hand washing” campaigns in many institutions across all sectors and on public media.

## 10. What Provincial Legislation is Important to Know?

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As health delivery legislation is a provincial mandate, you will be expected to familiarize yourself with the statutes relating to the welfare of individuals in Newfoundland and Labrador. Examples of such statutes and some related responsibilities include:

- (a) [Child, Youth and Family Services Act](#). Health care professionals must report information/ reasonable suspicion of a child who is in danger of abandonment, desertion, neglect, physical, sexual or emotional ill-treatment; failure to report is an offence and is liable to a fine of \$10,000 and/or imprisonment.
- (b) [Mental Health Act](#). If, in the opinion of a physician, a person requires hospitalization in the interests of his/her own safety, safety to others or safety to property, may without his/her consent be admitted to, detained within and treated at a treatment facility, provided specific conditions are met.
- (c) [Neglected Adults Welfare Act](#). A person who believes an adult to be neglected shall report their concern to a social worker. The Director of Neglected Adults then investigates and may request a medical practitioner to examine and report on the physical and mental condition of the adult and the care and attention he/she is receiving. Failure to report neglect is an offence and is liable to a fine of \$2,000 and/or imprisonment.



*Baby Gray and Public Health Nurse,  
Brookfield*



*Triage, Brookfield*



*Long term care, Baie Verte Hospital*



*Diabetes Education, Grand Falls-Windsor*

## SECTION III: ADVICE FROM YOUR IMG COLLEAGUES



Once you understand the demands of your practice, it is best to inform your employer of any gaps you have identified. You may want time to practice specific skills or request mentoring in a specific area. Identifying your own learning needs and asking for help is standard practice and is encouraged as a part of the routine delivery of high quality health care expected by your employer and colleagues.

### What IMGs have said about ...

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#### *... understanding the system.*

In the beginning not knowing the system, the organization, the roles people play, and how they are expected to behave can cause considerable stress for a physician entering practice in a different culture.

“

#### **IMGs put it simply:**

*“I just didn't know that was how it worked, but now I know that it is vitally important to take the time to find out about the context within which you are working.”*

*“My employer supported me. They asked the physician I replaced to stay on a few more weeks so that he could orientate me on what happens. There were also preceptors in the CSAT program to help and the VP of Medical Services was very available.”*

#### *... allowing sufficient time to adjust.*

The transition to practicing in Canada is challenging. The system is designed for universal health care and therefore is unique in the way models of practice are organized. You may discover learned behaviours that you might take for granted. For example, your beliefs about aging and/or expectations around family support may differ greatly from the Canadian use of home care or nursing home facilities. You may notice for example that being therapeutic in Canada includes setting limits and appropriately challenging clients. Recognizing when judgments are influenced by a different set of cultural values will help you to strike a personal balance. Take the time to engage in conversation by confirming, questioning and elaborating.



*St. John's, Newfoundland*

“

#### **An IMGs Voice**

*“Treating others as you would like to be treated is not always the most helpful approach in cross-cultural situations.”*

*“I think that certain statistics need to be explained about the community that you'll be practicing in, and the lifestyle issues of the community; like what type of jobs are common, the religious backgrounds, as well as the activities and the educational and economy of the population you care for.”*

*... adapting to an evidence-based work environment.*

Take advantage of the library services and other resources to develop the computer skills needed for literature searching on [PubMed](#) or [medline](#). These are valuable skills and tools that we all need. Seek out any clinical practice guidelines that are available.

Familiarize yourself with the format of written communications. You may need a brief explanation of the expectations concerning format and content. For example, seek out the information you need concerning taking a case history of a newly admitted patient and preparing ER notes, an office note, a consult request, or an independent medical assessment.



*ER, Gander*

**AN EXPERIENCED IMG'S VOICE**

*"A huge benefit for me was the exposure to information technology. Visits to the library to perform searches became a daily occurrence; lunchtime meetings on evidence-based medicine were another bonus."*

*... learning the unwritten rules of hierarchy.*

It is noteworthy that the Canadian medical culture has a flatter hierarchy than many other countries and you may notice differences in attitudes toward authority figures. It is a good idea to reflect on the type of things you feel might be influenced by culture. Some IMGs who have practiced with us in NL have identified an adjustment to the roles held by both genders, for example, females often hold such positions as Chief of Service, Program Director, Manager, Clinical Chief, instructor or supervisor.

*... understanding local opinion.*

We all value the fact that Canadian society strives to respect individual rights. In health care, this includes personal life choices like homosexuality, same-sex marriage and women's issues

*... appreciating the complaints system.*

Patients understand they have the right to express concerns and make formal complaints about health care workers, including physicians. They have the right to appeal treatment prescribed and decisions made by physicians.

*... becoming knowledgeable about provincial and private drug plans.*

When prescribing medications and treatments, physicians need to know what drugs and services are covered by the [Newfoundland and Labrador Prescription Drug Program](#) (NLPDP) and by [private](#) health plans. Methadone prescriptions are controlled through strict [policy and procedure](#). Be sure you know the rules for prescribing.



**An IMGs Voice**

*“I think IMGs need to know how the provincial health system works as far as making services available to the population, things like geriatric care, home care, MCP coverage, charting and provincial drug plan coverage in order to take care of patients.”*

*... understanding third-party requests.*

Physicians are often called upon to perform [Independent Medical Examinations](#) (IMEs) which are clinical examinations performed at the request of a third party for employment, legal, financial or insurance reasons. One example of a third party is the [Workplace Health, Safety and Compensation Commission](#) (WHSCC). It is important to remember that the physician does not make the decision as to the benefits a patient receives. The physician is paid by the third party to provide his/her opinion only. The third party is the body that decides how that report is used. Therefore, it is very important for new physicians to understand the process of third-party requests

*... your role in providing education and counseling.*

Physicians support provincial prevention programs and expect people to not only describe their symptoms, but to also discuss other issues that impact wellbeing such as marital problems, parenting or mental health concerns. Physicians are considered leaders in promoting our prevention initiatives and tend to encourage people to have regular cervical or prostate screening and breast examinations. Canadian youth receive safe sex education at an early age in the public school system and Physicians often counsel teens about sexual health. A good resource, the [Newfoundland and Labrador Sexual Health Centre](#) promotes sexual health, preventive care and access to information.

*... understanding practices that are specific to the culture.*

End-of-life care can vary greatly between cultures. In Canada, families expect to be advised about the condition of aging relatives and often ask for family meetings with physicians to discuss the management and/or needs of their loved ones. When possible, clients are encouraged to arrange for an [“advance health care directive”](#). This document gives direction to physicians on the patient’s preferences in the event that the client becomes unable to make a decision themselves. Through an “advance health care directive”, the client can appoint another person to act as a substitute health care decision maker should he/she lose competency or be unable to communicate a decision to the attending physician.



**EXPERIENCED IMGs VOICE**

*“Discussing a patient’s mood problem or reassuring a stressed patient is one of the most difficult aspects of communication skills. I still find it hard to know, on some occasions, how to respond to a patient with mood problems. Coming from a conservative culture it is really hard to know what is appropriate to say or do and what is not. I used to feel disabled and frustrated in those challenging situations. I was also concerned about crossing the line of what is acceptable in the doctor-patient relationship. I had to learn empathic phrases like “sorry to hear that”...in my culture such phrases are not used while communicating with patients.”*

*... interpreting body language.*

Body language is an important form of cultural communication signaling respect, interest, empathy and distress. Be careful how you interpret such “cues”. There can be important cultural differences and norms that impact on communication during a medical encounter: Build awareness of the non-verbal information conveyed by eye contact, facial expression, voice and intonation, personal space and body posture in the Canadian context.

*... recognizing the influence of culture on training, skills and practice.*

Take the time to identify trans-cultural challenges for what they are and learn to adapt your expectations within the context of a Canadian lifestyle. Canadian-trained physicians learn culturally-influenced skills within their curriculum that could provide useful information to other physicians. Some examples include: the doctor-client relationship, interviewing skills, conducting a physical examination, taking a sexual history, and managing an angry patient. In Canada, psychiatry is included as a core rotation of training. Consequently, clients expect and receive aggressive treatment of psychiatric conditions. For example, depression is a common medical condition that is aggressively treated and discussed openly. Making the diagnosis is often dependent on the physician's ability to interview the client and to recognize the non-verbal clinical indicators such as lack of eye contact, voice and intonations. Similarly, physicians are trained to deal with addictions such as alcohol, drugs and gambling as well as sexual and physical abuse and family violence. Depending on your individual exposure to such topics, you may need to adjust to these cultural aspects of the physicians' role and when necessary seek out additional training. Fellow IMGs have identified client cues about homosexuality, mental illness, marital distress, substance abuse, premarital sex and pregnancy as the most challenging.

**IMGs Comment**

“I know it's been highly stressful for several of us IMGs that just sort of landed here and had to get to grips with it. There needs to be some sort of transition period to have a chance to acquire needed skills because all of a sudden you're staff. It is quite stressful”.

“I think there probably needs to be some focus on the richness of the multicultural community that we bring to NL hospitals. We need to celebrate our differences by recognizing and appreciating our diversity. It is helpful and lends itself to mutual respect.”

*....recognize that co-workers sometimes only need a little more information to understand.*

Sometimes co-workers may misinterpret your reactions in specific situations. It may be useful to explain why you are taking (or not taking) certain actions to make sure people understand.

**A True Story**

The performance of a very competent 40-year old IMG resident deteriorated in her second year. She appeared disinterested and completed a minimum of work. Faculty were concerned that she was 'marking time' to achieving her licensure status. Teachers initially understood her behaviour as either a lack of knowledge, diffidence about the program, or arrogance. Through exploration with the IMG, her teachers learned that she was exhausted but was not asking for help because her culture valued stoicism. Her exhaustion was related to the significant anxiety and stress of coming to Canada as a refugee and gaining access to a residency position. Fortunately, this situation provided all parties with valuable learning about cultural values and the need for collegial support.

## Section IV: TIPS ABOUT SETTLEMENT RESOURCES AVAILABLE



- IMGs, who are Canadian and eligible for a provisional or full license, can enter directly into practice in the province. However, IMGs who have not yet immigrated to Canada, but are eligible for a provisional license, are employed on a work permit arrangement through the sponsorship of a regional health authority and often apply for immigration through the [Provincial Nominee Program](#). The [Provincial Physician Recruitment Office](#) of the Newfoundland and Labrador Health Boards Association answers many of your questions about these processes and provides a website resource of [frequently asked questions](#) for your convenience.



*Physicians housing units, Baie Verte*

### An IMGs Voice



*"We need information about immigration. Many of us are interested in applying for landed immigrant status and need to know who can help us with that process in the province."*

- The [www.nlphysicianjobs.ca](http://www.nlphysicianjobs.ca) site provides an overview of physician salary scales. Under the tab "Work Here", you will find information about payment schedules, retention bonuses and the Memorandum of Agreement between government and practicing physicians.

### IMGs say:



*"It is important to know how you are paid for some of the work that you do and understanding the differences in terms of who does what in the Canadian system - without previous exposure it is difficult."*

*"New physicians need to be advised about what exams to take, what continuing medical education is available under your contract and how to access further training."*

*"There isn't a lot of difficulty to get started at work. I can just focus on adjusting to the medical aspect of my practice. I don't have to worry about the basics of starting a practice or financial issues or whatever. The office is set up. The system is already there."*

- It is important, early in the relocation plan, to indicate your spouse's interest in working to ensure compliance with [Citizenship and Immigration Canada](#) policies and regulations. There are many opportunities for volunteer work which are also recognized as valuable ways to make friends, network and add local references to a resume. You will find a helpful selection of employment search websites at [employment search websites](#). In addition, [www.workopolis.com](http://www.workopolis.com) frequently posts employment opportunities in NL.

- You may not be able to get bank loans or lines of credit in Canada for some time. As a member of the [Newfoundland and Labrador Medical Association](#), you will automatically qualify for free financial consultations offered by [MD Management](#).

#### AN EXPERIENCED IMG'S VOICE

*“Loss of self-esteem is another important issue for IMGs. You lose this other element of humanity in many situations. I had this feeling as a newcomer trying to rent an apartment with my wife. Unfortunately the response I received from the landlord was ‘your application was declined because you do not have a credit history in Canada and currently you are unemployed...’ In the end I managed to arrange for a salary advance from my employer.”*

*“The regional recruiter got me an appointment at the bank to open an account, and then she took me to get my driver’s license exchanged. I needed help to adjust and settle in these parts. Help with schools for the kids, a job for my spouse and finding housing, there were many things to consider and organize.”*

- The [Association for New Canadians](#), a key provider of settlement and integration in Newfoundland and Labrador, can be very helpful in assisting your family to adjust to their new community. Ask about Language Instruction for Newcomers to Canada Program (LINC), AXIS Career and Employment Services and other Integration Support Programs.
- The “Resource Development Officer” with the Association for New Canadians is a service designed to support you and your family. This service is available through the [www.nphysicianjobs.ca](http://www.nphysicianjobs.ca) website. The officer has a mandate to:
  - Assist with day-to-day questions you may have
  - Provide contacts and direction to help you integrate into the community,
  - Help sort out documents, applications for things you need like insurance, Social Insurance Number (SIN), Medical Care Plan (MCP), Drivers License, etc.,
  - Help you locate services and resources (child care; employment support, church contacts, libraries, volunteer work, etc.),
  - Introduce you to others from your homeland through internet connections, and
  - Help find a volunteer Canadian host family to help you and your family get accustomed to living in Newfoundland and Labrador.

#### These services have been introduced as a result of feedback from IMGs.

*“A lot of priority should be given to helping physicians and their families, I think the family has been a little neglected, also issues about integrating outside the medical system.”*

## Some useful links for support and services:

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- Welcome to Canada “A Newcomer’s Introduction to Canada” [www.cic.gc.ca/english/resources/publications/guide/index.asp](http://www.cic.gc.ca/english/resources/publications/guide/index.asp)
- Getting a NL Driver’s License [www.gs.gov.nl.ca/gs/mr/dl.stm](http://www.gs.gov.nl.ca/gs/mr/dl.stm)
- Getting a Social Insurance Number (SIN) [www.servicecanada.gc.ca/en/sc/sin/index.shtml](http://www.servicecanada.gc.ca/en/sc/sin/index.shtml)
- Getting access to Medical Care Plan (MCP) for you and your family [www.health.gov.nl.ca/mcp](http://www.health.gov.nl.ca/mcp)
- Getting insurance for your belongings [www.yellowpages.ca/search/](http://www.yellowpages.ca/search/) “Insurance in Newfoundland”
- Getting information about taxes [www.mdm.ca](http://www.mdm.ca)
- Getting employment search support for spouse and family members [www.anc-nf.cc/axis.html](http://www.anc-nf.cc/axis.html)
- Getting information about weather [www.msc-smc.ec.gc.ca/weather/contents\\_e.html](http://www.msc-smc.ec.gc.ca/weather/contents_e.html)
- Work Ready: CLB Resources [www.language.ca/display\\_page.asp?page\\_id=1](http://www.language.ca/display_page.asp?page_id=1)
- Labour Market and Career Information for NL [www.LMIWorks.nl.ca](http://www.LMIWorks.nl.ca)
- Credential recognition [www.credentials.gc.ca](http://www.credentials.gc.ca)
- Demographic and economic information about communities [www.communityaccounts.ca](http://www.communityaccounts.ca)

**INTRODUCING A NEW Physician Recruitment Website for Newfoundland and Labrador**  
[www.nlphysicianjobs.ca](http://www.nlphysicianjobs.ca)

Newfoundland and Labrador **Physician Recruitment** [www.nlphysicianjobs.ca](http://www.nlphysicianjobs.ca)

"... the community is extremely friendly, people get along very well. It is just a very stress free, excellent place to live for any health professional."  
Dr. Barnhill, 2006  
Gander, NL

Position Title	Specialty	Location
Anesthesiologist	Anesthesia	Grand Falls-Window
General Obstetrician/Gynaecologist	Obstetrics-Gynaecology	Stephenville
GP/Physiologist	Family Medicine	Port au Port
Internal Private Clinic, Airport Heights medical clinic	Internal Medicine	St. Anthony
Private Clinic, Blackmarsh Family Care	Family Medicine	St. John's
Private Clinic, New Harbour Medical Clinic	Family Medicine	New Harbour

**Quick Links**  
Frequently Asked Questions: Find Information For:

- General
- Living in Newfoundland and Labrador
- Practising Medicine in Newfoundland and Labrador
- International Medical Graduates
- MAIN Residents and Students
- Medicine as a Career
- International Medical Graduates
- Education & Examinations

Welcome to the Physician Recruitment Website for the province of Newfoundland and Labrador.  
This site will provide you with information on available practice opportunities in our province and details on living and practising medicine in Newfoundland and Labrador. As well, we provide a number of services to interested physicians such as our job/locum notices and our colleague-to-colleague email services.  
The information on our website is provided by our four Regional Integrated Health authorities as well as private practice clinics who are actively recruiting. For additional information, please contact the Provincial Recruitment Office at (709) 777-6001 or Scarlet Hearn at [shearn@rhn.ca](mailto:shearn@rhn.ca)

# Steps Towards Integration

## Culture Shock – What Your Family Might Experience

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All health care professionals understand the process of grief and loss. In North America, it is said that “losing a job” and “moving to a new community” rank third and fourth respectively among life’s major stresses. When you move to Canada, be prepared to experience or identify some of these transitions in family members.

### ***Stage 1 Honeymoon***

You have arrived safely and find many things in the new culture interesting and exciting.

### ***Stage 2 Initial Culture Shock***

The honeymoon is brief and soon you have to deal with many problems in an untried environment. Unfamiliarity with local dialect and language use can be a challenge. At this stage you may feel like complaining about this new country.

### ***Stage 3 First Adjustment***

By now, you have developed a better understanding of local language use. You also know more about Newfoundland and Labrador, so everyday activities are getting easier. You begin to meet people who can help with problems.

### ***Stage 4 Mental Isolation***

You may experience a deep sense of loneliness being away from family and friends. Feeling isolated, frustrated and very tired is typical of this stage. Often it is difficult to recognize that this is part of the natural adjustment process. Some people remain in this stage longer than others.

### ***Stage 5 Acceptance and Integration***

You begin to feel more comfortable with the second language and with new friends and associates. There is an acceptance and identification with the new culture. By this time you’re beginning to fit into the host culture and feel part of it.