# Bridging the Gap: U.S. Cultural Orientation Program for Internationally-Trained Physicians (ITPs)

Catherine V. Caldicott, MD, FACP, Medical Director, PBI Education Amanda Olaogun, BS, Director of Communications, PBI Education Leia Leiser, BS, Vice President, PBI Education

## The Problem: Removing Post-Graduate Training Requirements Creates an ITP Knowledge Gap

Numerous states have proposed or enacted legislation that allows ITPs to gain licensure without additional post-graduate training (PGT), such as a U.S.-based residency program. As residency traditionally orients physicians to the U.S. healthcare system and medical culture, ITPs—indeed, all international medical graduates—may face novel experiences unprepared, creating risks for their patients and themselves.

Evidence shows that international physicians have a higher risk of being disciplined than North American medical graduates, and that poor communication skills and lack of familiarity with cultural nuances and norms may underlie allegations.[1, 2] Moreover, during residency training, international medical graduates are more likely to experience discrimination and encounter both cultural and linguistic barriers in patient care.[3, 4]



Regulators who wish to protect the public by setting up ITPs for success need resources to bridge this gap.[5] PBI Education, a leader in physician professional conduct training, is creating one such resource: The PBI U.S. Healthcare Cultural Orientation Program for IMG/ITPs.

Although necessary, clinical competence is not sufficient for a physician to practice safely, collaborate effectively with other clinicians, and successfully integrate into the U.S. healthcare system. This program will allow boards to ensure that the ITPs they license are prepared and confident in their ability to treat patients in various practice settings from day one.

### **Application for Medical Boards**

It is essential that incoming ITPs possess the clinical skills and competence requisite for licensure. Equally crucial, however, are preparation and support so they can successfully provide high-quality patient care in an unfamiliar healthcare environment. Below are suggested approaches to achieve such preparation and support.

- 1. Mandate a U.S. healthcare cultural orientation program as a standard component of an additional pathway to licensure
- 2. Require a U.S. healthcare cultural orientation program on a case-bycase basis as individual candidates are assessed



## PBI U.S. Healthcare Cultural Orientation Program for IMG/ITPs

#### **Program Aims:**

- Prepare IMG/ITPs to be successful in the U.S. healthcare system
- Support and encourage IMG/ITPs to have confidence in their roles practicing in the U.S.
- Bridge the gap between any potential discrepancies in training outside of the U.S. and how medicine is practiced in the U.S.

**Program Format:** Interactive, online, self-paced content, approximately 4 CME hours

Program Audience: International Medical Graduates (IMGs) and Internationally-Trained Physicians (ITPs) utilizing alternate pathways to licensure in the U.S.

#### **Sample Program Topics:**

- Overview and Economics of the U.S. Healthcare System
- Your License to Practice: Regulatory Guidelines
- Communication Within the Healthcare Team
- Patient-Centered Care and Patient Autonomy and Rights
- Professional Boundaries
- Billing, Coding, and Documentation

Content aligns with ACCME Curriculum Framework for Onboarding and Orienting IMGs [6]

**Program Available Summer 2025** 



Use the QR code above to sign up for program news and updates.

"We know ITPs are capable of providing exceptional clinical care. We want them to succeed and thrive as they transition to a new healthcare environment of systems, norms, and expectations that may be unfamiliar. This program meets that need.

- Catherine V. Caldicott, MD, FACP, Medical Director, PBI Education



Use the QR code to view a digital version of the poster and other resources.



<sup>1.</sup> Alam A, et al. The Characteristics of International Medical Graduates Who Have Been Disciplined by Professional Regulatory Colleges in Canada: A Retrospective Cohort Study. Acad Med. 2017; 92(2): 244-249.. | DOI: 10.1097/ACM.000000000001356

<sup>2.</sup> Bush J, Chenvert S. An Evaluation of Clinicians with Subsequent Disciplinary Actions: Washington Medical Commission. J Med Regul. 2022; 108(1):16-20.

<sup>3.</sup> Baldwin DC, Daugherty SR, Rowley BD. Racial and ethnic discrimination during residency: Results of a national survey. Acad Med. 1994; 69(10 suppl):S19-S21. doi: 10.1097/00001888-199410000-00029. http://journals.lww.com/academicmedicine/Abstract/1994/10000/Racial\_and\_ethnic\_discrimination\_during\_residency\_.29.aspx. 4. Fiscella K, Roman-Diaz M, Lue BH, Botelho R, Frankel R. 'Being a foreigner, I may be punished if I make a small mistake': Assessing transcultural experiences in caring for patients. Fam Pract. 1997;14:112–116. doi: 10.1093/fampra/14.2.112.

<sup>5.</sup> Federation of State Medical Boards (FSMB), Intealth, and the Accreditation Council for Graduate Medical Education (ACGME). "Advisory Commission on Additional Licensing" Models Guidance Document." FSMB.org, April 2025, https://www.fsmb.org/siteassets/communications/acalm-guidance.pdf.

<sup>6.</sup> Accreditation Council for Continuing Medical Education (ACCME). "Curriculum Framework for Onboarding and Orienting International Medical Graduates." ACCME.Org, Mar. 2025, http://accme.org/wp-content/uploads/2025/03/1066\_2025\_03\_24\_Curriculum-Framework-for-Onboarding-and-Orienting-International-Medical-Graduates.pdf.