OVERSEAS-TRAINED DOCTORS

hurdles are not only academic, but also personal, based on our uninformed and unchallenged perception of their culture, education and work ethic. Every foreign graduate we have taught has understood the rationale for an Australian exam, but, after attaining the very standard demanded by the profession, it is the indignity of working in an unsupported and hostile environment as a second-class doctor that turns out to be the insurmountable hurdle.

Although the issues surrounding foreign medical graduates are genuinely difficult and bear no glib resolutions, we suggest the following considerations.

• Integrate foreign medical graduates preparing for the AMC exam into hospitals by allowing them to observe educational seminars, outpatient work and grand rounds. Knowledge of local medical practice is far more accessible in this manner than by spending countless lonely hours in the library in search of assimilation. Access should not be limited to peripheral hospitals, which are often difficult to travel to and lack consistent teaching programs.

• Expand the educational program for foreign graduates by encouraging local physicians to teach. (With the assistance of just one other colleague, each of us spent just 2 hours a week to adequately address the exam syllabus.) It is crucial that program directors sanction such activity rather than be dismissive of its goals — a volunteer teaching program will enjoy success only if personal gain is sometimes set aside.

• Assign a specific mentor for foreign doctors at each institution. Such a mentor must be sensitive to the different goals and needs of foreign doctors compared with those of their local counterparts. Neither excessive pressure to conform nor total immunity from compliance with local standards should take the place of a deliberate process of integration.

• Practise what we preach. Medical students are taught from inception about the value of empathy and communication. We repeatedly examine their grasp of such skills, yet, once they are doctors, these skills are perceived to be an optional extra. Apply the open-ended question to foreign doctors: “Tell me how you feel.”

• Appreciate the worth of foreign doctors as a pillar of our increasingly cosmopolitan society. The very doctors we may deride will go on to serve entire populations, which the average Australian graduate is ill-equipped, and hence uncomfortable, to serve. The statistics on migrants, ageing populations and chronic illnesses do not bear repetition, but the overwhelming need to help our foreign doctors to help us take care of all our patients does.

In medicine, the road is long for us all, but for the foreign medical graduate it is inevitably more winding and rough. It is our obligation to not abandon our colleagues along the way, but to seek to ease their journey with small, personal gestures and larger, administrative measures. While they tend our society’s sick, we must not deny them their own bruises that often lie just beneath the surface. It is only then that as physicians we can truly call ourselves healers.

SNAPSHOT

More art of medicine

The elegant simplicity of Indigenous dot painting, and how it belies a structural complexity within the story of each work, has long fascinated me. I began experimenting myself, but “dot doodles”, with no story, were unfulfilling. A request for artwork from the Day Procedure Unit at my hospital led to the idea of combining work and art. My workday revolves around human anatomy. As a surgeon, I must understand the spatial relationships of structures. I see the apparent simplicity of their position, and yet still marvel at the boundless complexity of their function and the developmental process that has led to their arrangement. A marriage of this art form and these subjects seemed logical, with the parallel of elegant simplicity and structural complexity allowing me to feel comfortable and respectful in using this method of expression.

Iain J Skinner
Colorectal Surgeon, Department of Surgery
Western Hospital, Footscray, VIC.
ijskinner@hotmail.com

“Scope” (upper and lower endoscopy of the gastrointestinal tract; 30 x 45 cm acrylic on canvas).

“Echo” (echocardiography; 30 x 45 cm acrylic on canvas).