



## From malaria to MI

### *A professional journey into the Canadian medical system*

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**T**he painting of the peasant woman caught my eye. There was something about her that reminded me of my grandmother. Painted in simple colours, she seemed to share my grandmother's strength—a strength developed from working the land with no access to technology and from raising several children on her own.

That painting, by Englishman Frederick Sandys, was the one that spoke to me on our tour of the National Gallery of Canada (NGC) in Ottawa. Dr Alison Eyre, coordinator of the International Medical Graduate (IMG) program in the Department of Family Medicine at the University of Ottawa in Ontario, had brought us to the NGC to expose us to the culture of our adoptive nation.

As a child in Ethiopia, I had been sent to live with my grandmother. She seemed to delight in raising us—she certainly enjoyed our company. Most of her days started with some prayers followed by a “good morning” to the sheep and cattle. She milked the cows and offered me some of the milk for breakfast before I went to school. The rest of the milk went to the local government-employed teachers as rent. She was a strong woman—independent and hardworking—and she continues to be a role model for me. I learned important life lessons from her and remembering her strength and courage in life will take me a long way.

After elementary school, I moved to a small town with my mother and stepfather to continue my education. Most of my friends in my grandma's village didn't pursue their post-elementary education, as they didn't have the resources to move. I, however, was lucky and took advantage of this good fortune by applying myself to my studies. Because I had excellent marks, I was awarded one of the 150 medical school positions in our country of 65 million. Six years later I began my rural general practice—4 to 5 years of practice are required before one can go back for residency training. My service was cut short, however, as I married an Ethio-Canadian and emigrated to be with her in Canada. After arriving here, I spent about 18 months preparing for exams and going through the lengthy application process of getting an IMG residency position.

### Canadian practice

Getting back to training and practice has been an exciting chapter in my professional life. I am one of the first participants of the pre-residency program (PRP) for IMGs in Ontario. The PRP program is a new 4-month program designed to introduce IMGs accepted to family medicine residency to the Canadian health care system and the residency program itself. It is sponsored by the Ministry of Health and Long-Term Care, and is run by IMG-Ontario. We spent most of the first 2 months in a classroom learning about the patient-centred approach. This was supplemented by different topics, such as the

role of the College of Physicians and Surgeons of Ontario, the use of clinical guidelines, and literature searches, as well as interaction with residents in family medicine. Overall, this part was very helpful, but most participants felt that it could have been done in a shorter time.

The second half of PRP took place in our respective universities. This was meant to give us

practical exposure to the role of the family medicine resident. We were each assigned a resident for a week in each rotation. We followed our residents during their clinical activities—and sometimes even to the cafeteria. Most participants felt that this part of the PRP was real-life exposure that helped them to understand the system.

The qualifying process is highly competitive, as there are many more IMGs than there are available positions. Although there are no accurate data to show the number of IMGs, the Association of International Physicians and Surgeons of Ontario estimates that there are up to 4000 unlicensed IMGs in Ontario.<sup>1</sup>

Eligibility criteria to apply to IMG-Ontario include the Medical Council of Canada Evaluating Examination, the Medical Council of Canada Qualifying Examination I, a test of English as a second language, and a test of spoken English.

The transition to Canadian practice brought me new dimensions of learning and practice, although it was not without its challenges. Getting a good score on a short English test is not that difficult, but it is a long-term

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process to learn to use a second language for day-to-day activities as a physician.

Integrating oneself into a new culture is not easy either. In Ethiopia, physicians practise what is structurally the same medicine, but the doctor-patient relationship is more paternalistic; decision making is in the hands of the physician, and patients' input into their care plan is minimal. The health care systems are different, as is the prevalence of diseases. In Ethiopia we say, "If you know infectious disease, you know medicine." Cardiovascular diseases and cancer, which are major concerns in Canada, are not top priorities there. Infectious diseases such as malaria, AIDS, and tuberculosis are the major causes of morbidity and mortality.

### Representation in art

Our task that morning we toured the NGC was to pick out works of art that represented our past and our transition to Canada. I saw Canada in *The Benefits of Peace* by the French artist Pierre Puvis de Chavannes. This picture depicts how people can be productive if they have

the freedom to exercise their thoughts and desires in a peaceful environment. To me, this is Canada, where there is freedom of interest, speech, and self-expression. How wonderful this is, as long as we all have the motto to live for the betterment of our society and country. ✨

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### Competing interests

*None declared*

### Reference

1. Association of International Physicians and Surgeons of Ontario. *Integrating Canada's internationally-trained physicians: towards a coherent, equitable and effective national system for the integration of internationally-trained physicians*. April 2002. Available from: [www.aipso.ca](http://www.aipso.ca). Accessed 2007 September 11.

