

# STUDY OF SOVIET PHYSICIANS RESETTLING IN CHICAGO 1987-1990

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*Despite the obstacles that Soviet physicians face in achieving licensure and recertification in this country, many are aggressively trying to enter the U.S. medical care system. A survey of 73 physicians who resettled in the Chicago metropolitan area between 1987 and 1990 found lack of English skills and age over 35 to be two primary obstacles and concluded that most will not be able to gain licensure in this country. As a result of the survey, the Chicago Jewish Vocational Service has altered its policy toward Soviet physicians.*

**T**he Chicago Jewish community is resettling approximately 10% of the Soviet Jews coming to this country. The primary goal of resettlement efforts is to provide the means for Soviet Jews to achieve early economic self-sufficiency and to adjust successfully to new lives. Because of the difficulties in resettling highly trained and technical individuals, such as physicians, achievement of this goal may be delayed.

Over 100 Soviet physicians resettled in Chicago during the late 1980s. For the most part, they are aggressively trying to enter the medical care system in the United States. They face numerous obstacles: some imposed by the licensing system in this country; some caused by the significant differences in medical education between the two countries; some due to the problems imposed by age and language limitations; and others due to the isolation they experience during the study process and their fear of failing the recertification exam.

Despite the negative circumstances that drove them to emigrate, many Soviets leave their country with deep feelings of sadness. They are anxious and uncertain about their future in the United States and desperate to retain their professional status in this country. Although partially aware of the obstacles they face, the recognition of their professional status is of such importance to

them that they remain determined to become recertified and licensed in this country.

## LICENSING PROCESS

The Educational Council for Foreign Medical Graduates (ECFMG) administered the first standard examination to foreign physicians in 1950. At that time, 70% who took the exam passed on their first attempt. Currently, the failure rate is much higher, and licensing is a strong deterrent for most foreign medical graduates. In 1977, the examination for licensure was made more stringent because there was no longer perceived to be a shortage of physicians in this country (Stevens, Goodman, & Mick, 1978). In 1983 the Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS) was introduced, which imposed even stricter standards on foreign medical graduates.

Licensing immigrant physicians in the U.S. is a three-stage process. The recertification process includes passing two sets of examinations, and then completion of an approved residency program is required for licensure. In Illinois the residency lasts a minimum of 2 years.

The first examination, which is proving formidable for the refugee physicians, is the FMGEMS, Part I and Part II. Day 1 of

the FMGEMS is a 6½-hour test covering the basic medical sciences. Students spend a morning and afternoon session answering about 500 multiple-choice questions in anatomy, behavioral sciences, biochemistry, microbiology, pathology, pharmacology, and physiology. Day 2 includes a 1-hour ECFMG English Test and a 6-hour 450-question examination of clinical sciences: internal medicine, obstetrics and gynecology, pediatrics, preventive medicine and public health, psychiatry, and surgery. Day 1 and Day 2 are offered on two successive days each January and July.

To practice medicine in the United States, students also need to pass a licensing examination recognized by the state in which they practice. Currently, all 50 states accept the Federation Licensing Examination (FLEX) developed by the Federation of State Medical Boards of the United States. Most states offer the exam twice each year, in June and again in December.

Component 1 of FLEX is a 1½-day test of the basic and clinical sciences. About one-fifth of the 580 multiple-choice questions test basic science knowledge, and two-fifths require students to apply this knowledge to disease mechanisms. The remaining two-fifths focus on clinical problems in the hospital setting. Component 2 of FLEX is also a 1½-day test. Although Component 1 focuses on medical knowledge and skills in a supervised situation, the second part of FLEX concentrates on the independent practice of medicine. The 700 multiple-choice questions test diagnosis and management skills, sometimes with groups or clusters of questions following the description of a single clinical situation. About one-fourth of Component 2 questions are devoted to inpatient cases, with three-fourths involving ambulatory situations.

All of the examinations are given in English. An understanding of written and spoken English is required to pass these tests and to study or practice medicine in the United States. The Test Of English As A Foreign Language (TOEFL) is the most widely

accepted English language test in the United States. In addition to being required by most American colleges, universities, and licensing programs, it is the model for the ECFMG English test. The 3-hour TOEFL is designed to measure vocabulary, reading comprehension, written expression, grammar mastery, and listening skills. A passing scores on all of these exams is 75.

Finally, the physicians must obtain a state-approved residency program. Obtaining an approved residency program often proves to be an obstacle equal to that of passing the exams. For a variety of reasons, Soviet refugees have an extremely difficult time entering into a medical residency program.

American hospitals actively pursue American-trained, American-born medical graduates for residency programs. Program directors feel their institutions have more prestige if they can fill *all* of their residency positions with native-speaking, "American"-looking physicians.

Graduates of American medical schools secure their residency positions by using a computerized match service. The service matches hospital lists of preferred residents against the graduating physicians' list of desired hospitals. At this time Soviet physicians have not been able to meet the time deadline for the match program. Due to their late test dates, they must compete with other foreign medical graduates (FMGs) for the positions that hospitals were unable to fill in the match. Often, the Soviets are significantly older than competing FMGs and their command of English is lower. Another factor appears to be a perception on the part of American hospital administrators that Soviets have an inferior medical education. This perception affects their opportunities for placement, despite the fact that they passed all of their qualifying exams.

In 1984, the National Association of Jewish Vocational Services conducted a survey that showed that, among the Soviet Jewish refugees, there were at the time some 200 physicians, many of whom had passed the

ECFMG exam, who were not able to get into medical residency programs. This problem, which is national in scope, has persisted for a long time.

#### **SUPPORT OFFERED BY CHICAGO JEWISH VOCATIONAL SERVICE TO SOVIET PHYSICIANS**

The Chicago Jewish Vocational Service (JVS) encourages the efforts of refugee physicians through individual counseling and reimbursement of the tuition fees for review courses in medical sciences, as well as all fees for necessary examinations. Central to acculturation and job placement is the Vocational English-as-a-Second Language (VESL) program in which technical language classes are tailored to meet the needs of individuals in medicine and the allied health fields.

Soon after their arrival in Chicago and after basic VESL instruction, Soviet refugee physicians are provided tuition for the Stanley H. Kaplan Medical Test Preparation course. This course, designed for students and graduates of foreign medical schools, uses recorded lectures and practice tests that let students progress at their own pace. In addition to providing medical instruction in English, the course provides information on areas where American medical practice differs from curricula taught in the Soviet Union or other Eastern European countries.

Over the past 3 years, JVS observed that the process of test preparation appeared to be taking a considerable amount of time. The counseling staff also became increasingly aware of the low number of physician/students who were able to pass the exams and how difficult it was for those who had passed the exam to find a residency. JVS decided to contact these physicians to assess where they were in the recertification process and to determine how they viewed their progress toward their stated goals.

In January, 1990, a written survey was sent to 103 physicians who settled in the

Chicago metropolitan area over a 3-year period. The purpose of the survey was to document what success, if any, this group was experiencing.

#### **JVS SURVEY OF SOVIET PHYSICIANS**

##### **Participants**

The first mailing of the survey was sent to 87 individuals on January 17, 1990 and produced 56 responses. A second mailing was sent on February 12, 1990 to those individuals who did not respond plus an additional 16 physicians not included in the original mailing. The second mailing produced an additional seven responses. A telephone follow-up conducted between March 19-26, 1990 contacted an additional ten respondents.

The 73 physicians who are the respondents for the study all resettled in the Chicago metropolitan area between January 1, 1987 and January 30, 1990, are Jewish, arrived from the Eastern Bloc, and all but three came from the Soviet Union.

##### **Procedure**

The questionnaire sent to the Soviet respondents consisted of 14 questions. The first section included demographic questions: date when the M.D. degree was received, level of specialty in the Soviet Union, field of concentration, and when they last practiced. The next series of questions allowed the respondents to describe their current situation. These questions asked: were they pursuing medical recertification, how they assessed their ability to speak English, how they were studying, were they employed while they studied, had they taken the FMGEMS or FLEX exams, and, if so, what were the results. The next section of the questionnaire asked the respondents if they would consider an alternative career after several unsuccessful test results. The final series of questions asked them to list what they felt to be their most difficult stumbling

blocks and to offer a self-assessment of their progress.

## FINDINGS

### Group Characteristics

There was a slight female majority in the respondents to the survey. Thirty-eight were women (52%), and 35 (48%) were men. This is not surprising as a high proportion of Soviet physicians are women. However, the percentage of female physicians in the Soviet Union has decreased recently as a result of a deliberate attempt to increase the proportion of men in the medical student population. In 1976 only 56% of the medical students were women compared to 70% in 1975 (Ryan, 1978).

Although the average age of an American medical graduate applying for a residency position is 27, only 13 (18%) of the refugee physicians were in their twenties. Forty-five (61%) were between the ages of 30-45, and 15 (20%) were between the ages of 45-69. The survey participants tended to be from urban areas in the Soviet Union. Sixty-six percent of the physicians come from seven Soviet cities: Moscow (11%), Leningrad (11%), Minsk (11%), Kiev (10%), Odessa (8%), Kharkov (8%), and Lvov (7%).

Forty-three (58%) physicians surveyed stated they were at the highest levels of postgraduate medical training attainable in the Soviet Union. Specialization begins early in the Soviet system of education. At entry to professional school the Soviet student chooses one of four career lines in health: general medicine (therapy), pediatrics, public health, or dentistry (somatology). During the first 2 years the curricula for these programs are similar and include chemistry, biology, physics, anatomy, histology, physiology, and Marxism. Beginning with the third and fourth years of study the curriculum differs for each of these areas. During the sixth year students specialize in a specific area of practice that they then continue during internship.

After completing their training, graduates

of Soviet medical schools are required to practice for 3 years in areas in need of medical personnel. After completing these 3 years of service, physicians may attain specialty status by attending postgraduate courses in a specialty field. This formal program, the "ordinatura," is a 2-year program of supervised clinical training in one of the specialty areas.

An alternative, more ambitious formal specialization program is the "aspirantura," which can also be entered after the 3-year service period. The aspirantura involves 3 years of intensive clinical work in a specialty area, a research project, a thesis, and an examination (Ryan, 1978; Shuval, 1985). An even higher level of specialization can subsequently be acquired after several years of additional specialization and completion of a much more elaborate thesis. This highest level is called "Doctor of Medical Science."

Refugee physicians in this study practiced in a wide variety of settings in the Soviet Union. Practices ranged from prestigious appointments, including chairman of the surgical department and professor's assistant at the Vinnitsa Medical Institute, and appointments to the University Hospital in Lvov, the Medical Institute of Dushake, and the Moscow Central Institute of Schifosovsky, to less prestigious appointments, such as public clinics in Minsk and the Hospital of the Railroad Ministry #6 in Lvov.

According to research by Judith Shuval in her 1985 study, "Social Functions of Medical Licensing: A Case Study of Soviet Immigrant Physicians in Israel," the wide variety of settings may reflect widely contrasting levels of practice. The Soviet system can range from superior for selected, privileged sectors to mediocre or below standard, depending on the setting and the population being served.

### Status in the United States

Respondents to the survey were asked a number of questions regarding their current status in the United States. One question

concerned their personal progress toward the goal of recertification and licensure. Only seven (9%) indicated they were making considerable progress toward their goals. Six of the seven were between the ages of 25 and 34. Thirty-two (48%) stated they were making no progress despite their efforts.

Of the 70% of respondents who stated they are preparing for the FMGEMS, 65% are taking the Stanley Kaplan course, and 35% are studying independently or at a private medical study course offered by the for-profit subsidiary of Rush-Presbyterian-St. Luke's Hospital.

Thirty Soviet physicians in Chicago sat for a 3 1/2-hour simulated FMGEMS Part I exam on May 20, 1990. The exam was prepared for JVS by Stanley H. Kaplan Educational Centers as a diagnostic tool for physicians preparing for the FMGEMS Part I. The exam results informed students of their strengths and weaknesses in each area of the basic sciences and English. Nineteen of the physicians taking the exam were respondents in the study.

Figure 1 indicates that scores on the basic sciences and in English tend to be highest for those physicians who are the youngest and most recently graduated from medical school. In this limited sample, age appeared to be the most important factor predicting success, followed by English ability. The 30- to 34-year-old group does not appear to support this pattern. However, there were

only two individuals in this age group who took the diagnostic exam. Another pattern observed from physicians taking the exam but not described in Figure 1 was strong scores in pathology for all Soviet physicians taking the exam.

Of the 73 physicians surveyed, only four have completed all of their examinations: one is in the second year of a residency program, one began a program on July 1, and two have thus far been unable to find a residency program. This corresponds to the experience of Soviet physicians in other states where they are pursuing licensure.

Of the 15 refugee physicians who took the FMGEMS Part I (where a passing score is 75), four scored over 80, two scored between 75 and 80, five scored between 70 and 74, two scored between 65 and 69, and two scored under 64. Some of these individuals took the exam multiple times. Only six doctors have gone beyond FMGEMS Part I to take Part II of the examination.

Therefore, 6 (40%) of the 15 physicians in this study who took the FMGEMS Part I passed it. When measured against other foreign citizens, this passing rate is good. However, only 3 of the 15 Soviet physicians (20%) passed the FMGEMS Part I on their first attempt. In contrast to the aggregate passing rate, this is lower than the national average of all foreign citizens passing on their first try. In January 1989, 33% of all foreign physicians passed the FMGEMS Part I on their first attempt, and in July 1989 39% of all foreign physicians passed the exam (AMA, 1990).

#### SCORES ON DIAGNOSTIC FMGEMS EXAM BASIC SCIENCE AND ENGLISH SCORES BY AGE

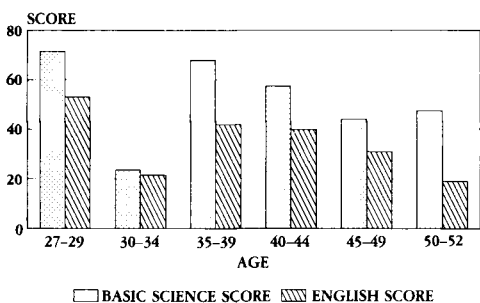


Figure 1. Basic science and English FMGEMS scores by age

#### Group Patterns

The survey revealed a number of similar patterns among the respondents. For example, several medical specialties appear to be either male or female dominated. Of the ten physicians specializing in internal medicine, seven are women. Of 11 respondents who were practicing pediatricians, all were women. Five out of six physicians who practiced OB/GYN are women, and all eight of those who practiced general surgery are men.

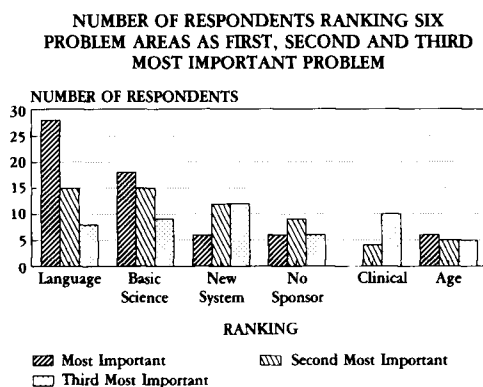


Figure 2. Self-reported obstacles to obtaining certification and licensure

Figure 2 describes the respondents' ranking from the most to the least important of problems they were encountering in seeking licensure. This figure shows the first, second, and third most important problem reported by each respondent. Six categories of problems are presented: language, basic sciences, the new system, lack of an American sponsor, clinical sciences, and age.

Twenty-eight respondents reported "language" as the most important obstacle to their pursuit of medical recertification; 18 reported "basic sciences." The group regarded several areas as less problematic: problems of "age," "new system," and "no sponsor" were ranked first by six respondents. No respondents listed "clinical science" as the most important problem. A response not described in Figure 2, which received several votes for being most problematic, was "financial," ranked as the most important problem by eight. The mean rating of problems indicated that the respondents perceive language to be their most persistent obstacle.

Another pattern indicated that students who are employed, even part-time, report they are making more progress toward their goal than those who study full-time. It can be suggested that these students perceive they are making more progress because in a working environment they are less isolated and are able to acquire language skills more easily. Students solely involved in

study seem likely to be more subject to fatigue, depression, and anxiety. As discussed below, however, all respondents in this study who had passed both parts of the FMGEMS had studied full-time.

### Group Trends/Obstacles

Several patterns of response to the survey suggest areas for future examination. Of particular interest is the value of English mastery. Respondents listed mastering the English language as their most difficult problem. However, an examination of the respondents' self-reported language skill did not clarify issues related to their progress toward licensure.

Figure 3 displays the respondents' self-reported English skills by the length of time they have resided in the United States. For example, individuals who had resided in the United States for 3 years provided self-reported ratings of English mastery that were similar to individuals who had arrived only months earlier. Refugees who arrived in 1987 may be using a more realistic scale upon which to measure their language abilities. In view of this variability in ranking, future studies of this population would benefit from including a standardized assessment of English proficiency.

A second problem area that appears to warrant future consideration is the age of the physician. Although respondents in gen-

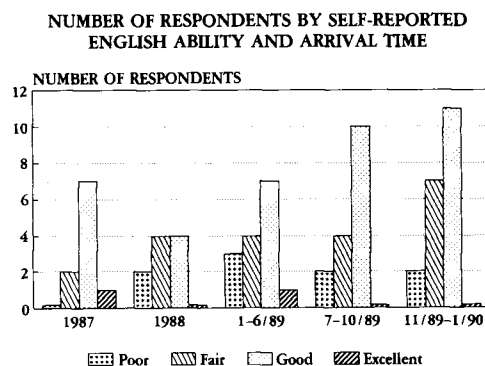


Figure 3. Self-reported English ability according to length of time in United States

eral perceived age as a minor obstacle, five out of six (83%) physicians who passed the FMGEMS Part I were less than 35 years of age. As mentioned earlier, six of the seven (86%) physicians who reported they were making progress toward their goal were under the age of 35. A future study, on a larger scale, could further examine how age affects the recertification and licensure process.

The language and age obstacles loom even larger when these physicians attempt to find residency positions. Many Chicago hospitals have told refugee physicians over the age of 35 (both officially and unofficially) that they would not be considered for a residency because they were too old.

There continues to be a debate by the respondents on the value of working while they are studying for their exams. Twenty-nine percent of the residents stated they were employed while they pursued their studies (a majority in medical fields). On the one hand, they appreciate the money they earn, the chance to meet Americans in their workplace, and their ability to gain language skills quickly. For these reasons, JVS counselors in Chicago encourage physicians to work while they study. On the other hand, many emigre Soviet physicians feel they are too tired to prepare adequately for their exams if they are employed. In fact, the four physicians who passed all exams studied full-time.

One of the most surprising findings of the study was how few of the Soviet physicians feel they are prepared to take the FMGEMS Part I. Despite years of study, many have not yet taken this exam. Of the 64 physicians who stated they wished to continue their studies, only 15 have taken the exam.

Most individuals in this study who took the FMGEMS Part I did so within 1 year of their first visit to JVS. Eleven of the 15 respondents took the exam within 12 months, two at 13 months, and one 48 months after arrival. (Information was missing on the fifteenth respondent.) Fear of failure may prevent many refugee physicians

from trying to pass the examination. Responses in this study suggest that, although they spend years in study, many do not complete the process by taking the exam.

Eighty-eight percent of the physicians surveyed indicated they would continue to pursue their career as a physician. Nine (12%) have elected to pursue other careers. All nine who elected not to continue their studies were women. It was beyond the scope of the present survey to explore why only women made the decision to pursue alternative careers. JVS counselors who work with the physicians in this study indicate the decision may have been a pragmatic one. Knowledgeable about the obstacles in their path, these women physicians decided they were not interested in spending years to pursue this goal. JVS counselors also state they may have already been dissatisfied with their medical careers in the Soviet Union.

## CONCLUSION

Based on the discouraging progress of Soviet-trained physicians trying to integrate into the U.S. medical care profession, it is difficult to predict future success for newly arriving refugees. Lack of success is particularly likely for physicians over the age of 35. Based upon the survey findings and past experience, most of the refugee physicians who had been licensed in the Soviet Union will not be able to practice medicine in the United States.

This pessimistic view is widely shared and can be extended to many Soviet-trained professionals. According to a recent article in *Science* magazine (Holden, 1990) on the subject of scientists and engineers, "To the majority of Soviet scientist-refugees the manpower shortage (in America) is a myth. Individuals trying to help them find jobs think the situation represents an outrageous squandering of highly trained and experienced manpower."

Findings of the survey demonstrate that Soviet-trained physicians are often handicapped not only by the lack of an American

education but also by their age, language skills, and unfamiliarity with a new system. They arrive in the United States and face a technically advanced and dynamic medical care system. They realize that not only do they have a series of difficult exams to pass but how limited their exposure was to professional literature and recent medical developments. Despite the obstacles, they demonstrate a pronounced urgency to relearn basic sciences, often before mastering the English language. Regardless of the warnings of others, most remain resolute in their determination to become recertified and licensed.

The exodus of technically trained people from the Soviet Union shows no sign of abating. It is therefore important for individuals and agencies helping the refugees to have strategies and alternatives for their career development. Because of the lack of success of these emigre physicians, two vocational agencies in large American cities—New York and Philadelphia—have decided to avoid the long and difficult licensure process. Instead, they assist refugees to integrate into allied health fields. On the positive side, by channeling doctors into allied health fields the refugee physicians can bring to these alternative careers the expertise they gained while practicing medicine (Dogim, A., & Cohen, J., personal communication, December, 1989). In this manner, the physicians are able to achieve some measure of success in a short period of time.

A continuing issue that must be addressed, however, is the intense desire the refugees have to continue practicing medicine. The control mechanisms for state licensure will continue to limit entry to Soviet-trained physicians, as they do for all foreign medical graduates. This study revealed how effective the controls are and how few of the respondents were successful in their quest. Although those Soviet physicians who sat for the licensing exam fared as well as other FMGs taking the exam, the majority of physicians in this study were reluctant to take the exam.

These physicians may be in danger of making a career out of being students. Such an extended study cycle could be dysfunctional both from a personal and a societal point of view.

Past experience and the findings of this study have prompted Chicago JVS to alter its policy and procedures. After the successful completion of the VESL English proficiency test, JVS provides an opportunity for Soviet-trained physicians to take the FMGEMS Part I diagnostic exam. Those whose test scores indicate an aptitude for the basic sciences will be provided with tuition for a medical study course and all necessary examination fees. Physicians unable to meet this criteria will receive counseling and assistance in selecting an alternative profession. For those choosing to pursue a career in an allied health field requiring licensure, JVS will assist with tuition and job placement.

Although it may be difficult to make such a definitive conclusion based on the results of a single exam, there are advantages to a merit selection process. Those encouraged to continue their studies will have a greater opportunity for success. Of course, physicians are free to pursue their studies without JVS funding.

Although the difficulties of becoming certified and licensed have been documented by this study, it should be noted that a few physicians are reaching their goals. As future physician refugees come to Chicago and new insights are gained, more may be successful at realizing their dreams.

#### ACKNOWLEDGMENTS

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