



The Challenge Faced by The International Medical Graduates in Acquiring the United States Clinical Residency

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Letter to the Editor

We are writing this letter to bring your kind attention to a serious issue faced by the International Medical Graduates (IMGs) who travel to the United States with aspirations of pursuing higher academic credentials and dreams of becoming successful physicians. Thousands of medical graduates come to the United States with the goal of practicing medicine in the US as a physician (Adebonojo et al., 2003). A great majority of the IMGs coming to the US belongs to India, Pakistan, Egypt, Philippines and other South Asian and Middle Eastern countries. Regardless of their geographic dissimilarities, what is common amongst them is most of those students face difficulties in speaking and writing English language (Idrees & Tohid, 2016; Adebonojo et al., 2003).

The reason being English not being the first language in their countries of origins (Idrees & Tohid, 2016). Due to this apparent lack of fluency in language proficiency, such students face serious dilemmas in acquiring residency interviews. Even if they do manage to pull a few residency interviews, the result is a completely different picture of that candidate's actual potential while navigating through the recruitment process, especially with the behavioral set of questions. Net result: the situation proves to be a double-edged sword. Not only it deprives thousands of competitively qualified world-class medical graduates of the residency training, but the system is also at a huge loss (Halpern et al., 2016) because the Program Directors would rather have their slots go vacant than fill them up with a physician they couldn't have an easy time communicating with.

This leads to the drain of such brilliant minds to either some Middle Eastern or European countries or the doctors simply have to return to their homeland never to be able to compete again because of the huge financial burnout. From the outset, this situation may appear that it has nothing or very little to do with the American healthcare system because it is the problem of such medical graduates only. However, in reality, the issue is equally or at times far more detrimental for the country than for those graduates because the physician-deprived zones cannot substitute anything for qualified doctors. As a serious consequence of adding to the physician shortage, those graduates who make it to the final residency list not only have to work extra hours per day, the length of time of their overnight call duties and subsequently, the frequency at which such overnight shifts should be attended by each doctor, increases manifold. All of this, in direct contravention to the AAMC guidelines of capping the residents' work hours to 80 hours per week, the open flouting of which leads to physician burnout and overall, less productivity and less job satisfaction.

Likewise, if we look through the demand versus supply criteria, on one hand, we have a serious dearth of doctors in the US (Halpern et al., 2016) while on the other hand, the American education system does not produce enough doctors to appropriately cater to the country's ailing populations' needs. Again, this situation is damaging for everyone and calls for all the more reason to hire an increasing number of foreign doctors, even if they apparently fall short in such communication



skills. We believe that the solution to this problem is not only to relax the selection criterion of the residency based on the English language. Secondly, the Communication and Interpersonal Skills (CIS) section of the USMLE Step 2 should have much less weight age than the Integrated Clinical Encounter (ICE) section. Thirdly and most importantly, if the hiring hospital's residency interview panel is satisfied with a candidate's ability to compete clinically and he/she is able to reflect through his/her personality that they could be a good fit for that hospital, and it is only the English linguistic skills that are not meeting the standards, then the AAMC and subsequently, the hospitals should devise some mechanism of "acculturation training" phase of 3-months to 6-months prior to starting residency for such young talented graduates whereby they have the opportunity to go through the English training which may even continue till the first 6-months, until the entire first year of their residency training (depending on the progress). In this way, the system will contain the physicians of such quality without having the need to wait for the next residency cycle and it will be best served by saving on its financial losses. This saving would not only be in terms of cash but most importantly, the brains would be conserved - something which cannot be even weighed in gold.

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References:

1. Adebonojo, S. A., Mabogunje, O. A., & Pezzella, A. T. (2003). Residency training in the United States:

what foreign medical graduates should know. *West African journal of medicine*, 22(1), 79-87.

2. Idrees, S. T., & Tohid, H. (2016). Practical Problems Faced by the Non-English Speaking Medical Graduates in Writing Scientific Research Articles and their Judicious Solutions. *Quality in Primary Care*, 24(6), 272-274.
3. Halpern, J. A., Al Awamlh, B. A. H., Mittal, S., Shoag, J. E., Hu, J. C., & Lee, R. K. (2016). International medical graduate training in urology: are we missing an opportunity?. *Urology*, 95, 39-46.

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