

Indus shore along Mount Rushmore

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“Excuse me, can you please pull up Mr Smith’s chart”, I uttered softly.

The nurses completely ignored me as they gossiped away. It was as if they heard it in one ear and threw it out the other. I repeated myself once more but still no response. I glanced down at my crisp white coat with my name embroidered in fancy gold lettering, followed by the precious letters, *M.D.* However the nurses had no intention to acknowledge my hard earned degree in medicine and pay me some well-deserved respect. As frustration grew inside me, I started to look for the second patient’s chart myself, but soon discovered that it was being used by someone as well. I gave one last look to the nurses and left the scene. This was the time before universal use of electronic medical records and I was working as an intern in internal medicine. Little did I know that in American culture, in order to be heard and taken seriously, one has to be assertive and an intern is just above a medical student in hierarchy to be heard or even taken seriously.

The first year of training is known for its stressful and steep learning curve. This not only includes medical knowledge but also includes systems and practice based learning. Journey which starts couple of years before is not a walk in a park either. It includes passing the 3 USMLEs, seeking observerships followed by a chase for letter of recommendations, ERAS applications and interviews. An increasing number of International Medical Graduates (IMG), who are defined to be physicians working in a country other than their country of origin and training, immigrate to Western countries. [A 2015 study](#) found that almost a quarter of residents across all fields, and more than a third of residents in subspecialist programs, were foreign medical graduates. In order to ensure safe and high-quality patient care, they have to take medical and language tests.

High scores secure chances for finding a residency spot (a score of 230 or higher in USMLE Step 1 and Step 2 are considered safe for IMGs).

Selecting an area of interest or specialty and striving to build one’s resume increase chances of acceptance. An IMGs goal is to build a strong resume which shines the most among thousands of other applications. This would include gaining US clinical experience, publishing in a peer reviewed scientific Journal or, at least volunteering one’s time in health related volunteer work, non-profits, participating in health screening camps, volunteer work for the Red Cross etc.

One of the many tasks as part of a residency application process is writing your very own personal statement. It’s recommended to make it unique for your top programs, ideally writing one for each program. For the purpose of writing this article I have reviewed what’s

available on the internet myself and have handpicked and shortlisted these blogs/ articles. I have no disclosures or connections to these authors.

[Writing a Great Residency Personal Statement](#)

[Boost your residency application with these 5 writing tips](#)

[Residency Application: ERAS Tips](#)

Staying up to date with the application process is crucial. You may find the following resources useful for this purpose.

[Applying to Residencies with ERAS®](#) (Electronic Residency Application Service)

[ECFMG](#) (Educational Commission for Foreign Medical Graduates)

[NRMP The Match](#) (National Resident Match Program)

There are several sources of information for the entire process on the internet however what's lacking is the cultural differences which are often encountered by an IMG. Writing this article for Association of Pakistani Physicians of New England (APPNE), means that most of the readers will be from Pakistan, where we come from a different culture and respect for elders along with religious values has precedence over everything. Even if you conceptualize American Culture, you never realize your values will be so different.

Those newly arrived to this country come with an expectation of what the country is like - mostly stereotyped based on books they might have read, American Movies or stories they may have heard from friends and relatives returning home from their trips. However the realities of immigration to the United States can be quite different from the fantasy of a smooth immigration. The cultural difference at workplace and home are two very challenging situations that an IMG has to deal with, unlike an American graduate who, after a long day at work will go home to his usual life, an IMG comes home to a new and very different life.

Children often adjust to American culture faster than their parents or other adults and their desire to be American can create family rifts. Women's roles in the family often change as they seek higher education and advance in their careers. However men of the family may find this new change to be challenging.

The perception by patients in other cultures of physicians as "God-like" and the attitude that "whatever the doctor says, that's enough" contrasts starkly with current American concepts of patient-centered care and shared decision making. "Searight and Gafford" cite several specific challenges that IMGs identify, including documentation, interaction with nursing staff and unclear expectations of the role of supporting staff in patient care. Moreover, several

studies and some IMGs themselves describe the education of IMGs as science-oriented without focus on psychosocial aspects.

English stays as a foreign language despite being so commonly used in South Asia. Most of us grew up playing *Scrabble* and studying in English medium schools however the subtleties of the foreign language do not change as the American English is very different from the British English taught to us back home.

There is a need for a better training of IMGs on culture-related and not culture-related topics however it is hard to imagine to create a course in most of the aforementioned differences and hence would have to come from personal recognition and growth. The sooner an IMG learns and recognizes these the better are the chances of acceptance of the new culture.

As Dr. Mir, a former ACP Governor says; "The basic ingredient of any success story in medicine is a good attitude." This explains that a physician may demonstrate superior clinical skills and possess encyclopedic medical knowledge, but a poor attitude will prevent him or her from being successful.

And here are just some fun facts!

- 1- Americans shower daily and they can smell people who don't
- 2- There is no room for timid people
- 3- Many Americans love and follow sports, the most popular being football, baseball and basketball.
- 4- Football is not = soccer
- 5- Since the U.S. is so diverse, there is a general practice of always respecting other cultures and people's differences, especially when communicating and expressing your ideas, so don't be shy and speak what's in your heart and mind.
- 6- A lot of Americans participate in what is called small talk, where you make conversation with strangers or acquaintances about non-controversial topics, such as the weather, sports, or popular television shows. While waiting at a bus stop, in line at a store, or in an elevator, don't be startled if a stranger says something to you like, "Did you watch the Super Bowl last night? Small talk is supposed to be harmless so it's not okay if the stranger says something that makes you uncomfortable
- 7- The idea of being self-sufficient is valued highly in the U.S. Elderly do not like to be dependent on their children and children usually leave home at the age of 17 or 18. They also pursue their own careers and studies thereafter
- 8- Americans are not afraid to voice their ideas. While your supervisor is your superior and should always be treated with respect, it's okay not to hold back and ask a question if you have one

- 9- Americans love dogs and people who have pets
- 10- Americans put emphasis on nature and the outdoors
- 11- Americans are obsessed with coffee
- 12- Single- parent households are not unusual in America
- 13- Most Americans support the LGBT community
- 14- Soda is cheaper than bottled water
- 15- Fast food is cheaper than healthy food
- 16- There is a lot of poverty in America and a lot of people actually live on the foods from their local food pantry
- 17- Holidays are commercialized
- 18- In America it is difficult to say who is wealthy and who is not, You may come across millionaires driving an old car- they tend to spend more on experiences and vacations
- 19- Most Americans don't mind driving long distances
- 20- American infrastructure is old and not up to par
- 21- In much of the US, most people think of it as a “very big deal to leave the country.” a lot of people don't even have a passport!
- 22- Unlike the sub-continent of Asia where talking about one's feelings is discouraged, in American culture they appreciate and welcome you to express your feelings openly
- 23- Facts based on data rather than perceptions and dogmatic opinions are encouraged in the US

About the author:

Fozia Qamar has received her medical degree from Dow Medical College, Karachi, Pakistan, she is board certified in Internal Medicine and Infectious Diseases. She is a nature loving introvert who enjoys music, books and art. She currently resides in Massachusetts with her husband and two daughters.

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