

of researchers. What would have seemed an unthinkable jump was actually just a step, abridged by necessity and a global emergency. Our relationships with families have changed, the connections less personal, but once you've been invited in, there is a lasting warmth that spans even the reaches of pandemic distance. We are no longer strangers, and in this chapter of the world, it is a comforting thought.

COVID-19 has been given nicknames, claimed millions of lives, and sandwiched public health directives firmly between embattled political parties. The pandemic has been described as a collective experience, a global

phenomenon, and yet we all have survived the last several years in vastly different ways.

The one constant I always come back to is adaptability: of people, of protocols, of communities. Our research team has shrunk and expanded over the years, undulating like a jellyfish. Students have moved on, some stay; new people join and realize what a miracle it is to leave your house and find another family waiting for you at work, inducted by time and exigent circumstances. Some of us have been here since the beginning, others are a couple years in; but it feels like whatever state we're in, we've always been this way. Accepting and

letting go, absorbing both the changes and the enduring, repetitive nature of research together.

I secure the specimens and watch the pink liquid surge around the swabs, then settle. As I start my car, the engine makes a noise as if unsure it's worth continuing. I think about the temperature specimens are archived at  $-70^{\circ}\text{C}$ . Much colder than today, but right now it doesn't feel that way. If my car does decide to give up, I know the specimens will be okay. And I can always go back and knock on the door.

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## Experience as IMGs Applying for US Clinical Experience

Rabbia Irfan, MD; Shamayel Safdar, MD

Who leaves behind all they have ever known and ever had for the love of a profession and for the love of a land that promises the freedom to be their best self? An International Medical Graduate or "IMG."

Being new to the US health care system, it is almost mandatory for IMGs to have some sort of US clinical experience before applying for what is euphemistically termed the "Match," a residency affiliation with a hospital/school institution.

Applying for a match in the United States is a stressful process. Visas, financial burdens, and incompatibility with the home institution's curriculum all present impediments that must be confronted and overcome. Adding to these is the limited number of schools offering international students visiting electives. Indeed, just before the COVID-19 pandemic, only 21 medical schools offered spots for IMGs from institutions without affiliation agreements.

In a good year, the match rate is unlikely

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to exceed 70%, although the pandemic saw a significant reduction to little more than 57%—probably due to the difficulty of obtaining US clinical experience, the economic impact of the pandemic, and the increased competition for residency spots.

As mentioned already, US clinical experience is a crucial component of the matching process. Being a requirement for many residency programs, it allows IMGs to gain exposure to the US health care system and to network with potential mentors. However, with travel restrictions and other pandemic-related challenges, it has been challenging for IMGs to obtain US clinical experience in recent times. For example, the economic upset, lack of visa appointments, and hospitals and clinics being overwhelmed by dealing with the pandemic were among the many hurdles to overcome. Meanwhile, even as IMGs have had to pay for their own US clinical experience, the pandemic made it more difficult to find the required funding and get an appointment for a visa interview. Even when visa offices opened up, the wait times remained hopelessly long.

As IMGs, we continued searching online to find any opportunity, but none was in sight for a long time. For those of us in our final years of medical school during the first 2 years of the pandemic, we lost our chances of getting

an elective—considered the best form of US clinical experience. Many hospitals and clinics closed their doors to visitors, and those that were open were operating at reduced capacity. As a result, we could not find any observerships for several months. We finally applied to a few places when the world started opening up. At first, mostly clinics were available, not hospitals, and those accepting applications for observerships had a long wait time.

We want to share our story to help other IMGs who are struggling to find US clinical experience during these difficult times. We emailed many doctors as well as hospital and university administrators. The response was overwhelmingly negative, and as days passed, while searching web pages and social media groups for opportunities without any promising response, a cloud of hopelessness began to overshadow our dreams. However, our passion for this noble profession was fierce enough to illuminate those dark days and help us through this challenging time, aided in part by a focus on other meaningful activities like telerotation and research projects to continue moving toward of our shared dream.

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