



# To the United States and Back: Perspective from an International Medical Graduate Trainee

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While in Saudi Arabia, I was thoroughly impressed as a junior medical student by my first internal medicine attending who had trained in the United Kingdom. He was confident, calm, and extremely measured when he managed critically ill patients and discussed poor prognoses with families. I grew up in Saudi Arabia and had never seen someone from my background and culture discuss end of life with openness while maintaining respect and humility. As I went through my clinical years, I realized that many of my professors throughout medical school had participated in graduate medical education (GME) outside Saudi Arabia and returned to practice and teach in Saudi Arabia. They recommended international training to us as medical students to increase our exposure to interventions, healthcare delivery systems, and the latest evidence-based management. They did not explicitly mention

increased training in communication, but I found that I admired their communication skills and was interested in developing my skills in managing critically ill patients and also communicating prognoses with families. These goals inspired me to follow the international GME path.

Leaving Saudi Arabia after medical school was not an easy decision to make, as it meant leaving my familiar environment and uprooting my young family. I did, however, strongly want to have an impact on the future of medicine in Saudi Arabia and recognized that I should take advantage of cutting-edge training and the administrative aspects of delivering health care in the United States. Vision 2030 is Saudi Arabia's government plan to invest significant resources in the development of healthcare infrastructure, including subsectors in digital health, medical devices, and pharmaceutical and biosciences, and the realization of this

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vision requires individuals to train internationally and come back to contribute to the implementation of this plan.

In July 2022, 10 years after I graduated medical school, I returned to Saudi Arabia after completing my Master of Public Health, internal medicine residency, nephrology fellowship, and critical care fellowship in the United States. I am writing to reflect on those 10 years and offer insight to others who may choose to follow my path.

Despite having read about different healthcare systems and cultures, the initial shock of practicing clinical medicine in a different environment cannot be overstated. I took part in the same orientation as U.S. medical graduates and found that I did not have the same background understanding that they had obtained in their third-year medical student/fourth-year medical student years regarding social determinants, health literacy, healthcare infrastructure, and financial limitations in the U.S. patient population. This all came into clear view during my first time as a night float intern. My pager would not stop, with multiple calls all at the same time. In addition to the medical content questions that were being asked of me, I was also expected to already be well versed in healthcare transitions, discharges, patient limitations, and communication norms in that hospital. I had not been exposed to the shorthand that colleagues in U.S. medicine use with each other, especially nursing staff with physicians. I did not realize that nursing staff may be phrasing clear requests for orders as a question out of respect and needed the help of my seniors to navigate not only the nuances of day-to-day hospital life for patients but also the communication expectations among multidisciplinary healthcare

professionals. When I became a post graduate year 2 I wrote a handbook titled “Internship Year Made Easy” for new interns in my department in an effort to ease the path of others. This was well received, especially my section on delirium, which included communicating with nursing staff and family about nonpharmacologic interventions. Before my intern year, I would not have had the insight to include this multidisciplinary perspective, especially on communication.

I think medical educators could have helped me immensely by reassuring me that I was not alone in this path and learning curve. Much is written about international graduates and the need to build cultural competency when they travel to train in a different country, yet as an early trainee, I thought I was alone and needed to figure out as much as possible as quickly as possible by myself before others realized I was “deficient” in some way. I now know that there is scholarly work about the unique challenges of International Medical Graduate trainees (IMGs) around physician–patient communication, patient-centered medicine, and physician-to-physician communication (1). I recognize that there is a drive to increase the formal curriculum for IMG students such as myself, and I commend these efforts (2). I believe that some of this curriculum could be offered virtually, and students such as myself could be exposed to this content before the start of their residencies. I also believe that a dedicated orientation for IMGs at the beginning of our residencies, perhaps even a combined one regionally across institutions to increase the number of participants, would significantly improve our experience. This would allow us to build community and share resources and would be an excellent

time to embed didactics on U.S. health-care infrastructure and simulation exercises to build our cultural competency and communication skills. Something as simple as recognizing that interns in the United States are expected to carry up to 10 patients was information that I was not familiar with, as interns in Saudi Arabia carried up to 4 patients. I also had never been exposed to a transfer summary until I was asked to do one as an intern, and recognizing the importance of this document in U.S. healthcare system would have been useful. I do realize that this may further separate IMGs from U.S. trainees, but I believe that it can be done in a way that does not add to the difference and instead lessens the burden on IMGs. I would have still attended orientation with my trainee class, but I envision that I could have participated more fully with additional preparation.

It initially surprised me that it was assumed by many in leadership positions at my training programs that I intended to stay in the United States after finishing training, as I myself had not considered that option. I did not know that it is more common for IMGs across the globe to relocate to the United States. I would advise others in my situation not to hesitate to speak up about the unique aspects of their future ambition: we can advocate for ourselves better by making sure that our program leadership knows our goals. I have found that they are more than willing to have this conversation once it is initiated.

I did not realize when I first moved to the United States that each region is so distinct, and fellowship training became a learning curve in regard to culture again. Training required moving from the southern states to the northeast, and I found myself starting anew to learn the

norms. I am fortunate that I felt welcome wherever I went, as I recognize that this has not always been the experience of others before me in different times during U.S. history.

I watched from afar as Saudi Arabia prepared for and took care of the population during the coronavirus disease (COVID-19) pandemic. I reconnected with my classmates and former mentors through frequent communication as we all navigated the rapid-paced evidence and guidelines around the pandemic, and I found myself looking forward to rejoining the physician workforce in Saudi Arabia. It was rewarding to see how focused and effective the healthcare system in Saudi Arabia was in the midst of this crisis, and I am very proud that I was able to contribute in a small way: I helped develop the Continuous Renal Replacement Therapy protocol that was followed in some Saudi Arabian hospitals.

In summary, I will always be grateful that I was able to achieve my goal of training internationally that I set for myself and believe that I have prepared myself as best as possible to be a clinician, educator, and administrator in Saudi Arabia. I am excited to see the growth that will inevitably happen in the next decade.

I would be remiss to finish my reflection without noting that the skill set I feel most grateful for is something I never expected: team leadership and teamwork. I strongly believe that the interdisciplinary work that I was part of in the United States will pay dividends throughout my career. As I grow and become a leader, I know that the components of interdisciplinary care can be integrated into my day-to-day practice, and I look forward to being part of building the infrastructure that will allow these teams to flourish.

Similar to all new graduates, I have now been pondering how I will maintain my skill set and knowledge as I become an attending. I of course will have the added challenge of being in a different country than where I initially trained, but this will present unique opportunities as well, particularly in teaching. Being such a global citizen has opened my mind to virtual education opportunities and increased my willingness to attend conferences internationally. I have been specifically exploring the possibility of having international rotators come through my intensive care unit and continuing to cross-pollinate ideas from different countries. My fellowship program in critical care at Rutgers is very open to

this concept, and I look forward to setting up this exchange in the future.

### Acknowledgment

I am grateful for the sacrifices my wife and immediate family made to allow me to pursue this extended training path, including the Master of Public Health and additional fellowships, especially as my family has grown. I hope that my three children will benefit from having seen me model that they can seek knowledge from all corners of the globe and still go back and serve the community in which they grew up. I also acknowledge the training programs that allowed me to make my dream a reality.

**Author disclosures are available with the text of this article at [www.atsjournals.org](http://www.atsjournals.org).**

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