

To the Editor: Immigrant Applicants to Residency in the United States

In a recent issue of the *Journal of Graduate Medical Education*, Swails et al described mission-based filters in the Electronic Residency Application Service (ERAS) to promote holistic review of residency applications, especially those of international medical graduates (IMGs) and ethnic minorities who were defined as underrepresented in medicine (UIM).¹ In their study, Swails and colleagues identified a method that relied on balanced evaluation of the applicants' experiences, scores, and attributes, which they called "experiences and attributes filters." After applying these filters, internal medicine and pediatrics program directors reviewed a higher number of UIM applications, while a significantly higher number of IMG applications were reviewed by internal medicine programs. Swails and colleagues presented a novel approach that promotes diversity in clinical training by increasing the representation of IMGs and ethnic minorities and that helps program directors cater to new changes in the United States Medical Licensing Examination along with challenges brought on by the pandemic. However, this study did not directly address a neglected section of residency applicants who may also be considered UIM: immigrant applicants. Experiences and attributes filters may collectively promote the representation of immigrant applicants, as they are mainly IMGs and might be of ethnic minorities. Nevertheless, the method described here may not directly identify this pool of applicants, consider their struggles, or differentiate immigrant IMGs from those who are applying from their home countries.

In the United States, immigrant physicians cannot resume practicing medicine without repeating their clinical training after they flee their home countries and settle in the United States. Unfortunately, ERAS does not differentiate IMGs who are immigrants and who are still waiting to finalize their immigration applications with the United States Citizenship and Immigration Services (USCIS) from those who are applying from their home countries or those IMGs who have a definite US legal immigration status (eg, Green Card holders). While nonimmigrant IMGs can still have the support of their own home countries (eg, supported by J-1 visa), immigrant IMGs totally rely on the United States after they flee their war-torn

countries. Immigrants hope for a brighter future in the United States and are eager to begin a new chapter while delving into their new home country. However, the recent challenges imposed by the US immigration system left many passionate immigrants in limbo with thousands not yet healed from the harsh rules set by the previous administration. The waiting years for many immigration applications within the USCIS are now even longer amid the current pandemic, limiting the legal benefits of many immigrants. Nevertheless, there is no way for program directors to differentiate IMG applicants who hold definite immigration status from those who are still waiting for their definite legal immigration status in the United States. Furthermore, there is a paucity of literature addressing representations of asylees or refugees in residency applications.

Immigrant IMGs may represent a pool of applicants who demonstrate resilience, an important characteristic of successful leaders and an important quality most leaders of clinical training programs seek in an applicant.^{2,3} While many residency applicants have encountered obstacles that shaped who they are and enriched their leadership skills, the painful journey of many immigrant physicians should be a testament to their resilience. In the wake of advocating for immigrants' rights and promoting diversity, more research is needed to better represent this neglected section of applicants and help identify useful filters for residency program leaders to choose their prospective residents.

References

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