

Natalia Solenkova, MD, PhD, on the indispensable contributions of IMGs

AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

In today's episode of Moving Medicine, in honor of the AMA's International Medical Graduate, or IMG, Recognition Week, AMA Chief Experience Officer Todd Unger talks with Natalia Solenkova, MD, PhD, an intensivist physician and international medical graduate about her personal experience as an IMG, as well as working on the frontlines throughout the pandemic.

Speaker

- Natalia Solenkova, MD, PhD, intensivist physician and delegate, International Medical Graduate Section (IMGS) Governing Council

Transcript

Unger: Hello, this is the American Medical Association's Moving Medicine video and podcast. In honor of AMA's International Medical Graduate Recognition Week, today we're talking with Dr. Natalia Solenkova, an intensivist physician and an AMA IMG Section governing council delegate member about her experience as an IMG and vocal physician working on the front lines of the pandemic in Miami. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Solenkova thanks for joining us today. You've been on the front lines in a state that's had some of the worst COVID hotspots in the

country multiple times throughout the pandemic. Just start by talking about what your life has been for you, for your fellow physicians, on the front lines any given day during one of those surges.

Dr. Solenkova: Hi Todd, thank you so much for having me. Well, surges are hard and it's extremely busy and yes, I've worked in Florida. I worked in Texas during last year. I worked in New York. I've worked in Indian reservations and I can just say it's busy and it's very difficult. It's difficult emotionally and it's difficult physically for all of us.

Unger: So I'm just going to ask you, you just kind of read off some of the most intense hotspots that we've seen in this pandemic. Were you seeking those places out? I mean, cause you're speaking, I would guess, say an understatement relative to your experience.

Dr. Solenkova: I first started in Florida in March of last year and as our surge was going down, New York was blooming with their surge and there were a lot of requests for physicians to come and help. So as our surge went down, I realized that I have time to help and that's how I went to help. And then there were different opportunities started coming and people started reaching out was Texas, was Indian reservations. And I'm actually doing also telemedicine right now for rural places and helping out with a national program to help out. So I guess it gives me not only an opportunity but also understanding how the health care works in this country.

Unger: I want to talk to you about the integral role that IMGs play in our health care system. How has it been as an IMG in your practice? And talk about the experience and the unique character that you bring to our healthcare system.

Dr. Solenkova: Well, I think as an IMG, first of all, we've learned, all IMGs, we've learned about the American health care system by achievements of top academic institutions in academic medical centers. And we assume that health care in this country, all that, what academic, top academic institutions have to offer. And as we come, we usually are not the ones that will mention those residents. We're not going to be trained in those programs. We're not going to be the ones working in those hospitals. So we actually bring a lot to places that are not top academic medicine. We practice in underserved, in poor urban and rural places. And as I traveled, I've seen a lot of doctors who were IMGs working in the border of Texas, working in public hospitals, in a hospital in New York where I was and in reservations. Now, also telemedicine services are provided and some are IMGs in those telemedicine services.

Unger: So when you think about your experience, what advice would you have for your fellow IMGs?

Dr. Solenkova: I would say don't get discouraged with ... If you feel that your prior experiences are invalidated or deemed non-important, all experiences that you bring from your countries are important. Keep them and base your new practice on them.

Unger: That's it, that word, I mean, invalidated, I'm just saying it kind of catches me here. What do you mean by that? And how have you personally dealt with that?

Dr. Solenkova: I mean, by that, I mean, that word is, I think for me it's a very personal word because when I came to this country, it felt that all my prior experiences did not matter because my education was not Ivy League. My previous experiences was not what considered good formal criteria in this country. And therefore I was constantly reminded that there is a ceiling for me. And after that ceiling, unfortunately my formal criteria don't allow me to go. And it's been very difficult. It's almost feels like your prior life is canceled and you start building your new life. And now I realize that a lot of skills that I have acquired during my training, practicing in, I mean, being trained in a country with non-top medical care, I can bring those experiences and they're useful. Because when you have very deficient care, you become creative and this is how we practiced and how we were trained. So that's why I would say don't feel that you're invalidated, don't feel when you change one country to another, that your training isn't validated. No, it's valid. It's valid and needed.

Unger: You shared with us a story about how an editorial that you wrote on rural disparities was difficult to get published because, and this is your quote, "I have no name because it has numbers not feelings, because nobody cares about rural health and because my rural and poor urban experience didn't matter". Can you, I mean, there's a lot in there.

Dr. Solenkova: That's true.

Unger: Can you just talk about that and the challenges that you're kind of pointing out there and how organizations like the AMA can support you?

Dr. Solenkova: Well, it's very hard for being a person again, where with formal criteria that are not valued to publish something in some very known source. I was warned when I started writing my own ad, I was warned by my mentors from my training here that I should not be aiming for some known sources because I likely be rejected and this happened and I've been rejected. And I kept sending and sending, I wanted to get the message out and probably after eight, nine times I was rejected by different websites. I finally got accepted by one and I was happy.

The other thing I want to mention here that me and two other members of governing council tried to write an article about struggles of immigrant physicians during the pandemic. And that article was probably rejected for more than 10 times. I just say one of the first rejections we got was from JAMA and we were trying to bring an awareness to everybody that there are immigrant physicians. They're willing to help but they are restricted by visas and their other problems that they face during the pandemic. However, we were rejected as the content was considered to be out of scope of JAMA. A few months later, similar content was published by a person who is affiliated with Cornell University, which speaks loud, at least for us.

Unger: Yeah, that is, it's a challenging story.

Dr. Solenkova: We were able to publish our article in immigrant journal. We were able to publish it. So it's out there but again, it took us over a year and a half to find for our article a home.

Unger: I'm glad that it made it through. You obviously weren't stopped there because in addition to what you write, you're also very active on social media and elevating the issue of rural disparities through that channel, as well as fighting misinformation, trying to reach the unvaccinated. What is it that drives you to use your voice, to speak up, to use all these different kinds of media to address the challenges that you're saying?

Dr. Solenkova: Oh, that's a tough question. I think it's a lot in this question, basically. I say that, well, first of all, immigrants who come to this country, they come with experiences. There is a reason why they leave their own countries. Maybe because they were subjected to a certain bias or discrimination, or they haven't been able to find opportunities in their own countries. And they came here with experiences. So often it's experiences of injustice. And therefore we are very sensitive to matters of injustice when we join, when we become part of that workforce here, part of the community here, we're sensitive because we experienced this. We experienced those injustices just as much.

And therefore, me practicing during the pandemic, it was really eyeopening experience. And I've seen great care and I've seen extremely poor care that I haven't expected to see in the United States. I haven't known about this level of care and that made me kind of speak up because I feel this is injustice, major injustice. When some people are valued more than the others and the ones that are valued, they don't know anything about ... Those people don't know about Indian reservations. People don't know about rural places that are now struggling, critical access hospitals. And this is not something that we talk about.

Unger: Well, I applaud your efforts to speak out about a problem you see. I know, because we talked to a lot of physicians who are, are very vocal as well, that it's like having another job sometimes to do that. I know you also, you recently posted something on Twitter and it said "There are days when it feels like deleting this Twitter account is the healthiest thing to do". So, talk to me, what were you thinking in that moment? Why did you say that?

Dr. Solenkova: Well, sometimes I feel Twitter has become for a lot of people as an opportunity to speak and as an opportunity to be heard. To reach out to larger communities and to connect with other people and combine voices. And sometimes, either when you speak you're being attacked or there is something within Med Twitter which becomes problematic, there is some kind of argument going on and divides the whole Med Twitter. So, that's pretty much, those two causes that make me usually feel like that. Either I'm personally attacked or I see that there is a dividing movement going on, or a movement like a cancel culture going in a Med Twitter, which almost feels dirty kind of.

Unger: Have you found other platforms or other ways that you feel are more productive in your daily life to get that message across?

Dr. Solenkova: I found Twitter to be probably the most productive platform for me. Now I've started exploring Twitter Spaces and I really like Spaces as I've connected with a lot of people, as well, during Spaces. Being able to ask questions, being able to speak at your audience and I've been invited several times to speak on those Spaces. So I find it very connecting with community, as well as other people who are on the same page, advocating for the same ideas.

Unger: Well, we have a final question for you. Obviously, we have a long way to go to fix our health care system. And we're really trying to bring awareness to the challenges that IMGs face as part of that. Do you have any final one message that you would like to get to physicians, particularly IMGs, as we close out IMG Recognition Week?

Dr. Solenkova: My final message would be to physicians and particularly IMGs is that IMGs are 26% of physicians work force in United States. And therefore, just don't feel discouraged. I know your work here, your path here is very challenging. Being without your families, often being without support but there is support. Find people just like you and connect with them. That we are community, and we are supporting each other and we are IMG governing council of AMA. We are here for you to support you if you have any problems.

Unger: Dr. Solenkova, thank you so much for being here today. I love your stories. And I think it's pretty powerful. I think we're finding through these interviews that it isn't just the numbers, it is these kinds of stories and they're very moving. That's it for today's Moving Medicine video and podcast. We'll be back with another segment shortly. Thanks for joining us and please take care.

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