

Guest Editorial

Female Kemcolian Graduates in Foreign Lands: Challenges and Solutions

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Introduction

You are a Female Kemcolian graduate. Deep in your heart, you know you are amazing, have made this far and in the words of Professor Mumtaz Hassan, one of the “best of the best” to “make it to KE”

When you graduated, you saw endless possibilities in front of you that life could offer and rightfully so!

For you sky is the only limit and as a Kemcolian woman, you can definitely break all the barriers, no matter what stage of life you are in.

However, at some point, life hits you. Maybe it is a parent passing away, a difficult relationship or a child’s disability. Or perhaps it is just “uncertainty” where being a female is the only “de-merit” you think you have. So how to “not lose your worth” in those times when you feel that everyone around you, all your classmates and even the ones junior to you, are way ahead and you are the only one left behind?

The answer is going to be different for each one of us and there is no one-size-fits-all approach.

The first step, probably, is to understand that even though we come from those same benches in that KE classroom, each one of us will have their own journey. Once we leave those walls of KE (I like to call it “the beloved sanctuary”), we begin to move in different directions,

towns, countries and even continents. We confront different cultures, ideas and sometimes at their very worst: People.

However, this understanding may come a bit later, sometimes after years and decades of overwhelming ambivalence when we learn to overcome our fears and sometimes insecurities. It’s an evolutionary process and the result for the persevere ones, almost always turns out to be beautiful.

Nevertheless, it can be hard for some of us high achieving women. It may have its basis on the fact that ever since we started our formal schooling at age of four or five, we were told to “excel” and “be the best”

There was only one position: “The First” with any alternate never being the option. We were regarded as a failure if we were left behind, not just by peers but by our very own selves. And when we formally made it to being “best of the best” after landing in KE, we learnt in fun languages of Guyton and Robbin’s, explored complexities of human bodies through dissection and mastered skill of using scalpel to our maximum satisfaction. However, we never realized that beyond mastering medicinal art, we needed something else too: the emotional strength to battle real life storms that unfortunately is not instilled in traditional Pakistani classrooms. We thought only IQ was enough when in real life EQ (emotional quotient) sometimes exceeds in value.

Fast forward five years, we somehow end up in USA by choice or through circumstances. Some of us may be single while others land here with families and young children now facing a whole new culture, language and



Production and Hosting by KEMU

[https://doi.org/10.21649/akemu.v29iSpecial Issue 3 \(Jul, Sep\).5548](https://doi.org/10.21649/akemu.v29iSpecial Issue 3 (Jul, Sep).5548)
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traditional setup as we struggle to maintain our individual and religious identities. We face different pressures one of which may be pressure to get married and start a family. Or it could be pressure to excel professionally. It may include pressure to establish good financial footing, on top of many other “Adult Peer Pressures” that somehow come with practical aspects of life.

Though it may seem overwhelming, now is that time to bring the innate strength out that is ingrained in us as a kemcolian and face the newer challenges with a courage that we never knew existed.

Some life scenarios and possible solutions:

1. Choice of spouse:

If you are single and have moved here, and now face the arduous task of finding/choosing your “life partner” -be very careful in your choice. That is THE single most important decision of your life. I wouldn't put any “selection criteria” here as it is so variable among us, but try to settle in with someone who will be there if you fall- That is all. Of course a lot is dependent on fate and “kismet” as we like to call it, but try to make a wise choice. And make “dua”

2. Planning family:

Unfortunately, for a professional woman, no matter what her origin is, there is no “perfect time” to plan a family. If you feel your intern year is the best time to plan a family, do it. I have seen females doing it. But do “plan well”

It's not Pakistan where you can tag the maid along in hospitals during calls where you can supervise her as she takes care of your child. Being in US has its challenges. And they are not just for us Pakistani females; an average American woman struggles in the very same way which is a surprise to many back home.

- You will be rounding in the ICU as your phone would be constantly barraged by calls from your nanny regarding your colicky baby.
- You may be putting a central venous catheter as your toddler falls in the school playground and fractures his arm. And they can't even reach your husband-because he is operating on someone else in the OR.
- You may be running and leading a code saving a

life as your teenager confides to his friend “My mom is the worst person in the world, she does not understand me. She does not love me”

- You would be coming home, exhausted and battered to the bones, only to see unhappiness because you were absent for the last eighteen hours.

While it may come as a surprise to many, do not count on your family, parents or in-laws as the only support system. It's very likely that because of medical or age related constraints, their availability becomes limited at some point and you are left scrambling last minute to find help which can be an extremely arduous task in foreign lands.

Have a reliable child-care system in place. It can be home nanny, day care or an au pair. Based on what I have seen over the years, hospital day cares may be the best choice as they are open even during holidays to accommodate female health care workers. Part time work is always a possibility especially when school age kids are of school going age.

3. Be kind to yourself:

If you were already married and moved here with your spouse and children, the road is bound to be very different. You may feel envious of every single female intern who is working around you and post 12 hour call can just go home and sleep! Not a care in the world. No one expecting her to make the bed, cook, clean, or change diapers post night-call. Yes that happens. Even with a very strong supportive system in place, ultimately it falls on the shoulders of mother. So what to do? First of all-be kind to yourself. You are doing much more than what other women may be capable of doing or actually be doing. Give yourself credit. Hard times do pass. Remember you are strong and have innate strength of a kemcolian!

4. Outsource:

If your circumstances and financial means allow, hire help as much as you can. You can have meals delivered, clothes laundered, house/apartment cleaned- Ah! The ideal Pakistani lifestyle right here in USA that some of us were so accustomed to during “sanctuary days”

However, it can get pricey and may not work for quite few of us, because of personal or social reasons. So what to do? You know you are “academically smart”-

now is the time to be “life-smart” Try to meal-prepare and keep simple recipes at hand.

Simplify.

Most importantly, do not “compare” your life with any of your friends’, sisters’ or even your own mother’s. It’s you running the show here.

5. Set up Realistic Expectations in a Two Physician Household:

A two physician household where both you and your husband are high-achievers, can be hard at many fronts. I would offer only two cents here: do not try to “compete” with your husband. If he was your class-fellow back then, he is not anymore. He is no longer that guy who used to make all those power-point presentations for you and you alone in the yester-years. Understand that you are part of a “team” and that you and him are on the same side as you are try to win many life battles together. If, however, you inadvertently start comparing and then competing with him it can quickly become painful and then may turn ugly. “Do NOT fall into this trap” and as much as you can, implement a “team” approach.

Remember, for a female Kemcolian it’s not just about academic intelligence. We have to put our “emotional intelligence” to use as well when faced with tricky life situations. Learn to switch on and switch off different segments of your brain software depending on who deserves your reaction, a response or an apology.

6. “Time-out” or “Career Break Scenario”:

You have completed your residency, maybe did your fellowship too but now want to lay back for personal or social reasons- it’s okay! Yes it’s okay! Trust me when I say it. Laying back does not mean stepping down. During this time, make sure all your medical licensure (along with CME) stays up to date per your state requirements. It’s always advisable to stay involved in some volunteer activities too so “the CV keeps running” and does not appear static even during your “break time”

Do not let your medical license expire under any circumstances.

Up to 12 months “break” is generally considered acceptable by most workplaces in USA. Beyond that, it may become tricky and you may want to start some part-time work which may be as little as one shift a month related to your specialty. There are social media groups

totally dedicated to women and run by physician women who are in similar life situations. “SAHMD Group” is one example on Facebook where you will find many similar stories and ideas to pull through these seemingly demoralizing times.

7. Unfortunate Life Circumstances: If, however, life has hit you in an entirely different way because of a bad relationship or an unfortunate event that left you completely resourceless and you cannot start clinical pathways right away, do not despair. I would say it again, do not despair. No time is “a late time” for restarting and reclaiming yourself. The first step is attaining financial freedom at that point and adding to your monetary resources.

This is America- a land of opportunities as they say. No job is an “odd job” -you are here because you were destined to be here. Restore the belief in yourself. Be around people who stimulate you and don’t drag you down further in misery. Remember “sohbat” (company) is important.

Start slow.

If you are totally clueless and have absolutely no financial means, reach out to people. Reach out to as many people as you can including your seniors. Not all humans are bad. Some can be very kind, responsive and God sent angels on earth. You can get involved in teaching, childcare, secretarial jobs, and even catering if it helps you pull through darkness.

Yes I am discussing “jobs” that, in general “looked down upon” by us, the Desis. That is wrong and the mindset needs a major change. Just believe that you are not accountable to anyone for the “odd job” because it’s you who is doing the hard work for your own self.

Re-build yourself. You can do it! Your future success will speak for itself.

8. The well-established clinician: Last but not the least, let’s say you have won all the battles, both workplace and your personal ones too. Now you are a well-established clinician who faces a myriad of responsibilities and unsatisfying clinical work in this new corporate health-care culture. You are someone who wants to lead and wants to give back too. The ambitious kind who still can’t sit still because of course, the “Kemcolian spirit” that is still alive and will never die. If you are “that” someone who has additionally spent at least three

to five years in patient care, here are some side gig ideas for those females:

a. Telemedicine: Join or open your own telemedicine practice. As a start it can be just cash pay or based on a concierge model where your patients can pay a monthly or yearly fee for any online/offline consultation. Tons of info found on “Physician Telemedicine/Digital Health/ mHealth Interest Group” on Facebook. It will offer you flexibility and you would not be answerable to anyone over ways at which you run your practice. I have been told that it’s easy to set up than what it actually sounds like.

b. Utilization management/Chart review: If you want to experience something that does not involve direct patient care, chart reviews have a chance to bring a steady source of income as you will understand insurance policies and “the other side” as well. The Facebook group “Physician Advisors, Chart reviews, CDI, Utilization Management (UM) has some good resources.

c. Direct Primary Care: a model which entirely works as the doctors back home work. Patients walk into clinic, pay cash, get consultation and a treatment plan. You do not have to deal with any insurance companies or any billing hassles. No longer bound by deadlines of “7 minute” or “15 minute visit” nor there are any pressures to attain and maintain productivity.

d. Clinical writing: it can start as freelance writing and then can expand to writing for health care industries including but not limited to pharmaceuticals. Very fascinating and enjoyable for someone who has a niche for writing and has good sound medical base as well.

There are numerous other ideas beyond traditional practice for females who want to attain more flexibility in their life schedules. Just understand that you have to plan it well and need a steady base as you navigate newer waters. To your surprise you may find that beyond a traditional clinician, you have in you a business sense

that was previously undiscovered.

All in all, we know being a female is challenging. And being a Kemcolian, highly driven female can be overwhelming. However, it is a well-known fact that women in general have higher endurance levels, very well-suited for marathon running. So, the earlier it is understood that life in general is going to be a marathon for us, and not a mere sprint -only then we can thrive beyond the “survive” model.

Just understand that there can be different ways as we sail towards the ultimate “success” goal, which, itself, can have a different meaning for each one of us.

I wish you all peace, health and contentment.

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