



Figure 2. ECG done in the last year showing similar findings presented in Figure 2. The case reports cited by the letter's authors include ST segment elevations only in lateral leads. Both the presence of ST elevation on V1 and V2 and dynamic nature of the ST segment elevation in our patient make the diagnosis of apical hypertrophic cardiomyopathy much less likely. Our patient had a clearly visible notch on V3, which also favors early repolarization.

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Does the country of origin matter for finding research internships in the United States?

To the Editor,

It is a well-known fact that working at American medical schools in the United States (US) and building a strong curriculum vitae (CV) is very likely to improve the application package of would-be resident doctors and post-doctoral researchers (1).

Therefore, medical students outside the US are likely to seek voluntary research positions in the US. Being able to find good positions does not depend only on credentials and past academic achievements. There are many studies examining the relationship between having a common name (2), middle name (3), white-sounding name (4), and easy-to-pronounce name (5) and their association with employability, perceived intellectual performance, perceived social status, and getting involved in crime (6).

It is my observation that there is a significant difference between medical students from Turkey being able to find research internships in the US and medical students from Western Europe. To test this hypothesis, three fictional medical students, Paul Muller, Germany; Mehmet Yılmaz, Turkey, and Jackson Smith, United Kingdom (UK), were created. To narrow down the reasons to explain any selection biases, if any, the medical schools these students are from were chosen to be very similarly ranked (University of Rostock, Germany; İstanbul University, Turkey; and University of Bradford, UK). Personalized application emails to 216 principal investigators (PIs) in the field of cardiovascular medicine working at top-notch US medical centers were composed to be very similar, and the emails did not reveal any credentials, such as CV, except comparably ranked medical schools. To ensure the robustness of internal validity, the time period between emails were chosen carefully to ensure that neither the PIs would realize similarly written emails nor would any applicants be late for application. Thus, the emails were sent over two–three weeks apart from each other, and all the emails were sent on weekends.

The responses from PIs were classified as:

A: No position is available.

B: Asking for CV (and/or) letters of recommendation (LoR) (and/or) Lets skype (and/or) previous experience.

The null hypothesis was “the country of origin is independent of the likelihood that students be considered for voluntary research positions.” Out of 216 application emails sent by each student, whereas the medical students from Germany and UK received statistically comparable 48 and 23 requests of CV/LoR/interview requests, respectively; the medical student from Turkey received consideration only from 8 PIs. Conversely, rejection emails were very similar, and the students from Germany, UK, and Turkey received 30, 27, and 28 rejection emails respectively. The 3x2 chi-square test comparing the responses resulted in Pearson's chi-square value of 15.386 (degree of freedom=2) and a two-sided p value <0.001. Therefore, it was found that the country of origin is not independent of the responses medical students are likely to receive from the PIs. Medical students from UK and Germany were found to be far more likely to be considered for voluntary research positions than their peers in Turkey.

Potential causes explaining this significant difference are open to speculation (2-6). Considering that the content of the emails sent were relatively similar and that no further information were shared in the application email, it appears that the outlook toward Turkey, as a country, from the point-of-view of PIs is

constituting a problem. This hypothesis is supported by the data that showed no significant difference between the responses medical students from UK and Germany received ($p=0.084$). It is likely that previous experience of PIs with people from the same countries, or its absence, may be important. Also, in the perceived outlook of these countries, the very high-quality research output is likely to play a role (7). It is my opinion that from an external validity point, the observed difference in the responses gathered from PIs could be explained by and generalized to medical students from other countries (like Turkey) where similar political-social turmoil and cultural and religious problems are observed. The observed problems are, to some extent rightly, very likely to affect the decisions PIs make. But, overall, for one reason or another, medical students from Turkey were much less likely to be considered for internship positions in the US compared to medical students from Germany and UK.

In this era, considering the effects of automation and artificial intelligence, the importance of higher education becomes clearer. Consequently, it seems essential for Turkey and other countries, where the quality of education is not so good, to follow China's lead and start providing scholarships to their successful students to go abroad and get some real exposure to scientific environments and mindsets. Otherwise, people who graduate from universities that are not in science-oriented communities/cultures/countries could be incompatible with the requirements of the jobs of the future, and this in turn could result in further opportunity inequalities, aggravating the problem.

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Evaluation of renal dysfunction after ST-elevation myocardial infarction

To the Editor,

We have read with great interest the article entitled "Prognostic impact of renal dysfunction on long-term mortality in patients with preserved, moderately impaired, and severely impaired left ventricular systolic function following myocardial infarction" recently published in *Anatol J Cardiol* 2018; 20: 21-8 (1). In this study, the authors aimed to evaluate the prognostic impact of renal dysfunction (RD) on long-term overall mortality at admission to hospital in patients with STEMI.

The authors calculated GFR only at admission to hospital before performing PCI. There is no data on post-PCI GFR. All patients who were included in the study had PCI. Maybe, patients had acute kidney injury after PCI due to contrast injury or low cardiac output, and they did not require dialysis. Furthermore, it is possible that patients had better GFR levels after discharge from hospital compared with those at admission. Therefore, we think that there is a need to include more data on post-PCI creatinine levels. It would be better to add creatinine data obtained from a 6 year follow-up period. The investigation of RD and mortality according these results will increase the confidence of the study. We observed a similar lack of assessment of ejection fraction in the patients. Only one echocardiography examination was performed on patients during the study period. We think there is also a need to include standardized data on amount of contrast used during PCI between all ejection fraction groups. In table 1, we noted that there was significant difference between the three ejection fraction groups in terms of age and gender. Older patients had decreased GFR levels in all groups and patients who had GFR levels >60 mL/min were mostly male. RD is affected by age and gender differences, which is indicated in the GFR calculation formula. There is a need to standardize age and gender differences between all groups to exclude