

Final Report EFIM Exchange Programme

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Destination: Hospital Santa Maria, Lisbon, Portugal

First of all I would like to say that I am very grateful to have had the opportunity to participate in the EFIM exchange programme that offered me a chance to observe another culture and system of organization in the practice of internal medicine.

During my medical studies in the Netherlands, I had the opportunity to work in Paramaribo, Suriname and Stockholm, Sweden. There were many differences between the medical care systems, local traditions and relationships between patient and physicians. I consider both periods as great learning experiences that have widened my scope and insights as a medical practitioner. In the last years of my postgraduate training in internal medicine, I have noticed that there are significant differences in training between European countries. I thought that the EFIM exchange programme was an excellent opportunity for me to gain a further understanding in how internal medicine is practiced in different countries

Prof Rui Victorino from the internal medicine gave me a warm welcome and organized a wonderful and varied internship in Hospital Santa Maria. I started with dayshifts on the general internal ward. I joined the other Portuguese residents during the daily practice. And yes, I noticed many differences in comparison with my hospital in Amsterdam. First of all, in Portugal the internal residences also take care of patients with cardiac and neurologic diseases, as long as there is no intervention needed.

Another difference was that there were fewer meetings every day. In the Netherlands we start with the morning meeting to hear from the colleagues what happened that night and at the end of the day we all come together to inform the colleagues for the evening shift. And in between there are meetings with radiologist, microbiologist, surgery etc. You learn a lot from different cases and other specialties. In this hospital all doctors go directly to their own ward and read in the papers if there happened something with their patients. When they finished their work, the doctors reported the possible problems to the evening shift personally. The residents measure the blood pressure and temperature of all the patients themselves and the nurses will copy the results in their report. In my country it's the other way around.

Working hours were also organized differently. Because of the summer it was quiet on the ward, so the residents sometimes could go home early. On the other hand the residents had to work a nightshift after their dayshift and next day they had to be present on the ward again. In the Netherlands there is a more strict labour inspection, which check our working hours and we are not allowed to work that many hours in a row.

I also spend a number of days on the emergency department and almost two weeks on the haematology department (in- and outpatient clinics). Because I am a haematology resident myself, I really liked the last part of my stay. It was very interesting to see the differences in organization of the ward and outpatient clinics. For example, all patients in the outpatient clinic arrive very early in the morning to check the blood results and standard clinical examination. They sometimes have to wait for several hours to see the doctor. But most of the patients do not complain and just wait. Quite a difference with our culture, where everybody has a strict time schedule and already complains when they have to wait for half an hour. In the outpatient clinic, I noticed that the doctor was more paternalistic than in the Netherlands.

I learned a lot from the fact that the 'standard' treatment protocols were different and I searched for the reasons why they did differ. Most of the time I could not find any clear evidence for one or the other. In my hospital we use a lot of prescribed protocols to treat patients with chemotherapy or after bone marrow transplantations. I became more critical and do realize that these protocols are often based on expert opinion or simply habits. I had discussions with haematology residents about the treatments, antibiotic protocols, haematology training and work-life balance.

I have noticed that there are significant differences in training between residents from Portugal and the Netherlands. In my hospital we chose for the specialization haematology for only the last two years of our training. During these years we are still working on the general internal medicine during weekend-, evening- and nightshifts. In Portugal they already start their specialization haematology after six months, but also do work for the internal medicine during their extra shifts. Like us, the Portuguese residents also have their internships on the intensive care, morphology, and immunology. I do think that only two years of haematology are quite short to become a haematologist, so we might learn some from the Portuguese system.

It was a shortcoming I could not speak Portuguese at all. Unfortunately I could not understand the discussions at the haematology meetings, which are normally very informative. Because of the medical professional vocabulary, I could understand the subject, but I do think you will obviously learn much more when you can follow the discussion in detail. I was surprised how many doctors could not speak English very well, but the residents were always willing to translate after or before we visited a patient. I joined the professor haematology at the outpatient clinic. He told me in brief the history before seeing patients and we discussed them afterwards.

I felt very welcome at all different departments during my stay. Everybody was enthusiastic and tried to involve me in the clinical process. Because I am in the last years of my training in the internal medicine and started my specialisation already, I thought the haematology part was most interesting for me. I do think the EFIM exchange program will be even more successful when there is an exchange between different specialties. Also for possible future collaborations and international meetings it is important to know what the differences are and why the differences are there. Understanding of other healthcare systems is important to make these collaborations possible.