

Internal Medicine in Tel Aviv, Israel

Background – Where I went and why

I undertook my 5-week medical elective at the Tel-Aviv Sourasky Medical Center where I was placed in an Internal Medicine department at Ichilov General Hospital. I decided to go to Israel because I wanted to spend my elective in a high-income health care setting with working conditions similar to those that I am likely to encounter as a junior doctor.

The Tel-Aviv Sourasky Medical Center is the second largest and one of the most full-service healthcare treatment and research institutions in Israel. It serves as a national referral center for many primary and specialty care services, and features four main hospitals. Over 1.5 million patients are seen per year at the Medical Center, which employs 6400 staff. The facility also serves as the affiliate lecture and research center for both the Sackler Faculty of Medicine and the Sheinborn Nursing School of the University of Tel Aviv.

Learning Objectives – What I planned to do and what I actually did

Before leaving on elective I mapped out the aims I wanted to achieve along the General Medical Council's *Outcomes for Graduates* with the view that I wanted to use it as an opportunity to prepare for the Foundation Programme. Broadly speaking, I wanted to apply the knowledge I had gained from my Pathology curriculum to the process of diagnosis and management required in clinical practice, learn to function more autonomously in an unfamiliar environment, and improve my communication skills with patients and colleagues from different backgrounds.

The Internal Medicine ward I based at was similar to a General Medicine ward in the UK and had around 40 patients. Most of them had come through the hospital's Emergency Department, although some had been transferred from the Intensive Care Unit or another Internal Medicine ward in the hospital. The ward's weekly routines included a ward round on Sundays with all of the doctors and the weekend on-call person to see new admissions or more complex patients, an afternoon meeting with the Microbiology team every Wednesday, and a Radiology meeting on Thursday morning.

The doctors on my ward were split into a red and a blue team. Within each team, the doctors would then divide up the patients to see amongst themselves, and if a doctor had seen the patient the day before they would try to put them on their list again the following day. The idea of this system was to ensure the continuity of patient care. Each team was responsible for about 20 patients and was composed of 3 senior physicians (Consultants or Registrars) who would pair up with an Intern (FY1 equivalent). It seemed like this set-up actively tried to break down barriers between junior and senior staff, and encouraged newly qualified doctors to ask more experienced doctors for help.

In the morning, I would arrive at my ward for 8.30 or 9.00am to join a Consultant and an Intern on their ward round. We usually saw between 6 and 8 patients together. The patient consultation and most of the patient notes and reports on the electronic system were in Hebrew, but somebody would always talk me through the key lab results and the important points in the patient's history. I was then asked to examine the patient and document my findings. I would also be asked questions related to the patient's conditions. Were there any further investigations I wanted to order? Would I start/stop any medications? Should the patient be seen by any of the specialists?

It took me a while to become familiar with patients' medications, as Israeli doctors tend to favour using brand names over the generic nomenclature. The protocols on best practice and management for a given condition also differed. In the UK, the NICE guidelines tend to be used whereas in Israel doctors often referred to the UpToDate database to inform their clinical decisions.

Evaluation – What experience I gained from my elective

Overall, the patient population I encountered during my time in Israel was similar to the UK but I felt that on a day-to-day basis I saw a higher number of patients with more severe complications, such as hepatic encephalopathy due to advanced liver cirrhosis or a bloody pleural effusion secondary to widely disseminated breast cancer. One of the rooms on the ward served as a High Dependency Unit and mostly had patients who were intubated or had a tracheostomy. Thus, I had the opportunity to learn about what support these patients needed and the different types of ventilators that were used.

I also decided to spend a week in the Intensive Cardiology Care Unit where I saw PCIs and exercise stress tests being performed, and gained more experience in interpreting complex ECGs and how patients with recent MIs are managed. I was even allowed to cardiovert a patient under the supervision of the Cardiology and an Anaesthetist Consultants, which was definitely one of the highlights of my elective!

Reflection – Did my elective meet my expectations?

Absolutely! Being on an Internal Medicine ward meant that the conditions I saw were quite varied and allowed me to apply the Pathology I had previously learned, which had been one of the goals of my elective. The doctors I shadowed all learnt my name, were approachable when I had questions and gave me excellent one-on-one teaching. Their willingness to let me be involved really motivated me to engage on ward rounds and was a welcome change from some of the placements I've had in the UK where the doctors on the ward sometimes haven't even acknowledged the presence of students. My elective experience has also shaped my view on my future career ambitions by giving me a flavour of what it would be like look after patients who require intensive care.

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