ESIM Winter School 2015, Riga, Latvia

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Of course we were delighted to have 'won' something for our efforts although neither of us really knew what we had 'won'. A trip to the ESIM Winter School in Riga, Latvia we were told was our prize courtesy of the Society for Acute Medicine (SAM). But what is ESIM? It stands for the European School of Internal Medicine (ESIM), an educational part of a larger organisation the European Federation of Internal Medicine (EFIM). We both have to confess we knew nothing about either organisation.

EFIM was founded in 1996 to bring together the national societies of internal medicine from across Europe. The purpose of EFIM is to re-emphasise the importance of internal medicine in patient care in a world of increasing specialisation. The trainee and young internists enjoy a special place in EFIM and two 'schools' are organised annually, to which the national societies send trainees to a week long residential school in the host country. The national society; in our case SAM, fund the trip. The aim of these schools is a mixture of education, networking, exchanging ideas and the promotion of internal medicine.

So with trepidation and uncertainty we booked our study leave, arranged our flights, worried about the weather (Riga can get down to -10°C in winter!) and finally landed on a cold January evening in Latvia. Riga we found out is the capital and largest city in Latvia. We were greeted at the airport by our Latvian hosts and taken to the Hotel Elefant, which would be our home for the next week.

The next morning we met our colleagues, forty-four of us in total from 20 different countries in and around Europe. There was a buzz around the



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room as multiple languages were spoken with some countries having 3-4 trainees at the school while others had one. The entire week was run in English, which made our lives very straight forward. It was too easy to forget that our colleagues were interchanging effortlessly between their own language and English for which they deserved our utmost respect.

Unlike traditional international conferences, ESIM is, in actual fact, a school. From 9 to 5 everyday, we attended lessons in general internal medicine, dedicated to clinical updates, recognition and management of various medical conditions, and issues surrounding medical ethics. The programme for the week is a tried and tested formula of lectures, workshops and case presentations. There is also a social programme throughout the week but more on this later.

Day 1 for example, brought a juxtaposition of a lecture on osteoporosis and end of life decision-making. This was followed by an interactive workshop discussing the escalation plan for a patient admitted with an exacerbation of severe COPD. It was fascinating to discuss each trainee's view and ultimately the 'country's' view on treatment, ITU and resuscitation. We heard how some trainees were taught that everyone who was critically ill should be moved to ITU and intubated regardless of other considerations. Otherwise, how can you say that you have given your patient the best treatment? In 'Estonia', ITU was the place where non-invasive ventilation (NIV) would be delivered and not on the Acute Medical Unit. Thinking about this we decided ITUs in the UK would be overrun



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especially as we have the least number of ITU beds per head of population of any European country. The decision to intubate in many countries was made by the admitting medical Consultant and the patient managed on ITU with no 'authorisation' from ITU clinicians. Resuscitation discussions revealed even more differences with many trainees having no formal decision processes and some allowing relatives to make end of life decisions. We were introduced to the concept of the 'show code' – basic and short CPR performed for the benefit of the watching relatives, rather than the patient, which raises some fascinating ethical questions.

These discussions definitely helped break the ice and bond us as a group. We continued to discuss the similarities and differences between our countries with regards to training, pay and conditions throughout the rest of the week. Interestingly most trainees also the described the exit block we see in the UK where social services cannot keep up with the demand for social support. The 'medical registrar' and its associated stressors – constant bleeps, managing the hospital out-of-hours, running the acute take, being the 'go to' person for any in-patient medical problem - had seemed a particularly British construct; but every European country described similar experiences and challenges. It turns out that 'social admission' and 'still awaiting transfer to rehab bed' are universal phenomena.

Daily we had a session where each country presented an interesting or unusual clinical case. The presentations were of a high quality ranging from heavy metal poisoning to multiple endocrine neoplasia (MEN). As well as learning some interesting medicine we saw the differences in access to investigations between countries as well as the clinical management decisions. The presentations were made available after the school too.

As with all conferences the lectures were of varying quality but we had opportunity to give feedback and reflect on what we had learnt from the week.

The social element of the week was as good as the educational content. Our hosts diligently looked after us enabling us to experience Riga. We ice-skated, went sight seeing and visited a beautiful castle. This was coupled with singing and dancing. The week culminated in a night at the opera! Having started the week wary of what was going to happen, it ended with new friends, ideas for future working collaborations, and promises for a reunion in 2015.

We would encourage any trainee that gets the opportunity to attend an ESIM School to see it as a great opportunity for learning, networking and promoting internal medicine.

We must say thank you to SAM for funding our trip and to Dr Ieva Ruža for her tireless work throughout the week and organisation of the ESIM Winter School 2015.

Conflict of interest

NL and BL had their ESIM Winter School fees and travel expenses paid by the Society for Acute Medicine.

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