



During August I've been in Iceland for an IFMSA SCOPE Clinical Exchange. For four weeks I did an internship at the Gynaecology / Obstetrics department in the Landspítali Hospital in Reykjavik. In this report I will try to give you an overview of my activities and experiences.

## *Hospital & Department*

Iceland has one Academic Hospital, which is the Landspítali Hospital in Reykjavik. With around 1000 beds is it a considerably big hospital, especially if you realise that the Icelandic population only comprises little more than 300.000 people. It is a quite modern hospital and most specialities are present. Only for the very rare and complicated procedures patients are forced to go abroad, mostly to Sweden or Denmark.

The department I did my internship at was Gynaecology / Obstetrics, or Kvennadeild in Icelandic. It is very normal for women in Iceland to give birth in the hospital so it was a big and busy department. The Kvennadeild was situated in a separate building on the terrain of the hospital. There were six different wings that all had another subspecialty: the gynaecology outpatient clinic, the gynaecology ward, the obstetric outpatient clinic, the delivery ward, the antenatal / postpartum ward and the ultrasound department. Thereby there was a surgical unit with four gynaecological operation rooms.

I shared the gynaecology department with one other exchange student from Austria. On our first day we got a schedule for the whole month. Every day we were supposed to be in another sub-department so we would be able to see as much different things as possible. Everything was very well arranged; most doctors knew that we were coming, knew our names and really wanted to teach us a lot.

Every day started at 08.00 AM with the morning meeting. These meetings took about 20-30 minutes and were used to talk through all the patients of the night shift. On Friday on the other hand, all residents and specialists sat together for over an hour and talked about some topic that differed per week, for example about the reconstruction of one of the wings or about the results of the evaluation of the students of last year. Unfortunately they always talked in Icelandic, so it was very hard to follow what they said.

After the morning meeting all doctors went to their own sub-departments. Most of the time we were linked to one specific doctor. At the outpatients clinics all patients were seen first by a nurse and after that by the resident or specialist, whoever was on duty. We were allowed to attend all the consultations with the resident / specialist and assist with the physical examination. If you were linked to the resident on call in the operating room you were always allowed to scrub in and watch the operation really closely. In the delivery ward you either followed a midwife, which meant you stayed with one woman during the whole birth, or you followed the doctor, meaning you would see a lot of vacuum extractions and secondary caesarean sections due to fetal or maternal stress. I especially liked the delivery ward, because it was always busy, there were always decisions that needed to be made and a lot of excitement.



In Iceland there is only one university where you can study Medicine. That means that IMSIC, the Icelandic Medical Student International Committee is only active in Reykjavik. Also, IMSIC is only SCOPE active. There is one NEO-in and one NEO-out, who are assisted by an IMSIC board and an exchange committee. Besides that they work with contact persons who get quite some responsibilities.

The NEO-in was very involved and came by almost daily to check if everything was all right or just to have a chat. Also the contact persons were very active. They wanted to take us

on trips all the time, which is especially very great in a country like Iceland where you need a car and really need to know where to go.

The social program was very nice as well. On Thursday it was beer night. Every week they took us to another club with happy hour, because unfortunately alcohol, like everything else, is very expensive in Iceland. During one weekend they organised a weekend trip. We went to the Westman Islands, a group of sparsely populated islands in front of the south coast of Iceland. The nature is very great and it is possible to spot puffins, that almost seem to be the national bird of Iceland. Also they organised a day trip, during which we saw the Iceland-must-sees like the biggest waterfall, a geyser named Geysir (actually the word geyser is derived from the name of this old geyser), and the place where the Eurasian and American tectonic plate divide. During the time that was left we tried to enjoy Iceland by our self, for example by going to the swimming pool or a natural hot spring regularly, which is a very traditional Icelandic habit.

### *Iceland vs. the Netherlands*

The most important reason for me to go on an international exchange was to see how Medicine is practised abroad and to experience the cultural differences, both in an out of the hospital. At first sight the Icelandic healthcare system functions a lot like the Dutch healthcare system. Both countries provide high quality care and try to practise patient- centred care. Nevertheless, if you look closely, there are some remarkable differences. In the first place, I was very surprised about how kind doctors are in Iceland. I won't say that Dutch doctors are rude, but Icelandic doctors are definitely more kind and show more empathy towards patients as well as towards colleagues. Also they are more used to touch a patient to show his / here compassion, which was an interesting cultural difference.

Another difference was that there was way less hierarchy in Iceland than in the Netherlands. Nurses, residents and specialists all work together really well and are always willing to help each other out.

Also, the number of specialists seems to be very much higher in Iceland than in the Netherlands, which might be explained by the fact that specialists see more patients themselves than the specialist in the Netherlands do.

This is just a short selection of the many small differences I noticed. Unfortunately I didn't do my gynaecology / obstetrics rotation in the Netherlands yet, so it is



hard for me to make really strong comparisons. I'm looking forward though to doing my gynaecology / obstetrics rotation in the Netherlands and really notice all the differences and similarities.

## *Expectations & goals*

My biggest goal and expectation was to experience how other health care systems work and to discover differences with the Dutch healthcare system. I'm very glad that in four weeks I got a quite good picture of the Icelandic healthcare system.

I'm very glad that I had the change to experience an exchange. I definitely think that knowledge of a other healthcare systems and cultures make people into better doctors. Having experienced the kindness of the Icelandic doctors, I hope to be able to grab a little of this kindness and become a more empathic doctor.

I would like to thank all the volunteers who made the exchange possible, both in Iceland as in the Netherlands. Thank you very much!

Kind regards, Renée Burger





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Three of the exchange students in front of the Landspítali Hospital





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All the exchange student on a day trip to Snæfellsnes





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Exchange students in front of one of the many waterfalls of Iceland

