

Ex-Patriates in the Development of Emergency Medicine: Turkey

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To date (2003), *over 50* EM physicians have come to teach and work with Turkey's first EM house officers and staff physicians.

Location of Work Within the Country: at any one of the many EM residency programs around the country. See the website made by one of Turkey's first EM specialists, Sedat Yanturali, MD: www.turkishemergencyphysicians.8m.com for links to EM residency programs around the country and other info about Turkey.

Language: Turkish – teaching can be done in English with a translator. One can send slides ahead of time as a PPT file and have them Turkish-ized. Then when one speaks, one can refer to his/her notes in English, while the audience views the slide presentation in Turkish. Depending on the university hospital, about 20% of doctors know English well, another 30% okay, the rest not very well. However, a few medical schools are English-medium, so no translator is needed to communicate with physicians and students in those facilities.

Travel from USA and within the country to the hospital: One can fly straight into Izmir with Lufthansa - otherwise, one generally flies into Istanbul (many airlines) and changes planes for the one-hour flight to Kayseri, Antalya, Izmir or other cities. Many charters from European cities fly directly into Antalya and other touristic cities in Turkey.

Medical Work, Opportunities: Bedside and classroom teaching in newly-created (with few or no EM-trained faculty members in most locations) Emergency Medicine residency programs.

Opportunities to teach are from a few days to several months or longer. Most EM senior EM house officers have stayed for 3-5 weeks at 1-4 different EM programs. Most EM faculty staff physicians have stayed from 1-3 weeks at 1-2 different programs. Coming for a long-term teaching assignment (through the Fulbright Scholarship program, for example) can be arranged, but it may take 1-2 years of planning to get such a job set up.

Needs: Besides bedside teaching ('modeling the practice of EM' for students and house officers) and teaching a rational approach to patients through case discussions, help with advanced procedures, research planning and research project implementation is needed. EuSEM and AAEM members could easily combine tourism with teaching for a pleasant 1-4 week stay. (Ephesus, Cappadocia, Pergamum, Istanbul, Aspendos, hiking in the Black Sea area, Antalya, Gordion, Aegean Sea cruise...)

Teaching Tools: If videos are used, they must be in PAL format in most places (one can have them 'translated' here, or one could format the video segments onto a VCD for replay here). Slide machines and overheads are common in larger cities, but hard to find in small towns. Most universities now have data projectors.

Best Times to Come: Spring (nice and green) or Fall (water is warm for swimming)

Accommodations: Usually with someone in their home, or in a guest house (no charge to visitor) at the institution being visited.

Travel Within the Country: Travel by private inter-city bus lines is very cheap and safe. For long trips, plane flights are easy (Turkish Airlines).

Religious Services: All locales have mosques. Most large cities have at least one synagogue and one or more churches (more Roman Catholic than Protestant; also Orthodox in Istanbul and in SE Turkey)

Climate: Hot in the summer, cold in the winter. Houses are not insulated. Many homes have central heating with radiators. It rains a moderate amount in the winter.

People: Very hospitable - enjoy talking with visitors.

Political Situation: Parliamentary multi-party system, stable.

Preparatory Suggestions: A webpage for learning a bit of Turkish is on the www.linguamemory.com/turkish website.

Other Information:

One must be a citizen of Turkey to practice medicine in Turkey. This aside, as a visiting physician in the emergency department of a university hospital, one has no legal problems because one doesn't write prescriptions, doesn't charge extra money for seeing patients, and doesn't have an extra private office for making money in the off-hours. So, does one care for patients? Yes, in a teaching role - one might intubate, put in pacemaker wires, etc when required for patient care. Even though one does these things for the patients, this is OK, because it's 'as a teacher.' If a foreigner *were* to open up a private office, it would be closed down quickly by the local medical association ('stealing patients' from the local physicians without permission to practice). Medical licensure as known in the States is not present in Turkey. A medical student finishes medical school, paperwork is sent to Ankara, and a medical diploma issued by the Ministry of Health is sent afterwards to the graduate. No sufficiency exam after medical school is performed before starting medical practice. Continuing education is offered (along with credits), but no requirement is currently present in order to continue to practice medicine (ie. the medical diploma lasts for life). A doctor (or any employee for that matter) in a government-related institution is technically a government employee (ie. a civil servant), and must therefore be a Turkish citizen.

Equipment / Medication Donations

A few facilities may need medical equipment. If donations are considered, a letter from the intended recipient (a government or non-profit agency) must go overseas to the donor, who must get the donation approved by the Turkish consulate or embassy of the sending country. (no one wants unneeded or old equipment to be sent). Then, **the equipment list must be signed by Turkish consulate or embassy officials before the shipment arrives here.** This signed and stamped document from the Turkish embassy or consulate allows the items to be imported without customs fees and delays. I wouldn't recommend having medicines shipped over - customs officials have to check them to make sure they don't contain illicit substances – a process which takes *months*.

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