

**ASSIMILATING POINT-OF-CARE-ULTRASOUND AS PART OF COMPETENCY AND ASSESSMENT-BASED MEDICAL EDUCATION IN INTERNAL MEDICINE: THE WAY FOR A BETTER RESIDENCY**

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The Israeli Society of Internal Medicine (ISIM) has joined a journey led by the Scientific Council of the Israeli Medical Association (IMA) to improve the residency of physicians in

Israel. The process of transformation from time and place-based residency to an outcome-oriented, competencies and assessment-based residency is a multi-step, complex process. We describe the theoretical basis of the need for transformation, examples of specific competencies (basic, relating to all residencies and unique, specific for internal medicine) and their means of assessment. Furthermore, we present several examples of similar processes being conducted worldwide. We describe the process so far and the future anticipated challenges. We foresee the residency transformation resulting in elevated professional excellence amongst internists in Israel. Also, we anticipate that residents' satisfaction will rise and eventually, patients will receive better diagnostic and treatment outcomes in our wards. ●

כרוניקה

**עיקור רקמות מזוהמות בגורמי טרור ביולוגי באמצעות פורמלדהיד**



1% למשך מספר ימים. לאחר מכן, מיצו את הגורמים מהדגימות וקבעו את מספרם. התברר כי הזמן המיקטי לעיקור הדגימות בתמיסות המקובלות להכנה למיקרוסקופן אלקטרון היה שבעה (7) ימים, ולדגימות איברים עבות יותר נדרש פרק זמן של 14 ימים, כדי להוריד למעלה משמונה סדרי גודל בחיוניות הגורמים. דגימות ריאות מודבקות באנתרקס עוקרו רק לאחר 20 יום. החוקרים מציינים כי דגימות עבות יותר מ-10 מ"מ, ידרשו זמנים ארוכים יותר לעיקור מושלם. כמו כן וידאו החוקרים, כי שיטת העיקור שלהם (הכוללת שטיפה של הרקמות) אינה פוגעת בקביעת חיוניות החיידקים. המחקר כולל תיאור מפורט של השיטה ושל התיקוף, והוא מומלץ כקו מנחה לפיתוח שיטות עיקור למקומות עבודה העוסקים במחקרים מסוג זה.

איתן ישראלי

לפני מספר שנים, נשלחו דגימות נבגי אנתרקס, שלכאורה עברו עיקור בקרינה, למספר מקומות עבודה ברחבי ארה"ב ואף מחוצה לה. התברר כי תהליך העיקור לא היה מושלם, וחלק מהנבגים שמרו על חיוניותם. עקב כך, פורסם ב"רשומות המדינה" בארה"ב (CFR), כי יש לבצע תיקוף לכל שיטת עיקור של דגימות המכילות מיקרואורגניזמים הכלולים ברשימת גורמי הטרור הביולוגי. צ'ואה וחב' מפרדריק, מרילנד (Emerg Infect Dis 2019;25:919) בדקו את שיטת העיקור באמצעות פורמלדהיד וגלוטראלדהיד, על רקמות שהופקו מחזירי ים מודבקים במספר גורמי טרור ביולוגי מן השורה הראשונה - אנתרקס, בורקהולדריה, טולרמיה ודבר. החוקרים הדביקו את בעלי החיים בעיקר דרך העור, ולאחר המתת חסד נטלו איברים פנימיים דוגמת טחול, ריאות, ועור, בפרוסות של כ-10 מ"מ, והישירו אותן בתמיסות פורמלדהיד 4% או גלוטראלדהיד

כרוניקה

**בטיחות של תרכיב נגד שפעת בחולי סרטן המטופלים במעכבי נקודת בקרה חיסוניות**



בכל המשתתפים, 20% לקו בתופעה חיסונית כל שהיא, ותופעות מדרגה 3 היו בשכיחות של 5.8% תופעות אובחנו ללא הגדרת דרגה. בתת סוג של החולים, 170 שטופלו לאחרונה בנוגד PD-1, סך כל השפעות הלוואי היה 18%, ותופעות בדרגות 3 היו בשכיחות של 7.6%. מחלת השפעת אובחנה רק בשניים מהמטופלים. החוקרים מסיקים, כי לא ניתן להבחין בהגברת השפעות לוואי חיסוניות בחולי סרטן מטופלים ב-ICI שקיבלו תרכיב נגד שפעת בתוך חודשיים מהטיפול. שיעור השפעות הלוואי שנמסרו בחולים אלה היה דומה לזה שנמצא בניסויים רפואיים שפורסמו בעבר. הם ממליצים לחולים אלה לקבל חיסונים עונתיים נגד שפעת.

איתן ישראלי

חולי סרטן נמצאים בסיכון מוגבר ללקות בסיבוכים לאחר מחלת שפעת. חלק מחולים אלה מטופלים במעכבי נקודות בקרה חיסוניות (ICI), ולא ברור האם קבלת תרכיב נגד שפעת עלולה להגביר השפעות לוואי חיסוניות בחולים אלה. צ'ונג וחב' (Clinical Infectious Diseases, ciz202, https://doi.org/10.1093/cid/ciz202) עקבו אחר חולי סרטן מטופלים ב-ICI שקיבלו תרכיב נגד שפעת בשלוש עונות עוקבות משנת 2014. בכל שלוש העונות, 370 מטופלים ענו על קריטריון שאלת המחקר וקיבלו את התרכיב תוך כחודשיים ממועד קבלת הטיפול נוגד הסרטן. מחלות הסרטן שהיו נפוצות בקרב המטופלים היו - סרטן ריאות (46%) ומלנומה - (19%). 61% מהחולים נטלו תרופה נגד PD-1 בלבד.

extent of the phenomena, calling on health organizations to provide actions in order to reduce or prevent it.

In the Department of Family Medicine at Ben-Gurion University of the Negev, there is a four-year course for family medicine residents in which we teach various clinical and psychosocial topics essential for the family medicine profession. As part of this course, we set up a program to prevent burnout.

Four "mini-courses" were chosen and integrated into the course curriculum for family medicine residents: "Healers' art™", "meaning in medicine™", narrative medicine and reflective writing, mindfulness, meditation and relaxation techniques. In addition, the Balint groups continued to exist during the 3<sup>rd</sup> and 4<sup>th</sup> year of residence.

Health institutions and organizations are committed, as part of the interventions to improve medical quality and patient safety, to detect and monitor the burnout of doctors and to offer changes in the work environment and interventions to prevent burnout. Although it is difficult to examine the long-term effects of these courses, the residents were very satisfied with the burnout prevention courses. There is a need to step up interventions and build a research and follow-up program to assess the short and long-term outcomes of these experiences on the physicians' well-being and patients' safety. ●

## COMPETENCY-BASED TRAINING AS A WAY TO CREATE ORGANIZATIONAL CHANGE AND IMPROVE PROFESSIONALISM: A REVIEW OF THE PROCESS OF IMPLEMENTING A COMPETENCY-BASED MEDICAL EDUCATION (CBME) TRAINING PROGRAM IN NEONATOLOGY FELLOWSHIP IN ISRAEL

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Competency-based medical education (CBME) is a model aimed to address certain challenges and shortcomings attributed to the contemporary models of medical education and the medical profession in general. The CBME model has been used mainly in the education of undergraduate medical students with no continuation to residency, fellowship, or independent practice. In this review, we present a program based on the CBME model for the design and implementation

of a new fellowship program in neonatology in Israel. As part of the program, we propose a mentorship program as a means to facilitate the implementation and acceptance of the program in the different wards. We designed assessment tools that can help the mentor track the fellow's development over time as well as to examine the impact of the proposed program on performance and on all stakeholders' satisfaction over time. We aim to evaluate the benefits and effectiveness of this CBME training not only on the fellows' abilities and performance outcomes, but also on the accompanying general organizational changes that can lead to general improvement in the neonatal profession in Israel. ●

## SIMULATION AS A TRAINING AND ASSESSMENT TOOL FOR COMPETENCY BASED MEDICAL EDUCATION – A REGULATORY CHALLENGE

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Competency Based Medical Education (CBME) is an educational approach that occupies a central place in medical education. Medical education is accountable for the graduates' professional level, ensuring they are skilled and competent in all key areas of their profession. Adopting CBME underscores the importance of simulation-based training. Experiential training provides, among other things: standardization of training, controlled exposure to extreme events and soft skills, such as patient-caregiver communication and teamwork training.

Unlike the traditional apprentice approach, accountability reinforces the choice of a preliminary encounter with simulated patients prior to real-life care, as a complimentary tool for improving patient safety. Incorporating a practical exam is self-evident in CBME because of the need to ensure that the examinees are competent to provide unsupervised safe and quality care. Implementation of a national CBME program, likewise, incorporating simulation into national training programs, requires involvement and supervision on health system regulators.

In this paper, we describe simulation-based national training programs that to date integrate competency-based training in the various medical sectors. As national programs, they are implemented under the guidance and in cooperation with the regulators. On the one hand, CBME is a new approach and its implementation will require time and the cooperation of many stakeholders. On the other hand, simulation is an existing, well-established training and assessment tool that can be used as an anchor around which you can start building the competency-based training programs. ●

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Electronic Medical Record, web-based medical knowledge availability, tele-medicine and a host of additional tools progress rapidly and seem to leave physicians behind, while the public adapts them willingly. This article enumerates the characteristics of the digital era in healthcare, Israel's leadership in health care application of information technology, the different domains of impact, additional competencies they mandate presently and, in the future, as well as associated ethical dilemmas. Subsequently, a road map is outlined to achieving the additional skills in all stages of the professional life cycle and through competency-based medical education, together with a vision of future medicine and the future physician. In conclusion, the hope that Israel's doctors will resume a leadership role in the digital transformation of healthcare is expressed. ●

### SURGICAL RESIDENCY IN THE ERA OF RESTRICTED WORKING HOURS

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Post-Graduate Medical Education in the surgical professions, as in other medical professions as well, has gone through an organizational revolution during the past 10-15 years.

Catalyzers of this change were the information revolution, technological changes, life-work balance needs of residents, legalization of the medical system and different duty hours' restrictions that followed. These changes require rethinking traditional Post-Graduate Medical Education and adaptation of teaching methods, quality measurement methods, new definition of program director's role and more.

In this article we review these changes as they appear in updated literature and the significance of the changes in the Israeli health system since the last physicians' bargaining agreement of 2011. ●

### EDUCATION OF RESIDENTS AND SURGICAL SKILLS ASSESSMENT IN THE OPERATING THEATRE

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Competence based surgical education is gaining acceptance in many residency programs around the world. Changing and fluctuating working hours for residents, the need for vast knowledge acquisition during residency, as well as the application of new emerging technologies in surgical practices, call for the modification of educational platforms and domains in surgical teaching.

Milestones of cognitive knowledge, as well as surgical and other essential skills needed for the "formation" of a competent resident are judiciously laid during the residency process. These educational requirements are then measured for their proper acquisition by the trainee. Assessing surgical skills and other performance competences of the novice in the operating theatre need to be longitudinally evaluated and measured as well. ●

### POSTGRADUATE MEDICAL EDUCATION ACCREDITATION IN ISRAEL

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Accreditation of Post-Graduate Medical Education permits medical institutions to train residents, allowing them to achieve specialist certification. An accreditation system usually employs several tools such as site-visits, information gathering and occasionally self-evaluation, to determine adherence to pre-defined standards. The Scientific Council of the Israeli Medical Association is entrusted by law on this accreditation system in Israel. In our article, we briefly review the Post-Graduate Medical Education accreditation system in Israel and a number of pivotal challenges faced by the Scientific Council in this field in the 21<sup>st</sup> century.

These challenges include the adaptation to different medical settings such as community based clinics and medical arrays, the adaptation of tools used for accreditation, new methods for up to date information gathering and updated structure of site-visit teams. A significant future challenge will be adapting the accreditation system to the new Competency Based Medical Education model of residency promoted in Israel by the Scientific Council. ●

### METHODS FOR BURNOUT PREVENTION AND THEIR IMPLEMENTATION IN THE COURSE FOR FAMILY MEDICINE RESIDENTS IN BEN-GURION UNIVERSITY OF THE NEGEV

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Professional burnout of physicians is common and culminates in the residency period. Burnout affects the doctor's health and quality of life, and it is associated with worse patient outcomes and an increase in the incidence of medical errors. The Israeli Ministry of Health recently conducted a survey on the burnout of health professionals in Israel and showed the

Medical Association, dealing with the initiation of new medical specialty fields and from relevant regulations. Numerical data was extracted from the IMA database. The information gathered was qualitatively analyzed by Template Analysis.

**Results:** Over two decades ranging between 1999 and 2019, three new medical specialties were initiated, including Emergency Medicine (1999), Pain Relief Medicine (2008) and Palliative Medicine (2012). The initiation of two other specialties, Invasive Neuro-Radiology and Metabolic Diseases, is still under process. The field of Child Development has joined an existing specialty in Pediatric Neurology, becoming a new specialty in Pediatric Neurology and Child Development in 2008, a new route for Pediatric Emergency Medicine branched out of Emergency Medicine (2008) and a new route for Pediatric Rheumatology branched out of Rheumatology (2013). We describe the different considerations taken into account, the prerequisites to initiation and milestones of the process, including grandfathering and accreditation.

**Conclusions and discussion:** The trend of specialization in more medical fields will probably continue in the foreseen future. It will therefore continue to challenge the Scientific Council of the Israeli Medical Association with complex decision-making regarding the initiation of new medical professions or new routes within existing professions. ●

## RESIDENCY EXAMINATIONS – THE ACTIVITY OF THE HIGHER EXAMINATIONS COMMITTEE OF THE SCIENTIFIC COUNCIL FOR THE TRAINING OF THE NEXT GENERATION ISRAELI PHYSICIANS

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Examinations are an integral part of the process of medical specialization in the State of Israel and a resident cannot receive an expert degree without passing the exams. The Scientific Council is the body responsible for the physician's training process, and the Higher Examinations Committee for the exams. Professional examinations committees are subject to the professional guidance by the Higher Examinations Committee. The residency exams are performed in two phases: Stage A (written examination) and Stage B (oral examination). Changes in Stage A exams, Stage B exams, and in the process of appeals to the exam results, are conducted after thorough thinking and testing procedures and under the guidance of professionals. During the course of the current Higher Examinations Committee, a number of significant changes were made in Stage A exams, including: 1. Reducing the number of questions in the surgical fields exams; 2. Consolidating the two parts of the exam in General Surgery, Urology, Vascular Surgery, Plastic

Surgery, and Pediatric Surgery. 3. Exposing the questions and answers after the examination and altering the appeals process. There have also been changes in some specialties in Stage B exams according to the following rules: 1. Aspiration for multi-test stations; 2. Two examiners in each station; 3. Structured and unified content on all exam stations; 4. Structured evaluation forms; 5. Filling out the evaluation form by the examiners without consulting between them; 6. Automatic calculation of scores based on the percentage of accumulated points that the examinees accumulated from the maximum possible points; 7. An upfront decision on the passing score. The Higher Examinations Committee of the Scientific Council works, and will act constantly, for the construction of professional, fair, reliable and valid residency examinations. ●

## COMPETENCY BASED MEDICAL EDUCATION – A NEW PARADIGM FOR ISRAELI PHYSICIAN TRAINING

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During the last decades the dominant paradigm, in which the duration of a rotation/course, the required content to be learnt (the material covered) and a test (usually a multiple choice one) evaluating the knowledge of the content, were paramount, is being replaced by a new paradigm: outcome/competency based medical education (CBME, OBME). In this paper the reasons for adopting this change in the developed world are presented, its nature and basic assumptions enumerated and national examples of its adoption from Scotland, Canada, UK and USA described. We will present in some detail the changes this approach entails, the new definitions it adopts, the learning outcomes it aspires to and how to evaluate them. Finally, we will present a draft outcomes proposal adapted to the Israeli reality. Since the Medicine Deans Forum and the Scientific Council of the Israeli Medical Association have adopted the new paradigm for the training of Israeli physicians, it is an opportune moment to expose the readership of Harefuah (i.e. Israel's physicians and medical students) to this relatively new paradigm. ●

## THE DOCTOR IN THE DIGITAL AGE – COMPETENCIES NEEDED AND A ROAD MAP FOR THEIR ACHIEVEMENT

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The digital age has profoundly transformed our lives, including health and healthcare. The computer, the smart cellphone, digital communication, social networks, applications, the

## POSTGRADUATE TRAINING IS OUR SPECIALTY

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In recent years, following public expectations for high quality medical care and a teaching system that can adapt to public needs, changes are being implemented in medical education. The Scientific Council of the Israeli Medical Association (IMA) is responsible, under the Physicians Ordinance, for the planning and supervision of the physicians' specialization system in Israel and promotes post graduate medical education of the highest quality for the advancement of medicine in Israel.

In this issue, we highlight the key goals of medical education: knowledge acquisition, skills imparting and application of professional values, as well as the different tasks the Scientific Council has undertaken in order to advance them. This issue includes reports discussing amendments to specialization programs, creation of new specialties, changes to board certification examinations and accrediting and overseeing professional training.

In addition, the issue will emphasize the significant changes being made in medical education in Israel while implementing Competency Based Medical Education (CBME). ●

## INTERVENTIONS TO IMPROVE THE QUALITY OF THE INTERNSHIP YEAR

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**Background:** All medical school graduates are required to take a one year internship, rotating through various hospital departments. By various objective and subjective measures, the quality, benefit and efficacy of the internship varies significantly between departments and hospitals and also depends on where the interns studied.

**Aim:** To describe three interventions that have improved the quality of the internship.

**Methods:** The interventions were: First, all graduates of foreign medical schools (FMG) were required to interview and present a patient, demonstrating practical knowledge of spoken and written Hebrew and basic medical terminology prior to the start of the internship. Second, on the first day of their internship in internal medicine the new interns participate in an orientation day, addressing multiple clinical, administrative and other components. Third, upon the completion of their rotation in internal medicine, the interns participate in an interactive session to help them prepare for their future career.

**Results:** First, during the first 3 years after introducing the Hebrew test, 101 FMGs took the test, 89 (88%) passed the first time, the remainder passed the 2<sup>nd</sup> or 3<sup>rd</sup> test after another 1-3 months of studying Hebrew. Of 31 women, 30 (97%) passed the first time, compared to 59/70 (84%) of the men ( $p=0.065$ ); 27/28 (96%) of Jewish interns passed the first time compared to 62/73 (85%) non-Jewish interns ( $p=0.99$ ). Physicians report on the significantly increased ability of FMGs to participate in all activities from the onset of their internship. Second, upon completion of the orientation, 137 interns provided feedback of its 12 components; satisfaction was marked on a Likert scale (ranging from 1 [low] to 5 [high]) and ranged from  $4.2\pm 0.1$  to  $4.7\pm 0.6$ ; high/very high satisfaction with the various components ranged from 79% to 96%. Third, feedback was provided by 96 interns after participating in the interactive session helping to prepare for the future; satisfaction with the 5 components of the session ranged from  $3.8\pm 0.8$  (on the acquired insight into the possibilities, scope and limitations regarding their future career) to  $4.5\pm 0.7$  (regarding the relevance of such sessions). Sub-analysis revealed several statistically significant differences between male and female interns (male interns indicated these sessions to be more important to them than females,  $p<0.01$ ), and FMG (as compared to graduates from Israeli medical schools) indicated that they had acquired relevant information more often ( $p<0.001$ ).

**Conclusion:** Various interventions positively impact the quality, benefit and efficacy of the internship as observed by physicians working with the residents, as well as perceived by the interns themselves. ●

## HOW DOES A NEW MEDICAL PROFESSION COME TO LIFE?

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**Preface:** Physicians' specialization by postgraduate training and specialty certification satisfies the public's need for high quality medical treatment, supports medical institutions confidence in their medical staff qualifications, guarantees physicians' social accountability and is also linked with positive medical results. Nevertheless, fragmentation of medicine enfolds a hazard to continuity of medical care and loss of holistic perspectives, as well as hazards of systematic malfunction such as brain drain in vital basic specialties and high costs.

**Goal:** In our article we seek to describe the initiation of new medical specialty fields in Israel, including the different considerations in the decision-making process and recent trends.

**Methods:** Information was gathered from the protocols of relevant deliberations conducted at the Scientific Council of the Israeli