

## FINAL REPORT OF EFIM EXCHANGE PROGRAM AT INTERNAL MEDICINE A, OSPEDALE MAGGIORE, BOLOGNA, ITALY

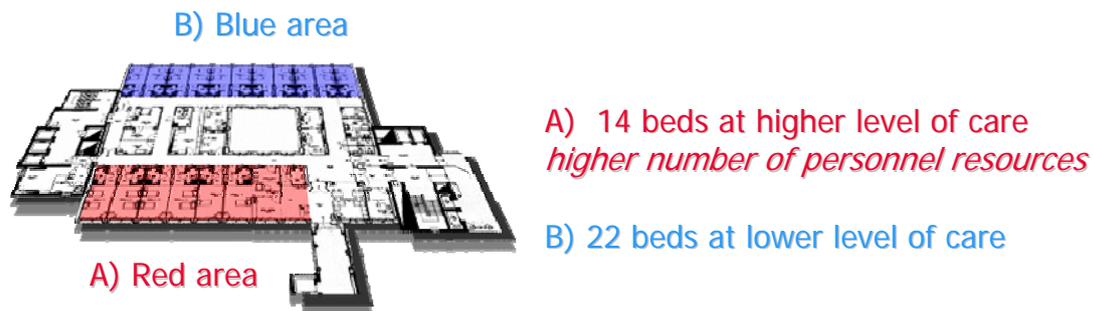
My stage in Bologna was at the Ospedale Maggiore from 3th to 29th September 2012. In these four weeks I knew how is the organization of the Medical Department, who has several differences from my hospital (Hospital Povisa in Vigo).

In the Ospedale Maggiore there are 3 IM units and 1 Geriatric unit which constitute a part of the Medical Department which comprises also others 6 IM units in the area of the province of Bologna for a total of 550 beds. The three IM units are the following:

- Unit A: dedicated mainly to patients with oncological and gastrointestinal diseases (36 beds).
- Unit B: dedicated mainly to patients with cardiac and respiratory diseases (36 beds)
- Unit C: dedicated mainly to patients with rheumatic diseases (36 beds).

In the IM unit A, in which I was for 2 weeks, it has been recently applied a new method of allocation of patients, according with their clinical and nursing complexity, in order to achieve a more appropriate level of treatment and care.

The two care's area are outlined here: one, called A (red), where at admission are allocated patients with high clinical and/or nursing scores; and B (blue) where are allocated patients with lower scores.



When patients are admitted from the Emergency department, they are re-examined by a nurse-doctor team on call in the ward; according to the final joint assessment (which is based on the nursing and MEWS scores), patients are allocated in the most appropriate level of care area.

Every day, from 8.45 to 9.15 am, before doctors start their round call (each of them have to visit 12 patients), in the central working area of the ward there is a separate briefing between the nurse responsible of each section and doctor(s) who take care of patients allocated in A and B areas, respectively. During this time, professionals exchange information and opinions on relevant factors in the night spent, as well on the occurrence of any changes in symptoms or signs; moreover they discuss about patient care plans', highlighting the developing potential problems and evaluating the effectiveness of the care plan and even reporting; finally they decide together the most significant future health intervention, as the timing and type of discharge from the Unit and the more appropriate continuous care in the outpatient setting (long-standing low care hospitals, nursing homes, general practioner's home care).

By the contrary, in the hospital where I work in Spain there is one Internal Medicine Department unrelated to other hospitals. It has about 120 beds (that can oscillate between 80 in summer to 180 in winter) with a short-stay Unit (8 beds) where only were admitted patients that we suppose that they will be no more than 4-5 days in the hospital.

Regarding the prevalence of diseases which affect the patients admitted to the IMA of the Maggiore Hospital in Bologna, I found that it is similar to that we have in Spain. In fact in

both hospitals the most common cause of admission is heart failure, followed by respiratory disease, cerebrovascular disease and gastrointestinal-liver diseases. As concerns the management of these diseases, I do not appreciate any significant differences between our two countries.

The following two weeks I frequented the Ultrasound Centre that is affiliated to the Internal Medicine A, either upon the direction of Dr. V. Arienti. In contrast to what happens in my hospital (and usually in Spain), at the Ospedale Maggiore the Ultrasound Centre belongs to the Internal Medicine Department and not to Radiology. During this period I had the opportunity to be introduced in the basics of ultrasound, either with direct observation of examinations by different examiners either by looking at images, videos, books... in the education room of the centre. I got experience in performing body, neck and vascular ultrasound under the supervision of an expert ultrasonologist. This period was of great interest to my training because I think in the near future, bedside ultrasound will be very important in Internal Medicine departments. To this topic I had the possibility to have a look at an impending project of bedside US case-control study in patients admitted to Internal Medicine Units, which has the goal to identify if a rapid “echoscopy” of abdomen, thorax and calf, performed at the moment of admission in IM by an internist, may be useful to better address subsequent diagnostic procedure, reduce the length of stay, and finally

While I was in Bologna, I had the possibility to attend with my tutor to 2 events:

- a) International Congress on *The Role of the Mediterranean diet and its modern nutritional strategies for prevention and therapy* - Il Ruolo della dieta mediterranea e dei suoi nutraceutici nelle strategie moderne di prevenzione e terapia – “Dyspepsia and Irritable Bowel Syndrome: pathophysiology and role of ultrasound”, Fiera di Bologna, September 8<sup>th</sup>, 2012.
- b) Incontri itineranti della Società Medico Chirurgica di Bologna: Luci e ombre nelle immagini. (*Lights and shadows in the images. Itinerant meetings of the Medical-Surgical Society of Bologna*). IRCSS Istituto Ortopedico Rizzoli, Bologna, 19<sup>th</sup> September, 2012.

In Italy the health costs for admission in hospitals are free of charge for Italian and EU citizens inpatients, while for doctors visits (GP or other specialist) and diagnostic exam outpatients have to pay a ticket (which is a part of the cost of the exam) related to the level (four levels) of the yearly income of their family. The Spanish health system is free without differences between inpatients or outpatients or money they earn.

In conclusion, I think it was a great experience to learn how it works and how is the organization in Internal Medicine department in another European country different from mine.

#### COMPLAINT AND THANKS:

I thank the treatment received by all staff of Ospedale Maggiore, especially Dr. Arienti, Dr. Pretolani and Dr. Aluigi, who made my stage in Bologna very enjoyable and fruitful, as well by all the nurses of the Unit and by their coordinator Anna Iannicella.

I think it would be very interesting to maintain future contacts between the Internal Medicine Units of Vigo (Spain) and Bologna (Italy) in order to plan possible collaboration in some very hot topics of Internal Medicine such as bedside ultrasound.

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