ESO Department-to-Department Visit Programme Report

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Host Institution: Inselspital, Department of Neurology, Bern, Switzerland
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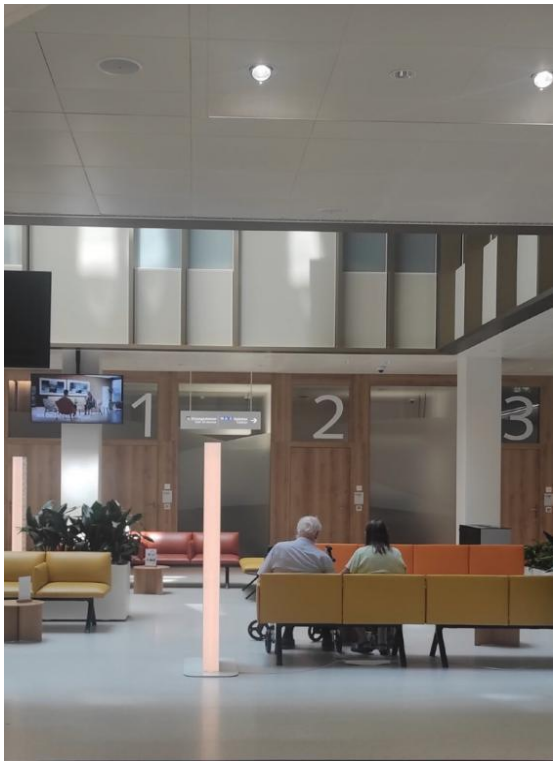
I am writing this report four weeks after my stay at Inselspital in Switzerland, thus making use of the final deadline given to us by ESO. I do so in order to honor an important condition for the authenticity of impressions: impressions require the test of time. Only after a certain interval do they settle, take shape, and become clear. I could not have written from Bern, because true impressions are understood only once you leave, when you see things from a distance.



Whenever I travel abroad to attend a school, workshop, course, or observership, including previous ESO schools in which I have participated, I feel as though I enter a new register of notes.

It was my first time in Switzerland, and from the very moment I arrived, walking barely two hundred meters from the central station, I noticed a cigarette butt on the sidewalk. Immediately, I recalled Ernesto Sabato's impression of Switzerland: that it looks as though it is swept every morning by housewives, who then toss the rubbish into Italy.This, together with the punctual rhythm of the trams, set the tone of the city.

The same feeling followed me when I arrived at the hospital, which seemed to confirm the familiar stereotype of the Swiss as precise as watchmakers.
At the entrance, there was no security guard, nor any visible need for one; everything was quiet and orderly.

Inside, the atmosphere of the hospital conveyed a quiet sense of order and balance. My colleagues received me with warmth and openness, their manner both relaxed and professional, creating an environment that felt naturally collegial. At precisely eight o'clock, everyone was already gathered in the conference room. Each morning began with presentations of clinical cases from the hospital, followed by engaging discussions that enriched the exchange of knowledge. Afterwards, we would move upstairs and continue with the ward rounds, carrying forward the same precision and spirit of collaboration into the direct care of patients.

The ward rounds lasted three to four hours and took place in the corridor, where the patients were first discussed. The discussions were open and engaging: we shared opinions, explained how we would act in analogous situations, and explored different approaches. What made them especially valuable was the encounter of opposing views, which demanded elaboration. In this way, thoughts unfolded into rich and meaningful conversations, from which new insights, impressions, and perspectives emerged.

One aspect that particularly struck me was the complete freedom and availability of diagnostic methods. Any test that could provide additional information and help refine the diagnosis could be ordered without hesitation. Equally impressive was the average age of the patients admitted to the ward. Most were over eighty years old, yet their level of disability was remarkably low. Thanks to rapid interventions and acute treatment of ischemic stroke, functional impairment was so reduced that nearly all admitted patients had very low NIHSS scores. I did not encounter a single plegic patient — one of the most painful sights in medicine and, sadly, a common one in other settings.

Later, our colleagues turned to preparing patient files and documenting analyses, while I, together with a guest physician from Italy, withdrew into one of the rooms, carried by the ease with which two foreigners so naturally draw close in a foreign place. There we reviewed patient imaging, comparing scans before and after thrombolysis, before and after thrombectomy, and before and after intracranial and extracranial stenting.
We were both fascinated by the results achieved, which seemed almost miraculous in their transformative effect.

Afterwards, I continued in the emergency department, where the atmosphere was altogether different — more dynamic, more vibrant. Here we encountered patients who would later be admitted to the ward. They were triaged, oriented, and acute treatment decisions were made swiftly. The organization was flawless. Physicians received prenotifications of incoming patients, and everything was prepared in advance. Admission was rapid, anamnesis concise, examination immediate, and the patient was sent directly for MRI. Every patient underwent an MRI. As the scan was performed, the images appeared instantly both to the radiologist and on the hospital program accessible to all. The physician and radiologist reviewed them together and, at that very moment, decided whether the patient was eligible for thrombolysis, which was administered on the spot in the MRI suite as a bolus of tenecteplase. Those who qualified for thrombectomy were transferred immediately for the procedure. Further treatment methods — such as intracranial or extracranial stenting — were then considered depending on the underlying etiology of the stroke.

The last day at Inselspital was a Sunday. The hospital was quiet, without the bustle and noise of the previous days, without the stream of people moving through the corridors, coming and going in haste. The inpatients had been taken outside for some fresh air in their wheelchairs; some, with IV drips still attached to their arms, sat calmly watching the weather — some accompanied, others entirely alone.

When you leave a place, the feeling that takes hold is always mixed — something between wistfulness and relief. On one side, the gentle regret of parting; on the other, the calm of having completed something, of having carried it through and marked it off your list of plans. And yet, that faint aftertaste of bitterness seems to linger a little more.

It was on that very day that I happened to meet a compatriot of mine. I took his medical history in Albanian. Later, I encountered a Turkish patient who did not speak German. There too, I had the chance to help, translating and guiding her story for the doctors. In those moments, I felt engaged in a more active role — not merely observing, but shaping the encounter, giving form to the patient's history entirely on my own. This unexpected involvement left me with a quiet sense of fulfillment, softening the departure and turning it into a memory of connection.

For me, it was an honor to be selected to participate in such a program, and an even greater privilege to be the first from my country to take part. I am profoundly grateful for the opportunity to spend time at one of Europe's most distinguished stroke centers. I extend my deepest gratitude to the ESO team for selecting me, to my esteemed professor Anita Arsovska for her letter of recommendation and her unwavering support, and to Prof.Urs Fischer for his generosity, for the invitation, and for welcoming me so kindly as a guest.
In this setting, I had the rare privilege to observe, step by step, the implementation of advanced protocols and procedures that exemplify the very highest standards of acute stroke care.