

ESO Department to Department Visit Programme, TF4UKR edition.

Host Institution: Inselspital, Stroke Unit; Bern, Switzerland.

Visit Dates: 18 November – 29 November 2024

For the second consecutive year, ESO has supported a dedicated version of the Department to Department Visit Program by TF4UKR specifically for Ukrainian doctors. This year, I was fortunate to be one of the participants in the program, and thanks to the kind invitation of Professor Heldner, I had the privilege of visiting the stroke unit at Inselspital (Bern, Switzerland). Witnessing firsthand the work of one of Europe's leading clinics and meeting colleagues whose research shapes best practices in stroke medicine worldwide was an invaluable experience for a practicing physician.

At the unit, I was warmly welcomed by Professor Seiffge. For two weeks, I immersed myself in studying the operations of the clinic's stroke service. I am sincerely grateful to the doctors and staff for their hospitality and the insightful conversations during my visit.

Despite the predominance of German and French in the country, my colleagues generously explained key processes, schedules, and organizational structures in English, which made me feel fully engaged and not like an outsider.

The level of organization and teamwork at every stage of care was truly impressive. Each department performed its duties with excellence.

I was particularly interested in comparing patient pathways and task distribution among departments, noting aspects that could be implemented in stroke services in Ukraine. In Ukraine, we are currently working on implementing more comprehensive neuroimaging. As a result, in many cases, time boundaries and scales still serve as significant benchmarks for us. However, we are striving to ensure maximum accessibility and the scope of neuroimaging that would provide the most extensive information necessary for making the best decisions for patients. During my time in Bern, I had the opportunity to see how this works when it becomes routine practice, with the actions of emergency teams, radiologists, and stroke unit physicians coordinated and well-aligned. Here, the choice of tactics and the patient's pathway is all about teamwork and collaboration.

What was also interesting and new for me, compared to the work of the service in Ukraine, was the separation of structures and the distribution of functions between the physicians in the stroke unit and the emergency department. Concentrating urgent interventions and reperfusion therapy within the emergency department ensures swift and effective care for stroke patients, addressing their most critical needs. This approach embodies the "time is brain" principle, where not a single precious minute is wasted.

The stroke unit's focus on thorough diagnostics and tailored secondary prevention measures was inspiring. The methodology at Inselspital serves as a benchmark that more Ukrainian colleagues should witness. Understanding stroke etiology is like solving a detective case—every patient deserves an answer to prevent future events. This experience reaffirmed that no two strokes are alike.

This approach allows for complete focus on the most critical needs of the patient according to the stage of the disease. It prevents the fragmentation of the physician's attention and efforts, ensuring a clear determination of the sequence and scope of necessary interventions.

Ultrasound diagnostics play a crucial role in this investigation. The skill of the local specialists is remarkable, showcasing how many questions they can answer with this non-invasive method. I also visited the interventional neuroradiology department, where I observed precise, meticulous work akin to fine craftsmanship.

This fascinating and seamless process is deeply integrated with ongoing research and scientific discussions. Without familiarity with the inner workings of a stroke service, one might mistakenly believe that treating strokes is simple and always results in happy endings.

The thrombolysis procedures using tenecteplase indeed seem magical, especially when a critically ill, comatose patient regains consciousness with minimal neurological deficits after reperfusion therapy.

I am profoundly grateful to my colleagues for this experience. Beyond learning what a high-quality stroke service looks like, they shared valuable insights into the time and effort required to achieve such excellence. It involves ongoing discussions about the relevance of the issue at various levels to secure support and resources, educating non-medical audiences, establishing communication between departments and care providers, and continuously researching best practices. The effort, time, and resources invested are extraordinary.

I sincerely thank the ESO for supporting such a program and providing this opportunity, as well as Professor Heldner for the invitation, Professor Seiffge, Dr. Meinel, Professor Gralla, and all the other colleagues and staff for their hospitality and support.

