I am Dr. Kubra Ozpinar; 3 months away from the end of my residency in Ankara, Turkey. I had a chance to become a fellow in Florence, Italy with an Ebcog 2024 fellowship grant with special thanks to ENTOG-EBCOG, Prof. Dr. Felice Petraglia, and my main hospital Gulhane Training and Research Hospital Obstetrics and Gynecology Department. During my fellowship I have participated in the congresses: SİGO Donne al Centro di un Nuovo Rinascimento 2024 and Siena Management del Dolore Pelvico Cronico: un Mistero Irrısolto 2024 with the support of Prof. Dr. Felice Petraglia. Also, I have been in Pius Hospital Oldenburg, Germany to participate in GESEA4EU which the European Union founded with the special permission of Prof. Dr. Felice Petraglia. Furthermore, I could have obtained my Italian language and culture A1.1 certification.

Meanwhile, I have been observed at Careggi University Hospital. The current number of trainees was about 70. In their first year, they work one week in the obstetrics department and one week in the gynecology department and they have a week off. In their 3rd year, they have a mandatory rotation to another hospital in Italy which is chosen by the government for 6 months. They can also go to Tanzania, Afghanistan, the United Kingdom or other countries if they are willing to. In their last year, they preferred the fields they were interested in and mostly spent their time in these areas.

They have specific days mostly on Tuesdays and Thursdays for education and the specialists and professors were invited as speakers from Rome, Milan and other cities depending on the subject.

About the research part, trainees were encouraged by Prof. Dr. Felice Petraglia and he gave his attention to every trainee who was willing to join academic research.

They have a special polyclinic for adenomyosis, uterine fibroids and endometriosis. Each patient’s medical history was taken very carefully. The most important difference is that they have an incredible knowledge of detailed ultrasound examinations after they had done pelvic examination and they saved 45-60 minutes in total for every patient They gave attention specifically to dysmenorrhea and it’s management. They have a great knowledge of the medical therapy of endometriosis.

Another particular polyclinic for vulvodynia patients. Which was accepting the patients on Thursday in the afternoon.

On Wednesdays, the adolescent and infant polyclinic accepts patients who have polycystic ovary syndrome with the participation of the endocrinologists. And the patients were evaluated with the team by using Rotterdam criteria.

Another specific polyclinic was for postmenopausal or oncological menopausal patients. When they arrived at the polyclinic they had already been evaluated for the ultrasound and this polyclinic aimed to see if they needed laser therapy both for dyspareunia and urinary incontinence caused by vulvar atrophy. The laser therapy sessions were able to be applied on Monday mornings right before the oncology polyclinic started. The management of therapy was decided for each patient individually. This polyclinic serves 3 days a week; Monday, Wednesday and Friday.

Also, they had another polyclinic for urinary incontinence which was working on Mondays.

3 polyclinic rooms were dedicated to serve as second-stage obstetric ultrasound. 1 special polyclinic was for patients with high-risk pregnancies.

On the other hand, 1 family planning polyclinic for patients who want to end their pregnancy or get counseling for contraceptive methods. In this way, they were organizing the procedure for each patient individually.

Other particular areas are 1 polyclinic for genetics which they were evaluating the patients for oncological diseases and 1 polyclinic for mammarian diseases. This is also different for us because these days general surgeons have taken this achievement from obstetrics and gynecologists in Turkey. Also a unit for colposcopy.

As usual, 2 rooms for emergency patients after they had been passed through the triage.

Every weekday they performed office hysteroscopy and there were no places for blind procedures. Each patient was examined by office hysteroscopy one with 30-degree cameras, and 5 mm hysteroscopes (also included different sizes) which makes the procedure minimally invasive. In this way, infertile patients (who have endometritis, endometrial polyps, submucosal fibroids, etc.), the patients who have a risk for endometrial cancer or other endometrial pathologies were evaluated by improved way of diagnosis. Endometrial biopsies were taken mostly with the Grasp biopsy technique by visualizing or else endoram. They performed office hysteroscopy usually without anesthesia and also, if necessary, at another time under anesthesia.

There were 4 operating rooms and 2 of them were active 6 days a week. The major elective surgeries were on weekdays. And Tuesdays, Thursdays, and Saturdays; there were operative hysteroscopies. They have Resettore and Bettocchi system. Also what is specifically important is that they have BIGATTI’s Shaver like the other hospitals in Italy, they prefer to use it for the needs of the patients. On the other hand, they were not performing such as tension-free vaginal tape or transobturator tape operations for urinary incontinence patients. As I learned if it is necessary lateral suspension operation was preferred to apply.

2 operating rooms belong to the cesarian sections. 1 for emergent cases and 1 for elective cesarian sections. They had Margherita system which means midwives followed 5 delivery rooms in a square and the ladies with low risk for pregnancy gave birth in this area. At the delivery service, 2 beds in a room for the patients who were not in labor yet also had specific features about pregnancy and 3 rooms for the patients who were in the active phase of delivery with the dad and one midwife waits till the patients gave birth. Also, doctors followed these high-risk pregnancies. If there were no other difficulties the approach of the spontaneous vaginal birth was made mostly in the gaskin position by doctors. They were waiting to cut the placental cord for at least 30 to 60 seconds. The baby wasn't going directly under the radiant heater before the mom had her connection with the baby. If the patient had a history of postpartum hemorrhage, they prepared the patient for the position of lithotomy and made all required medical treatments to prevent it.

There were 2 floors dedicated to the service of the obstetric services, and 1 floor for the gynecology service.

Ultimately; they were very hospitable and open to teaching at every step. My special thanks to all members of the Careggi University Hospital Obstetrics and Gynecology Department.