

Visitor's Country: Türkiye
Host's Country: Italy
Year: 2023

Italy has a good family medicine program and I know that this system has been implemented well for a long time, so I wanted to exchange with Italy

I had the chance to examine the differences and similarities between the two countries throughout the entire exchange program. I will share my observations and experiences with you in this report.

I prepared the necessary documents for the exchange, contacted my country exchange coordinator, determined the exact dates for the exchange together with the host doctor, and received the necessary permissions from the hospital where I work.

Motorbikes have always had a very important place in my life, so I decided to go for the exchange with my own motorcycle and traveled approximately 10 000 km to Italy and back. I completed all my preparations before setting off. I prepared EYFDM stickers. I pasted these stickers on the announcement walls of all the hostels I visited. I also decorated my motorcycle with EYFDM stickers because this tour was an EYFDM exchange tour for me. I met many bikers on the road and shared where I was going and what I was going to do, gave them information about the EYFDM movement and gave them these stickers as gifts.

My first stop on my tour was Greece, I stayed in Greece for 1 night, then I got on the ship with my motorbike from the port of Igoumenitsa from Greece and crossed the Adriatic Sea in 24 hours and reached Venice. I reached Florence from Venice by driving my motorbike on the beautiful Italian roads for 3 hours. and settled in the hotel, placed all my belongings and talked to the host doctor and agreed to meet at the clinic on Monday.

On the first day, Tommaso welcomed me warmly in his clinic. It was a surprise for me to meet Laura, a medical student studying with him. Then we visited the whole clinic together and I met all the doctors one by one.

Tommaso's clinic is located in the Sesto region of Florence, with a population of 49,000 and a surface area of 49 km². This place is 30 minutes away from Florence center. The community has a mixed population of different races and cultures from different countries. There are about 10 doctors working in this clinic. The clinic consists of 3 floors, the ground floor is a private pharmacy, the 1st and 2nd floor are doctor's rooms and the 3rd floor is used as a doctor's rest area. The clinic was very clean and designed in such a way that patients can easily reach the upper floors with both stairs and lifts. Tommaso's room was located on the 1st floor and his room was very well equipped and had very good conditions for patient examination. On the 1st floor, the secretarial department where patients can register welcomes you and about 200-300 patients a day come here or call the secretariat to make an appointment. For emergencies, 1 doctor works as a consultant and this doctor sees all emergency patients, regardless of whose patient they are. The emergency consultant doctor changes every day.

In Italy, the school of medicine lasts 6 years and after completing this education, you need to receive specialty training to become a family physician. this training takes 3 years as in our country. Family medicine in Italy is divided into 2 different areas, adult family health and pediatric family health. My host was an adult family physician, but I also met

and talked to the pediatric family physician and learned what they do.

Family medicine is of great importance in Italy. They have a system that is not only individual-centered but also community-centered. Patients' cancer screenings, vaccinations, and initial examinations are carried out in family health centers. They provide consultancy and treatment services to patients. They write medication reports and prescriptions. they observe newborns, infants, children and pregnant women. They provide home health services and visit elderly patients in nursing homes and their own homes. Each doctor has to follow a certain number of home health patients and visit these patients at their homes once a week. There are great similarities with my country.

In addition to providing appropriate diagnosis and treatment, family physicians also hold managerial positions in their own clinics. They find staff to work with them and determine the work patterns of other health personnel. They also organize the income and expenditure balance of the clinic and must take care of financial matters, for example, they have to pay the rent and bills for the building, pay for cleaning supplies, and repair old and broken equipment.

Each doctor has his/her own nurse who monitors the vaccination status of the patients, educates them about their chronic diseases and calls them to the hospital for screening programs when necessary. this system works in a similar way in our country. The auxiliary staff evaluate the initial applications of the patients and convey them to the doctor and make appropriate appointments for them. Italy family medicine system have a complex and well-functioning appointment system. it is almost impossible to be examined without an appointment. Patients are very loyal to their appointment times.

The expectations of patients were similar to Turkey's. Patients want to receive a quality health service. They expect their medicines and reports to be written and they want to communicate easily and quickly with their doctors. The most important difference between Italy and Turkey is this. In Turkey, patients can apply directly to any specialist when they want, for example, neurology and cardiology, but this is not possible in Italy. their system does not allow this. the patient must first apply to the family physician, then the family physician directs the necessary specialist doctor with the approval of the family physician. in this way, the number of unnecessary hospital applications is reduced. this system was one of my favorite aspects in Italy.

Each doctor works actively on weekdays between 8.30 am - 4.00 pm. In Italy, each family doctor follows approximately 1000 patients. They give at least 15-20 minutes for each patient appointment. Appointments are scheduled at least 20 minutes apart and patients are very patient in waiting for their appointments and never disturb the doctor unnecessarily. Usually, the appointments end at 3.00 pm. Afterwards, he/she checks the files of his/her patients from the system, checks the patients who will come the next day and calls them if necessary. At the same time, telemedicine is actively used in Italy. Telemedicine is also allocated 20 minutes like a normal patient evaluation, the patient's complaints are listened to in detail and their treatment is organized. the patient does not need to come to the clinic again to get his/her prescription, he/she can get his/her prescription through the system. Every doctor is required to visit patients at home 1 day a week. These home health services are sometimes carried out by going to the patient's home and sometimes by going to the elderly care center.

Doctors are financed by the government, but they can also perform some special treatments. For example, they can treat patients for special procedures that require special training, such as intra-articular injection of hyaluronic acid, and they can charge patients extra money for this. But they have to do these procedures officially and they have to report this to the Ministry of Health. And this number is determined by the Ministry of Health. Doctors' salaries vary according to the number of patients registered where the doctor works, the doctor's experience and the procedures he performs. They earn approximately 4-5 thousand euros net. The salaries of nurses and other allied health personnel are covered by the state. If you want to use special devices in your clinic (for example USG) you have to buy it yourself.

When I compare the Italian family medicine system with Turkey, the biggest difference is that family physicians in Italy are also divided into pediatric family medicine and adult family medicine. This allows you to have a better command of your patients' diseases and you work in a more specific area. In addition, the possibility to perform special procedures motivates family physicians to improve themselves significantly and increases patients' expectations from their doctors. In addition, Turkey has a much better electronic health system than Italy. Wherever the patient is examined by a doctor or has tests such as CT or MRI or blood tests, we can access the results of these through the electronic system. Special cases and information that the patient does not want to share can be hidden in the system with the permission of the doctor. Especially in psychiatric diseases, patients do not want all physicians to access this information.

In this exchange program, the part that impressed me the most was Tommaso's very active use of USG in his clinic. Tommaso used USG in many areas, from pneumonia to tendinitis and fatty liver levels. In this way, his patients could save time and money, get a more accurate diagnosis in a short time and be followed up well. I was very impressed that a family doctor used USG so actively. The first thing I will do when I return home is to enroll in USG courses in my country. At the same time, I will participate in training to apply procedures such as minor interventional procedures, intra-articular injection procedures, dry needle treatment to myofascial bands to my patients in my own clinic, because I have observed that patient satisfaction is very high. These treatments are not very risky when applied carefully and appropriately.

The most important thing I learned during this visit is that, as family physicians, we face similar problems and have similar patient profiles wherever we work. Primary healthcare is one of the most important levels of healthcare, and vaccination programs are of great importance for public health. The population in European countries and Turkey is getting older, therefore the importance of elderly health and home care services is increasing.

The Hippocratic exchange program is a great opportunity to meet family physicians' colleagues from abroad and to examine and compare the family medicine systems of different countries. I plan to exchange with other countries and accept guests from different countries in the coming years. I tell all my friends and colleagues about the benefits of this exchange program and recommend it.