

My name is Emma Bartfai, I'm a 3rd year resident in OBGYN in Stockholm, Sweden. My hospital Södersjukhuset (Stockholm South General Hospital) is one of Scandinavia's largest obstetric clinics with almost 8000 births yearly.

The NFOG grant gave me the unique opportunity to spend 3 months (from the beginning of January to the end of March 2022) at a University Hospital in the south of France, more specifically in the capital of the region Occitania, Toulouse. For this, I am truly grateful. The richness of experience gained when moving out of one's comfort zone is incomparable and I can't recommend it enough to anyone wanting to grow as a professional. It has been a formative experience, one that will affect my thinking and practice as a doctor in the future.

I completed 7 weeks of clinical practice in the Department of Anesthesiology at the Purpan site of the University Hospital (UH) of Toulouse after which 5 weeks of clinical practice in neonatology at the same hospital was completed. The placements were a part of my specialist training in obstetrics and gynecology as a rotation within both neonatology and anesthesiology is required for OBGYN residents in Sweden. This in accordance with the description of the objectives for doctors' specialty training of The National Board of Health and Welfare (Socialstyrelsen). The main goal with the rotations is to gain theoretical and practical clinical experience in the conduct and treatment of asphyctic neonates as well as to gain experience and knowledge about important anesthesiologist aspects of obstetrical and gynecological conditions.

I was assigned to the Obstetrical and Gynecology Anesthesia Unit in the hospital of Purpan, Toulouse, which covers four operating theaters for gynecological surgery as well as two theaters for elective and emergency caesarian sections. The Maternity and gynecology unit of Purpan, Hôpital Paul de Viguier in Toulouse has around 5000 deliveries per year. The unit performs all kinds of gynecological and obstetrical surgery and has one post-operative ward as well as an intermediate care ward for hospitalized patients in need of surveillance, treatment, and pain management post and preoperatively. There is also a part of the clinic that performs preoperative anesthesia assessments for all patients undergoing surgery. I rotated within all different activities of the unit, mostly spending time at the maternity ward.

The neonatal unit where I spent my last weeks is a level III NICU that works as a national perinatal center and handles the highest degree of complexity in the French standard scale. It has the capacity to admit patients with neonatal conditions of any kind, including extreme prematurity, infections, respiratory problems, asphyxia, metabolic disease, as well as surgical and cardiac conditions. I took part in all unit activities, including the medical reports, the daily ward rounds, medical teaching and training, simulation-based training, prenatal counseling in addition to participating in clinical tasks including resuscitation and examination of the newborns in the delivery ward. The maternity ward delivers as already stated around 5000 babies a year of which a significant number are attended to by the neonatology team. The unit consists of 41 beds distributed as follows, 21 beds NICU, 4 intensive care beds, and 16 beds for standard care, caring for patients needing respiratory support, mainly CPAP, thermal control, central catheters and drainage.

By the end of the 3 months, I had gotten to know the hospitals' gynecologists, obstetricians, anesthesiologists within the OBGYN sector, and the neonatologists at the same maternity ward. This gave me a broad insight into the practice at this specific French hospital's OBGYN/Neo clinic. Having seen both similarities and differences when comparing to one's home clinic really opens one's eyes (or at least mine) towards the horizon of evidence-based

medicine. My curiosity has hit the roof, and now I want to know exactly why we do what we do, now knowing that it is not evident that one would do exactly as we do “at home”. Science moulds a great part of our work, and that is fun!

I now see there are a million ways to organize our work. And I can say for sure that I'm really very proud of Swedish healthcare, which I can see is of such great quality and really centers around the patients' needs, at least at my unit at Södersjukhuset. I return to Stockholm, Sweden with an increased lust to work, and a lust to provide the patients the best of what I and modern medicine are capable of.