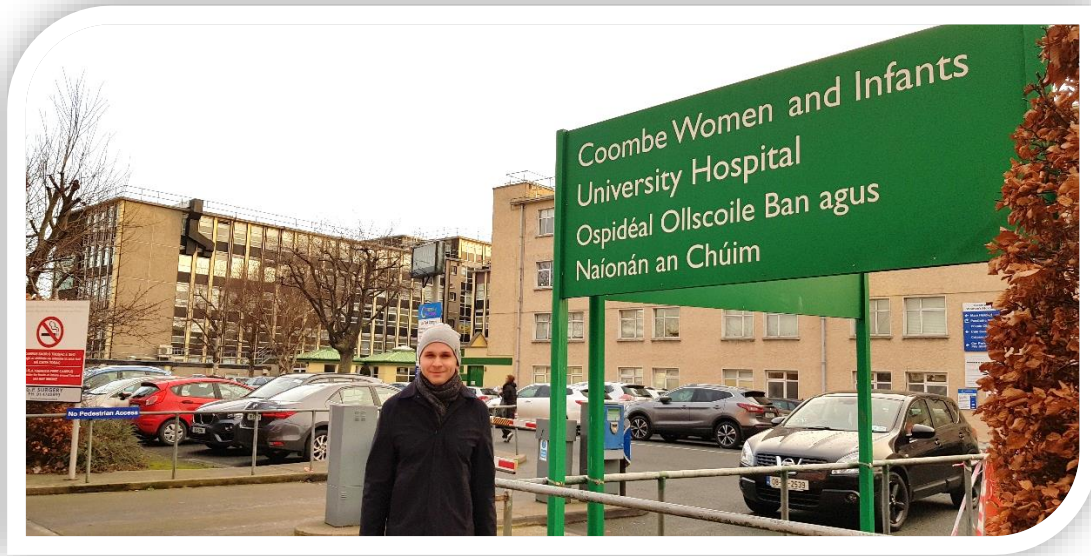


**8th to 22nd February 2020**

Visiting trainee : Dr Roman Čeloud

Hosting trainee : Dr Mei Yee Ng



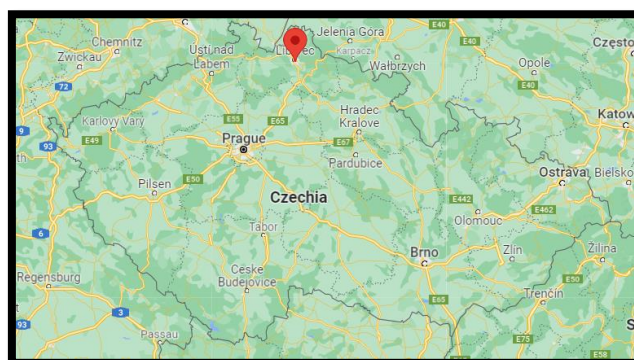
Under the ENTOG One2One Exchange project, Dr Roman Čeloud participated in a 2-week exchange at the Coombe Women & Infants University Hospital from 8<sup>th</sup> to 22<sup>nd</sup> February 2020. He was hosted by Dr Mei Yee Ng; a Lecturer Registrar with Trinity College Dublin with clinical duties based at the Coombe. His observership was supervised by Dr Nadine Farah; Consultant Obstetrician & Gynaecologist during the transition of Mastership from Dr Sharon Sheehan to Dr Michael O'Connell.

The Coombe Women & Infants University Hospital was established in 1826. It is one of the largest providers of women and infant health care in the Republic of Ireland. The hospital provides a comprehensive range of highly specialised care in high risk maternal and fetal medicine, newborn medicine, anaesthesia and gynaecology.

*What follows is a brief interview conducted by his host about himself, the Czech Republic O&G service and his One2One exchange experience at The Coombe Women & Infants University Hospital Dublin, Ireland.*

**1. Tell us about yourself- where you are from, where you are training, your level of training etc.**

My name is Roman Čeloud. I am from Liberec located in Czech Republic where I currently work and train at the local general hospital. My level of training correlates at the level of an Irish specialist registrar.



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2. What is the training to be an O&G specialist like in Czech Republic? How many years is spent in training? How do you get a spot for training? Do you rotate to other hospitals? Any exams, logbook?

The training takes altogether at least 5 years. After the first two years, one passes the first (easier) exam and after next 3 years another significantly harder exam including practical part (OB/GYN examination, ultrasound scan and hysterectomy). Fortunately, we can stay in one hospital for the whole of the training and do not need to rotate. However, there is a mandatory internship to go through at a university hospital for three to six months. During the training we keep track of procedures in a logbook.

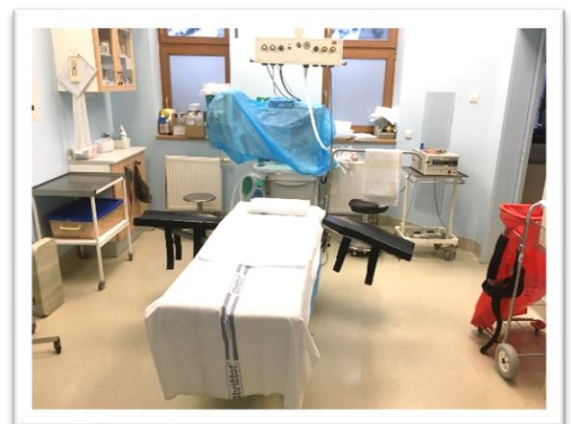
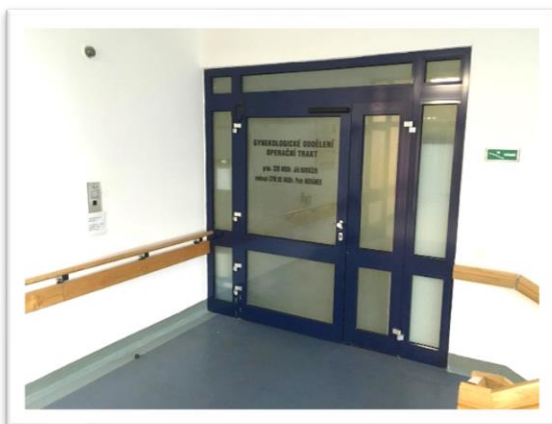
3. Can you introduce us to your hospital? What is the delivery rate, population coverage, organisational structure, instrumental rates, Caesarean rates?

Hospital in Liberec is a regional general hospital which covers around 440 000 people (but there are a number of other smaller hospitals in the region to divide the medical care).



*Liberec Regional Hospital*

The chief of the OG/GYN ward supervised his subordinates i.e. both consultants and trainees. About 1500 babies are delivered each year. The C-section rate is around 20%, instrumental delivery rate is 3% (2% vacuum, 1% forceps). We also perform external cephalic version to turn breech babies. About 300 hysterectomies, 1500 minor procedures (eg. ERPCs, abortions), 200 urogynaecology procedures and 80 gynaecology procedures are performed every year.



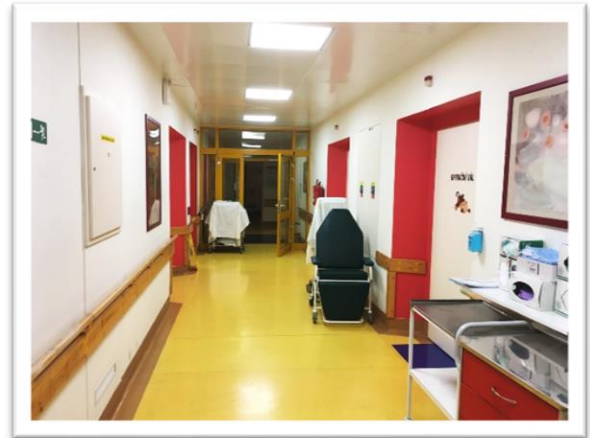
*The entrance to the Operation Theatre area. Minor gynaecological procedure operating theatre.*

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Visiting trainee : Dr Roman Čeloud



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*Hospital stairwell and ward corridors*

**4. How many maternity units are there in Czech Republic?**

There are 92 maternity units in Czech Republic.

**5. What is the ratio of O&G consultants to women in Czech Republic?**

I think it is not possible to determine. Every OB/GYN ward has different ratio. For example, in our hospital it would be around 50:50. Plus there are around 3000 consultants running their own clinics. They create a network of “specialised women health GPs”.

**6. What are some of the biggest differences you can observe between Coombe and your hospital, between Ireland & Czech Republic?**

The biggest difference was the number of deliveries (1500 in my hospital compared to 9 000 in the Coombe) resulting in a different approach to labour (not as frequent use of Oxytocin etc.). The key difference is in the network of consultants as I mentioned earlier. The whole prenatal care (sometimes except for screening ultrasounds) is managed by them, but all babies are delivered in hospitals (of course except for minority of women which decide to deliver at home). They also perform smears and take care of other gynaecological problems as well (not GPs). Waiting list varies in different hospitals. In my hospital for hysterectomy or laparoscopy it is about from one to two months; for gynaecology procedures it takes few weeks to get the surgery.

**7. What did you see here that you think would change your way of practice in Czech Republic?**

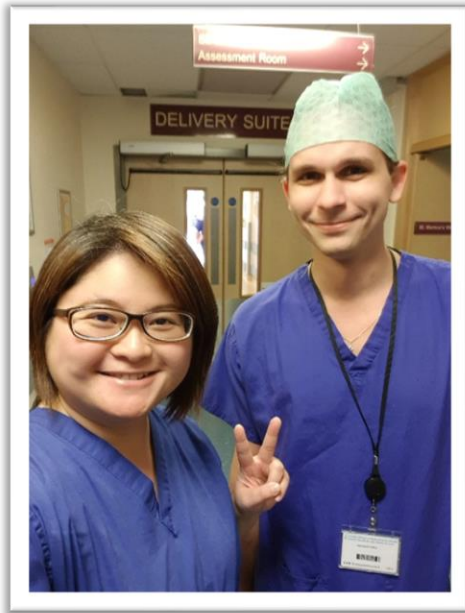
I saw some interesting instruments in the operation theater which I would be keen to use. For example, Myosure and Novasure. On delivery suite the spinal anaesthesia during cord prolapse was quite a surprise for me. The use of forceps during C-section was interesting as well. I cannot forget to mention CTG masterclass. We are familiar with “physiology of CTG” and we try to implement it.



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Visiting trainee : Dr Roman Čeloud

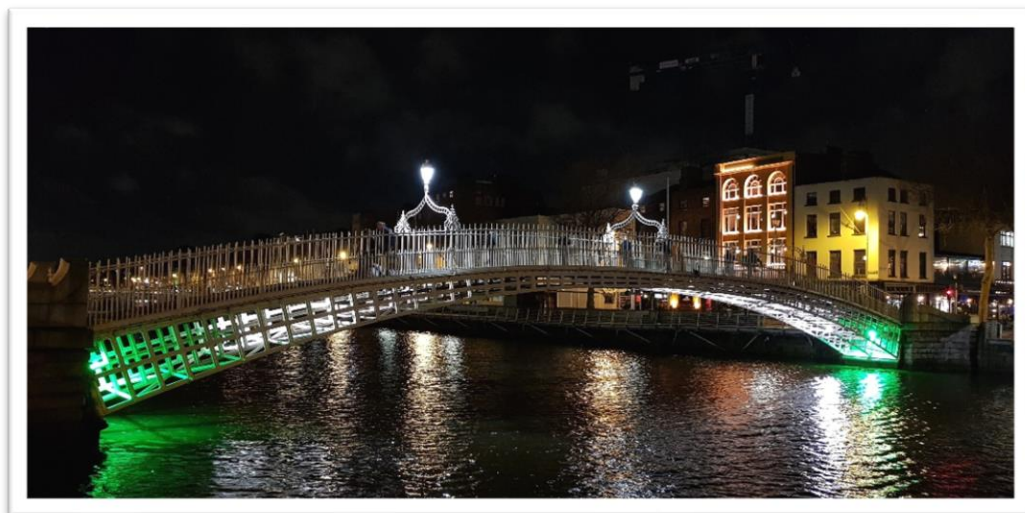
Hosting trainee : Dr Mei Yee Ng



*All donned up in Coombe scrubs and ready for work!*

#### 8. What had you enjoyed most about your exchange?

I really enjoyed my exchange. My time in hospital was good, medical staff was nice- no one hesitated to answer any questions. CTG masterclass was the highlight of my stay in Ireland. Dr. Chandharan is an excellent speaker and has a lot of information to pass. I genuinely liked Dublin eventhough I did not have much time to explore it. Neither had I the time to see the rest of the country. I think that was the biggest disadvantage.



*The Ha'penny Bridge at night and the smell of hops from the nearby Guinness brewery!*

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*Attending the CTG Masterclass in Limerick.*

**9. What motivated you to use your time to go on this One2One exchange?**

Main reason was to learn the differences in health care in another country. And of course, travelling, meeting new people and experiencing something new was very appealing.

**10. Were there any barriers to you attending this exchange? Did you find getting educational leave a problem?**

The biggest barrier I had to deal with was the paperwork requested by Coombe. It took approximately four months to organise this. I was granted one week of paid educational leave from the head of the department (and it was not problem at all). On another week, I used my vacation leaves.

**11. Why would you recommend people to come to Ireland for a One2One exchange?**

As I referred above Coombe has a lot to offer in terms of new experience. At least for doctors from Czech Republic (probably comparing to physicians from UK). Another reason is the pub culture and excellent beer. The nature is surely beautiful, but I cannot assess that fully in my short time here.

**12. Why should trainees from Ireland visit Czech Republic for a One2One exchange?**

For the same reason Czech trainees should visit Ireland – experience. There are a lot of things one can learn in another hospital even within the same country. Visiting hospital in foreign country is the next level in obtaining new knowledge and skills. But if I have to be specific as to the reasons to visit Czech Republic; it would be a different and efficient medical system, nice nature and the beer culture.

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### 13. To end of on a cheery note, what are the 3 things you will miss about Ireland?

The first one would definitely be my hosts: Mei Yee and her boyfriend Pavlo who were really hospitable and showed me plenty of lovely places around Dublin. Not to mention the trip to CTG Masterclass in Limerick. Then of course I will miss doctors and other medical staff from Coombe. All of them were very kind to me. And I cannot forget the beer, especially Guinness!



*Trying out Dublin Coddle, Lamb Stew and Boxty Fries at Gallagher's Boxty House – a first for my hosts as well! A night out in Dublin is simply not complete without a visit to a traditional Irish pub and enjoying some Guinness.*



*The friendly faces and warm personalities of the junior doctors at the Coombe*