

ESO TF4UKR D2D Visit Programme — Observership Report

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My name is Mariia Mykhailova, and I am a neurology resident at the Stroke Centre of Oberig Universal Clinic in Kyiv, Ukraine. With the support of the ESO TF4UKR Department to Department Visit Programme, I had the opportunity to complete a two-week clinical observership at the Stroke Unit of Mater Misericordiae University Hospital in Dublin. I was warmly welcomed by the team and had the opportunity to closely observe clinical practice under the supervision of consultant neurologists Professor Peter Kelly and Dr. Michael Marnane, who generously shared their expertise. Their guidance and openness were incredibly valuable, and I am excited to bring many of the insights I gained back to my work in Ukraine.



Throughout the observership, I was able to observe the full continuum of stroke care, including emergency assessments, inpatient rounds, and outpatient follow-ups. I was particularly impressed by how well-coordinated and fast the stroke team operated upon patient arrival. It was also remarkable to see how openly doctors consulted with one another - less experienced clinicians receiving real-time support and guidance from senior colleagues, including remotely when needed. This collaborative approach stood out to me as a strength and gave me ideas for enhancing shared decision-making in our own practice.

It was also valuable to observe the structure and operations of the Hyper Acute Stroke Unit (HASU), as such units are not yet common in Ukraine. The clearly defined workflows and systematic documentation offered a clear and efficient model that could be beneficial in our context.

I attended multidisciplinary meetings and joined one of the radiology case discussions, where consultants and radiologists reviewed selected imaging cases together. This kind of collaborative review was a helpful addition to clinical decision-making and could be a useful format to implement in our own practice.

At the outpatient clinic, I observed structured follow-up visits 3–6 months after discharge. I found the discharge booklet given to each patient particularly impressive - it includes a summary of their condition, relevant contacts, lifestyle recommendations, and diaries for tracking blood pressure and lab results. This kind of patient-centred resource could be very helpful if adapted for use in Ukrainian stroke services.

In addition, I learned several therapeutic approaches that were new to me, including aspects of blood pressure management in acute stroke. I was also inspired by how well the system supports rehabilitation after discharge - from social worker involvement to options for continued care at home or in rehabilitation centres. These practices could significantly improve stroke recovery outcomes if integrated into our own system.

This observership gave me the chance to compare stroke care in two different healthcare systems and reflect on what could be adapted locally. I also had the opportunity to build professional connections that I hope will lead to future collaboration and knowledge exchange.

Overall, this was a highly enriching and motivating experience. I am sincerely grateful to the European Stroke Organisation for supporting this opportunity, and I look forward to applying what I've learned to strengthen stroke care in Ukraine.