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TEMPUS PROJECT STUDENT EXCHANGE REPORT

Faculty of Veterinary Medicine is a part of University in Bologna, but it is placed 20km far from Bologna in Ozzano dell' Emilia. There are numerous study rooms (18), rooms for practical classes, rooms for necroscopy and pathology, one computer room that students can use from 8 to 16 o'clock. Veterinary Clinic (OspedaleDidatticoVeterinario) is included in complex of Faculty (it is placed at the same piece of land). On Clinic we can do diagnosing and animal



Ospedale didattico veterinario

treatment, but also students here learn-teaching hospital (rotations, practical part of learning). Clinic has her own Pharmacy where we can find supply of all medications, equipment for ambulant and hospital, but also food for dogs and cats-hospital patients. After taking the certain medicine from Pharmacy student (intern, doctor) must to writte down which medication he had taken, number of medicines and to sign himself. Opioid analgesics and anesthetics are lock down at the Pharmacy and rights to take them have only doctors and interns. Here we can find Clinic for Larg

e Animals and Faculty has numerous of his own cows, horses and goats. Operation rooms are not a part of Animal Clinic. They are located at the second floor of Faculty (Little Animals surgery section). OR for the large animals are located at the Clinic. At Faculty we can also find rooms of unprofitable student organization OMNIA UNIVERSITATIS. This student association was founded on 1998. in order to help students with learning, sharing experiences and knowledge. Today the association took a part also in organization of many public cultural and sport manifestations.



Omnia universitatis

Classes are divided in 10 semesters (summer and winter semester), and theory and practice teaching are represented. Student doesn't need to show his presence at theory teaching. Student have possibility to attend only classes that are in his own field of interest. The other great thing is that student has possibility (no matter if he is first or fifth year) to watch and participate



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in subjects that he is interested in.that means that student can follow the professor at classes, interventions, visits... In other words if the second year student shows interest in orthopedics he is allowed to follow prof. Pinna (who is specialist in ortho) in OR, diagnostic imaging, ambulant, visits and so on. Practical teaching every student has to attend. Examinations are held on: January and February, April, June and July, September, October. Examination can be oral, practical or written task. Combination of all three is usually possible. Making study plan and all student activities are done by UNIBO computer portal. After student finish with classes of all 10 semesters he has right to take a part at the rotations. Rotations can be done from following subjects: professional practical training (PPT) in pathologic anatomy; PPT in surgery of small and large animals, PPT in internal medicine of large animals, PPT in internal medicine of small animals, PPT in animal reproduction; PPT in Inspection, Control and Food Certification; PPT in infectious diseases and PPT in Zootechnics. Applications for PPT are done by the internet portal, like making the student plan. For every rotation there is limited number of students so application should be done at least a few months before.

From 15.10.2014.until 08.01.2015. I have attended three professional practical trainings in the following order: 19.10.2014.-01.11.2014. PPC in Pathology, 01.11.2014.-01.12.2014.PPT in Surgery and 01.12.2014.-01.01.2015.PPT in Small Animal Internal Medicine.From 01.01.2015.to 08.01.2015. I did an extra period of volunteering at the Clinic and did internal medicine practice in small animals.

Professional Practical Training in Pathology

In charge in this practical training is assistant professor doc. Maria Morini. She organized and led all trainings. Professor Giuseppe Sarli and Prof.GiulianoBettini showed up at the presentations so we had opportunity to learn from them.

This rotation counted one group-8 students.Further division to smaller groups (2 students) was done only when we had necroscopy training. Two students have been working at one corpse.

Many scientific procedures have been included in this practical training. Every day we had different clinical case presentation. Our obligation was to (according to anamnesis, necroscopy and pathohistology reports) determine the cause of death. On power point presentations we can find anamnesis, photos from necroscopy, photos of histological preparations that are crucial to given case and so on. Histologic preparations were always at study rooms so we could take a look at them anytime. Student is allowed to use all available literature while doing clinical case. The most common finding at these casesweremastocytoma, hemangioma, lymphoma and neoplastic proliferations in general. We have never observed degenerations, parasitic inflammations, sometimes we had cases of bacterial and viral inflammation.



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Depending of the number of available corpses we had necroscopy training once or twice time per week. We did dissection at pathology room that is also used for practical classes in anatomy. The difference between our and their procedure is the order in opening body cavities.



In Ozzano, they first open thoracic cavity, unlike in Novi Sad where we have learned to firstly do abdominal cavity. After abdominal cavity in Ozzano we opened pelvic cavity, then thoracic and the last thing is the head. Organs were taken out by standard procedures and after that examined. Every procedure and description of animal and organs must be noted in autopsy protocol. 5-6 computers are in dissection room all the time and they are used only in pathology classes and for autopsy protocols. All equipment for

pathology (white coats, gloves, glasses, rubber boots, masksetc) can be found at student locker rooms.

One type of practice was only on organs and organ systems. We did mostly on heart, lungs, and kidneys. Heart was placed at dissection table alone or with respiratory system. Kidneys also were with complete urinary tract or alone. Our task is to notice pathological changes, describe them, do differential diagnosis and give conclusion about the cause of death.

Students after every practice collect professor's signatures to have a proof that they did certain day at rotation. They don't note anything at their personal notebooks. When they are interested in particular case they can find it at computers at Faculty and autopsy protocols.

This rotation is available during whole year and last for two weeks.



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Professional Practical Training in Surgery

Practical training in surgery includes: domestic animals orthopedic, special surgery of large and small animals, emergency surgery and anesthesia.

At this rotation were 14 students divided in 3 groups (A-anesthesia, S1-surgery one, S2-surgery two). After spending 10 days at one practice group anesthesia goes to S1, S1 goes to S2 and so on.



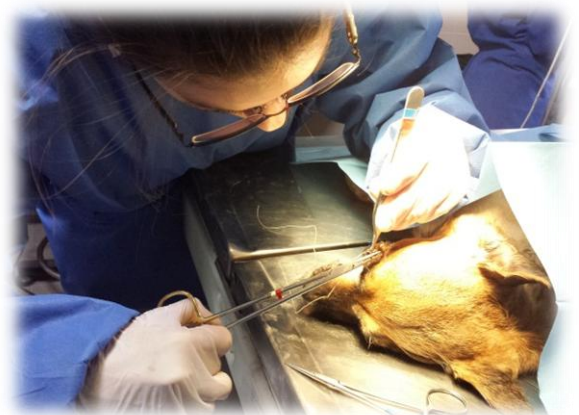
One of the operation rooms

Responsible for this rotation is Professor Stephania Pinna, specialist in orthopedics. With her we had opportunity to see simple and complex fracture operations, like an interventions on ligaments and meniscuses. Further with her we were at the visits, ambulant clinic and diagnostic imaging.

Professor Luciano Pisoni, neurosurgeon specialist has shown us spine and spinal cord interventions. The most common surgeries we watched him do were cervical and lumbal spine discusherniae. His assistant was Sara delMagno, intern at neuro surgery.

Prof. OmbretaCapitani is oncology surgeon and with her we had opportunity to see surgeries of neoplastic proliferations (mastocytoma, chondrosarcoma, lipoma, and so on).

Prof. Monika Joechler was chief of anesthesia and she was responsible for A group. She is the most dedicated professor I have ever met. She put all of her efforts in practical teaching and explaining certain procedures. By her side we get some knowledge about premedication, introduction of anesthesia, maintaining the anesthesia, the end of anesthesia and pain management. The most commonly used medications at anesthesia are: midazolam, methadone, propofol, isoflurane, fentanyl and so on. Intravenous catheters were placed by student so as tracheal tube. Student did monitoring during surgery. Prof. Joechler also did with us one part of surgery practice on corpse. We practiced cantothomy interventions and eye neoplastic proliferation





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interventions. This was done at small dissection room, and 2 students were working on one animal corp.

Students at this rotation never note and write down what they have saw, only collect professor's signature (proof that they have attend certain day at the rotation).

Number of surgeries we have saw per day: average 2. There were days when we had 3-4 interventions and days when we did nothing except practicing sutures at equipment for that.

This rotation is not available at the December and lasts for one month.

Professional Practical Training in Small Animal Internal Medicine

This rotation includes: approach and problem orientation, diagnostic imaging and the results interpretation, interpretation of the laboratory results, methodology of applicative clinic, registration, refer and certification of clinical case. Responsible person for this rotation is doc. dr. Massimo Giunti. Other doctors we have met at hospital and ambulance are Simona D'Angelo, Eleonora Malerba, Sara Corradini, Michele Tumbarello, Francesco Dondi and many others.

At this rotation were 10 students divided in 5 groups (G1, G2, G3, G4, G5). Work duties are divided like this: G1 8-20h is at hospital, G2 20-8h is at hospital, G3 8-16h is at image diagnostic, G4 8-16 i at ambulatory clinic, G5 has a day off. Duties were changed daily. Every morning (except weekends) we had a short briefing where students that did night shift describe one clinical case. These briefings are held on eye of prof. Marco Pietra.





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Working at hospital includes: giving therapies to animals, note temperature, pulse and respiratory number (TPR), measuring pressure, determining blood glucose, lactate and ketone bodies, feeding and walking animals, help doctors if they need you and so on. Every day at 8 o'clock and 17 o'clock we had visit briefing with doctors from the clinic. Students that are at hospital needs to be there. Working at ambulatory was much more easier than in hospital. Student has to follow doctor at ambulant and diagnostic procedures, help doctor with blood and urine sampling, fixing animal and clean the room after animal visit. Shifts at diagnostic imaging



(radiology and ultrasound) lasts for 8 hours and during that time seen a lot of procedures (doctor who works explains us what we can see, why something happened and what we can expect), help doctors with fixation of animal, transport animal from hospital to radiology (or ambulat to radiology. On ultrasound we can meet dr Nikolina Linta, prof. M. Pietra and prof. Alessia Diana. At echography we can find cardiology room for ultrasonographic examination of heart. There are two available rendgenology rooms with all need rendgenology rooms with all need equipment (for positioning animals,

for protection etc) and one room for analysis and computer examination of results. During training at rendgenology our task was to keep animal in right position (they always did two projections: latero-lateral and sagital), transport animal, and watch the analysis of rendgenogramme. Specialist always explained us what we can see, what cause that pathology and what we can do more.

Number of procedures at rendgenology vary from day to day. Sometimes we can see 2-3 intervention, but sometimes none. The same is at ultrasonography.

At hospital we have average 10-15 dogs and 1-4 cats. Rarely this number was higher.

Ambulatory clinic was done at three ambulatory rooms, there is one extra room for emergency cases that is open 00-24 every day (no matter what, weekend, hollyday...). Number of patients is very hard to determine. But when we did ambulatory we saw around 5 animals per day. Number of emergencies was different every day and night. Sometimes none, but sometimes 2-3.



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At this rotation student can use every single computer available (at hospital or ambulatory) and see the charts of animals with anamnesis, all done procedures and upcoming interventions. Students never note anything at their notebooks (we didn't even have time to write at this rotation), and proof that they did daily shift is professor's signature at rotation book.

This rotation is available during whole year and it lasts for one month.

Volunteering at Veterinary Clinic (OspedaleDidatticoVeterinario-ODV)

From 01. Until 08. 01. 2015. I volunteered at OspedaleDidatticoVeterinario. There I had the same tasks like I had at internal medicine rotation. For people that do an extra volunteering period is not specified where they have to spend their shifts (shift last for 8 hours, from 8-16 or 16-00; I had open hands and could do the shift I prefer). Because I preferred working with animals in the hospital, so the most of my work hours I spent in the hospital or at the emergency room. There I had a shoot at learning something about approach to each animal, choice of therapy, and so on.



Novi Sad,
19.01.2015.

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