



EPA GAINING EXPERIENCE PROGRAMME REPORT

On the observership at the Azienda Ospedaliero-Universitaria Careggi, Florence, Italy

Realised 21 September – 9 October 2026

By Sara Buyo Lagares

NOTE: Please feel free to structure your report as you prefer. You may wish to use some of the suggested questions below as a guideline:

- *How was your observership overall? Did it meet your expectations and why?*
- *Did you feel welcome at the hosting institution?*
- *Were you given particular tasks at the hosting institution, and if so which tasks?*
- *Did your placement have a particular scientific/clinical focus? If so, what focus?*
- *Did you learn something new during your placement?*
- *How useful was this experience for you?*
- *How good was your contact with your supervisor at the hosting institution? How often were you in contact with him/her?*
- *Did you communicate with other staff members of the hosting institution?*
- *Did you make a presentation about your home institution at the hosting institution?*
- *Do you envisage to make a presentation about your observership at your home institution?*
- *Did you encounter any problems during the visit?*

Recommended length of report: 1.5-2 pages



REPORT:

Clinical experience and learning

I undertook an observership at Careggi in Florence from 21 September to 9 October 2026, with a particular interest in eating disorders. My placement included eating disorder outpatient clinics and the eating disorder day hospital, as well as gender dysphoria and general psychiatric outpatient consultations. My usual attendance was from 8:30 a.m. until approximately 3:00 or 4:00 p.m., depending on the day.

The range of settings allowed me to observe different aspects of psychiatric care, while keeping eating disorders as the main focus of the placement. I was particularly interested in the cognitive behavioural approach used in this setting and in the joint follow-up with nutrition professionals. Seeing these elements within the same service gave me a useful opportunity to reflect on the relationship between psychological treatment and nutritional care.

Another aspect that stood out was the availability of specific programmes for emotional eating. This was one of the most relevant learning points of the visit for me, alongside the organisation of joint psychiatric and nutritional follow-up. These observations offered practical points for reflection that I can take back to my own clinical work in Ferrol.

Attending the eating disorder day hospital as well as outpatient clinics also helped me gain a broader view of the service. The additional exposure to gender dysphoria consultations and general psychiatry provided a wider perspective on clinical practice at the host institution. The value of the placement lay primarily in observing how another team approaches its everyday work and considering which aspects might be relevant to my own setting.

Welcome and contact with the team

I felt welcome at the hosting institution, particularly among the psychiatry residents, with whom I spent most of my time. Their welcome was an important positive aspect of the experience and helped me feel included in the clinical environment. Contact with residents formed the main part of my day-to-day experience of the team.

However, I would have appreciated more time alongside consultant psychiatrists. Although spending time with residents was valuable, a more balanced allocation of time between residents and consultants would have better matched my expectations for the observership and provided more opportunities to discuss clinical approaches with senior staff.

Organisation and overall assessment

Overall, my expectations were partially met. The placement provided useful exposure to eating disorder care and a welcoming environment, but there were difficulties with the administrative arrangements. Before the visit, I had not understood that I was expected to contact the hospital directly to organise the necessary administrative procedures. Clearer advance information about this responsibility and the steps required would have made preparation easier.



I would also have benefited from better information about the clinical timetable. A clearer schedule, identifying the available activities and the staff members to contact, would have helped me plan my attendance and make better use of the placement. For future participants, I would suggest providing written administrative instructions before arrival and an agreed clinical timetable, including dedicated opportunities to spend time with consultant psychiatrists.

Despite these limitations, I value the opportunity to have observed a different service and to have spent time with its residents. I plan to present the experience to my team in Ferrol, focusing on the cognitive behavioural approach to eating disorders, collaboration with nutrition professionals and programmes for emotional eating. This will allow me to share what I observed and discuss its relevance to our own clinical practice.

