



# FIRST WAVES COVID19 PANDEMIC , WHAT HAVE WE LEARNED ? FEEDBACK FROM EXPERIENCE

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I have no conflict of interest

# Total cases

- ***CASI TOTALI AL 05/03/2022 : 12.990.223***
- ***DECESSI AL 05/03/2022: 155.782***
- ***hospitalization rate: 1.1%***
- ***ICU rate on Hospitalized 6.7%***
- ***Patients treated exclusively in primary care: 89.1%***

# Males

- *Cases (49.1%)*
- *Death (56.5%)*
- *LETALITY: 3.2%*

# Females

- *Cases (50.9%)*
- *Death (43.5%)*
- *LETALITY: 2.4%*

*POPULATION VACCINATED:* **83,5%**

TOTAL POPULATION VACCINATED (2 DOSES OR MONODOSE):  
**49.487.225**

VACCINATED 3<sup>RD</sup> DOSE: **63,8%**

TOTAL 3<sup>RD</sup> DOSE: **37.819.698**



# General Practitioners' Experiences During the First Phase of the COVID-19 Pandemic in Italy: A Critical Incident Technique Study

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## **Protective Equipment**

Lack of personal protective equipment caused distress, frustration, and helplessness.

Postponement of surgeries, prolonged waiting time for appointments with specialists

In Italy, a country hard hit by the pandemic, a qualitative study of primary care showed difficulties in communicating with other local services and a lack of coordination between services. Primary care was perceived as undervalued and neglected (Kurotschka et al., 2021).

## Organization of the Training of New GPs

According to the participants, the pandemic also impacted the training of new GPs. The respondents perceived that the training programs were run by “bureaucratic” structures that were unable and uninterested in training them.

*“Due to the SARS-Cov2 epidemic, my training was interrupted. We were basically left to ourselves by those who should have organized it: administrative staff, teaching coordinators, and regional representatives.”*

*“As a GP trainee, I found that course coordinators were completely unable to reschedule internships and reallocate the trainees [. . . ] [During that time] I received information and updates exclusively through unofficial channels unrelated to the GP course.”*

## Organization of the Training of New GPs

The reported lack of organization of GP courses emerged as a health risk for trainees: in some cases, trainees were told to begin internships without being provided with PPE.

*“As a trainee, I was quarantined because I came into close contact with a colleague who tested positive.”*

*“I was told to begin a hospital internship [. . .]. I felt a constant risk related to generating gatherings; we had no PPE available.”*

## Lack of PPE

Huge difficulties in the management of patients due to the lack of resources. Many participants reported that they were not provided with PPE.

*“I regret not being able to give my full contribution due to the lack of adequate PPE.” (115)*

*“Heart attacks and strokes that probably have occurred and have remained unrecognized because we do not have PPE to protect ourselves...” (52)*

The lack of PPE led to a sense of loneliness, vulnerability, and to psychological distress.

*“During a shift in the GP out-of-hours (OoH) Service I had to visit a suspected Covid-19 patient without all the PPE (except for a surgical mask and a pair of gloves). This showed me all the vulnerability, anxiety, fear, the sense of loneliness and the lack of preparation (even psychological) for these events.” (59)*

*“A colleague was infected because the head physician denied him even surgical masks.” (29)*

*“ I was not provided with a mask with a filter or glasses/visor despite the fact that I had to visit the patient. Instead, the paramedics [. . . ] were fully equipped with PPE.”*

## **Obstacle to the delivery of appropriate care to both COVID-19 and non-COVID-19 patients.**

“77-year-old patient in a nursing home [. . . ] he was not taken to the hospital and he died after 2 days... the patient was a suspected case [. . . ] he was not even swabbed” (14)

“We spent 10 days looking for oxygen tanks throughout the province of [OMISSIS] for emergency therapy while people saturated at 82%. A real nightmare.” (52)

### **Lack of Primary Care Guidelines and Protocols**

Another factor that was mentioned in many of the CIs as critical for care delivery to patients was the lack of guidelines and protocols for primary care drawn up by authoritative and respected sources.

“I had the impression that primary care was left without a leader—without a single authoritative voice from a scientific point of view.”

## Digital Technologies

In this context of lack of resources and clear protocols, the respondents felt positively about the digital technologies adopted for patient consultations such as electronic prescriptions.

*“I was also surprised by the rapid possibility of making electronic prescriptions accessible to patients directly from the pharmacy.”*

## **Professional Collaboration and Teamwork**

Also, relationships with GP colleagues, with doctors working in different outpatient settings, with those in hospitals, and with other healthcare professionals had a facilitating role for our participants' daily work.

In this context, professional collaboration served as emotional support and allowed GPs to overcome the sense of loneliness and the emotional burden caused by the epidemic.

*“I observe mutual help (an attitude that was not always previously present).  
Despite the forced distance, we did not feel alone, or at least, it is true for me.  
[. . .]”*

## **CONCLUSIONS**

*“The total lack of preparation to face the biggest emergency in the area since the Second World War with an excessively hospital centered vision caused the wards to become saturated within a week.”*

*“Much more attention is needed on primary care, which in this emergency has been abandoned to give resources to the hospital.”*

*“I suffer every day when I see how the current organization of Primary Care is tragically inadequate and unable to face this challenge and all the other challenges that had been posed in recent decades [. . .].”*