

European Option Year 5 Placement Report



Université Paris Descartes (Paris V)
February 2016 – May 2016

1. Why did I choose European Option?	3
2. Getting settled in Paris	4
A. Pre-arrival	4
B. Accommodation	4
C. Travelling into and around Paris	5
D. Finances	6
3. Hospital Placements	7
A. Service d'accueil d'urgences (SAU), Hôpital Européen Georges Pompidou (HEGP)	7
B. Musculoskeletal (MSK) Radiology, Hôpital Cochin	8
4. Medicine in France and the differences in Healthcare	9
A. Education	9
B. Culture	10
5. Linguistic Development	11
6. Living in Paris	12
7. Useful Info and Contacts	14

1. Why did I choose European Option?

European option was the main reason I chose to apply for Manchester Medical School (MMS). It is unique in that it offers the chance to study a modern European language alongside your medical studies. Not only this, but in doing so, you are able to gain two invaluable, internationally recognised qualifications to demonstrate your language competencies. Studying French at university has been an incredible experience and probably my most preferred part of the course at MMS. I would not have had the opportunities to do so many placements abroad at any other university.

I have been interested in learning foreign languages since a young age. French was particularly accessible at school and with a number of French families in my area while growing up, easy to practice. I then continued to study the subject at AS and A levels, maintaining my interest in French culture. For me, losing my competencies in French would have been a great shame and I realised that by studying medicine, I would most likely stop being able to practice as often and eventually lose my level of French. For this reason, I opted to apply for the European Studies program.

At university, I found that, although essential, French lessons became quite tiring. This was particularly relevant in third and fourth year when lessons took place from 6-8pm after a full day of hospital. On top of this, learning any modern language requires regular and constant study (including the homework!) of the language to keep on top of. This on top of a demanding medical course can be intimidating at times but is really not that demanding compared to medicine itself. I found that the tutors were particularly sensitive to the fact that for the vast majority of us – medicine comes first. Another advantage of the EO programme is that it looks great on your CV. Not just the two external qualifications, but the fact that you are studying for two professional language diplomas alongside what is considered a rigorous course in its own right, can be only be seen as a positive.

On another side, the European option allowed me to meet new groups of friends that I've managed to keep with throughout medical school, having been in my French set throughout the course. Not only this, but the Erasmus buddy system in which we were paired with incoming medical Erasmus students was a great chance to meet and speak with native French students. This spurred me on to take advantage of the SSC (PEP) abroad that was offered by the university.

I organised a one-month placement in paediatric intensive care in Lyon in the East of France, which proved to be a great opportunity. It really reiterated that the best way to learn a language is to be fully immersed in the country and force yourself to speak the language as much as possible. It also gave me a chance to practice my technical language and get used to the system before coming to Paris itself. This greatly helped with passing my C1 DALF exam. I highly recommend taking advantage of this opportunity; no other student that I know having done this seems to regret it! Having competency in two languages is great for future careers, whether it be

working for Médecins sans Frontières (MSF), or if you decide to leave medicine for any other career.

Finally, by doing EO, you are entitled to take your block 1 as a StEP block on top of the Erasmus placement. I took advantage of this doing a placement in the US during summer, followed by Singapore for block 1. A welcomed change from rainy Manchester!

2. Getting settled in Paris

A. Pre-arrival

The French administration will make you appreciate the administration at Manchester. It is notoriously slow and can be a stressful process for some. Thankfully the administration at Descartes was much more streamlined than my SSC in Lyon. Unfortunately, very little information was communicated to us. As you have to leave for Paris almost immediately following exempting exams, it is much wiser to organise everything before arrival.

Administration is dealt with by Mathilde Freger. Take note of her working hours and she usually doesn't mind if you just drop in to her office. It is important to bring several documents such as:

- Erasmus paperwork such as arrival certificate,
- Passport photos
- Passport
- EHIC (European Health Insurance card)
- Health insurance, personal
- Indemnity insurance (MDU, MPS)

I would suggest verifying this with the host university as it is subject to change.

B. Accommodation

Accommodation in Paris can be found through a number of ways. It should be noted that most students should expect to pay more than in Manchester. You have to remember that this is a capital city. Student halls are available, some of which are actually very nice with ensuite bathrooms and bills included for less than €500 a month. I myself did not rent in student halls, but those who did seemed to have a great time and met plenty of new friends. The halls however, tend to be further out of the city, in the outer arrondissements. It is worth checking out CROUS and inquiring at your host university for further information. Many of the halls have a number of rooms reserved for each university to make it easy for you. I would suggest emailing their Erasmus coordinator about this during first semester of fifth year. Descartes has a little handbook they will email to you. It is mostly applicable for students staying a full year but will still give a little bit of an idea of the halls available and options you have. Cité Université is a particularly great hall to live in. It is in the 14th arrondissement with its own gardens, tennis courts and such. With plenty of

greenery and some nice rooms available at good prices, it can be a nice break from the business of central Paris.

In addition to this, your host university may direct you to an independent letting agent who may be able to help you find a place. This can be hit and miss as its likely that you wont have the time to go flat visiting in Paris. In addition to this, there are several extra costs you wont be used to in the form of insurances and such that are added on top of the rent and agent fee. However, this can sometimes work out very well priced and you can get some really well located places. Some of these letting agents specialise in letting apartments for short-midterm renters whose owners don't live in the city. Be careful of minimum stay contracts. There are several websites such as colocation.fr and Facebook groups such as "Colocation à Paris" on Facebook where you will be able to find local roommates or short-term rents. Again this can be risky, as you cannot see the apartments in person and hidden costs can appear.

I personally opted for AirBnB. Although often more expensive, it offers a level of protection for renters and with a bit of bargaining good places are available at a good price. I actually ended up paying less than my rent in Manchester for an apartment on the edge of 2nd arrondissement, 10 minute walk from the Louvre, 10 minutes from South Pigalle district, 10 minutes from Palais Garnier and well connected by two very busy metro lines with great night bus connections. I shared with another Erasmus student who also enjoyed the location, particularly the proximity to good shopping and monuments of Paris. I was able to choose a great place and location within budget and still feel safe in knowing that the AirBnB system would give me protection with regards to payments and in case of any fraud. N.B. It is not uncommon for many apartments to not have a lift despite being on upper floors. My apartment was 6th floor no lift.

C. Travelling into and around Paris

Paris is a major capital city and is well connected. There are regular direct flights with Flybe, Air France to Charles de Gaulle (CDG) airport and Ryanair (via Beauvais airport – I do not recommend this as the journey to central Paris takes a very long time). From CDG airport, it is as simple as taking the RER (light rail – think metro) into the centre and then connecting to the metro system.

Paris, although much bigger than Manchester is not a particularly big capital city. As such, transport is very easy. Paris has an extensive metro and bus system. Metro stations are almost always within 5 minutes by foot from any location in the central arrondissements. I would advise buying a Navigo pass as soon as possible. It requires a passport photo, ID and takes 5 minutes at any metro desk. With this pass you can buy weekly or monthly transport passes. For those with smartphones, the "RATP" application is essential for journey planning, including both bus and rail. Paris was recently dezoned. As such, you can travel on any form of public transport within the entire RATP network (including to the airport) for €70 a month. NB passes run from 1st of the month to the end, similarly weekly passes run from Monday to Sunday,

regardless of when they are bought. Please note that the metro closes at around 1 am on weekdays (subject to station) and 2am on Friday and Saturday. There are infrequent night buses along multiple routes that have questionable reliability. The other option is of course Uber, which is also very cheap and I have never had a problem with an Uber in Paris. UberPOOL recently arrived in Paris and helps to cut down prices even more.

Paris is also extremely well connected to the rest of France and Europe, whether it be by the TGV which runs from all 6 major rail stations in central Paris, or via plane from CDG or Orly airport. For those intending to travel by rail, I would suggest buying a “Carte Jeune” from any SNCF boutique in any railway stations. It costs €50 for one year but I myself saved this and then more in a single return journey to Lausanne. It offers a minimum of 25% reduction (sometimes up to 60%) on normal fares, plus the addition of special “Jeune” fares. OuiGo is a great option for cheap bus fares. There are also car sharing services such as BlaBlaCar and CoVoiturage to travel around. I’ve used these options without any hassle.

France is an incredible country with many beautiful places to visit. I would take the opportunity to visit as much as possible and make sure not to “wait for the good weather”. During February to May, the weather is generally bad with only a few unpredictable nicer periods in April/May. Don’t wait to visit! Nearby to Paris are several great day/weekend trips – Normandy (Mont Saint Michel, Deauville, Saint Malo etc), Epernay in Champagne region, Reims, the castles of the Loire valley, medieval Brittany, hiking in Central Massif just to name a few. Regular trains and buses serve most great destinations at varying price points (see voyages-sncf.fr for train fares).

D. Finances

You should expect to spend more than your regular spending in Manchester. There are infinitely more things to do and it is a capital city so I would suggest saving what you can before coming. However there are several ways to get funding for your placement.

First and foremost is the Erasmus grant. This varies from year to year and I understand it was reduced for this year (upon writing this we still have not received the final instalment). You will receive the majority of this within your first month and all the relevant T&Cs will be explained to you in relevant documentation.

Secondly, medical students in France are entitled to a nominal wage once they start clinical placements, which increases as you progress through the years. As such it depends what year group your placement is in as to what wage you get. Your wage also covers 50% of your transport costs. In most cases this is a Navigo pass. So you are refunded 35 euros as part of your wage (35 euros a month for transport is a bargain for a capital city!). I received 234 Euros a month from my hospital. This can be arranged by visiting the Bureau de personnel at your hospital and completing the

relevant paperwork. I had zero guidance for this and it did become a bit of a hassle with even more documentation and forms to fill. You will require:

- Passport
- Passport photos
- Relève d'identité bancaire (RIB). These are the French term for the IBAN and SWIFT code used for international identification of bank accounts. You are able to use your UK account, but it is advisable to open a French bank account for greater ease.
- EHIC
- Navigio receipt

To open a bank account in Paris, it worth checking with your university. Certain banks have agreements with the university and give special offers to students opening an account with them. As opposed to the UK, it is important to know where the bank you opened your account with is actually located. Any changes to your account can only be done at that bank. You will need:

- Passport
- Proof of address
- Proof of being a student at host university

The advantage of this is you will not only avoid conversion charges and international fees, many of these banks actually offer free money to students opening accounts with them. You can even open multiple accounts to take advantage of this. Offers can range from 80-150 Euros free for students opening an account. Closing an account is also extremely easy. For those at Descartes, the banks with offers are all located on Rue Saint Michel, 2 minutes from the university by foot.

3. Hospital Placements

A. Service d'accueil d'urgences (SAU), Hôpital Européen Georges Pompidou (HEGP)

HEGP is a fairly new hospital in the south of Paris and is accessible by Metro (Balard, Line 8) and RER (Pont du Garigliano, line C). It is well served by buses. My first 2 month placement was in the SAU department. Despite the name, it is basically just A&E. I chose this placement, as I had never done an A&E placement in the UK. I also figured that it would give me the best chance to learn a wider range of French vocabulary.

The placement itself is normally undertaken by students in their final year at Paris, as such it can be difficult for Erasmus students to integrate. Although the other students were all very helpful and nice, they often did not have much time to help as they all have to study for their extremely challenging and life defining exam they will all sit at the end of final year, the ECN. Being a placement for final years also has its challenges. The doctors are used to students who are already well habituated with the French system and the hospital itself. This can make it challenging and sometimes even demoralising when seniors seem to be frustrated with you. I assure you that they are not! They are all happy to help but A&E can be very busy at times.

In terms of hours, I was expected to attend half days for the first few weeks to help habituate myself to the systems in the hospital, followed by 3 full days a week once comfortable. Starting time would be 8:30 and finishing at 12-1 on half days and 5-6pm during the full days. We were encouraged to attend teaching for the students. These were very informative and contain much more depth and are more knowledge based than what we are used to in Manchester. You also have the opportunity to do on calls (garde). These last 24h with a break the following day. Additionally some students are expected to do Saturday/Sunday day time.

Unfortunately the worst part of this placement was that I was confined to minors. This meant that I had little chance to view and learn from patients who were having more serious admissions. Fortunately I was given full responsibility over these patients, even being given the power to discharge patients. This also gave me a chance to learn and practice a wide range of skills, including those we do not do as medical students in the UK. This included teaching on and carrying out lumbar punctures. There is a fair amount of suturing due to a large number of trauma cases available for those who like to practice surgical skills.

One particular challenge was the specialised French and filling out the French documentation. It took me quite a while to habituate myself with the extensive list of French acronyms and formats of documents. The huge range of conditions meant that learning a wide range of specialised vocabulary was essential, as well as being able to hold less technical conversations with locals in order to take histories. The “words for santé” textbook on our reading list is particularly good for this, however many are not covered. The staff meetings involved rapid fire quizzing, particularly to junior doctors and students they felt did not know the answer. Other than this, the placement was a good way to prepare for F1 and practice forming management plans. Additionally it is a good way to get used to the language.

B. Musculoskeletal (MSK) Radiology, Hôpital Cochin

Cochin is accessible by public transport via RER (Port Royal, line B, Denfert-Rochereau, line B) and Metro (Denfert-Rochereau, line 4/6, Saint Jacques, line 6). It is well served by buses. Cochin is one of the older hospitals in Paris and extremely well known for its radiology department, particularly in MSK radiology. It was truly a privilege to work in the department. I chose this placement because of my interest in orthopaedics and the fact that we have very little to no radiology teaching (let alone placement) in Manchester, particularly in modalities such as CT, MRI and PET and all their various modulations.

France is a country well known for radiology. However, unlike in other specialities, French medical students do not have defined roles in the radiology department. As such this is a fairly relaxed placement and you can really follow your own learning goals within the parameters of your department. On induction you are placed in either MSK radiology or general radiology. As I was the only Erasmus and here for

less time than the French students, I requested to join the MSK side. I was placed with 4th year students.

Hours were quite relaxed; we were expected to join weekly teaching. Teaching was fantastic and quite interactive. I'd highly recommend brushing up on your anatomy and radiological signs. The teaching covered not only MSK topics but also general abdominal and chest pathology, through all types of modalities. Other than this we were able to follow the medical teams whilst they did their work, involving meeting patients, making radiology reports and some interventional radiology sessions. This usually lasted half a day each day. It is worth doing some reading and understanding before each day so that you can have some pertinent questions to ask to make the most of your stay. Whilst many doctors are happy to teach, I found that some required a bit of questions before engaging with you.

Again, the vocabulary here is extremely specialised. It should be noted that several signs and classifications are actually different to those used in the UK and can be learned from borrowing the ECN Radiology book from the university library.

For me, the best parts of this placement were the MDT (les Staffs) meetings with the orthopaedic surgeons and rheumatologists. This involved rare pathologies and for me, procedure planning. It was incredible to see just how important the radiological input was for planning operations. This was also not well attended by French students, so I was able to ask as many questions as I wanted.

All in all this was a much more specialised placement. I enjoyed this immensely and even made me consider radiology as a possible career choice. The doctors are extremely knowledgeable and happy to teach but also very accommodating of the fact that your French may not be as good. One consultant even used to tell me if the Americans/British used a different grading system to those he was using. By the end I was able to understand and make my own reports under supervision. I appreciate that many students may find the reduced patient contact as less desirable but I feel I learned a huge amount of new information and feel much more confident tackling more advanced scans.

4. Medicine in France and the differences in Healthcare

A. Education

The most obvious difference is the role of the medical student. In France, medical students are much more involved in patient care. They have defined roles and are absolutely necessary for the day to day functioning of the hospital. Often they carry clerical roles or to clerk in minor patients such as in A&E. This means that the students are decision making from day 1 in clinics and it feels more like a baptism of fire rather than in UK, where we are hand held through our clinical years and seniors do not seem to care if you are not at ward rounds and such. You are expected to prescribe and come up with management plans from day one as well as attend team

meetings and morning rounds. As a result, the level of knowledge they expect from you is also much higher, particularly in basic sciences.

The training programme itself consists of 6 years of medical school followed by 5 years of specialist training which includes your one year of interne (junior doctor). Entry into medical school can be done by absolutely anyone, however there is an exam at the end of first year after which only the top proportion of students are allowed to advance into actual medical school. Medical schooling is much more rigorous with many students reporting to pay extra money to attend out of hours lectures given by third party companies. This is all in preparation for the ECN, this exam, sat at end of final year by every medical student in France, is what determines the rest of student's career. You rank your location and speciality and your score determines where you get for your speciality training. Bear in mind you are competing against the rest of the country and you can only sit this once. As a result, the students are often very stressed in their final year (with reason). Having looked through practice questions and some of the material, it is clear that the necessary knowledge is very detailed and varied.

Recently I understand there have been key introductions to the courses at many medical schools. Classes to improve communication and in particular, level of English has been seen as important. This is particularly relevant and increasingly medical professionals in France are expected to know and understand English in order to keep up with up to date research. There is also a pilot scheme to introduce an OSCE based exam within the next few years in a system similar to Switzerland who sit national written exams and OSCEs. However, currently training is based solely on this single written paper and nothing else.

B. Culture

Amongst the staff, there is a clear hierarchy. However, during my placements I found that this was often not the same as in UK and lines blurred outside of work itself. Commonly you would expect to have lunch together with your team and your seniors during protected meal times. In the mornings you would generally have a coffee break all together in which someone would usually bring baked goods (often a student – it goes a long way!). On more than one occasion this would involve drinks/coffee outside of the hospital with the senior doctors.

For the patients themselves, the interactions between doctor and patient were extremely different. It seemed to follow a much more traditional outlook. Doctors wear whatever they want with a white lab coat over as opposed to our strict dress code. Doctors tend to take a more traditional “do as I say” approach as opposed to the patient centred discussions we see in the UK. Some UK students seemed to be particularly amazed by the “poor” communication standards the doctors have. It is true that often they will discuss amongst themselves in front of the patients and sometimes it can feel impersonal. There is rampant use of medical jargon. Despite this, patients show a huge amount of respect and awe to their doctors and it is not uncommon for these patients to actually have an understanding of the medical

jargon. The patients are used to this manner of dealing with patients and it doesn't seem to bother them, often being confused if you actually take the time to explain things in the way we are taught to at Manchester. However, I do feel that taking the time to explain and practising good communication clearly put me at an advantage and patients seemed to warm well to me and would comment on not being used to this type of bedside manner.

Confidentiality is treated in a different manner. Taking photos of imagery and patient notes is not illegal and is commonly done for teaching and revision purposes.

Another interesting point is the perception of medical care in France. Healthcare and medicine has an extremely heavy presence in French life and the French media. This ranges from the insanely well stocked pharmacies to regular news reports on health on a daily basis. As a result, you can expect patients to have some kind of ideas about what they have and why (the accuracy of which is often questionable). Thus, managing patient expectations can be a challenge. Additionally if you happen to fall ill, you will understand that many French people take their health very seriously and are very happy to try alternative treatments or ways to maximise their health. You would be surprised to leave the pharmacy without both your standard over the counter drug plus some kind of natural remedy and some unusual instruction on how to actually use them. As an example, I went to buy anti emetics and was strongly encouraged to buy peppermint oil that I should "use 2-3 drops onto the tablet before taking the tablet" in order to alleviate nausea.

The healthcare in France is generally publically funded. It is not free at point of use, but rather you pay a certain reduced amount and then claim the majority of this money back from the state after filling out a form. Conversely this can be difficult for patients without a fixed home address and therefore adequate *securité sociale*. However it means patients often have a better understanding of the real cost of healthcare. There is constant debate in France over the pluses and minuses of the system but it is a commonly used system around the world to some degree of similarity. Private insurances are also available. It should be noted that over the counter drugs and drugs in general are often branded rather than generic. As a result they will be more expensive than what you are used to in the UK. There is currently pressure from the state to reduce this and change the mentality to cut costs. For example, Panadol 16 pack will set you back 5 euros, whereas generic Boots basic paracetamol will cost around 19p.

5. Linguistic Development

Speaking French to a good enough level inside and outside of hospital was a concern for me in starting this placement. I had intercalated before my final year and tried to keep up my French by various methods, such as teaching French and taking extra classes from the university with view of sitting the C2 exam.

In hospital it was pretty simple to get used to memorising certain sets of questions that were asked for every patient and interacting with patients did not pose much of a problem. For me, the biggest issue was presenting to seniors and discussing technical language. Although the medical French course does cover large swathes of this, it still does not cover everything. You will be required to look up words before starting and I would recommend using the books from the reading list in conjunction to taking out relevant ECN books from the library to look over the vocabulary.

Speaking French to both colleagues and people outside of hospital goes a very long way. The only way to improve is to speak in French at any possible opportunity. The French appreciate the effort you are making, even if you do not have a good level or accent. Making some French friends is invaluable to improving this. Additionally watching some French movies, TV and radio will definitely help. I understand there are also international speaking groups and also conversation classes organised by the university that can be funded by the Erasmus programme if you feel it necessary.

I feel my level of French has definitely improved. I am able to take histories with more fluency and maintain a medical discussion on certain topics (vocabulary permitting) with colleagues. My general French has also improved and I am confident holding conversations with native speakers about a wide range of topics. I intend to visit France on a regular basis in the future. Doing this course has definitely given me the confidence that I have the language skills to work in a French speaking country. As I am extremely interesting in working in wider healthcare, I feel I am eligible to apply for internship with WHO using French as my second language. Additionally it would also mean I am able to apply to work with MSF in the future, should I desire. Maintaining my language competencies is very important to me, through regular contact with my French speaking friends and also watching French movies and reading the news in French rather than English.

6. Living in Paris

Living in Paris has been the highlight of my medical school life. Living in a large cosmopolitan city is quite different to Manchester. There are a huge amount of things to do. The best way to understand French culture is to make French friends, whether it be from sporting activities, university societies (N.B. the AMPC - medical society at Descartes- is very active and has constant great events such as wine and cheese nights and ski trips. Additionally they have a buddy system where you are assigned a “marraine” or “parraine” to look after you) or simply from placement.

Culturally French people love to have a good meal and have a drink together. If you are invited over to someone’s house it is customary to bring wine, cheese, or make some sort of dish. If needs be it is not rude to bring ingredients and come early to make the dish there if you are close enough with the host. Meal times are a great way to bond with the French. Regular excursions to the countryside are also popular and there is no shortage of beautiful countryside in France.

Museums, culture and art are everywhere in Paris. The vast majority of museums (all of the major tourist attractions) are free to EU citizens under 26 and students. They are also free on the first Sunday of each month if you have visitors outside of that category. There are a huge number and you can find anything for your tastes. I would suggest looking for particular exhibitions on the websites. They often hold regular seminars with experts who will host interactive lectures to explain and teach about the artwork and its history. These were very interesting to me and schedules can be found online or in the museums themselves. They often involve a nominal entry fee.

In regards to shopping, sales are state controlled and dates can be found online. On arrival you will be at the tailend of the winter sales. There has recently been relaxing of these laws so you will find there are mid season 20-30% reductions towards April/May time. Shopping varies throughout the city, main areas include Marais, Saint-Germain des Près, Rue Saint-Honoré, Montmartre, République... but really it is everywhere. For those who like vintage shopping, Marais, Montmartre and Batignolles are particularly well known areas for this. Shops are often shut on Sundays and bank holidays but will close at around 7-8pm on all other days. This includes large department stores.

Food is a highlight, so long as you like French food. It is everywhere. One thing to note is that opening hours are not the same as in UK. Few places offer continuous food, they will often be open from 12-3pm and then 7-11pm. Eating out is much more expensive in France as there is a bigger culture of cooking at home. Paris is no longer the food mecca it used to be and there are plenty of places that are not great amongst some really incredible restaurants at all price points. It is worth doing some research. For those on a budget there are plenty of options. Many boulangeries such as the very well regarded Eric Kayser chain and Maison Landemaine have lunch time meal deals with a sandwich drink and dessert for a very reasonable 5-8 euros. For groceries there are supermarkets regularly throughout the city and ethnic markets can be found in certain areas (African market in north Paris for example). Markets are another great option for buying groceries and there is a big culture of having a family day out to the markets and something cultural on a Sunday. It is best to find out which is your local market. It is worth following locals or asking for someone's help if you are not comfortable choosing your own fruit and vegetables. They are usually more than happy to help. Markets are cheaper than supermarkets and also have great food stalls (such as great fresh oysters from Bastille market on Sunday and Thursday mornings at low prices). Quality wise is better than what you find in UK supermarkets but can be very variable.

Paris has a huge number of theatres. They show everything from huge musical productions to small comedies. It is definitely a must-do whilst you are in Paris and cheap tickets can be found easily for students, even for the massive production ballets and operas. It is worth doing some research on when this occurs as it is different for each of the large theatres. It is also a great way to keep up your French.

Gyms are however much more expensive than in UK (especially for short length stays). There is less of a gym culture in France. However, runs along the Seine offer an incredible view and standalone classes are quite affordable. Companies such as the “Le Gym Suédois” offer cheap pay as you go options for classes. The university halls also have heavily subsidised gym features. If not, the city is very walkable and you’ll find that you will probably do a huge amount of walking through the city.

Sundays are really not as dead as some people make it out to be. Parks are still very busy and it’s a nice time to relax and meet some friends. Shops and restaurants in the Marais and Batignolles are still mostly open!

In conclusion there are constantly events going on in Paris. If you just make a little effort it’s very easy to meet new people and make the most of your stay. You shouldn’t ever find yourself with nothing to do.

7. Useful Info and Contacts

- Buy a pass Navigo
- Do your research on accommodation
- Offer to clerk and present as many patients as possible to practice, you will be in charge of your own patients!
- Get your UPSAs done before you arrive in France
- Remember politeness. If you are at work, your seniors and patients are always “Vous” unless told otherwise. If you are meeting new people in a social setting, “tu” will suffice.
- Get a French SIM card. Free, SOSH and RED all offer contractless monthly offers at reasonable prices. Free offer a SIM card for 2 EUR a month with unlimited calls, texts and 50mb internet. I took a Sosh deal, unlimited calls, texts and 5GB internet for 19.99 a month.
- Make some effort to find things to do, there is plenty, whatever your interests are
- Speak French as much as possible. Its easy to speak English in an international city like Paris
- Explore Paris!
- Eat proper bread
- Eat some (and a bit more) patisserie
- **Visit outside of Paris.** This is the best chance you’ll ever have to properly explore France unimpeded. BlaBlaCar is generally safe and very cheap. No excuses. Your 3 and a half months will pass by extremely quickly.

Your most important contact is Mathilde Freger: Mathilde.freger@parisdescartes.fr. She will be happy to send you the Descartes handbook, which contains all the useful contacts you need for your stay.

And finally, the ever essential list of French acronyms:

https://fr.wikipedia.org/wiki/Liste_d%27abr%C3%A9viations_en_m%C3%A9decine