

2016 EUROPEAN STUDIES REPORT
PARIS DESCARTES UNIVERSITY (Paris V)

Why you chose to study on the European Studies programme.

I grew up in a French-speaking country and have a good command of the French language, a language I actually do like. The European Studies programme would allow me to further improve my French language, learn medicine in French and see how medicine is practised in France, a country renowned in the medical field. The experience gained in this placement could also allow me to improve my CV, especially if I decided to apply to practise medicine in a French-speaking country or international organisations. The European Studies placement would also allow me to experience living in France for some time, which was something I wanted to do. It was a great way to discover the country and learn about its culture and the way of life of its people.

An overview of your experience of living and working in the placement hospital and its surrounding area.

I lived in a flat in the 10th arrondissement in Paris, not far from the Gare du Nord and Gare de l'Est. It was a very good area to live in as there were supermarkets nearby and other shops, cafes and restaurants. Not too far from my place was the Canal Saint Martin, a nice place to relax when the weather is good. I enjoyed living in that area as food was never a problem and it was not very far from my hospitals. You are well connected with Metro stations and if you combine Vélib (Paris bikes) and Metro, you can get around quicker sometimes.

I subscribed to the Vélib and this allowed me to travel quickly to do my shopping or even to go to my placement. I also bought a Navigo pass, which I believe is very good value for money for travel around Paris and to reach my placement hospital. My placement hospitals were Port Royal and Necker – Enfants Malades. They were about 25-40 minutes from my place by Vélib or metro. On several occasions, I have travelled to both hospitals by Vélib alone, so if you are a fan of cycling, you can do that.

Obstetrics at Port Royal (Cochin)

Port Royal is one of the very best reputed hospitals in France for obstetrics and gynaecology. It is a fairly new hospital next to Cochin. There is an RER station called Port Royal which is just 2 minutes' walk from the hospital, so if you catch the RER line at Gare du Nord, you can reach there quite quickly. The placement was of a very high quality, with good teaching/lectures about obstetrics and gynaecology and much opportunity to learn from doctors and midwives. There were daily morning staff meetings that students had to attend at 8am where newly admitted or discharged patients' cases were discussed. Some students would have to present at least one patient to the staff meeting if their rotation for the week was on the wards that admitted patients. The presentations included conditions like HELLP, premature labour or IUGR and it was good practice for the students to summarise and present the relevant findings, which also allowed them to learn about the management plan or guidelines.

I also had a rotation in antenatal screening where I observed ultrasound imaging of the foetus. I got practice in holding the ultrasound probe and look at the foetus after the doctor. I did not get such practice in the UK, but I believe it is also quite advanced for a medical student to know what exactly the midwife and doctors are looking for. Nevertheless, it was an interesting experience and I learnt a few good things about antenatal ultrasound from the midwives and doctors.

Another week was spent in antenatal consultations and sometimes pregnant patients presented with medical conditions that needed to be discussed with the obstetrician at the beginning of the pregnancy. I practised obstetrical examinations under supervision and helped fill out papers such as appointments and further tests requests. Sometimes I would be asked by the obstetrician to see the patient first to complete the file and do the history taking before the patient is seen by them.

I also spent a few days doing gardes (on-calls) where I could see common gynaecological and obstetrical emergencies presentations. My role was to see the patient before the intern doctor (junior doctor) to take the history and then present to the intern doctor. Then relevant examinations or investigations would be done. In obstetrical emergencies where an urgent C-section was needed, we would be expected to scrub up to attend theatre.

I feel this placement was good for consolidating and improving my knowledge and skills gained in my previous placement in UK. My knowledge about the medical terminology in obstetrics and gynaecology improved significantly during the placement. At the end of the placement, I had to read a case and discuss it with one of the chefs (senior doctors), as part of the evaluation of the students by the chefs. I found that discussion really interesting, and I was later told by the chef that I had passed the evaluation.

General Paediatrics at Necker – Enfants Malades

My second placement was at Necker-Enfants Malades, which was the first paediatrics hospital in the world and one of the very best paediatrics hospitals in France. The general paediatrics placement in the Laennec building has given me a lot of clinical experience. We were a group of several externes (clinical year medical student in France), normally of years 5 and 6 (D3, D4). Between us, we were seeing admitted patients and writing in the notes and presenting to the intern doctor. The externes are also expected to fill the dossier (documentation) for newly admitted patients, and do the history taking and examinations as part of it. If you are given astreintes to do, you will have to come in on a weekend or a public holiday, to do the dossier for newly admitted patients. The placement included often high quality lectures/teaching and case presentations. You may have to present an actual case to the staff meeting, where the doctors will be discussing about the management of the patient.

It can be an intensive placement, but I believe that with the amount of work you get to do and can observe the intern doctors do, this placement can be very useful to prepare us for our future job as a Foundation doctor. I did 3 days of astreinte and had to do the documentation for new patients as well as presenting to the doctors during the astreinte. You will be expected to examine the patients and present your findings.

I found that the placement had increased my exposure to such cases as sickle cell anaemia, varicella, childhood abuse or other rarer conditions. It was thus a very interesting placement where we can learn a lot. You will have to put in the effort to make the most of this placement, because it can be difficult at the beginning to know about the different medical terms/abbreviations, medication, vaccination names. Plus, you may be expected to examine

children on your own without supervision. I found this difficult initially as I did not know how to describe my findings in the notes in French and I asked for supervision. Luckily, I had a 6th year French medical student who provided me such supervision until I was more comfortable. I would however insist on a chaperone if I was asked to do an ECG on a young female patient for example.

In the afternoons, I self-organised a placement in radiology because I like radiology. I learnt a lot more about radiology during that time and I am glad I added this placement during my time in Paris. All the doctors are very nice and helpful, and are happy to teach you if you ask for it and show motivation.

What you have learnt on the placement with regard to any differences to UK hospitals and practice, the medical training programme, the contrasting medical cultures.

The quality of care is to a high level in France and fairly similar to the UK. There are some differences I noted with regards to medications and some units such as when measuring glucose level. Also, the doctors know the names of the drugs by their brand names, so this was something I struggled with initially and I had to ask the generic name to know what they were prescribing.

Clinical year medical students play an important role in the provision of services, unlike in the UK. For example, in gynaecological emergencies, students had to do on-calls (24 hours). Their role involves filling the hospital form for the emergency and taking a history and helping with the examinations and chasing results. They also had to present an admission case if it happened during that day to the morning staff the other day. The doctors in gynaecology and obstetrics at Port Royal did fairly long on-calls of 24 hours and there was a 3 step hierarchy: the externe, intern, and senior doctor (who would normally be at least at the rank of CCA – Chef de Clinique Assistant). As medical student on-call, it was part of the tradition for me to bring a dessert for dinner and the senior doctor would pay for my main meal. It was a great moment to sit down at night for dinner with everyone. There is a room in the hospital for those who are on-call to sleep if there was no patient to see, but you can get called in during the middle of the night if a new patient comes. You get the next day off after the staff meeting in the morning.

The medical students here are given more responsibility than in the UK. They get more practice also in presenting cases to the staff meetings. They can sometimes do some more advanced procedures, which would be more difficult to obtain in the UK. In my paediatrics placement, one student got permission to do a lumbar puncture. Because of the important role of French medical students on the wards, they are paid a small amount of money depending on which clinical year they are. I was put in the year D2 and thus got paid around 100 euros/month. Students are also given an extra payment if they do "gardes". The French medical students have to do a certain number of "gardes" during their time at university, unlike in the UK where there is no fixed number of compulsory on-calls.

French medical students work very hard preparing for their written exams at the end of their year 6. The exams are ranking exams and are called Examens Classantes Nationales (ECN). It is a written exam on clinical medicine and specialities and also includes a test on critical analysis of a research article (Lecture Critique d'Analyse). After that exam and the national rank obtained by the student, they can select the speciality they want and the region in France where they would like to do it according to their national rank. Because of this, many students work for long hours and attend additional private courses that they pay for.

With regards to communication, I feel that while most French doctors are nice to their patients and act professionally, some doctors can sometimes communicate in a less professional way. For example, the pace and tone of a doctor's voice when asking a question may not be very respectful towards the patient. In Manchester, we spend a lot of time on communication skills and practising history taking. This makes us into better doctors because we are prepared to face different situations and patients and treat our patients respectfully and professionally. In France, medical students do not have the same amount of communication skills, and I have noticed that in general they are not as good as us at communicating with patients. In my paediatrics placement, the tutor organised a practical communication session. A group of students were selected and we each had a go at welcoming the parents of an admitted child. When the marks were tallied up, I got the highest score out of everyone. Because we were outside the room initially and moved in to do the communication exercise and then stayed to watch the other students come in, I

could see the difference between my approach and that of the other students who came in after me. I am glad of the communication teachings we had in Manchester.

Also, I noticed that chaperone is not a concept firmly anchored in the French system. I was surprised that French medical students seemed unaware of the need of a chaperone for an intimate examination, and in gynaecology on-calls, I explained to the intern doctor that I need a chaperone if I have to do an intimate examination. The doctors themselves often do intimate examinations without chaperone.

Further, while they all seem to understand the concept of confidentiality, some doctors are less careful with disposal of paper containing patient information. They would just throw it in the black bin bags in the consultation room along with the other rubbish. For my paediatrics placement, rough paper ("brouillons") was available but this paper came from non-needed printed paper which sometimes had patient information or test results on it. There was no shredder in the room and again paper was thrown in the bin bag. How these bin bags are later handled, I am not sure, but I would have felt more comfortable if I knew that the bin bag was specially for confidential paper. In my case, I would tear up into pieces any paper with patient information that needed to be thrown away.

Besides that, confidentiality is taken seriously. The doctors close the door when going to talk to a patient in the room and take care not to let other patients overhear. I also found out that if a patient has HIV and they were planning to have unprotected sex with their partner who was unaware of their status, the GP did not have the right to tell the partner if the patient refused to inform them. The reason is that the "secret medical" is very important and that in this case it is better to preserve patients' confidence in their doctor and HIV is no more a death-sentence.

How you have gained from this experience in terms of i) linguistic development, ii) inter-cultural understanding, and iii) in terms of your ideas and future plans.

I already had a good command of the French language and I had passed the DALF C1 exam before coming to Paris, but my command of the French language has improved during my placement in Paris. My knowledge of French medical terminology has improved significantly

and general paediatrics is a good placement to learn a lot of French medical terminology. My spoken French has also improved thanks to my interactions with French students and friends.

This placement in Paris has enriched me culturally as well. I have learnt more about French culture such as their food and music. I have attended plays in theatres and visited some beautiful historic cathedrals as well. My visit to the Chateau de Versailles made me learn more about the history of the monarchy in France and the French revolution. French people generally love to keep their Sundays for rest. Although you can find some small shops and some smaller supermarkets open on a Sunday, most of the big supermarkets are closed. They would also tend to close around 9pm during weekdays. In the UK, you can find some Tesco supermarkets, for example, that are open from 6am till midnight every day.

In terms of my future plans, this European Studies placement has made me consider moving to France at some point. I have enjoyed my time in Paris and would be happy to get the chance to live there again for some time or do a placement there during specialisation. I think France has some very good hospitals and they provide a high level of care and good experience for the trainee doctor.

Any practical issues that future students on this placement should know about.

Paris is a great city but can be very expensive also. I would recommend if you are living close to your hospitals, to try the Vélib, which cost about 29 Euros for a year. You can get the subscription card at a Mairie (town hall) and then create an account yourself online and then activate it at any Vélib station. You would need to pay a deposit and pay the 29euros upfront. If you prefer to travel by metro, then you can get the Navigo pass. It costs 70 euros for a month but you can get half of that reimbursed by your hospital if you show them the Navigo and the receipt. You have to go to the Bureau du personnel medical on the first days of your placement to complete the administrative paperwork for this refund. The Navigo pass will allow you to make unlimited travel within Paris and suburbs of Paris on any day. It is a great way to explore Paris.

Also, if you are under 26, make the most to visit museums and other tourist places. You may be entitled to free entry or reduced entry fees. There are also trips and other activities that are organised for Erasmus students in Paris at an affordable price by the Amicale Medecine Paris Cordeliers (AMPC).

Soon after you reach Paris, it is a good idea to open a French bank account. Not all branches will accept you to open a bank account for only 4 months, so it is better to choose one which the university has a link with. There is a Soci t  Generale bank branch close to the Paris Descartes campus, not far from the Odeon metro station. They have a link to the university. You may be entitled to around 80 Euros when you open the bank account. The payment to medical students in France is made to your French account. You need to send in your bank details and other requested information to the medical staffing at the hospital where you are based in order to be paid.

Also, make sure you send in your certificate of placement and attendance in time and do any Erasmus requirement such as surveys or language tests in order to get and keep your Erasmus funding. With regards to the Erasmus funding, I received 300 euros/month, and the money is transferred in 3 instalments. The first instalment is the major one but the later instalments may come late. Do note also that with the Erasmus EU cash passport, you get charged each time you take cash out of an ATM. It is a good idea to read the documentation well to know how best to minimise spending when taking cash out or making payments with the Erasmus EU Cash passport.

Do not forget to bring with you your medical student insurance, which you can get for free from the Medical Defence Union, and your European Health Insurance Card (EHIC).

With regards to mobile phone, the company Free Mobile has an interesting offer at 2 euros/month for 2 hours of calls, unlimited texts and 50MB mobile internet. It is not a contract, so you can cancel it at any time.

Finally, with time you will find the cheaper places to eat or buy your ingredients/foodstuffs in your area. Meals or drinks at restaurants can be quite expensive, so if you do not want to spend too much, you need to look around more to compare the prices. You can also search on the TripAdvisor website if you want to eat out at a good restaurant with affordable prices and you can actually specify the desired location, type of cuisine you wish and the price

range. As a student, you can have access to the CROUS restaurants where you can get good meals for your lunch for a good price. You can either pay by cash or buy a card that you can top up. At Cochin and Necker, you could also buy a “carnet” of 10 tickets for a very good price to eat your lunch in the hospital canteens. The lunch comprises a 3 course meal, with a side item such as a salad, a main meal and a fruit and dessert. I would recommend the foods as I found them to be very good. If you want to buy the tickets, you need to go to the “regie” of the hospital to pay for it and show your student ID.

Any addresses, phone numbers and contacts that might be useful for future students.

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<http://www.crous-paris.fr/> - CROUS, for accommodation, restaurants or other advice.

<https://www.leboncoin.fr/> – you can find different offers.

<https://www.airbnb.fr/> - more accommodation choices.

<https://www.blablacar.fr/> – carshare website if you would like to travel around.