

This is a report detailing what happened over the four months I spent in Paris on Elective with Manchester University and University of Paris Descartes (Paris 5), studying Medicine with European Studies. The report will include information on the following sections: My motivations for studying French European Studies and for spending a semester abroad in Paris, my arrival and orientation in Paris, Information on each of the two placements that were undertaken, and cultural learning that was gained during the trip, finishing with a conclusion.

I have always loved languages and wanted to continue learning them after finishing A-Levels at school – where I studied French. I loved learning French from the outset- before learning French in school I had gone to France with my family and my dad and mum had taught me simple words and phrases like “je voudrais un chocolat chaud” or “ou est le toilette s’il vous plait” and I found it rewarding using them when we were away on holiday. Then, when I started learning French formally in school, the first lesson was just as interesting and rewarding as those times spent on holiday.

I remember it really well; it was the taster day that year 6 students in primary school spend in their new high school before starting there in September. We went to different lessons throughout the day, and French was one of them. I remember the teacher Mrs Jones telling us all “Asseyez-vous” and I loved being able to understand what she meant, even though she was using foreign words. She was using hand gestures too and I loved interpreting it all and guessing what she was trying to say. Language itself is hugely interesting to learn, but social cues and all that can be signalled in body language, tone of voice, and gestures is like a completely different layer to language which is equally as interesting for me to try to interpret.

After that first day I couldn’t wait for every French class I ever had! My love for it meant it was never a chore to sit through each lesson – I enjoyed all aspects of learning a language: grammar, vocabulary, speaking, listening and writing. I used to write French poetry and ask my teachers for any help with it, which benefitted my French skills greatly and I didn’t even realise – I was just doing it because I loved it. When it came to the time to choose what to study at university, I chose a scientific subject, but I knew I didn’t want to let my language learning days finish! So, before knowing that European Option even existed at Manchester, I searched the UCAS website for “Medicine with French” and the options came up for Manchester and Bristol. I was so pleased! Bristol was too close to home for me for university, so I chose Manchester, and ever since beginning the Medical French course I have been looking forward to spending these months in Paris consolidating all my knowledge I have collected over the past decade in learning the language.

Interestingly also I have enjoyed learning about the French culture and find many aspects fascinating – they also motivate me to learn the language. In particular I found the French values of humanitarianism admirable, and wanted to learn more and get involved. This actually motivated me to do a Masters in Humanitarianism last year, focussing one of my essays on these French values and how they relate to France. All this, along with passing the DALF C1 and attending French lessons every week have built up a platform for me to improve my skills whilst in Paris. I knew that studying French alongside Medicine would make me stand out from the crowd, and I knew that it would challenge people’s opinions of me when I told them I was studying Medicine. This is exactly what I wanted. I also knew that studying European Option would allow me to continue doing what I loved in learning a language. I thought to myself that everyone who wasn’t studying it was stupid not to do it. People often asked me during university if I was annoyed that I would have to spend my entire elective in France, rather than the standard 2 months in Manchester, 2 months wherever in the world as do all the students not studying a language. But each time I thought about it I felt the same reaction: No I was not disappointed, I was chomping at the bit for the chance to put all the skills into action and improve my French language abilities. January exams came and went and all of a sudden, after 5 and a half year of studies in university, finally I had the chance.

Before being allocated Paris as the city I would be going to, I was given a choice of 5 cities to rank in order of preference: Paris, Lyon, Nantes, Rennes and Lausanne in Switzerland. I originally thought about it and chose Nantes – my reasoning being it was small so probably friendly, and not very expensive, plus would likely have less of an international community so therefore more chance to speak French. However, after discussion with friends, I changed my mind and chose to rank Paris as my top choice. Yes it would cost more, have more English speakers, and very likely be less friendly, but the wealth of cultural activities, opportunities to work and travel, and the beauty of the city won me over. I was allocated to Paris Descartes University. Before going I had to make travel arrangements – I booked (in October) an extremely pleasingly cheap EasyJet flight for £40 from Bristol to Paris to arrive the Saturday before starting placement and then begun the search for accommodation.

I was unable to find a reliable accommodation online before going that didn’t cost the world. So when I arrived, I stayed in a hostel for a week hoping to make some connections and get some advice about where to stay. Still I was unable to find anywhere. I then rented 3 different Airbnbs for a week each in different parts of Paris, exploring the different areas and apartment styles as I went.

What I wanted was a house share in the south of Paris. I tried websites, facebook groups, and asking at the hostel for advice but none of these seemed to work. Eventually, by pure luck, I found a studio apartment in Bastille, the 11th arrondissement, for 450Euros all included a month. It came to my attention because a friend of mine living in Paris had been sending me any emails with any information on rooms that she knew of. I responded to one of the only ones in my price range, and it was perfect. Apart from the fact it was a studio so no roommates, it was just what I wanted. I have now been able to let her apartment for 4 months at an affordable rate with all bills included. On reflection it seems to me that the best way to find accommodation in Paris is to ask people who live there. There will always be someone in someone’s wider circle letting a room. Next time I move cities, this is what I will do.

For the first two months of placement I was on an old age psychiatry ward in a hospital called Corentin Celton in Issy-Les-Moulineaux, just south-east of central Paris. I was with another medical student called Sibylle who was extremely kind – she helped me with everything I needed to do during the day. I was allocated simple tasks such as examining patients, performing ECGs, measuring patients legs for anti-thrombotic stockings and completing psychiatric examinations. Additionally there were a lot of referrals to write and send, and phone calls to make, which I found extremely challenging at the start.

A typical day for me would be a 9am start and a handover from the night team, for about half an hour. Tasks would be flagged up from this handover for us to complete during the morning. If there was a new patient, there would be a full examination and Mini mental state exam, along with any other relevant assessments such as "the clock test", "5 mots de dubois" or others. An ECG and measurements for anti-thrombosis stockings were also likely to be required. The tasks were divided up between me and the other medical student and we would continue them until around 1pm when it was lunch time (every professional on the ward had a scheduled hour-long lunch break, every day).

The medical team on the ward consisted of 5 of us every day, with 2 other senior members of staff sometimes attending ward round and handovers. Of the permanent team members, the "Chef de Clinique" was the most experienced - a university and hospital employed trainee. In order to go into private practice in France you have to complete this training - a 2 year Chef de Clinique role. Underneath her were two junior trainees ("Internes") who had completed 1 and two years of post-graduate training each (this training is called "Internat"). Then below them were myself and the other medical student Sibylle.

Apart from our own individual daily tasks, each Monday was an extensive ward round in which everyone was invited to participate.

This placement was a morning-only placement, with free time to attend university lectures in the afternoon. The lectures took place centrally in Paris at the medical school.

There was a vast range of clinical conditions present in the patients on the ward. The most commonly seen conditions included depression, anxiety and dementia, however I also was exposed to patients with Bipolar Disorder, Schizophrenia, Panic Attacks, Suicide Attempts, Parkinson's and Parkinsonian syndromes, brain tumours and strokes and a range of other more basic medical conditions such as hypertension, diabetes, and cardiac conditions such as Atrial Fibrillation, heart failure and others.

There was a wide range of medications prescribed on this ward, however I became a lot more familiar with antipsychotics and antidepressants whilst there because of the frequency with which they are prescribed in these patients.

Each Wednesday there was a student teaching session from 9:30, and each Thursday a multidisciplinary team meeting which included team members from physiotherapy, nursing, medicine, social work, psychotherapy, and others.

One of the most interesting moments for me was the hour I spent in a family consultation. A 78 year old lady had been admitted after her and her terminally ill husband had attempted to commit suicide together. She was a lovely lady who was, considering her suicide attempt, seemingly content and logical. In the family interview she was present with her son. We were all there (6 members of an MDT team) to discuss the lady and her problems. However her son continually referred back to his father and his terminal illness, and how he was doing. It was obvious he was dealing with a lot in this situation. However what we needed to focus on was his mother and her future.

We spoke about what the patient and her husband had done, and she responded very breezily, agreeing with all the opinions of the psychiatrist. At the same time, she was clearly explaining her reasons for their suicide attempt: imminent loss of her husband and their life together. She was very logical in her explanation, and in fairness I could understand her reasons. So the psychiatrist eventually came to the question of whether she would do it again. She promised she wouldn't, and on the surface, with the family support her son eventually did show, and the team around her at the hospital, it seemed she was being cared for enough and on the way to recovery. However throughout the interview, when she spoke about the attempt, she twice said "we obviously didn't succeed the first time". Later after the interview the team sat and spoke about the interview, with each of us having noticed her choice of words - it was clear in her choice of words that she was planning to re-attempt the suicide - having not succeed the first time, they already had in mind their second attempt.

This I found ridiculously interesting. You can tell so much about someone by how they speak or act, even if with their words they are trying to conceal something. This placement taught me about the functioning of a ward, the tasks likely to be performed by juniors over in France, and gave me the opportunity to integrate into a team over 2 months.

For the final two months of the elective in Paris I was based at Hôpital Cochin, in their Adolescent Psychiatry building called Maison de Solenn. The first half of the placement was spent observing consultations with psychiatrists and their adolescent patients. Again a morning-only placement, a typical day started between 9 and 10, and consisted of observing adolescent psychiatry consultations with a different psychiatrist each day. Tuesdays, instead of normal adolescent psychiatry, I attended Transcultural Psychiatry sessions. During these, a young adult or teenager and their family would come in and sit with a MDT team to discuss their psychiatric issues. These sessions were reserved usually for refugees and immigrants recently entered into French culture and dealing with issues needing specialist attention relating to their cultural differences. This was extremely interesting for me. One family had come in after a couple decided to marry (a French man and a Senegalese woman), had a baby and then moved to France. The woman had undergone episodes of psychosis since she had come over and was sure her husband was cheating on her. This was particularly devastating for her because in her culture, for a woman to be cheated on, meant loss of all worth and destruction of community around her. Evidently she was now in a different culture where the norms dictate differently. The team were trying to understand her point of view, her cultural make up that had led her to believe what she did, and attempt to help her to get through it. She even brought her 2 year old son who was roaming round the room for the whole consultation - evidently another layer of responsibility for her and her husband, making everything a lot harder to cope with.

Each adolescent psychiatry case I saw when I was there was completely different. I saw Autism, Aggression, Eating Disorder, Borderline Personality Disorder, Psychosis, and children under the care of the psych team due to family disintegration/loss of parents. It was all very hard for me to deal with, let alone the psychiatrists and the children themselves.

The second part of the placement was spent on a closed ward for adolescents with psychiatric illness. Here the majority of patients were affected by an eating disorder, or depression and anxiety. There was a team of paediatricians and a team of psychiatrists looking after them. Each day would start with a handover from the night staff, and in a similar fashion, interviews and jobs took place throughout the day. However, here medical students were supernumerary and were not needed/even able to help with tasks. It was almost all observation. It was therefore a lot less engaging than the previous placement, however I learnt a lot about the specialty – about which I didn't know much before.

Both placements were unique and taught me about many different aspects of psychiatry.

Living in Paris for a semester was one of the best experiences of my life. It was so interesting to observe and participate in a completely different city and its culture. One thing that has stood out for me is how polite we are in Britain. There are a lot less airs and graces in Paris. If you're in the way you will be pushed, and if someone wants to shout at you, you will be shouted at. Workers' rights are much more respected in France. Your finishing time is 4? You finish at 4. Sometime before. You have a twenty minute allocated break? You will take that break because you're entitled to it. In customer service, there is no such thing as "service with a smile" – having worked in a restaurant part-time while I was in Paris, I have noticed how different this area is. I am the smileiest and most welcoming waitress in the restaurant – others preferring even to show disdain or disapproval to customers at the slightest sign of a demand. Food is served as it is described on the menu because "why should I change it? That's how it's served" – only begrudgingly are vegetarians, vegans and those with allergies accommodated. I think this links to the way workers' rights are enforced – if something is set up to be a certain way, it should be that way, and nothing less but also nothing more.

Interestingly there seem to be big differences between the health culture in the UK and in France. Firstly, from my experience in psychiatry, I would say that the French medical system is a lot better able to cope with its demands than the British, and therefore the staff are generally less stressed and less overworked, with a system of enforced breaks and hours of working. Whereas in the UK, everyone seems to be stressed, easily angered, overworked and required to work much longer than actually paid for. During my placements, doctors arrived at 9 and left at 5 (or whatever time they were supposed to finish) – with some exceptions obviously. On the whole a better work-life balance exists in the medical culture.

In thinking of how training differs, I have come to the conclusion that communication and examination/practical skills are better taught in the UK, whereas in France book-work is the focus. They do not undergo practical exams, like OSCEs, just written tests. This is evidently good for learning about disease and management, but bad for learning about how to interact with and examine patients. The student I was with wasn't able to place ECG leads, but could draw out the clotting cascade from memory.

During my 4 months in Paris my language level increased from B2 to C1 – with my reading and listening levels now sitting at C2, and grammar, vocab and phrase structure at B2. The most improved of these levels is my listening, which was at B2 when I first did the test. I am so pleased about my improvements. I have loved spending my time learning the language, speaking to as many people as I can in order to improve. Both my placements and my job have contributed to my improvement, which I want to continue with so am spending the next month in Paris working at my job. Speaking the language has been my favourite part of being in France. In particular my knowledge of idiomatic French and phrases used to sound more fluent such as the correct places use "alors", "quand même" etc has improved greatly and I find it much easier to express myself than ever before.

All in all this has been an amazing experience that I was looking forward to ever since starting the course. I have learnt lots about the language, culture, health system and about myself and how to live alone. In future I plan to complete the DALF C2 as soon as I can, and live in France longer in order to become even more fluent in the language, and potentially learn Spanish also.