

An Essay on European Studies

1) Why I chose to the European Studies

I chose to study Medicine with Spanish (European Studies) because I have always been passionate about studying languages and learning about other cultures. In sixth form, I studied A-levels in Spanish and French and then I went on to study Spanish and Portuguese at Oxford for my first degree. When I left Oxford, I worked for a multinational company (British Petroleum) and during that time I completed several assignments in Spain. Therefore, when I decided to study Medicine, I was immediately attracted to Manchester because of the opportunity to study Medicine together with European Studies and Spanish in particular.

Making a career change is always a difficult decision. The fact that I could continue to develop and improve my knowledge of Spanish whilst at the same time starting out in an entirely new field was both exciting and comforting. This allowed me the chance to study something new whilst also maintaining a degree of career consistency. I believe that the fact that I have this degree of continuity will be of use in the future. For instance, I have often considered a career in international medicine in an area such as European Public Health or the global pharmaceutical industry. It is clear that with a formal qualification in both Medicine and Languages I will make a strong candidate for both.

However, I did not only study Medicine and Spanish for purely career gain. I also have a profound interest in the Spanish culture and wanted to take every advantage of the opportunities to experience Medicine in a different operational and cultural environment. Furthermore, I was attracted by the opportunity to get to know Spain better whilst living and working in Madrid.

How I made the most of my time as a European Studies student

Language classes in Manchester were fun a most welcome break from the world of hospital medicine. Each week I used to really enjoy meeting my classmates who had come in from different sites. I always enjoyed participating in a good debate in Spanish about topics as diverse as ethics and religion to science and technology. Above all we would have a good laugh whilst learning new things.

In my third year I was lucky enough to be given the opportunity to study one of my PEP (Personal Excellence Pathway) projects in Madrid at the *Hospital Universitario de la Paz*. This not only helped my Spanish language skills, but it also helped the development of my medical practice. During the four weeks that I was in Madrid, I was able to learn many new and important skills. This was possible because I was able to use the knowledge of Spanish, which I had gained both at Manchester and in previous years, to play a fully functioning role in the medical team. In summary, my third year PEP project was not only a fantastic opportunity to have fun but it was also a time during which I made great progress both my medical skills and, in my understanding work in a new cultural environment.

The highlight of my European Studies programme was the semester that I spent in Spain after successfully completing my Exempting Examinations. Naturally, I had been looking forward to this from the outset of my time at medical school. Therefore, I gave careful thought as to how best I would use the time. To that end I reflected about what I wanted from the opportunity in order to make the most of it, both at the time and for my future medical career.

The first thing I had to decide was to which Spanish university I would go. I chose Madrid and the *Universidad Complutense* in particular, because when I had studied Spanish at Oxford, I noticed that all the authors of my prescribed text commentaries were academics at this famous and prestigious institution! It gave me great satisfaction to have attended the *Universidad Complutense* and send a postcard to my former tutor at Oxford reporting that I had been studying Medicine! Although I suspect he would rather I were studying Literature, I am sure he will have been pleased and surprised to see how useful my knowledge of Spanish has proved to be! (1: 699)

2) What was it like living in Madrid and working in the Hospital Universitario Gregorio Marañón?

About Madrid and its socio-cultural opportunities

Madrid is an excellent city in which to both live and work. With a number of art galleries and museums there were plenty of things to do on weekends. Situated on the meseta in the centre of Spain there is easy railway access to a number of nearby towns and cities. I made the most of this to make several weekend trips to places such as Toledo, Segovia, Avila, Aranjuez and even Barcelona.

Not being a lover of seafood but rather preferring meat and two veg, I found the Spanish cuisine challenging. In the end, I opted for preparing meals with flat-mates and making do with supermarket produce, as I struggled to find restaurants that suited my preferences. Fresh produce was similar in price to the UK, but there were less exotic fruits and vegetables on offer in the supermarkets – although there was a vast section of different tomatoes! Breakfast is not usually a big event for the Spanish people, so a pastry and coffee were common. In the evenings, there are plenty of tapas bars and Irish pubs in which to socialize and these places provide the happy backdrop to the picture of life in Spain for those on placement.

Finding a place to live

On arriving in Madrid I found it quite difficult to find an apartment. Things are not advertised as readily in Spain as they are here and, although I eventually found an excellent website called idealista.com it took some time complete the negotiations for a rental lease of just four months. Anyway, I soon came to realize that on my third year placement, I had really fallen on my feet when I had managed to find an apartment for a month within just two days of arriving! On that occasion I learned that it is important to live reasonably close to the hospital as long commutes in the morning rush hour are veritably exhausting!

However, by the end of the first week of my Erasmus semester I had found a room in a shared flat with four other people near to Conde de Casal underground station – just two stops away from the hospital which was in O'Donnell. I stayed in an apartment on Avenida del Mediterraneo, which was near to Parque del Retiro, a considerably large green open space in the centre of Madrid. It was useful to me to help me unwind by going for a run or taking a walk in the park after placement and on weekends. In the evenings and at weekends the Retiro comes alive with skaters, skateboarders, cyclists and runners on weekends with pop-up markets selling sweets and oddities.

About my placements and the university

During my hospital placements (Psychiatry, Ophthalmology, Anaesthetics, A&E) I travelled between two sites: The *Hospital Universitario Gregorio Marañón* and the *Instituto Oftálmico*. I rarely needed to visit the actual University site over at the *Ciudad Universitaria*, and that was only really for administrative reasons such as the signing of forms at the start and end of the placement. I found the Metro system to be a convenient and inexpensive way of travelling to and from the placement hospitals throughout the city.

The doctors I met in the placement hospitals were very friendly. Consequently placements were particularly useful when it came to asking them further questions about the quality of life of trainees and requirements for training programmes. It was great to discover more about life in Spain and better understand the challenges facing trainees. This is something I had little knowledge about before arriving and hopefully it will prove useful knowledge when I appraise potential future opportunities. (2: 610)

3) What did I learn on the placement about differences to UK hospitals and practice, differences with the UK medical training programmes and, the contrasting medical cultures?

Similarities and differences between the UK and Spain

On the whole the UK National Health Service and Spanish system are very similar in terms of the patient offer and institutional structures. However, there were a number of differences between the two systems, which became more evident during my time there.

The role of the doctor lies more in taking histories, examining, diagnosing, ordering investigations and formulating a management plan, which the nursing staff will then carry out. Doctors are far less likely to cannulate their patients or take their bloods. On the whole, minor medical skilled procedures are carried out by the nursing staff. I therefore had to be very proactive to seek out these experiences in order to develop myself in preparation for my first job as a junior doctor on FY 1 (Foundation Year One). The anaesthetists were all rather amused at my enthusiasm to be involved in placing cannulas in patients who were pre-surgery! Any UK student in Spain will have to be firm and express their need to practice skills very clearly to the Spanish staff – otherwise you will get no experience! However, once I had conveyed what I wanted to get out of the scheme, I found the other staff members were all too happy to assist me in finding suitable procedures for me to observe. This proactive attitude is indispensable and I hope to apply it in everyday medical practice on return to the UK.

A key difference in the Spanish healthcare system is the workload of the doctors. They are expected to work from 8am until 2pm without a lunch-break, but after this they are not timetabled for any further duties. I found this a very surprising and a covetable quality as a trainee doctor. In the afternoon, the doctors used their free time to study for speciality exams, sort out important administrative duties or enjoy some rest and relaxation. I think this makes the training journey

enjoyable and less stressful as time is easily managed and important things such as family life can still remain high priorities for the trainee doctor.

Comparing UK and Spanish post-graduate medical training

In terms of the training programme compared to the UK, it is far shorter, taking four years instead of eight or more. This has a huge advantage for mature persons who have entered Medicine later in life. A national examination called MIR (*Medico Interno Residente*) is taken to allow the doctor to become a 'resident' doctor or 'intern'. The exam syllabus is based on the entire medical and surgical course. The mark obtained allows for matching of potential trainees to their desired programme. Those who do not do well enough in the process, may not be matched to their preferred programme.

The potential downsides of this are that the trainees (and subsequent consultants) are paid less overall approximately €1000 per calendar month, lending them the term 'milleuristas' by the Spanish press. They can however supplement their income by on-call work which adds up to €800 per month. However, the obvious downsides for a UK resident are that such a low income would mean one would be struggling to save for a home, a car or, support a family comfortably.

As a speciality trainee, you remain on a single hospital site for four years. This could be excellent if you plan on starting a family and do not wish them to be uprooted every 6 months like the UK training system. However, it may not be as good, if you are a young person posted for four years to a cultural backwater. However, after training, one has the freedom to move anywhere within the European Economic Area after this (including our native UK).

Whilst talking to current Ophthalmology trainees in Madrid, I discovered that there was no such thing as a "reflective portfolio". Reflective pieces were not a requirement of their undergraduate or specialist training. Instead, personal responsibility for decisions was taken with self-reflection without the need for written 'evidence' of this. I found this to be refreshing and as a profession felt that doctors were treated as responsible adults who account for their actions. In my opinion, this may have been the one of the reasons why the training pathway was shorter. The residents did not need to focus their energies on completing and submitting reflective pieces in writing and instead could focus on learning the skills of their craft without distraction. But did this mean they were less responsible and adaptable to problematic situations arising on a day-to-day basis? From my discussions with the trainees, they were well aware of potential ethical issues and conscious of their responsibilities as doctors.

Contrasting medical cultures

Lastly, on meeting a number of hospital doctors in different speciality areas ranging from Ophthalmology to Psychiatry to Emergency Medicine, it became apparent that there were fewer internationally trained doctors. There were a number of Latin American doctors, but outside of the Spanish-speaking world very few. The barrier to this was most likely to be language. Within the UK NHS experience, there are doctors that originate from many different countries around the world due to the global influence of English as a language. Although Spanish is widely spoken, a contrast was still evident between Spain and the UK. Personally I feel that a more multicultural environment, aids the lifelong learning we carry out as doctors.

4) How you have gained from this experience?

Linguistic development

When I arrived in Madrid, I was excited to be back in Spain for the first time in two years. However, I was also apprehensive. This was because I had not lived and worked in a non-Anglophone environment for quite some time and therefore was worried that I would find the experience to be challenging. The first thing I did was The British Council Spanish Language Test. I was reassured to find that I had a C2 level of competence in all areas apart from one. This was heartening as it showed how well prepared I was and made me realize the Spanish classes which I had taken during my time at Manchester had maintained my linguistic competence.

Improved conversational Spanish

During my placement, I realized that I was learning how to communicate using a more colloquial and spontaneous form of Spanish. Listening to patients with a variety of different accents helped me to become accustomed to working with different forms of spoken Spanish. It is often said that when one is working in a foreign language, the grammar does not matter! This could not have been more further from the truth! I was extremely grateful that I both knew and understood how to conjugate the imperative and subjunctive forms of Spanish verbs. Whilst in clinics, it was absolutely essential for me to know how to address my patients using formal, informal, plural and singular forms of the verb, in order to communicate effectively, politely and spontaneously with the patient. Furthermore, I found that I was grateful for things that I had learnt such as the rich variety of Spanish idioms and phrases, which were useful in building rapport and understanding with both patients and staff. Knowing these turns of phrase also provided for many a light-hearted moment with my friends and colleagues. This was intercultural exchange at its best.

Use of specialist vocabulary 'Medical Spanish'

When I came to Manchester, I had no medical knowledge in English and less still in Spanish. The weekly language classes gave me a unique learning opportunity. The knowledge of medical Spanish that I gained was invaluable during my placements. It gave me the confidence to play a full and active role in the medical team. This was important as I needed to use my time in Spain as an essential part of my preparation for practice as a Foundation Doctor in the United Kingdom.

Inter-cultural understanding

Hot Spanish Topics: football and breakfast time

When I arrived in Spain, I realized that the operational culture in the Spanish health service would be different from that in the National Health Service. Obviously the language and cultural norms were different however; there were also other cultural challenges. For instance, I found the team dynamic to be a considerable novelty. There was greater conviviality in the workplace, as the doctors and the nurses would often start the day with a '*desayuno*,' which involved a group trip to the nearby café for a coffee and pastry. Unlike in the United Kingdom, there was a more informal and friendly atmosphere within the team itself. The staff would enjoy asking me about my experiences and in particular about my knowledge of football. This was usually the most difficult question that I was

asked on placement! I soon grasped that this was a very important question, to which there was no right answer! However, I have generally concluded that Spanish-speaking people enjoy conversation and friendly discussions more than people in this country. Sometimes I found this to be hard work as we did not always share common interests or more importantly support the same football team!

Living with Mexicans and Spanish people

Whilst on my Erasmus placement, my learning was not confined to just the hospital. In fact, much of what I learnt and experienced was at home. I was lucky because I lived in a flat with four other people and two of these people were Spanish speakers; one was Mexican and the other was Spanish. Fortunately the American girls, with whom I lived, were equally keen to improve their Spanish and so they even spoke Spanish to me! This provided for plenty of amusement! On one occasion whilst we were cooking, my American colleague asked me what the word for preservative was in Spanish, I told her it was most certainly not '*preservativo*', warning her that a salad with '*preservativos*' would not be to most Spanish-speakers liking! I certainly had lots of opportunities to discuss the different forms of Spanish spoken in Spain and Latin America with all four housemates. We spent many an hour together discussing the cultural differences between our respective languages and countries

Visiting towns nearby

Madrid has a wonderful position in the centre of the country, meaning that there are plenty of nearby cities and towns of historical significance to visit. I was keen to make the most of the opportunity and so made day trips to Segovia, Toledo, Avila, Aranjuez, Alcala de Henares and Barcelona. When I went to Toledo, I was particularly impressed by the beautiful medieval city that had originally served as the capital of Spain. In Segovia I had the novel experience of being served a suckling pig's head for lunch! Meanwhile, in Avila I saw some of the traditional influence of the Catholic Church in Spanish society. Together with my Spanish-speaking housemates, I particularly enjoyed my visit to Cotos, a Spanish mountain town near Madrid, where I was able to experience what a small Spanish spa town was like from a non-tourist perspective.

My ideas and future plans.

Reflecting on my career in general

The time that I have spent in Spain has been invaluable because it has opened my eyes to new training possibilities and alternative career paths outside of the National Health Service. I now understand how the Spanish medical training works and specifically what the steps are to gain the Spanish equivalent of a national training number. Furthermore, I have an appreciation of the advantages and drawbacks associated with training in Spain. The primary advantage is that I could complete a specialist training within four years. The obvious disadvantages are that I may have difficulties in returning to the United Kingdom if I wished to do so, upon completion of the four year residency programme. Nevertheless, I believe that returning to the United Kingdom in such circumstances would be possible and indeed, I now have a network of contacts as a result of my time in Spain. Many of these contacts are considering coming to the United Kingdom upon completion of their residencies. I will maintain these friendships and take a close interest in how

their careers develop with the aim of understanding more about how Spanish medical qualifications are convalidated by the National Health Service. In summary, if I were to decide to pursue a surgical specialty, I would give serious thought to completing the training in Spain.

Taking MIR exam in Foundation Years

Over the course of my foundation years, I will reflect on this carefully and will present myself as a candidate for the Spanish Speciality Placement Examination or MIR (*Medico Interno Residente*). I shall probably take this examination in my FY1 year in order to gain experience and understanding of the process and therefore fully appreciate how to make an informed decision at the end of my FY2 year. (4: 1,228)

5) Practical issues that future students on this placement should know about

I was very happy with my choice of university and placements. The *Universidad de Complutense de Madrid* starts its Semester a few days later than the other universities, which meant that I had a bit more time to find accommodation and sort out my organisation. This provided for some welcome relief from pressure after finals.

The placements were well organized and the only thing I would advise my successors to do, is to collect their '*carta de presentacion*' for each placement at the very start of their time in Spain from the *Pabellon de Gobierno*. By the same token I strongly advise that students type up, print off and ask their supervisors to sign a '*carta de recomendacion*' as a way attesting for posterity what they have done. In other words this is a good investment for a meaningful portfolio of experience!

It is also advisable to collect all the required signatures and paperwork at least one week before leaving Spain. Overall, the placement staff and supervisors are very obliging. However, they do not always attach the same importance to bureaucracy as is the case in the United Kingdom. This has the advantage of making sign-offs a more relaxed affair. However, one must be persistent in ensuring that they assign time to do this well in advance.

Useful Contact for future students

Idealista.com (An accommodation website)

(5: 226)

Running Total: 3743/3500 words

Including Titles etc