

End of placement report - Finally, just a reminder that your Upon your return to Manchester, you are required to complete a report about your experiences in Europe, which will be filed so that future students can read and benefit from it. The report should be written in English, be 3500 words in length and be submitted electronically to the European Studies Coordinator by no later than on 27th May 2016.

It should cover the following areas:

Why you chose to study on the European Studies programme.●

The European option programme at Manchester medical school was one of the main reasons I was attracted to the medical course at Manchester. I have been brought up bilingually at both French and English schools so the idea of being able to continue French language whilst doing a course as intense as medicine was a real bonus. On top of being able to study language, through-out the degree, I found the idea of being able to do SSCs in both 3rd and 4th year, as well as this final Erasmus block very appealing.

Throughout my 5 years at medical school I managed to spend one student selected component in Paris for a month in 3rd year, a month in Geneva in 4th year and now this final 4 months in Lyon in 5th year.

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

I completed my Erasmus exchange in Lyon. Lyon is France's second city and has a large student population. It is generally seen as much more laid back than Paris, and with slightly warmer weather. The city is based along two rivers that converge to the south of the city and a peninsula of land in between the rivers called the 'Presque isle' that is sort of the centre of town. All along the rivers there are weekly markets and boats that are restaurants and bars, particularly when it is sunny outside. The city feels like it is predominantly full of 20 and 30 year olds who hang out on the boats and delicious wine bars where you can get these big 'planches' of bread, cheese and charcuterie. The city has the most beautiful parc called the Parc de la Tete d'Or, which has a lake in it that you can take boats out to, a botanical gardens and a free zoo. There is also an eclectic collection of museums, most of which you can go to for free once you have bought a 7 euro student pass (valid for the year)

The city is very small, at least the centre is. Apart from traveling to the hospitals, which tend to be a bit further out there was really very little need to

use the metro/bus/tram, regardless of where you live. I joined the Velov bike system, which only costs 15 euros for the year and gives you access to a bike to use for an hour- at which point you can swap to get another if you need to. The metro pass is also very affordable, at 30 euros a month for a student. I bought one for my first three months but by May the weather was so nice I didn't buy one and cycled to hospital every day.

Most weekends I spent exploring much of the city, the old town has famous 'traboules', which are these pretty tunnels within and underneath the buildings that were used for transporting silk down to the river. I spent a lot of time sitting and reading in French cafes and visiting the collection of museums that Lyon offers: such as the printing museum, puppet museums, national museums, and history museums. Lyon has a really fun electronic music scene, with lots of famous producers and DJs coming to put on nights so if that is your scene I would definitely recommend going to Lyon. Many of the clubs and bars you have to become 'members' of, and you get a membership card by signing up online. The idea is to generate a community within the venues, which I found brought a really nice and friendly atmosphere. I love going to any sort of market and I managed to find one of the most extensive flea markets in the outskirts of the city (but cycling distance), which took up quite a few of my Sunday mornings. Another good thing I would recommend to invest in is a 'passe culture' which you can get from the university. It costs 16 euros and gives you 4 free tickets to a long list of cultural events that are on, stretching from opera, to dance, to classical music, theatre or the cinema. It works out that you are essentially buying tickets for 4 euros for each event. Although I can't say I was particularly overwhelmed by the opera I went to see, it was in Lyon's famous opera house so it was a fun experience anyway. I also spent one of my tickets buying a ticket to an event at the electronic music festival in early May 'nuits sonores'. Once it gets a bit warmer, the city really comes into its own... There is a nice 50m outdoor pool by the Rhone (one of the rivers) that is definitely worth a trip.

I went on a few weekend trips whilst I was in Lyon. It is a close enough distance to go skiing for the day if you get an early bus up to the Alps and then one back down once all the lifts shut. I was able to go on a few weekend skiing trips by train and also took a trip to Barcelona, which is only 4.5 hours by train or an hour by flight.

The placements I did were in psychiatry, infectious diseases and in paediatrics (respiratory).

My first placement in psychiatry was in 'Le Vinatier' which I was told is the biggest psychiatric hospital in France. It is to the east of the city. It has large grounds and is a collection of smaller buildings that make up a big complex. It is centered around a church and was the definitely the nicest looking psychiatric hospital I have ever seen. I was placed on a really interesting department there. I was on the treatment resistant depression ward. I found that it was a good placement to start on as psychiatry obviously involves a lot of talking so I managed to learn a lot of French during the first 5 weeks. Each morning was spent at the handover, followed by the ward round in the consultant's office. When there was a new patient I had to go and clerke them in medically and do a full physical examination, in order to complete their care package. This was interesting for me as it meant that I was still able to carry out physical examinations, particularly neurological examinations (with interesting findings due side effects of drugs and ECT). One of the more memorable work-ups during my time in this department was a patient with treatment resistant depression that had recently started ECT. This had led him to become less inhibited physically. As a result he had run away from the ward in order to try to commit suicide. He had thankfully been tracked and brought safely back to the ward by the police. I learnt that this disinhibition is a dangerous side-effect of ECT and for that reason patients need close monitoring during the first few weeks of starting treatment. It was interesting to be involved in his follow up and see how assessing risk of future suicide attempts is managed in France, as it isn't quite the same as in the UK.

My next placement was at the Hopital de la Croix-Rousse in Infectious Disease. This hospital is in to the north of the city, on top of the Croix-Rousse hill. The area is very beautiful and has lots of pretty old buildings and boutiques. The placement itself was good but very hectic. I spent the first three weeks in the outpatient department where we (the students) would see new patients to take a history and carry out examinations followed by reading through their folder to find out a bit of what had been going on. Patients tended to arrive at hospital with all their old letters from previous hospitals including any scans and X-rays (unless of course the patient has been seen at the current hospital). It could therefore take a bit of time to piece together the whole story. During the mornings we often spent time ringing hospitals where patients had been previously admitted to ask for me information and results etc. We would then present everything we had found out to a more senior doctor and then would go and see the patient together and make a management plan.

If there were no new patients then we had the opportunity to go and sit in clinics with the consultants. I sat in a few HIV clinics, some hepatitis clinics

and some general infectious disease clinics. I found this interesting, as I am particularly interested in infectious disease. The only downside to sitting in clinics however was that although apart from occasionally taking someone's blood pressure, there wasn't a lot for students to do.

For the next three weeks of this placement I was placed in one of the infectious disease wards. This was a very hectic ward with incredibly sick and complicated patients. We were three students and we would divide the 10-15 patients between us and each be responsible for checking up on them everyday, following their blood results and organizing scans and making phone calls to other departments. This was of course supervised by more senior doctors who came up with management plans and told us what to do. There were also twice weekly ward rounds that lasted from 8.30 to 14.00. I often did not leave the ward until 19.00. I really grew a lot in confidence during my three weeks on this placement because I was completely thrown into the deep end. I saw some rare and interesting things such as a PCP infection in a patient with HIV/AIDS, lots of treatment resistant tuberculosis, a man with cerebral cysticosis, toxic shock syndrome and various joint and joint replacement infections. Everyone was very friendly and the other students were really supportive when I felt uncomfortable doing something. We also had teaching every Wednesday morning from 8-9 and occasionally had teaching with the doctors on the ward. I would definitely recommend this placement if you are interested in infectious disease or complex medicine.

My final placement was in paediatrics, on a respiratory ward at the Hopital Femme Mere Enfant. I think this was my favorite placement. This was mainly because all the team were so friendly. On this ward we were five students that divided around 10 patients between us and went and saw our respective patients each morning with the senior doctors. We would then right up in the notes any examinations we had done and future management plans. Again, we were then responsible for ordering any future tests and examinations for the patients. It was interesting to be on such a specialized tertiary unit and I learnt a lot about cystic fibrosis, TB, pneumonia and use of non-invasive ventilation in children. I also learnt about lots of investigations that I had never heard of such as the various sleep studies for monitoring saturations and respiration. All the doctors on this ward were incredible friendly. We only had placement from 8.30- 13pm everyday, which was nice as it gave me time to go and explore Lyon in the May sunshine. We had teaching on average about 2-3 times a week from 8-9, which I found useful. During the Thursday ward round with the 'chef', it was the students that presented our respective patients to the team. This was incredibly nerve racking at first, particularly as you tended to be asked lots of

questions about their particular pathophysiologies etc but it was also a great learning opportunity. Again, I would definitely recommend this placement.

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.●

I learnt a lot about the differences between the French and UK medical systems during my time in Lyon. For a start french medical students train for 6 years. They are constantly ranked against each other right from the beginning of medical school as the outcomes of their term time exams determines the placements that they are able to do from the beginning of their clinical years (ie the student who does the best in their exams gets first choice of their placement each term). Then at the end they sit a big 'concours', which last around 6 days and the results of which determines their rank. In national order they are able to pick their specialty and location.

From chatting to the students I came into contact with I was explained that through-out medical school they have very little centralized teaching, and are rarely taught in smaller groups such as PBL sessions. They are expected to work through each of the specialties using reference textbooks and without much guidance from their school. Their exams are 100% multiple choice (on ipads) and they do not sit any practical assessments such as OSCEs.

Once they finish medical school they become 'internes' and then only work in the specialty of their choice. This means the internes on my paediatric placement will have only done paediatrics since the day they finished medical school. Although I'm sure this has advantages for many people if they are very sure of the specialty that they would like to pursue, it seems shame to have to narrow down so quickly.

The medical culture is also quite different in Lyon compared to the UK. On the whole I have found all the medical teams incredibly friendly towards me. I couldn't help but notice however that there was a lot less pressure placed on communication skills compared to us at Manchester Medical School. From speaking to the students I found that they have no formal training in it.

A major difference between myself and the French students (that actually the professor on my pediatric ward remarked to me) is that in France, the medical students and doctors are much less trained using guidelines. In the UK, we are often taught ways to approach patients (using A-E approach or use mnemonics such as 0-SHIT for acute asthma attacks : oxygen, salbutamol, hydrocortisone

etc) . I find these mnemonics incredible helpful and they are a way to make sure that you remember the absolute basics of what needs to be done. It is also not uncommon, particularly in A+E departments in the UK but also other departments to use NICE or local reference guidelines to check that the right diagnosis is being made or treatment has been started. In the UK we also use the BNF for everything prescribing related. From my experience in France, no such reference points are consulted, at least certainly not to the same extent. More often than not they simply ask senior colleagues about dosing for drugs and they explained that they are taught to approach patients 'with a more open mind' and therefore do not use guidelines in the way we do. I couldn't help but wonder if perhaps this comes down to the fact that the NHS is a free service and the medical ethical code of 'justice' must be applied where the distribution of resources must be fair. In France they have no such issues as patients are for the most part, paying customers (through their insurance companies).

It was interesting to note that occasionally different illnesses 'existed' only because of the way that we frame them. What is considered one thing in France might not have been treated as the same in the UK. For example on my paediatric respiratory ward many of the children that came in with respiratory distress most likely due to seasonal respiratory viruses were diagnosed with childhood asthma and started on full asthma treatment including B-2 agonists and corticosteroids and sent home with a diagnosis of asthma . I was very confused by this as I had always been taught that it is difficult to diagnose asthma in an under 5 year old. However in a teaching session with the chef of the department he explained to me that this is something that the French and British have been in disagreement over for many years! They also do not prescribe long acting B-2 agonists to children whereas our under 5 year old guidelines indicate to.

Other differences that were obvious when comparing the healthcare systems is the presence of the 'assistant social' on each ward in order to determine how a patient is going to be paying for their stay in France. From what I understood healthcare is usually paid through an insurance company unless you are in the lowest income bracket, in which case the government pays for your health care. On my placement in Infectious Disease there was a patient who was raped and 36 weeks pregnant who had only just been diagnosed with HIV. Because she had only just arrived in France and did not have legal status they were going to let her stay on the ward until she had the baby but at that point she was explained that she would be 'on the street' as they couldn't keep her. Although that is probably the most extreme and saddest case it just demonstrates that there is a definite difference in the way that healthcare is not at all a 'free'

service in France. Although I know that the NHS is only free at the point of care on the basis that you pay taxes, the facilities aren't in place to the same extent to identify such patients and remove them from the hospital.

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 have gained a lot from this experience. I have loved exploring a new city, and really come to think that I would be happy living in Lyon forever! I don't know how the laws work down the line for UK qualified and trained doctors to move to France but it is definitely a possibility that I would consider, if at all possible particularly given the current state of our NHS + government dispute over contracts!

I feel my French has improved considerably. By the end of the placements I was happy doing all the jobs of a French medical student. I have also been able to make some nice friends to spend time practicing social French with too.

My future plans have always been to move out of the UK and this four month block, plus my other two in Paris and Geneva, have only highlighted this to me even more. I love being immersed in different places and constantly changing my environment. Particularly as I never grew up in the UK it has always been difficult for me to imagine spending the rest of my working life living there. Something that I have always wanted to do is go on missions with '*Medicins Sans Frontier*' or other similar organizations such as the '*International Committee of the Red Cross*'. I am sure that being fluent in French can only be a major bonus for applying for jobs such as these.

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

Finding accommodation was tricky in Lyon. There are a few good 'collocation' websites (such as 'le bon coin') for finding room shares in flats with other students. French university students tend to just move to their closest university town and a lot of them end up living at home. There is definitely much less of a culture for students to move into flats and houses with each other, however it does happen. With the stress of finals in January, you don't want to be putting too much pressure on yourself to find somewhere if you can't find anything online. I couldn't find anywhere before I came so I booked an Airbnb for the first 2 weeks from my arrival as a panic during the Christmas holidays. I ended up being really lucky as a friend had met some Lyon students and he had

offered to post an add that I wrote on a facebook group for me and I got contacted by a girl who is doing a PhD and wanted to rent her flat for a few months whilst she was away for her fieldwork. I really lucked out as it was a really nice flat that I shared with my boyfriend who moved out with me. I lived in Saxe Gambetta.

Another thing I would say is that getting a part time job in Lyon proved to be really difficult. I tried quite hard during my first month here to get a waitressing/café/bar job with no luck. I think the culture is very different in those sorts of industries in France as they tend to be more full time jobs and less seasonal. Employees were not interested if you could not guarantee that you could work for at least a year.

Other practical tips: a French phone is sort of indispensable so you will want to get one. I considered opening a French bank account with Credid Agricole but was told it would need to be active for at least 6 months so didn't in the end. They also explained to me that without a french income I would get charged to transfer money from my UK student account into the french one anyways... (they explained that this would probably more than the charges of just getting money out). In the end I just tended to take fairly large amounts of money out from cash-points in one go and then keep it all at home.

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