
Nantes

MBChB with European Option – Erasmus Report

29th January – 18th May 2018

Winter evening's view of Hôtel Dieu



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Motivation

My motivation to study on the programme was simple—I had studied French for a period of 7 years throughout high school, and felt that my linguistic skills had begun to deteriorate once I had begun university. I also have interests in pursuing global health work or collaborating internationally during my career, and feel that professional multilingualism can only be beneficial. This is particularly so as French is the lingua franca across the large *francophone* world and a working knowledge is useful for certain non-governmental organisations, notably the *World Health Organisation* and *Médecins sans Frontières*.

At the time, I did not completely understand the implications of accepting a place on the programme—a commitment to weekly evening lessons during Years 3 and 4, sitting two certified external examinations (DFP Français Médical B2, DALF C1), and above all, actually commencing on my ‘stages’ in France. Frankly, my French was below average. Fear not if you recognise yourself in this—through a combination of luck and sheer persistence in practicing for the DELF (using various resources from classes and online) in the weeks preceding the exam, I managed to pass these assessments on first attempt. These experiences, overall, have pushed me outside of my comfort zones and been instrumental in a personal sense. I have derived great satisfaction from learning a second language and will continue to persist with French.

Whilst the curriculum was useful in retrospect—particularly for learning basic vocabulary—nothing had quite prepared me for the challenge of actually testing both my linguistic and knowledge capacities in a fast-paced foreign working context. This was a fully immersive experience outside of the protective atmosphere of a classroom. Having never previously been in France, to anyone who asks, my most authentic lessons began during *Erasmus*. And whilst I found previous reports useful to refer to, I would advise future students not to read these prescriptively, including this one. Come to Nantes, face your own challenges, make your own discoveries, and create your own experience—this, by far, is more exciting.

Preparing for Erasmus

There is paperwork to be done. The university's international exchange office sends out consistent reminders and pieces of guidance. Complete everything accurately, step-by-step, and as it comes. We submitted our documents to Université de Nantes around October prior to the exchange.

What takes the most time is the *Learning Agreement* or *Contrat d'études*. This is a standardised form used by all Erasmus programmes, and must be downloaded from the **University of Manchester's** website and completed in collaboration with the coordinator of the programme at the host university (in our case, Hélène Lamy-Billaud). **Use the guidance on myPlacement**—everything is explained if you look properly. We emailed Hélène in advance with a list of our preferred specialties. She responded with what was feasible, and as an aspiring medic, I was more than content with my final selection: *Néphrologie* (Renal), *Neurologie* (Neurology), *Cardiologie* (Cardiology) and *Urgences* (A&E). The benefit of coming here is you will have an opportunity to do 4 different placements, which keeps things quite varied and interesting, whereas many of our colleagues in other areas of France had two 8-week placements.

I knew I had been allocated to Nantes in the spring prior to my elective year, and did not find myself having to dedicate additional time to making choices and arrangements. As the elective is pre-arranged, this alleviates anxieties related to electives planning other students will be experiencing. As an international student, however, I had to apply for a long-stay study visa, and booked my appointment in London two weeks prior to the start of finals and four weeks prior to departure. Visa fees are waived for *Erasmus* students, and the cost was approximately £40 in total for administration and delivery of the passport.

I received the first instalment of the Erasmus+ grant in the 4th week of the elective; this is a great help, and receipt is contingent on submission of the necessary paperwork. I also ensured I gave adequate leave of notice to my landlords for my accommodation in Salford. I lived in a house-share and this was not difficult, but depending on your circumstances, you may need to locate a tenant to replace you.

Arriving in Nantes

I booked my flight about 3 weeks beforehand, and paid just over £100 for a single 5-hour journey via Belgium, booked directly with Brussel Airlines. There are several possibilities with regards to stop-overs, and this was the most economic option at the time. There is also a direct flight from Manchester available with *Flybe* twice a week at the time of writing.

I booked the same flight to Nantes as the other student coming—at the time of writing, two students are sent to Nantes annually. Whilst we did not know each other well beforehand, we found that traveling together by happenstance put us at ease; and so, I found myself arriving in Nantes with a friend. We arrived the Sunday night prior to the *stage* beginning on Monday. Neither of us had elected for the city as our first choice, and both ultimately agreed that its vibrancy, quirkiness, and beauty, came as pleasant surprises. As an additional plus, the cost of living in Nantes is less.

We took the €9 *Navette Aeroport* bus which took us directly into the centre of the city, *Commerce*, in about 20 minutes, before parting to our respective accommodations.

Alternatively, you can also take Bus 48 outside the airport to Marcel Paul, which is a stop at the end of tram line 3, and then a tram directly into the city. This costs approximately €2.



View from the airplane arriving in Nantes

Living in Nantes

Accommodation

I decided to live in an AirBnB, and took a room in the household of a Nantaise family. I lived with a working couple who had two young children (aged 2 and 4) and a friendly cat in a district called Longchamps, which is a 15-minute bus ride from the centre. I had a large, comfortable room, and paid £300 per month (all expenses-included, including AirBnB fees). I was content with this arrangement as all finances were handled virtually and I largely followed family routines. This also gave me an address I could use for my visa application. I booked it just under 3 months prior to arrival; it required 1 month's worth of rent as deposit, with the rest paid through monthly direct debits.

Communication was initially quite awkward, but as my French improved, we began to have longer and more personal conversations about our respective lives, and they could offer me any practical advice I needed, as well as tell me about Nantes and the surrounding region. They were a superb family.



Map of tramlines

My friend stayed in CROUS university accommodation, which is altogether cheaper and closer to the centre, but lacks amenities such as bedding and cutlery. If you wish to, you only need to indicate this on the form when submitting your initial documents to Nantes, which we did in October. These are small en-suite units that resemble university accommodation in the U.K. Most *Erasmus* students will take university accommodation. Bear in mind that rules within the accommodation can be strict, with restrictions on noise and cooking times.

Commuting

Nantes is easily commutable, and well-connected by a singular network of trams and buses called the TAN, which radiates out from its centre, *Commerce*. The 'Itinéraire' on its web and mobile applications can help you plan journeys. I like cycling, but preferred taking the *TAN* on account of its efficiency and weather.



TAN network tram – don't forget to compost your ticket!



Bicloo cycles outside Hôtel-Dieu

When the weather became dryer and beautiful in March and April, I would have used the Bicloo (the cycling network) had I lived particularly close to a stop. It is very good value for money.

I obtained a monthly young person's pass at the TAN office in *Commerce* (€39 per month). This permitted me unlimited use of the network, and was used extensively for commuting and leisure.

Arrival paperwork

In the first week of your arrival, you have to present yourself to the university's Guichet Unique which is set up for all in-coming international students to complete simple administration, and then meet H       Lamy-Billaud (the international exchanges coordinator) in her office at the medical school's *Facult  * building to receive your student card and sign off your Confirmation of Arrival form. Both are within 5 minutes' distance of H       Dieu; we therefore completed these administrative tasks on the afternoon after our first wards rounds on Monday.

H       should email you in advance with reporting instructions for your first stage, and you should see her monthly to receive those for the following placement. She will also give you a *Fiche Hospitali    * to get signed off for Universit   de Nantes, which you can get signed off along with Manchester's e-form by any consultant at the end of the placement (like for our usual placements).

Leisure



Relaxing by the Erdre on a sunny day

In terms of sports and exercise, I like running and walking, so spent considerable time exploring various parks of the city (*Proc  , Gaudini    , Beaujoire, Ch      , Jardin de Plantes*). It is possible to register with the sports centre as well for approximately   60, which gives you unlimited access to classes or facilities for two chosen activities. You need to go onto campus, at the tram stop *Facult  s*, to do this. The weather was initially wet, like in Manchester, but a few degrees warmer, and became dryer and very beautiful from March onwards.

I made a small group of friends—mainly Erasmus students who also spoke both English and French—and began leading a different life. I initially contacted students via an Erasmus Facebook group. There is also the Exchange Students Network (ESN) that hosts many events.

I explored everything! I visited almost every museum (*Arts, History, Jules Verne, Printing*). Of course, I admired the walking elephant many times (*'Machines d'île'*). I went to café-concerts in Nantes' many bars. I regularly watched independent international films at Cinéma Katorza. We visited one of France's largest natural lakes only 20 minutes from the city, *Lac de Grand Lieu*, and a nearby fishing village, *Trentemoult*. We had coffee by the riverside *Erdre*. My life post-finals, free of intensive study commitments, became relaxed and more balanced. However, it was not easy to begin with, particularly after leaving Manchester on a post-finals 'high'.



View of the sea from Le Croisic

After a few weeks, Nantes will seem small, and you will definitely want to see more of France. I went on several trips—to Lyon, to Paris, but above all else, many times to the Atlantic coast, or as the French say, *'La Bord de La Mer'*. The strong maritime influence is what makes *Erasmus in Nantes* unique. We tried to explore more of *Pays de La Loire*, and took trains to *Pornic*, *St. Nazaire*, and *Le Croisic*. I also visited *La Rochelle* and *île d'Oléron*. We ate mussels and galettes. The coast is an absolute must, and seaside day trips represent a treasure trove of discoveries.

I will say no more, but leave you to chart your own path—recommendations are listed on the websites linked to at the bottom of this report.

Traveling around France is mainly achieved by train, coach, or car-sharing ('co-voiturage'). Both train and coach tickets on trains can be bought from [Trainline.EU](https://www.trainline.eu), in advance and inexpensively. [LILA buses](https://www.lila-buses.com), which are dirt-cheap, and regularly go to the coast from Nantes, are not listed on Trainline searches, but timetables can be found online. By far the least expensive means of long-distance travel is by co-voiturage, mainly via [BlaBlaCar](https://www.bla-bla-car.com), which is used extensively in France. Journeys in and out of Nantes are available to most conceivable destinations. I booked one journey via BlaBlaCar, and loved it.

There is always something going on; Ville de Nantes' [official website](https://www.ville-nantes.fr), as well as the Loire-Atlantique [tourist website](https://www.loire-atlantique.fr), are excellent resources for planning.



Map of the 'Pays de La Loire' region, which we explored

Working in Nantes



Hospital corridor in Laennec

Working life first arrived as a shock primarily due to the language barrier. My French had not been tested or employed for nearly half a year in the run-up to finals; secondly, its application in a fast-paced environment outstripped even my best capabilities. Anyone speaking to you will initially presume fluency and a working knowledge of the hospital's processes, and then, few can translate into English words you cannot find meanings for. I found myself struggling to find the translations for the simplest of words, such as stamps and staplers. Even the computer keyboards ('*clavier*') are arranged differently.

Nevertheless, losing my capabilities and sense of autonomy to begin with was not easy. Despite having passed finals, I found myself lacking confidence and often struggling to retrieve words and ideas. I would advise you to be gentle upon yourself during your first weeks as you orient yourself to the vocabulary and the system. Some technical terms will bear almost no resemblance to their English counterparts (for example, 'reciprocal change' on an ECG is described as '*signe de miroir*' in French). During my first stage, I could feel quite lonely—I would take a rest from speaking and thinking in French for the duration of my long lunch breaks wandering around *Commerce*, especially as I found it hard to follow social French and conversations between *externes*.

You will be expected to adopt the role of the *externe*, and as such, you may be participating in patient care. Each *externe* is typically attached to an *interne*, *secteur*, and *chef*, and therefore forms part of a clinical team for the duration of their *stage*. The level of involvement varies with placement. During my placement in renal medicine, for example, I became well-integrated into the team and borrowed heavily from my experience on student assistantship. I found myself reading patient notes in advance, preparing folders for ward rounds, clerking patients independently, making phone calls, and writing job lists. None of this was easy, and it took me much longer than it normally would. Through trial-and-error, copying the French students and interns, and reading how history and examination findings were written, everything became easier. My life became an endless whirl of handover sheets.



Entrance ramp to Hôtel Dieu

Younger medical students may be present on the service, and you will find yourself well-placed to do some teaching. They attended ward rounds on an almost daily basis in both Cardiology and Neurology, and I was deeply impressed by the culture of teaching that exists between their medical students. I found that the simplicity of my explanations was perfectly adapted for and appreciated by this audience over many ward rounds, and teaching certainly helped my French.

You will be wearing a white coat (*'blouse blanche'*) which extends to your elbows and knees. Beneath this, you can wear normal and not necessarily formal clothes. These are meant to be obtained from the laundry department, and then kept for the duration of your placements. For girls—Frenchwomen sport long, beautiful, earrings, and this appears to not contradict everyday clinical dress codes! By my 3rd placement, I also began wearing long earrings...

Your hospital card, an identity card bearing your name next to the title *'Stagiaire'*, will have to be obtained from the *Gestation d'Accès de Professionnels*, which can be found on the first floor above the *Accueil* at Hôtel Dieu. This is imperative, as it allows you to access all computers, electronic patient records, and will also be your means of paying in the hospital restaurants. The card can be topped up online at <https://e-self.chu-nantes.fr>. I bought a hot lunch and coffee for €3.50 per day.

Ensure you obtain authorisation to access the I.T. system as quickly as possible so you can get involved. The simplest way to achieve this is to speak to the Cadre (Secretary) of your first service, who will put in a request for you to access the programme, as well as be able to sort out any physical access to the service you may require.

Everything in Nantes is prescribed on a programme referred to as *Millenium* (PowerChart Prod), including, in addition to medications, medical procedures (*actes médicaux*), food / fluid regimes (*alimentations et régimes*), nursing tasks (*soins techniques*), and physiotherapy (*soins de re-éducation*). The doctor, ultimately, coordinates the requirement for each on a fundamental level, prescribing down to the minutiae of *faire-boire* ('encourage to drink').



Evenings on the streets outside Hôtel Dieu, near Place Royale & Commerce

Laennec is outside of the city, in suburban Nantes in a town called St. Herblain. It took me 50 minutes to commute door-to-door from my house, using a combination of bus and tram. As the TAN runs like clockwork, this was not problematic, and I appreciated the tranquillity of the commute. Without the option to wander around *Commerce*, I began having lunch with my colleagues in the restaurant for the first time. French students habitually sit together everyday for an hour over lunch everyday, swapping stories from their various services.

Your placements are likely to be based at one of two hospitals encompassed within CHU Nantes—Hôtel Dieu or Hôpital Laennec (Nord). Hôtel Dieu is very central, easily accessible and well-located to cafés and restaurants, whilst Laennec requires about an hour of commuting each way. These are old and steeped in history; notably, Laennec was the inventor of the stethoscope. The services at both hospital are tertiary, and therefore receive some very interesting cases.



Arriving in the morning at Internat Laennec

Externes

There are approximately 250 medical students per year at Université de Nantes. Following 3 preclinical years, they become *externes* for a period of 3 clinical years. Their year group (or '*promotion*') is divided into two, and they alternate between 1 month of placement and 1 month of lectures. They also have 2 months of *stage*, which are self-selected and allocated based on their rankings, during the summer. For my first 3 placements, I was with 4th-year students, and then with 5th-years in *Urgences* in May.

They receive a small salary for their work as *externes* (not available to *Erasmus* students), and are obligated to remain on the wards until whenever their *internes* inform them they can leave—which varies from service to service—as well as do a certain number of on-calls in specific services ('*gardes*'). *Externes* are the first to see new admissions to the ward and write up an initial assessment, which is verified and expounded upon by the *internes*. These present strong learning opportunities (and are good for the portfolio).

At the end of their clinical years, the externes sit a national exam called the *Examen Clinique Nationale* (ECN), which determines their regional allocations and specialty. Because such an important decision rests on the outcome of one exam, this clearly invokes a degree of competition between students, and in the lead-up to exams, they often rush home to '*bosses*' (revise).

The curriculum for the exam is nationally standardised, with specific themes, learning outcomes and standardised notes and materials. Out of curiosity, I downloaded the notes for my placement specialties. These can be found online—and I found them extremely useful as learning resources, and also helpful for improving my medical French. I aimed to complete a reading of each chapter during each stage, in order to stall the inevitable knowledge decay post-finals.

Internes

The junior doctors, like in the U.K., are the engines of the hospital. Their dedication, just like in the U.K., was my inspiration—I found that they came to appreciate my presence, questions, and efforts—and inadvertently became my mentors in the lead-up to starting a Foundation job.

Their standard working hours span from 9 a.m. until 6 p.m. daily, although they often stay later to complete their work before handing over to the intern on-call (*de garde*) for the night or weekend. They have extraordinary responsibility and make a significant number of clinical decisions on a regular basis, generally operating at CT1/CT2 level. They can be found, quite often, leading ward rounds or in front of their computers, dictating notes and discharge letters. My favourite relationships were invariably with interns, and I learnt a lot from them in terms of how to run a ward, write clinical notes, and prescribe.

Important vocabulary

Terms that you may not intuitively understand or learn in <i>Medical French</i>	
La visite	Ward round
Les constantes	Vital signs
Feuille de surveillance	Observation chart
Transmissions	Handover
Staff/Réunion	MDT/meeting
Dossier	Patients' file containing relevant documentation
Rien à signaler (RAS)	No abnormalities detected (NAD)
Retour à domicile (RAD)/une sortie	Discharge
Observation	Clerking
Compte-rendu/synthèse	Discharge summary
Mutable	Transferable
Consultation	Outpatients'
Rendez-vous	Consultation
Service	Department/specialty

Terms that you may not intuitively understand or learn in *Medical French*

Secteur	Subsection of the <i>service</i>
Stage	Placement
Externe	Medical student in clinical phase
Missions	Tasks delegated to the externes
Entrée	New admission to the service
Interne (Médecin)	Doctor
Chef de clinique (Docteur)	Senior Registrar
Praticien hospitalier (Docteur)	Consultant
Chef de Service	Clinical Lead
Cadre du Service	Secretary
Signes fonctionnelles	Symptoms
Signes physiques	Signs
Dégradation de l'état général (DAG)	Degradation of general state, a presenting complaint which encompasses 3 elements: <i>asthénie</i> (fatigue), <i>anorexie</i> (loss of appetite) and <i>amaigrissement</i> (weight loss)
Sur le plan...	From the point-of-view of... e.g. <i>sur le plan cardiologique</i>
La prise en charge	Management
Syndrome inflammatoire	Raised white cell count and CRP
Déglobulisation	Drop in haemoglobin
'Permettez-moi de vous découvrir...'	'Allow me to gain exposure'

Stage 1 – Renal (Néphrologie)

The first placement will be your most nerve-wracking. I was lucky to start in the renal department at Hôtel Dieu. Thankfully, due to the kindness, patience and understanding of my medical team, I made significant progress, developed good relationships, and left feeling settled. This does not mean it was easy—I will never forget the palpitations at being expected to see patients on my own to begin with, or fumbling over simple questions. It was a huge come-down after finals!

In fact, my consultant decided to conduct several ward rounds in English on my account (to the horror of the French juniors), which really put me at ease. I observed excellent practice and highly sensitive communication from my particular team, which dealt with post-graft complications.

Nantes is a centre for both kidney and pancreatic transplants, and the department had some legendary characters. I was exposed to a range of pathology, found doctors practicing at a high level, and found the placement fascinating. I proofread several academic manuscripts written in English, and interestingly, several consultants wished to improve and practice their English with me—. I was able to attend outpatient consultations as well (*néphrologie générale*, and *post-greffe*). Some students were even able to observe transplant surgery.

Stage 2 – Neurology (Neurologie)

I transferred hospital from Hôtel Dieu to Laennec for a period of two months for my subsequent placements.

For Neurology, I was based in the East Wing, in which I saw some incredibly interesting and rare neurology. The service accepts both acute and planned admissions, the latter for in-patient infusions or specific investigations. I saw everything autoimmune and inflammatory I had studied about— multiple sclerosis, myasthenia gravis, motor neuron disease, inflammatory myelitis, inflammatory demyelinating neuropathies, chronic hydrocephalus, and atypical Parkinson's disease. It is a wonderful service in this regard, and provides good opportunities to refine the art of neurological examination, look at MRI scans, and even attempt a lumbar puncture if you dare. However, its pace is relatively slow compared to other medical services. I was able to attend consultation, which I enjoyed. The other wings on the same floor are *Neurovascular* and *Neurosurgery*.

Stage 3 – Cardiology critical care (Cardiologie soins intensifs)

In Cardiology, I was not allocated a service, so I decided to go to Intensive Care on the first Monday and introduce myself. The placement allowed me to witness a range: myocardial infarctions, rhythm disorders, and occasionally, cardiomyopathies. I was also paired with one of the funniest, wittiest, and smartest, students I have ever met.

The unit sees between 150 and 200 in-patients a month, which is a phenomenal figure. From the extern point-of-view, your involvement here will be limited as the cases are serious (the greatest caseload being post-STEMI patients), but it is an excellent opportunity to revise your cardiology, see countless ECGs and bedside echocardiograms, and develop a systematic clinical approach to the cardiology patient. I particularly appreciated opportunities to watch interventional cardiology procedures on patients on my service, including defibrillator insertion and ablations. These are ingenious procedures, and I found staff very willing to explain.

Stage 4 – Accident & Emergency (Urgences)

Urgences was the finale, and a fine one—a welcome break from endless ward rounds. The service triages patients well, and we saw some excellent cases. I always closely collaborated with a French extern, and even with a German *Erasmus* extern; we would clerk new admissions together—documenting history and examination—and then discuss the case and management plan with the intern and Chef. I was grateful to have developed a good vocabulary during my previous stages, and put this into practice. I especially enjoyed my relationships with other externs at this time, and really felt as if I was operating in a team. Everyone on the shop-floor gets involved in *Urgences*, and that was cool.

Emergency medicine is in transition in France, and is coming to be recognised as its own specialty. For the moment, however, the service is delivered by both generalists and **SAMU doctors**. 'SAMU' doctors handle cases all cases on the telephone (*'médecin régulateur'*), work in ambulances, work in Resus (*'Sauv'*) or work in *Urgences*. There are no paramedics. *SOS Médecins* is the equivalent of walk-in centres and out-of-hours G.P. care.

The department is divided and patients are well-triaged into these subdivisions. There are opportunities to go into Resus, G.P.-in-A&E consultations (*Consultation debout*), Trauma & Orthopaedics, Psychiatry, and even join the SAMU; I, however, spent the majority of the time in *Box Médecine*, where I had a lot of practical exposure and saw a good variety of medical presentations.

Intercultural understanding

Medical education is similar between France and England in the sense that clinical exposure forms a large part of undergraduate training in both countries. It is different, however, in how it is taught.

I find that French students, owing to their constant presence on the ward and exposure to clinical processes and systems, develop a quick administrative and clinical sense. They are stronger than us at documenting and presenting cases, with the expectation that they clerk all admissions set from the very beginning of their training. I was almost always partnered with a French extern, which was always a process of close collaboration, and could often be quite a unique and special relationship.

Just like in England, the willingness of consultants and interns to teach can be variable. French students are not as protected as us. They remain professional, even when blatantly ignored by the rest of the clinical team, or spoken to only when a job is needed to be done. The deference demonstrated to their seniors was an important cultural aspect of my experience.

So whilst students here learn by doing and contributing to the team, they have to take greater responsibility for their individual learning. Undergraduate training does vary regionally across France, and from my understanding, our experiences in Nantes were relatively intensive. I received a lot of clinical experience.

In England, however, we learn, record, and think quite systematically about the cases we see, and engage with pathophysiology and treatment in a practical sense, remaining detached from service provision until our final year.

We are also taught and formally critiqued on taking focused histories. Being evaluated on our performance in OSCEs, we graduate with a global skillset, which includes strong examination and communication skills. We are not solely rewarded by a theoretical national exam, and our postgraduate training is considerably longer, relatively more global, and allows us to select a specialty later and on the basis of many elements other than academic performance.

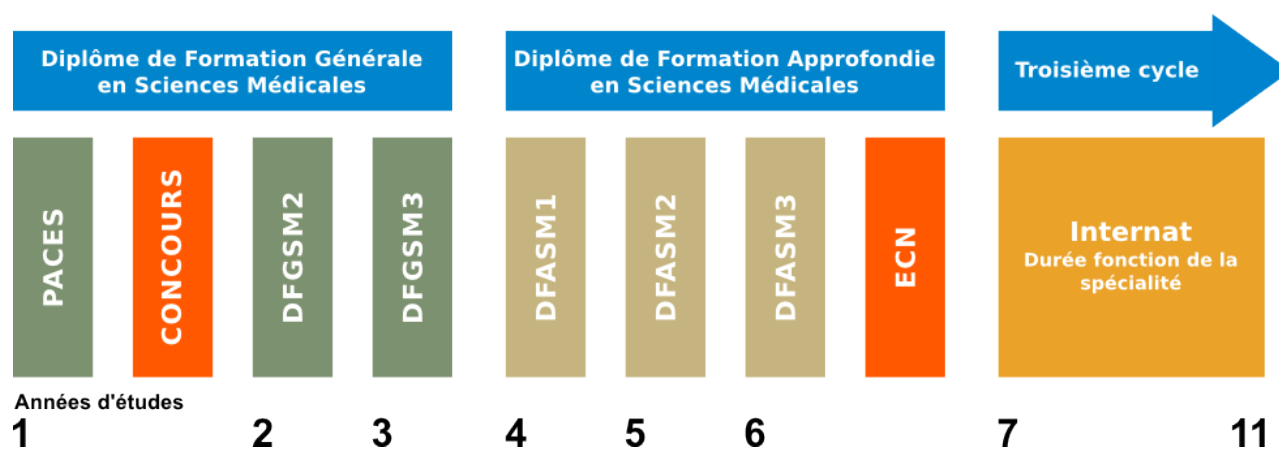
Competence in English is considered a valuable trait. Whilst obligatory to learn in France, it is not widely spoken by all, and only two or three students voluntarily spoke to me in English. I cannot blame them; and it was interesting to me to see medicine flourishing outside of an often anglo-centric world.

Nevertheless, English remains the academic language, and interns have to read English papers whilst writing their thesis. In cardiology handover one morning, the intern had just returned from a morning class taught by a “*vrai anglais*”—and joked, “*I did not understanding anything,*”, to which I couldn’t help but smile.

The French are often direct and academic in their approach, and less readily implement sensitive communication—but curiously, this also seems to be what patients expect. I found it interesting that there is no real concept of ‘routine bloods’, but rather, in every service, each component is selected and ordered separately on first principles.

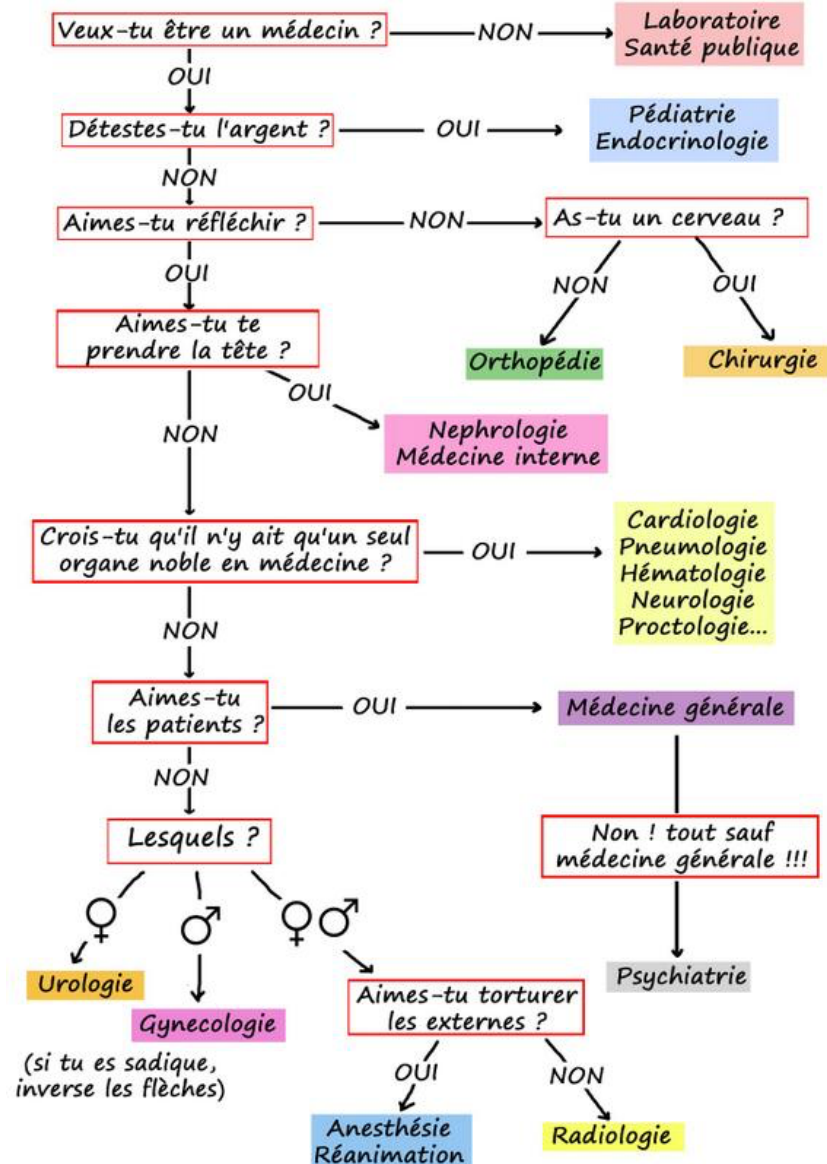
Another interesting difference is how attractive general practice is an option, with many students expressing interest, subjectively much more so than in the United Kingdom. Most older students I met had already made this decision, and I wonder if they appreciated the specialty even more after their early level of clinical exposure.

Otherwise, despite differences in training, medicine and how it is practiced is more or less the same as in England. I was grateful to have had some years of clinical experience already, and also to have had a good level of knowledge after finals. Even if I didn’t always completely understand, I perfectly understood the pathologies, treatment decisions, and tradition of hospital life—from the routine of a ward round, to the the importance of avoiding a sterile field—and this reminded me how much of medicine is steeped in nonverbal, universal, traditions.



Training in France – up to 11–12 years in total, thereby shorter than in the U.K. for specialties

🤨 Quel médecin es-tu ? 😊



A humorous flowchart to assist French students choose their specialty, which they do directly after medical school

Gradually and unconsciously, my French improved. I knew I had improved when I bumped into externs from my first placement, and we shared several meals together at Laennec. I suspect they were surprised to hear me speak and socialise after having been relatively shy during my first placement. By the end, I was fluent in most contexts and able to sustain natural conversations, and it felt like a culture shock to arrive back in England...

It was my first time in France, and initially, I was frustrated. Conversations demanded effort. I had to learn how to be flexible in self-expression, follow the 'gist' of conversations where I did not understand every word, and to not be embarrassed at making frequent errors with vocabulary and pronunciation. I relied on tone and body language to extract meaning much more than I had ever appreciated. I mimicked the French as much as I could, and every moment was an opportunity to practice. Whilst I had a hodgepodge of vocabulary and an academic understanding, I was really able to polish my everyday use of the language.

My medical French became particularly good, but not without deliberate effort. Starting with a rudimentary understanding and feeling immensely frustrated, I felt that I could either sink or swim. Without really thinking about it, I began to write every new word or phrase, with the English translation, in my notebook. A part of me wondered whether this would be useful. Why bother if I would never need these words in practice? What did I stand to benefit from this exercise? Hadn't I already passed finals? But it was the right thing to do, because I made progress much faster than expected. Not only did I develop a strong appreciation for French, but it improved my medicine and my ability to communicate. I will write better discharge summaries as a result of my experience in France.

Over time, I became less self-conscious, and although I inevitably made grammatical errors and constructed awkward sentences, I felt able to conduct myself and even received compliments. As I was worried about these linguistic aspects, I asked H  l  ne if I could go to Urgences (A&E) as my final placement. This was retrospectively a wise decision as, by this point, I could speak to and examine patients without much hesitation, write reasonably well in clinical notes, and cooperate well with the externs. I

asked the French students to correct my written errors, which felt like the most natural grammar exercises ever.

One of my greatest friends was a German medical student, whose mastery of the language was more advanced than mine. She practiced with me, and also advised me not to use my English framework to define my French, but rather start from a blank template—building upon this independently from my English. This was sound advice, as despite the existence of cognates, the two do not directly translate.

Given that it was only a period of four months, I eventually set myself realistic goals—not to master the subjunctive past for example, but rather, to train myself to understand, and to be able to be reasonably understood. The benefit of being in hospital is it provides you a deeply immersive, incomparable, language experience. You have readymade, concrete objectives, and that is to be able to interact and discuss cases in a relevant and practical manner with other healthcare professionals, or elicit specific and pertinent information from patients. By the end, I found myself able to cope well with certain histories, but not with others. Taking a history of vertigo-like symptoms, for example, was more difficult than one for abdominal pain, because it demanded more nuance.

Future plans

Real mastery of a language is global—achieving proficiency in speech, writing, listening and reading. My development in France was naturally asymmetric, and my proficiency depended on context and to whom I spoke with. Nevertheless, I was so fortunate to be able to test speaking French in many areas of life, gradually introduce new grammatical constructions, and succeed in small ways—and I consider this to have been my real, most tangible, start in the language. I absolutely intend to continue studying French, and attending language groups as a doctor. How I implement this in a professional sense remains to be seen, but I suspect many doors will have been opened as a result.

Useful links and contacts

Université

Information and Specialties available for Erasmus students – www.medecine.univ-nantes.fr/navigation/relations-internationales-891703.kjsp

Guichet Unique – www.univ-nantes.fr/incoming-students-venir-etudier-a-nantes/guichet-unique-accueil-des-etudiants-internationaux-1373798.kjsp

Other

Top-up for Hospital Canteen – <https://e-self.chu-nantes.fr>

ESN Notes (also available on CEN websites) – www.fascicules.fr/fascicule-accueil-0.html

Free Online French Grammar Course (edX) – <https://www.edx.org/course/ramp-apr-french-language-culture-weston-high-school-pflc1x>

Travel

TAN – <https://www.tan.fr>

Bicloo – www.bicloo.nantesmetropole.fr

TrainLine – <https://www.trainline.eu>

LILA (Buses in Pays de la Loire) – <https://lila.paysdelaloire.fr>

BlaBlaCar (Covoiturage) – <https://www.blablacar.fr>

Leisure

Exchange Students Network – nantes.ixesn.fr

Erasmus Nantes 2017-18 Facebook Group – <https://www.facebook.com/groups/144075019452864/>

Ville de Nantes Site Officiel (releases a weekly 'Que à faire ce weekend à Nantes?') – <https://www.nantes.fr/home.html>; Facebook page – <https://www.facebook.com/pg/nantes.fr/posts/?ref=notif>

Nantes Tourism website – <https://www.nantes-tourisme.com>

Tourisme Loire-Atlantique website – <https://tourisme-loireatlantique.com/theme/culture/>

Cinéma Katorza Screenings – www.katorza.fr/a-laffiche