

European studies report

Shortly after finishing finals, I departed to Nantes in the North West of France where I completed a four month elective period. This report will cover the following areas of the elective:

- Why I chose ES
- Being a student in French hospital
- Living in France
- Linguistic and intercultural development
- A list of practical issues

Why European Studies?

European studies was something that I picked before coming to university, slightly on a whim. I had done French A-level and decided that I was not quite ready to relinquish my learning of languages. The classes provided a distraction from medicine over the years, although I can honestly say I did not pay much in the way of attention to the homework set (perhaps to my peril). However, the part which attracted me initially was the fact that one was permitted to do a double-length elective (I had no idea what that was at the time, but it sounded good).

As the time to go to France neared, I became increasingly nervous to depart – the toll of finals was quite unexpected: a truly exhausting period, which really needed to be followed by a long break with little brain-work. However the prospect of leaving for France immediately after exams was certainly a daunting one.

Being a student in France

Being a student in France is quite different to studying medicine in the UK. Whilst in the UK medical students undertake a mostly observational role, with little clinical responsibility, French students are quite the opposite – they have genuine work to do while they are in hospital. However, before we get to that – let's just take a moment to consider the French medical hierarchy (as it helps to understand who is who).

French	English equivalent
Externe	Clinical year medical student
Interne	Equivalent of an F1- SHO. The Internat (interne training) lasts between 3 and 5 years dependent upon speciality.
Chef de Clinique/ Assistant hospitalier	Equivalent of a registrar
Praticien Hospitalier	Consultant

So in comparison to the UK, the role of the Externe is somewhere between medical student and F1, in that they are obliged to do whatever the Internes tell them to do (so this normally comprises of organising scans, chasing up bloods, making referrals to other specialities). In theory this is a good

system as it prepares them for being actual doctors, however in practice it often means they spend lots of time hanging around on the wards doing very little waiting for work to be given to them (not a very valuable use of time, in my opinion). On top of this, they still have to study as we do in the UK but with the clinical burden of study being significantly greater. The consequence of this is that they are generally exhausted, and stressed. Generally French medical students in Nantes do one month of placement (Stage), and one month of lectures (cours) – giving them some time to recuperate from the heavy placements.

The placements I had were each one month long, and were on Neurology, Gastroenterology, A&E, and ICU. Each of these was quite different, and are worth considering in turn. One thing it is important to stress is that, as in the UK, the first day of placement is absolute carnage – you arrive, with nobody knowing you're meant to be there, so it is important to try and work out where you are meant to be before the placement begins.

Neurology – this was my first placement in Nantes, and was in a great brutalist beast of a building about 40 minutes out of the city on a tram (the hospital certainly won't win any prizes for innovative architecture...). The ward was run like any other medical ward: the ward round began at 9AM and ran until around 12/ 1. This was followed by an extremely long lunch break (something I will address later), and then a return to the ward for an afternoon of jobs and admissions.

Jobs on the ward generally comprised of small administrative tasks that seemed to take forever, for no real reason! For some reason the interne I was attached to would not give a list of jobs to do, but rather just drip feed them out to the students until she found it fit to stop giving them things to do. The other important aspect of the afternoons was that this was the time during which new patients would be admitted to the wards. At this point, the students would be required to clerk them in and examine them and come up with a management plan for them.

The big difference between UK and French medical students is the way they take medical histories. Whilst in the UK we follow the (seemingly logical) order of Presenting complaint, history of presenting complaint, past medical history etc. In France, the order is quite different and is normally as follows:

- Motif d'admission – presenting complaint (must be in medical terminology, not in 'patient-speak')
- Antécédents médicaux/ chirurgicaux – past medical and surgical history. Normally extremely comprehensive: they want to know about practically everything
- Mode de Vie +/- facteurs de risqué – Social history
- Antécédents familiaux – family history
- Histoire de la maladie – history of presenting complaint (at last)
- Examen Clinique – often they're expected to examine every system under the sun

As is perhaps evident, this history taking approach is quite different to the way we see patients in the UK. I feel it has quite an interesting consequence: taking such detailed histories means that they are often far less focused and come with a lot of superfluous and confusing (extra) information. In my opinion this generally reflects the way that medicine is practised in France: they need to have an answer to everything that is happening, whereas in my experience in the UK, we are far happier to make assumptions based on clinical reasoning.

Anyway, back to Neurology. Because of the way the ward was organised, it meant that new patients would tend to arrive late into the evening - meaning that students were expected to wait around until 6/7 O'clock waiting for patients to arrive so they could clerk them in.

On reflection, I'd say that neurology was not a great placement to start on as it was quite complicated and a lot of the patients had difficulty speaking (as is to be expected), meaning it was not the ideal location to start refining one's French.

Gastro-enterology – this was my second placement and was quite different to the gastro I'd experienced in the UK. In the UK I had been placed at a small DGH with a very varied caseload, in France I was placed in a super-specialised centre with critically ill patients.

Because Nantes CHU is so big, it has the ability to really divide up the care of its patients by organ system. So in gastro, patients were divided into liver, luminal, day case and intensive care (not ICU like in the UK, but more a system specific HDU, a little like CCU).

I was placed on *Unité de Soins Intensifs –gastroenterologie*. This placement was quite unlike I had seen in the UK, and was quite an interesting experience. The case load of patients was relatively varied, and was generally the patients that were slightly too unwell to be on a normal ward, but not unwell enough to be in level 2/3 care. The majority of patients we saw were those who had had medically manageable upper GI bleeds (either variceal, or ulcers), acute pancreatitis, or decompensated liver failure resulting in severe encephalopathy.

With regards to livers, France was particularly interesting – the case load in UK gastro services for alcohol was generally for acute detox, however with the majority of cirrhosis being due to NAFLD. However, in France it appeared that nearly all liver disease was due to alcoholic liver disease: either long term drinking, or acute alcoholic hepatitis. It is quite startling to see this cultural difference, and it is worth mentioning how differently alcohol is perceived in France: in France it is quite normal for people to have a drink with a lunchtime meal (even when they're at work!) and also to drink with their evening meal, both during food and before with an aperitif. This might sound unsurprising, but frequently on questioning, patients will say that they don't drink – because they see wine as being part of dining, rather than being a separate entity.

Gastro itself was a good placement, with lots of opportunity to examine patients and to attend endoscopy lists when the ward was quiet. It is worth mentioning, however, that like on Neurology – the days were long, starting at 830 and normally not finishing until 1800 in the evening.

A&E (Urgences)

A&E in France was quite the different experience to A&E in the UK for a number of reasons. This was perhaps the most interesting and most useful placement during my time in France. The emergency department in Nantes is divided into a number of different sections:

- Box – traumato – traumatology, basically where all fractures, musculoskeletal injuries, and falls are seen.
- Box – medicine – the equivalent of majors in the UK

- SAUV – resus
- Petit-chir – literally little surgery, normally where minor cutaneous problems and suturing is done.
- Consulte-debout – in hospital GP consultations

Days in A&E were far more manageable than on the medical wards of the first two placements, with days normally beginning at 8 and ending at 4. This had the overall impact of making the placement seem a lot more enjoyable, and generally less draining. Moreover, the other students on the placement were all in final year of medical school and consequently closer in age to the peer group of final years in the UK. Generally, it seemed that they were far more relaxed and more interesting to be around than the 4th years that were on gastro and neuro!

During this placement I spent the majority of the time on box-medicine, as it was likely to be the most useful thing for starting F1 jobs, with lots of breathless patients and needing to decide how to manage them before senior input arrived. For this, it was very good and a useful experience. furthermore, I generally saw patients with one of the other medicals students in as it made life easier (rather than trying to write and take histories at the time, a true skill in another language!)

The big difference between A&E in France and the UK is the lack of the four hour target; whilst this means that there are far more patients in A&E waiting to be seen, it means that the job itself is so much more satisfying, as it allows doctors to take properly clerk patients and then to perform enough investigations to make a diagnosis, rather than in the UK where patients are frequently sent to medicine or surgery without much notion of a specific diagnosis.

Another interesting observation was something I noticed whilst in resus, was that doctors in France do not generally assess patients in an ABCDE fashion – in practice, this means that they will look at you slightly oddly when you start examining patients in an anglo-centric fashion.

ICU (Réanimation médicale) – this was my final placement and possibly the most interesting from a medical stand-point. Whilst I've never done a placement in ICU in the UK, from what friends have told me – it is very different.

The first thing to note is that in France, ICU is divided into medical and surgical units (réanimation médicale et chirurgicale). These different services are different to those from the UK in that post-op patients will all go to surgical ICU, whereas acutely unwell medical admissions will come to the medical half. Whilst this has little impact upon the care they receive, it does mean that the caseload seen on each is quite different. Personally I was attached to réanimation médicale.

A general overview of the day would be as follows: 830 AM, handover of all the patients on the unit from the night-team (internes doing the 'garde' would do a 24 hour shift, so many would arrive in the morning looking rather tired). The handover would be discussion of the evolution of patients overnight and making the day-team aware of any new patients. Practically this would mean discussing most of the 30 patients on the unit and could take up to an hour. After this, the day team would split into their individual 'secteurs' where there would be one Chef (either a senior registrar or a consultant) and one interne. They would divide up the patients for review and then see them in turn. Normally this would take until about lunch time. After lunch, another meeting would be held to

discuss all 30 patients of the day to ensure that their management was considered by a number of different consultants. This meeting would normally take around 2 hours and resembled a board-round in the UK. Afterwards the rest of the afternoon would be spent doing jobs generated by the morning ward-round.

After the first week I was allowed to review my own patients, which was initially quite a daunting task – with so much information to synthesise from very complex patients, however I found it very helpful to refer back to basic ABCDE assessment (as a starting point) and to then work things out from there.

All in all this was a very good placement as the doctors had plenty of time to discuss the patients that we saw and to make sure that any language difficulties were ironed out as a result.

Living in France

Whilst in France I lived in university accommodation, as in Nantes it was a really cheap option: I paid 250 euros a month for a room with en-suite. It was definitely a bit of a prison, but for that kind of price, one cannot complain too much! Moreover, it was easy to organise through the University. One thing that is worth noting is that it is not always simple to organise arriving to halls in France, so I would suggest making sure that you organise your arrival date at least 1 week in advance. And have the relevant documents ready for when you get there.

Other general points about living in France – for lots of things you need to provide a passport photo for applications etc., so it's often really useful to turn up with a big stack of them for the inevitable awkward moment when they ask for your photo to go on a medical school file/ tram pass/ accommodation dossier etc.

Eating in France is quite alien to how we eat in the UK. Firstly is the lunch-breaks: it is commonplace for medical students to have a 1.5 hour lunch break and to eat a massive meal during the day before returning to the ward in a bit of a post-prandial. It took quite some getting used to, and often feels like you're wasting a large amount of time during the day (however, everyone else is away to lunch during the day, so there's not much use trying to do anything much during this time!). Moreover, eating can be complicated in France for other reasons. I am personally a vegetarian and often found that there were no herbivore friendly options on the hospital canteen menu. Furthermore, the relentless mocking of French people for not eating meat soon grew tiresome – so in this regard, eating can sometimes be complicated in hospital.

Nantes itself did not appear to have a very active ERASMUS community, meaning that it was sometimes difficult to meet people to do things. Furthermore, I decided (erroneously) that I couldn't be bothered doing French lessons after a 10 hour day in hospital. Whilst this was certainly good for sleep, it meant that I didn't really meet many other students that weren't studying medicine. If you find yourself in the situation where you don't want to attend the language classes offered by the university, I would advise joining one of the many sports clubs available through the university. I decided I would restart climbing on my arrival to France, and this was an excellent decision. You pay 50 euros for unlimited access to up to three different sports available through the university (much

cheaper than elsewhere in the town). This is also a really good way of getting to know lots of different people who are not perhaps studying medicine!

Travel in Nantes is relatively good. The public transport network is effective with either trams or buses covering most corners of the city, and there is a bike-rental service that serves the majority of the city too. You can get a monthly transport pass for 40 euros that is useful for travel around town (although most places are within walking distance, so this is a genuine option – and most days I didn't bother getting public transport).

Generally I'd say that Nantes is a nice place to live: it's pretty, there's quite a reasonable amount of touristy things to do, and people are generally friendly. However, the absence of Erasmus community is a bit of a shame, and the need to be on placement for long hours most days means that it can be more difficult to make friends.

Linguistic development

Language is by far the hardest thing about going on ERASMUS. On my first day I feel like I understood less than 30% of what was said to me, however as time passed it became easier to get a grasp of what was going on. I wouldn't say there is suddenly a day that you think that it's clicked, but by looking back, the progress that you've made appears to be good.

Perhaps the most important thing to stress is that the best way to really develop your language skills is by going on placement: nothing else will really expose you to language in so many different formats as being in hospital. The variety of different linguistic challenges in hospital is huge, each of them needing a different approach. Speaking to patients, once you get over the initial fear barrier, is perhaps one of the easier things you will do – as in general they speak slowly when they hear you have an Anglophone accent and also generally take the time to explain what is wrong with them. Some of the more tricky aspects (that filled me with dread) were speaking on the phone to doctors. Whilst this sounds like a simple task – so often the people you spoke to on the other end of the phone were stressed and busy and spoke incredibly quickly. Whilst it is not rocket science, my recommendation would be to not jump in at the deep end and try and phone a GP to discuss a patient, but rather to get used to phoning up about blood results and imaging requests before moving onto the trickier things.

Practical hints and tips for ERASMUS/ living in Nantes

First and foremost, I would recommend arriving a short while before placements etc. Start as it allows for more time to get your bearings in a new place (I was stupid enough to arrive the night before placement started, and it was rather stressful to say the least!).

Also, if at all possible – I would try to get a good mixture of placements that aren't all medicine, as they are all relatively similar and don't expose you to some of the greater differences between UK and French healthcare.

With regards to Nantes, whilst it is a lovely place – it is definitely worth getting out of the city a few times. It is within 3 hours of Paris by train, and an hour from the Atlantic coast (places like le Croisic and Pornic have really nice beaches). Although if staying in Nantes over the weekend – walking along the river Erdre provides plenty of hours of relaxed strolling.

Conclusion

How on earth do you sum up such an intense and varied experience. I would say that initially, it was extremely difficult, and there were a number of times when it felt like a hiding to nothing. Moreover, living in a foreign country where you don't know anybody, and don't feel comfortable in speaking the language can be extremely isolating. This being said, a great deal of insight can be gained from having such an experience: my respect for foreign doctors working in the UK has gone through the roof, moreover has my appreciation for people taking the time to explain things to you when you're struggling with language. Whilst I cannot say that everything over the past few months has been entirely enjoyable, I certainly will maintain that I am a more rounded person for the experience – and that it will undoubtedly provide a degree of context for the first few months of starting as an F1.