

# **European Studies Report - Charite Hospital, Berlin**

**29/01/2018 - 18/05/2018**

## **Why I chose to study on the European Studies programme.**

Having studied German at GCSE and A-Level and enjoying speaking another language, I jumped at the chance to continue learning a language at University and the opportunity to do a placement abroad. I wanted to improve my language skills, experience how the medical system works in another country and open up the opportunity to potentially work in Germany or Austria in the future.

## **An overview of my experience of living and working in the placement hospital and its surrounding area.**

### **Where I lived**

I found a flat via airbnb with 2 other students. Whilst this was slightly more expensive than we could have been paying in a WG (we paid around 500 euros/month), I think it was worth it to get it sorted nice and early and we didn't have to pay a large deposit.

I lived in Neukölln, which was somewhat similar in character to Rusholme in Manchester. There were several bars nearby and it was 10 mins on the U-Bahn to Kreuzburg where there are lots of bars and nice Cafes. It did take about 40-50 mins to get to the hospitals (except am Urban which was much closer!) - but this is no longer than it takes me in Manchester!

### **Placements in Hospital**

Since passing C1 in June I planned to keep up with reading and listening to German but this immediately fell through and I spoke no German from June until the first day I moved to Berlin! I was worried that I wouldn't understand a word, but I needn't have been so anxious as everyone was friendly and impressed that an English person could speak any other language at all!

### **Famulatur 1: Kardiologie mit schwerpunkt Angiologie at Campus Charite Mitte**

This ward mostly had patients who were elective for stents, angiography, ablation or something similar, although some had come up from A&E. There was a separate intensive care unit for more acutely unwell cardiology patients.

My day started at 7.30. I would take bloods with the other students for half an hour, after which there was a morning meeting (like the X-ray meetings in England) where patients were discussed. After this we would clerk in, examine and present the new admissions. The day usually finished around 4.

When I started this placement there were 3 other PJs (6th year students) on the ward and I was expected to do the same as them. After watching the other students for a bit, I started clerking in my own patients from day 2 or 3. I would then present the patient to one of the Assistantsärzten or Fachärzten and they would talk me through what investigations and

management they needed and why. There were also opportunities to help with cardioversions, or to observe procedures in the cath labs.

Overall, this placement was a good one to start off on. The team were very nice and the clerking paperwork wasn't too complicated, although I did find my days a little repetitive and after the first couple of weeks was ready to move on! I also felt like I was being used to do a job, rather than it benefiting my learning much.

### **Famulatur 2: Intensiv Station (mit schwerpunkt Neurologie) 14i Campus Virchow Klinikum**

I really enjoyed this placement! I'd never been on ICU or critical care before, so found it really interesting to see how patients with such complex issues were managed. There were multiple ICUs in the hospital and this one tended to take stroke/cranial bleed patients and those who had been stepped down from another ICU. Nonetheless I saw a whole host of interesting cases including polytrauma, myasthenic crisis and even a case of locked in syndrome! The team on this ward were also really nice - if very busy - and were keen to teach me if they had a spare moment!

This placement started at 7am and ended around 4-4.30pm. The ward only had 12 beds so the team was tiny: two consultants, one junior doctor and me! The day started with a ward round and then I usually got to work doing the "patient status" which was an overall review of the patient: examination, bloods, investigations etc. There was also the chance to do/observe practical skills. I was able to do an arterial line on this placement and the doctors were keen to let me do LPs and central lines but unfortunately I never got the chance! At the end of the day we presented the patients back to the consultant, highlighting any particular outstanding issues.

### **Famulatur 3: Geburtshilfe Campus Virchow Klinikum**

The day started at 8am (7.30am on wednesdays) with a handover meeting and ended about 3.45-4 (although there were some days when I was able to leave earlier at about 3). On this placement I was really free to do as I wanted. After the morning meeting I usually went and took bloods on the postnatal ward, then sometimes I stayed for the ward round or I could go to any clinics that were happening that day, or to the labour ward. On Fridays I usually spent my whole day on the postnatal ward helping the junior doctor to discharge patients and do the "Entlassung-Gespräch" which is a conversation about what to expect in the initial postpartum period.

Overall this placement was good, but there was quite a lot of hanging around waiting for things to happen and I didn't feel particularly useful. I was also hoping to be able to assist in c-sections but a new doctor had just started and she was always the assistant.

### **Famulatur 4: Rettungsstelle Vivantes am Urban**

A&E at Vivantes am Urban was a great placement. As a Famulant you can see your own patients, take a history, examine them, take bloods and do/order initial investigations such as X-Rays and ECGs, before discussing further management and differentials with the doctors. From reading previous reports, this seems like a standard format for most A&E placements in Berlin. I feel like this placement taught me more than the previous ones (bar perhaps ICU), and found coming up with differential diagnoses and suggesting management plans particularly useful in preparation for FY1.

In terms of the practical aspects of the placement, the A&E is divided into medical and surgical. I spent most time on medicine, as I found I could work more independently and the cases were more interesting (but it's worth spending some time in surgery to practice ortho examinations and suturing!) There are 4 different shifts that students can do: early (8-16), zwischen (11-19), late (15-23) or night (22-6) and you need to discuss with the other students when they're coming so you don't all turn up at once!

Although the majority of this placement was great, one downside was that I saw a lot of "GP" problems (e.g. stomach ache and nausea for the last month), that really weren't emergencies! Although real emergencies did come in, perhaps a larger A&E would have had them more often!

As this placement was at a smaller, non Charite hospital I wondered if it would feel different. It's quite hard to compare the two as an A&E is obviously run very differently to other wards. However, I would say that the staff were more relaxed and there was less hierarchy than in the Charite. In terms of the day to day management of patients and standard of care however it didn't feel hugely different

### **What I have learnt on the placement with regard to any differences to UK hospitals and practice, the medical training programme, the contrasting medical cultures.**

Overall, day to day hospital life in Germany was not too dissimilar to that in the UK. However, there were a few difference in all of the three above areas.

#### **Medical Training**

Both medical school and postgraduate medical training is relatively different in Germany in comparison to the UK. In Germany, the first 5 years of medical school are very lecture based, with the only clinical contact really being two 4 week practical blocks with nurses in 1st and 2nd year, and 4 Famulatur from 3rd-5th year. In final year more time is spent in hospital and it seems that the Charite are now moving towards having more patient exposure in previous years too.

This difference in training meant that many German students had better knowledge than me of rare conditions that they had read about in textbooks, but in terms of practical history taking and examination we are generally better prepared.

After 5th year German students then undertake a “practical year” where they rotate through 3 different specialties and are seen as somewhere between a 5th year medical student and an FY1. After this, they take another exam and graduate.

Having graduated, they can apply to a job as an Assistenzarzt in any specialty. There is an option to stay general and go for “internal medicine” or “general surgery”, but many doctors also apply straight to a specialty. I think our system is better, as throughout FY1 and FY2 we gain knowledge in many different areas, and as all of medicine overlaps this is useful. In Germany however, you could pick dermatology after medical school and never do anything else again! I think this impacts a lot on ability to treat patients holistically.

Doing a four month placement in Germany highlighted to me some of the things that we take for granted within the NHS and others that could be improved. It also showed me how medicine is understood differently within German culture, despite it not being that dissimilar to British culture.

### **Day to day running of hospitals and practice**

#### **No national guidelines**

Germany doesn't seem to have national guidelines (e.g. NICE), which means that every clinic tends to treat conditions in a slightly different way depending on what the Chef Arzt says. Whilst this is evidence based and there were often guidelines drawn up for that particular clinic, I think a national guidelines database where almost all available studies have been taken into account is better, as it avoids confusion and ensures that the best evidence based care is provided. On the other hand, developing lots of local guidelines does mean that they can cater more to the type of patients in the hospital.

**Investigation heavy:** In Germany doctors are taught to do Ultrasounds and it is a first line investigation in many conditions. I think this is quite a good idea as it is an instant, cheap and minimally invasive investigation that can be done immediately on any ward. I think on balance other investigations are done more in Germany too - perhaps a reflection of the fact that there is more money in their system than in the NHS. Whilst it is good that investigations are done promptly, I think it's also important to ensure a thorough history and examination is carried out, to stop unnecessary investigations or things being missed!

**Admit lots of patients:** I was amazed to see some of the patients that were admitted from A&E - they would definitely have been sent home in the UK. Also, many patients are admitted for what would be in the UK day case procedures (e.g. hysteroscopy). This was in part due to the fact that German hospitals can claim more money for overnight patient stays. Whilst there are disadvantages with admitting too many patients (risk of hospital caught infection, disruption to patient's life, prolonged stays in hospital), the amount of patients that were admitted in Germany highlighted how much of a bed shortage we have in the UK and how we often have to negotiate with bed managers.

### **Cultural medical differences**

**Confidentiality:** Confidentiality seems less of a strong principle in Germany. On the wards there were often 2-3 patients in room with no curtains and all aspects of treatment would be discussed openly. However, visitors of other patients were made to leave. I thought this would impact on how much a patient would wish to discuss their treatment and would usually offer to go somewhere else to take a history. However in most cases they didn't mind other patients listening in - probably as this is what they are used to! However, I think the way in which we treat confidentiality in the UK is more likely to build rapport and win the trust of patients and allow them to feel safe in disclosing sensitive information that may be vital to their management.

**Hierarchical:**

Medicine in Germany is more hierarchical than in the UK - particularly in the Charite. Each department in the hospital is headed by a Chefarzt, with Oberärzte below that, then Fachärzte, Assistenzärzte and finally students. The Chefarzt decides how the clinic is run - and he has the final say in how patients should be treated. In a couple of placements in the Charite the hierarchy was so ingrained that we all had to sit in certain places for the morning meeting. I felt this hierarchy less in my Vivantes placement - the Chefarzt would come and talk to me if he saw me which never happened on any of my other placements. I think too much hierarchy however can be dangerous, as it means those at the top will never be challenged and may still make mistakes!

**Paternalistic:**

In many ways, German medicine is more paternalistic than it is in the UK. Doctors would often tell patients what the treatment would be and they would agree without much argument. I also often saw patients strapped to bed in ICU and A&E. However, the extent of this did seem to vary between placements and in my final A&E placement many patients left against medical advice. I think it's important to give patients their autonomy, but I did come to appreciate the respect that doctors got in Germany - after all, they have trained for many years and should often be trusted about treatment!

**Private patients**

Patients with private health insurance are treated in the same hospitals as public patients. Private patients get a private room, a visit from the Chefarzt and can often access treatment a bit more quickly. However, the range of treatments available is no different for public vs private patients.

**How I have gained from this experience in terms of**

**i) linguistic development,**

My German has definitely improved throughout this placement, despite not speaking it at home. I have gone from (often) struggling to understand what was asked of me in my first couple of weeks on Cardiology, to confidently taking a history and examining a wide variety of patients in A&E, presenting my findings to the doctor and discussing further management. My day to day German has improved too from chatting to other students and doctors, but maybe not as much as it would have done had I lived with Germans. Also, my grammar and writing have not improved as much as my speaking, listening and reading as I have only had

to write brief notes (I somehow managed to escape having to write Arztbrief for the entire 4 months here) and people don't tend to correct your grammar as long as you make sense.

## **ii) inter-cultural understanding,**

Overall, the German culture is not that different from the British - and German patients often have many of the same outlooks and expectations as those in UK hospitals (although as outlined above there are several differences). German people tend to also be much more direct - they don't sugarcoat things! Having said that the doctors were always very nice, it was generally other people I interacted with where I felt like I was being told off!

However, because Berlin is such a multicultural city, I also interacted with patients from a whole range of countries: most commonly Turkish, as there is a huge Turkish population in Berlin, but also from across Eastern Europe, Sub-Saharan Africa and the Middle East. It was relatively common to have to interact with a patient where there was a complete language barrier or where understanding of medicine was vastly different. This taught me to always ensure patients understand what their treatment is and why they are being treated, and listen to any concerns or misunderstandings they might have. It also taught me never to assume knowledge or acceptance of a medical concept - even if it is common knowledge in British culture! One example of this was the practicalities and reasons for contraception - which seems to not be discussed as openly within some cultures.

## **iii) in terms of your ideas and future plans.**

My placement here has changed some of my future plans. After doing a placement here I probably wouldn't train in Germany: I still am not entirely sure what I want to do and therefore think that the more broad training programme we have in the UK suits me better! However, I wouldn't rule out working in a German speaking country at some point whilst not in a training programme in the UK.

After having placements on Cardiology, ICU and A&E I am now considering ICU and potentially A&E as a future career (despite never having considered ICU before); and moving away from wanting to pursue core medical training. However, I think I need to get experience of these areas in the UK before I can make a final decision!

## **Any practical issues that future students on this placement should know about**

### **From the beginning of 5th Year:**

1. Keep an eye on myplacement and any emails from the ERASMUS coordinator - you will have to do quite a lot of annoying paperwork when really what you want to be doing is revision for finals. However, if you keep an eye on your inbox it is all explained.
2. If you think you are eligible for the increased ERASMUS grant, let the ERASMUS coordinator at Manchester know! You will not be automatically included if you don't get a means tested grant from student finance (which most 5th years don't!), and will have to send your NHS bursary paperwork to them instead.

3. Start organising Famultaurs. You can go to Charite or Vivantes hospitals - just look for the department on the website and email the secretary. There is a model email template on the Charite blackboard.
4. Send over proof of immunisations to Charite occupational health: Instructions of how to do this will be buried somewhere in one of the many emails you will receive. We nearly all missed it and it was a rush at the end. You need to send copies of your vaccination records and fill in a form that then needs to be signed by occupational health in Manchester. Occupational health in Berlin will then decide if you need to get more vaccinations or not.

**Finding a flat:** this seems to be relatively difficult in Berlin. I wouldn't worry too much about where you live, as long as it's inside "the ring". As I mentioned we got a flat through Airbnb to save us stress. Otherwise, wg-gesucht.de seems to be the best place to look (it's like the German equivalent of spareroom.com) Be wary though as there seems to be quite a lot of scammers - never send money before you've seen the place (at least via skype!!). I think you can probably expect to pay around 400-500 euros a month for a room. There are cheaper rooms out there but they get snapped up very quickly!

### **Things to do in the first week**

1. Firstly, before you leave print out copies of all the necessary forms on myplacement, and bring (and make copies of) your passport, birth certificate and EHIC card. Also bring with you the confirmation you got from Charite Occupational health and vaccination records.
2. Register at the Burgeramt: This is supposedly a legal requirement for enrolling at a German university (however, I don't remember ever having to show my documentation so you may want to check with the Charite International Office if it is actually necessary). It involves going to one of the Bürgeramts in Berlin with ID and a form filled out by your landlord to register as living in Germany. More info here: <https://service.berlin.de/dienstleistung/120686/> (I recommend booking an appointment in advance!)
3. Go to the Charite Office: you need to make an appointment with someone from the International office for your first week, in order to start the registration process at the Charite. You will be told which ID documents you need to bring in an email - but don't forget to bring the documents from myplacement too (certificate of arrival etc)!
4. Immatrikulation: after going to the International office, you will then need to go to the general Charite Student Services office to fully register. This was a nightmare as you are arriving at the end of a semester and the computer systems don't seem to be able to cope with this! You should receive a paper ticket for public transport and instructions on how to return to print your student card at a later date!

### **Things to do before you leave**

1. Make an appointment with Angelika: Make an appointment for your final week. This is to get all your final paperwork signed off - remember to bring all your famulatur certificates and the myplacement certificate of attendance form!
2. Get refund for Semester Gebühr: there is a form on campusnet or you can ask at the Immatrikulation office. This needs to be filled in and dropped off at the Immatrikulation office in person (can't be posted!) with your student card in order to get the refund.
3. Abmeld: this was really easy. You just need to go to the bürgeramt with your passport and tell them you want to Abmeld. You can also do it by post, but then you won't receive a letter to say you have Abgemeldet.

#### **Other things I wish I'd known:**

1. Really don't expect to get all your ERASMUS money whilst you're in Germany! Writing this the week after returning I still haven't received the second installment.
2. There is a form on the Charite Blackboard that you need to get signed at the end of each Famulatur. This is NOT the evaluation form (with grading on it) - I started off filling out the wrong one.

#### **Things to do in Berlin**

There is always something going on in Berlin, in particular once it starts getting warm around April! Below is a (by no means exhaustive) list of things that I enjoyed doing whilst in Berlin. I've recommended a few Cafes and Bars that I liked in the area I lived, but there are literally thousands across the city so wherever you live I'm sure they'll be plenty!

- Badeschiff: this is a swimming pool and man made beach in the river spree! It costs 3 euros for students and was a lovely place to relax in the sun. Be warned though - it does get very busy!
- Potsdam: Potsdam is a beautiful town about 30 mins by train from Berlin. Travel there is covered by your student ticket so it makes a great day trip.
- Friedrichshain and Raw Gelände: this is a really cool area in Friedrichshain. In the winter it's a bit dead but in the summer it comes alive with flea markets, beer gardens etc. There are also loads of cafes, bars and vintage shops in the general area.
- Cafe am Neuen See: a lovely beer garden in Tiergarten where you can have a beer by the lake!
- Tempelhof: a massive park that used to be an airport. It's great for running/cycling/skateboarding etc but also comes alive on summer evenings with people sitting around BBQing and drinking.
- Thai Park: a park in the west of Berlin where the Thai community sells street food.
- Botanical Gardens: the botanical gardens are a little way out of Berlin but are really beautiful to wander around, especially when the Cherry Blossoms come out.

#### **Bars/Clubs**

- Villa Neukölln: one of my favourite bars in Neukölln. An old abandoned ballroom with a really nice atmosphere (and non-smoking!)
- Klunkerkranich: mentioned in every previous placement report I think! A bar on the roof of a shopping centre in Neukölln.



- Club de Visionäre: a nice bar on the river that becomes more like a club later in the evening.
- Monkey Bar: an expensive but nice bar overlooking the Zoo!
- Sisyphos: queues for clubs in Berlin are incredibly long so we didn't bother going to too many. Sisyphos was great though - I would recommend going in the late afternoon whilst the sun is still out and the place has a beach party/festival vibe.

### **Cafes**

Berlin has loads of great cafes, but there are a couple that deserve a special mention!

- Cafe Anna Blume in Prenzlauer Berg: very popular, relatively expensive, but cake and breakfast to die for!
- Queen of Muffins on Hermannstrasse: I think this became a favourite purely because of how close it was to our flat, but it does great cake and coffee!

### **Useful Contact Details**

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Secretary for Obstetrics at CVK: [Janine.Schweiger@charite.de](mailto:Janine.Schweiger@charite.de) or [Silke.Sonntag@charite.de](mailto:Silke.Sonntag@charite.de)

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