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# European Studies Report

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Spanish – Madrid –  
Universidad  
Complutense

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I chose to do the European Studies programme as I have always had a passion for learning languages. After having completed Spanish A-level, I thought that doing the European Studies would be perfect for not only maintaining my language, but also giving it a purpose in my work life. I was also keen to become fully fluent in the language. Although going to classes after a full day of placement was often a struggle, I enjoyed developing skills that weren't solely focused on Medicine, while at the same time being relevant to what I was studying. The classes were excellent preparation for the study abroad placement, and I found myself using many of the words and phrases we had learnt in the classroom out on the ward.

The reason why I choose to go to Madrid for a 16 week placement is because it was a once in a lifetime experience, and realistically the last chance for me to achieve fluency before joining the NHS workforce. There were other benefits too such as being able to see a different healthcare system in action, enjoying some good weather, and living in capital city.

The university I was a part of the Universidad Complutense, and from there I was allocated placements at the Hospital General Universitario Gregorio Marañón. My experience there was overall positive. Members of staff did not generally expect me, but at the same time I always found them to be very welcoming. Although things aren't necessarily as organised as in the UK, they make up for it by being flexible in their arrangements. I would say as a recommendation that I would always allow plenty of time to finding out where you're going and how to get places. It can turn into a mission that takes up more time than you would expect. I would also be direct in what you want to achieve out of your placements. There is a lot of freedom being an Erasmus student without a strict learning agenda, and I found that when presenting myself to each Chief of Resident they would always ask if I had a strong preference as to which team I go with.



Faculty of Medicine Building. This is where we had to report to before starting our placements. It's located right behind the Ciudad Universitaria Metro stop.

A recommendation I would give is to make sure you're organised with paperwork. On the lead up to going away you will receive many emails with important information which can be easy to ignore, but when you're studying for finals the last thing you want to be doing is chasing these things up. Sometimes there can be a miss-match of information or advice between Manchester and your host university. I found that by emailing or going in to speak to staff you can easily get these problems sorted, as they have a better understanding of how these things work. I would also recommend bringing multiple photocopies of your passport and bring them everywhere with you the first few days as there will be many occasions where people want them (i.e. signing tenancy contracts and obtaining hospital ID).

My first placement was in psychiatry which I chose as I thought it would be a good way to ease myself into the Spanish speaking environment. This was a success, as generally all consultations with patients and relatives took place in private and quiet areas due to the sensitive nature of the topics. It was extremely easy to hear what was going on, and be able to pick out words to look up later. This was the placement where my Spanish improved the most. In terms of learning medicine I can't say so much was learnt, as I was assigned to the adolescent psychiatry ward. This was specialised and as a result there was little I could do to get involved and difficult for the doctors to explain. Nonetheless it was very interesting and my understanding of autism had considerably improved since. On my last day I was also lucky to witness the consultant discovering a patient was experiencing first episode psychosis, which was not something we had anticipated going into the consultation.

I found in my next placement, cardiology, that it was a lot easier to get involved. The morning would start with taking a history with the other medical students from new patients, and then joining the ward round. We would then present these patients during the ward round. Students were also encouraged to join in the auscultation of each patient (all at the same time), interpret the ECGs, and write in the notes. Cardiology was probably the busiest of the placements, and as a result it was easy to feel left out due to the fast pace. I found the Spanish particularly difficult to understand here because many abbreviations are used and, much like in UK hospitals, doctors will whisper to each other. I chose this speciality as I had not spent much time on a cardiology ward before, and with this placement I was able to see many of the conditions I had only learnt of in theory.

Ophthalmology was my favourite rotation, and I would recommend it to anyone who has also has an interest in it. It was quite different to the rest of my placements firstly in that it was at a different hospital, but also because I wasn't part of a specified medical team. Instead I would report to the Chief of Residents, who would assign me to various areas within the department. This enabled me to see all areas of ophthalmology and was extremely interesting. Although it was tiring continually meeting new people, they were all keen to teach and get students involved. A good thing about moving around the department is that it also gave more freedom for you to choose what you thought was most useful for your learning. I managed to see plenty of surgeries and get familiar with using the ophthalmological equipment such as the slit lamp. It also gave me a chance to speak to lots of people, and as the speciality wasn't as busy the staff were generally more relaxed and conversational.

For my final rotation I was on the liver transplant unit as I had chosen gastroenterology. From the beginning they made it clear that I was expected to act as a 1<sup>st</sup> year resident and get involved with the team. I found doing this very helpful in preparation for foundation years, as I would examine all the patients, take histories, and write in the notes. However, due to the specialised nature of the department I found the amount of things I could do limited and didn't gain as much knowledge as I would have hoped for on gastroenterological conditions. I did however learn a lot about how organ donations work in Spain, which is seemingly similar to how things are run here in the UK.



Hospital General Universitaria Gregorio Marañón.

What struck me across all my placements are the differences in the healthcare system in Spain, particularly with regards to the doctors. The system appears more traditional, with a hierarchical system still very much in place. Generally I would be assigned to a team. This would consist of a consultant, residents, and medical students. They were the same team every day, and they would also see the same set of patients. I liked this aspect as it was beneficial to the patients getting continuity of care, and also beneficial to us as students; the residents and consultants knew what you needed out the placement. The doctors also all still wear white coats. At first I was resistant to the idea of wearing one, but it turns out they are very convenient. You can wear comfier if somewhat more casual clothes underneath and they have large pockets with which you can store a surprising amount of things. However the issue I have with them is infection control, as although they are supposed to be washed every day I never saw this being the case. If you want to wear your University of Manchester lab coat then you can bring it with you, although it is not a necessary as you can get them from the hospital itself.

Another difference that struck me was the doctor-patient relationship in Spain. At Manchester Medical School we are taught that patients are our priority, and we have consultation models such as shared decision making. In Spain the doctors decide what is going to be done, and will then inform their patients. If the patient objects, they will explain to them why this is the best option, without much scope for negotiation. The patients are still very much their priority, but I found their approach less holistic and more a case of treating the disease and not the patient. Another difference in the doctor-patient relationship was the communication. At Manchester we always introduce ourselves, explain why we are here, and ask them about their ideas, concerns, and expectations. Spanish doctors are more direct, and will not generally explore how the patient is feeling further than their symptoms. I witnessed several patients crying, and instead of being comforted they were simply told to "stop crying". I think part of the reason behind these differences

is the difference in the Spanish culture, as they are generally more direct in their day-to-day interactions whereas we are more kindly spoken. What was surprising was that the patients appeared to prefer this approach. In fact if I started taking a history by introducing myself and explaining why I was there they appeared more annoyed and felt patronised. They had a lot of respect for the doctors and trusted the decisions that they made; therefore they did not appreciate being asked their input on decision-making.

The idea of maintaining patient dignity was also a concept that didn't appear to exist. Most patients shared a room with one other patient, and although family members were asked to leave the room on the ward round, I never saw the curtains being drawn once even for more intimate examinations. There was little concept of breaking bad news, and doctors would never attempt to get to the patients level. As with before, the patients didn't seem to mind. Again this could simply be more of a reflection of the Spanish culture of them not being as bothered by lack of privacy.

Whilst in the hospital I was told many times about the 'MIR', an exam taken by all medical students after their 6<sup>th</sup> year. They have about half a year to prepare, and it covers all areas of medicine. They are given a score, and this score determines what speciality they will be in and where they will work. As a result it is a big deal, and it will determine a medical student's future. I think the benefits of having this kind of specialisation system is that it ensures that medical students have plenty of time to consolidate everything they have learnt and have a high level of clinical knowledgeable by the time they graduate. I felt that my knowledge did not match up to that of the medical students there, nor the residents. The downside is that it means you have to pick your speciality before having even worked as a doctor. It also means your general clinical skills aren't developed, so although you will excel in your speciality you won't have that of other skills that we gain from our foundation years. The MIR is also a written exam, so it doesn't take into account other skillsets that people have that are beneficial for a speciality. When speaking with Spanish doctors, many commented that they though they preferred the MIR as it was the most fair way of judging medical students.

For the first month of my stay I lived in a shared flat in Sol, the very centre of Madrid. I found the place on an app called Badi which I would recommend. This was not my first choice in where to live, and in hindsight I wish I had given myself more time to find somewhere to live before arriving. I would suggest at least a week. Although very central, the metro line took a while to arrive at the hospital, and the area was not pleasant due to the vast number of people. For the rest of my time I stayed in an area just north of the centre called Cuatro Caminos. Here you can get to most places in Madrid within 30 minutes, and is cheap. Getting around in Madrid is very easy. For 20€ you can get a monthly under 25 pass that covers all public transport in Madrid, including their local commuter trains taking you to further out towns such as Aranjuez.

A medical student was generally expected to be in placement from 8:30 and finish at 3 with no break (although occasionally the doctors would go out at 10 for a coffee). This meant that adapting to the Spanish meal times of lunch at 4 and dinner at 9 was essential. An additional challenge I encountered was being a vegetarian in such a jamón-loving culture. I came to love Spanish tortilla and pimientos de padrón, however overall I still struggled finding something to eat in restaurants. One of the benefits of Madrid is that despite being a capital city, its prices remain low so eating out is a luxury you can generally afford. My favourite was breakfast, where you can get a coffee and croissant for 2€.

I had not anticipated having so much free-time during my placement in Madrid. As you finish at lunch time, this leaves you with the rest of the day in which to do things before a late dinner. There are plenty of Erasmus activities, sites to see, and cool shops to check out (particularly in Malsana). My favourite thing to do was go jogging at a running park in Cuatro Caminos, as the warmer climate



leant itself nicely to this. I also particularly liked going to their main park Retiro, and hiring bikes and cycling around Casa de Campo which is a beautiful protected green area to the west of Madrid. A personal highlight of mine was going to Parque de Atracciones, a theme park near Casa de Campo on the metro link. It is reasonably priced, and before the summer months begin not busy so queues are very short. Every Sunday morning there is a huge flea market called El Rastro near La Latina. It gets extremely busy, but is worth checking out at least once as there is something there for everyone. For me it was €10 denim jackets and Levis jeans.



Parque de Santander. My running spot



Casa de Campo. On the cable cars which take you from the city right out in into the middle.



El Rastro. Busy flea market held every Sunday morning in the centre

I would also recommend travelling outside of Madrid, as you will have the spare time to do it. There are also some long bank holidays where you get almost a week off placement so be sure to check your timetable for when these are so you can plan when to go away and get good deals. I spent Semana Santa in the north in Asturias, which was a lovely break from the city life. There are also several beautiful cities surrounding Madrid which you can visit in a day such as Toledo and Aranjuez.

If you're unsure on the best way to get there try asking some of the medical students, as I found that they knew all the best ways places to go and how to get there.



Toledo. My highlight from this trip was ziplining across the river.



Aranjuez. A peacock in the Parque del Príncipe.

Unfortunately whilst here Madrid suffered the worst few months of weather it had had in many years. There was lots of rain and cold days so it didn't feel particularly different that Manchester. Luckily the sun shone a lot, and during the last few weeks we were able to enjoy a few days of good weather.

Madrid is good in that, compared to other popular tourist destinations, there is a relatively low level of crime. I generally felt safe walking around the streets even in the evenings. That being said I did lose my purse whilst going round Malasaña (a busy area), which may have been an accident or theft. I would advise that you are always extremely vigilant with your phone and wallet, as losing these in a foreign country is even more stressful than at home.

My main goal of coming to Madrid was to become fluent in Spanish. This is something I truly feel that I have achieved by coming out here. The main things that helped with this were my hospital placements, particularly my psychiatry placement. An important piece of advice I would give is to not become complacent whilst on placement with regards to your language skills. I had assumed that by simply turning up my Spanish would dramatically improve, but this is not the case. You need to make the effort to concentrate whilst everyone is talking and pick out the things you haven't understood to either ask about or look up later. In addition to this, you also need to make the effort to talk and make conversation, as if not you can actually go through the day without speaking much at all. During these conversations people will also generally not correct you out of politeness, so something that may be useful is going to language practise sessions. There were 2 main ones in Madrid, 'Tandem' and 'Meet & Speak'. These were weekly events held in a bar open to anyone hoping to do language exchanges.

Another thing that helped was the fact I only lived with Spanish people. Not only did this mean I always spoke Spanish when at home, but also I was speaking with people who had excellent Spanish and that felt comfortable correcting my mistakes and coaching me. In exchange we had English speaking sessions so it was mutually beneficial. You might find a lot of the hospital staff wanting to practice their English with you, which is your decision whether or not to do it. I generally opted not

to as I did not want to fall into bad habits of speaking only English or people feeling my Spanish wasn't good enough and therefore not speaking to me. In hindsight I don't think it would have done any harm, as long as you make sure the majority of the time you are communicating in Spanish. In my free time I read cheap second hand Spanish book (there are many second-hand book shops all over Madrid) and made notes to help vocabulary learning. The one language skill I didn't develop much in this experience has been writing. Other than occasional informal WhatsApp messages and end of placement reflections I did not do any writing.

An aspect I struggled with on the ward was not appearing rude. In UK hospitals I found it fairly easy to pick up when I was getting in the way, mainly from an understanding of UK culture and the language people were using. In Spain this was much more difficult, as it was harder to judge what behaviour is regarded as good and bad. For example, in the UK if you are sat in on a clinic you are expected to be polite and courteous to the patient but never interrupt the doctor carrying out the consultation. However in Spain medical students were welcomed to get involved and interject their opinions, something which I found rude and hard to emulate especially as I wasn't familiar with the language. From having now lived in a foreign-speaking country I can appreciate how hard it is for those in the UK for whom English is not their first language, especially those working in hospitals. It is easy to dismiss these people as rude and uncaring, when it may actually be due to cultural and language-barriers. I will be sure to make an effort to get these people involved, as I know how much I appreciated all those who went out their way to talk to me and make me feel part of the team.

My future plans with my Spanish now are mainly leisurely. Although I found the time here in the hospitals an interesting experience, it is not somewhere I plan to work in the future. I am, however, looking forwards to exploring other parts of Spain and being able to fully immerse myself in the experience with my language abilities. Moving on from Spanish, I would also like to improve my French and pick up Italian, as these languages are similar and so shouldn't be too hard to learn. I will also definitely be back to Madrid in the future to catch up with the friends I have made here.