European Studies Report - Paris

Elective Information
City: Paris
University: Université Paris Descartes
Hospital: Groupe Hôspitalier Paris Saint-Josèph, 14ième Arrondissement
Departments/Supervisors:

Néonatologie (4 weeks on NICU/ 4 weeks on Post-natal ward)

- Fanny AUTRET, fautret@hpsj.fr

Urgences (6 weeks on A&E)

- Jean-Luc HAIM jlaim@hpsj.fr

Hospital Address: 185 Rue Raymond Losserand, 75014 Paris, France
Nearest Metro: Plaisance, Ligne 13
Other transport: Tram Ligne T3a

The European Option programme was one of the main reasons I applied to Manchester. I remember that when I applied I made sure to research the opportunities that were available to me as a student undertaking the ES option. The opportunity to undertake SSCs in France as well as the ultimate goal of completing my elective in France was something I couldn't turn down. In addition to this, I had always known that nature of medical school and medicine as a profession lends itself to an insular life style. Studying a language, even with a medical focus, gave me the chance to expand my interests outside of medicine. I studied French at A level and was certain that I wanted to continue in developing my language skills. I also developed an interest in humanitarianism, in particular Doctors Without Borders. The ability to speak French is an particularly useful when looking to work for humanitarian NGOs. Finally, while the weekly French lessons sometimes seemed like a chore, I am extremely grateful for that time away from medicine. The group of student that I studied with have become some of my greatest friends. For any student wondering whether the course is for them, just remember that by the time you get to the end of medical school, medicine will seem to be an all-consuming part of your life, and having a friendship group who share similar values with you outside of medicine is invaluable.

Accommodation
During my time in Paris I rented three rooms. For the first 2 months I rented a one-bed apartment in Buttes-aux-Cailles in the 13th with a friend from Manchester. We found it quite luckily through a friend of a friend, who was working outside of Paris for a few months and needed to sublet her room. The rent was 550 euros per month, and we paid the owner of the flat through "Transferwise". This is easily set up and makes transferring between English and French bank accounts incredibly easy. The 13th arrondissement has a similar atmosphere to East Didsbury, with many young professionals living in the area. While there are no big clubs, there are still a fair few bars in Butte-aux-Cailles. We were lucky to have three metro stops within 10 minutes of our apartment, and my daily commute took on average 25 minutes.

Metro stations near 1st apartment:

- Place d'Italie – Ligne 5, 6, 7
- Tolbiac – Ligne 7
- Corvisart – Ligne 6

After the first two months I spent 2 weeks staying with some friends, 1 week staying in an Airbnb. I would recommend sorting out accommodation as early as possible. For the last 3 week I stayed in an apartment in the 20th Arrodissement. This was also sublet. I found the apartment on one of the many Facebook groups for colocations and sublets. I lived with French young professionals for this period. While it was a slightly longer commute, it wasn't difficult, since the Paris metro is so well connected.

Hospital

My time at Saint-Josèph was extremely enjoyable. Situated in the south of Paris in the 14th arrondissement I enjoyed that it was slightly away from the busier northern areas. It was well connected, and if you happen to live in the 14th or 13th (the international halls are in the 14th) it is very easy to get to using the tram. The only downside is how busy the metro and tram are in the morning, however I personally enjoyed the hustle and bustle of my daily commute. I lived in multiple locations during my time in Paris,

The hospital has a café in the main foyer plus at least one other café in the building 10, which is the paediatric building. There is no shortage of cafés or boulangeries on the road outside the hospital either. The hospital itself is deceptively large with 14 different buildings with different departments in each. An underground corridor connects each department, but you can also choose to walk through the quad. There is also a very picturesque church in the quad.

Placements

Néonatologie

My placement in Néonatologie was both rewarding and difficult. My placement was divided in the same way that the French medical students would have their paediatric placement divided. The first month was spent on the post-natal ward where new mothers would stay in hospital for 3 days. During this time they would midwives teaching them he basics of taking care of their newborn baby. At day three every baby would have their newborn baby check. This was exactly the same as in the UK. There was usually one other medical student on placement with me, though they usually moved on to a different ward after 1 week. I would arrive at 8:45 and start by deciding which babies needed examining on the day (by looking at the birth dates). I would then identify the "Interne" or Chef on duty that day and present myself to them. The morning ward round would then consist of two teams, one led by the Chef and one led by the interne, with the babies divided between them. Patient notes at Saint-Josèph are digitalised, which makes asking parents questions about their medical and obstetric history easy, as I could simply use the proformas on the system. I examined at least 3 babies per day, and by the end was allowed to examine babies alone with doctors coming later to confirm that everything was ok. I would also print out the "ordonnances" (prescriptions) and explain them for parents. My days finished between 12-13H depending on how long the ward round took.
On NICU my role was more defined and included much less patient contact. I would arrive at 8:30 and start by copying the weights and heights of each of the babies on the unit from

the online system onto their paper growth charts. These growth charts also had the babies medications and milk preparations written on them. I would then arrange the babies into groups based on which nurses were looking after them. The doctors would arrive at 9 and the ward round would take place around the table, with each nurse coming in to discuss their group of babies. My role during the ward round was to determine the quantity and type of milk each baby should have for that day. This is based on a relatively simple equation, which determines the quantity of milk required for healthy growth based on size, weight and gestational age. After this I would spend the rest of the morning organising the "ordonnances" for each baby on the online system. This basically meant ensuring that each medication that was prescribed was on both the written and electronic forms. I would also carry out "Brainstem audio evoked potentials" (en francais, PEAA), and give vaccinations.

Pros of Néonatologie

- Half days
- Not stressful
- Opportunity to feed and examine babies

Cons of Néonatologie

- Limited language skill development (not speaking to patients)
- Team did not really give me and introduction
- Didn't really learn any medicine, mainly worked out milk feed quantities

Urgences

My time in A&E was incredibly rewarding. I spent the full two months in A&E and was treated as part of the team. I received a swipe badge which gave me access to the entirety of the A&E building. I spent my time in A&E taking histories from patients, examining them, writing up my history and findings on the online system, presenting them to a senior doctor, and then reviewing the patient with the doctor. I was placed on the medical student rota which was designed by the medical students themselves. We worked 3 full days per week, 8:30-6:30. Often we would finish by 6. I spread my time between majors and minors, allowing me the opportunity to see patients with significant disease as well as practice practical skills like suturing and plaster casting. I also attended the teaching sessions put on my A&E staff for the medical students. I was able to undertake 2 night shifts on call, which were paid 50 euros per shift. These shifts can be hectic, but mine were relatively quiet. There is a medical student on-call bedroom where we are allowed to sleep if there aren't many patients during the shift. I managed to get to sleep from 4am to 8am.

Pros of Urgences

- Only 3 days per week
- Extremely good for developing speaking skills
- Extremely good for medical experience
- Acute presentation of patients means quick turn around, able to see many patients without needing to go into too much depth about their medical history (a problem many of my colleagues had to deal with)
- Very welcoming consultants
- Surprisingly relaxed environment overall

Cons of Urgences

- At times stressful, especially when presenting patients at handover

- Potential for 6th year students to take advantage of you as a person to take their shifts (they have their "concours" at this time so they want to be away revising)

Reflection on Differences between French and UK Systems

My time in France was extremely rewarding, and very educational. This reflection on the French system focuses on three important aspects of my elective.

1. My first observation is on the way in which the French medical system approaches diagnosing and investigating patients. In the UK efficiency is extremely important. We are taught that if a test is unlikely to improve patient outcome then it should not be carried out. In France it often seemed as though the opposite were true. Though it sometimes seemed haphazard there are definitely benefits to the French approach. The basic philosophy behind French health care is that an absolute diagnosis will lead to better outcome. This is obviously true to a certain extent in the UK as well. A patient with a cough should be investigated to find the cause of the cough. The goal however is to exclude the most serious condition. Indeed when we are taught to take histories we are taught to create a list of the most likely differentials, but to ensure we investigate to rule out the most serious possibility. We place importance on investigations, which have a high negative predictive value because they allow for us to say with some degree of certainty that the patient is unlikely to have a serious disease. In France, ruling out serious disease is just the beginning. Patients are often admitted to wards for the sole reason of investigating their illness despite their symptoms being minimal. There were many patients who would present to A&E with a specific genetic diagnosis of a rare syndrome, but for which there was no treatment, and which would rarely change their management for whatever they had currently presented to A&E with. We are taught in the UK that over investigation leads to a disproportionate number of diagnoses being made, and excessive stress or anxiety being placed upon patients. My experience in France, however, showed the contrary. Having a diagnosis put patient's minds at ease. Putting a name to whatever collection of symptoms they had allowed them to move past it. It is essentially another method of addressing patients concerns. While in the UK we assuage concerns by reassuring patients that they are safe, the French method provides patients with what is an inherent desire to know exactly what is wrong. As these patients have had their concerns definitively addressed, they tend to have a better overall view of healthcare. I believe this fosters a better baseline rapport with patients, in particular helping with issues of adherence and compliance. While I do not believe this is something that could be easily applied to my own medical practice, reflecting on it has encouraged me to be open to different ways in which patient rapport can be thought of as a long term goal, not just something to create within an individual consultation.

2. My second reflection is based on my observation of the interactions between patient and doctor in France. Following on from the idea of French doctors having a better baseline rapport with their patients, I observed how this has had knock on effects on the way doctors often interact with patients. It is a common complaint by doctors, GP and A&E staff in particular, that patients do not appreciate the services available to them, leading to the services being misused. French doctors were direct and oftentimes abrupt with patients. They themselves had little patience, and tended to take their patients rapport for granted. I have written a reflective piece on the implications of this patient-doctor relationship on safe practice, in which I concluded that the relationship that we have with

our patients seems a much safer one. However it would be naïve to reflect on my experiences and not take any positives away from them. French patients have a lot of respect for the opinion of doctors. If we were able to employ some of the French style into our practice, we might be able to have more patient encounters where neither party takes the other for granted. One example would be not shying away from frank discussions with patients. The risk of offending patients is terrifying for medical students in the UK, whose ability to learn is often entirely dependent on the rapport they can build with a patient. I believe that asserting the importance of things like antibiotic resistance, misuse of analgesia, and inappropriate presentation to emergency departments, can create a more educational environment for patients and allow the creation of this longer term rapport.

3. My final reflection is a positive one, and it is on the role of medical students. The role of a medical student in France is very different to their counterpart in the UK. If I were to pin it down to a single factor, I would say that medical students in France are considered a part of the team. As a final year medical student in A&E, they are expected to attend at least 2 full days per week. The rest of the time they are free to spend their time working as they see fit. There are multiple small teams made up of a consultant, a junior doctor, a nurse, and the final year medical student. The medical student's shifts are the same as the consultant's and junior doctor's on that day. The student has the physical ability to do everything that a junior doctor can do; take a history, examine a patient, write up their findings, and order any bedside investigations or blood tests that they seem necessary. The only caveat is that they must discuss their case with the consultant, something that even the junior doctors have to do.

By giving students this level of responsibility, their learning opportunities increase greatly. It is a well-known joke in the UK that medical student is redundant person on the ward. As much as individual doctors and nurse may try to integrate some students into the team, they are still seen as additional and unnecessary. This is completely the opposite in France. Medical students form a part of the rota. There are a minimum number of medical students that must be on call for A&E, Obstetrics, and Psychiatry at all times. From 3rd year onwards medical students are put on this rota and they are paid for their time. A month's income of around 250 euros is average, with night shifts being paid at a rate of 50 euros/shift. Overall this represents a difference in hierarchy in the French medical education system, which I found to be an enriching, albeit challenging, environment.

<u>Linguistic development (300)</u>

Personally I feel my French language skills have improved greatly. In particular my reading and listening skills, which have always been weak points, improved drastically in the second half of the elective. I found myself picking up conversations on my commute by the 3rd month, and I was just about able to make jokes with other passengers by the end. I believe the main reason for my linguistic developments were twofold. First, my placement on A&E threw me in at the deep end. My supervisor asked me how I would like to structure my placement when I started. Luckily one of my friends from Manchester had just finished her placement in the same department, and so she had explained a lot of how it works to me. She is Parisian herself, but she encouraged me to fulfil the same roll she had undertaken. I requested that I see patients and present them in the same way as the

other medical students. This forced me to speak to both patients and doctors, and to practice some very useful skills which I might otherwise have ignored. For example, A&E is very much an informal setting, which made history taking much less formal than it normally is in hospital. I practiced both how to converse informally, and also how to explain medical information informally. This is of course something we are taught well in the UK, but translating this into French was particularly beneficial. Additionally, typing the histories and examination findings onto the online system helped me develop my writing skills.

Inter-Cultural Understanding

As explored in the reflective part of this report, there were a few cultural "shocks' which become evident during my placements. In particular, the relationship between patient and doctor, and the surrounding culture which both created and perpetuates this relationship, carries with it both benefits and costs. I believe it is beneficial in the way that it breeds a trusting relationship between patient and doctor. Issues with compliance become less of a problem, and patients take an active interest in their health care. On the other hand communication skills have been ignored by the educational faction of medicine, leading to a lack of empathy in day to day practice.

Outside of medicine there was a definite sense that the Parisian stereotypes had some truth to them. We all found it difficult at time to speak French when people chose to speak to us in English simply because our accent was a bit off. I personally found this less of a problem as soon as I stopped letting myself get annoyed by it. By allowing someone to speak to me in English, and replying in French, I found my fluency improved. I was able to respond much quicker as I didn't have to focus as much on the listening aspect when they spoke in English. This then developed in to better fluency when people did speak in French to me. In general I would suggest sticking to your guns and speaking French as much as possible.

Future Plans

I plan on volunteering for an NGO at some point in the future to get experience in the humanitarian sector. I would love for this experience to be in Paris, or at least in France. I will definitely be looking for an opportunity to continue to speak in French when I move away from Manchester; I have identified a few French book clubs for beginners. Apart from this I have no immediate plans to progress with my French language skills, but I have no doubt that the opportunities the ES course has opened up to me will benefit me in both my personal life and career.

Practical Issues

Placement – prepare to feel unprepared. Embrace that tutors won't always know what we're meant to be doing, as Erasmus students and use it as an opportunity to self-organise your placements. Unless you have a particularly strict supervisor, preparing before hand what you want to get out of the placement will actually be useful.

Accommodation – Look for accommodation early! I know it's a pain when you're revising, I

would suggest starting to look in the summer before 5th year. If you search "Paris Colocation" on Facebook there are a few different pages. Once you're in the group message as many people as possible (I messaged 50 before I got a proper response). I would not suggest using "ErasmusU", one of our group had pretty terrible accommodation set up where he shared a flat with a 70 year old lady, which as cute as it sounds was a pretty big hindrance to his social life. The accommodation at "Cité Universitaire" is a safe bet, with rooms having a self-enclosed space for cooking and toilets. The only downside is needing to have your own bedding, cutlery, crockery etc. You can prepare for this by packing all the things you would need. In terms of where in Paris to live, I preferred the north. The 9th, 10th and 19th were particularly lively and interesting areas to live in.

Transport – Buy the Navigo card from any metro station. Costs around 75 euros for the month. Keep the receipt and give it to the hospital responsible for paying you. They will reimburse you 50%.

Friends visiting – Use the 1 day weekend tickets which cost less than 4 euros and last a whole day. Also look out for "high pollution" days where tickets are reduced and can be used for the whole day.

Language Skills – I highly recommend "Le Tchip" and "La Poudre" as podcasts. I listened to them on my daily commutes. Le Tchip has a lot of sarcastic conversational humour, which I feel really helped me to start to notice more nuanced aspects of everyday conversational French. La Poudre was more for learning more specialised vocab as guests often spoke on very specific topics. Additionally French theatre and comedy is very popular in Paris, make use of the Art-house Cinemas in Paris