



PLACEMENT REPORT

UNIVERSITÉ PARIS DESCARTES

Jan – May 2018

Why I chose to study on the European Studies programme

The European Studies programme was an opportunity to add something extra to my medical degree. As well as the obvious benefit – a long placement in France at the end of my five years – I benefitted from the chance to improve my French language skills and confidence in communicating in unfamiliar situations.

Although my French language skills had never been particularly strong before joining the programme, I was confident in my ability to improve over the course of the years of teaching before leaving for France. Two hours of classes per week can feel like a lot on top of Medicine, but the classes are a great learning experience, you gain French language qualifications and importantly, you will get to know the other students who you will eventually be spending time away in France with.

Living in Paris

My original planned accommodation fell through at short notice. As a result I found myself renting via AirBnB for the duration of my time abroad in Paris. I stayed in two different studio apartments – one in the 17th Arrondissement and one in the 14th Arrondissement. As a result of French laws regarding subletting of apartments it can be difficult to find short term accommodation that is available for the entirety of the 16 week placement.

Whilst using AirBnB was more expensive than I would have ideally liked, it was the best option for me at such short notice. I would strongly recommend looking into accommodation well in advance of the placement, in particular taking time to enquire about university accommodation such as the Cité Universitaire. (<http://www.ciup.fr>)

Wherever you live in Paris there will be plenty of shops and bakeries. Prices are a little steeper than in Manchester but discount shops and familiar European shops (Lidl and Aldi) can be found throughout the city. Local shops can also offer some good prices on fresh produce as well and are well worth looking at.

Paris was, in my experience, a very safe city. Provided that one practices generally sensible precautions there is no more risk than in Manchester – keep hold of bags on the metro, don't leave phones out if sat on terraces (passers by have been known to snatch them) and be aware of your surroundings. Street begging is more commonplace and beggars will often approach you on the metro but I never experienced any aggressiveness or persistence.

Getting Around

The Paris Metro is easy to use and allows access to almost all of the city very easily. The network criss-crosses the entire city and there are very few places which don't have easy access to a metro station, or failing that a bus or tram stop. The larger trains also link to the surrounding areas and are easy to use. The network is in general very efficient with delays being rare. Whilst I was in Paris there were some rail strikes affecting the larger RER trains but this had no impact on the metro within Paris itself. I would however strongly advise checking up on rail news ahead of arrival as strikes are not uncommon. Vianavigo.com is a really useful website for planning journeys in Paris.

The easiest way to use the metro is by purchasing a Navigo Pass: it costs about €75 per month for unlimited travel throughout Paris and the Transilien region on the metro, RER (larger crosstown trains), trams and buses. Up to half of the cost can be reimbursed by the hospital – keep the receipts and take them to the Bureau de Staff Médicale.

The Navigo pass runs according to the calendar month – so on the 1st of every month expect to need to queue up for a long time waiting for a ticket machine to renew the pass. It can sometimes be easier to buy a €1.50 single ticket the day before, use that in the morning and renew the pass later in the day when the queues have dissipated.

Enjoying Paris

Paris is, of course, one of the most visited cities anywhere in the world and the city is full of famous sights (Eiffel Tower, Arc de Triomphe, Les Invalides and so much more) and museums (the Louvre, Musée d'Orsay, centre Pompidou and again lots more). Being there for 16 weeks means that it is possible to see as much as you could want. Check beforehand as lots of museums are free to students and EU citizens under the age of 25 – keep your ID and student card with you in case you stumble upon something. Many museums are also free to enter on the first Sunday of every month – but they are commensurately busy on these days.

Parisian *gastronomie* is something important and impossible not to experience. Everywhere you go you will find endless restaurants, brasseries and cafes. It's better to try to eat away from the tourist areas and to do a little research before going out for a meal – a lot of places are overpriced for what they serve. Good food can however be found almost anywhere in the city – make sure to try your local cafes and pass by your nearest boulangerie regularly – the quality in bakeries is unlike anything in Britain. Be sure to try some hot chocolate, wine on a terrace, patisseries and viennoiseries and a ham and cheese baguette (a Parisian staple).

The afternoons are an excellent time to explore Paris (as you will often be free). Walking through some of the central districts can be fun and often you'll find that you stumble upon another historical site, beautiful building or great food outlet as you wander. Some of the nicest areas to explore are the central arrondissements (which also contain the most tourists) as well as the further out on the Rive Gauche (south of the Seine). Paris is also filled with parks, big and small which are excellent places to enjoy the sunny days that you will have towards the end of your time in Paris.

Medical Studies at French Universities

In France, my experience was that students were much more work-focused and competitive than they are in the United Kingdom. This is probably a product of their medical school system – at the end of the first year of studies students sit exams which determine whether or not they will be able to continue in medical school, with only 20 to 30% continuing on in their medical studies.

Following two further pre-clinical years students begin their clinical attachments. At this stage they are often referred to as 'externes' (which is technically an outdated term, but still sees common usage). Across these three clinical years students spend their mornings on clinical placement and have teaching in the afternoons – so half days are the norm for French students.

Whilst on clinical placement students have many more responsibilities than UK students. They are expected to play a role in the provision of the medical service. This often takes the form of arranging notes, doing ECGs, phoning labs and other administrative tasks. It is not uncommon to hear French students complain that they sometimes feel like secretaries. Practical skills such as venepuncture and catheterisation are not performed by students and rarely by doctors – they are seen as nurses' jobs and as such there are very few opportunities to practice these skills.

This does mean that sometimes learning on placement can take a back seat in some circumstances as there is a serious expectation placed on students to ensure their tasks are complete. The other

side to this though is that French students are paid for their work on placement. The pay is not very much at all (around €250 per month), but it does help with some of the financial pressures in Paris.

There are exams every trimester, often on topics unconnected to the placements that students may be on and so students will spend most of their free time studying. In addition, all students must sit the ECN (Epreuve Classante Nationale), an exam which every student in France will sit. This exam determines their rankings which are used to apply for positions as hospital internes – including the specialty and location of their future career. This is naturally a very high pressure exam and so students will often be found studying for it - no matter how far away it may be. This does mean unfortunately that French medical students are not always very sociable – they get very little free time away from their studies.

1st Placement: General Paediatrics at Hôpital Necker Enfants-Malades

My arrival at my 1st placement was rather disjointed. I arrived in late January, but as the French University trimester begins at the start of January it was clear that my arrival was something of a surprise to the department. Fortunately I was able to introduce myself to my supervisor and explain the situation, after which I was placed with another group of French students on the ward, who helped me acclimatise and explained what I needed to do.

The placement on the ward consisted largely of seeing and clerking the new patients before they were seen by the interns (and presenting them if time allowed). Each student would pick up one new case per day and you are expected to follow your patient from admission through to discharge. I would clerk each patient, taking a full history and examination

Once a week there is a 'visite' which is a full ward round by one of the Chefs de Cliniques during which all Externes are expected to present the patients they have seen to the Chef de Clinique. This is quite a high pressure situation – especially just after arrival whilst still getting up to speed with the French language, but most of the Chefs de Cliniques are understanding. The Chef de Clinique will always find something to pull you up on, but they do it to everyone so it becomes something of a bonding exercise amongst the externes.

Every Thursday there is also an MDT during which Externes would present the 'interesting' cases (as decided by the senior doctors). If a patient you are following is to be presented then it is your responsibility to organise the presentation. This was not too difficult to do but can sometimes add time pressure to what can already be a very busy day. Sometimes I was also asked/allowed to present in English so that the medical staff could practice listening to an English presentation.

One of the key responsibilities of the Externes is ensuring that the patients' dossiers are arranged and fully completed – this includes the full history, examination findings, past history, family history (as a family tree), vaccinations and growth charts. It takes a while to get used to putting all this information together and working out where to find it – all patients will have a Carnet de Santé (the equivalent of the Red Book) which should contain most of this information. I was told off several times in my first few weeks for not having found all of this information (even when it probably would not have been relevant).

Overall this was a very interesting and enjoyable placement – the department sees a very wide range of pathologies, from hereditary disorders and rare diseases through to psychiatric illnesses. There is a lot of patient contact and plenty of opportunities to practice examination skills as well as improve knowledge and practice presenting patients.

2nd Placement: Paediatric Surgery at Hôpital Necker Enfants-Malades

The beginning of my second placement was much more smooth – beginning at the same time as all of the French students who were also on the placement. Following two days of induction and some early teaching we were told to divide ourselves into two groups and arrange our own timetable. The placement was split between ward placement and theatres, with outpatient clinics once per week.

Each day began at 8 AM with a meeting of the surgical department. New patients would be discussed and their scans reviewed, discharges discussed and updates given on all of the inpatients. There were frequently disagreements between some of the senior surgeons during these meetings about plans, results and approaches.

The ward placement was sadly not particularly interesting. Each day would begin with a ward round, during which Externes are charged with ensuring some kind of continuation notes are kept – there is no official system but it is important as nobody else will do it. After this, the Externes are required to prepare the documents for patients who are to be discharged – most importantly the ‘Compte Rendu d’Hospitalisation (CRH)’ which is essentially a discharge letter. This is the reason it is important to keep the continuation notes; without them this documentation becomes much more difficult to write up. All the discharge paperwork needs to be verified by the interns and they may tell you to stay whilst they correct any issues.

Outpatient clinics were more interesting and so I spent as much time there as I could. Most clinics that students were advised to go to were new patient clinics and so there were opportunities to take some histories and examine patients, as well as discuss management plans with the surgeon in clinic. Although I was assigned to one particular surgeon’s clinic, it was easy enough to sit in on another clinic if I asked beforehand.

My experience of theatres was mixed. As Hôpital Necker sees children with some very serious and rare diseases often there are very interesting cases being treated in theatre. However this can make it more difficult to understand exactly what is happening as a student – surgeons often do not take the time to explain and it can be difficult to find opportunities to get scrubbed in. Despite this there is still much to be gained from going to theatres – often some of the internes will be observing the interesting cases and will be happy to answer questions from students.

I was required to do a few ‘astreintes’ – weekend days on the ward. In general these were very relaxed when compared to the weekday shifts. There was less pressure on time and no need to rush. The supervising intern would normally allow me to leave relatively early and there was much less work to be done. That being said, these days were not particularly intellectually stimulating.

Practical Issues

Opening a French bank account is necessary in order to receive payments from the hospital – and it can be helpful to avoid card charges from abroad. In order to open a bank account in France it is necessary to have a lot of papers and information proving your address. Most university accommodations will be able to provide this information but this can be difficult if, like me, you are in an AirBnB or similar accommodation.

To avoid this issue I used an online only bank called Nickel, for which all that was required was a postal address and internet access. There are some other online banks too. Whilst there are some disadvantages with online accounts in the circumstances it worked well for me. I would strongly advise anyone going out to look into this properly before their arrival – in some cases it might even be possible to open the account before you leave. The Cash Passport provided is useful for the initial

stage of the placement but since it charges for withdrawals it's better to get a French debit card so that you aren't losing money on the cost of withdrawals.

All medical professionals (including students) wear lab coats in the hospital. Every hospital will have a slightly different system but they will provide lab coats for students. There is a deposit to pay and it is very important to keep the receipt given to you, otherwise you won't get the deposit back.

My hospital (and most others) also have canteens where you can get a good quality hot cooked lunch. The food is much better than you might expect from a UK hospital's canteen. Normally they operate on a meal ticket system. At Necker a ticket costed €2.20 which represented very good value for money overall.

Differences to UK Hospitals and Practice

So-called 'paternalism' is much more prevalent in French practice. Whereas in the UK the choice between treatment options might be made with the patient, in France it is often made in the doctor's office. It should be said however that patients expect this. When I discussed the options of treatment with patients, I was often met with responses to the tune of 'just do what you think is best' with very little other enquiry. Notably, when I encountered patients from the UK and USA being treated, I noticed they were somewhat thrown by the directness of the discussion of treatment and it was at times helpful when I discussed the modalities with them.

France operates a socialised medical system of public hospitals paid through both government and insurance means. Doctors working in these hospitals are remunerated as such. However, patients can book directly to specialists (without referral in some cases) and even to named specialists. Some doctor's earnings are linked to their outpatient work and so this creates an incentive to ensure that patients come back to them. This is often seen as an incentive for doctors to ensure they provide a 'good service' - in the hope of ensuring their patient will follow-up with them. Safeguards prevent doctors from creating unnecessary appointments but it is an interesting perspective on incentivising good care. I did wonder whether it might encourage doctors to be more willing to acquiesce to patient demands for particular treatments, but in my experience this was not the case.

As French doctors enter straight into specialty training during their internship one often finds that their knowledge outside of their own specialty can be less broad than one might expect from a UK doctor. Interns are expected to produce a thesis as part of their qualification – there is a much more academic mindset within medical training in France.

Linguistic Development

I was nervous before my arrival – despite passing my B2 and C1 exams I still did not feel that I 'spoke French'. Of course, I experienced an initial 'culture shock' arriving in France – no matter how good your French is it takes time to adapt to speaking and working in French. For the first few weeks I did find myself muddling through as best I could, but my French soon improved. It is very noticeable how quickly conversational skills improve after a few weeks of hearing French every day. The other externes were friendly and helped me with my French as well – they were happy to help with tasks that my French wasn't good enough for and to help my vocabulary.

Working in a paediatric department added an additional layer of linguistic challenges and learning with regards to speaking with the children. It is a useful skill to pick up and not at all difficult. Also, French children take great delight in laughing at foreigners' attempts to speak French and their accents, so making a few errors isn't such an issue!

I also helped with some of the English classes conducted in the university which was a great experience. Looking at the languages through the other lens gave me more of an appreciation for the French language and how to speak more like a native – seeing the errors the French make trying to speak English can actually help to understand how to put a French sentence together. The students learning medical English are all very enthusiastic and it was a very positive and enjoyable part of my experience in Paris.

Future Plans

Although I greatly enjoyed my time in France, I would probably not choose to pursue a medical career in the country. The concours system (the ECN and other exams) is a little off-putting and I found that the medical training was much less flexible than in the UK – it is much harder to change specialties and move between hospitals at an early stage which to me is a very significant negative, especially if, like me, you are unsure exactly what specialist pathway you will follow. I will definitely be returning to France again, but probably only for holidays.

Useful Contacts

Erichetta Mazerat (erichetta.mazerat@parisdescartes.fr)

Erichetta works for the Bureau Des Relations Internationales at Descartes University – she will be your main point of contact for everything at the University and is normally the best person to go to with any queries or issues. She is also the person who is responsible for ensuring all the Erasmus paperwork is fully signed off.

Philippe Persiaux (Philippe.Persiaux@parisdescartes.fr)

Philippe is one of the English teachers for the medical English programme at Descartes. He is very enthusiastic and will probably get in touch with the Erasmus group early on to see if anyone would be interested in helping out with the English lessons.

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