

Why European Options?

I have always enjoyed languages throughout school and for A-Levels chose to do Maths, Biology and French (with Maths at AS levels). Because Medicine was my main focus I decided to add Maths instead of Spanish as the fourth subject but that was a reluctant decision. At the time of applying, the University of Manchester was the only Medical School that incorporated medicine and languages in a recognised degree. The opportunity to couple medicine and languages was a great way to expand my medical career options.

Why Lausanne?

I was fortunate enough to undertake my Year 3 PEP in France so really wanted to experience the health care system of another Francophone country. Switzerland is a country I would consider working in for some time so the opportunity to do a four-month placement was an incredible one.

Pre-placement fears and expectations

Fluency: I was rather apprehensive about my French fluency especially after intercalating between years 4-5 that meant that as well as pausing medical studies there was an extended pause in French lessons. Because I anticipated this, I tried to keep up with my French during my intercalation year by watching films and reading French novels. I would recommend signing up to the Alliance Francaise in town as they have a lot of resources.

Finances: I was also worried about finances as four months is a long time to live out. To help with this I was able to stop my rent in Manchester at the end of January so there was no double rent to pay. If you pass exempting exams in January there is just a week of university at the end of May you will need to be around for and a few odd days like graduation and PSA exam. If you are not planning to stay in Manchester, I would suggest to try and find a way to sub-let or release your contract. For people who did not pass exempting and had no accommodation there were plenty of students still in Manchester to crash with. Switzerland is not part of the Erasmus scheme and instead use a programme called Swiss Mobility. The amount we were paid was actually more than you would receive from Erasmus. In addition to this, the hospital also gives you a monthly salary which is rather generous. These two payments meant that financially Switzerland was actually a very enjoyable experience. However with the salary is the expectation of course to be very active on the wards which I will discuss in the next section.

Hospital: Before coming I expected quite a busy placement as mentioned from other students' reports. I was also expecting a very efficient healthcare system considering that life expectancy in Switzerland is around 10th in the world and the country also has among the lowest patient: doctor ratio. However my placements (L'acologie, Les Maladies Infectieuses, La Sante Publique) were all new placements that I had no previous exposure to which I was excited about however meant a steeper learning curve. Before each placement I did some light reading to familiarise myself with the vocabulary and key illnesses.

Pre-placement preparation and Settling in

Flights in January were very reasonably priced and I came 5 days before the start of my placement (including two days over the weekend). I had a week after exempting exams to move out of my flat in Manchester, move back home and then finally fly out which was enough time however this did require planning during the revision period especially pre-placement paperwork and accommodation hunting.

The University of Lausanne were helpful in this process and provided a checklist of things to do on arrival:

- ✓ Report to the Foreign office
- ✓ Present your European Health Insurance Card to the OVAM office
- ✓ Collect your campus card and IT access at the university
- ✓ Validate your campus card
- ✓ Activate your IT access online
- ✓ Visit the mobility office of your choice
- ✓ Open a Swiss bank account for the grant
- ✓ Return the "Contrat de Bourse" to the university

They also gave some additional information about extra things to bring such as passport photos, which made the administration process (which there is a fair amount of) much easier. I would really recommend having at least two working days before the start of your placement in Lausanne to do all the administration. There were a few things that I had to come the following day for, as I had not gotten all the information and necessary documents. Certain public offices such as HR at the hospital and the Health Insurance office close rather early too so this also gives you leeway if you miss closing hours one day.

Accommodation

This is a lengthy reflection on my experience of my accommodation choice however after spending quite long hours at hospital I think it makes a lot of difference enjoying where you spend the evenings.

I applied for both hospital and university affiliated student accommodation. In addition to this I also researched private spare rooms. In the end, though I was offered university and hospital accommodation I chose to live with a Swiss girl in a 2 bed flat.

Student accommodation	Hospital accommodation	Flatshare
<ul style="list-style-type: none"> •Cheaper than flatshare by 90 CHF per month •5mins walk to CHUV •Can meet many students •Cooking utensils and bedding not provided •Shared space with many students •Can be hard to secure 	<ul style="list-style-type: none"> •Easier to secure than student accommodation •Studio rooms with quite a few locations •Pricey •Can be quite isolated socially 	<ul style="list-style-type: none"> •Cosier option •Can get to know flatmate beforehand •Kitted out with most things you would need •Ideal for more 'mature' students •Was 90CHF more expensive than student accommodation •25mins commute to CHUV (bus + metro)

Your choice of accommodation will depend on many things however for me a flat share was the perfect option for me as I got on very well with my flatmate during video calls we did before me moving in and we became very good friends and I was invited to spend the weekend with her family in the Italian region. The commute to hospital was very reasonable in my opinion as I had a choice of 6 buses and just two stops on the metro. Also I would have gotten a transport pass regardless so the transport was not an extra cost. I also enjoy cooking a variety of foods and hosting people so being limited with cooking utensils would have been difficult for me for four months. I was lucky enough to meet some Irish medical students who lived on my road in a flat rental. Therefore it was a great base to have fortnightly dinner parties. In addition, there was enough space to host friends and family when they came. I also lived 10-15 minutes walk from town, which was a great convenience when public transport closed after midnight. Lastly, the flat was 10mins walk from church, which was another advantage.

However this option is not for everyone and depends on your personality. Though student halls may seem cheaper, depending on how much you enjoy cooking and the utensils and bedding you will need to buy (and probably leave behind) the costs are likely to equalize. Also, one of the student halls is just across from the hospital however I only spent 6 weeks out of the almost 4 months at the main hospital. The other weeks (which was the majority of the placement) I was at different sites such as the Psychiatry hospital and the Research centre therefore there was no need to be located right by the hospital. This is something to consider if you're choosing non-clinical or community based placements.

Health system and hospital culture: what I learned and experiences

I had already completed the student assistantship before coming like all European Option students however the expectation of medical students at CHUV

was much more than I have experienced in Manchester. This may be partly due to the fact that students are paid by the hospital but I think its more the culture of learning that is an apprenticeship style.

Alcohol team: The first two weeks of this placement was at Cerys Hospital and the last two weeks at the main hospital, CHUV. Work wear is very casual for doctors here. I would not wear ripped jeans for example however normal jeans, top and even trainers were commonly worn. I still found myself wearing smart causal outfits out of habit but less smart than I would wear in the UK. Generally, covered shoes must be worn. I needed a train from town centre (Lausanne-Flon) to get to the first site and door-to-door the journey took about 40 minutes as I usually got the bus to town then the train. This was a unit where patients with chronic alcohol consumption can be safely withdrawn through benzodiazepines and psychological support.

My role in this placement was less well defined and I think this may be because they do not often get medical students. Saying this however, I was provided with a personalised timetable of things to do and observe. A typical day in the first half of my placement would start at 9am (later start compared to most placements which typically start at 8) with the morning 'colloque' to handover to the day team and then clerk in new patients in the morning. There was usually only one or two new patients a day, sometimes none, as the average duration of stay for each patient was 14 days (10 days minimum) and there was a limited number of beds. Clerking in would be an hour consultation with a doctor and a nurse in a private room where an alcohol history would be taken but also a very detailed social history in addition to the general components of a medical history. After this a physical examination is done. My role during the consultation was usually observatory and then after the doctor and nurse would discuss with me what I thought. This was partly because the doctor led the conversation with the patient with the nurse adding occasional comments and also because I did not feel confident in my French to pose questions, especially in often sensitive contexts such as physical and sexual abuse and extensive substance abuse. I however did conduct many of the physical examinations that were sets of observations, respiratory, cardiovascular and abdominal examinations and focussed cerebellar exam.

The afternoons I was able to observe the therapy sessions such as auriculotherapy, mindfulness and sophrology (physical and mental exercises to improve well being). Afternoons were also the opportunity to sit in on MDT meetings with the patient, a family member, doctors and nurses from the site and health professionals from other sites or specialities such as rehabilitation 'halfway' centres. The last two weeks of this placement was based at the main hospital. In the mornings we were on call for the emergency department which involved talking to patients who were brought in with alcohol-related presentations. The afternoons were scheduled for outpatient consultations for patients who were maintaining abstinence or controlled consumption in the community. Again, my role was mainly observatory but there were a few patients I had met during the first two weeks at the unit who were now under

outpatients, which allowed me to engage more in the consultation, as I knew their background.

The most enjoyable aspect of this placement was the opportunity to really see holistic medicine in practice. As a student there is a lot of opportunity to observe different types of therapy that may challenge and broaden your idea of medicine. The unit is also a great way to get to know patients and their stories as you are all there together for two weeks. The hours are also less intensive. However a negative is that if your French is not so strong, which I felt mine was not, it limits how much you can engage as there is a lot of discussion and conversation often 90 minutes long with not much opportunity to ask questions to clarify.

Infectious Disease: This was the most challenging placement. Hours were 8am to 6pm everyday with an hour lunch break and supervisor expectation was high. At the start of the placement I was offered two options. Either to stay at the main hospital where they conducted outpatient consultations or spend the month at Beaumont Hospital (still on the main hospital grounds but an inpatient setting). There were three medical students on this placement, all final years, which was also the reason why we had to separate across the two sites. Also the medical team preferred getting to know a student for the month entirety so it wasn't really encouraged to split the month over the two sites. If you are interested in Infectious Disease the advantage of staying in the outpatient clinics is that there is a huge variety of cases and often it is consultant level cases. However, this is also a disadvantage as there is limited opportunity to speak as it is mainly observational and you would not be able to lead any consultations and take charge of patient care.

For this reason I chose to be at Beaumont hospital, with the option of spending the odd afternoon at the main site to sit in on consultations. The advantages of choosing inpatient Beaumont hospital is that I became very familiar with the patients as most of them are critically unwell and stay for at least a couple of weeks. I was also able to do many clinical procedures myself such as a lumbar puncture, skin biopsies and intrathecal injections. I also assisted in inserting central lines. This was an incredible opportunity to do skills that I have not yet done independently before starting foundation year.

In terms of the ward, there are 14 beds and around 10 of them are haematology oncology cases such as leukaemia. Because of this the team worked very closely with the haematologists and there was at least once a week grand rounds with the infectious disease doctors and haematologists. These patients are those who are at risk and often have severe opportunistic bacterial, fungal or viral infections. Though this is interesting learning it is extremely complex medicine which is perhaps a disadvantage to this placement. It is difficult to follow their treatment as it is personalised chemotherapy regimens and their antimicrobial treatment is equally advanced and challenging to understand especially in another language. However the remaining beds were for other cases which were primarily TB and HIV. This was great clinical learning and I saw signs and complications such as Kaposi Sarcoma.

My supervisor put me in charge of the TB patients so my typical day involved the morning colloque where the head nurse debriefed the doctors on any updates. I then saw my patients independently, took a history and examination. I typed up the notes and suggested management plans. In the afternoon I would discuss this with the supervisor and then we would initiate new management. I also liaised with TB nurses, social workers and family members. There were a few conferences I was also able to attend.

The benefits of this placement is that I really felt it prepared me for working life as a foundation year doctor. I learned how to work well independently but also part of a team. I also saw interesting clinical cases and was able to perform skills like lumbar puncture. Points to be aware of is the complexity of the cases which make the placement very challenging.

Public Health: I am very interested in a career in public health and was excited to have this placement. I spent the last 6 weeks here (as the European Options placement is not quite a whole 4 months). It is best to have a longer placement here as most students have the opportunity to get involved in research and writing a paper. This is not compulsory but I think it is a great opportunity to try and get a publication before starting work as a foundation doctor.

A typical day here started at 9 in the morning and finished at 5pm and was based at the Institute of Social and Preventive Medicine (IUMSP). This was therefore office based and the workforce was extremely diverse with regards to both the specialities and nationalities. There were some medical doctors however there were also PhD students from various backgrounds such as nutrition or bioinformatics as well as statisticians and other scientists. My supervisor contacted me around 5 months before the start of the placement to discuss possible project options I could do during my placement. It was suggested that I start some work before the placement to optimise my time there but I found this really difficult to do alongside exam prep and sorting out placement administration such as paperwork, flights and accommodation and moving out of Manchester. However, if you do have time I would suggest light reading as you will likely complete more during your time.

I wrote a paper looking at indicators of impaired physical capability and how they change over the life course and in relation to socioeconomic status variables and cardiovascular risk factors. My professor allowed me to work from home when I wanted however as I was more productive in the office I came worked from there. This placement was very intense and I did find myself doing work over the weekends and at home in the evenings though I think this is because I had set myself a personal goal to write a paper for publication in six weeks and I am very interested in this field. However, writing a paper is not compulsory and there are other options and lighter reports that can be done.

The advantage of this placement is the opportunity to write a paper however the disadvantage is that this comes with a lot of work. I had to learn about statistics and also the topic of the paper changed after two weeks so this again set quite intense time pressures. The institute is very multicultural from a European

perspective and English was commonly spoken between people as not everyone was French speaking. Around half of the people I met spoke to me in French though many preferred to speak in English either to practice or because that was their preferred language. The paper was also written in English and the literature search yielded solely English language papers.

The Swiss are obliged to take out healthcare insurance which provides them access to a national standard basic healthcare however there is the opportunity to pay more for 'premium' services. With regards to the working culture within the hospital this was slightly different according to each placement but overall I found team relationships were more personal here. For example the Swiss greeting of three alternate cheek kisses is also done in the workplace sometimes however wait for them to initiate that before going in! The lunch breaks are also protected here which means an hour of bonding over lunch. This really strengthens team bonds and relations.

Differences and similarities in culture and system

The main differences I noted were the closeness of relationships in the work place. I think this was largely helped by having long enforced and protected hour-long lunch breaks. I was told that if these aren't taken and recorded the doctors can actually be penalised. I think also culturally there are more shared activities such as having a coffee together. The doctors in Switzerland come from many countries, which I think is similar to the UK.

I could see myself working in Switzerland for a short time however would want to do my foundation years in the UK first. The health systems are similar however in Switzerland it is common for medical specialities to open up 'cabinets' for example a cardiologists could open a practice. This is not so common in the UK.

Social integration

I hosted friends and family every other weekend which was great as it can get a little lonely as four months is a long time. I also made friends at the church I went to which was one of the best ways to improve linguistically as we met up very often and they were all native French speakers. I joined the Erasmus Student Network (ESN) and went on a few excursions with them. These are substantially discounted, as they are part funded by the university so is a great way to explore Switzerland cheaply and make friends. I met other medical students from different countries at hospital and also via ESN. Lastly, the flat share was a brilliant way to integrate with a Swiss native.

The future

I am considering a career in public health but would like to start my career in General Practice first. I am also considering doing a masters in public health and working abroad for a year during my F3 year. Completing this placement gave me the confidence to settle into a new country, improve my linguistic skills and form personal and professional connections. I would recommend Switzerland to any student doing the French option as there is good financial support, it is a beautiful country and though the placements are rather intense it leaves you feeling much more prepared for work as a foundation year doctor.

