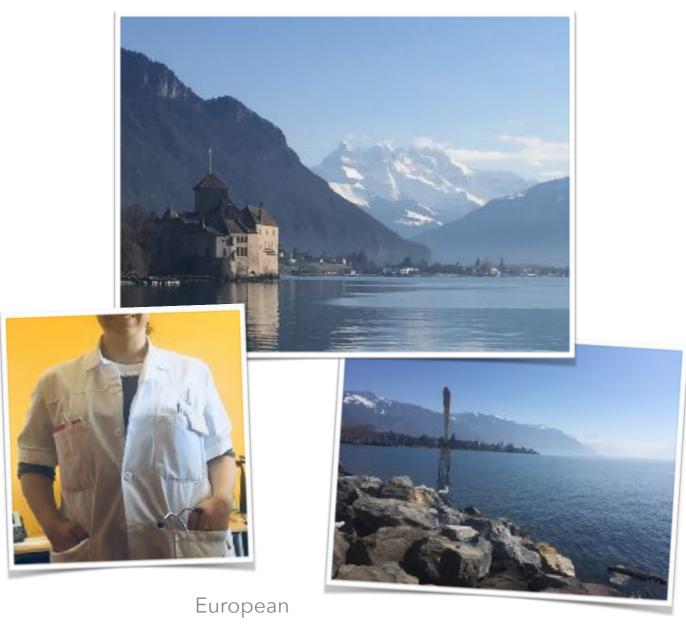


# My placement in Lausanne



Studies Elective Report
Spring 2018

# ▶ Why I chose to study on the European Studies programme

The European Studies programme is one of the main reasons that I wanted to study at Manchester Medical School. French is my first language and I was keen to ensure I would be able to practice medicine in French if I ever decided I wanted to. Although I struggled to be accepted on the ES programme due to my nationality, I very much enjoyed the lessons throughout years 3&4 and found sitting the external exams particularly stimulating.

# > What being a medical student in Lausanne is like

# Lausanne and its surroundings

Lausanne is a small Swiss city, similar to Preston in size (approximately 130,000 inhabitants), which is bigger than Bern's! Located along the Leman lake, Lausanne is the capital of the Canton de Vaud (Vaud county) and is famously considered the 'Olympic Capitale', as it hosts the International Olympic Committee. The weather is Lausanne is usually rather good, and we were lucky enough to have plenty of sun throughout our time there! We also experienced a week of polar winds at the end of February, with temperatures as low as -10\*C, so make sure you take yours coats and boots!

# Being a medical student at the CHUV

In Lausanne, hospital placements last from the first day to the last day of every month. The Centre Hospitalier Universitaire Vaudois (CHUV) is the biggest hospital in the county.

At the CHUV, doctors wear lab coats (except in the psychiatric setting), but there are no other clothing restrictions, and doctors often wear jeans and trainers on the wards! The lab coats are actually quite nice to have as they have four large pockets and protect your clothes when examining sweaty/coughing patients. Theoretically you need to get a fresh lab coat every morning, but I have not met a single doctor who did. Most would get a new one weekly. You also need to have your badge with you at all times, which you can also use at the staff restaurant.

Most specialities start at 7:45-8am in the morning, including medical specialties and psychiatry! Officially, you are supposed to stay until 6pm, but most of the time they will let you leave early if there is nothing left for you to do. You are allowed 2 days off ('jours de congé') per month on placement, which I used to visit

Switzerland with friends and family. You are unlikely to be asked to do on-call shifts or work on week-ends.

Staff in Switzerland are legally entitled to an hour-long lunch break, which is a well-respected break from working on the ward. Usually, all the doctors go for lunch together at the staff restaurant. To do this, you will need to charge your staff card at one of the machine with a note. Although the food is expensive (8.30chf for a main meal), everyone gets a proper, warm meal and is able to chat informally. There is lots to choose from, from a salad buffet to Swiss specialities. You can also bring your own food and there is a microwave you can use. In May, the weather is often sunny and warm so people often have their lunch/coffee in the sun. There is a big coffee culture in Switzerland, and doctors will often have several coffees a day, and go for coffee together after a colloque\*.

All three of us found the university admin somewhat confusing, as students going to Lausanne do not qualify for the Erasmus scheme. Instead, we are part of the 'Swiss European Mobility Program' (SEMP). This means our administrative requirements are completely different to all the other students who are doing their placements in France/Germany/Spain. I have written more details about funding further down in this document.

#### **Useful definitions:**

I was initially confused by some of the following terms, so I thought it would be useful to clarify what they mean in my report.

- \* '**Transmissions**' is a 30-60 minute meeting which happens first thing every morning on the wards and during which the team update each other regarding anything related to the current inpatients. It is the equivalent of the handover.
- **'La visite'** is the ward round, which is usually done by a médecin-assistant\* and then discussed with a chef de clinique\*.
- ► '**Un colloque**' is a teaching session.
- \* 'Une supervision' is a teaching session where the chef de clinique\* tutors one or more médecins-assistant\* or goes over their patients with them.
- Trainee doctors: In Switzerland, there are no foundation doctors, students apply directly for jobs as 'médecins-assistant' on a yearly or 6-monthly basis until they meet all the requirements of their chosen speciality college. They are similar to core trainees in their role on the wards and will be your first point of call. The 'chef(fe) de clinique' are the equivalents of registrar doctors, and run the inpatient wards. All my official supervisors were chefs de clinique.

Consultants are called 'médecins cadre'. They can be any of the following, depending on their role within the department: 'médecin associé', 'médecin adjoint', 'médecin chef' and 'médecin agréé'. The 'médecin chef de service' is the consultant lead of the department. You will rarely see the consultants as they rarely mix with the trainee doctors who run the ward.

# My placements

# Service Universitaire Psychiatrique de l'Enfant et de l'Adolescent (SUPEA)

My placement at the SUPEA consisted in spending 3 weeks at the day unit for teenagers ('Centre Thérapeutique de Jour pour Adolescents' or CTJA), followed by a week at the hospital acute mental health inpatient unit for teenagers ('Unité Hospitalière Psychiatrique pour Adolescents' or UHPA).

At the CTJA, I was given the opportunity to participate in various workshops with the patients, including art therapy, occupational therapy, and social abilities classes. Patients also had to attend classes with more conventional subjects. This really improved my understanding of these forms of therapy and special needs teaching, and helped me get to know the patients better. I was also able to attend individual consultations, where a psychiatrist or psychologist would discuss their progress or symptoms with patients. I was expected to be in every day from 8:30am to approximately 5pm, and did not wear a lab coat for any part of this placement.

At the UHPA, I was given the opportunity to attend more individual consultations, as there were very little workshops due to patients often being too mentally unwell to cope with them. I spent some time chatting with the patients and staff, and mostly focussed on this report.

Overall, this placement was a pleasant experience, although I definitely felt deskilled by the end of it. There was only 1-2 individual consultations per day, which meant I found myself attending workshops/classes to keep myself busy. Because I sometimes had little to do, I asked to write a short literature review on the use of Quetiapine in teenagers. This was a stimulating project as I soon discovered there is very little evidence-based treatments in teenage psychiatry, and most drugs are prescribed off-label. I would recommend only applying to this placement if you feel confident with your language skills, as the teenagers speak little english and talk very fast.

# Service de Neurologie

I very much enjoyed my placement at the neurology department of the CHUV. I was on the ward following a médecin-assistant for the first two weeks, then spent a week attending clinics. I then spent my last week spending half of my time on the ward, and the other half following the chef de clinique on-call in A&E. This allowed me to see first-handedly how acute strokes are managed. When I was on the wards, I would examine patients with the médecin-assistant and have informal one-to-one teaching with them. I would also do common junior doctor jobs like ordering tests and making phone calls. This was a good opportunity for me to build some confidence in having responsibilities and making requests on the phone. Common conditions on the ward included strokes (about 70% of patients), Guillain-Barre syndrome, and meningo-encephalitis. Morning handover was at 7:45am and I usually stayed until 6pm in the evenings.

# Division Interdisciplinaire de Santé des Adolescents (DISA)

I would highly recommend getting a placement at the DISA for a number of reasons. The team was particularly welcoming and inclusive, and although I was initially uncertain of my role, I was gently guided towards becoming more and more autonomous. The DISA is specialised in patients with functional disorders, eating disorders, and complex psycho-social backgrounds. They also follow many migrants who came to Switzerland as unaccompanied minors. This made for a very interesting cohort of patients for which the doctors had a holistic approach that really impressed me. Although the atmosphere in the department is similar to that of a GP practice, a wide range of healthcare professionals are on hand to meet the needs of their patients: GPs, paediatricians, sports doctors, social worker, sexual health educator, dietician... It was interesting to see how the bio-psycho-social model was at the center of patient care.

As a stagiaire, I was given a clear timetable to follow, which mostly involved attending clinics every day from 9am until 6pm. Like the other doctors, I also had some 'private study' time from 8am everyday. I also performed twice-weekly visits to the UHPA (acute inpatient mental health unit for teenagers), where I would take a brief history and make a general check-up physical examination of any new patient. At the end of my placement, I was asked to make a 20 minute presentation on a topic of my choice. This was a great opportunity for me to practice making presentations in French and helped with my confidence.

#### **Useful websites:**

- Psychiatry/CAMHS <a href="http://www.asso-aesp.fr/wp-content/uploads/2014/11/">http://www.asso-aesp.fr/wp-content/uploads/2014/11/</a> Referentiel\_2eme.pdf
- Neurology <a href="https://www.cen-neurologie.fr/deuxieme-cycle">https://www.cen-neurologie.fr/deuxieme-cycle</a>

# Good to know before you go to Lausanne

#### Accommodation

I would recommend you try your best to get accommodation at the FMEL Falaises residence. However, I was unlucky and, due to administrative communication issues, I ended up for the CHUV accommodation (=hospital accommodation). This can be done through their website, and is a good plan B.

Fortunately, I was allocated a small studio in the Route de Berne 2 building, a 10 minute downhill walk to the hospital. Rent for flats in my building ranged from 600 to 1100chf per month. For 710chf per month, I had a small studio (20m2 -ish) with my own bathroom, a small kitchen area, a desk with a chair, and a bedroom area. Bills were all included in my rent except for the ECA\*, BILLAG\*, and assurance RC\*. There was no internet in the flat but I was able to pay a neighbour 10chf a month to use their router, which worked out fine. I very much liked my flat as I was able to have quiet evenings, whilst still socialising regularly with other students from the CHUV and UoM.

#### **Useful definitions/information:**

- **ECA insurance** ('Incendie et Eléments naturels'): this is a mandatory insurance for your personal items against damage from fire and floods. It's rather cheap and calculated based on your estimation of the value of your personal items. You do not need to worry about visiting their website: they will send you a form through the post. This insurance is subsidised by the Canton of Vaud.
- **BILLAG:** this is a mandatory tax-like fee that you need to pay if you use the radio or TV. It is currently in the process of being amended.
- Assurance de Responsabilité Civile (= 3rd party liability insurance): this is an optional insurance in case you damage someone's property. I did not subscribe to this but have a put a link below. This is a private insurance and you may need to shop around for if you want to get the best deal possible.

#### **Useful websites:**

- CHUV accommodation <a href="http://www.chuv.ch/logements/loc\_home/loc\_trouver\_un\_logement.htm">http://www.chuv.ch/logements/loc\_home/loc\_trouver\_un\_logement.htm</a>
- ECA https://www.eca-vaud.ch/assurer-ses-biens/generalites
- BILLAG https://www.billag.ch/private/faq/
- Assurance RC <a href="https://www.vaudoise.ch/fr/particulier/nos-produits/famille-prevoyance/assurance-responsabilite-civile">https://www.vaudoise.ch/fr/particulier/nos-produits/famille-prevoyance/assurance-responsabilite-civile</a>

# Funding & Opening a bank account

There was initially some confusion as to the funding we are granted as students from a foreigh institution. Students from foreign institutions who go to Switzerland do not qualify for the Erasmus scheme, they qualify for the Swiss European Mobility Program (also known as 'SEMP' or simply 'Mobility'). During my placement from 01/02/2018 to 18/05/2018, I received the following funding:

- One-off SEMP bursary: 1490chf (which I received late February)
- Salary from the CHUV: 918chf/month for February/March/April + 550chf for half of May. You will be given a form your supervisor will need to stamp and sign at the end of your placement in order for you to get paid.

With regard to choosing a bank, I compared the post office vs BCV vs UBS and found that the Banque Cantonale Vaudoise (BCV) had the best deal for students: the Campus banking pack. This included opening the account for free and free transactions when taking money out of a BCV ATM (there's one inside the CHUV and they are very frequent around the city). However, it is worth noting that you won't have access to e-banking with this account unless you have a Swiss phone number. We were able to monitor our finances via BCV ATMs.

#### **Useful websites:**

- SEMP at the medical faculty of the UNIL <a href="https://www.unil.ch/ecoledemedecine/">https://www.unil.ch/ecoledemedecine/</a> home/menuguid/vous-etes-etudiant/mobilite/swiss-european-mobility-prog/incoming.html
- BCV student account <a href="https://www.bcv.ch/en/Youth-Students/Banking-services/">https://www.bcv.ch/en/Youth-Students/Banking-services/</a> Banking-packs/Campus-banking-pack

# When you first arrive...

Give yourself at least 2 full days to do get all the admin done, as there is a lot of it and it will require traveling round the city! Also, make sure you keep all the

documents you collect with you at all times during those two days, as you will need proof of residence and proof of student status on a regular basis. Before you leave for Switzerland, ensure you have printed the UNIL attestation (= a letter that confirms you are a student at the UNIL) and bring it with you everywhere.

# 1. Report to the Foreign office

Upon your arrival in Switzerland you have 8 days to report to the Office of the population of the Commune where you'll be staying. In our case, this was the Lausanne Foreign Office, which is Rue du Port-Franc 18, 1002 Lausanne. This is in the city centre. You will need to pay 30chf to register, and they will send you your permit through the post. Make sure you keep the receipt as it can be used as evidence that you have a permit!

You will need to bring the following documents with you:

- Your UNIL Attestation
- Your passport
  - A passport size photo

#### 2. Present your European Health Insurance Card to the OVAM office

It is mandatory to have a form of health insurance in Switzerland. Fortunately, the European Health Insurance Card (EHIC), which is free and which you <u>must</u> get before you leave the UK counts as a form of health insurance. To have this officially registered, you must present your EHIC to the OVAM office in Lausanne to obtain an exemption. The address is Chemin de Mornex 40, 1014 Lausanne, which is also in the city centre.

# 3. Collect + Validate/Activate your Campus Card and IT Access to the SASME Office

Your Campus Card and your IT access should be ready for pickup at the SASME Office on the university campus, which is miles away. All three of us went to pick it up but none of us used it, as the printed Attestation (which is sent to you by email in December) is usually proof enough of your student status. The SASME office is roughly in room 105 on the map linked to below, in a building on the Meridienne way.

UNIL map - <a href="https://planete.unil.ch/plan/">https://planete.unil.ch/plan/</a>

#### 4. Go to the Human Resources department of the CHUV

The address is Rue du Bugnon 46, 1011 Lausanne, the building is opposite the hospital and near the CHUV metro strop. They will give you a CHUV staff card (which you can top up and use at the staff restaurants around the hospital) and paperwork to go pick up a labcoat. You will need to put down a 50chf deposit to

get your coat. I recommend going to the hospital at 45 minutes early on your first day to pick up your coat as it requires multiple steps and lots of running around!

#### 4. Open a Swiss Bank Account for the Grant

To receive the SEMP bursary, you will have to open a Swiss bank account. As detailed above, all three of us chose the BCV bank and were happy with it despite the lack of e-banking.

#### 5. Return the "Contrat de Bourse" signed to the SASME

You received by email a document called "Contrat de bourse". As soon as you have opened your bank account, fill-out the form and return it by email.

# ▶ The differences in the medical environment and culture between Switzerland and the UK

# The healthcare systems

The Swiss healthcare system boasts a worldwide reputation for having some of the best health outcomes, but also for having some of the highest healthcare expenditures in the world after the United-States. For funding, the system relies heavily on a combination of mandatory Swiss health insurance premiums and out-of-pocket payments from patients. Each citizen is therefore registered with an insurance company that can be fully subsidised by the state, partially subsidised, or not subsidised at all. Healthcare insurance usually equals around 10% of the average Swiss salary, which corresponds to about 450chf per month (£330). Patients can also register with a complementary insurance that will pay for most of the out-of-pocket costs as well as for additional benefits such as contact lenses, travel vaccination, helicopter transfers (very common in Switzerland due to the popularity of skiing) etc...

I initially thought I disliked this system, as I thought it meant patients with complementary health insurance had quicker, cheaper and better access to healthcare. However, I soon realised that the additional benefits of a complementary insurance have little impact on vital patient care: every hospital patient I saw received the necessary imaging and treatment, regardless of their insurance plans. Those with a complementary insurance would benefit from full reimbursement of 'luxury items' such as different versions of medication (e.g. flavoured instead of bland, water-dispersible instead of tablet), private room on the ward, and full reimbursement for alternative medicine costs such as acupuncture. Cost of treatment was never mentioned to a patient or doctor in front

of me, and there are no out-of-pocket costs for patients with low incomes. I was impressed to see that this meant national guidelines were driven by improving outcomes rather than cost-effectiveness, as they are in the NHS. By having an insurance-led system where private patients effectively fund public care, Switzerland seems to be effectively avoiding the healthcare funding crisis seen in the UK, France and so many other countries around Europe.

# The patient-doctor relationship

The doctor-patient relationship in Switzerland is somewhat different to that seen in the UK. Although all the junior doctors I have met have had an open and non-judgemental professional attitude towards patients, the influence of the former paternalistic approach to medicine can still occasionally be felt, especially in the presence of consultants. The consultants at the CHUV do not participate in the ward rounds, and are usually approached by the registrars when a patient's case is either particularly complex or as part of a private complementary insurance plan. Once a week, there is a 'grande visite' on the neurology ward, during which each patient's case would be presented to the consultants and to all the junior doctors of the department, even those not involved in their care! I was shocked that a patient with neuro-syphilis was introduced as such to our group of 20 doctors (and the 5 other patients in that room!), with little consideration for the patient's privacy and right to confidentiality! I was reassured to see that junior doctors expected attitudes to slowly evolve, as there seemed to be a rather large culture gap between registrars trained to perform patient-centered care, and consultants with a 'doctors knows best' approach.

# ▶ How I have gained from this experience in terms of...

# My linguistic development

Although I was already fluent in French, my placements in Lausanne greatly improved my medical vocabulary thanks to having numerous conversations about complex clinical cases from different specialties. Throughout my time in Lausanne, I used a small notebook in which I would write any new words or unfamiliar topics. I would then quickly review my list every evening or shortly after. This helped me gain in confidence quickly, and I was soon able to take histories from patients and present them to the junior doctors. By the end of my time in Switzerland, I feel that I benefited from being out of my comfort zone, and have now developed my

language skills enough that I would be able to practice in French if needed one day.

I was surprised to find that even eponymous syndromes sometimes had a different name in French, such as Horner's syndrome ('syndrome de Claude Bernard-Horner') and temporal arteritis ('maladie de Horton'). I also struggled with abbreviations such as 'SPDDC', which stands for 'sans particularités des deux côtés' and is used to say that an examination was normal bilaterally.

# My ideas and future plans

My placements in Lausanne have helped me learn to be more independent on the wards and proactive in my learning. I feel it has made me a better future F1 by making me understand better how to apply what I have learnt on a theoretical level. I was fortunate that clinicians encouraged me to use many opportunities as practice for examining/discussing their care with patients. By helping me develop my experience of situations, this helped me build my confidence and taught me to trust my abilities and instinct. My time with the different medical teams also highlighted the importance of getting along with your colleagues and asking for support from seniors when you are struggling.

In terms of future plans, I am looking forward to becoming a F1 doctor and starting my career as a future neurologist in a new city. If I were to leave the UK to practice elsewhere, Lausanne would be at the top of my list as the quality of life is very good here, and the healthcare system is stable enough that it promotes safe patient care.

Word count: 3,855