

ERASMUS REPORT
PARIS DESCARTES 2018

Why European Option ?

I grew up in Québec, Canada, which is a predominantly French speaking place. As such since the age of 5 we were taught French and English as they are both official languages of the country. Furthermore my parents both speak French and English. As such enrolling on the European Studies course at Manchester was one of the reasons I chose to study medicine there.

The medical French classes are very good value, and helped me to improve my medical French knowledge, as well as to provide another way to consolidate medical knowledge gained on the course. For example, topics we would cover one week in Medical French would often relate to cases in the hospital. As there are limited contact hours of teaching on the medical course, having another 2 hours where we can talk about medicine was helpful for me.

The DALF and DELF exams for me were not particularly challenging as an essentially native speaker, however I did find it challenging to adjust to the accents during the oral comprehension sections of the exam as Québec has a different intonation. Overall the exams are good qualifications to have, and helped me to secure a competitive placement in Montréal during year 4 summer vacation allowing me to do an extra 4-week elective in Montréal doing Paediatric Cardiology.

For the elective placement Paris was always my first-choice as it is the cultural centre of France and one of the most culturally rich cities in the world. I have always wanted to study in Paris, and looked forward to these 4 months for my entire medical studies in Manchester. I also did a year 3 PEP for 6 weeks in Marseille, France which was another once in a lifetime experience.

Overall the European Option was one of the highlights of my medical education, and I think it is a really underrated part of the Manchester programme. It is unique in the world, and truly makes Manchester one of the best medical programmes in the world. The privilege to study medicine in two languages and multiple countries is truly unique.

Living in Paris

Before you leave

EHIC Paris Descartes requires you to have it and all medical students are eligible regardless of nationality. As a Canadian I was eligible since I am legally resident in the UK.

Passport Photos It is key to have several passport photos on hand to give to the university, hospital, and to buy a Navigo pass

ERASMUS funding The university organizes ERASMUS funding, so as long as one follows all the emails one will receive a mastercard which will contain money. I was only given 70% of my funding during my placement which essentially helped me to pay 2 months of rent of university accommodation (~800 euros). The remaining 30% I only received after I had returned to the UK which was not particularly helpful. So make sure to plan for this.

Descartes Paperwork Fair warning there is a lot of tedious paperwork. It is stressful having to do this while preparing for finals. This includes lots of scanning and emailing back and forth however the university contacts from Descartes were helpful. They require it to be sent by post. I posted my paperwork in October, however many others did theirs in May. It did not make a difference except those that submitted earlier got their first choice of placements. I however got my 1st and 4th choice of placements out of 8. Overall, it didn't matter.

Accommodation

I went with CROUS university accommodation which albeit had a lot of paperwork was much cheaper than Airbnb. My studio was 20m² which is quite standard even on the larger size for Paris. It was called Francis de Croisset in the 18th arrondissement which although is not the safest is quite eclectic and is an up and coming neighbourhood with good transport links. My studio was a 5 min walk to Porte de Clignancourt metro stop which is on line 4 which is one of the most popular lines in Paris.

There was a gym in the 18th a 15 min walk away, and a LiDi walking distance away. My commute to the hospital was 45 minutes each way, which was on the longer size however, in Paris this is pretty typical. Even living closer you will always commute at least 25 minutes because of how the metro lines work.

One large inconvenience was the fact that to get university accommodation you have to first go to Port-Royal upon arrival with all your bags. This is a pain. You also have to check in with them twice during your stay which is annoying.

A good thing is we are entitled to reimbursement for part of the rent by the state (essentially welfare). This again is a pain, and involves lots of paperwork (it's called the CAF – APL, caisse allocation familial, assistane publique logement).

Arriving in Paris

Arriving in Paris sorting out accommodation is first on the list which is at Port-Royal. Second is to go to the medical school to sort out paperwork. This is at metro station Odeon, and you go to the first floor to the bureau des relations internationales to find Erichetta Mazérat. She sorts out the documents.

The last thing to do is to do paperwork at the hospital you are working in. The externes (medical students) with you will tell you how, but for me at Necker-Children's hospital, on the first day of placement I arrived at 8am to the ward, did a ward round then went to the bureau des personnels and did a long goose chase of paperwork which involved paying a deposit for a white coat, and getting a security badge, as well as purchasing meal tickets for subsidized meals at the canteen.

Travelling around

Paris metro is very good. The *Navigo* pass was perfect. It costs about 75 euros a month, but the hospital reimburses 50% of the card cost every month this goes into your paycheck. By the way you are paid by the hospital for your work ! (It is about 225 euros per month, plus 35 for your metro pass).

I purchased the metro pass at the airport (a long queue) when I first arrived and used it to get to Paris via the RER B. This way I didn't have to pay 12 euros to get to Paris from the airport.

Finances

You must open a bank account. We went to LCL and explained we are new students and they helped us open an account and gave us a debit card after a week. This was invaluable as the hospital paid us into here and the CAF – APL was also paid into this account.

The ERASMUS cash passport was not very useful. Instead I used it to pay 2 months of rent at the CROUS.

Exploring Paris and Beyond

Paris was amazing. Best things to do include expositions (I saw Guernica at the Picasso museum, the MoMa special exhibit at the FLV, several modern art expos at the Musee d'art modern, and the FLV, the orangerie, and musee d'Orsay.

I personally found restaurants too expensive so only ate out when I had friends and family visiting me. I otherwise cooked for myself in my tiny studio, and ate at the hospital canteen which is only 2 euros per meal.

For exercise I would highly recommend staying at Francis de Croisset as we are right beside (literally, my window looks into the football pitch) a big sports complex which is free to use. It includes an outdoor gym, and a running track and 2 football pitches.

For drinks, we went to the Marais and to small bars in the city centre. Although they are expensive compared to Manchester (6 euros for a pint) this is typical.

Another trendy place is Canal St-Martin which is popular with young people.

Hospital Placements

Paediatric Respiratory Medicine and Allergology at Necker-Enfants Malades

My first placement was 8 weeks at Necker. Necker is the most famous children's hospital in France. Everyone is very serious, and all the patients and most citizens know about Necker's reputation. All the students similarly know about Necker's reputation for having very rare cases and having the most eminent professors.

I was one of a team of 8 externes. 3 of which were in final year, and 4 were in their penultimate year. We had a consultant who we saw most days, and 3 registrars in paediatrics who were with us all morning. We were required to be there from 9 – 2pm each day.

Teaching wise, we had lectures twice a week at 9am given by various paediatricians who taught all the students in the hospital at once. We also had MDTs weekly, and 2 ward rounds a week.

As an externe, our job was to clerk all new patients, and to do what the registrars asked (eg chase up test results, order test results, make phone calls, answer phone calls, complete paperwork, fax paperwork, chase up paperwork... etc) We were also able to examine and see test results for all our patients. Every new patient would be allocated to a registrar and an externe who would be responsible for them and for presenting the case during ward rounds to the team of consultants. On average I had 3-4 patients at any given time, and between 5-7 patients a week. This was a great experience juggling multiple cases. It was challenging presenting during ward rounds and intimidating but overall it was rewarding.

The consultants did not go easy on me although I was international. They were demanding but they taught me a lot. The medical students take their job very seriously, and were friendly so long as I pulled my weight of the work.

Ophthalmology at Necker-Enfants Malades

My second placement was 8 weeks in the outpatient ophthalmology department of Necker. This was an adult and paediatric unit, but is most known for dealing with the rarest paediatric ophthalmology syndromes and conditions.

It was an amazing placement, if you want to get involved. There was much less tedious paperwork I had to complete. I was one of only 3 externes (one final year, one 4th year) and there were 8 registrars, and more than 10 consultants in the department. As such there were so many people willing to teach me. There was also a full orthoptics department with 5 trained orthoptists.

After becoming comfortable with all the kit, and machines, I was able to start seeing my own patients and presenting them to consultants and registrars. I was also able to attend numerous theatre sessions a week which start at 8am and end around 3pm, where I was allowed to scrub in and observe.

The placement was amazing. I saw lots of rare pathologies and syndromes (retinopathies, maculopathies, congenital cataracts) as well as more common paediatric ophthalmology conditions such as strabismus, microphthalmia, conjunctivitis, scleritis, anisometropia, amblyopia, and retinoblastoma. In terms of surgery I saw mainly paediatric surgeries (cataracts, strabismus surgeries, laser treatments, and examinations under general anaesthesia).

In terms of clinical skills I gained familiarity with slit lamps, indirect and direct ophthalmoscopy, administering drops, auto-refractors, tonometry, refraction, and strabismus examination.

French vs UK medical system

1. French students have a very academic knowledge which is reflected by their exam formats.
 - a. They have “partiels” which are exams 3 times a year on 3-4 different specialties at a time. For example, while I was there the penultimate year students were preparing first for “paediatrics/haematology/obs/gynae” and then for “ophthalmology/neuro/psychiatry”. However, they only have 4x3 month placements a year. They also have no obligatory GP placements. As such they may have absolutely no practical exposure to conditions they are examined on (eg no neuro if they did psychiatry, or no ophthalmology if they did neuro). As such they have memorized long lists of symptoms and facts about syndromes in order to pass exams.
 - b. However, they do not have as much clinical experience as we do in the UK. I was much more comfortable examining patients than my French colleagues, and was more used to presenting cases than they were.
2. Teaching is structured and syllabus based
 - a. They have a very clear syllabus and teaching to reflect this. This is good and something the UK could adopt.
 - b. However, I disapprove of the exam-style teaching. It meant students did not care about clinical cases in real life, and were only interested if it directly related to the syllabus. This is silly because in real life clinical cases are normally in primary care, and are multidisciplinary.
3. Communication

- a. Manchester OSCEs are known for being difficult, and as such we prepare a lot and work on our communication skills.
- b. In contrast the French students do not have any OSCEs or communication teaching. They do not care about this aspect of patient care. As an externe I often spent the most time with the patients and their families and I noticed that they were often intimidated by the doctors. When I would stay behind and clarify things for them they often showed appreciation. I even received a few thank you cards, which was shocking as I did very little to contribute to their care. However, this just shows that communication is important.

What Paris did for me

Linguistic development

I was already fluent in French before my elective, but the work experience helped me to improve my professional French. I was also very happy to see my ability to understand more Parisien colloquial French improve. As a French-canadian, this was a challenge for me.

Culture and Social Experience

I really benefited from seeing expos and concerts. This was a very enriching experience being able to become a Parisian for a little while – to eat like them, to live like them, to socialize with them, and to work like them. I felt like a Parisian, pushing tourists out of the way, taking the metro with my metro pass, working at the French hospital, only speaking French most days, and meeting other young French people.

Future Plans

I look forward to coming back to Paris in the near future. I would love to work here one day. However, in the mean time I am looking forward to foundation years in the North West of England.