## **European Studies Report**

## Why you chose to study on the European Studies programme.

Having been a polyglot all my life, needless to say how keen I was when I first saw this option in my first year of medical school. Knowing that I am very comfortable with both spoken and written English and French, I just could not wait to start learning medicine in both of these amazing languages. Also, knowing that if you can master these 2 languages, you can easily travel to anywhere around the world and you will be fine. So now with this programme, I knew that this would mean that one day after graduating from medicine, I could be employed in almost any country around the world with this particular degree. So these are the main reasons I chose to enter the European Studies Programme.

Some of the side options were that first of all since both English and French are my native languages, I understood that I would be exempted for the first two years of medical school from the medical French classes. This was really great because one of the main drawbacks of this particular programme was the fact that it would mean me having less time to focus on pre-clinical medicine but now being exempted meant that I would have to worry about time management only as from 3<sup>rd</sup> year onwards.

Also, now in 3<sup>rd</sup> year when I properly started the course, I was able to spend less time on French grammar since it's my mother tongue and I could spend more time focusing on the French medical vocabulary which even for me as a bilingual was not that straightforward. Nonetheless with practice and patience, I managed to master the French medical vocabulary after a year of the weekly sessions. These sessions were really helpful and I would highly recommend doing all the home-works even if one feels very comfortable with the language. I realized that these so hated home-works proved to be crucial in helping me with the medical terms when I was on my placement in Paris.

In my 3<sup>rd</sup> and 4<sup>th</sup> year of the course, I saw a lot of my friends drop out of the programme saying that it was too much of a hassle and that they had to focus more on their actual MBChB degree which I understood because with weekly sessions and the French medical exams often being only a few days away from our actual MBChB exams, this was difficult to manage. I cannot tell how many times I thought of dropping out as well but what kept me going was the fact that I will graduate with a "dual" degree if that can be considered so and also due to the fact that you never know when such a degree and project/working experience may prove helpful in your future career and open doors to things you may not have thought being possible.

When I was doing my PEP project in Geneva in my 3<sup>rd</sup> year, I was in the genetics medicine department in the University Hospital of Geneva and there I met a UK

medicine graduate who told me that after getting the full registration with the GMC after finishing his FY2 job in UK, he did some entrance exams and then started doing his specialty training here in Geneva. Now I was wondering why would someone who graduated in the UK and was about to start specialty training in the UK just quit everything and came to Geneva to do his training over here. He then explained the various advantages that Geneva had to offer such as a shorter specialty training programme of approximately 4 to 6 years as compared to the 7/8 years of specialty training in the UK. Another advantage was that junior doctors get a better salary over there and they can maintain a better work-life balance than in the UK. The only struggle he had was with the whole lot of exams he had to sit for before being granted permission to do the specialty training in Geneva which I understood that I will already have sat for in this European Studies programme before graduating. So this was another motivation for me.

Another reason why I chose the European Studies option was the fact that after having done my specialty training here in the UK, I am considering going back to Mauritius indefinitely. Now being able to practice medicine both in English and in French in Mauritius is a very important attribute in terms of not only employability but also if one decides to work private, you would undeniably attract far more patients that another doctor who can practice medicine in only one language.

So in summary this particular degree has been helping me build a strong CV so far and get a good experience in these 2 french speaking countries. However, it has only helped me build a strong platform onto which now I will be adding even more in terms of academic achievements which will not only be restricted to England or the UK but at a European level. All of that is possible thanks to this European Studies Programme which is available in only a few Universities across the UK.

## An overview of your experience of living and working in the placement hospital and its surrounding area.

My first placement was in the paediatrics A&E department at Necker Hospital. The first day was really nice, I received a warm welcome from the whole department and they gladly showed me around and gave me my schedule. What is also different here in France is the need to wear the white coat, which I am not used to. However what I really enjoyed here was the fact that I could wear casual clothes and trainers to come to the hospital every day.

In Paris, medical students have to work five half days per week and in the paediatrics A&E department, we had to do 2 days for one week and 3 days for the next one and continue the alternation. Also we had 1 hour teaching sessions every Tuesday morning.

On my working days, I had to sign in no later than 8a.m and sign out at around p.m. I had one consultation room to myself and on average I got to see around 7 to 8 patients per day and each consultation would last around 20 minutes. Having done that for 8 weeks, it not only allowed me to refresh my clinical knowledge but also to perfect my medical French.

On the last day of the placement, I had to prepare a power-point slides on "Febrile seizures in children with anaemia" and do the presentation in French for 10 minutes in front of a panel. It was a bit stressful but I aced it since I have had a lot of experience in doing presentations in Manchester.

Doing the presentation in french for the first time ever in my life was a very daunting experience. However as I finished the presentation, I felt more relaxed and even with the questions which were not very hard to answer. I was asked about what were the main limitations of this study which were mainly time as a limiting factor and the different standards used in the different countries to qualify for anaemia and febrile seizure. Also how valid the study was which I had to answer with Odds ratio found in the article itself.

My second placement was in obstetrics and gynaecology department in the same Necker Hospital and thanks to it, I did not have to go through all the admin details all over again.

I received a less warm welcome in this department from the staff in general. However the main sub-supervisor who was in charge of us was Irish and was doing his specialty training here in Paris after graduating from the University of Glasgow. Even though I had no problem with French, I still found it easier to express myself in English in terms of medical jargon.

In this obstetrics and gynaecology department, I had to come every day from 8a.m to 1p.m after which I could go home. Personally, I preferred this time table to the previous one that I had in the paediatrics A&E department.

In terms of my actual schedule, I was to do 1 whole week in the various sections of the obstetrics and gynaecology department namely gynaecology A&E, prenatal diagnosis/ultrasound scanning, operating theatre and the 20 weeks ultrasound scanning/anomaly scan.

Also we have a 1 to 2 hours teaching every Tuesday on various obstetrics and gynaecology topics. These actually prove to be very useful to me particularly because I have not been revising at all ever since I sat for my last medical school exam.

Now I am going to briefly speak about the food available in Paris. I cannot even put in into words on how tasty and refined the food was. From croissant to cheese to foie gras and duck confit and other main dishes and even the weird ones like snails and frog legs, all of them were simply pure bliss. Also if you like bread, then Paris is the place to be to taste the top-quality artisanal baguettes. I gained a few pounds but it was definitely worth it.

In terms of places to visit, I would highly recommend the Louvres Museum (which on some days it is free entrance for students) and 2 fun parks namely Disneyland (get a day pass and do not leave until the final fireworks which is mind-blowing) and Asterix Park for the more adventurous and the fearless. For each of these parks however you will need to budget around 75 euros (including food/snacks/drinks) per park. It is a bit expensive but it is worth the money invested. The experience is unrivalled.

Also you will get 1 week off per placement in Paris. Make the most of it and do some travelling particularly down south on the Riviera – it is so beautiful and there are so many interesting nearby cities to visit namely Nice, Toulon and Marseille. You can also take a short transit train to Monaco and visit the country. Definitely worth the travel if you want to see the Ferraris and the Rolls Royce or if you want to just sit back and relax in the famous Japanese Ying and Yang garden. I would also recommend going to the Casino of Monaco but be mindful of how much you are going to spend there.

## What you have learnt on the placement with regard to any differences to UK hospitals and practice, the medical training programme, the contrasting medical cultures.

In Paris, medical students in clinical years have to come to the hospital all working days but do stay for only half day as compared to the UK where medical students in clinical years have to be present every working day from 8/9 a.m up to 4/5 p.m which is very tiring. I find that the way it's done there is a lot better and the reasoning behind their system was that you get the clinical exposure and experience half day and then you use the remaining half day to study and prepare for your upcoming exams.

Now on the flip side, what I did not find very enjoyable was the fact that all medical students in clinical years had to do a certain number of night shifts and on-calls. Now some can easily argue that this will undeniably build in experience so as to better start the junior doctor job in a few years-time but nevertheless this means that less time can be spent doing revisions for upcoming exams.

Another thing that I quite liked about the health system over there was the fact that no doctors or medical students had the task to do venepunctures or cannulations because the nurses/phlebotomists were great at doing their jobs. This did not mean that these doctors and medical students did not know how to do it but it meant that they had more

time to focus on other more important jobs that nurses/phlebotomist cannot do. Here in the UK, this is not the case and I personally think that this is a deterrent to a better functioning healthcare system.

What I did not like very much in terms of the healthcare system in France was that it was not a free one unlike in the UK. So this meant that unless it is for an emergency situation, one who does not have a healthcare insurance and money to pay for treatment would not receive it no matter what. It was only then that I understood all the benefits of our free NHS system with all the free care and services offered.

Also as a final year medical student, I had the opportunity of doing a lumbar puncture on quite a few number of children. I once did it during my paediatrics placement in Oldham but now having done this much, I do feel really confident with the procedure. I really hope that this will play a big difference if I will be applying to paediatrics as a specialty in the near future because I am really considering going for paediatrics now.

# How you have gained from this experience in terms of i) linguistic development, ii) inter-cultural understanding, and iii) in terms of your ideas and future plans.

Needless to say that my French and medical French got a lot better to a level that I can genuinely say that I can now conduct a full history taking or examination in French which is great. This was mainly thanks to my first placement which was in paediatrics A&E where every day I had to conduct full on consultations. In this department with anxious parents, it was very hectic and fast and that made me develop my French even better and a lot quicker than I would have in another department.

As for the culture side, this was not much different from the UK of from Mauritius. So in general there were no concerns from that point of view. The only difference was that I gained in more empathy when I was there working in the paediatrics department where it was a key attribute to have and I am sure that it will be very beneficial to me in my future career and training.

In terms of my future plans, now that I have built good professional networks in Geneva and Paris, I have already spoken with colleagues from both of these institutions so as to start collaborating on projects such as audits and research programmes once that I will start my junior doctor job in 2 months-time. I am really looking forward to that because I have always been working on research projects and audits but only at the Manchester city level or at very most the UK. Now, I will be able to expand these projects to the European level which will be a big achievement for a junior doctor at such an early stage.

I am also considering involving Mauritius at some point in the future so as to make it to an international level if that is possible.

#### Any practical issues that future students on this placement should know about.

It was very important for me to sort out my visa as soon as possible before going to France. The only problem with that is that there are no main visa centres in Manchester and you will have to travel either down to London which I did or either up to Edinburgh. It's a bit of a hassle really but if you bring all the required documents as stated on their website, there should be no problem on the application day itself (You do not want to miss out on any required documents so as not to have to make the trip to and from London/Edinburgh again). It is not too long a process and takes about 10 to 15 days for you to get your visa.

Now before applying for the visa, just be wary of the financial evidence that is needed. This is easily found on their website. (<a href="https://fr.tlscontact.com/gb/lon/index.php">https://fr.tlscontact.com/gb/lon/index.php</a>)
With finals in January, I would highly recommend applying for the visa and travel to London/Edinburgh as soon as possible so as to get it out of the way and being stress-free and able to focus on the revisions for finals.

Also for me accommodation was not a major issue because I was living at my aunt's place in Paris. However for the other students, those who sorted their accommodation at a very early stage had a great transition in France as compared to those who left it to the very last minute and struggled a lot to find air B&Bs. On top of that those who went for the air B&Bs had a big financial strain because air B&Bs in central Paris is quite expensive. In order to avoid all of that hassle, just watch out for e-mails from your host Universities about providing student accommodation and apply for it as quickly as possible so as not to miss out on them since they are limited.

As for transport, this can also be a big strain on your finance particularly in Paris. The best way to avoid that is by getting a Navigo pass as soon as you reach there. It is valued at 75 euros but it gives you unlimited travel 24/7 and on any mode of public transport in the whole of Paris (Metro, RER, Bus). Also grab hold of your receipt every time you top-up your Navigo pass and give it to the medial staffing department in your hospital. They will be able to refund you around half the value of the Navigo pass which is not too bad considering it is at 75 euros.

One of the biggest transport problems I experienced occurred in April time. There was a major strike on nearly all of the modes of public transport in Paris except for buses. I usually take around 30-40 mins to reach Necker Hospital in the 15<sup>th</sup> but during that whole month, my outward journey averaged an incredible 90 mins in the morning and this was the same for the return journey. What I would strongly advice if that happens again in the future is to either grab the bus or leave really early (before 8a.m) to catch the trains because after 8a.m it's the massive rush hour time where let alone finding a seating place on the train but even being able to just pop on the train would become very difficult a task.

I was working (I said working because you do get a 200 euros every month, it is not a lot but still decent and 50 euros for every out of hours job that you do during working days and 100 euros if it is on a Sunday) half day every working days and seeing that I had pretty much nothing to do in the afternoons and evenings, I applied for a babysitter job in the evenings. Since I was on a Tier 4 visa, I was not allowed more than 20 hours per week. I did this job for 3 months. It was not too hectic, well paid (700 euros a month) and you do not have to work on public holidays and during school holidays. The only thing you have to be very careful about in France if you want to get a part-time job and more particularly as a babysitter is always go through an agency (which I did). By doing this, it meant that I had to pay tax and everything but I was working legally. So this gave me peace of mind. I had a few friends who did not go through agencies to get babysitter jobs and they thus had a better salary than me but this meant that they could get into some serious troubles if they were caught by the law.